

**REGISTRATION CERTIFICATE**

EP-10 NEW 6-72



STATE OF CONNECTICUT  
**DEPARTMENT OF ENVIRONMENTAL PROTECTION**



TRUCK LOAD RACK-GAS		Stack No. 0117-519-06	REGISTRATION N 01170815
EQUIPMENT CLASSIFICATION			DATE ISSUED 3/8/79
<input type="checkbox"/> FUEL BURNING	<input type="checkbox"/> INCINERATOR	<input checked="" type="checkbox"/> PROCESS MFG.	<input type="checkbox"/> AIR POLLUTION CONTROL
FIRM NAME Atlantic Richfield, Northeast Distribution Center			
LOCATION OF EQUIPMENT (No. & Street, Town, Zip) 280 Waterfront St., New Haven, CT 06508			
COMMISSIONER OR HIS REPRESENTATIVE			

PROCESSED AND MANUFACTURING EQUIPMENT REGISTRATION

STATE OF CONNECTICUT

001567001

6 NEW 5-72

117-519-815-06

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 St., 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) Bottom Loading Truck Loading Facility	AIR POLLUTION CONTROL EQUIPMENT USED (if "YES," file form EP-7) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Vapor Recovery (EP-7 filed)		

8. MAJOR ACTIVITY OF FIRM

MFG.  
  OFFICE  
  RETAIL OR WHLSE. STORE  
  SCHOOL OR CHURCH  
  HOTEL/ MOTEL  
  HOSPITAL OR LAB.  
  WARE-HOUSE  
  RESIDENCE OR APTS.  
  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	
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) \_\_\_\_\_

MATERIAL BEING STORED \_\_\_\_\_

TYPE OF COVER

NONE  
  CLOSED WITH VENT TO ATMOSPHERE  
  OTHER (Specify) \_\_\_\_\_

FLOATING ROOF  
  CLOSED WITH VAPOR RECOVERY SYSTEM

STORAGE TEMPERATURE: \_\_\_\_\_ °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.

SMOKE INDICATOR IN STACK  YES  NO

MAKE AND MODEL 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: *[Signature]* TITLE: Field Distribution Manager

DATE: 12/30/74

MAIN FILE