

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



STATE OF CONNECTICUT  
**DEPARTMENT OF ENVIRONMENTAL PROTECTION**



STACK NO. 01171012001

EQUIPMENT CLASSIFICATION		REGISTRATION NO.
<input type="checkbox"/> FUEL BURNING	<input type="checkbox"/> INCINERATOR	01170430
<input checked="" type="checkbox"/> PROCESS MFG.	<input type="checkbox"/> AIR POLLUTION CONTROL	DATE ISSUED
FIRM NAME		12/05/73
NEW HAVEN TERMINAL		
LOCATION OF EQUIPMENT (No. & Street, Town, Zip)		
30 WATERFRONT ST		NEW HAVEN CT 06509
COMMISSIONER OR HIS REPRESENTATIVE		

DEPARTMENT OF ENVIRONMENTAL PROTECTION

117-120-430-01

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

1. APPLICATION NO. #1	2. STACK NO. none
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3. FIRM New Haven Terminal, Inc.	LEGAL NAME	BUSINESS ADDRESS (No. & Street, City or Town) 30 Waterfront St., New Haven, Conn.	ZIP CODE 06509	PHONE 469-1391
4. DIVISION				
5. APPLICANT Henry A. St. Laurent				
6. INSTALLATION		30 Waterfront St., New Haven, Conn.		
7. EQUIPMENT BEING REGISTERED Storage Tank	TYPE OF EQUIPMENT (e.g., storage tank)	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 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 checked="" type="checkbox"/> OTHER (Specify) <b>Tank Farm</b>			

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
							(4620 x 13.1) / 2000 = 30.3	DIC 4620 x 365 / 2000 = 10

12. STORAGE AND PROCESS TANK INFORMATION	CAPACITY (Gallons) 4,620,000	MATERIAL BEING STORED #4 Fuel Oil	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
			<input 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 12/12/67	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 checked="" 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 B.W.M. Candler	TITLE Op. Eng.	DATE 9/29/67
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MAIN FILE

PLEASE DO NOT WRITE IN THIS SPACE

DATE RCV'D FROM APPLICANT. / /

DATE REVIEWED 11/17/83 BY Waterfront St. New Haven, Ct.

DATE COPY SENT TO LOCAL AGENCY / / BY

REGISTRATION NUMBER 117-0430

PREMISE NO. 117-120 X

STACK NO. 117-120-01

STATE GRID CO-ORDINATES

X 557,500  
Y 766,700 z=10'

REGISTRATION CARD SENT

DATE / / BY STORED ON COMPUTER BY

**CODED**

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

AQCR NO. 42

NEDS: COUNTY NO. 0705 TOWN NO. 0700

SIC NO. 5092 De \_\_\_\_\_ ft X 10

PROCESS CODE NO. \_\_\_\_\_ VELOCITY \_\_\_\_\_ fps

SCC I.D. 4 03 001 01 U.O.M. 1000 Gallons Storage Capacity

Pollution Control Device  
Primary  
Secondary

Part	SO <sub>x</sub>	HD	NO <sub>x</sub>

Description

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000,000,000

110 Fuel Oil