



The Commonwealth of Massachusetts

Executive Office of Environmental Affairs

Department of Environmental Protection

Central Region

75 Grove Street, Worcester, Massachusetts 01605

DANIEL S. GREENBAUM
Commissioner

CORNELIUS J. O'LEARY
Regional Director

Ms. Nancy Smith
EPA State Coordinator
Superfund Support Section
(HSS-7)

January 15, 1991

USEPA Waste Management Division
JFK Federal Building
Boston, MA 02203-2211

Dear Nancy:

Research conducted to prepare the MSCA SI for ATF Davidson Co. Inc. in Northbridge, (MAD046128559), indicates that the facility operated as a TSD facility. As a result of changing economic, production and regulatory times, the facility then changed its status from TSD to Generator. The evidence does not indicate that the facility filed "protectively".

Enclosed, please find copies of RCRA documents that pertain to the ATF Davidson Co. Please review the documents and rule on the RCRA status of the facility as soon as possible so that the MSCA SI can be completed on schedule.

Thank you very much for your assistance. Please contact me by phone (508) (792-7653) with your ruling.

Very truly yours,

A handwritten signature in black ink, appearing to read "Don Hanson".

Don Hanson
MSCA Coordinator

DAH/dah
atfrcra

cc: Lynne Chappell
Michael Bingham
Janet Waldron



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

MAD046128559

ATF-DAVIDSON CO INC
MAIN ST
WHITINSVILLE

MA 01588

INSTALLATION ADDRESS

MAIN ST
WHITINSVILLE

MA 01588

ROUTING AND TRANSMITTAL SLIP

Date 10/28/83

TO: (Name, office symbol, room number, building, Agency/Post)	Initials	Date
1. Sandra Vasil		
2. Mary Anne Gavin		
3.		
4.		
5.		

Action	File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

REMARKS

SUBJECT: IBM Typewriter Maintenance

Please check over the attached list and make any corrections, additions, deletions necessary for your Branch. I have to turn this in to Don Toohey ASAP. Thanks.

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)	Room No.—Bldg.
	Phone No.
Eileen Hahnen <i>Eileen</i>	

5041-102

OPTIONAL FORM 41 (Rev. 7-76)
Prescribed by GSA
FPMR (41 CFR) 101-11.206

I. EPA I.D. NUMBER MAD046128559

III. FACILITY NAME ATF-DAVIDSON COMPANY, INC.

V. FACILITY MAILING ADDRESS MAIN STREET

VI. FACILITY LOCATION WHITINSVILLE, MASS. 01588

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production; inject fluids used for enhanced recovery of oil or natural gas; or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 **SKIP** ATF-DAVIDSON COMPANY, INC.

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title) **2 ROSOL JOSEPH PLANT ENGINEER**

B. PHONE (area code & no.) **617 234 7451**

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX **3 MAIN STREET**

B. CITY OR TOWN **4 WHITINSVILLE**

C. STATE **MA**

D. ZIP CODE **01588**

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER **5 MAIN STREET**

B. COUNTY NAME **WORCESTER**

C. CITY OR TOWN **6 WHITINSVILLE**

D. STATE **MA**

E. ZIP CODE **01588**

F. COUNTY CODE (if known)

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr, mo., & day)	COMMENTS
23	24 - 29	

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr, mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

YR.	MO.	DAY
71	12	14

FOR NEW FACILITIES, PROVIDE THE DATE (yr, mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

YR.	MO.	DAY

B. REVISED APPLICATION (place an "X" below and complete Item I above)

1. FACILITY HAS INTERIM STATUS

2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS		T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT	2. UNIT OF MEASURE (enter code)	
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	S 0 1	2200	G		7				
2	S 0 2	2000	G		8				
3	T 0 1	5000	U		9				
4					10				

EPA I.D. NO. (enter from page 1)

M	A	D	0	4	6	1	2	8	5	5	9	T/A	C
													6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)						LONGITUDE (degrees, minutes, & seconds)					
4	2	0	6	3	8	7	1	4	0		
65	66	67	68	69	71	72	74	75	76	77	79

VIII. FACILITY OWNER

- A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.
- B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER						2. PHONE NO. (area code & no.)					
WHITE CONSOLIDATED INDUSTRIES, INC.						216-252-3700					
3. STREET OR P.O. BOX				4. CITY OR TOWN				5. ST.		6. ZIP CODE	
11770 BEREA ROAD				CLEVELAND				OH		44111	

