

REGISTRATION CERTIFICATE
EPAC-10 REV. 7-73



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION



STACK NO. 00701000512

EQUIPMENT CLASSIFICATION				REGISTRATION NO.
<input type="checkbox"/> FUEL BURNING	<input type="checkbox"/> INCINERATOR	<input type="checkbox"/> PROCESS MFG.	<input checked="" type="checkbox"/> AIR POLLUTION CONTROL	00700076
FIRM NAME ELECTRIC BOAT DIVISION				DATE ISSUED 12/05/73
LOCATION OF EQUIPMENT (No. & Street, Town, Zip) EASTERN POINT ROAD				GROTON CONN 06340
COMMISSIONER OR HIS REPRESENTATIVE				

DEPARTMENT OF ENVIRONMENTAL PROTECTION

AIR POLLUTION CONTROL EQUIPMENT REGISTRATION

EP-7 NEW 5-72

STATE OF CONNECTICUT

7005

1. APPLICATION NO. EB-16	2. STACK NO. 212-1
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TO: Department of Environmental Protection, Air Compliance Section, State Office Bldg., Hartford, Conn. 06115. Tel. 566-2690

3. FIRM General Dynamics Corporation	LEGAL NAME	BUSINESS ADDRESS (No. & Street, City or Town) Eastern Point Road Groton, Connecticut 06340	ZIP CODE 06340	PHONE 446-6111
4. DIVISION Electric Boat Division				
5. APPLICANT Robert H. Secor				
6. INSTALLATION				

7. MAJOR ACTIVITY OF FIRM

MFG.
 OFFICE
 RETAIL OR WHLSE. STORE
 SCHOOL OR CHURCH
 HOTEL/MOTEL
 HOSPITAL OR LAB.
 WAREHOUSE
 RESIDENCE OR APTS.
 OTHER (Specify)

8. TYPE OF EQUIPMENT

BAGHOUSE FILTER
 CYCLONE
 ELECTRO. PREC.
 AFTER BURNER
 MULTI-CYCLONE
 SCRUBBER
 SETTLING CHAMBER
 OTHER (Specify)

9. POLLUTANTS EMITTED (BEFORE control equipment)	MATERIAL	RATE OF EMISSIONS (Tons/Yr.)	METHOD USED TO DETERMINE EMISSIONS	POLLUTANTS EMITTED (AFTER control equipment)	RATE OF EMISSIONS (Tons/Yr.)	METHOD USED TO DETERMINE EMISSIONS	ULTIMATE DISPOSITION OF POLLUTANTS COLLECTED
		Paint & Rust	6		Material Collected		Unknown

10. TYPES OF FUELS USED (To operate air pollution control equipment)	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"/>													

CODED

11. OPERATING CONDITIONS (Volumes @ 70°F., 29.92 in. Hg)	Total gas volume thru cleaning unit (CFM):	NORMAL 7400 gpm	MAXIMUM	INLET GAS TEMPERATURE °F	WATER FLOW RATE (Wet Scrubber) GPM	12. COST ANALYSIS	DATE OF PURCHASE	TOTAL INITIAL COST \$
	Gas pressure drop across unit:		in. water	OUTLET GAS TEMPERATURE °F	TIME: HRS./DAY HOURS PER YEAR		INITIAL CAPITAL COST \$	ANNUAL OPERATING COST \$

13. FACILITIES SERVED	List the application numbers of the equipment attached to this control equipment.	14. PARTICLE SIZE ANALYSIS (if available)	SIZE OF PARTICLES	PERCENT OF TOTAL	COLLECTION EFFICIENCY
	Wheelabrator 96		0 - 1 Microns	Not available	
			1 - 10 Microns		
			10 - 44 Microns		
	over 44 Microns				

15. STACK INFORMATION	STACK EXIT DIRECTION <input checked="" type="checkbox"/> HORIZ. <input type="checkbox"/> VERT.	STACK EXIT DIMENSIONS I.D. 36" in. or _____ in. X _____ in.	STACK HEIGHT 10 FT.	STACK LINING <input type="checkbox"/> METAL <input type="checkbox"/> REFRACTORY <input type="checkbox"/> OTHER (Specify)	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.	DATE SOURCE STARTED UP	NO. OF IDENTICAL UNITS	

16. STACK LOCATION	Name of nearest intersecting street: Allen Street	Distance to stack from intersection: 500 FT.	DIRECTION TO STACK: (Circle one) N, NE, E, SE, S, SW , W, NW
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17. 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 Robert H. Secor	TITLE Chief of Environmental Control	DATE 9-29-72
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MAIN FILE

2005

I-253

FIELD-SHA 0

PLEASE DO NOT WRITE IN THIS SPACE

DATE RCV'D FROM APPLICANT. 10/11/05

DATE REVIEWED 10/10/05 BY [Signature]

DATE COPY SENT TO LOCAL AGENCY 11/11 BY [Signature]

REGISTRATION NUMBER 070-0076

PREMISE NO. 70-005

STACK NO. 12

STATE GRID CO-ORDINATES
 X 783400
 Y 188875 2=10' 783350 188850

REGISTRATION CARD SENT 10/11/05 BY [Signature] **STORED ON COMPUTER**

EMERGENCY STANDBY PLANS

PLAN REQUIRED YES NO

DATE PLAN - MANUAL SENT TO APPLICANT 11/11 BY [Signature]

DATE FORM RETURNED 11/11 BY [Signature]

DATE PLAN APPROVED 11/11

oldelbysa joll

NY-25-2

Order of Investigation (General)

COE

[Signature]

Robert H. Cooper

Alison Street