

REGISTRATION CERTIFICATE
EPAC-10 REV. 7-73



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION



STACK NO. 00541000503

EQUIPMENT CLASSIFICATION			REGISTRATION NO.
<input type="checkbox"/> FUEL BURNING	<input type="checkbox"/> INCINERATOR	<input checked="" type="checkbox"/> PROCESS MFG.	00540009
FIRM NAME			DATE ISSUED
NEW HAVEN TERMINAL			12/05/73
LOCATION OF EQUIPMENT (No. & Street, Town, Zip)		EAST HAVEN CT 06512	
FRONTAGE RD			
COMMISSIONER OR HIS REPRESENTATIVE			

DEPARTMENT OF ENVIRONMENTAL PROTECTION

PROCESS AND MANUFACTURING EQUIPMENT REGISTRATION

EP-6 NEW 5--

STATE OF CONNECTICUT

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

1. APPLICATION NO. #103	2. STACK NO. none
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3. FIRM New Haven Terminal, Inc.	LEGAL NAME	BUSINESS ADDRESS (No. & Street, City or Town) 30 Waterfront St., New Haven, Conn.	ZIP CODE 06509	PHONE 469-1391
4. DIVISION				
5. APPLICANT Henry A. St. Laurent		Frontage Rd. (rear of Bradley's)		

6. INSTALLATION	TYPE OF EQUIPMENT (e.g., storage tank) Storage Tank	AIR POLLUTION CONTROL EQUIPMENT USED (if "YES," file form EP-7) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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8. MAJOR ACTIVITY OF FIRM	<input 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 checked="" type="checkbox"/> OTHER (Specify) Tank Farm
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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	. %	. %									
		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

12. STORAGE AND PROCESS TANK INFORMATION	CAPACITY (Gallons) 2,520,000	TYPE OF COVER <input type="checkbox"/> NONE <input checked="" type="checkbox"/> FLOATING ROOF	<input type="checkbox"/> CLOSED WITH VENT TO ATMOSPHERE <input type="checkbox"/> OTHER (Specify)	STORAGE TEMPERATURE: AMBIENT °F
	MATERIAL BEING STORED Regular Gasoline	<input type="checkbox"/> CLOSED WITH VAPOR RECOVERY SYSTEM		

13. EQUIPMENT INFORMATION	EXHAUST GAS FLOW RATE (ACFM): MAXIMUM _____ NORMAL _____	DATE STARTED UP 7/20/72	Breaching Gas Temp. (°F):	No. OF IDENTICAL UNITS	OPERATING HOURS: HOURS/DAY _____ HOURS/YR. _____
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14. STACK INFORMATION	STACK EXIT DIRECTION <input type="checkbox"/> HORIZ. <input type="checkbox"/> VERT.	STACK EXIT DIMENSIONS I.D. _____ in. OR _____ in. X _____ in.	STACK HEIGHT (Feet)	IS STACK EQUIPPED WITH RAIN HAT? <input type="checkbox"/> YES <input type="checkbox"/> NO
	SMOKE INDICATOR IN STACK <input type="checkbox"/> YES <input type="checkbox"/> NO	MAKE AND MODEL NO.	STACK LINING <input type="checkbox"/> METAL <input type="checkbox"/> REFRACTORY <input type="checkbox"/> OTHER (Specify)	

15. STACK LOCATION	Name of nearest intersecting street:	Distance to stack from intersection: _____ 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>B. J. McConville</i>	TITLE <i>Op Eng</i>	DATE 9/29/72
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SEE ATTACHMENT B

MAIN FILE

PLEASE DO NOT WRITE IN THIS SPACE

DATE RCV'D FROM APPLICANT. / /

DATE REVIEWED 1/17/81 BY 30 Waterfront St., New Haven, Conn.

DATE COPY SENT TO LOCAL AGENCY 1/17/81 BY Henry A. St. Laurent

REGISTRATION NUMBER ~~117-0464~~ 054-0009

PREMISE NO. ~~117-121~~ 054-005

STACK NO. ~~117-121-05~~ -03

STATE GRID CO-ORDINATES

X 562500 ~~563500~~ 563200

Y 167000 167000

REGISTRATION CARD SENT 2-10 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 / /

MAP NO. X KM Y KM 18

AQCR NO. 42

NEDS: COUNTY NO. 0705 TOWN NO. 0225

SIC NO. 5092 Di. _____ ft X 10

PROCESS CODE NO. _____ VELOCITY _____ fps

SCC I.D. 4 / 03 / 002 / 01 U.C.M. 1000 Gals. Stor. Cap.

Pollution Control Enviro.	Form	HC	NOx	Description
Primary				
Secondary				

C. THIMMORRICK

New Haven Terminal, Inc.
Henry A. St. Laurent
Storage Tank

2,520,000

Regular Gasoline