

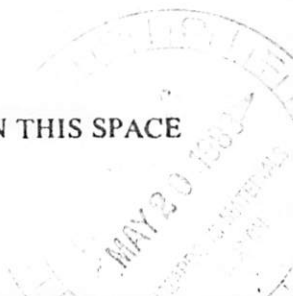


U.S. ENVIRONMENTAL PROTECTION AGENCY  
**NOTIFICATION OF HAZARDOUS WASTE ACTIVITY**

**INSTRUCTIONS:** If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.  
I. NAME OF INSTALLATION  
II. INSTALLATION MAILING ADDRESS  
III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE



**FOR OFFICIAL USE ONLY**

**COMMENTS**

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INSTALLATION'S EPA I.D. NUMBER						APPROVED	DATE RECEIVED (yr., mo., & day)							
F	N	M	D	0	7						FINDS 4-26-83 RCRA 4-26-83			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

**I. NAME OF INSTALLATION**

LOVELACE MEDICAL CENTER

**II. INSTALLATION MAILING ADDRESS**

**STREET OR P.O. BOX**

35200-5400 GIBSON BLVD, SE

**CITY OR TOWN**

4 ALBUQUERQUE NM 87108

**III. LOCATION OF INSTALLATION**

**STREET OR ROUTE NUMBER**

5 LOVELACE MEDICAL CENTER

**CITY OR TOWN**

65200-5400 GIBSON BLVD, SE NM 87108

**IV. INSTALLATION CONTACT**

**NAME AND TITLE (last, first, & job title)**

**PHONE NO. (area code & no.)**

2 WYMER HAL LOSS PREVENTION 505-842-7329

**V. OWNERSHIP**

**A. NAME OF INSTALLATION'S LEGAL OWNER**

8 LOVELACE MEDICAL FOUNDATION

**B. TYPE OF OWNERSHIP (enter the appropriate letter into box)**

**VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))**

F - FEDERAL  
M - NON-FEDERAL

M

A. GENERATION  B. TRANSPORTATION (complete Item VII)  
 C. TREATMENT/STORAGE/DISPOSAL  D. UNDERGROUND INJECTION

**VII. MODE OF TRANSPORTATION (transporters only -- enter "X" in the appropriate box(es))**

A. AIR  B. RAIL  C. HIGHWAY  D. WATER  E. OTHER (specify):

**VIII. 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 I.D. Number in the space provided below.

A. FIRST NOTIFICATION  B. SUBSEQUENT NOTIFICATION (complete Item C)

**C. INSTALLATION'S EPA I.D. NO.**

**IX. DESCRIPTION OF HAZARDOUS WASTES**

Please go to the reverse of this form and provide the requested information.

S											T/A	C		
W											1	1		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

**IX. DESCRIPTION OF HAZARDOUS WASTES** (continued from front)

**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

<b>1</b> 23 - 26	<b>2</b> 23 - 26	<b>3</b> 23 - 26	<b>4</b> 23 - 26	<b>5</b> 23 - 26	<b>6</b> 23 - 26
<b>7</b> 23 - 26	<b>8</b> 23 - 26	<b>9</b> 23 - 26	<b>10</b> 23 - 26	<b>11</b> 23 - 26	<b>12</b> 23 - 26

**B. HAZARDOUS WASTES FROM SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

<b>13</b> 23 - 26	<b>14</b> 23 - 26	<b>15</b> 23 - 26	<b>16</b> 23 - 26	<b>17</b> 23 - 26	<b>18</b> 23 - 26
<b>19</b> 23 - 26	<b>20</b> 23 - 26	<b>21</b> 23 - 26	<b>22</b> 23 - 26	<b>23</b> 23 - 26	<b>24</b> 23 - 26
<b>25</b> 23 - 26	<b>26</b> 23 - 26	<b>27</b> 23 - 26	<b>28</b> 23 - 26	<b>29</b> 23 - 26	<b>30</b> 23 - 26

**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.

<b>31</b> 23 - 26	<b>32</b> 23 - 26	<b>33</b> 23 - 26	<b>34</b> 23 - 26	<b>35</b> 23 - 26	<b>36</b> 23 - 26
<b>37</b> 23 - 26	<b>38</b> 23 - 26	<b>39</b> 23 - 26	<b>40</b> 23 - 26	<b>41</b> 23 - 26	<b>42</b> 23 - 26
<b>43</b> 23 - 26	<b>44</b> 23 - 26	<b>45</b> 23 - 26	<b>46</b> 23 - 26	<b>47</b> 23 - 26	<b>48</b> 23 - 26

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

<b>49</b> 23 - 26	<b>50</b> 23 - 26	<b>51</b> 23 - 26	<b>52</b> 23 - 26	<b>53</b> 23 - 26	<b>54</b> 23 - 26
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**E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES.** Mark "X" in the boxes corresponding to the characteristics of non-listed 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)

**X. 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

*Hal W. Wymer*

NAME & OFFICIAL TITLE (type or print)

Hal W. Wymer, Loss Prevention Officer

DATE SIGNED

7-20-83



ATTACH

ATTACH

**D & A**

**DEUEL and ASSOCIATES, INC.**

ENVIRONMENTAL CONSULTANTS

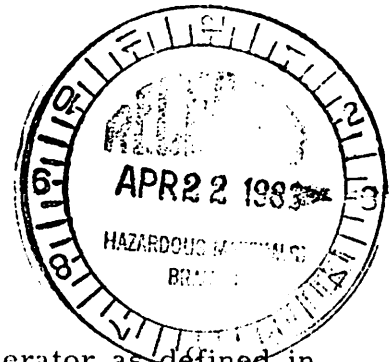


7300 Jefferson St., N.E.  
Albuquerque, N.M. 87109  
(505) 345-8732

Denver Office  
(303) 695-1225

April 19, 1983

U.S. Environmental Protection Agency  
Region VI, Attn: 6AEP  
1201 Elm Street  
First International Building  
Dallas, Texas 75270



Dear Sirs:

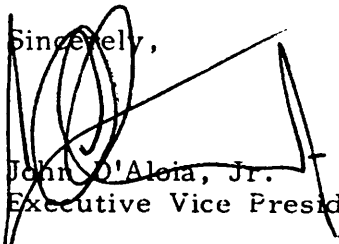
Lovelace Medical Center is a Small Quantity Generator as defined in the RCRA regulations.

The disposer and transporter will not accept hazardous wastes from Lovelace until they have an EPA ID number.

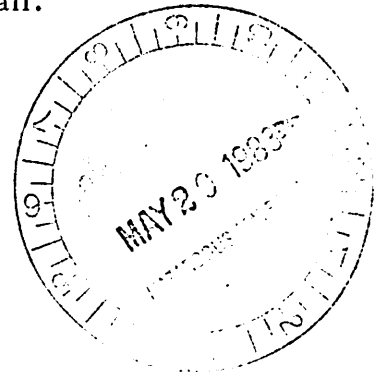
Enclosed is a completed EPA Form 8700-12 for the purpose of obtaining an EPA ID number to satisfy the disposers and transporter's requirements.

If you have any questions concerning Lovelace, please call.

Sincerely,

  
John D'Aloia, Jr.  
Executive Vice President

JD:sg



Enclosure