



A  Sempra Energy utility

Standard Renewable Gas Interconnect Fact Sheet

Contact the Utility for additional information and submit completed forms at the following email address:

Please provide the following information regarding your potential project or expansion.

SECTION 1 - PROJECT AND CONTACT INFORMATION

COMPANY NAME: _____

COMPANY TYPE: Corporation Limited Liability Company General Partnership Limited Liability Partnership
 Limited Partnership Government Agency Other

COMPANY MAILING ADDRESS: _____

COMPANY TELEPHONE NUMBER: _____

COMPANY EMAIL ADDRESS: _____

COMPANY WEBSITE: _____

PROJECT NAME: _____

TAX ID: _____

BILLING ADDRESS: _____

CONTACT NAME: _____

CONTACT TITLE: _____

CONTACT TELEPHONE NUMBER: _____

CONTACT EMAIL ADDRESS: _____

LOCATION OF PROJECT

Street address or intersection of cross-streets, city and county. If in undeveloped territory without streets, section range township, or GPS latitude/longitude coordinates:

ANTICIPATED START DATE, END DATE AND EXPECTED DURATION OF YOUR PROJECT IN YEARS

START DATE of COMMERCIAL OPERATIONS _____

END DATE of COMMERCIAL OPERATIONS: _____

EXPECTED DURATION IN YEARS: _____

FORECASTED OPERATING PROFILE

24 hours/day, 7 days/week 8 hours/day, 5 days/week
 Other, please specify your forecasted working hours and days _____

Is there seasonal operation? Yes No

If yes, please explain: _____

FORECASTED MAXIMUM FLOW

Standard cubic feet per hour compliant gas delivery (Scf/h): _____

FORECASTED MINIMUM FLOW

Standard cubic feet per hour compliant gas delivery (Scf/h): _____

PRESSURE REQUIREMENTS OR LIMITATIONS FOR YOUR FACILITY AND/OR EQUIPMENT

Requirements or limitations in pounds-per-square-inch gauge (psig): _____

Explain the basis for the limitation: _____

None

SOURCE OF GAS SUPPLY

Renewable Gas Yes No

Dry Gas Zone

Oil-associated

Liquefied Natural Gas

Dairy Farm

Waste Water Treatment Plant

Non-Hazardous Land Fill Other

Additional Comments: _____

API Number (If Applicable): _____

Attach Site Drawings and/or Aerial Map of Project Site

SECTION 2 - ANTICIPATED GAS QUALITY

Please provide the list of gas constituents and compositions of the gas prior to gas-processing (raw gas) and after gas-processing (Renewable Gas Rule [XX] compliant gas), if available. Analysis should include all applicable gas quality parameters in Renewable Gas Rule [XX].

| Analysis Date: | | | | | |
|--------------------------|-----------------------|-------------------------------------|---------------------------------|---------------------------------------|-------|
| List of Gas Constituents | | | | | |
| | Gas Constituent Name | Units | Expected Composition in Raw Gas | Expected Composition in Processed Gas | Notes |
| 1 | Methane | mole % | | | |
| 2 | Ethane | mole % | | | |
| 3 | Propane | mole % | | | |
| 4 | i-Butane | mole % | | | |
| 5 | n-Butane | mole % | | | |
| 6 | i-Pentane | mole % | | | |
| 7 | n-Pentane | mole % | | | |
| 8 | Hexane + | mole % | | | |
| 9 | Carbon Dioxide | mole % | | | |
| 10 | Nitrogen | mole % | | | |
| 11 | Oxygen | mole % | | | |
| 12 | Hydrogen Sulfide | ppm _v | | | |
| 13 | Total Inert Compounds | mole % | | | |
| 14 | Heating Value (Gross) | BTU/scf | | | |
| 15 | Wobbe Number | | | | |
| 16 | Delivery Temperature | degrees F | | | |
| 17 | Hydrocarbon Dew Point | degrees F | | | |
| 18 | Water Content | lbs/MMscf | | | |
| 19 | Total Sulfur (1) | grains S/100scf (ppm _v) | | | |
| 20 | Mercaptans (2) | ppm _v | | | |
| 21 | Sulfides (3) | ppm _v | | | |
| 22 | Tetrahydrothiophene | ppm _v | | | |

