****

**FORM 5062A BIOMETHANE** Northern Natural Gas Company

Request to Establish, Modify or Remove Biomethane Facilities Only

THIS FORM IS TO BE USED BY NEW OR EXISTING CUSTOMERS TO REQUEST A BIOMETHANEINTERCONNECT POINT OR TO REQUEST REVISION/REMOVAL OF BIOMETHANE FACILITIES.

**THE CUSTOMER COMPLETES THIS SECTION AND SENDS TO THE NORTHERN NATURAL GAS MARKETING REPRESENTATIVE**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. REQUESTING COMPANY: | | | | 1. TYPE OF REQUEST:   \_\_\_\_\_ New Receipt (injection) Interconnect Only  \_\_\_\_\_ New Receipt and Delivery Interconnect  \_\_\_\_\_ Removal \_\_\_\_\_ Revision | | | | | |
| 3) STATION/FACILITY NAME – POI: (If existing station) | | | | 4) TYPE OF BIOMETHANE1:  \_\_\_\_\_Agricultural \_\_\_\_\_ Sewage \_\_\_\_\_Municipal Solid Waste  \_\_\_\_\_ Landfill (if Landfill, please fill out 6 below) | | | | | |
| 5) DESIRED LOCATION FOR NEW RECEIPT / INTERCONNECT: | | | | 6) IF TYPE OF BIOMETHANE IS LANDFILL, WAS IT EVER DESIGNATED AS A SUPERFUND SITE? Please check correct box below:  Yes No | | | | | |
| 7) Will biogas be piped or trucked to the proposed NNG interconnect? \_\_\_\_\_Piped \_\_\_\_\_ Trucked | | | | 8) DESIRED FACILITY IN-SERVICE DATE2: | | | | | |
| 9) MAOP OF THE UPSTREAM PIPE TO BE CONNECTED TO THE RECEIPT FACILITIES: \_\_\_\_\_\_\_ psig3 | | | |  | | | | | |
| 10) RECEIPT SERVICE AND VOLUME REQUESTED YEARS 1-5: Incremental \_\_\_\_\_\_\_ Total load, including existing \_\_\_\_\_\_\_ | | | | | | | | | |
| Months of Service | Receipt Amount Peak Hour4  (Mcf/hour) | |  | | | Minimum Hourly Receipt Amount5  (Mcf/hour) | | | |
| April – October |  | |  | | |  | | |
| November – March |  | |  | | |  | | |
| 11) DELIVERY SERVICE AND VOLUME REQUESTED YEARS 1-5: Incremental \_\_\_\_\_\_\_ Total load, including existing \_\_\_\_\_\_\_ | | | | | | | | | |
| Months of Service | Firm Delivery Service  Peak Hour (Mcf/hour) | Interruptible Delivery Service Peak Hour (Mcf/hour) | | | Total4 (Mcf/hour) | | Minimum Hour5 (Mcf/hour) | Requested Delivery Pressure | |
| April – October |  |  | | |  | |  |
| November – March |  |  | | |  | |  |  | |
| 12) For firm delivery amounts, select the type of projected load profile at this station6  16-hour 20-hour 24-hour | | | | | | | | | |
| 13) LOCATION OF THE FACILITY: | | 14) SECTION – TOWNSHIP – RANGE – OR STREET ADDRESS: | | | | | | | |
| 15) COUNTY: | | 16) STATE: | | | | | | | |
| 17) ADDITIONAL INFORMATION: | | | | | | | | | |

NOTES:

1. All biomethane receipts are subject to Northern’s tariff gas quality standards (Sheet No. 281) and the Biomethane Guidelines (subject to revision) located on Northern’s website.
   1. These guidelines will be incorporated by reference into any Interconnect and Operating Agreement and/or Facility Reimbursement Agreement related to a biomethane station. Link to location on Northern’s website located at <https://www.northernnaturalgas.com/InfoPostings/GasQuality/Pages/Requirements.aspx>
2. Northern generally requires 12 months from Agreement execution to desired in-service date.
3. Receipts/interconnects are subject to Northern’s MAOP (Maximum Allowable Operating Pressure); typical operating pressure may change at any time. The customer’s injection must be greater than the pressure on Northern’s pipeline in order to operationally enter Northern’s system.
4. Peak hour requirements are the maximum facility requirements for any hour.
5. Minimum hour is the minimum facility requirements for any hour that the flow is greater than zero.
6. A 16-hour day load profile is typical with residential/commercial loads. A 20-hour day load profile can exist with some industrial/ethanol loads, and requires the use of flow control on delivered volumes.

An Interconnect and Operating Agreement and/or Facility Reimbursement Agreement will be required for all projects.

For new stations, include a location map of the proposed location.