

REGISTRATION CERTIFICATE
EPAC-10 REV. 12/94

STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION



015-0017-002

EQUIPMENT CLASSIFICATION <input type="checkbox"/> FUEL BURNING <input type="checkbox"/> INCINERATOR <input checked="" type="checkbox"/> PROCESS MFG. <input type="checkbox"/> AIR POLLUTION CONTROL	REGISTRATION NO. 015-0953
FIRM NAME Shell Oil Company	DATE ISSUED 1/5/95
LOCATION OF EQUIPMENT (No. & Street, Town, Zip)	
250 Eagles Nest Road, Bridgeport, Connecticut 06607	
COMMISSIONER OR REPRESENTATIVE 	

DISTRIBUTION:
 DEPARTMENT OF ENVIRONMENTAL PROTECTION LOCAL AIR POLLUTION CONTROL AUTHORITY APPLICANT
Petroleum Storage Tank No. 19

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

1. APPLICATION NO. T-19	2. STACK NO. BP-19
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3. FIRM Shell Oil Company	LEGAL NAME	BUSINESS ADDRESS (No. & Street, City or Town) 1415 W 22nd St., Oak Brook, IL	ZIP CODE 60522	PHONE 7085725698
4. DIVISION				
5. APPLICANT C. O. Gast - Environmental & Technical Support Mgr.				
6. INSTALLATION		250 Eagles Nest Road, Bridgeport, CT	66707	2033362136
7. EQUIPMENT BEING REGISTERED Petroleum 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 Floating Roof		
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"/> WAREHOUSE <input type="checkbox"/> RESIDENCE OR APTS. <input checked="" type="checkbox"/> OTHER Petroleum Dist Terminal (Specify)			

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	
								Gallons	Gallons
	Gasoline		28,000,000	28,000,000		VOC	9.04	AP-42 (Tanks 2.0)	

12. STORAGE AND PROCESS TANK INFORMATION	CAPACITY (Gallons) 5,000,000	TYPE OF COVER <input type="checkbox"/> NONE <input type="checkbox"/> CLOSED WITH VENT TO ATMOSPHERE <input checked="" type="checkbox"/> OTHER (Specify) Vapor mounted seal with secondary	STORAGE TEMPERATURE: Ambient °F
	MATERIAL BEING STORED Gasoline	<input checked="" 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.
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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 C O GAST 	TITLE Environmental & Technical Support Mgr. ETR	DATE
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MAIN FILE

PLEASE DO NOT WRITE IN THIS SPACE

DATE RCV'D FROM APPLICANT. / /

DATE REVIEWED / / BY

DATE COPY SENT TO LOCAL AGENCY / / BY

REGISTRATION NUMBER 015-953

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 elan w.

12/8/94 BY J/E

EMERGENCY STANDBY PLANS

PLAN REQUIRED YES NO

DATE PLAN - MANUAL SENT TO APPLICANT / / BY

DATE FORM RETURNED / / BY

DATE PLAN APPROVED / /