

REGISTRATION CERTIFICATE
EPAC-10 REV. 7-73



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION



STACK NO. 00671001703

EQUIPMENT CLASSIFICATION				REGISTRATION NO.
<input checked="" type="checkbox"/> FUEL BURNING	<input type="checkbox"/> INCINERATOR	<input type="checkbox"/> PROCESS MFG.	<input type="checkbox"/> AIR POLLUTION CONTROL	00670054
FIRM NAME				DATE ISSUED
CONN. LIGHT & POWER				12/05/73
LOCATION OF EQUIPMENT (No. & Street, Town, Zip)				
STATION ROAD		GREENWICH CONN.		
COMMISSIONER OR HIS REPRESENTATIVE				

DEPARTMENT OF ENVIRONMENTAL PROTECTION

3. FIRM	LEGAL NAME Northeast Utilities	BUSINESS ADDRESS (No. & Street, City, Zip Code)	PHONE
4. DIVISION	The Connecticut Light and Power Company	P. O. Box 270, Hartford, Conn. 06101	666-6911
5. APPLICANT	Henry A. Darius, Assistant Secretary	P. O. Box 2010, Hartford, Conn. 06101	666-2431
6. INSTALLATION		P. O. Box 270, Hartford, Conn. 06101	666-6911
7. EQUIPMENT BEING REGISTERED	TYPE OF EQUIPMENT (e.g., Boiler) Combustion Turbine for electric power generation	Station Road, Greenwich, Conn. 06830	None
		AIR POLLUTION CONTROL EQUIPMENT USED (If "Yes," file form EP-7) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

8. MAJOR ACTIVITY OF FIRM

MFG.
 OFFICE
 RETAIL OR WHLSE. STORE
 SCHOOL OR CHURCH
 HOTEL/MOTEL
 HOSPITAL OR LAB.
 WAREHOUSE
 RESIDENCE OR APTS.
 OTHER (Specify) **Public utility holding company**

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	
COAL <input type="checkbox"/>	Bituminous		. %	. %									
		Anthracite	. %	. %									
	OIL <input checked="" type="checkbox"/>	Kerosene	x	0.01 %	0.00 %	1,671,000	1,900	255,000,000				T A D Jones & Co.,	New Haven
		2		. %	. %								
		4		. %	. %	221,800							
		5		. %	. %								
NAT. GAS <input type="checkbox"/>	/												
OTHER <input type="checkbox"/>													

10. BURNER EQUIPMENT

ARE OIL HEATERS USED? YES NO
 OIL TEMPERATURE BEFORE INJECTION: Ambient °F
 BURNER MANUFACTURER: Pratt & Whitney Aircraft Division of United Aircraft Corporation
 BURNER MODEL No.: FT4A-9

11. TYPE OF COAL BURNER

HAND FIRED
 UNDERFEED STOKER
 TRAVELING GRATE
 CHAIN GRATE
 SPREADER STOKER
 STOKER WITH GAS REINJECTION
 CYCLONE FURNACE
 PULVERIZED COAL
 OTHER (Specify) **None**

12. TYPE OF OIL BURNER

PRESSURE OR GUN
 ROTARY CUP
 STEAM ATOMIZER
 AIR ATOMIZER
 TANGENTIALLY FIRED
 OTHER (Specify) **Combustion Turbine**

13. COMBUSTION

OVERFIRE AIR CONTROL: YES NO
 TYPE OF TIME SWITCHED: TIME SWITCHED SMOKE INDICATOR MANUAL OTHER (Specify) **Automatic**
 TYPE OF DRAFT: FORCED INDUCED NATURAL

14. POLLUTANTS EMITTED	MATERIAL	RATE OF EMISSIONS (Tons/Yr.)	METHOD USED TO DETERMINE EMISSIONS	15. EQUIPMENT INFORMATION	BREACHING GAS TEMPERATURE (°F)	No. OF IDENTICAL UNITS
	Particulates	45.0	HEW List of Emission Factors		785	1
	Oxides of sulfur	1.2	" " " " " "		DATE SOURCE STARTED UP	October 1969
	Carbon monoxide	47.0	" " " " " "		EXHAUST GAS FLOW RATE (ACFM):	NORMAL: 452,000 MAXIMUM: 502,000
	Hydrocarbons	13.0	" " " " " "		OPERATING HOURS:	HOURS PER DAY: 3 HOURS PER YEAR: 1,150
Oxides of Nitrogen	68.0	Source test of similar unit				

16. STACK INFORMATION

STACK EXIT DIRECTION: HORIZ. VERT.
 STACK EXIT DIMENSIONS: I.D. 63 in. OR 155 in. X 115 in.
 STACK HEIGHT (Feet): 33
 IS STACK EQUIPPED WITH RAIN HAT? YES NO
 SMOKE INDICATOR IN STACK: YES NO
 MAKE AND MODEL NO.: None
 STACK LINING: METAL REFRACTORY OTHER (Specify)

17. STACK LOCATION

Name of nearest intersecting street: Indianfield Road
 Distance to stack from intersection: 2,000 FT.
 DIRECTION TO STACK: (Circle one) N, NE, E, SE, S, SW, W, NW

18. 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: Henry A. Darius
 TITLE: Assistant Secretary
 DATE: 9/29/72

MAIN FILE

PLEASE DO NOT WRITE IN THIS SPACE

DATE RCV'D FROM APPLICANT. / /

DATE REVIEWED / /

BY

DATE COPY SENT TO LOCAL AGENCY / /

BY

REGISTRATION NUMBER

0670054

PREMISE NO.

017

STACK NO.

03

STATE GRID CO-ORDINATES

X 365,600

365600

Y 72,500

72500

Z = 35.0

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 / /

CODED

MAP NO.

X 43 KM

Y KM

AQCR NO.

43

NEDS: COUNTY NO.

0265

TOWN NO.

067

SIC NO.

De ft X 10

PROCESS CODE NO.

VELOCITY ips

SCC I.D.

U.O.M.

Resolution Control Device

Secondary

Part	NO ₁	NO ₂	NO ₃
Primary			
Secondary			

Description