

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



STATE OF CONNECTICUT  
**DEPARTMENT OF ENVIRONMENTAL PROTECTION**



STACK NO. 00671001701

EQUIPMENT CLASSIFICATION				REGISTRATION NO.
<input checked="" type="checkbox"/> FUEL BURNING	<input type="checkbox"/> INCINERATOR	<input type="checkbox"/> PROCESS MFG.	<input type="checkbox"/> AIR POLLUTION CONTROL	00670052
FIRM NAME CONN LIGHT & POWER				DATE ISSUED 12/05/73
LOCATION OF EQUIPMENT (No. & Street, Town, Zip) STATION ROAD GREENWICH CONN.				
COMMISSIONER OR HIS REPRESENTATIVE				

DEPARTMENT OF ENVIRONMENTAL PROTECTION

3. FIRM	LEGAL NAME Northeast Utilities	BUSINESS ADDRESS (No. & Street, City, Zip Code)	PHONE
4. DIVISION	The Connecticut Light and Power Company	P. O. Box 270, Hartford, Conn. 06101	666-6911
5. APPLICANT	Henry A. Darius, Assistant Secretary	P. O. Box 2010, Hartford, Conn. 06101	666-2431
6. INSTALLATION		P. O. Box 270, Hartford, Conn. 06101	666-6911
7. EQUIPMENT BEING REGISTERED	TYPE OF EQUIPMENT (e.g., Boiler) Combustion Turbine for electric power generation	Station Road, Greenwich, Conn. 06830	None
		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) **Public utility holding company**

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"/> COAL	Bituminous		%	%								
		Anthracite		%	%							
	<input checked="" type="checkbox"/> OIL	Kerosene	x	0.01 %	0.00 %	1,807,000	1,900	255,000,000				T A D Jones & Co., New Haven
		2		%	%							
		4		%	%	164,900 gal 1977						
		5		%	%							
6		%	%									
<input type="checkbox"/> NAT. GAS												
<input type="checkbox"/> OTHER												

10. BURNER EQUIPMENT  
 ARE OIL HEATERS USED?  YES  NO  
 OIL TEMPERATURE BEFORE INJECTION: Ambient °F  
 BURNER MANUFACTURER: Pratt and Whitney Aircraft Division of United Aircraft Corporation  
 BURNER MODEL No.: FT4A-9

11. TYPE OF COAL BURNER  
 HAND FIRED  UNDERFEED STOKER  TRAVELING GRATE  CHAIN GRATE  SPREADER STOKER  STOKER WITH GAS REINJECTION  CYCLONE FURNACE  PULVERIZED COAL  OTHER (Specify) **None**

12. TYPE OF OIL BURNER  
 PRESSURE OR GUN  ROTARY CUP  STEAM ATOMIZER  AIR ATOMIZER  TANGENTIALLY FIRED  OTHER (Specify) **Combustion Turbine**

13. COMBUSTION  
 OVERFIRE AIR CONTROL:  YES  NO  
 TYPE:  TIME SWITCHED  SMOKE INDICATOR  MANUAL  OTHER (Specify) **Automatic**  
 TYPE OF DRAFT:  FORCED  INDUCED  NATURAL

14. POLLUTANTS EMITTED	MATERIAL	RATE OF EMISSIONS (Tons/Yr.)	METHOD USED TO DETERMINE EMISSIONS	15. EQUIPMENT INFORMATION	
				BREACHING GAS TEMPERATURE (°F)	No. OF IDENTICAL UNITS
	Particulates	49.0	HEW list of emission factors	785	1
	Oxides of sulfur	1.4	" " " " " "		
	Carbon monoxide	51.0	" " " " " "		
	Hydrocarbons	14.0	" " " " " "		
	Oxides of Nitrogen	74.0	Source test of similar unit		
				DATE SOURCE STARTED UP: September 1972	
				EXHAUST GAS FLOW RATE (ACFM): 452,000	502,000
				OPERATING HOURS: 4 HOURS PER DAY	1,372 HOURS PER YEAR

16. STACK INFORMATION  
 STACK EXIT DIRECTION:  HORIZ.  VERT.  
 STACK EXIT DIMENSIONS: I.D. 6.27' in. OR 155 in. X 115 in.  
 STACK HEIGHT (Feet): 33  
 IS STACK EQUIPPED WITH RAIN HAT?  YES  NO  
 SMOKE INDICATOR IN STACK:  YES  NO  
 MAKE AND MODEL NO.: None  
 STACK LINING:  METAL  REFRACTORY  OTHER (Specify)

17. STACK LOCATION  
 Name of nearest intersecting street: Indianfield Road  
 Distance to stack from intersection: 2,000 FT.  
 DIRECTION TO STACK: (Circle one) N, NE, (E), SE, S, SW, W, NW

18. 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: *Henry A. Darius*  
 TITLE: Assistant Secretary  
 DATE: 9/29/72

MAIN FILE

PLEASE DO NOT WRITE IN THIS SPACE

DATE RCY'D FROM APPLICANT. / /

DATE REVIEWED / /

BY \_\_\_\_\_

DATE COPY SENT TO LOCAL AGENCY / /

BY \_\_\_\_\_

REGISTRATION NUMBER

067-0052

PREMISE NO.

017

STACK NO.

-01

STATE GRID CO-ORDINATES

X

Y

~~36500~~ 365600  
73500

Z = 35

REGISTRATION CARD SENT

STORED ON COMPUTER

DATE / /

BY \_\_\_\_\_

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

AOCR NO.

43

NEDS: COUNTY NO.

0265

TOWN NO.

067

SIC NO.

De

ft X 10

PROCESS CODE NO.

VELOCITY

fps

SCC I. D.

U. O. M.

Pollution Control Device

Primary

Secondary

Part	SO <sub>2</sub>	HC	NO <sub>x</sub>	Description

CODED