

NAME CHANGED TO:

SMM New England Corp.

Lisa Vitale

Engineer's Signature

3/18/2025

Effective Date

REGISTRATION CERTIFICATE

EPAC-10 REV. 7-73

STATE OF CONNECTICUT

DEPARTMENT OF ENVIRONMENTAL PROTECTION



STACK NO. 01351012802

EQUIPMENT CLASSIFICATION

FUEL BURNING

INCINERATOR

PROCESS MFG.

AIR POLLUTION CONTROL

REGISTRATION NO.

01350198

FIRM NAME

MICHAEL SCHIAVONE & SONS, INC.

DATE ISSUED

8/30/74

LOCATION OF EQUIPMENT (No. & Street, Town, Zip)

234 UNIVERSAL DRIVE NORTH HAVEN, CONN, 06473

COMMISSIONER OR HIS REPRESENTATIVE

DEPARTMENT OF ENVIRONMENTAL PROTECTION

PROCESS AND MANUFACTURING EQUIPMENT REGISTRATION

EP-6 Rev. 5-74

STATE OF CONNECTICUT

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

1. APPLICATION NO. E-003	2. STACK NO.
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3. FIRM Michael Schiavone & Sons, Inc.	LEGAL NAME	BUSINESS ADDRESS (No. & Street, City or Town) 234 Universal Drive North Haven, Ct.	ZIP CODE 06473	PHONE 777-2591
4. DIVISION				
5. APPLICANT T. J. Ryan Engineer		234 Universal Drive North Haven, Ct.	06473	777-2591
6. INSTALLATION		234 Universal Drive North Haven, Ct.	06473	777-2591
7. EQUIPMENT BEING REGISTERED Air Cyclone - NON Ferrous Line	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	<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) Scrap Metals Processing			

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		
OIL <input type="checkbox"/>	Kerosene	2	. %	. %	N/A									
		4	. %	. %										
		5	. %	. %										
		6	. %	. %										
		NAT. GAS <input type="checkbox"/>		/										
		OTHER <input type="checkbox"/>		/										

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
Aluminum								
Stainless Steel								
Brass								
Rubber		MIXED						
Plastic								
Glass								
Dirt								

12. STORAGE AND PROCESS TANK INFORMATION	CAPACITY (Gallons)	TYPE OF COVER <input type="checkbox"/> NONE <input type="checkbox"/> CLOSED WITH VENT TO ATMOSPHERE <input type="checkbox"/> OTHER (Specify)	STORAGE TEMPERATURE: °F
	MATERIAL BEING STORED	<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 Aug. 1968	Breaching Gas Temp. (°F):	No. OF IDENTICAL UNITS 0	OPERATING HOURS: 8	HOURS/DAY 1,600	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 checked="" type="checkbox"/> NO
	SMOKE INDICATOR IN STACK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAKE AND MODEL NO. NO SMOKE	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 T.J. Ryan	TITLE Engineer	DATE 3/27/74
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MAIN FILE

call

STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF AIR MANAGEMENT
REGISTRATION VERIFICATION PROJECT

Company Name Metal Management Connecticut, Inc.
Company Location 234 Universal Drive, North Haven, CT 06473
Mailing Address same
Phone 203 777-2591 Contact/Title John Santori Gen. Manager
Has there been a change in ownership? Yes Name of New Owner Metal Management
Registered Equipment Description Automobile Fragmentizer, Air Cyclone

Registration Number 135-199, 198 Inspection Date 7/13/07
Town/Premises Numbers 135-128 Inspection Start Time 10:25
Client/Sequence Numbers _____ Inspection End Time _____
Inspector Name Doug Richard Inspector Number _____

	Fragmentizer 199	Air Cyclone 198
Was the equipment removed from the facility?		
If so, when?		
Is the equipment currently operating?	<u>Yes</u>	
If not, when was it last operated?		
Is the equipment inoperable?		
If so, how and since when?		
Is the equipment dismantled?		
If so, since when?		
Is the equipment maintained for possible future use?		
Type(s) of materials used (coatings, stones, etc.)	<u>light iron crushed car bodies</u>	<u>Foam light plastics dirt</u>
Equipment maximum throughput rate (lb/hr)	<u>125 tons/hr</u>	<u>unknown</u>
Material usage for 2006 (include units)	<u>320,000 tons</u>	<u>8000 tons</u>

If the registered equipment was removed and replaced by another unit: N/A
Equipment Description _____
Construction Date _____
Types of Material(s) Used _____
Equipment Maximum Throughput Rate (lb/hr) _____
Equipment is Operating Under 22a-174-3b 22a-174-3c
 Permit No. _____ None

Comments: _____

Doug Richard
Doug Richard
(Print Name Here and Sign Above)

7/13/07
Date



**STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION**



September 15, 2005

Mr. Eric Hopkins
Schiavone & Sons, Inc.
234 Universal Dr.
North Haven, CT 06473

Dear Mr. Hopkins:

The Air Bureau is updating the registered sources records. Our records indicate that the following equipment is registered at your facility. Please complete the table below by answering the following questions and send the completed table to me by email or fax within a week.

