

REGISTRATION CERTIFICATE
EPAC-10 REV. 7-73

STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION



STACK NO. 01171012004

EQUIPMENT CLASSIFICATION			REGISTRATION NO.
<input type="checkbox"/> FUEL BURNING	<input type="checkbox"/> INCINERATOR	<input checked="" type="checkbox"/> PROCESS MFG.	01170433
FIRM NAME			DATE ISSUED
NEW HAVEN TERMINAL			12/05/73
LOCATION OF EQUIPMENT (No. & Street, Town, Zip)			
30 WATERFRONT ST		NEW HAVEN CT 06509	
COMMISSIONER OR HIS REPRESENTATIVE			

DEPARTMENT OF ENVIRONMENTAL PROTECTION

PROCESS AND MANUFACTURING EQUIPMENT REGISTRATION

EP-6 NEW 5-72

117-120-433-04

STATE OF CONNECTICUT

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

1. APPLICATION NO. #4	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 06509	PHONE 469 1391
4. DIVISION				
5. APPLICANT Henry A. St. Laurent		30 Waterfront St., New Haven, Conn.		
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 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) **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	%	%	EWPT 176						
		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

12. STORAGE AND PROCESS TANK INFORMATION	CAPACITY (Gallons) 3 360 000	MATERIAL BEING STORED Methanol	TYPE OF COVER <input type="checkbox"/> NONE <input checked="" type="checkbox"/> CLOSED WITH VENT TO ATMOSPHERE <input type="checkbox"/> OTHER (Specify)	STORAGE TEMPERATURE: Ambient °F
			<input type="checkbox"/> FLOATING ROOF <input type="checkbox"/> CLOSED WITH VAPOR RECOVERY SYSTEM	

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 checked="" 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>By: W. Mc Candless</i>	TITLE <i>Op. Eng.</i>	DATE <i>9/10/72</i>
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See Attachment D

MAIN FILE

PLEASE DO NOT WRITE IN THIS SPACE

DATE RCVD FROM APPLICANT. / /

DATE REVIEWED 1/11/03 BY 30 Waterfront St. New Haven, Conn.

DATE COPY SENT TO LOCAL AGENCY 1/11/03 BY Henry A. St. Laurent

REGISTRATION NUMBER 117-0433

PREMISE NO. 117-120

STACK NO. 117-120-04

STATE GRID CO-ORDINATES

X 557,225 Z = 10'

Y 166,500

REGISTRATION CARD SENT

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

AQCR NO. 42

NEDS: COUNTY NO. 0705

TOWN NO. 0700

SIC NO. 5092

Di _____ ft X 10

PROCESS CODE NO. _____

VELOCITY _____ fps

SCC I.D. 4 / 03 / 001 / 01

U.O.M. 1000 Gall. Stor. Cap.

Pollution Control Service	SO ₂	CO	NO _x	Description
Primary				-----
Secondary				-----

000,000.0

Location