

REGISTRATION CERTIFICATE

EPAC-10 REV. 7-73

STATE OF CONNECTICUT

DEPARTMENT OF ENVIRONMENTAL PROTECTION



STACK NO. 02131000249

EQUIPMENT CLASSIFICATION			REGISTRATION NO.
<input checked="" type="checkbox"/> FUEL BURNING	<input type="checkbox"/> INCINERATOR	<input type="checkbox"/> PROCESS MFG.	02130060
FIRM NAME			DATE ISSUED
HAMILTON STANDARD			12/05/73
LOCATION OF EQUIPMENT (No. & Street, Town, Zip)			
WINDSOR LOCKS CT 06096			
COMMISSIONER OR HIS REPRESENTATIVE			

DEPARTMENT OF ENVIRONMENTAL PROTECTION

MENT REGISTRATION

STATE OF CONNECTICUT

213-0060

TO.

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

1. APPLICATION NO. HS1-49	2. STACK NO. 505
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3. FIRM United Aircraft Corporation	LEGAL NAME	BUSINESS ADDRESS (No. & Street, City, Zip Code) 400 Main Street, East Hartford, Ct. 06108	PHONE 565-4321
4. DIVISION Hamilton Standard		Windsor Locks, Ct. 06096	623-1621
5. APPLICANT Richard Ryan, Plant Engineer		Hamilton Standard, Windsor Locks, Ct. 06096	623-1621
6. INSTALLATION		" " " " " "	06096 623-1621
7. EQUIPMENT BEING REGISTERED PACKAGE AUTOMATIC STEAM GENERATOR	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	
<input type="checkbox"/> COAL	<input type="checkbox"/> Bituminous		. %	. %									
		<input type="checkbox"/> Anthracite		. %	. %								
	<input checked="" type="checkbox"/> OIL	<input checked="" type="checkbox"/> Kerosene	2	. %	. %								
			4	<input checked="" type="checkbox"/> .47%	.02%	229,000	149	20.9x10 ⁶				GENERAL OIL	E. HARTFORD
			5	. %	. %								
			6	. %	. %								
<input checked="" type="checkbox"/> NAT. GAS					NOT USED								
<input type="checkbox"/> OTHER													

10. BURNER EQUIPMENT

ARE OIL HEATERS USED? YES NO

OIL TEMPERATURE BEFORE INJECTION: **70** °F

BURNER MANUFACTURER: **CLEAVER BROOKS**

BURNER MODEL No.: **CB-760-500**

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 OF TIME SWITCHED: TIME SWITCHED SMOKE INDICATOR MANUAL OTHER (Specify)

TYPE OF DRAFT: FORCED INDUCED NATURAL

14. POLLUTANTS EMITTED	MATERIAL	RATE OF EMISSIONS (Lb./Yr.)	METHOD USED TO DETERMINE EMISSIONS	15. EQUIPMENT INFORMATION	BREACHING GAS TEMPERATURE (°F)		No. OF IDENTICAL UNITS
					NORMAL	MAXIMUM	
	CO	460			350		
	HYDROCARBONS	915	EPA TABLE 10		OCT 1966		
	NO _x	16,500			EXHAUST GAS FLOW RATE (ACFM):	6450	7550
	SO _x	18,500	1972 FACTORS		OPERATING HOURS:	24	1800
	PARTICULATES	2,200					

16. STACK INFORMATION

STACK EXIT DIRECTION: HORIZ. VERT.

STACK EXIT DIMENSIONS: I.D. **24** in. OR _____ in. X _____ in.

STACK HEIGHT (Feet): **36**

IS STACK EQUIPPED WITH RAIN HAT? YES NO

SMOKE INDICATOR IN STACK: YES NO

MAKE AND MODEL NO. _____

STACK LINING: METAL REFRACTORY OTHER (Specify)

17. STACK LOCATION

Name of nearest intersecting street: **ROUTE 20 & HAMILTON ROAD**

Distance to stack from intersection: **900** 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: **E.V. Marshall**

TITLE: **Division Executive Vice President**

DATE: **9-29**

MAIN FILE

PLEASE DO NOT WRITE IN THIS SPACE

DATE RCV'D FROM APPLICANT. 1/11/82 276-72

DATE REVIEWED 1/1/82 BY _____

DATE COPY SENT TO LOCAL AGENCY 1/1 BY _____

REGISTRATION NUMBER 213-60 X

PREMISE NO. 213-02

STACK NO. 49

STATE GRID CO-ORDINATES

X ~~617,400~~ 617,400 ~~396,200~~ 396,200

Y ~~398,000~~ 398,000 ~~396,000~~ 396,000

REGISTRATION CARD SENT 2-120

DATE 1/1 BY _____

BY _____

BY _____

X = 617,400

Y = 395,950 ←

Z = 120

STORED ON COMPUTER

(From Hamilton St. Plot Plan)

EMERGENCY STANDBY PLANS

PLAN REQUIRED YES NO

DATE PLAN - MANUAL SENT TO APPLICANT 1/1 BY _____

DATE FORM RETURNED 1/1 BY _____

DATE PLAN APPROVED 1/1

MAP NO. X KM

AOCR NO. 42 KM

SIC NO. 0425

TOWN NO. 1540

PROCESSED BY _____

SCC I.D. _____

Pollution Control Device

Primary

Secondary

Route 20