

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



STATE OF CONNECTICUT  
**DEPARTMENT OF ENVIRONMENTAL PROTECTION**



STACK NO. 01171012015

EQUIPMENT CLASSIFICATION				REGISTRATION NO.
<input type="checkbox"/> FUEL BURNING	<input type="checkbox"/> INCINERATOR	<input checked="" type="checkbox"/> PROCESS MFG.	<input type="checkbox"/> AIR POLLUTION CONTROL	01170444
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

117-120-444-15

1. APPLICATION NO. #20	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.	BUSINESS ADDRESS (No. & Street, City or Town) 30 Waterfront St., New Haven, Conn.	ZIP CODE 06509	PHONE #69-1391
4. DIVISION			
5. APPLICANT Henry A. St. Laurent	30 Waterfront St., New Haven, Conn.		
6. INSTALLATION	[REDACTED]		
7. EQUIPMENT BEING REGISTERED 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) 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.)	MATERIAL	RATE OF EMISSIONS (Tons/Yr.)	METHOD USED TO DETERMINE EMISSIONS

12. STORAGE AND PROCESS TANK INFORMATION	CAPACITY (Gallons) 1000	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
	MATERIAL BEING STORED Styrene	<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	Breaching Gas Temp. (°F):	No. OF IDENTICAL UNITS	OPERATING HOURS:	HOURS/DAY	HOURS/YR.
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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 <i>B.W. McCandless</i>	TITLE <i>Op. Eng.</i>	DATE 9/29/72
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CODED

630(15.87) = 5.79  
2000

MAIN FILE

PLEASE DO NOT WRITE IN THIS SPACE

DATE RCY'D FROM APPLICANT. / /

DATE REVIEWED BY

DATE COPY SENT TO LOCAL AGENCY BY

REGISTRATION NUMBER 117-0444

PREMISE NO. 117-120

STACK NO. 117-120-15

STATE GRID CO-ORDINATES

X 557,075 Z=10'  
Y 166,725

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 Dia. 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	HC	NOx	Description
Primary					
Secondary					