

REGISTRATION CERTIFICATE
EPAC-10 REV. 7-73



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION



STACK NO. 01171008808

EQUIPMENT CLASSIFICATION			REGISTRATION NO.
<input type="checkbox"/> FUEL BURNING	<input type="checkbox"/> INCINERATOR	<input checked="" type="checkbox"/> PROCESS MFG.	01170307
FIRM NAME			DATE ISSUED
GULF OIL CORP			12/05/73
LOCATION OF EQUIPMENT (No. & Street, Town, Zip)			
428-500 WATERFRONT ST		NEW HAVEN CONN 06509	
COMMISSIONER OR HIS REPRESENTATIVE			

DEPARTMENT OF ENVIRONMENTAL PROTECTION

PROCESS AND MANUFACTURING EQUIPMENT REGISTRATION

STATE OF CONNECTICUT

EP-6 NEW 5-72

117 - 088 - 307 - 08

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

1. APPLICATION NO. G108	2. STACK NO.
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3. FIRM Gulf Oil Company-U.S.	LEGAL NAME	BUSINESS ADDRESS (No. & Street, City or Town) P.O. Box 3007, Houston, Texas	ZIP CODE 77001	PHONE
4. DIVISION Gulf Oil Corporation		Gulf Building, Pittsburgh, Penn.		
5. APPLICANT G.K. Gibson		428-500 Waterfront St., New Haven, Conn.	06509	469-5333
6. INSTALLATION				
7. EQUIPMENT BEING REGISTERED Storage Tank <i>floating pan</i>	TYPE OF EQUIPMENT (e.g., storage tank)	AIR POLLUTION CONTROL EQUIPMENT USED (if "YES," file form EP-7) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Other		

8. MAJOR ACTIVITY OF FIRM

MFG.
 OFFICE
 RETAIL OR WHLSE. STORE
 SCHOOL OR CHURCH
 HOTEL/MOTEL
 HOSPITAL OR LAB.
 WAREHOUSE
 RESIDENCE OR APTS.
 OTHER *Petroleum Storage Terminal*

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	%	%									
		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	

12. STORAGE AND PROCESS TANK INFORMATION

CAPACITY (Gallons): 513,626

TYPE OF COVER: NONE CLOSED WITH VENT TO ATMOSPHERE OTHER (Specify)

MATERIAL BEING STORED: No Nox Gasoline

FLOATING ROOF (Pan) CLOSED WITH VAPOR RECOVERY SYSTEM

STORAGE TEMPERATURE: 50 °F

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.: _____

14. STACK INFORMATION

STACK EXIT DIRECTION: HORIZ. VERT.

STACK EXIT DIMENSIONS: I.D. _____ in. OR _____ in. X _____ in.

SMOKE INDICATOR IN STACK: YES NO

MAKE AND MODEL NO.: _____

STACK LINING: METAL REFRACTORY OTHER (Specify)

IS STACK EQUIPPED WITH RAIN HAT? YES NO

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

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: *G.K. Gibson*
G.K. Gibson

TITLE: Dist. Operations Mgr.

DATE: 9/22/72

MAIN FILE

307
 117 - 088 - 307 - 08

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

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6. INSTALLATION				

7. MAJOR ACTIVITY OF FIRM

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

8. TYPE OF EQUIPMENT

BAGHOUSE FILTER
 CYCLONE
 ELECTRO. PREC.
 AFTER BURNER
 MULTI-CYCLONE
 SCRUBBER
 SETTLING CHAMBER
 OTHER (Specify) **Floating Pan**

9. POLLUTANTS EMITTED (BEFORE control equipment)	MATERIAL	RATE OF EMISSIONS (Tons/Yr.)	METHOD USED TO DETERMINE EMISSIONS	POLLUTANTS EMITTED (AFTER control equipment)	RATE OF EMISSIONS (Tons/Yr.)	METHOD USED TO DETERMINE EMISSIONS	ULTIMATE DISPOSITION OF POLLUTANTS COLLECTED

10. TYPES OF FUELS USED (To operate air pollution control equipment)	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	. %	. %							
		6	. %	. %							
NAT. GAS <input type="checkbox"/>											
OTHER <input type="checkbox"/>											

11. OPERATING CONDITIONS (Volumes @ 70°F., 29.92 in. Hg)	Total gas volume thru cleaning unit (CFM):	NORMAL	MAXIMUM	INLET GAS TEMPERATURE °F	WATER FLOW RATE (Wet Scrubber) GPM	12. COST ANALYSIS	DATE OF PURCHASE	TOTAL INITIAL COST \$
	Gas pressure drop across unit:	in. water		OUTLET GAS TEMPERATURE °F	TIME: HRS./DAY HOURS PER YEAR		INITIAL CAPITAL COST \$	ANNUAL OPERATING COST \$

13. FACILITIES SERVED	List the application numbers of the equipment attached to this control equipment.	14. PARTICLE SIZE ANALYSIS (if available)	SIZE OF PARTICLES	PERCENT OF TOTAL	COLLECTION EFFICIENCY
			0 - 1 Microns		
			1 - 10 Microns		
			10 - 44 Microns		

15. 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 _____ FT.	STACK LINING <input type="checkbox"/> METAL <input type="checkbox"/> REFRACTORY <input type="checkbox"/> OTHER (Specify) _____	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.	DATE SOURCE STARTED UP	NO. OF IDENTICAL UNITS	

16. 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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17. 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 G.K. Gibson	TITLE Dist. Operations Mgr.	DATE 9/22/72
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MAIN FILE