

REGISTRATION CERTIFICATE
EPAC-10 REV. 7-73

"E"



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION



TANK #104 - #201

STACK NO. 00541000504

EQUIPMENT CLASSIFICATION			REGISTRATION NO.
<input type="checkbox"/> FUEL BURNING	<input type="checkbox"/> INCINERATOR	<input checked="" type="checkbox"/> PROCESS MFG.	00540010
FIRM NAME			DATE ISSUED
NEW HAVEN TERMINAL			12/05/73
LOCATION OF EQUIPMENT (No. & Street, Town, Zip)			
FRONTAGE RD		EAST HAVEN CT 06512	
COMMISSIONER OR HIS REPRESENTATIVE			

DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

1. APPLICATION NO. #104	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 469-1341
4. DIVISION				
5. APPLICANT Henry A. St. Laurent		Frontage Rd. (rear of Bradlee's)		

6. INSTALLATION				
7. EQUIPMENT BEING REGISTERED Storage Tank #2012	TYPE OF EQUIPMENT (e.g., storage tank)			
	AIR POLLUTION CONTROL EQUIPMENT USED (if "YES," file form EP-7) <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>FW/MC</i>			

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 (Specify) Tank Farm
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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	
<input type="checkbox"/>	OIL	Kerosene	. %	. %									
		2	. %	. %									
		4	. %	. %									
		5	. %	. %									
		6	. %	. %									
		<input type="checkbox"/>	NAT. GAS										
<input type="checkbox"/>	OTHER												

10. PROCESS WEIGHTS	MATERIALS	USE (Solvent, Catalyst)	ENTERING (Tons/Yr.)	LEAVING (Tons/Yr.)	MATERIAL	RATE OF EMISSIONS (Tons/Yr.)	METHOD USED TO DETERMINE EMISSIONS
						6200 (13.1)	41.26

12. STORAGE AND PROCESS TANK INFORMATION	CAPACITY (Gallons) 6,300,000	MATERIAL BEING STORED #2 Fuel Oil	TYPE OF COVER <input type="checkbox"/> NONE <input type="checkbox"/> FLOATING ROOF	<input checked="" type="checkbox"/> CLOSED WITH VENT TO ATMOSPHERE <input type="checkbox"/> CLOSED WITH VAPOR RECOVERY SYSTEM	<input type="checkbox"/> OTHER (Specify)	STORAGE TEMPERATURE: AMBIENT °F
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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 <i>B. McCandless</i>	TITLE <i>Op Eng</i>	DATE 9/29/72
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MAIN FILE

PLEASE DO NOT WRITE IN THIS SPACE

DATE RCVD FROM APPLICANT. / /

DATE REVIEWED 11/16/03 BY [Signature]

DATE COPY SENT TO LOCAL AGENCY / / BY _____

REGISTRATION NUMBER ~~117-046~~ 054-0010

PREMISE NO. ~~117-046~~ 054-005

STACK NO. ~~117-046~~ 04

STATE GRID CO-ORDINATES

X ~~513100~~ 563400

Y ~~167400~~ 167400

REGISTRATION CARD SENT 2 = 10

STORED ON COMPUTER

DATE / / BY / / BY

EMERGENCY STANDBY PLANS

PLAN REQUIRED YES NO

DATE PLAN - MANUAL SENT TO APPLICANT / / - 11/16/03 BY _____

DATE FORM RETURNED / / BY _____

DATE PLAN APPROVED / /

MAP NO. X KM Y KM 18

AQCR NO. 42

NEDS: COUNTY NO. 0705

TOWN NO. 0205

SIC NO. 5092

Di _____ ft X 10

PROCESS CODE NO. _____

VELOCITY _____ fps

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

U.O.M. 1000 Gals. Stor. Cap.

Pollution Control Device
Primary
Secondary

Part	SO ₂	H ₂ S	NO _x	Description

000,000.0

12 Feet 011