

REGISTRATION CERTIFICATE
EPAC-10 REV. 7-73



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION



STACK NO. 01071000503

| | | | |
|--|--------------------------------------|---------------------------------------|------------------|
| EQUIPMENT CLASSIFICATION | | | REGISTRATION NO. |
| <input checked="" type="checkbox"/> FUEL BURNING | <input type="checkbox"/> INCINERATOR | <input type="checkbox"/> PROCESS MFG. | 01070017 |
| FIRM NAME | | | DATE ISSUED |
| CONN LIGHT & POWER CO | | | 12/05/73 |
| LOCATION OF EQUIPMENT (No. & Street, Town, Zip) | | UNCASVILLE CT 06382 | |
| LATHROP RD | | | |
| COMMISSIONER OR HIS REPRESENTATIVE | | | |

DEPARTMENT OF ENVIRONMENTAL PROTECTION

AIR POLLUTION CONTROL EQUIPMENT REGISTRATION

EP-7 NEW 5-72

STATE OF CONNECTICUT

Montville 5

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

| | |
|--------------------------------|-------------------|
| 1. APPLICATION NO. 4J-P05-7 | 2. STACK NO. 5 |
|--------------------------------|-------------------|

| 3. FIRM | LEGAL NAME | BUSINESS ADDRESS (No. & Street, City or Town) | ZIP CODE | PHONE |
|-----------------|-------------------------------------|---|----------|----------|
| | Northeast Utilities | P.O. Box 270, Hartford, CT | 06101 | 666-6911 |
| 4. DIVISION | The Connecticut Light & Power Co. | P.O. Box 270, Hartford, CT | 06101 | 666-6911 |
| 5. APPLICANT | W.G. Council, Senior Vice President | P.O. Box 270, Hartford, CT | 06101 | 666-6911 |
| 6. INSTALLATION | Lathrop Rd., Uncasville, CT | | 06382 | 848-9248 |

7. MAJOR ACTIVITY OF FIRM

MFG.
 OFFICE
 RETAIL OR WHLSE. STORE
 SCHOOL OR CHURCH
 HOTEL/MOTEL
 HOSPITAL OR LAB.
 WARE-HOUSE
 RESIDENCE OR APTS.
 OTHER (Specify) **Public Utility Holding Co.**

8. TYPE OF EQUIPMENT

BAGHOUSE FILTER
 CYCLONE
 ELECTRO. PREC.
 AFTER BURNER
 MULTI-CYCLONE
 SCRUBBER
 SETTLING CHAMBER
 OTHER (Specify)

| 9. POLLUTANTS EMITTED (BEFORE control equipment) | MATERIAL | RATE OF EMISSIONS (Tons/Yr.) | METHOD USED TO DETERMINE EMISSIONS | POLLUTANTS EMITTED (AFTER control equipment) | RATE OF EMISSIONS (Tons/Yr.) | METHOD USED TO DETERMINE EMISSIONS | ULTIMATE DISPOSITION OF POLLUTANTS COLLECTED |
|--|--------------|------------------------------|------------------------------------|--|------------------------------|------------------------------------|--|
| | particulates | not available | | | | 48.6 | Source Test |
| oxides of sulfur | " " | " " | | 613 | New List-Emission Factors | Not Collected | |
| carbon monoxide | " " | " " | | .36 | " " " " | " " | |
| hydro carbon | " " | " " | | 17.9 | " " " " | " " | |
| oxides of nitrogen | " " | " " | | 233.7 | Source Test | " " | |

| 10. TYPES OF FUELS USED (To operate air pollution control equipment) | 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 |
| 107-017 | OIL <input checked="" type="checkbox"/> | Kerosene | . % | . % | | | | | | | | |
| | | 2 | .01 % | 0.0 % | 156,786 | 168 | 23,500,000 | | | | Hess Oil, Amerada | Hess, Woodbridge NJ |
| | | 4 | . % | . % | | | | | | | | |
| | | 5 | . % | . % | | | | | | | | |
| | | 6 | .43 % | 0.02 % | 17,922,534 | 6200 | 905,000,000 | | | | | same as above |
| | NAT. GAS <input type="checkbox"/> | | | | | | | | | | | |
| | OTHER <input type="checkbox"/> | | | | | | | | | | | |

| | | | | | | | | |
|--|---|-------------------|----------------------------------|---------------------------------|--|-------------------|--|---|
| 11. OPERATING CONDITIONS (Volumes @ 70°F., 29.92 in. Hg) | Total gas volume thru cleaning unit (CFM): | NORMAL 333,000 | MAXIMUM 350,000 | INLET GAS TEMPERATURE 325 °F | WATER FLOW RATE (Wet Scrubber) none GPM | 12. COST ANALYSIS | DATE OF PURCHASE Feb. 1952 | TOTAL INITIAL COST \$260,000 |
| | Gas pressure drop across unit: 1.5 in. water | | OUTLET GAS TEMPERATURE 300 °F | TIME: 24 HRS./DAY | HOURS PER YEAR 2802 | | INITIAL CAPITAL COST \$ unavailable | ANNUAL OPERATING COST \$ unavailable |

| | | | | | | | |
|-----------------------|---|--|-----------------|---|-------------------|------------------|-----------------------|
| 13. FACILITIES SERVED | List the application numbers of the equipment attached to this control equipment. | | | 14. PARTICLE SIZE ANALYSIS (if available) Not Avail. | SIZE OF PARTICLES | PERCENT OF TOTAL | COLLECTION EFFICIENCY |
| | 4J-P05 | | | | 0 - 1 Microns | | |
| | | | | | 1 - 10 Microns | | |
| | | | | | 10 - 44 Microns | | |
| | | | over 44 Microns | | | | |

| | | | | | |
|-----------------------|---|--|-------------------------------------|--|--|
| 15. STACK INFORMATION | STACK EXIT DIRECTION <input type="checkbox"/> HORIZ. <input checked="" type="checkbox"/> VERT. | STACK EXIT DIMENSIONS I.D. 136 in. or _____ in. X _____ in. | STACK HEIGHT 249 FT. | STACK LINING <input type="checkbox"/> METAL <input checked="" type="checkbox"/> REFRACTORY <input type="checkbox"/> OTHER (Specify) | Is stack equipped with rain hat? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| | SMOKE INDICATOR IN STACK <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | MAKE AND MODEL NO. Bailey UB5000A, UL5010A | DATE SOURCE STARTED UP June 1954 | NO. OF IDENTICAL UNITS 1 | |

| | | | |
|--------------------|--|--|--|
| 16. STACK LOCATION | Name of nearest intersecting street: Powerhouse Rd. | Distance to stack from intersection: 1485 FT. | DIRECTION TO STACK: (Circle one) N, NE, (E), SE, S, SW, W, NW |
|--------------------|--|--|--|

| | | | | |
|-------------------|---|-------------------------------|--------------------------------|----------------|
| 17. 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>W.G. Council</i> | TITLE Senior Vice President | DATE 9/9/80 |
|-------------------|---|-------------------------------|--------------------------------|----------------|

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 _____

PREMISE NO. _____

STACK NO. _____

STATE GRID CO-ORDINATES

X
Y

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 / /