

REGISTRATION CERTIFICATE
EPAC-10 REV. 7-73



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION



STACK NO. 01171012006

EQUIPMENT CLASSIFICATION			REGISTRATION NO.
<input type="checkbox"/> FUEL BURNING	<input type="checkbox"/> INCINERATOR	<input checked="" type="checkbox"/> PROCESS MFG.	01170435
FIRM NAME			DATE ISSUED
NEW HAVEN TERMINAL			12/05/73
LOCATION OF EQUIPMENT (No. & Street, Town, Zip)			
30 WATERFRONT ST		NEW HAVEN CT 06509	
COMMISSIONER OR HIS REPRESENTATIVE			

DEPARTMENT OF ENVIRONMENTAL PROTECTION

1. APPLICATION NO. #7	2. STACK NO. none
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TO: Department of Environmental Protection, Air Compliance Section, State Office Bldg., Hartford, Conn. 06115. Tel. 566-2690

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		30 Waterfront St., New Haven, Conn.		
6. INSTALLATION				
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

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

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.)	POLLUTANTS EMITTED	MATERIAL	RATE OF EMISSIONS (Tons/Yr.)	METHOD USED TO DETERMINE EMISSIONS

12. STORAGE AND PROCESS TANK INFORMATION

CAPACITY (Gallons) **420,000**

MATERIAL BEING STORED **Plasticizer DVP**

TYPE OF COVER

NONE
 CLOSED WITH VENT TO ATMOSPHERE
 OTHER (Specify)

FLOATING ROOF
 CLOSED WITH VAPOR RECOVERY SYSTEM

STORAGE TEMPERATURE: **Ambient** or **50°F Min.** °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 LINING: METAL REFRACTORY OTHER (Specify)

STACK HEIGHT (Feet) IS STACK EQUIPPED WITH RAIN HAT? YES NO

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, _____

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. M. Caudles*

TITLE: *Op Eng*

DATE: _____

MAIN FILE

PLEASE DO NOT WRITE IN THIS SPACE

DATE RCVD FROM APPLICANT. / /

DATE REVIEWED / / BY

DATE COPY SENT TO LOCAL AGENCY / / BY

REGISTRATION NUMBER 117-0435

PREMISE NO. 117-0120

STACK NO. 117-120-06

STATE GRID CO-ORDINATES

X 557,175 Z=10

Y 166,250

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 / /

MAP NO. X KM Y KM

AOCR NO. 42

NEDS COUNTY NO. 0705

TOWN NO. 0700

SIC NO. 5092

Di ft X 10

PROCESS CODE NO.

VELOCITY fps

SCC I.D. 4 | 03 | 001 | 01

U.O.M. 1000 Gals. Stor. Cap.

Pollution Control Device

Part	SO ₂	HC	NO _x	Description
Primary				
Secondary				

000,000
Plasticizer DVP