

REGISTRATION CERTIFICATE
EPAC-10 REV. 7-73



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION



STACK NO. 01171012010

EQUIPMENT CLASSIFICATION			REGISTRATION NO.
<input type="checkbox"/> FUEL BURNING	<input type="checkbox"/> INCINERATOR	<input checked="" type="checkbox"/> PROCESS MFG.	01170439
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

PROCESS AND MANUFACTURING EQUIPMENT REGISTRATION

STATE OF CONNECTICUT

EP-6 NEW 5-72

117-120-439-10

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

1. APPLICATION NO. #14	2. STACK NO. none
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3. FIRM	LEGAL NAME New Haven Terminal, Inc.	BUSINESS ADDRESS (No. & Street, City or Town)	ZIP CODE	PHONE
4. DIVISION		30 Waterfront St., New Haven, Conn.	06509	469-1391
5. APPLICANT	Henry A. St. Laurent	30 Waterfront St., New Haven, Conn.		
6. INSTALLATION				
7. EQUIPMENT BEING REGISTERED	TYPE OF EQUIPMENT (e.g., storage tank) Storage Tank	AIR POLLUTION CONTROL EQUIPMENT USED (if "YES," file form EP-7) <input type="checkbox"/> YES <input 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"/> WARE-HOUSE <input type="checkbox"/> RESIDENCE OR APTS. <input checked="" type="checkbox"/> 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
<input type="checkbox"/>	OIL	Kerosene	. %	. %								
		2	. %	. %								
		4	. %	. %								
		5	. %	. %								
		6	. %	. %								
<input type="checkbox"/>	NAT. GAS											
<input type="checkbox"/>	OTHER											

10. PROCESS WEIGHTS	MATERIALS	USE (Solvent, Catalyst)	ENTERING (Tons/Yr.)	LEAVING (Tons/Yr.)	11. POLLUTANTS EMITTED		RATE OF EMISSIONS (Tons/Yr.)	METHOD USED TO DETERMINE EMISSIONS
			<i>Coded as gasoline w/float roof</i>					

12. STORAGE AND PROCESS TANK INFORMATION	CAPACITY (Gallons) 210,000	TYPE OF COVER	STORAGE TEMPERATURE:
	MATERIAL BEING STORED <i>Empty</i> Butyl Alcohol	<input type="checkbox"/> NONE <input checked="" type="checkbox"/> CLOSED WITH VENT TO ATMOSPHERE <input type="checkbox"/> OTHER (Specify) _____ <input type="checkbox"/> FLOATING ROOF <input type="checkbox"/> CLOSED WITH VAPOR RECOVERY SYSTEM	Ambient

13. EQUIPMENT INFORMATION	EXHAUST GAS FLOW RATE (ACFM):	DATE STARTED UP	Breaching Gas Temp. (°F):	No. OF IDENTICAL UNITS	OPERATING HOURS:	HOURS/DAY	HOURS/YR.

14. STACK INFORMATION	STACK EXIT DIRECTION	STACK EXIT DIMENSIONS	STACK HEIGHT (Feet)	IS STACK EQUIPPED WITH RAIN HAT?
	<input type="checkbox"/> HORIZ. <input type="checkbox"/> VERT.	I.D. _____ in. OR _____ in. X _____ in.		<input type="checkbox"/> YES <input type="checkbox"/> NO
	SMOKE INDICATOR IN STACK	MAKE AND MODEL NO.	STACK LINING	
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<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 <i>B. W. J. Candler</i>	TITLE <i>Op Eng.</i>	DATE <i>9/24/72</i>
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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 117-0439

PREMISE NO. 117-120

STACK NO. 117-120-10

STATE GRID CO-ORDINATES

X 557,225
Y 166,750 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 / /

MAP NO. X KM Y KM

AQCR 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	CO ₂	HC	NO _x	Description
Primary					
Secondary					

Now Haven Terminal, Inc.
Henry A. St. Laurent
Storage Tank

