EPA

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act *(RCRA)*. Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER → CTD980914733

COLONIAL DATA SERVICES CORP
80 PICKETTE DIST RD
NEW MILFORD CT 06776

INSTALLATION ADDRESS → 80 PICKETT DIST RD
NEW MILFORD CT 06776

EPA Form 8700-12B (4-80) 11/29/84

REQUEST FOR CHANGE

EPA ID #: CTD 980914733 COMPANY NAME: Colonial Data 3/90

TOWN:

	SECTION/ITEM TO BE CHANGED	OLD VALUE	NEW VALUE	REASON/COMMENTS D. Sage
* I	Name of Installation	Colonial Data Service	Colonial Data Technologies	1989 SQG rep.
II	Location of Installation		04/25/90	
III	Installation Mailing Address			
IV a.	Installation Contact's Name			
b.	Installation Contact Title			
c.	Installation Contact Phone #			
V a.	Ownership			
b.	Property Owner			
VI	Status	(Originally notified as:) SQG (<100kg) SQG (100-1000kg) GENERATOR TRANSPORTER TSDF	Change status to:	
X	EPA Waste Number(s) TSD Facility Process Changes (handling methods).			

* Corresponds to numbering on EPA Notification of Hazardous Waste Activity Form.

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

SEND FORM TO
EPA REGION I
PERMITS BRANCH
P.O. BOX 8748
BOSTON, MA 02114

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law *(Section 3010 of the Resource Conservation and Recovery Act).*

FOR OFFICIAL USE ONLY

COMMENTS: C

INSTALLATION'S EPA I.D. NUMBER: F CTD 90-091-4733

APPROVED:

DATE RECEIVED (yr., mo., & day): 84 10 17

I. NAME OF INSTALLATION

Colonial Data Services Corp

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 80 Pickett Dist Rd

CITY OR TOWN: New Milford

ST.: CT

ZIP CODE: 06776

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 80 Pickett Dist Rd

CITY OR TOWN: New Milford

ST.: CT

ZIP CODE: 06776

065 Litchfield

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title): Keller Barry Facility Manager

PHONE NO. (area code & no.): 203-355-3178

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: Colonial Data Services Corp

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

- [X] A. GENERATION
- [ ] B. TRANSPORTATION (complete item VII)
- [ ] C. TREAT/STORE/DISPOSE
- [ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only – enter "X" in the appropriate box(es))

- [ ] A. AIR
- [ ] B. RAIL
- [X] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

- [X] A. FIRST NOTIFICATION
- [ ] B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

CONTINUE ON REVERSE

I.D. – FOR OFFICIAL USE ONLY

S W 1 2 3 14 15 T/S C 1

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous waste from non–specific sources your installation handles. Use additional sheets if necessary.

1 F001	2 D001	3	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.32 for each listed haz[illegible] waste from specific industrial sources your installation handles. U[illegible]ditional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOU[illegible]TES. Enter the four–digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazar[illegible]aste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	

D. LISTED INFECTIOUS WASTES. Enter the four–digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON–LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non–listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

☐ 1. IGNITABLE (D001) ☐ 2. CORROSIVE (D002) ☐ 3. REACTIVE (D003) ☐ 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
Barry Fuller	Facility Manager	10-22-84

DETACH

DETACH