

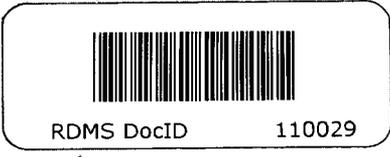
<b>FORM 1</b>		<b>ENVIRONMENTAL PROTECTION AGENCY</b> <b>GENERAL INFORMATION</b> <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	<b>EPA I.D. NUMBER</b>						
<b>GENERAL</b>		<b>IVED</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="width:80%; text-align: center;">M A D 0 4 6 1 2 8 5 5 9</td> <td style="width:10%; text-align: center;">T/A C</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">13 14 15</td> </tr> </table>	5	M A D 0 4 6 1 2 8 5 5 9	T/A C	1	2	13 14 15
5	M A D 0 4 6 1 2 8 5 5 9	T/A C							
1	2	13 14 15							
<b>LABEL ITEMS</b>			<b>GENERAL INSTRUCTIONS</b>						
I. EPA I.D. NUMBER	MAD046128559		If a preprinted label has been provided, fill 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.						
III. FACILITY NAME	ATF-DAVIDSON COMPANY, INC.								
V. FACILITY MAILING ADDRESS	MAIN STREET								
VI. FACILITY LOCATION	WHITINSVILLE, MASS. 01588								

<b>II. POLLUTANT CHARACTERISTICS</b>													
<b>INSTRUCTIONS:</b> 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)				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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)				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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)				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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)				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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)				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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)				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<b>III. NAME OF FACILITY</b>	
1	ATF-DAVIDSON COMPANY, INC.

<b>IV. FACILITY CONTACT</b>	
A. NAME & TITLE (last, first, & title)	
2	ROSOL JOSEPH PLANT ENGINEER
B: PHONE (area code & no.)	
6, 1, 7	2, 3, 4 7, 4, 5, 1

<b>V. FACILITY MAILING ADDRESS</b>			
A. STREET OR P.O. BOX			
3	MAIN STREET		
B. CITY OR TOWN		C. STATE	D. ZIP CODE
4	WHITINSVILLE	MA	01588



<b>VI. FACILITY LOCATION</b>					
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
5	MAIN STREET				
B. COUNTY NAME					
WORCESTER					
C. CITY OR TOWN			D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
6	WHITINSVILLE	MA	01588		

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
C	7	3 5 7 9	(specify)	C	7		(specify)
15	16	17	18	15	16	17	18
DUPLICATING MACHINES							
C. THIRD				D. FOURTH			
C	7	3 5 5 5	(specify)	C	7		(specify)
15	16	17	18	15	16	17	18
Printing Trades, Machines and Equipment							

VIII. OPERATOR INFORMATION

A. NAME												B. Is the name listed in Item VIII-A also the owner?	
C	8	ATF-DAVIDSON COMPANY, INC.										<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 66	
15	16												

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)						D. PHONE (area code & no.)									
F = FEDERAL		M = PUBLIC (other than federal or state)		P (specify)		C		A		6 1 7		2 3 4		7 4 5 1	
S = STATE		O = OTHER (specify)				15		16		17		18		19	
P = PRIVATE															

E. STREET OR P.O. BOX											
MAIN STREET											
25											

F. CITY OR TOWN						G. STATE		H. ZIP CODE		IX. INDIAN LAND	
C	B	WHITINSVILLE				MA		0 1 5 8 8		Is the facility located on Indian lands?	
15	16									<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 52	
						40		41 42		47	

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)						D. PSD (Air Emissions from Proposed Sources)					
C	9	N	M A 0 0 1 2 5 2			C	9	P	N A		
15	16	17	18	19	20	15	16	17	18	19	20
B. UIC (Underground Injection of Fluids)						E. OTHER (specify)					
C	9	U	N A			C	9		N A		
15	16	17	18	19	20	15	16	17	18	19	20
C. RCRA (Hazardous Wastes)						E. OTHER (specify)					
C	9	R	N A			C	9		N A		
15	16	17	18	19	20	15	16	17	18	19	20

**XI. MAP**

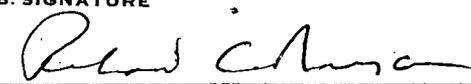
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

**XII. NATURE OF BUSINESS (provide a brief description)**

MANUFACTURE OF DUPLICATING AND OFFSET PRINTING PRESSES

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the 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 & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
RICHARD C. BRYAN PRESIDENT				10/31/80	

COMMENTS FOR OFFICIAL USE ONLY											
C											
15											

FORM <b>1</b> GENERAL	EPA	ENVIRONMENTAL PROTECTION AGENCY <b>GENERAL INFORMATION</b> Consolidated Permits Program (Read the "General Instructions" before starting.)	EPA I.D. NUMBER MAD046128559	JUN 24 1980	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
					F	M	A	D	0	4	6	1	2	8	5	5	9	3	D

**GENERAL INSTRUCTIONS**  
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**II. POLLUTANT CHARACTERISTICS**

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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) ROSOL JOSEPH PLANT ENGINEER  
 B. PHONE (area code & no.) 617 234 7451

**V. FACILITY MAILING ADDRESS**

A. STREET OR P.O. BOX MAIN STREET  
 B. CITY OR TOWN WHITINSVILLE MA 01588  
 C. STATE MA D. ZIP CODE 01588

**VI. FACILITY LOCATION**

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER MAIN STREET  
 B. COUNTY NAME WORCESTER  
 C. CITY OR TOWN WHITINSVILLE D. STATE MA E. ZIP CODE 01588 F. COUNTY CODE (if known)

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
7	3	5	7	9			
(specify) DUPLICATING MACHINES				(specify)			
C. THIRD				D. FOURTH			
7	3	5	5	5			
(specify) Printing Trades Machines and Equipment				(specify)			

VIII. OPERATOR INFORMATION

A. NAME												B. Is the name listed in Item VIII-A also the owner?	
8 ATF-DAVIDSON COMPANY, INC.												<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)								D. PHONE (area code & no.)			
F = FEDERAL	M = PUBLIC (other than federal or state)	P	(specify)	617		234		7451			
S = STATE	O = OTHER (specify)			10 - 10		10 - 21		22 - 20			
P = PRIVATE											

E. STREET OR P.O. BOX											
26 MAIN STREET											

F. CITY OR TOWN						G. STATE		H. ZIP CODE		IX. INDIAN LAND	
B WHITINSVILLE						MA		0 15 88		Is the facility located on Indian lands?	
										<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)						D. PSD (Air Emissions from Proposed Sources)					
9	N	M	A	0	0	9	P	NA			
15 16 17 18 30						15 16 17 18 30					
B. UIC (Underground Injection of Fluids)						E. OTHER (specify)					
9	U	NA				9	NA (specify)				
15 16 17 18 30						15 16 17 18 30					
C. RCRA (Hazardous Wastes)						E. OTHER (specify)					
9	R	NA				9	NA (specify)				
15 16 17 18 30						15 16 17 18 30					

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well, where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

F9:A150

XII. NATURE OF BUSINESS (provide a brief description)

MANUFACTURE OF DUPLICATING AND OFFSET PRINTING PRESSES

F9:A151

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the 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 & OFFICIAL TITLE (type or print)				B. SIGNATURE				C. DATE SIGNED			
RICHARD C. BRYAN PRESIDENT								10/31/80			

COMMENTS FOR OFFICIAL USE ONLY

C											
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