REGISTRATION CERTIFICATE EPAC-10 REV 3



STATE OF CONNECTICUT

DEPARTMENT OF ENVIRONMENTAL PROTECTION



STACK NO.

00981001501

FUEL BURNING	INCINERATOR	PROCESS MFG.	AIR POLLUTION CONTROL	REGISTRATION NO.
FIRM NAME				DATE ISSUED
UNIVER	RSITY OF CONNECT	ICUT PHYSICAL	PLANT	12/19/74
	STORRS, CONN.	06268	nanscretch	
COMMISSIONER OF HIS	REPRESENTATIVE	00200		

DEPARTMENT OF ENVIRONMENTAL PROTECTION

1. APPLICATION NO.	2. STACK NO.
1	N.E.

To: Department of Environmental Protection, Air Compliance Section, State Office Bldg., Hartford, Conn. 06115. Tel. 566-2690 1 N - E -					
4. DIVISION Physical Plant 5. APPLICANT University Chief of Utilities 6. INSTALLATION 7. EQUIPMENT BRING REGISTERD 8. MAJOR ACTIVITY OF FIRM FUEL GRADES (X) CONTENT					
S. APPLICANT University Chief of Utilities					
6. INSTALLATION 7. FQUIPMENT BEING REGISTERED 8. MAJOR ACTIVITY OF FIRM FUEL GRADES (X) CONTENT CONTENT COAL Bituminous ASH ANNUAL USAGE Anthrocite ASH ANNUAL USAGE (CONTENT) CONTENT CONTENT					
Type of Equipment Being Registered Bostler Section South State Sta					
The composition of the content being registered Bostler The content being registered Bostler The content being registered The content being reg					
OF FIRM MFG. OFFICE WHISE. STORE X. CHURCH MOTEL OR LAB. HOUSE OR APTS. (Specify) 9. TYPES OF FUELS USED Bituminous Anthracite . % .					
FUEL GRADES CONTENT CONTENT (Tons, Gals. or Cu. Ft.) (Lbs., Gals., Cu. Ft./hr.) (BTU/hr.) Month to Month Name City or Town					
COAL					
9. TYPES OF FUELS USED OIL X 2 . % . % . % . % . % % % % % % %					
9. TYPES OF FUELS USED OIL X 2 . % . % . % % % % %					
9. TYPES OF FUELS USED 2 . % . % . %					
4 X 0.05 % . % SEE 660 GALS/HR 2a. SEE ATT ACHED SEE ATT ACHED					
4 Y O O5 % % ATTACHED 660 CAIS/HR					
O VA O O O UTIUMED AND AUDITE					
NAT. GAS					
OTHER					
TO. BURNER ARE OIL HEATERS USED? OIL TEMPERATURE BEFORE INJECTION BURNER MANUFACTURER BURNER MODEL No.					
EQUIPMENT X YES X NO varies with oil used of Peabody Engineering Corporation ABSA					
EQUIPMENT X YES X NO Varies with oil used of Peabody Engineering Corporation ABSA					
12. TYPE OF OIL BURNER PRESSURE ROTARY CUP STEAM ATOMIZER AIR ATOMIZER TANGENTIALLY OTHER (Specify)					
13. COMBUSTION OVERFIRE AIR CONTROL 13. COMBUSTION X YES NO °F TIME SWITCHED X INDICATOR X MANUAL (Specify) X FORCED X INDUCED NATURAL					
RATE OF EMISSIONS METHOD USED TO BREACHING GAS TEMPERATURE (°F) No. OF IDENTICAL UNITS					
MATERIAL (Tons/Yr.) DETERMINE EMISSIONS approx. 350°F 3 DATE SOURCE STARTED UP					
15. EQUIPMENT 1960 - 1963 - 1967					
14. POLLUTANTS EMITTED SEE ATTACHED 15. EQUIPMENT 1960 - 1963 - 1967 INFORMATION EXHAUST GAS NORMAL MAXIMUM Table 2000 15					
FLOW RATE (ACFM): SEE ATTACHED 154,212					
HOURS PER DAY HOURS PER YEAR OPERATING HOURS:					
SEE ATTACHED					
STACK EXIT DIRECTION STACK EXIT DIMENSIONS STACK HEIGHT (Feef) IS STACK EQUIPPED WITH RAIN HAT?					
16. STACK HORIZ. X VERT. I.D. 7' 0" in. OR in. X in. 153'6" YES X NO					
INFORMATION SMOKE INDICATOR IN STACK MAKE AND MODEL NO. STACK LINING					
X YES NO SEE ATTACHED METAL K REFRACTORY OTHER (Specify)					
17. STACK LOCATION Name of nearest intersecting street: Hillside and Glenbrook Roads Distance to stack from intersection: Distance to stack from intersection: Distance to stack from intersection: No. Name of nearest intersection (Circle one) TO STACK: No. Name, E., SE., S., SW, W. [NW]					
I certify that I have examined the above information and that to the best of my knowl- 1 certify that I have examined the above information and that to the best of my knowl- 1 certify that I have examined the above information and that to the best of my knowl- 1 certify that I have examined the above information and that to the best of my knowl- 1 certify that I have examined the above information and that to the best of my knowl- 1 certify that I have examined the above information and that to the best of my knowl- 1 certify that I have examined the above information and that to the best of my knowl- 1 certify that I have examined the above information and that to the best of my knowl- 1 certify that I have examined the above information and that to the best of my knowl- 1 certify that I have examined the above information and that to the best of my knowl- 1 certify that I have examined the above information and that to the best of my knowl- 1 certification is the contract of the					
18. CERTIFICATION edge it is true and complete. (Signature subjects signer to provisions of the General Statutes regarding false and misleading statements). H. B. Mutdoch, Jr. University Chief of					
Utilities Utilities					

	PLEASE DO NOT WRITE IN THIS SPACE			# 2
	DATE RCV'D FROM APPLICANT. SUBJECTION (884-9)	ucliusano Sist io i	State !	insiaydii
	DATE COPY SENT TO LOCAL AGENCY BY			
	REGISTRATION NUMBER 018 014: 015, 016			ଓଡ଼ୀ ବିହେସ
19.4	PREMISE NO			
	STATE GRID CO-ORDINATES X 735000 Y 355900 Z = 600			
:	REGISTRATION CARD SENT STORED ON COMPUTER			X
distrik	DATE AND BYTE TO LEGATION BY	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
	EMERGENCY STANDBY PLANS 1899 001600 A 17874	20 0 %	•	
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