

**REGISTRATION CERTIFICATE**  
EPAC-10 REV. 7-73



STATE OF CONNECTICUT  
**DEPARTMENT OF ENVIRONMENTAL PROTECTION**



STACK NO. 00541000505

EQUIPMENT CLASSIFICATION				REGISTRATION NO.
<input type="checkbox"/> FUEL BURNING	<input type="checkbox"/> INCINERATOR	<input checked="" type="checkbox"/> PROCESS MFG.	<input type="checkbox"/> AIR POLLUTION CONTROL	00540011
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

**PROCESS AND MANUFACTURING EQUIPMENT REGISTRATION**

EP-6 NEW 5-72

STATE OF CONNECTICUT

1. APPLICATION NO. <b>#107</b>	2. STACK NO. <b>none</b>
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**TO: Department of Environmental Protection, Air Compliance Section, State Office Bldg., Hartford, Conn. 06115. Tel. 566-2690**

3. FIRM <b>New Haven Terminal, Inc.</b>	LEGAL NAME	BUSINESS ADDRESS (No. & Street, City or Town) <b>30 Waterfront St., New Haven, Conn.</b>	ZIP CODE <b>06509</b>	PHONE <b>468-1391</b>
4. DIVISION				
5. APPLICANT <b>Henry A. St. Laurent</b>		<b>Frontage Rd. (rear of Bradlee's)</b>		
6. INSTALLATION				
7. EQUIPMENT BEING REGISTERED <b>Storage Tank</b>	TYPE OF EQUIPMENT (e.g., storage tank)	AIR POLLUTION CONTROL EQUIPMENT USED (if "YES," file form EP-7) <input type="checkbox"/> YES <input type="checkbox"/> NO		

8. MAJOR ACTIVITY OF FIRM

MFG.  
  OFFICE  
  RETAIL OR WHLSE. STORE  
  SCHOOL OR CHURCH  
  HOTEL/MOTEL  
  HOSPITAL OR LAB.  
  WAREHOUSE  
  RESIDENCE OR APTS.  
  OTHER (Specify) **Tank Farm**

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	1	. %	. %									
		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	
					<b>CODED</b>				
							$\frac{4200 \times 12}{2000} = 25.2$		

12. STORAGE AND PROCESS TANK INFORMATION	CAPACITY (Gallons) <b>4,200,000</b>	TYPE OF COVER <input type="checkbox"/> NONE <input checked="" type="checkbox"/> CLOSED WITH VENT TO ATMOSPHERE <input type="checkbox"/> OTHER (Specify)	STORAGE TEMPERATURE: <b>AMBIENT</b> °F
	MATERIAL BEING STORED <b>Gasoline-Regular</b>	<input 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) <b>N, NE, E, SE, S, SW, W, NW</b>
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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>Blair McConville</i>	TITLE <i>Op Eng</i>	DATE <i>9/24/72</i>
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SEE ATTACHMENTS B & C

MAIN FILE

PLEASE DO NOT WRITE IN THIS SPACE

DATE RCV'D FROM APPLICANT.      /      /     

DATE REVIEWED 11/7/21 BY     

DATE COPY SENT TO LOCAL AGENCY      /      /      BY     

REGISTRATION NUMBER ~~117-121-07~~ 054 - 0011

PREMISE NO. ~~117-121~~ 054 - 005

STACK NO. ~~117-121-07~~      - 05

STATE GRID CO-ORDINATES

X ~~56250~~ ~~563400~~ 563500

Y 167000 ~~167200~~ 167000

REGISTRATION CARD SENT 2 = 10 STORED ON COMPUTER

DATE      /      /      BY      /      /      BY      /      /     

EMERGENCY STANDBY PLANS

PLAN REQUIRED  YES  NO

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

DATE FORM RETURNED      /      /      BY      /      /     

DATE PLAN APPROVED      /      /      BY      /      /     

MAP NO.      X      KM Y      KM 18

AOCR NO. 42

NEDS: COUNTY NO. 0705 TOWN NO. 0225

SIC NO. 5092 Do      ft X 10

PROCESS CODE NO.      VELOCITY      fps

SCC I.D. 4, 03, 001, 01 U.O.M. 1000 Gals. 56cc Cup

Pollution Control Device	Part	CO2	HC	NOx	Description
Primary					
Secondary					

New Haven Terminal, Inc.  
Henry A. St. Laurent  
Storage Tank

000,000,000

Gasoline-Regular

STATIONARY