REGISTRATION CERTIFICATE

EPAC-10 REV. 7-73

STATE OF CONNECTICUT

DEPARTMENT OF ENVIRONMENTAL PROTECTION

STACK NO. 01551001506

EQUIPMENT CLASSIFICATION

[X] FUEL BURNING [ ] INCINERATOR [ ] PROCESS MFG. [ ] AIR POLLUTION CONTROL

REGISTRATION NO. 01550005

FIRM NAME: CONN NATURAL GAS CORP

DATE ISSUED: 12/05/73

LOCATION OF EQUIPMENT (No. & Street, Town, Zip): 1376 CROMWELL AVE ROCKY HILL CONN 06067

COMMISSIONER OR HIS REPRESENTATIVE

DEPARTMENT OF ENVIRONMENTAL PROTECTION

FUEL BURNING EQUIPMENT REGISTRATION
EP-4 NEW 5-72

STATE OF CONNECTICUT

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

1. APPLICATION NO.: LNG 4
2. STACK NO.: 4

	LEGAL NAME	BUSINESS ADDRESS (No. & Street, City, Zip Code)	PHONE
3. FIRM	Connecticut Natural Gas Corporation	233 Pearl Street, Hartford 06101	525-0111
4. DIVISION			
5. APPLICANT	J. S. Filbert, Vice President-Operations	60 Columbus Boulevard, Hartford 06103	Ext. 383
6. INSTALLATION		1376 Cromwell Avenue, Rocky Hill 06067	Ext. 435

7. EQUIPMENT BEING REGISTERED — TYPE OF EQUIPMENT (e.g., Boiler): Natural Gas Reciprocating Engine Pump
AIR POLLUTION CONTROL EQUIPMENT USED (If "Yes," file form EP-7): [ ] YES [X] NO

8. MAJOR ACTIVITY OF FIRM: [ ] MFG. [ ] OFFICE [ ] RETAIL OR WHLSE. STORE [ ] SCHOOL OR CHURCH [ ] HOTEL/MOTEL [ ] HOSPITAL OR LAB. [ ] WAREHOUSE [ ] RESIDENCE OR APTS. [X] OTHER (Specify) Natural Gas Distribution

9. TYPES OF FUELS USED

FUEL	GRADES	(x)	SULFUR CONTENT	ASH CONTENT	ANNUAL USAGE (Tons, Gals. or Cu. Ft.)	MAXIMUM FIRING RATE (Lbs., Gals., Cu. Ft./hr.)	MAXIMUM FIRING RATE (BTU/hr.)	SEASONAL USE Month	to	Month	FUEL SUPPLIER Name	City or Town
COAL [ ]	Bituminous		. %	. %					—			
	Anthracite		. %	. %					—			
OIL [ ]	Kerosene		. %	. %					—			
	2		. %	. %					—			
	4		. %	. %					—			
	5		. %	. %					—			
	6		. %	. %					—			
NAT. GAS [X]					55,200 Mcf	11,500 CFH	11.5 MM	Oct.	—	Apr.	Conn. Nat. Gas Corporation	Hartford
OTHER [ ]									—			

10. BURNER EQUIPMENT — ARE OIL HEATERS USED? [ ] YES [ ] NO; OIL TEMPERATURE BEFORE INJECTION °F; BURNER MANUFACTURER: White Manufacturing Company; BURNER MODEL No.: 450 HP

11. TYPE OF COAL BURNER: [ ] HAND FIRED [ ] UNDERFEED STOKER [ ] TRAVELING GRATE [ ] CHAIN GRATE [ ] SPREADER STOKER [ ] STOKER WITH GAS REINJECTION [ ] CYCLONE FURNACE [ ] PULVERIZED COAL [ ] OTHER (Specify)

12. TYPE OF OIL BURNER: [ ] PRESSURE OR GUN [ ] ROTARY CUP [ ] STEAM ATOMIZER [ ] AIR ATOMIZER [ ] TANGENTIALLY FIRED [ ] OTHER (Specify)

13. COMBUSTION — OVERFIRE AIR CONTROL: [ ] YES [ ] NO ____ °F; TYPE: [ ] TIME SWITCHED [ ] SMOKE INDICATOR [ ] MANUAL [ ] OTHER (Specify); TYPE OF DRAFT: [ ] FORCED [ ] INDUCED [ ] NATURAL

14. POLLUTANTS EMITTED

MATERIAL	RATE OF EMISSIONS (Tons/Yr.)	METHOD USED TO DETERMINE EMISSIONS
Nitrogen Oxides	21.25	EPA Stationary Combustion Sources Table 1-6 (770 Lbs./MMCF)

15. EQUIPMENT INFORMATION
BREACHING GAS TEMPERATURE (°F):
No. OF IDENTICAL UNITS:
DATE SOURCE STARTED UP: July 1972
EXHAUST GAS FLOW RATE (ACFM): NORMAL: ; MAXIMUM:
OPERATING HOURS: HOURS PER DAY: 24; HOURS PER YEAR: 4800

16. STACK INFORMATION
STACK EXIT DIRECTION: [X] HORIZ. [ ] VERT.
STACK EXIT DIMENSIONS: I.D. 10 in. OR ____ in. X ____ in.
STACK HEIGHT (Feet): 10
IS STACK EQUIPPED WITH RAIN HAT? [ ] YES [X] NO
SMOKE INDICATOR IN STACK: [ ] YES [ ] NO
MAKE AND MODEL NO.:
STACK LINING: [X] METAL [ ] REFRACTORY [ ] OTHER (Specify)

17. STACK LOCATION — Name of nearest intersecting street: CNG Driveway and Cromwell Avenue; Distance to stack from intersection: 130 FT.; DIRECTION TO STACK: (Circle one) N, NE, (E), SE, S, SW, W, NW

18. 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:
TITLE: J S Filbert Vice President-Operations
DATE: 6/27/73

MAIN FILE

6 19502 296000

PLEASE DO NOT WRITE IN THIS SPACE

DATE RCV'D FROM APPLICANT ___/___/___

DATE REVIEWED ___/___/___ BY _____

DATE COPY SENT TO LOCAL AGENCY ___/___/___ BY _____

REGISTRATION NUMBER 0005

PREMISE NO. 155-015

STACK NO. 06

STATE GRID CO-ORDINATES

X ~~619510~~ 619500 Z 140

Y ~~296000~~ 295400

REGISTRATION CARD SENT

DATE ___/___/___ BY _____

STORED ON COMPUTER

___/___/___ BY _____

EMERGENCY STANDBY PLANS

PLAN REQUIRED ☐ YES ☐ NO

DATE PLAN - MANUAL SENT TO APPLICANT ___/___/___ BY _____

DATE FORM RETURNED ___/___/___ BY _____

DATE PLAN APPROVED ___/___/___

42 ARCR

0425 MEB