

DEPARTMENT OF ENVIRONMENTAL PROTECTION

REGISTRATION CERTIFICATE
EPAC-10 REV. 7-73

STATE OF CONNECTICUT



DEPARTMENT OF ENVIRONMENTAL PROTECTION
TRANSFERRED TO:

Electric Boat Corp



Stack No. 0070-0005-24

EQUIPMENT CLASSIFICATION		ENGINEER: <u>WPS</u>	DATE: <u>6/12/77</u>	REGISTRATION NO.
<input type="checkbox"/> FUEL BURNING	<input type="checkbox"/> INCINERATOR	<input checked="" type="checkbox"/> PROCESS MFG.	<input type="checkbox"/> AIR POLLUTION CONTROL	0070-0227
FIRM NAME				DATE ISSUED
Electric Boat Division General Dynamics				8/20/80
LOCATION OF EQUIPMENT (No. & Street, Town, Zip)				
Eastern Point Rd., Groton, CT 06340				
COMMISSIONER OR HIS REPRESENTATIVE				

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

1. APPLICATION NO.	2. STACK NO.
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3. FIRM	LEGAL NAME	BUSINESS ADDRESS (No. & Street, City or Town)	ZIP CODE	PHONE
4. DIVISION	General Dynamics Corporation			
5. APPLICANT	Electric Boat Division			
6. INSTALLATION	Thomas W. Archer			
7. EQUIPMENT BEING REGISTERED	TYPE OF EQUIPMENT (e.g., storage tank)	AIR POLLUTION CONTROL EQUIPMENT USED (if "YES," file form EP-7)		
	Bldg 212 Spray Painting	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>Filters</i>		

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 Gal. (Tons/Yr.)	LEAVING (Tons/Yr.)	11. POLLUTANTS EMITTED	MATERIAL	RATE OF EMISSIONS (Tons/Yr.)	METHOD USED TO DETERMINE EMISSIONS	
								Name	City or Town
	Sovapon Gray	Paint	2,500	2,500		Paint Solvent 10gal/day	4.87	3.9#/gal	
	Zinc chromate	"	500	500		" " 2gal/day	0.85	3.4#/gal	
	Amercoat 83-84	"	500	500		" " 2gal/day	.97	3.9#/gal	
	Paint thinner	"	500	500		" " 2gal/day	1.75	7#/gal	

12. STORAGE AND PROCESS TANK INFORMATION

CAPACITY (Gallons) *5 gal cans*

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): *2 fans in wall* MAXIMUM NORMAL *10,000 cu ft per min*

DATE STARTED UP: 1962 Breaching Gas Temp. (°F): No. OF IDENTICAL UNITS: 1

OPERATING HOURS: 8 HOURS/DAY: 8 HOURS/YR.: 2,000

14. STACK INFORMATION

STACK EXIT DIRECTION: HORIZ. VERT.

STACK EXIT DIMENSIONS: I.D. *2x3ft* in. OR in. X in.

STACK HEIGHT (Feet) *(2) 12ft above ground*

IS STACK EQUIPPED WITH RAIN HAT? YES NO

SMOKE INDICATOR IN STACK: YES NO MAKE AND MODEL NO.

STACK LINING: METAL REFRACTORY OTHER (Specify) *General Ventilation*

15. STACK LOCATION

Name of nearest intersecting street: *Eastern Pt Rd + Pogumok.*

Distance to stack from intersection: *1200* 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: *R. Allen*

TITLE: *MGR FACILITIES ENGINEERING*

DATE: *8/17/79*

MAIN FILE

PLEASE DO NOT WRITE IN THIS SPACE

DATE RCV'D FROM APPLICANT. / /

DATE REVIEWED / / BY _____

DATE COPY SENT TO LOCAL AGENCY / / BY _____

REGISTRATION NUMBER 227

PREMISE NO. 0070-0005174

STACK NO. 24

STATE GRID CO-ORDINATES
X 7.83300
Y 1.88250 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 / / BY _____

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[Handwritten notes and signatures at the bottom of the page, including a circled '1500' and a signature.]