R.V.
11-30-87

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

Form Approved. OMB No. 2050-0028. Expires 9-30-88
GSA No. 0246-EPA-OT

United States Environmental Protection Agency
Washington, DC 20460

EPA Notification of Hazardous Waste Activity

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

For Official Use Only

Comments

C C

Installation's EPA ID Number	Approved	Date Received (yr. mo. day)
C F NMD 98-228-5454 T/A C 1		

1428
6345

015/Eddy

I. Name of Installation

US

A R T E S I A GEN HOSP

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GROUND WATER HAZARDOUS WASTE BUREAU

II. Installation Mailing Address

Street or P.O. Box

C 3: 7 0 2 N 1 3 S t ~~r e e t~~

✓

City or Town	State	ZIP Code
C 4: A r t e s i a	N M	8 8 2 1 0

III. Location of Installation

Street or Route Number

C 5: S A M E

City or Town	State	ZIP Code
C 6:		

IV. Installation Contact

Name and Title *(last, first, and job title)*	Phone Number *(area code and number)*
C 2: A B R U T Z J O E A D M I N	5 0 5 7 4 8 3 3 3 3

V. Ownership

A. Name of Installation's Legal Owner	B. Type of Ownership *(enter code)*
C R: A R T E S I A G E N E R A L H O S P	D

VI. Type of Regulated Waste Activity *(Mark 'X' in the appropriate boxes. Refer to instructions.)*

A. Hazardous Waste Activity

- [X] 1a. Generator
- [X] 1b. Less than 1,000 kg/mo.
- [ ] 2. Transporter
- [ ] 3. Treater/Storer/Disposer
- [ ] 4. Underground Injection
- [ ] 5. Market or Burn Hazardous Waste Fuel *(enter 'X' and mark appropriate boxes below)*
  - [ ] a. Generator Marketing to Burner
  - [ ] b. Other Marketer
  - [ ] c. Burner

B. Used Oil Fuel Activities

- [ ] 6. Off-Specification Used Oil Fuel *(enter 'X' and mark appropriate boxes below)*
  - [ ] a. Generator Marketing to Burner
  - [ ] b. Other Marketer
  - [ ] c. Burner
- [ ] 7. Specification Used Oil Fuel Marketer *(or On site Burner)* Who First Claims the Oil Meets the Specification

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HAZARDOUS WASTE PROGRAM

VII. Waste Fuel Burning: Type of Combustion Device *(enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)*

[ ] A. Utility Boiler [ ] B. Industrial Boiler [ ] C. Industrial Furnace

VIII. Mode of Transportation *(transporters only — enter 'X' in the appropriate box(es))*

[ ] A. Air [ ] B. Rail [ ] C. Highway [ ] D. Water [ ] E. Other *(specify)*

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

[X] A. First Notification [ ] B. Subsequent Notification *(complete item C)*

C. Installation's EPA ID Number

ID — For Official Use Only		
C		T/A C
W		1

X. Description of Hazardous Wastes *(continued from front)*

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 *CFR* Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

F

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

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 *CFR* Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

K

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 *CFR* Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

P/U

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 *CFR* Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. 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 261.21 — 261.24)*

☐ 1. Ignitable *(D001)* ☐ 2. Corrosive *(D002)* ☐ 3. Reactive *(D003)* ☒ 4. Toxic *(D000)* Silver

XI. 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.

Signature	Name and Official Title *(type or print)*	Date Signed
[signature]	Joe Abrutz, Jr. Administrator	10/21/87

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HAZARDOUS WASTE SECTION