

REGISTRATION CERTIFICATE

EP-10 NEW 6-72



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION



<u>TANK#209 - PREMUNLGAS</u>			Stack No. <u>0117-519-02</u>	REGISTRATION NO <u>01170812</u>
EQUIPMENT CLASSIFICATION				DATE ISSUED <u>3/8/79</u>
<input type="checkbox"/> FUEL BURNING	<input type="checkbox"/> INCINERATOR	<input checked="" type="checkbox"/> PROCESS MFG.	<input type="checkbox"/> AIR POLLUTION CONTROL	
FIRM NAME <u>Atlantic Richfield Co., Northeast Distribution Area</u>				
LOCATION OF EQUIPMENT (No. & Street, Town, Zip) <u>280 Waterfront St., New Haven, CT 06508</u>				
COMMISSIONER OR HIS REPRESENTATIVE				

PROCESS AND MANUFACTURING EQUIPMENT REGISTRATION

STATE OF CONNECTICUT

EP-6 REV 5-72

117-519-812-03

1. APPLICATION NO.	2. STACK NO.
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TO: Department of Environmental Protection, Air Compliance Section, State Office Bldg., Hartford, Conn. 06115. Tel. 566-2690

3. FIRM	LEGAL NAME Atlantic Richfield Company	BUSINESS ADDRESS (No. & Street, City or Town) 515 South Flower St., Los Angeles, Calif.	ZIP CODE 90071	PHONE 213-486-3511
4. DIVISION	Northeast Distribution Area	155 South Main Street, Providence, RI	02901	401-274-4300
5. APPLICANT	G. K. Garrett	280 Waterfront St., New Haven, Conn.	06508	203-467-6058
6. INSTALLATION				
7. EQUIPMENT BEING REGISTERED	TYPE OF EQUIPMENT (e.g., storage tank) Storage Tanks	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	<input type="checkbox"/> MFG. <input type="checkbox"/> OFFICE <input checked="" 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 type="checkbox"/> OTHER (Specify)			

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
	Tank Turnover = 4.8 times per year							
	throughput = 390 x 4.8 = 1872 x 10 ³ gal							
			(5650 tons)					

H.C.

Standing loss = (0.06 (390 x 365) / L) x 4.8

= 1.57

2.34 tons/yr

12. STORAGE AND PROCESS TANK INFORMATION	CAPACITY (Gallons) Tank #9 (390,000)	TYPE OF COVER <input type="checkbox"/> NONE <input checked="" type="checkbox"/> CLOSED WITH VENT TO ATMOSPHERE <input type="checkbox"/> OTHER (Specify)	STORAGE TEMPERATURE: Ambient °F
	MATERIAL BEING STORED Gasoline	<input checked="" type="checkbox"/> FLOATING ROOF <input type="checkbox"/> CLOSED WITH VAPOR RECOVERY SYSTEM	

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 	TITLE Field Distribution Manager	DATE 12/30/74
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MAIN FILE