

**REGISTRATION CERTIFICATE**  
EPAC-10 REV. 7-73



STATE OF CONNECTICUT  
**DEPARTMENT OF ENVIRONMENTAL PROTECTION**



STACK NO. 01171008803

EQUIPMENT CLASSIFICATION			REGISTRATION NO.
<input type="checkbox"/> FUEL BURNING	<input type="checkbox"/> INCINERATOR	<input checked="" type="checkbox"/> PROCESS MFG.	01170301
FIRM NAME			DATE ISSUED
GULF OIL CORP			12/05/73
LOCATION OF EQUIPMENT (No. & Street, Town, Zip)			
428-500 WATERFRONT ST		NEW HAVEN CONN 06509	
COMMISSIONER OR HIS REPRESENTATIVE			

DEPARTMENT OF ENVIRONMENTAL PROTECTION

**PROCESS AND MANUFACTURING EQUIPMENT REGISTRATION**

EP-6 N.Y. 5-72

117-088-301-03

STATE OF CONNECTICUT

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

1. APPLICATION NO. G103	2. STACK NO.
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3. FIRM Gulf Oil Company-U.S.		BUSINESS ADDRESS (No. & Street, City or Town) P.O. Box 3007, Houston, Texas		ZIP CODE 77001	PHONE
4. DIVISION Gulf Oil Corporation		Gulf Building, Pittsburgh, Penn.			
5. APPLICANT G.K. Gibson		428-500 Waterfront St., New Haven, Conn.		06509	469-5333
6. INSTALLATION <i>(Hatched area)</i>					
7. EQUIPMENT BEING REGISTERED TYPE OF EQUIPMENT (e.g., storage tank) 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 Petroleum Storage Terminal			

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

*(513.6) x 12 = 3*  
*2000*

12. STORAGE AND PROCESS TANK INFORMATION		CAPACITY (Gallons) 513,626		TYPE OF COVER <input type="checkbox"/> NONE <input type="checkbox"/> CLOSED WITH VENT TO ATMOSPHERE <input type="checkbox"/> OTHER (Specify)		STORAGE TEMPERATURE: 50 °F	
		MATERIAL BEING STORED Gulftane Gasoline		<input checked="" type="checkbox"/> FLOATING ROOF (Pan) <input type="checkbox"/> CLOSED WITH VAPOR RECOVERY SYSTEM		MAP NO. ON 9AM	

13. EQUIPMENT INFORMATION		EXHAUST GAS FLOW RATE (ACFM):		DATE STARTED UP		Breaching Gas Temp. (°F):		No. OF IDENTICAL UNITS		OPERATING HOURS:		HOURS/DAY		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 type="checkbox"/> NO	
		SMOKE INDICATOR IN STACK <input type="checkbox"/> YES <input type="checkbox"/> NO		MAKE AND MODEL NO.		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 <i>G.K. Gibson</i> G.K. Gibson		TITLE Dist. Operations Mgr.		DATE 9/22/72	
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MAIN FILE

**AIR POLLUTION CONTROL EQUIPMENT REGISTRATION**

STATE OF CONNECTICUT

EP-7 NEW 72

117-088-302-03

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

1. APPLICATION NO. G103	2. STACK NO.
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3. FIRM Gulf Oil Company-U.S.	LEGAL NAME	BUSINESS ADDRESS (No. & Street, City or Town) P.O. Box 3007, Houston, Texas	ZIP CODE 77001	PHONE
4. DIVISION Gulf Oil Corporation		Gulf Building, Pittsburgh, Penn.		
5. APPLICANT G.K. Gibson		428-500 Waterfront St., New Haven, Conn.	06509	469-5333
6. INSTALLATION				

7. 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 Storage Terminal**

8. TYPE OF EQUIPMENT

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

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

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	
OIL <input type="checkbox"/>		Kerosene	. %	. %									
		2	. %	. %									
		4	. %	. %									
		5	. %	. %									
		6	. %	. %									
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  
  MAXIMUM

INLET GAS TEMPERATURE °F

WATER FLOW RATE (Wet Scrubber) GPM

DATE OF PURCHASE

TOTAL INITIAL COST \$

Gas pressure drop across unit: in. water

OUTLET GAS TEMPERATURE °F

TIME: HRS./DAY   HOURS PER YEAR

12. COST ANALYSIS

INITIAL CAPITAL COST \$

ANNUAL OPERATING COST \$

13. FACILITIES SERVED

List the application numbers of the equipment attached to this control equipment.

14. PARTICLE SIZE ANALYSIS (if available)	SIZE OF PARTICLES	PERCENT OF TOTAL	COLLECTION EFFICIENCY
	0 - 1 Microns		
	1 - 10 Microns		
	10 - 44 Microns		
	over 44 Microns		

15. STACK INFORMATION

STACK EXIT DIRECTION:  HORIZ.  VERT.

STACK EXIT DIMENSIONS: I.D. \_\_\_\_\_ in. or \_\_\_\_\_ in. X \_\_\_\_\_ in.

STACK HEIGHT \_\_\_\_\_ FT.

STACK LINING:  METAL  REFRACTORY  OTHER (Specify) \_\_\_\_\_

Is stack equipped with rain hat?  YES  NO

SMOKE INDICATOR IN STACK:  YES  NO

MAKE AND MODEL NO. \_\_\_\_\_

DATE SOURCE STARTED UP \_\_\_\_\_

NO. OF IDENTICAL UNITS \_\_\_\_\_

16. 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

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: *G.K. Gibson*  
G.K. Gibson

TITLE: Dist. Operations Mgr.

DATE: 9/22/72

MAIN FILE