

FUEL BURNING EQUIPMENT REGISTRATION

EPAC-4 REV. 7-75

STATE OF CONNECTICUT N.V. 10329

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

1. APPLICATION NO. Matt 106
2. STACK NO. 6

3. FIRM	LEGAL NAME <u>The Mattabassett District</u>	BUSINESS ADDRESS (No. & Street, City, Zip Code) <u>P.O. Box 137 Cromwell, CT 06052</u>	PHONE <u>635-5550</u>
4. DIVISION			
5. APPLICANT	<u>Christian Bratina</u>		
6. INSTALLATION	<u>Accel's rd</u>		
7. EQUIPMENT BEING REGISTERED	TYPE OF EQUIPMENT (e.g., Boiler) <u>Emergency Generator</u>	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) Wastewater treatment

9. TYPES OF FUELS USED	FUEL	GRADES (x)	SULFUR CONTENT	ASH CONTENT	ANNUAL USAGE (Tons, Gals. or Cu. Ft.)	MAXIMUM DESIGN CAPACITY (lbs., Gals., Cu. Ft., Btu/hr.)		FUEL SUPPLIER		
						Boiler	Burner	Name	City or Town	
<input type="checkbox"/> COAL	Bituminous		. %	. %						
		Anthracite	. %	. %						
	<input checked="" type="checkbox"/> OIL	Kerosene		. %	. %					
		2	<u>X</u>	<u>0.19</u> %	. %	<u>500gal</u>		<u>120 gpm</u>	<u>Hicks Service Station</u>	<u>Cromwell, CT</u>
		4		. %	. %					
	5		. %	. %						
	6		. %	. %						
	NAT. GAS									
	OTHER									

10. BURNER EQUIPMENT

ARE OIL HEATERS USED? YES NO

OIL TEMPERATURE BEFORE INJECTION _____ °F

BURNER MFG. AND MODEL NO. _____

BOILER MFG. AND MODEL NO. _____

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) _____

12. TYPE OF OIL BURNER

PRESSURE OR GUN
 ROTARY CUP
 STEAM ATOMIZER
 AIR ATOMIZER
 TANGENTIALLY FIRED
 OTHER (Specify) Injection

13. COMBUSTION

OVERFIRE AIR CONTROL YES NO

TYPE OF DRAFT FORCED INDUCED NATURAL

TIME SWITCHED
 SMOKE INDICATOR
 MANUAL
 OTHER (Specify) _____

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
				<u>1969</u>	<u>0</u>
				EXHAUST GAS FLOW RATE (ACFM):	NORMAL _____ MAXIMUM _____
				OPERATING HOURS:	HOURS PER DAY _____ HOURS PER YEAR <u>15</u>

16. STACK INFORMATION

STACK EXIT DIRECTION HORIZ. VERT.

STACK EXIT DIMENSIONS I.D. 12 in. OR _____ in. X _____ in.

STACK HEIGHT (feet) 17

IS STACK EQUIPPED WITH RAIN HAT? YES NO

SMOKE INDICATOR IN STACK YES NO

MAKE AND MODEL NO. _____

STACK LINING METAL REFRACTORY OTHER (Specify) _____

17. STACK LOCATION

Name of nearest intersecting street: Junction of Rtes 9 & 99

Distance to stack from intersection: 600 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 Christian Bratina

TITLE Plant Superintendent

DATE 9-27-84

MAIN FILE

PLEASE DO NOT WRITE IN THIS SPACE

DATE RCY'D FROM APPLICANT. / /

DATE REVIEWED / / BY _____

DATE COPY SENT TO LOCAL AGENCY / / BY _____

REGISTRATION NUMBER 043-44 CL-3 562-1

PREMISE NO. - 12 I-C. 8157-1

STACK NO. -- 5

STATE GRID CO-ORDINATES

X 627000 5958

Y 273500 1-0 46061

REGISTRATION CARD SENT 46061 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 / / BY _____