

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

"E" #201



STATE OF CONNECTICUT  
**DEPARTMENT OF ENVIRONMENTAL PROTECTION**



TANK # 101 #201

STACK NO. 00541000501

EQUIPMENT CLASSIFICATION			REGISTRATION NO.
<input type="checkbox"/> FUEL BURNING	<input type="checkbox"/> INCINERATOR	<input checked="" type="checkbox"/> PROCESS MFG.	00540007
FIRM NAME			DATE ISSUED
NEW HAVEN TERMINAL			12/05/73
LOCATION OF EQUIPMENT (No. & Street, Town, Zip)			
FRONTAGE RD		EAST HAVEN CT 06512	
COMMISSIONER OR HIS REPRESENTATIVE			

DEPARTMENT OF ENVIRONMENTAL PROTECTION

MANUFACTURING EQUIPMENT REGISTRATION

STATE OF CONNECTICUT

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

1. APPLICATION NO. <b>101</b>	2. STACK NO. <b>none</b>
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3. FIRM <b>New Haven Terminal, Inc.</b>	LEGAL NAME	BUSINESS ADDRESS (No. & Street, City or Town) <b>30 Waterfront St., New Haven, Conn.</b>	ZIP CODE <b>06509</b>	PHONE <b>469-1391</b>
4. DIVISION				
5. APPLICANT <b>Henry A. St. Laurent</b>		<b>Frontage Rd. (rear of Bradlee<sup>III</sup>s)</b>	<b>06512</b>	
6. INSTALLATION				
7. EQUIPMENT BEING REGISTERED <b>Storage Tank # 2012</b>	TYPE OF EQUIPMENT (e.g., storage tank)	AIR POLLUTION CONTROL EQUIPMENT USED (if "YES," file form EP-7) <input type="checkbox"/> YES <input type="checkbox"/> NO <b>Donald Manowette</b>		

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) **Tank Farm**

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	
						<b>(5040/13.1)</b>	<b>33</b>		
						<b>2000</b>			

12. STORAGE AND PROCESS TANK INFORMATION

CAPACITY (Gallons) **5,040,000 = 5040 x 10<sup>3</sup>**

MATERIAL BEING STORED **#2 Fuel Oil**

TYPE OF COVER:  NONE  **Fixed roof**  OTHER (Specify)

CLOSED WITH VENT TO ATMOSPHERE  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.

SMOKE INDICATOR IN STACK:  YES  NO

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

STACK LINING:  METAL  REFRACTORY  OTHER (Specify)

IS STACK EQUIPPED WITH RAIN HAT?  YES  NO

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: **B.W. McCandless**

TITLE: **Op Eng**

DATE: **8/29/12**

MAIN FILE

X      Y

PLEASE DO NOT WRITE IN THIS SPACE

DATE RCV'D FROM APPLICANT.           

DATE REVIEWED            BY           

DATE COPY SENT TO LOCAL AGENCY            BY           

REGISTRATION NUMBER ~~117-0154~~ 054-0007

PREMISE NO. ~~117-121~~ 054-005

STACK NO. ~~117-121-01~~            - 1

STATE GRID CO-ORDINATES

X ~~562500~~ 563300

Y ~~167000~~ 167200

REGISTRATION CARD SENT ~~117-121-01~~            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 18

AOCR NO. 42

NEDS: COUNTY NO. 0705

TOWN NO. 0225

SIC NO. 5092

Di            ft X 10

PROCESS CCDE NO.           

VELOCITY            fps

SCC I.D. 4 03 001 01

U.O.M. 1000 Gals. Stor. Cap.

Pollution Control Device

Part	SO <sub>2</sub>	H <sub>2</sub> S	NO <sub>x</sub>	Description
Primary				
Secondary				

New Haven Terminal, Inc.  
Henry A. St. Laurent  
Storage Tank

000,040.2  
83 Fuel Oil