

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

STATE OF CONNECTICUT  
**DEPARTMENT OF ENVIRONMENTAL PROTECTION**



Tank # 105 - #207

STACK NO. 00541000509

EQUIPMENT CLASSIFICATION				REGISTRATION NO.
<input type="checkbox"/> FUEL BURNING	<input type="checkbox"/> INCINERATOR	<input checked="" type="checkbox"/> PROCESS MFG.	<input type="checkbox"/> AIR POLLUTION CONTROL	00540015
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 NEW 5-72

STATE OF CONNECTICUT

*Code*

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

1. APPLICATION NO. <b>#105</b>	2. STACK NO. <b>none</b>
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3. FIRM <b>New Haven Terminal, Inc.</b>	LEGAL NAME	BUSINESS ADDRESS (No. & Street, City or Town) <b>30 Waterfront St., New Haven, Conn.</b>	ZIP CODE <b>06509</b>	PHONE <b>469-1391</b>
4. DIVISION				
5. APPLICANT <b>Henry A. St. Laurent</b>		<b>Frontage Rd. (rear of Bradlee's)</b>	<b>TOWN LINE</b>	
6. INSTALLATION			<b>EAST + NEW HAVEN</b>	
7. EQUIPMENT BEING REGISTERED <b>Storage Tank #2014</b>	TYPE OF EQUIPMENT (e.g., storage tank)	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) **Tank Farm**

9. TYPES OF FUELS USED	FUEL	GRADES (x)	SULFUR CONTENT	ASH CONTENT	ANNUAL USAGE (Tons, Gals. or Cu. Ft.)	MAXIMUM FIRING RATE (Lbs., Gals., Cu. Ft./hr.)	(BTU/hr.)	SEASONAL USE			FUEL SUPPLIER		
								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.)	MATERIAL	RATE OF EMISSIONS (Tons/Yr.)	METHOD USED TO DETERMINE EMISSIONS

**CODED**

$(6300 \times 13.1) = 41.3$   
 $2000$

12. STORAGE AND PROCESS TANK INFORMATION

CAPACITY (Gallons): **6,300,000**

MATERIAL BEING STORED: **#2 Fuel Oil**

TYPE OF COVER:  NONE  CLOSED WITH VENT TO ATMOSPHERE  OTHER (Specify)

FLOATING ROOF  CLOSED WITH VAPOR RECOVERY SYSTEM

STORAGE TEMPERATURE: **AMBIENT** °F

13. EQUIPMENT INFORMATION

EXHAUST GAS FLOW RATE (ACFM): MAXIMUM \_\_\_\_\_ NORMAL \_\_\_\_\_

DATE STARTED UP: \_\_\_\_\_ Breaching Gas Temp. (°F): \_\_\_\_\_

No. OF IDENTICAL UNITS: **1** OPERATING HOURS: \_\_\_\_\_ HOURS/DAY: \_\_\_\_\_ HOURS/YR.: \_\_\_\_\_

14. STACK INFORMATION

STACK EXIT DIRECTION:  HORIZ.  VERT.

STACK EXIT DIMENSIONS: I.D. \_\_\_\_\_ in. OR \_\_\_\_\_ in. X \_\_\_\_\_ in.

SMOKE INDICATOR IN STACK:  YES  NO

STACK HEIGHT (Feet): \_\_\_\_\_ IS STACK EQUIPPED WITH RAIN HAT?  YES  NO

STACK LINING:  METAL  REFRACTORY  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

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).

SIGNATURE: *B. J. McCandless*

TITLE: *Asst. Secy*

DATE: *9/29/72*

MAIN FILE

PLEASE DO NOT WRITE IN THIS SPACE

DATE RCVD FROM APPLICANT. / /

DATE REVIEWED. / / BY

DATE COPY SENT TO LOCAL AGENCY / / BY

REGISTRATION NUMBER ~~117-15~~ 054-805

PREMISE NO. ~~117-15~~

STACK NO. ~~117-15~~ 09

STATE GRID CO-ORDINATES

X 563200

Y ~~167400~~ 167500

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

AOCR NO. 42

NEDS: COUNTY NO. 0705 TOWN NO. 0298

SIC NO. 5092 Dia. ft X 10

PROCESS CODE NO. VELOCITY fps

SCC I.D. 4 | 03 | 001 | 01 U.O.M. 1000 Gals. Stor. Cmp.

Pollution Control Device	Part	SO <sub>2</sub>	H <sub>2</sub>	NO <sub>x</sub>	Description
Primary					
Secondary					

000,000,0  
110 1007 27