

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



STATE OF CONNECTICUT  
**DEPARTMENT OF ENVIRONMENTAL PROTECTION**



STACK NO. 01171004903

EQUIPMENT CLASSIFICATION				REGISTRATION NO.
<input checked="" type="checkbox"/> FUEL BURNING	<input type="checkbox"/> INCINERATOR	<input type="checkbox"/> PROCESS MFG.	<input type="checkbox"/> AIR POLLUTION CONTROL	01170171
FIRM NAME YALE UNIV - MEDICAL SCH				DATE ISSUED 12/05/73
LOCATION OF EQUIPMENT (No. & Street, Town, Zip)				
309 CONGRESS AVE NEW HAVEN CONN 06520				
COMMISSIONER OR HIS REPRESENTATIVE				

DEPARTMENT OF ENVIRONMENTAL PROTECTION

FUEL BURNING EQUIPMENT REGISTRATION

EP-4 REV. 5-72

117-49-171-03

STATE OF CONNECTICUT

117-49

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

1. APPLICATION NO. 5	2. STACK NO. 3
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3. FIRM VALE UNIVERSITY	LEGAL NAME	BUSINESS ADDRESS (No. & Street, City, Zip Code) 20 ASHTON ST NEW HAVEN, CONN 06520	PHONE 436-1459
4. DIVISION HEATING & LIGHTING			
5. APPLICANT THOMAS D. NEVILLE FOR VALE UNIVERSITY			
6. INSTALLATION		309 CONGRESS AVE NEW HAVEN, CONN 06520	436-3073
7. EQUIPMENT BEING REGISTERED BIBELAS WATER TUBE BOILER TYPE (KLI)	TYPE OF EQUIPMENT (e.g., Boiler)	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 type="checkbox"/> MFG. <input type="checkbox"/> OFFICE <input type="checkbox"/> RETAIL OR WHLSE. STORE <input checked="" 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)		

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
<input type="checkbox"/>	COAL	Bituminous	. %	. %								
		Anthracite	. %	. %								
	OIL	Kerosene	. %	. %								
		2	. %	. %								
		4	. %	. %								
		5	. %	. %								
	6	.95 %	.03 %	700,000	750 %	112025,000	JUNE 11	JULY 12	JANUARY	TAD. TOHERS	NEW HAVEN	
<input type="checkbox"/>	NAT. GAS											
<input type="checkbox"/>	OTHER											

10. BURNER EQUIPMENT	ARE OIL HEATERS USED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OIL TEMPERATURE BEFORE INJECTION 140 °F	BURNER MANUFACTURER PERRY ENGINEERING CO.	BURNER MODEL No. TYPE 'A'
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11. TYPE OF COAL BURNER	<input type="checkbox"/> HAND FIRED <input type="checkbox"/> UNDERFEED STOKER <input type="checkbox"/> TRAVELING GRATE <input type="checkbox"/> CHAIN GRATE <input type="checkbox"/> SPREADER STOKER <input type="checkbox"/> STOKER WITH GAS REINJECTION <input type="checkbox"/> CYCLONE FURNACE <input type="checkbox"/> PULVERIZED COAL <input type="checkbox"/> OTHER (Specify)
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12. TYPE OF OIL BURNER	<input type="checkbox"/> PRESSURE OR GUN <input type="checkbox"/> ROTARY CUP <input checked="" type="checkbox"/> STEAM ATOMIZER <input type="checkbox"/> AIR ATOMIZER <input type="checkbox"/> TANGENTIALLY FIRED <input type="checkbox"/> OTHER (Specify)
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13. COMBUSTION	OVERFIRE AIR CONTROL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TYPE OF DRAFT <input checked="" type="checkbox"/> FORCED <input type="checkbox"/> INDUCED <input type="checkbox"/> NATURAL
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14. POLLUTANTS EMITTED	MATERIAL	RATE OF EMISSIONS (Tons/Yr.)	METHOD USED TO DETERMINE EMISSIONS	15. EQUIPMENT INFORMATION	
				BREACHING GAS TEMPERATURE (°F)	No. OF IDENTICAL UNITS
	SULFUR OXIDE	14.3	BY STATIONARY ANALYSIS	475	1
	PARTICULATE	2.87	BY STATIONARY ANALYSIS	1967	
				EXHAUST GAS FLOW RATE (ACFM):	NORMAL: 25000
				OPERATING HOURS: HOURS PER DAY	HOURS PER YEAR
				24	HEATING

16. STACK INFORMATION	STACK EXIT DIRECTION <input type="checkbox"/> HORIZ. <input checked="" type="checkbox"/> VERT.	STACK EXIT DIMENSIONS I.D. 7 in. OR in. X in.	STACK HEIGHT (Feet) 125'	IS STACK EQUIPPED WITH RAIN HAT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	SMOKE INDICATOR IN STACK <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	MAKE AND MODEL NO. HAY'S MODEL 771C	STACK LINING <input type="checkbox"/> METAL <input checked="" type="checkbox"/> REFRACTORY <input type="checkbox"/> OTHER (Specify)	

17. STACK LOCATION	Name of nearest intersecting street COLLEGE ST, CONGRESS AVE & CEDAR ST	Distance to stack from intersection: 150'	FT.	DIRECTION TO STACK: (Circle one) N, NE, E, SE, S, SW, (W) NW
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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 Thomas D. Neville	TITLE MANAGER	DATE 9/28/72
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MAIN FILE