

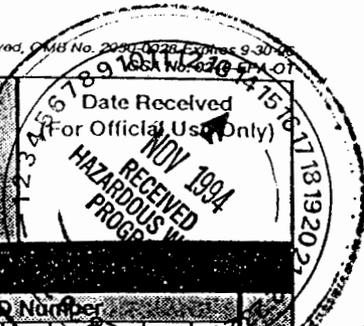
Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to the instructions for filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency



I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

A. First Notification B. Subsequent Notification (Complete Item C)

C. Installation's EPA ID Number

N M D 0 0 2 2 0 8 6 2 0 7

II. Name of Installation (Include company and specific site name)

R I N C H E M C O M P A N Y I M C

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street
6 1 3 3 E D I T H B L V D N E

Street (Continued)

City or Town State Zip Code
A L B U Q U E R Q U E N M 8 7 1 0 7 -

County Code County Name
B E R N A L I L L O

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box
6 1 3 3 E D I T H B L V D N E

City or Town State Zip Code
A L B U Q U E R Q U E N M 8 7 1 0 7 -

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last) (First)
L E V E S Q U E P A U L

Job Title Phone Number (Area Code and Number)
H A Z W A S T E C O R D 5 0 5 - 3 4 5 - 3 6 5 5

VI. Installation Contact Address (See Instructions)

A. Contract Address Location Mailing Other B. Street or P.O. Box
 6 1 3 3 E D I T H B L V D N E

City or Town State Zip Code
A L B U Q U E R Q U E N M 8 7 1 0 7 -

II. Ownership (See Instructions)

A. Name of installation's Legal Owner

B I L L M O O R E

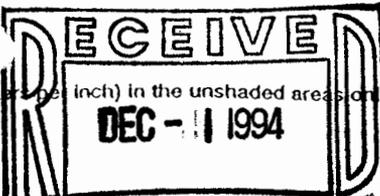
Street, P.O. Box, or Route Number

6 1 3 3 E D I T H B L V D N E

City or Town State Zip Code
A L B U Q U E R Q U E N M 8 7 1 0 7

Phone Number (Area Code and Number) B. Land Type C. Owner Type D. Change of Owner Indicator (Date Changed) Month Day Year
5 0 5 3 4 5 3 6 5 5 X Yes

JH
12/1



Please print or type with ELITE type (12 character type) in the unshaded areas only.

Form Approved, OMB No. 2050-0028 Expires 9-30-90
GSA No. 0246-EPA-07

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (See Instructions)

A. Hazardous Waste Activity		B. Used Oil Recycling Activities
<input type="checkbox"/> 1. Generator (See Instructions) <input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) <input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (200-2,200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) <input type="checkbox"/> 2. Transporter (Indicate Mode in boxes 1-5 below) <input checked="" type="checkbox"/> a. For own waste only <input checked="" type="checkbox"/> b. For commercial purposes Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input checked="" type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify _____	<input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions. <input type="checkbox"/> 4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Boiler and/or Industrial Furnace <input type="checkbox"/> 1. Smelter/Deferral <input type="checkbox"/> 2. Small Quantity Exemption Indicate Type of Combustion Device(s) <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	<input type="checkbox"/> 1. Used Oil Fuel Marketer <input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner <input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications <input type="checkbox"/> 2. Used Oil Burner - Indicate Type(s) of Combustion Device(s) <input type="checkbox"/> a. Utility Boiler <input type="checkbox"/> b. Industrial Boiler <input type="checkbox"/> c. Industrial Furnace <input type="checkbox"/> 3. Used Oil Transporter - Indicate Type(s) of Activity(ies) <input checked="" type="checkbox"/> a. Transporter <input type="checkbox"/> b. Transfer Facility <input type="checkbox"/> 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Process <input type="checkbox"/> b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the toxicity characteristic contaminant(s))
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

1 F001	2 F003	3 F005	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an LD number; See Instructions.)

1	2	3	4	5	6
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X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature 	Name and Official Title (Type or print) PAUL M LEVESQUE CSC	Date Signed 11/8/94
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XI. Comments

If not mailed to the appropriate EPA Regional or State Office, (See Section III of the booklet for addresses.)