IX. OWNER 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.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
John B. Schulze		11/19/80

X. OPERATOR 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.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
RICHARD C. BRYAN		10/31/80

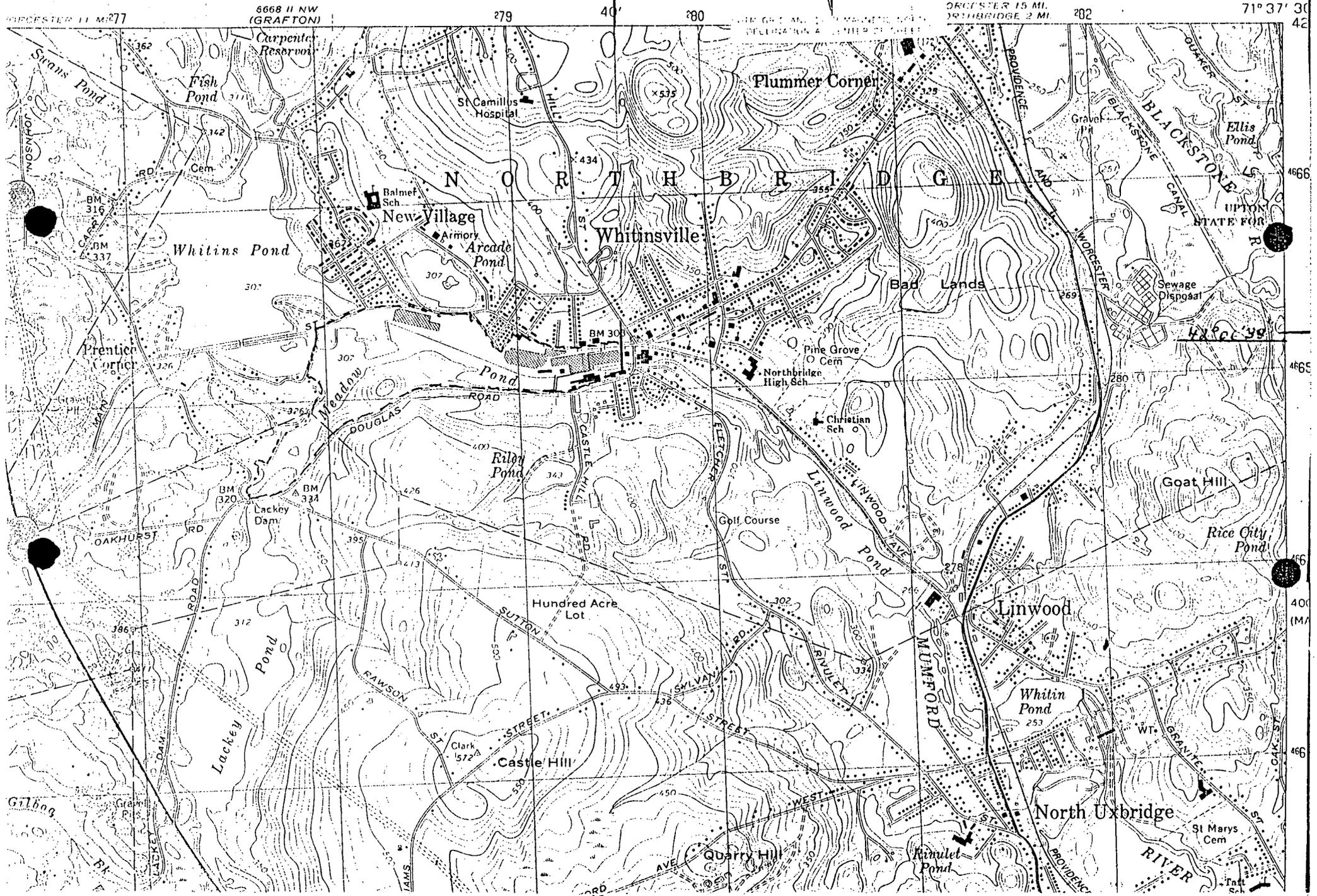
COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC WORKS

71° 40' 0"

