

Transferred to: Equilon Enterprises LLC DBA Shell Oil Products US
Date: 12/13/2017

REGISTRATION CERTIFICATE
EPAC-10 REV. 7-73



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION



STACK NO. 01171005302

EQUIPMENT CLASSIFICATION			REGISTRATION NO.
<input type="checkbox"/> FUEL BURNING	<input type="checkbox"/> INCINERATOR	<input checked="" type="checkbox"/> PROCESS MFG.	01170199
FIRM NAME			DATE ISSUED
HUMBLE OIL & REFINING			12/05/73
LOCATION OF EQUIPMENT (No. & Street, Town, Zip)			
481 EAST SHORE PARKWAY		NEW HAVEN CT 06503	
COMMISSIONER OR HIS REPRESENTATIVE			

DEPARTMENT OF ENVIRONMENTAL PROTECTION

PROCESS AND MANUFACTURING EQUIPMENT REGISTRATION

EP-6 NEW 5-72

T. 117 P. 053 R. 199 St. 02

STATE OF CONNECTICUT

11753

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

1. APPLICATION NO. N.H. 2	2. STACK NO. Tk 30
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3. FIRM Humble Oil & Refining Company	LEGAL NAME	BUSINESS ADDRESS (No. & Street, City or Town) P.O. Box 2180, Houston, Texas	ZIP CODE 77001	PHONE 713-221-3636
4. DIVISION Humble Oil & Refining Company		481 East Shore Parkway, New Haven, Conn.	06503	467-6369
5. APPLICANT Oscar H. Sheldon, Terminal Superintendent		Same		467-6369
6. INSTALLATION				
7. EQUIPMENT BEING REGISTERED Storage Tank #30 Gasoline	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

MFG.
 OFFICE
 RETAIL OR WHLSE. STORE
 SCHOOL OR CHURCH
 HOTEL/MOTEL
 HOSPITAL OR LAB.
 WAREHOUSE
 RESIDENCE OR APTS.
 OTHER (Specify) **Petroleum Marketing**

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	. %	. %									
		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	
							18.0		

12. STORAGE AND PROCESS TANK INFORMATION

CAPACITY (Gallons): 2,937,000

MATERIAL BEING STORED: Exxon Gasoline

TYPE OF COVER: FLOATING ROOF

NONE
 CLOSED WITH VENT TO ATMOSPHERE
 OTHER (Specify)

CLOSED WITH VAPOR RECOVERY SYSTEM

STORAGE TEMPERATURE: Ambient °F

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.: _____

14. STACK INFORMATION

STACK EXIT DIRECTION: HORIZ. VERT.

STACK EXIT DIMENSIONS: I.D. _____ in. OR _____ in. X _____ in.

STACK HEIGHT (Feet): _____ IS STACK EQUIPPED WITH RAIN HAT? YES NO

SMOKE INDICATOR IN STACK: YES NO

MAKE AND MODEL NO.: _____

STACK LINING: METAL REFRACTORY 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

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: *Oscar H. Sheldon*

TITLE: Term. Supt.

DATE: 10-02-72

MAIN FILE

PLEASE DO NOT WRITE IN THIS SPACE

DATE RCV'D FROM APPLICANT. / /

DATE REVIEWED / / BY

DATE COPY SENT TO LOCAL AGENCY / / BY

REGISTRATION NUMBER 117-0199

PREMISE NO. 117-053

STACK NO. 117-053-02

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 / /

MAP NO. X KM Y KM

AQCR NO. 42

NEDS: COUNTY NO. 0705 TOWN NO. 0700

SIC NO. 5092 De _____ ft X 10

PROCESS CODE NO. _____ VELOCITY _____ fps

SCC I.D. 4 / 03 / 002 / 01 U.O.M. 1000 Gallons Storage Capacity

Pollution Control Device
Primary
Secondary

	HC	NO _x	Description
Primary			
Secondary			

CODED