

REGISTERED CERTIFICATE
EPA-10 REV. 11/73



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION



STACK NO. 00151001702

EQUIPMENT CLASSIFICATION			REGISTRATION NO.
<input type="checkbox"/> FUEL BURNING	<input type="checkbox"/> INCINERATOR	<input checked="" type="checkbox"/> PROCESS MFG.	00150734
FIRM NAME			DATE ISSUED
SHELL OIL COMPANY			12/05/73
LOCATION OF EQUIPMENT (No. & Street, Town, Zip)			
EAGLES NEST ROAD, BRIDGEPORT, CONN. 06607			
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. 11A-A	2. STACK NO.
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1. FIRM SHELL OIL COMPANY	LEGAL NAME	BUSINESS ADDRESS (No. & Street, City or Town) ONE SHELL PLAZA, 900 LOUISIANA STREET HOUSTON, TEXAS	ZIP CODE 77001	PHONE 220-2701
1. DIVISION				
1. APPLICANT				203-
2. INSTALLATION	EAGLES NEST ROAD, BRIDGEPORT, CONN.		06607	336-2136
7. EQUIPMENT BEING REGISTERED	TYPE OF EQUIPMENT (e.g., storage tank) STORAGE TANK NO. 11A	119,000 BBL	AIR POLLUTION CONTROL EQUIPMENT USED (if "YES," file form EP-7) <input type="checkbox"/> YES <input type="checkbox"/> NO	

3. MAJOR ACTIVITY OF FIRM

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

3. 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	
N/A	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	
N/A						Motor gasoline	157*	Professional literature	
						*Emitted to vapor control system for processing. See Form EP-7, Application No. VRU-A dated 06-05-75			

2. STORAGE AND PROCESS TANK INFORMATION	CAPACITY (Gallons) 5,020,000 <i>120,000 BBL</i>	TYPE OF COVER	STORAGE TEMPERATURE: Ambient °F
	MATERIAL BEING STORED Motor gasoline	<input type="checkbox"/> NONE <input type="checkbox"/> CLOSED WITH VENT TO ATMOSPHERE <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> FLOATING ROOF <input checked="" type="checkbox"/> CLOSED WITH VAPOR RECOVERY SYSTEM <i>30,</i> <i>CONE</i>	

3. 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	STACK EXIT DIMENSIONS	STACK HEIGHT (Feet)	IS STACK EQUIPPED WITH RAIN HAT?
	<input type="checkbox"/> HORIZ. <input type="checkbox"/> VERT.	I.D. _____ in. OR _____ in. X _____ in.	44 ft	<input type="checkbox"/> YES <input type="checkbox"/> NO
	SMOKE INDICATOR IN STACK	MAKE AND MODEL NO.	STACK LINING	
	<input type="checkbox"/> YES <input type="checkbox"/> NO		<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>M. B. Harrington</i> M. B. Harrington	TITLE Manager Marketing Engineering	DATE 6-05-75
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PLEASE DO NOT WRITE IN THIS SPACE

DATE RCV'D FROM APPLICANT. / /

DATE REVIEWED / / BY

DATE COPY SENT TO LOCAL AGENCY / / BY

REGISTRATION NUMBER: 015-734

PREMISE NO. 017

STACK NO. 20

STATE GRID CO-ORDINATES

X 486700 Z-10

Y 122800

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 / /