

DEPARTMENT OF ENVIRONMENTAL PROTECTION

REGISTRATION CERTIFICATE
EPAC-10 REV. 7-73



TRANSFERRED TO
STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Electric Boat Corp



STACK NO. 00701000521

ENGINEER: WES DATE: 6/12/97

EQUIPMENT CLASSIFICATION

FUEL
BURNING

INCINERATOR

PROCESS
MFG.

AIR POLLUTION
CONTROL

REGISTRATION NO.
00700094

FIRM NAME

ELECTRIC BOAT DIVISION

DATE ISSUED
12/05/73

LOCATION OF EQUIPMENT (No. & Street, Town, Zip)
EASTERN POINT ROAD

GROTON CONN 06340

COMMISSIONER OR HIS REPRESENTATIVE

DEPARTMENT OF ENVIRONMENTAL PROTECTION

7005

Area 204

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

1. APPLICATION NO. EB-22	2. STACK NO. -----
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3. FIRM General Dynamics Corporation	LEGAL NAME	BUSINESS ADDRESS (No. & Street, City or Town) Eastern Point Road Groton, Connecticut	ZIP CODE 06340	PHONE 446-6111
4. DIVISION Electric Boat Division				
5. APPLICANT Robert H. Secor				

6. INSTALLATION		
7. EQUIPMENT BEING REGISTERED	TYPE OF EQUIPMENT (e.g., storage tank) Grit Blast--Ships Hull	AIR POLLUTION CONTROL EQUIPMENT USED (if "YES," file form EP-7) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

8. MAJOR ACTIVITY OF FIRM	<input checked="" 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 (Specify)
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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	
OIL <input type="checkbox"/>		Kerosene	. %	. %									
		2	. %	. %									
		4	. %	. %									
		5	. %	. %									
NAT. GAS <input type="checkbox"/>		6	. %	. %									
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
	Mineral Grit	Abrasive	2010	2010		Paint, Rust, Grit	N/A	Open Air Blasting
					AREA COVERED WITH CURTAINS Thus Reducing The emissions			

12. STORAGE AND PROCESS TANK INFORMATION	CAPACITY (Gallons)	TYPE OF COVER <input type="checkbox"/> NONE <input type="checkbox"/> CLOSED WITH VENT TO ATMOSPHERE <input type="checkbox"/> OTHER (Specify)	STORAGE TEMPERATURE: °F
	MATERIAL BEING STORED	<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: 24	HOURS/DAY: 360
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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: Chester Street	Distance to stack from intersection: 1000 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 Robert H. Secor	TITLE Chief of Environmental Control	DATE 9-29-72
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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 070-0094

PREMISE NO. 70-05

STACK NO. 21

STATE GRID CO-ORDINATES

X 783,400

Y 186,400

Z = 10'

783700

188550

REGISTRATION CARD SENT

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 / /

0000

Robert H. Beor

Operator Beor

Operator
Beor

NY-08-2