

**REGISTRATION CERTIFICATE**  
EPAC-10 REV. 7-73



STATE OF CONNECTICUT  
**DEPARTMENT OF ENVIRONMENTAL PROTECTION**



STACK NO. 00541000506

EQUIPMENT CLASSIFICATION			REGISTRATION NO.
<input type="checkbox"/> FUEL BURNING	<input type="checkbox"/> INCINERATOR	<input checked="" type="checkbox"/> PROCESS MFG.	00540012
<input type="checkbox"/> AIR POLLUTION CONTROL	FIRM NAME		DATE ISSUED
	NEW HAVEN TERMINAL		12/05/73
LOCATION OF EQUIPMENT (No. & Street, Town, Zip)			
FRONTAGE RD			EAST HAVEN CT 06512
COMMISSIONER OR HIS REPRESENTATIVE			

DEPARTMENT OF ENVIRONMENTAL PROTECTION

PROCESS AND MANUFACTURING EQUIPMENT REGISTRATION

EP-6-NEL 72

STATE OF CONNECTICUT

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

1. APPLICATION NO. #108	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 06609	PHONE 469-1394
4. DIVISION		Frontage Rd. (rear of Bradlee's)		
5. APPLICANT Henry A. St. Laurent				
6. INSTALLATION				

7. EQUIPMENT BEING REGISTERED Storage Tank	TYPE OF EQUIPMENT (e.g., 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
<input type="checkbox"/>	OIL	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	
					<b>CODED</b>				

12. STORAGE AND PROCESS TANK INFORMATION	CAPACITY (Gallons) 3,360,000	TYPE OF COVER <input type="checkbox"/> NONE <input checked="" type="checkbox"/> FLOATING ROOF	CLOSED WITH VENT TO ATMOSPHERE <input type="checkbox"/>	CLOSED WITH VAPOR RECOVERY SYSTEM <input type="checkbox"/>	OTHER (Specify) <input type="checkbox"/>	STORAGE TEMPERATURE: AMBIENT
	MATERIAL BEING STORED Gasoline					

13. EQUIPMENT INFORMATION	EXHAUST GAS FLOW RATE (ACFM):	MAXIMUM	NORMAL	DATE STARTED UP	Breaching Gas Temp. (°F):	No. OF IDENTICAL UNITS	OPERATING HOURS:	HOURS/DAY	HOURS/YR.
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 B. W. McCandless	TITLE Op Eng	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 11/12/08 BY [Signature]

DATE COPY SENT TO LOCAL AGENCY 11/12/08 BY [Signature]

REGISTRATION NUMBER ~~117-0667~~ 054-0612

PREMISE NO. ~~117-12/~~ 054-005

STACK NO. ~~117-12/08~~ 06

STATE GRID CO-ORDINATES

X ~~563400~~ 563500

Y ~~167200~~ 167300

REGISTRATION CARD SENT 2 = 10

STORED ON COMPUTER

DATE / / BY / /

EMERGENCY STANDBY PLANS

PLAN REQUIRED  YES  NO

DATE PLAN - MANUAL SENT TO APPLICANT / / BY

DATE FORM RETURNED / / BY

DATE PLAN APPROVED / /

MAR NO. X KM Y 18 KM

AQCR NO. 42

NEDS: COUNTY NO. 0705 TOWN NO. 0225

SIC NO. 5092 De \_\_\_\_\_ ft X 10

PROCESS CODE NO. \_\_\_\_\_ VELOCITY \_\_\_\_\_ fps

SCC I.D. 4 | 03 | 002 | 01 U.O.M. 1000 Gals. Stor. Cap.

Pollution Control Device	Part	SO2	HIC	NOx	Description
Primary					
Secondary					

000,000.0  
gasoline