TE INFORMATION FORM (SIF)
Printed: 4/10/2003
Internal Use Only

EPA ID: CTD001143007 *C3 ID: 0101559*

Site Ifms Ssid:

Site Name: CONNECTICUT SPRING & STAMPING COMPANY
48 SPRING LANE
FARMINGTON CT 06032 *NPL Status: N*

Latitude: 41 42' 46.0" *RCRA Flag:*

Longitude: 072 52' 12.0" *Fed Fac Flag: N*

Site Parent Id: *Ownership: PR*

Site Archive Flag: *Site Archive Date:*

Non NPL Status: Other Cleanup Activity: State-Lead Cleanup *Non NPL Status Date: 9/27/200*

Final Assessment Decision N *Final Assessment Decision Date*

Ou	Action	Lead	Evt Qual	Scap Note	Actual Start	Actual Complete
	VA001	SR		State Lead Site	9/27/2001	
	DS001	S				7/28/1987
	PA001	S	H			8/1/1987
	SI001	F	H			7/26/1990
	SH001	F	H			7/11/1997
	OO001	F	L			8/2/2001

Data Entry QA'd: DB **Date:** 4-10-03

State Coordinator's Signature: _____ **Date:** _____

Data Entry Performed by: _____ **Date:** _____

Comments:

B

FINDS
EPA ID NUMBER INPUT FORM

EPA ID NUMBER: CTD001143007 *TRANSACTION TYPE: ___

Connecticut Spring & Stamping Co.
NAME OF FACILITY

LOCATION OF INSTALLATION:

5 Spring Lane
STREET

Farmington — CITY OR TOWN
CT — STATE
06032 — ZIP CODE

Hartford — COUNTY NAME
003 — COUNTY CODE
02 — Congressional district

TYPE OF OWNERSHIP: FEDERAL ___ PRIVATE x
PROGRAM NAME: _____

SOURCE INDICATOR: ___ SOURCE ATTRIBUTE: ___ PERMIT NUMBER: _____ (if applicable)

MAILING ADDRESS(if different from facility address):

STREET

CITY OR TOWN STATE ZIP CODE

OWNER NAME

*1-add location
*2-add source indicato
*3-name change

EPA

POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION

REGION	SITE NUMBER
I	

NOTE: The initial identification of a potential site or incident should not be interpreted as a finding of illegal activity or confirmation that an actual health or environmental threat exists. All identified sites will be assessed under the EPA's Hazardous Waste Site Enforcement and Response System to determine if a hazardous waste problem actually exists.

A. SITE NAME	B. STREET (or other identifier)		
Connecticut Spring & Stamping Co.	5 Spring Lane		
C. CITY	**D. STATE**	**E. ZIP CODE**	**F. COUNTY NAME**
Farmington	CT	06032	Hartford

G. OWNER/OPERATOR *(if known)*

1. NAME	2. TELEPHONE NUMBER
Mr. Robt. Penini Exc. V.P.	

H. TYPE OF OWNERSHIP *(if known)*

☐ 1. FEDERAL ☐ 2. STATE ☐ 3. COUNTY ☐ 4. MUNICIPAL ☒ 5. PRIVATE ☐ 6. UNKNOWN

I. SITE DESCRIPTION

See CT DEP PA

J. HOW IDENTIFIED *(i.e., citizen's complaints, OSHA citations, etc.)*	K. DATE IDENTIFIED *(mo., day, & yr.)*
CT DEP Request	7/1/87

L. SUMMARY OF POTENTIAL OR KNOWN PROBLEM

See CT DEP PA

M. PREPARER INFORMATION

1. NAME	2. TELEPHONE NUMBER	3. DATE *(mo., day, & yr.)*
Michael Nalyanski EPA	617 565 3690	7/28/87

EPA Form 2070-8 (5-80)