144' 256 MILLS
198' 32 MILLS

UXBRIDGE QUADRANGLE
MASSACHUSETTS—RHODE ISLAND
7.5 MINUTE SERIES (TOPOGRAPHIC)

ORCHESTER 15 MI. 71° 37' 30"
OXFORD 2 MI. 42

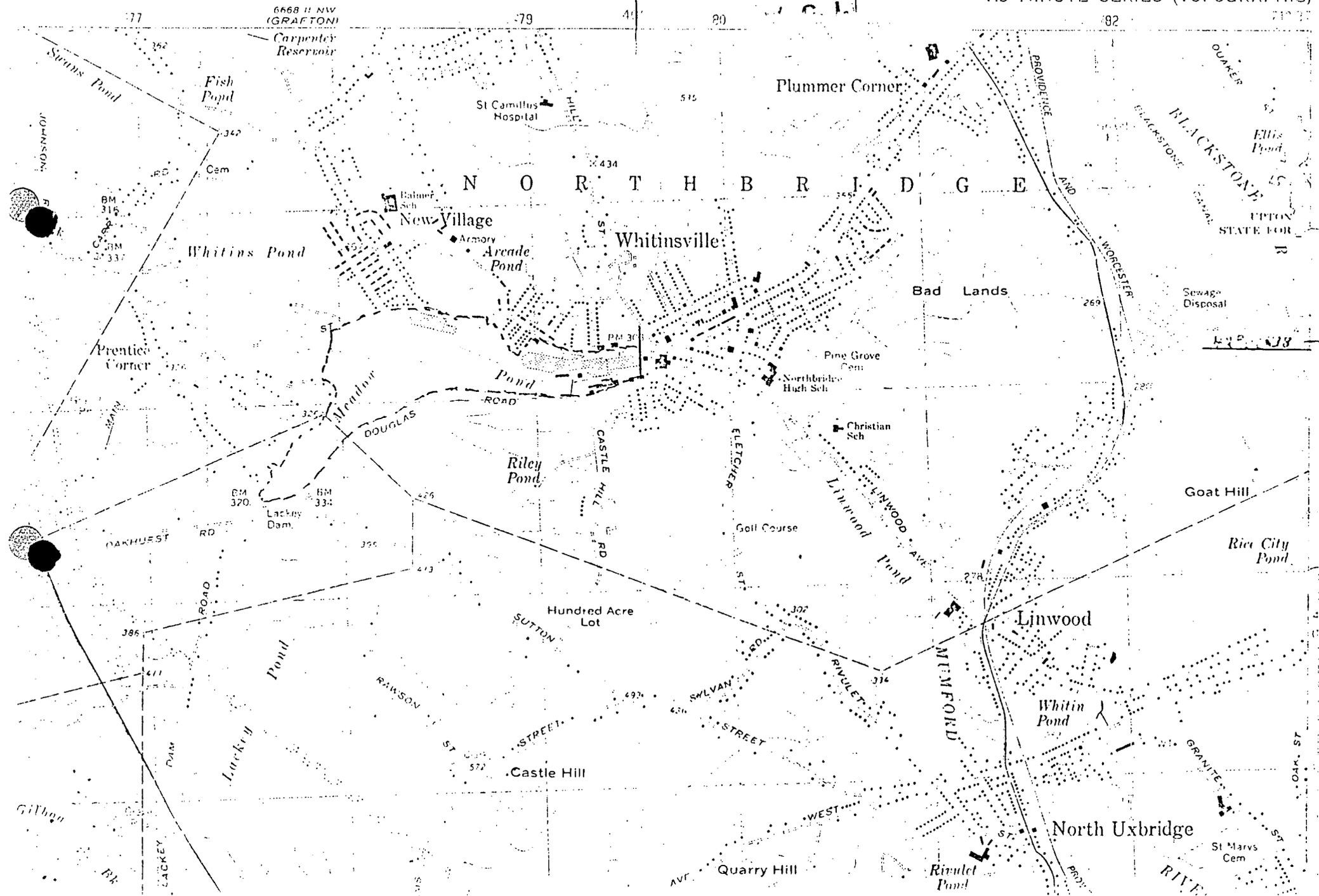


