

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



STATE OF CONNECTICUT  
**DEPARTMENT OF ENVIRONMENTAL PROTECTION**



STACK NO. 00541000510

EQUIPMENT CLASSIFICATION			REGISTRATION NO.
<input type="checkbox"/> FUEL BURNING	<input type="checkbox"/> INCINERATOR	<input checked="" type="checkbox"/> PROCESS MFG.	00540016
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

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

1. APPLICATION NO. <b>#106</b>	2. STACK NO. <b>none</b>
ZIP CODE <b>06508</b>	PHONE <b>469-1341</b>

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>06508</b>	PHONE <b>469-1341</b>
4. DIVISION		<b>Frontage Rd. (rear of Bradlee's)</b>		
5. APPLICANT <b>Henry A. St. Laurent</b>				
6. INSTALLATION				
7. EQUIPMENT BEING REGISTERED <b>Storage Tank</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		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): **6,300,000**

MATERIAL BEING STORED: **Gasoline-Regular**

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: \_\_\_\_\_ OPERATING HOURS: \_\_\_\_\_ HOURS/DAY: \_\_\_\_\_ HOURS/YR.: **all year**

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).

SIGNED: **B.W. McCandless**

TITLE: **ep Eng**

DATE: **2/2/12**

MAIN FILE

SEE ATTACHMENT C

**PLEASE DO NOT WRITE IN THIS SPACE**

DATE RCV'D FROM APPLICANT.      /      /       
 DATE REVIEWED 05/20/03 BY       
 DATE COPY SENT TO LOCAL AGENCY 05/21/03 BY       
 REGISTRATION NUMBER 72-16  
 PREMISE NO. 059-005  
 STACK NO. 10  
 STATE GRID CO-ORDINATES  
 X 560502 563200  
 Y 166100 167400  
 REGISTRATION CARD SENT 8 = 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      /      /     

MAP NO. X KM Y KM 8  
 AQCR NO. 42  
 NEDS: COUNTY NO. 0705 TOWN NO. 0725  
 SIC NO. 5092 Di      ft X 10  
 PROCESS CODE NO.      VELOCITY      fps  
 SCC I.D. 4 / 03 / 001 / 01 U.O.M. 1000 Gals. Stor. Cap.

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

New Haven Terminal  
 Harry A. St. Laurent  
 Storage Tank

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Gasoline-regular