

REGISTRATION CERTIFICATE
EPAC-10 REV. 7-73



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION



EQUIPMENT CLASSIFICATION		STACK NO. 01171012005	
<input type="checkbox"/> FUEL BURNING	<input type="checkbox"/> INCINERATOR	<input checked="" type="checkbox"/> PROCESS MFG.	<input type="checkbox"/> AIR POLLUTION CONTROL
FIRM NAME NEW HAVEN TERMINAL		REGISTRATION NO. 01170434	DATE ISSUED 12/05/73
LOCATION OF EQUIPMENT (No. & Street, Town, Zip) 30 WATERFRONT ST		NEW HAVEN CT 06509	
COMMISSIONER OR HIS REPRESENTATIVE			

DEPARTMENT OF ENVIRONMENTAL PROTECTION

PROCESS AND MANUFACTURING EQUIPMENT REGISTRATION

EP-6 NEW 5-72

117-120-434-05

STATE OF CONNECTICUT

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

1. APPLICATION NO. #6	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		30 Waterfront St., New Haven, Conn.		
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 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	
<input type="checkbox"/>	OIL	Kerosene	. %	. %									
		2	. %	. %									
		4	. %	. %									
		5	. %	. %									
		6	. %	. %									
<input type="checkbox"/>	NAT. GAS												
<input type="checkbox"/>	OTHER												

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	
					<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">CODED</div> $(3360 \times 13) / 2000 = 22$				

12. STORAGE AND PROCESS TANK INFORMATION

CAPACITY (Gallons): **3,360,000**

MATERIAL BEING STORED: **42 Fuel Oil Premium Gasoline**

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.: _____

14. STACK INFORMATION

STACK EXIT DIRECTION: HORIZ. VERT.

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

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

SMOKE INDICATOR IN STACK: YES NO

MAKE AND MODEL 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. McConville*

TITLE: *Op. Eng.*

DATE: *4/29/72*

MAIN FILE

PLEASE DO NOT WRITE IN THIS SPACE

DATE RCV'D FROM APPLICANT. / /

DATE REVIEWED 11/21/82 BY 30 Westport St., New Haven, Conn.

DATE COPY SENT TO LOCAL AGENCY 11/21/82 BY 30 Westport St., New Haven, Conn.

REGISTRATION NUMBER 117-0434

PREMISE NO. 117-120

STACK NO. 117-120-05

STATE GRID CO-ORDINATES

X 557,400

Y 166,400 Z=10

REGISTRATION CARD SENT

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. 0700

SIC NO. 5092 De _____ 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 ₂	HC	NO _x	Description
Primary					
Secondary					