

REGISTRATION CERTIFICATE
EPAC-10 REV. 7-73



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION



STACK NO. 00541000507

EQUIPMENT CLASSIFICATION

FUEL BURNING

INCINERATOR

PROCESS MFG.

AIR POLLUTION CONTROL

REGISTRATION NO.
00540013

DATE ISSUED
12/05/73

FIRM NAME

NEW HAVEN TERMINAL

LOCATION OF EQUIPMENT (No. & Street, Town, Zip)

FRONTAGE RD

EAST HAVEN CT 06512

COMMISSIONER OR HIS REPRESENTATIVE

DEPARTMENT OF ENVIRONMENTAL PROTECTION

PROCESS AND MANUFACTURING EQUIPMENT REGISTRATION

EP-6 NEW 5-72

STATE OF CONNECTICUT

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

1. APPLICATION NO. #109	2. STACK NO. none
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3. FIRM New Haven Terminal, Inc.	LEGAL NAME	BUSINESS ADDRESS (No. & Street, City or Town) 30 Waterfront St., New Haven, Conn.	ZIP CODE 06511	PHONE 469-1391
4. DIVISION				
5. APPLICANT Henry A. St Laurent		Frontage Rd. (rear of Bradlee's)		
6. INSTALLATION				
7. EQUIPMENT BEING REGISTERED Storage Tank	TYPE OF EQUIPMENT (e.g., storage tank)	AIR POLLUTION CONTROL EQUIPMENT USED (if "YES," file form EP-7) <input checked="" type="checkbox"/> YES <input 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"/> WARE-HOUSE <input type="checkbox"/> RESIDENCE OR APTS. <input checked="" type="checkbox"/> 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	
<input type="checkbox"/> OIL		Kerosene	. %	. %									
		2	. %	. %									
		4	. %	. %									
		5	. %	. %									
		6	. %	. %									
<input type="checkbox"/> NAT. GAS													
<input type="checkbox"/> OTHER													

CODED

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	

12. STORAGE AND PROCESS TANK INFORMATION	CAPACITY (Gallons) 3,360,000	MATERIAL BEING STORED Gasoline	TYPE OF COVER <input type="checkbox"/> NONE <input checked="" type="checkbox"/> FLOATING ROOF	<input type="checkbox"/> CLOSED WITH VENT TO ATMOSPHERE <input type="checkbox"/> OTHER (Specify)	<input type="checkbox"/> CLOSED WITH VAPOR RECOVERY SYSTEM	STORAGE TEMPERATURE: AMBIENT °F
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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 <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>B. M. Caudlus</i>	TITLE <i>Op. Eng.</i>	DATE <i>9/24/72</i>
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SEE ATTACHMENT B

MAIN FILE

PLEASE DO NOT WRITE IN THIS SPACE

DATE RCV'D FROM APPLICANT. / /

DATE REVIEWED 11/27/09 BY

DATE COPY SENT TO LOCAL AGENCY / / BY

REGISTRATION NUMBER ~~117-0489~~ 057-0013

PREMISE NO. ~~117-124~~ 054-005

STACK NO. ~~117-121-09~~ -07

STATE GRID CO-ORDINATES
 X ~~56280~~ ~~563400~~ 563700
 Y ~~16700~~ 167050

REGISTRATION CARD SENT 2=10 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 / / BY

MAP NO. X KM Y KM 18

AQCR NO. 42

NEDS: COUNTY NO. 0705 TOWN NO. 0225

SIC NO. 5092 De ft X 10

PROCESS CODE NO. VELOCITY fps

SCC I.D. 4 | 03 | 002 | 01 U.O.M. 1000 Gal. Sto. Cap.

Pollution Control Device	Port	NOx	Description
Primary			
Secondary			

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

3,300,000

Gasoline

0909

ank form

AMBIENT