

REGISTRAR'S CERTIFICATE  
EPAC-10 REV. 3

STATE OF CONNECTICUT  
DEPARTMENT OF ENVIRONMENTAL PROTECTION



STACK NO. 00981001503

EQUIPMENT CLASSIFICATION			REGISTRATION NO.
<input checked="" type="checkbox"/> FUEL BURNING	<input type="checkbox"/> INCINERATOR	<input type="checkbox"/> PROCESS MFG.	00980020
FIRM NAME			DATE ISSUED
UNIVERSITY OF CONNECTICUT PHYSICAL PLANT			12/19/74
LOCATION OF EQUIPMENT (No. & Street, Town, Zip)			
U-38 STORRS, CONN. 06278			
COMMISSIONER OR HIS REPRESENTATIVE			

DEPARTMENT OF ENVIRONMENTAL PROTECTION

**OPENING EQUIPMENT REGISTRATION**

STATE OF CONNECTICUT

CT DEP 3-72

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

1. APPLICATION NO. <b>3</b>	2. STACK NO. <b>N.W.</b>
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3. FIRM <b>University of Connecticut</b>	LEGAL NAME	BUSINESS ADDRESS (No. & Street, City, Zip Code) <b>U-38 Storrs, Connecticut 06268</b>	PHONE <b>486-3064</b>
4. DIVISION <b>Physical Plant</b>			
5. APPLICANT <b>University Chief of Utilities</b>			
6. INSTALLATION			
7. EQUIPMENT BEING REGISTERED <b>Boiler</b>	TYPE OF EQUIPMENT (e.g., Boiler)	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)

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	
COAL <input type="checkbox"/>	Bituminous		%	%									
		Anthracite	%	%									
	OIL <input checked="" type="checkbox"/>	Kerosene		%	%								
		2		%	%								
		4	X	0.05	%	%	SEE	1010 GPH	SEE	ATTACHED			
		5		%	%								
NAT. GAS <input type="checkbox"/>	6	X	0.05	%	%	ATTACHED	1010 GPH						
	OTHER												

10. BURNER EQUIPMENT

ARE OIL HEATERS USED?  YES  NO  
 OIL TEMPERATURE BEFORE INJECTION: **varies with oil used** °F  
 BURNER MANUFACTURER: **Peabody Engineering Corporation**  
 BURNER MODEL No.: **ABSA**

11. TYPE OF COAL BURNER

HAND FIRED  
 UNDERFEED STOKER  
 TRAVELING GRATE  
 CHAIN GRATE  
 SPREADER STOKER  
 STOKER WITH GAS REINJECTION  
 CYCLONE FURNACE  
 PULVERIZED COAL  
 OTHER (Specify)

12. TYPE OF OIL BURNER

PRESSURE OR GUN  
 ROTARY CUP  
 STEAM ATOMIZER  
 AIR ATOMIZER  
 TANGENTIALLY FIRED  
 OTHER (Specify)

13. COMBUSTION

OVERFIRE AIR CONTROL:  YES  NO  
 TYPE:  TIME SWITCHED  SMOKE INDICATOR  MANUAL  OTHER (Specify)  
 TYPE OF DRAFT:  FORCED  INDUCED  NATURAL

14. POLLUTANTS EMITTED	MATERIAL	RATE OF EMISSIONS (Tons/Yr.)	METHOD USED TO DETERMINE EMISSIONS	15. EQUIPMENT INFORMATION	BREACHING GAS TEMPERATURE (°F)		No. OF IDENTICAL UNITS
					approx. 350 <sup>o</sup> F	1	
	SEE ATTACHED				DATE SOURCE STARTED UP: <b>1971</b>		
					EXHAUST GAS FLOW RATE (ACFM):	NORMAL: <b>SEE ATTACHED</b> MAXIMUM: <b>69,473</b>	
					OPERATING HOURS:	HOURS PER DAY: <b>SEE ATTACHED</b> HOURS PER YEAR: <b>SEE ATTACHED</b>	

16. STACK INFORMATION

STACK EXIT DIRECTION:  HORIZ.  VERT.  
 STACK EXIT DIMENSIONS: I.D. **4'6"** in. OR \_\_\_\_\_ in. X \_\_\_\_\_ in.  
 STACK HEIGHT (Feet): **19' 79"**  
 IS STACK EQUIPPED WITH RAIN HAT?  YES  NO

SMOKE INDICATOR IN STACK:  YES  NO  
 MAKE AND MODEL NO.: **SEE ATTACHED**  
 STACK LINING:  METAL  REFRACTORY  OTHER (Specify)

17. STACK LOCATION

Name of nearest intersecting street: **Hillside and Glenbrook Roads**  
 Distance to stack from intersection: **800 FT.**  
 DIRECTION TO STACK: (Circle one) **N, NE, E, SE, S, SW, W [NW]**

18. 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: *H. B. Murdoch, Jr.*  
 TITLE: **University Chief of Utilities**  
 DATE: **12/12/74**

MAIN FILE

PLEASE DO NOT WRITE IN THIS SPACE

DATE RCV'D FROM APPLICANT.            BY           

DATE REVIEWED   /  /   BY           

DATE COPY SENT TO LOCAL AGENCY   /  /   BY           

REGISTRATION NUMBER 098-020

PREMISE NO. 09A-015

STACK NO. 03

STATE GRID CO-ORDINATES

X 735000  
Y 355900 Z = 600

REGISTRATION CARD SENT            STORED ON COMPUTER

DATE   /  /   BY           

EMERGENCY STANDBY PLANS

PLAN REQUIRED  YES  NO

DATE PLAN - MANUAL SENT TO APPLICANT   /  /   BY           

DATE FORM RETURNED   /  /   BY           

DATE PLAN APPROVED   /  /  

*[Faint handwritten notes and signatures in the emergency standby plans section]*

*[Handwritten signature]*