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

EPA ID: CTD054187455 *C3 ID: 0101734*

Site Ifms Ssid:

Site Name: EDMUNDS MANUFACTURING COMPANY
45 SPRING LANE
FARMINGTON CT 06032 *NPL Status: N*

Latitude: 41 43' 30.0" *RCRA Flag:*

Longitude: 072 49' 48.0" *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				6/3/1988
	PA001	F	H			9/29/1988
	SI001	F	H			7/26/1990
	SH001	F	H			7/11/1997
	OO001	F	L			8/2/2001

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

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

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

Comments:

FINDS
EPA ID NUMBER INPUT FORM

EPA ID NUMBER: CTD054187455 *TRANSACTION TYPE: ___

Edmunds Manufacturing Co.
NAME OF FACILITY

LOCATION OF INSTALLATION:

Farmington
Spring Lane - Industrial Park
STREET

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

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

TYPE OF OWNERSHIP: FEDERAL ___ PRIVATE ___

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 indicat
*3-name change

EPA

POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION

REGION	SITE NUMBER

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)		
EDMUNDS MANUFACTURING CO.	SPRING LANE		
C. CITY	**D. STATE**	**E. ZIP CODE**	**F. COUNTY NAME**
FARMINGTON	CT		

G. OWNER/OPERATOR (if known)

1. NAME	2. TELEPHONE NUMBER

H. TYPE OF OWNERSHIP (if known)

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

I. SITE DESCRIPTION

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.)	K. DATE IDENTIFIED (mo., day, & yr.)
CT DEP	5/31/88

L. SUMMARY OF POTENTIAL OR KNOWN PROBLEM

M. PREPARER INFORMATION 1. NAME	2. TELEPHONE NUMBER	3. DATE (mo., day, & yr.)
DEBORAH J. PERNICE	593-9698	5-31-88

EPA Form 2070-8 (5-80)