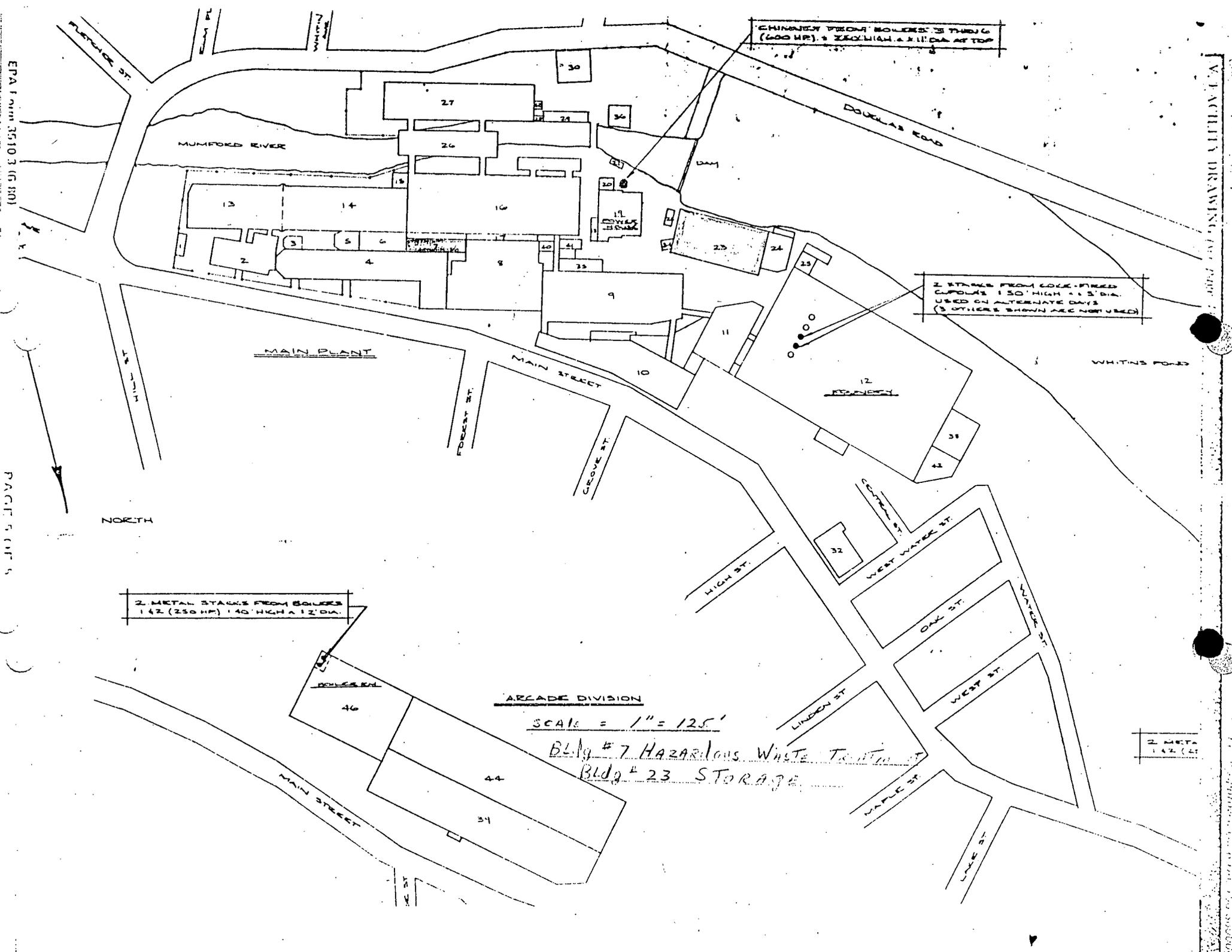
COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC WORKS

RECEIVED
SEP 24 1980

UXBRIDGE QUADRANGLE
MASSACHUSETTS--RHODE ISLAND
7.5 MINUTE SERIES (TOPOGRAPHIC)

71° 40' 30"





