

REGISTRATION CERTIFICATE
EPAC-10 REV. 12/94

STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION



015-0017-002

EQUIPMENT CLASSIFICATION		REGISTRATION NO.
<input type="checkbox"/> FUEL BURNING <input type="checkbox"/> INCINERATOR <input checked="" type="checkbox"/> PROCESS MFG. <input type="checkbox"/> AIR POLLUTION CONTROL		015-0952
FIRM NAME		DATE ISSUED
Shell Oil Company		1/5/95
LOCATION OF EQUIPMENT (No. & Street, Town, Zip)		
250 Eagles Nest Road, Bridgeport, Connecticut 06607		
COMMISSIONER OR REPRESENTATIVE		
DISTRIBUTION:		
<input checked="" type="checkbox"/> DEPARTMENT OF ENVIRONMENTAL PROTECTION	<input checked="" type="checkbox"/> LOCAL AIR POLLUTION CONTROL AUTHORITY Petroleum Storage Tank No. 18	<input type="checkbox"/> APPLICANT

PROCESS AND MANUFACTURING EQUIPMENT REGISTRATION

EPAC-6 REV. 7/75

STATE OF CONNECTICUT

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

1. APPLICATION NO. T-18	2. STACK NO. BP-18
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3. FIRM	LEGAL NAME	BUSINESS ADDRESS (No. & Street, City or Town)	ZIP CODE	PHONE
4. DIVISION	Shell Oil Company	1415 W 22nd St., Oak Brook, IL	60522	7085725698
5. APPLICANT	C. O. Gast - Environmental & Technical Support Mgr.	1415 W 22nd St., Oak Brook, IL	60522	7085725698
6. INSTALLATION	250 Eagles Nest Road, Bridgeport, CT		66707	2033362136
7. EQUIPMENT BEING REGISTERED	TYPE OF EQUIPMENT (e.g., storage tank) Petroleum Storage Tank	AIR POLLUTION CONTROL EQUIPMENT USED (if "YES," file form EP-7) <input type="checkbox"/> YES <input type="checkbox"/> NO Floating Roof		

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) Petroleum Dist Terminal

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.) Gallons	LEAVING (Tons/Yr.) Gallons	11. POLLUTANTS EMITTED	MATERIAL	RATE OF EMISSIONS (Tons/Yr.)	METHOD USED TO DETERMINE EMISSIONS

12. STORAGE AND PROCESS TANK INFORMATION

CAPACITY (Gallons): 5,000,000

MATERIAL BEING STORED: Gasoline

TYPE OF COVER: FLOATING ROOF

NONE
 CLOSED WITH VENT TO ATMOSPHERE
 OTHER (Specify) Vapor mounted & seal with secondary

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.

STACK HEIGHT (Feet) _____ IS STACK EQUIPPED WITH RAIN HAT? YES NO

SMOKE INDICATOR IN STACK: YES NO

MAKE AND MODEL NO. _____

STACK LINING: METAL REFRACTORY 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

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: C O Gast *[Signature]* DATE: _____

TITLE: Environmental & Technical Support Mgr. ETR

MAIN FILE

PLEASE DO NOT WRITE IN THIS SPACE

DATE RCVD FROM APPLICANT. / /

DATE REVIEWED / / BY

DATE COPY SENT TO LOCAL AGENCY / / BY

REGISTRATION NUMBER 015-952

PREMISE NO. 017

STACK NO. 2

STATE GRID CO-ORDINATES

X 486700

Y 122800

Z 10

REGISTRATION CARD SENT

STORED ON COMPUTER

DATE 1/20/95 BY Ellen W

12/8/94 BY JRE

EMERGENCY STANDBY PLANS

PLAN REQUIRED YES NO

DATE PLAN - MANUAL SENT TO APPLICANT / / BY

DATE FORM RETURNED / / BY

DATE PLAN APPROVED / /