

REGISTRAR'S CERTIFICATE
EPAC-10 REV. 3



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION



STACK NO. 00541000511

S. A. 100-11 1/21A

EQUIPMENT CLASSIFICATION			REGISTRATION NO.
<input type="checkbox"/> FUEL BURNING	<input type="checkbox"/> INCINERATOR	<input checked="" type="checkbox"/> PROCESS MFG.	00540017
FIRM NAME			DATE ISSUED
NEW HAVEN TERMINAL			12/9/74
LOCATION OF EQUIPMENT (No. & Street, Town, Zip)			
FRONTAGE ROAD EAST HAVEN, CONN. 06511			
COMMISSIONER OR HIS REPRESENTATIVE			

DEPARTMENT OF ENVIRONMENTAL PROTECTION

AIR POLLUTION CONTROL EQUIPMENT REGISTRATION
EP-7 NEW 5-72

STATE OF CONNECTICUT

S.O.# 195

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

1. APPLICATION NO. 201	2. STACK NO.
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3. FIRM NEW HAVEN TERMINAL, INC.	LEGAL NAME	BUSINESS ADDRESS (No. & Street, City or Town)	ZIP CODE	PHONE
4. DIVISION EAST HAVEN PLANT		FRONTAGE ROAD, EAST HAVEN, CT.	06511	469-1391
5. APPLICANT Henry A. St.Laurent				
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) **Tank Farm**

8. TYPE OF EQUIPMENT

BAGHOUSE FILTER
 CYCLONE
 ELECTRO. PREC.
 AFTER BURNER
 MULTI-CYCLONE
 SCRUBBER
 SETTLING CHAMBER
 OTHER (Specify) **GESCO VAPOR RECOVERY UNIT**

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	1	. %	. %									
		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	12. COST ANALYSIS	DATE OF PURCHASE	TOTAL INITIAL COST
	Gas pressure drop across unit: in. water			OUTLET GAS TEMPERATURE °F	TIME: HRS./DAY HOURS PER YEAR		INITIAL CAPITAL COST	ANNUAL OPERATING COST

DATE OF PURCHASE: **1973**
 INITIAL CAPITAL COST: **\$ 125,000.00**
 TOTAL INITIAL 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
	For Gasoline Truck Rack		0 - 1 Microns		
			1 - 10 Microns		
			10 - 44 Microns		
			over 44 Microns		

15. STACK INFORMATION	STACK EXIT DIRECTION	STACK EXIT DIMENSIONS	STACK HEIGHT	STACK LINING	OTHER (Specify)	Is stack equipped with rain hat? <input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> HORIZ. <input type="checkbox"/> VERT.	I.D. _____ in. or _____ in. X _____ in.	FT.	<input type="checkbox"/> METAL <input type="checkbox"/> REFRAC-TORY <input type="checkbox"/>		
	SMOKE INDICATOR IN STACK	MAKE AND MODEL NO.	DATE SOURCE STARTED UP	NO. OF IDENTICAL UNITS		
	<input type="checkbox"/> YES <input type="checkbox"/> NO					

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
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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	TITLE	DATE
		<i>BW McCandless</i>	<i>Op. Eng.</i>	<i>7/10/74</i>

MAIN FILE

PLEASE DO NOT WRITE IN THIS SPACE

DATE RCV'D FROM APPLICANT. / /

DATE REVIEWED / / TO / / BY

DATE COPY SENT TO LOCAL AGENCY / / BY

REGISTRATION NUMBER 054-017

PREMISE NO. 054-005

STACK NO. 11

STATE GRID CO-ORDINATES

X ~~572000~~ ~~56250~~ 563700

Y ~~167000~~ ~~16250~~ 166900

REGISTRATION CARD SENT Z=10

STORED ON COMPUTER

DATE / / BY / /

EMERGENCY STANDBY PLANS

PLAN REQUIRED YES NO

DATE PLAN - MANUAL SENT TO APPLICANT / / BY

DATE FORM RETURNED / / BY

DATE PLAN APPROVED / /

1273
152,000.00

NEW HAVEN TOWN, CT
CITY OF NEW HAVEN
HENRY A. DELORENZO

For Gasoline Truck Jack