2 METAL STACKS FROM BOILERS
142 (250 HP) 140' HIGH x 12' DIA.

CHIMNEY FROM BOILER #3 THROUGH
(600 HP) - 220' HIGH x 21 1/2' DIA AT TOP

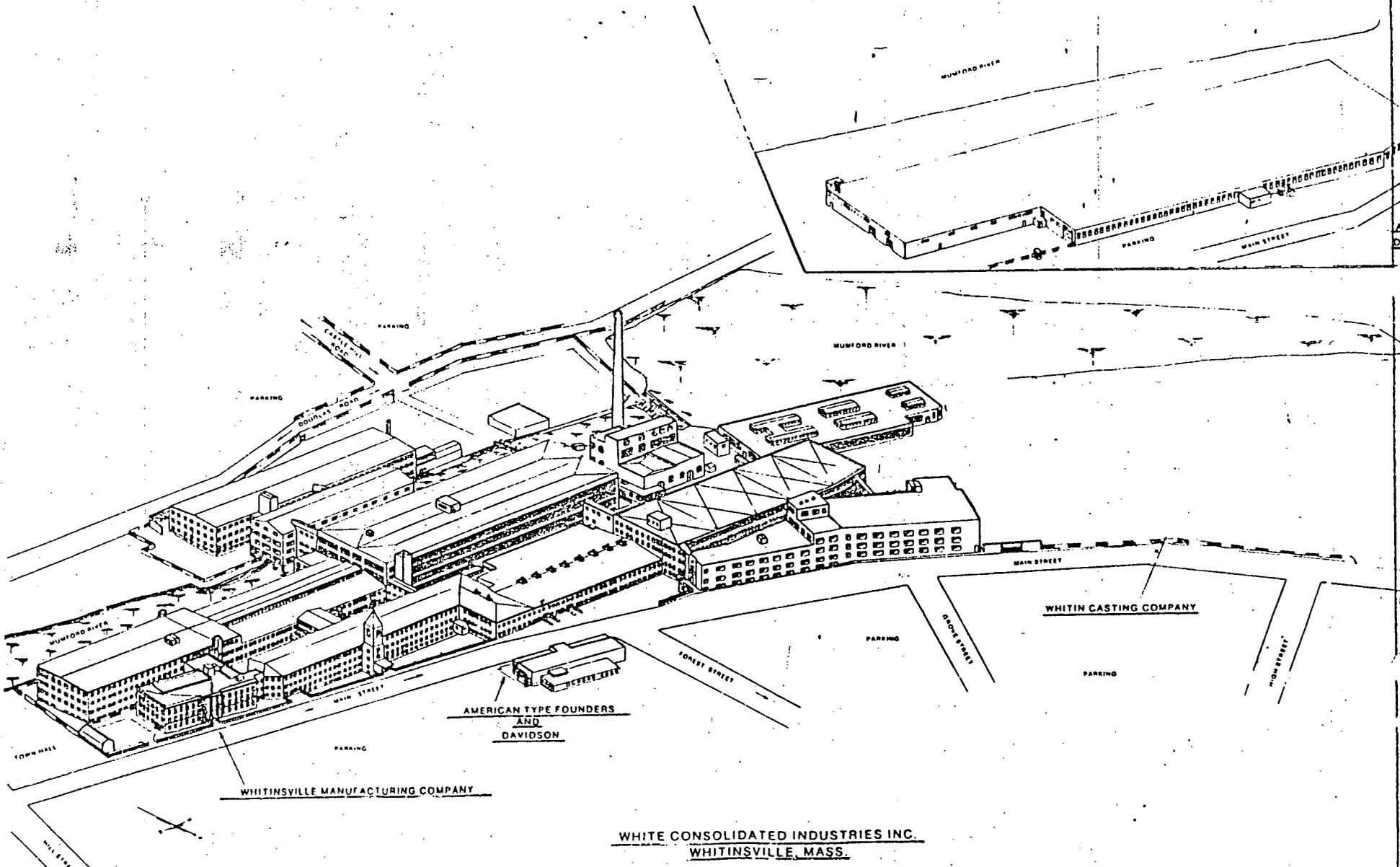
2 STACKS FROM COKE-FIRED
CUPOLA'S 150' HIGH x 5' DIA.
USED ON ALTERNATE DAYS
(3 OTHERS SHOWN ARE NOT USED)

ARCADIE DIVISION

SCALE = 1" = 125'

Bldg # 7 HAZARDOUS WASTE TREATMENT
Bldg # 23 STORAGE

2 METAL
STACKS



WHITE CONSOLIDATED INDUSTRIES INC.
WHITINSVILLE, MASS.

18
1975
Handwritten signature