| | | | | | |
|--|-----------------|----------------------|--|--|--|
| 23 | Siloxanes | mg Si/m ³ | | | |
| 24 | Ammonia | mole % | | | |
| 25 | Hydrogen | mole % | | | |
| 26 | Mercury | mg/m ³ | | | |
| 27 | Biologicals (4) | count/scf | | | |
| (1) This includes COS and CS ₂ , hydrogen sulfide, mercaptans, and mono di and poly sulfides. | | | | | |
| (2) Speciated, e.g., methy mercaptans, ethyl mercaptans, butyl mercaptans, propyl mercaptans | | | | | |
| (3) Speciated, carbonyl sulfide, dimethyl sulfide, dimethyl disulfide | | | | | |
| (4) APB: Acid-producing Bacteria, SRB: Sulfate-reducing Bacteria, IOB: Iron-oxidizing Bacteria | | | | | |

Only complete those fields applicable to the source of raw product gas or feedstock gas for the project.

| Analysis Date: | | | | | |
|--------------------------|---|----------------------------|-------------------|---------------------------------|---------------------------------------|
| List of Gas Constituents | | | | | |
| | Biogas Source | Gas Constituent Name | Units | Expected Composition in Raw Gas | Expected Composition in Processed Gas |
| 21 | Landfill | Arsenic | mg/m ³ | | |
| 22 | Landfill, Publicly Owned Treatment Works (POTW) | p-Dichlorobenzenes | ppm _v | | |
| 23 | Landfill, Dairy, POTW | Ethylbenzene | ppm _v | | |
| 24 | Landfill, Dairy | n-Nitroso-di-n-propylamine | ppm _v | | |
| 25 | Landfill, POTW | Vinyl Chloride | ppm _v | | |
| 26 | Landfill | Antimony | mg/m ³ | | |
| 27 | Landfill | Copper | mg/m ³ | | |
| 28 | Landfill | Lead | mg/m ³ | | |
| 29 | Landfill | Methacrolein | ppm _v | | |
| 30 | Landfill, Dairy, POTW | Toluene | ppm _v | | |

SECTION 3 - RAW PRODUCT GAS OR FEEDSTOCK GAS SURVEY

What is the source of the gas? _____

What is the composition of the source (solids/liquids)? _____

For animal waste gas, what is the animal feed composition and what is applied (hoof and skin conditioning, cleaning), ingested or injected to the animal? Is it consistent or controlled?

What pesticides are used at the facility? _____

What chemicals are used or in contact from collecting, moving and processing of the waste? _____

What are the min/avg/max gas production rates (pre-processed gas) (in thousand standard cubic feet per day (MScf/d))?

PRE-PROCESSED GAS

| | MScf/d Minimum | MScf/d Average | MScf/d Maximum |
|-----------|----------------|----------------|----------------|
| January | | | |
| February | | | |
| March | | | |
| April | | | |
| May | | | |
| June | | | |
| July | | | |
| August | | | |
| September | | | |
| October | | | |
| November | | | |
| December | | | |

How does it vary over time? _____

What are the minimum, average and maximum gas sales rates (processed gas)?

| PROCESSED GAS | | | |
|---------------|-------------------|-------------------|-------------------|
| | Minimum MScf/d | Average MScf/d | Maximum MScf/d |
| January | | | |
| February | | | |
| March | | | |
| April | | | |
| May | | | |
| June | | | |
| July | | | |
| August | | | |
| September | | | |
| October | | | |
| November | | | |
| December | | | |

How does it vary over time on a daily or seasonal or ambient condition or other basis, hour by hour?

Is any part of the gas coming from another site? Yes No

If yes, please complete a Biogas Survey for each site.

If yes, list each site and the flow rates (or percentage) of the total at this meter.

Briefly describe the digestion process or attach a copy of the process flow diagram or schematic drawing showing the flow path of the gas generating equipment with the operating conditions (pressure in psig, temperature in degrees Fahrenheit, flow rate in MScf/hour or day).

What chemicals or treatments are added to this process? _____

What process prevents bacteria and pathogens from entering the sales gas stream?

Briefly describe your gas treatment and gas processing or attach a copy of your process flow diagram or schematic drawing showing the flow path of the gas through processing equipment.

| | | | | |
|--|--|--|--|--|
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

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