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Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

**Total Post:** Dick Baker, Senior Enviromental Spec  
 Sent To: Laurel Mountain Midstream, LLC Specialist  
 Street, Apt. 1: Westpointe Center Three  
 City, State, Z: 1605 Coraopolis Heights Rd  
 Moon Township, PA 15108

PS Form 3800, May 2000 See Reverse for Instructions  
 MOON TOWNSHIP, PA 15108

Re: GP5-26-00587B  
 Laurel Mountain Midstream, LLC  
 Springhill Compressor Station  
 Springhill Township, Fayette County, PA

Dear Mr. Baker:

The Department has evaluated your application to use General Plan Approval and General Operating Permit GP-5 for *Natural Gas, Coal Bed Methane or Gob Gas Production or Recovery Facility* (GP-5) for authorization to construct and/or operate the following equipment:

- One (1) previously installed Caterpillar G3516LE, 4SLB, natural gas fired compression engine, rated at 1,340 Bhp @ 1400 rpm and has no add on control.
- One (1) previously installed Caterpillar G3516LE, 4SLB, natural gas fired compression engine, rated at 1,340 Bhp @ 1400 rpm; controlled by an Emit Technologies oxidation catalyst, Model No. 201V0-3-6112-RT-2515-Z.
- One (1) previously installed TEG Dehydrator, rated at 25 MMscfd including a Reboiler, rated at 0.25 MMBtu/hr. There is no add on control on the dehydrator.
- Four (4) previously installed TEG Dehydrators, rated at 25 MMscfd each with a capacity of 25 MMscfd.
- Previously installed TEG Dehydrator, rated at 25 MMscfd with de minimis capacity.

The enclosed document shall be effective for a five (5) year period under the conditions of the GP-5 is subject to requirements related to the permit and expiration and renewal.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Received by (Please Print Clearly)	B. Date of Delivery
1. Article Addressed to:		C. Signature X Nancy Muenney	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
2. Article Number (Copy from service label)		D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Article Number (Copy from service label)		<input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes	

Dick Baker, Senior Enviromental Specialist  
 Laurel Mountain Midstream, LLC  
 Westpointe Center Three  
 1605 Coraopolis Heights Rd  
 Moon Township, PA 15108

DEPT ENVIR  
 JAN 16 2012  
 Express Mail  
 Return Receipt for Merchandise  
 Insured Mail  
 C.O.D.

412.442.4000 FAX 412.442.4000

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