

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



STATE OF CONNECTICUT  
**DEPARTMENT OF ENVIRONMENTAL PROTECTION**



STACK NO. 01171012011

EQUIPMENT CLASSIFICATION			REGISTRATION NO.
<input type="checkbox"/> FUEL BURNING	<input type="checkbox"/> INCINERATOR	<input checked="" type="checkbox"/> PROCESS MFG.	01170440
FIRM NAME			DATE ISSUED
NEW HAVEN TERMINAL INC.			12/05/73
LOCATION OF EQUIPMENT (No. & Street, Town, Zip)		NEW HAVEN CONN 06509	
30 WATERFRONT ST			
COMMISSIONER OR HIS REPRESENTATIVE			

DEPARTMENT OF ENVIRONMENTAL PROTECTION

P. **PLANTS AND MANUFACTURING EQUIPMENT REGISTRATION**

EP **FORM 5-72**

STATE OF CONNECTICUT

**117-120-440-11**

1. APPLICATION NO. <b>#15</b>	2. STACK NO. <b>none</b>
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**TO: Department of Environmental Protection, Air Compliance Section, State Office Bldg., Hartford, Conn. 06115. Tel. 566-2690**

3. FIRM <b>New Haven Terminal, Inc.</b>	LEGAL NAME	BUSINESS ADDRESS (No. & Street, City or Town) <b>30 Waterfront St., New Haven, Conn.</b>	ZIP CODE <b>06509</b>	PHONE <b>469-1391</b>
4. DIVISION				
5. APPLICANT <b>Henry A. St. Laurent</b>		<b>30 Waterfront St., New Haven, Conn.</b>		
6. INSTALLATION				
7. EQUIPMENT BEING REGISTERED <b>Storage Tank</b>	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	
<input type="checkbox"/> OIL	Kerosene	1	. %	. %									
		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	MATERIAL	RATE OF EMISSIONS (Tons/Yr.)	METHOD USED TO DETERMINE EMISSIONS	
					<b>CODED</b>		<b>7.9</b>		
							<b>0.05 x 840 x 365 = 1</b>		

12. STORAGE AND PROCESS TANK INFORMATION

CAPACITY (Gallons) **840,000**      TYPE OF COVER  NONE       CLOSED WITH VENT TO ATMOSPHERE       OTHER (Specify)

MATERIAL BEING STORED **Styrene**       FLOATING ROOF       CLOSED WITH VAPOR RECOVERY SYSTEM

STORAGE TEMPERATURE: **Ambient** °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.      STACK HEIGHT (Feet)      IS STACK EQUIPPED WITH RAIN HAT?  YES  NO

SMOKE INDICATOR IN STACK  YES  NO      MAKE AND MODEL NO. **201**      STACK LINING  METAL       REFRACTORY       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**

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 **BW McCandless**      TITLE **Op Eng**      DATE **9/29/72**

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 117-0440

PREMISE NO. 117-120

STACK NO. 117-120-11

STATE GRID CO-ORDINATES  
X 557,200  
Y 165,650 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 / /

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

SOC I.D. 4 | 03 | 001 | 01 U.O.M. 1000 Gal. Stor. Cap.

Part	SO2	HC	NOx	Description
Primary				
Secondary				

Storage Tank

000,048  
Storage