

1. APPLICATION NO. T-17	2. STACK NO. BP-17
----------------------------	-----------------------

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

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	<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 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 XXXXXX	LEAVING XXXXXX	11. POLLUTANTS EMITTED	MATERIAL	RATE OF EMISSIONS (Tons/Yr.)	METHOD USED TO DETERMINE EMISSIONS	
								Gallons	Gallons
	Gasoline		37,000,000	37,000,000		VOC	9.86	AP-42 (Tanks 2.0)	

12. STORAGE AND PROCESS TANK INFORMATION	CAPACITY (Gallons) 5,000,000	TYPE OF COVER <input type="checkbox"/> NONE <input checked="" type="checkbox"/> FLOATING ROOF	<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 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 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
--------------------	--------------------------------------	--	--

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
-------------------	---	--	---	------

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 - ~~951~~ 954 by R. Kelsey 10/31/96

PREMISE NO.

017

STACK NO.

2

STATE GRID CO-ORDINATES

X 486700

Z-10

Y 122800

REGISTRATION CARD SENT

STORED ON COMPUTER

DATE 1/20/95

BY

ellsw

12/8/94 BY

Y/E

EMERGENCY STANDBY PLANS

PLAN REQUIRED

YES

NO

DATE PLAN - MANUAL SENT TO APPLICANT / /

BY

DATE FORM RETURNED / /

BY

DATE PLAN APPROVED / /