

REGISTRATION CERTIFICATE
EPAC-10 REV. 7-73



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION



STACK NO. 01891002734

EQUIPMENT CLASSIFICATION			REGISTRATION NO.
<input type="checkbox"/> FUEL BURNING	<input type="checkbox"/> INCINERATOR	<input checked="" type="checkbox"/> PROCESS MFG.	01890156
FIRM NAME			DATE ISSUED
AMERICAN CYANAMID CO			12/05/73
LOCATION OF EQUIPMENT (No. & Street, Town, Zip)			
SOUTH CHERRY STREET			WALLINGFORD CT 06492
COMMISSIONER OR HIS REPRESENTATIVE			

DEPARTMENT OF ENVIRONMENTAL PROTECTION

PROCESS AND MANUFACTURING EQUIPMENT REGISTRATION

EP-6 NEW 5-72

189-27-156-34

STATE OF CONNECTICUT

no change

TO: Department of Environmental Protection, Air Compliance Section, State Office Bldg., Hartford, Conn. 06115. Tel. 566-2690

1. APPLICATION NO. 5B-6	2. STACK NO. 18
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3. FIRM American Cyanamid Company	LEGAL NAME	BUSINESS ADDRESS (No. & Street, City or Town) South Cherry Street	ZIP CODE 06492	PHONE 269-4481
4. DIVISION Industrial Chemicals & Plastics		Wallingford, Connecticut		
5. APPLICANT R. J. McCaw				
6. INSTALLATION				

7. EQUIPMENT BEING REGISTERED	TYPE OF EQUIPMENT (e.g., storage tank) Kettle B-5B	AIR POLLUTION CONTROL EQUIPMENT USED (if "YES," file form EP-7) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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8. MAJOR ACTIVITY OF FIRM	<input checked="" type="checkbox"/> MFG. <input type="checkbox"/> OFFICE <input type="checkbox"/> RETAIL OR WHLSE. STORE <input type="checkbox"/> SCHOOL OR CHURCH <input type="checkbox"/> HOTEL/MOTEL <input type="checkbox"/> HOSPITAL OR LAB. <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> RESIDENCE OR APTS. <input type="checkbox"/> OTHER (Specify)
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9. TYPES OF FUELS USED	FUEL	GRADES (x)	SULFUR CONTENT	ASH CONTENT	ANNUAL USAGE (Tons, Gals. or Cu. Ft.)	MAXIMUM FIRING RATE		SEASONAL USE			FUEL SUPPLIER			
						(Lbs., Gals., Cu. Ft./hr.)	(BTU/hr.)	Month	to	Month	Name	City or Town		
OIL <input type="checkbox"/>	Kerosene	2	. %	. %	None									
		4	. %	. %										
		5	. %	. %										
		6	. %	. %										
		NAT. GAS <input type="checkbox"/>												
		OTHER <input type="checkbox"/>												

10. PROCESS WEIGHTS	MATERIALS	USE (Solvent, Catalyst)	ENTERING (Tons/Yr.)	LEAVING (Tons/Yr.)	11. POLLUTANTS EMITTED	MATERIAL	RATE OF EMISSIONS (Tons/Yr.)	METHOD USED TO DETERMINE EMISSIONS	
	Reacted Resins			2000		Styrene	.5	Estimated Using Chimney Effect & Vapor Pressures	
	Dibasic Acids								
	Anhydrides								
	Styrene								

12. STORAGE AND PROCESS TANK INFORMATION	CAPACITY (Gallons) N.A.	TYPE OF COVER <input type="checkbox"/> NONE <input type="checkbox"/> FLOATING ROOF	<input type="checkbox"/> CLOSED WITH VENT TO ATMOSPHERE <input type="checkbox"/> CLOSED WITH VAPOR RECOVERY SYSTEM	STORAGE TEMPERATURE: N.A. °F
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13. EQUIPMENT INFORMATION	EXHAUST GAS FLOW RATE (ACFM): MAXIMUM 5 NORMAL Intermittent	DATE STARTED UP 1964	Breaching Gps. Temp. (°F): 130	No. OF IDENTICAL UNITS -----	OPERATING HOURS: 24	HOURS/DAY 6000
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14. STACK INFORMATION	STACK EXIT DIRECTION <input type="checkbox"/> HORIZ. <input checked="" type="checkbox"/> VERT.	STACK EXIT DIMENSIONS I.D. 2 in. OR _____ in. X _____ in.	STACK HEIGHT (Feet) 60	IS STACK EQUIPPED WITH RAIN HAT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	SMOKE INDICATOR IN STACK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAKE AND MODEL NO.	STACK LINING <input checked="" type="checkbox"/> METAL <input type="checkbox"/> REFRACTORY <input type="checkbox"/> OTHER (Specify)	

15. STACK LOCATION	Name of nearest intersecting street: Ball Street	Distance to stack from intersection: 2800 FT.	DIRECTION TO STACK: (Circle one) N, NE, E, SE, (S) SW, W, NW
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16. CERTIFICATION	I certify that I have examined the above information and that to the best of my knowledge it is true and complete. (Signature subjects signer to provisions of the General Statutes regarding false and misleading statements).	SIGNED <i>RJ McCaw</i>	TITLE plant Manager	DATE
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MAIN FILE

x=576.400 y=221.700

PLEASE DO NOT WRITE IN THIS SPACE

DATE RCY'D FROM APPLICANT. / /

DATE REVIEWED / /

BY

DATE COPY SENT TO LOCAL AGENCY / /

BY

REGISTRATION NUMBER 189-0156

PREMISE NO. 189-027

STACK NO. 34

STATE GRID CO-ORDINATES

X 576300

Y 219000

Z = 40

REGISTRATION CARD SENT

STORED ON COMPUTER

DATE / /

BY

BY

EMERGENCY STANDBY PLANS

PLAN REQUIRED

YES

NO

DATE PLAN - MANUAL SENT TO APPLICANT / /

BY

DATE FORM RETURNED / /

BY

DATE PLAN APPROVED / /

Handwritten signature