REGISTRATION CERTIFICATE

EPAC-10 REV. 7-73

STATE OF CONNECTICUT

DEPARTMENT OF ENVIRONMENTAL PROTECTION

EQUIPMENT CLASSIFICATION				REGISTRATION NO.
☐ FUEL BURNING	☐ INCINERATOR	☒ PROCESS MFG.	☐ AIR POLLUTION CONTROL	178-0304
FIRM NAME				DATE ISSUED
Sartomer Company, Inc.				11/27/99

LOCATION OF EQUIPMENT *(No. & Street, Town, Zip)*

125 Ontario Street, Stratford, CT 06497

COMMISSIONER OR HIS REPRESENTATIVE

DEPARTMENT OF ENVIRONMENTAL PROTECTION

PROCESS AND MANUFACTURING EQUIPMENT REGISTRATION
EPAC-6 REV. 7/75

STATE OF CONNECTICUT

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

1. APPLICATION NO.: BL-1
2. STACK NO.: 3, 9 and 10

	LEGAL NAME	BUSINESS ADDRESS (No. & Street, City or Town)	ZIP CODE	PHONE
1. FIRM	Sartomer Company, Inc.	502 Thomas Jones Way, Exton, PA	19341	610-363-4100
1. DIVISION	Same	125 Ontario Street, Stratford, CT	06497	203.375.0668
. APPLICANT	Same	125 Ontario Street, Stratford, CT	06497	203.375.0668
. INSTALLATION		125 Ontario Street, Stratford, CT	06497	203.375.0668

7. EQUIPMENT BEING REGISTERED — TYPE OF EQUIPMENT (e.g., storage tank): Batch Production Equipment

AIR POLLUTION CONTROL EQUIPMENT USED (if "YES," file form EP-7): [X] YES [ ] NO

8. MAJOR ACTIVITY OF FIRM: [X] MFG. [ ] OFFICE [ ] RETAIL OR WHLSE. STORE [ ] SCHOOL OR CHURCH [ ] HOTEL/MOTEL [ ] HOSPITAL OR LAB. [ ] WARE-HOUSE [ ] RESIDENCE OR APTS. [ ] OTHER (Specify)

9. TYPES OF FUELS USED

FUEL	GRADES	(x)	SULFUR CONTENT	ASH CONTENT	ANNUAL USAGE (Tons, Gals. or Cu. Ft.)	MAXIMUM FIRING RATE (Lbs., Gals., Cu. Ft./hr.)	(BTU/hr.)	SEASONAL USE Month	to	Month	FUEL SUPPLIER Name	City or Town
OIL [ ]	Kerosene		. %	. %					—			
	2		. %	. %					—			
	4		. %	. %					—			
	5		. %	. %					—			
	6		. %	. %					—			
NAT. GAS [ ]									—			
OTHER [ ]									—			

10. PROCESS WEIGHTS

MATERIALS	USE (Solvent, Catalyst)	ENTERING (Tons/Yr.)	LEAVING (Tons/Yr.)
SEE LIST			

11. POLLUTANTS EMITTED

MATERIAL	RATE OF EMISSIONS (Tons/Yr.)	METHOD USED TO DETERMINE EMISSIONS
Heptane	<30.	Engineering Estimate
Acrylic Acid	<30.	Engineering Estimate
Total VOCs	<30.	Engineering Estimate

12. STORAGE AND PROCESS TANK INFORMATION
CAPACITY (Gallons): See Attachment A
MATERIAL BEING STORED: See Attachment A
TYPE OF COVER: [ ] NONE [ ] CLOSED WITH VENT TO ATMOSPHERE [ ] OTHER (Specify) [ ] FLOATING ROOF [X] CLOSED WITH VAPOR RECOVERY SYSTEM
STORAGE TEMPERATURE: variable °F

13. EQUIPMENT INFORMATION
EXHAUST GAS FLOW RATE (ACFM): MAXIMUM / NORMAL: See Attachment A
DATE STARTED UP: 1986
Breaching Gas Temp. (°F):
No. OF IDENTICAL UNITS:
OPERATING HOURS: HOURS/DAY: 24 HOURS/YR.: 8760

14. STACK INFORMATION
STACK EXIT DIRECTION: [ ] HORIZ. [X] VERT.
STACK EXIT DIMENSIONS: See Attachment A — I.D. ____ in. OR ____ in. X ____ in.
STACK HEIGHT (Feet): See Attachment A
IS STACK EQUIPPED WITH RAIN HAT? [X] YES [ ] NO
SMOKE INDICATOR IN STACK: [ ] YES [X] NO
MAKE AND MODEL NO.:
STACK LINING: [X] METAL [ ] REFRACTORY [ ] OTHER (Specify)

15. STACK LOCATION
Name of nearest intersecting street: Moneyspot Road, East
Distance to stack from intersection: ~1000 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: Ed Orle
TITLE: Plant Manager
DATE: 10/27/99

LOCAL AGENCY

PLEASE DO NOT WRITE IN THIS SPACE

DATE RCV'D FROM APPLICANT. ___/___/___

DATE REVIEWED ___/___/___ BY _____

DATE COPY SENT TO LOCAL AGENCY ___/___/___ BY _____

REGISTRATION NUMBER 304

PREMISE NO. 178-167

STACK NO. 10

STATE GRID CO-ORDINATES

X.....

Y.....

REGISTRATION CARD SENT

DATE ___/___/___ BY _____

STORED ON COMPUTER

___/___/___ BY _____

EMERGENCY STANDBY PLANS

PLAN REQUIRED ☐ YES ☐ NO

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

DATE FORM RETURNED ___/___/___ BY _____

DATE PLAN APPROVED ___/___/___