	Registration No. 135-0198	Registration No. 135-0199
	Air Cyclone - Non ferrous line	Automobile Fragmentizer
1. Was the equipment removed from the facility? If so, when?	No	No
2. Is the equipment currently operating? If not, when was the last time it was operated?	Yes	Yes
3. Is the equipment inoperable? If so, whv and since when?	Yes?	Yes?
Is the equipment dismantled? If so since when?	No	No
Is the equipment maintained for possible future use?	NA	NA
Types of fuel used	N/A	N/A
Burner Firing Rate (Include Units)	NA	NA
Last year's fuel usage	NA	NA

Inspection: answer to the questions...

BUREAU OF AIR MANAGEMENT
NEW SOURCE REVIEW/TITLE V

OCT 06 2005

ID# _____

5244	1	135	117	2	114	P		UNITED ALUMINUM CORP	NORTH HAVEN	ANNEALING FURNACE #2	30400199
5244	1	135	117	3	115	P		UNITED ALUMINUM CORP	NORTH HAVEN	ANNEALING FURNACE #3	30400199
5244	1	135	117	4	116	P		UNITED ALUMINUM CORP	NORTH HAVEN	ANNEALING FURNACE #11	30400199
5244	1	135	117	6	136	P	12/15/2003	UNITED ALUMINUM CORP	NORTH HAVEN	ALUM ROLLING MILL Z-23 &	39999999

TPCS

ACTUAL PA (TPY)	ACTUAL PM-10 (TPY)	ACTUAL SO (TPY)	ACTUAL NO (TPY)	ACTUAL VOC (TPY)	ACTUAL CO (TPY)	POTEN PA (TPY)	POTEN PM-10 (TPY)	POTEN SO (TPY)	POTEN NO (TPY)	POTEN VOC (TPY)	POTEN CO (TPY)
0.0	0.0	0.0	0.2	0.0	0.2	0.1	0.1	0.0	1.2	0.0	0.3
0.0	0.0	0.0	0.2	0.0	0.1	0.1	0.1	0.0	1.2	0.0	0.3
0.0	0.0	0.0	0.3	0.0	0.3	0.1	0.1	0.0	1.2	0.0	0.3
0.0	0.0	0.0	0.3	0.0	0.3	0.1	0.1	0.0	1.2	0.0	0.3
0.0	1.1	0.0	0.0	29.7	0.0	1.3	1.3	0.0	0.0	47.3	0.0
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0.1	1.2	0.0	1.0	29.8	0.9	1.7	1.7	0.0	4.8	47.3	1.2

----- TPCS=135 128 1722 1 -----

CLI #	SEQ #	TOWN #	PREM #	STK #	REG #	F	ORIG PtoC	GPLPE	COMPANY NAME	City	DESCRIPTION	SCC #
1722	1	135	128	2	198	R			SCHIAVONE & SONS INC, MIC	NORTH HAVEN	AIR CYCLONE LINE	30400999
1722	1	135	128	1	199	R			SCHIAVONE & SONS INC, MIC	NORTH HAVEN	AUTOMOB FRAGMENTIZER	30999999

TPCS

ACTUAL PA (TPY)	ACTUAL PM-10 (TPY)	ACTUAL SO (TPY)	ACTUAL NO (TPY)	ACTUAL VOC (TPY)	ACTUAL CO (TPY)	POTEN PA (TPY)	POTEN PM-10 (TPY)	POTEN SO (TPY)	POTEN NO (TPY)	POTEN VOC (TPY)	POTEN CO (TPY)
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
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0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

----- TPCS=135 141 5441 2 -----

CLI #	SEQ #	TOWN #	PREM #	STK #	REG #	F	ORIG PtoC	GPLPE	COMPANY NAME	City	DESCRIPTION	SCC #
5441	2	135	141	1	87	P			NORTH HAVEN /WPCF	NORTH HAVEN	ONAN KTTA-19-GS1 DIESEL	20200102
5441	2	135	141	2	88	P			NORTH HAVEN /WPCF	NORTH HAVEN	CUMMINS KTTA-19-GS DIESE	20200102

TPCS

ACTUAL PA (TPY)	ACTUAL PM-10 (TPY)	ACTUAL SO (TPY)	ACTUAL NO (TPY)	ACTUAL VOC (TPY)	ACTUAL CO (TPY)	POTEN PA (TPY)	POTEN PM-10 (TPY)	POTEN SO (TPY)	POTEN NO (TPY)	POTEN VOC (TPY)	POTEN CO (TPY)
0.0	0.0	0.0	0.3	0.0	0.1	0.1	0.0	0.2	2.5	0.1	0.6