

REGISTRATION CERTIFICATE
EPAC-10 REV. 7-73



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION



STACK NO. 01721009104

EQUIPMENT CLASSIFICATION			REGISTRATION NO.
<input type="checkbox"/> FUEL BURNING	<input checked="" type="checkbox"/> INCINERATOR	<input type="checkbox"/> PROCESS MFG.	01720260
FIRM NAME			DATE ISSUED
POLY TECHNOLOGY			12/05/73
LOCATION OF EQUIPMENT (No. & Street, Town, Zip)			
69 SOUTHFIELD AVE		STAMFORD CT 06902	
COMMISSIONER OR HIS REPRESENTATIVE			

DEPARTMENT OF ENVIRONMENTAL PROTECTION

INCINERATOR REGISTRATION

EP-5 NEW 5-72

T.172 Reg # 260 Prem. 91 St. 04

STATE OF CONNECTICUT

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

1. APPLICATION NO. 21013-2	2. STACK NO. C-2
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3. FIRM Polycast Technology Corp	LEGAL NAME	BUSINESS ADDRESS (No. & Street, City or Town) 69 Southfield Ave Stamford, Conn	ZIP CODE 06902	PHONE 303 325-2644
4. DIVISION N/A				
5. APPLICANT John W. Lee Technical Director				
6. INSTALLATION				

7. MAJOR ACTIVITY OF FIRM	<input checked="" 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 type="checkbox"/> OTHER (Specify)
8. INCINERATOR	A. TYPE <input checked="" type="checkbox"/> SINGLE CHAMBER <input type="checkbox"/> MULTI CHAMBER <input type="checkbox"/> DESTRUCTOR <input type="checkbox"/> OTHER (Specify)				B. METHOD OF FEEDING <input type="checkbox"/> FLUE <input type="checkbox"/> CHUTE <input checked="" type="checkbox"/> DIRECT <input type="checkbox"/> OTHER (Specify)				
	C. TYPE OF DAMPER <input type="checkbox"/> BARO-METRIC <input type="checkbox"/> SLIDING DOOR <input type="checkbox"/> BUTTERFLY <input type="checkbox"/> GUILLotine <input type="checkbox"/> NONE				D. TYPE OF DRAFT <input checked="" type="checkbox"/> FORCED <input type="checkbox"/> INDUCED <input type="checkbox"/> NATURAL				
	E. LOCATION OF DAMPER <input type="checkbox"/> UP PASS <input type="checkbox"/> BREACHING <input type="checkbox"/> FLUE CONNECTOR <input type="checkbox"/> OTHER (Specify) None				F. NUMBER OF BURNERS: 1		G. Air pollution control Equipment used. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		(If "YES" file form EP-7)

9. COMBUSTION	OVERFIRE AIR CONTROL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TEMPERATURE 1800 °F	TYPE <input type="checkbox"/> TIME SWITCHED <input type="checkbox"/> SMOKE INDICATOR <input type="checkbox"/> MANUAL	<input checked="" type="checkbox"/> OTHER (Specify) pyrometer
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10. TYPES OF AUXILIARY 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
	OIL <input type="checkbox"/>	Kerosene	. %	. %							
		2	. %	. %							
		4	. %	. %							
		5	. %	. %							
		6	. %	. %							
	NAT. GAS <input checked="" type="checkbox"/>				2.6 mm cu ft	1000 cph	825M	Jul	June	Helco	Stamford
	OTHER <input type="checkbox"/>										

11. WASTE	TYPE OF WASTE	AMOUNT BURNED (Lb./Hr.)	FREQUENCY OF BURNING (Hr./Yr.)	RATED CAPACITY (Lbs./Hr. or Tons/Hr.)	12. POLLUTANTS EMITTED (without control equipment)	MATERIAL	RATE OF EMISSIONS (Tons/Yr.)	METHOD USED TO DETERMINE EMISSIONS	
	0, 1	5	12	1,000 cph		None	None	Odor determination	
	2							Condition of operations are 1200 °F for .45 Sec	
	3								
	4								
	5								
	6								

13. EQUIPMENT INFORMATION	STACK EXIT FLOW RATE (ACFM): 1000	MAXIMUM NORMAL 800	DATE SOURCE STARTED UP MAY 1972	BREACHING GAS TEMPERATURE (°F) 1200 °F	NO. OF IDENTICAL UNITS 1
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14. STACK INFORMATION	STACK EXIT DIRECTION <input type="checkbox"/> HORIZ. <input checked="" type="checkbox"/> VERT.	STACK EXIT DIMENSIONS I.D. 36 in. OR in. X in.	STACK HEIGHT (feet) 37	IS STACK-EQUIPPED WITH RAIN HAT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	SMOKE INDICATOR IN STACK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAKE AND MODEL NO. N/A	STACK LINING <input type="checkbox"/> METAL <input checked="" type="checkbox"/> REFRACTORY <input type="checkbox"/> OTHER (Specify)	

15. STACK LOCATION	Name of nearest intersecting street: <u>Burley Ave</u>	Distance to stack from intersection: <u>350</u> FT.	DIRECTION TO STACK: (Circle one) N, NE, E, SE, S, SW, W, <u>NW</u>
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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 <u>J. Hange</u>	DATE 10/23/72
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MAIN FILE