

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).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

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

NM 982293060

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

Borman Motor Company Las Cruces

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

Street

470 W BOUTZ

Street (continued)

City or Town

LAS CRUCES

State

ZIP Code

NM 88004

County Code

County Name

DONA ANA

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

PO BOX 70

City or Town

LAS CRUCES

State

ZIP Code

NM 88004

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

Name (last)

(first)

CONNORIE JEFF

Job Title

Phone Number (area code and number)

EM 505-525-4500

VI. Installation Contact Address (See Instructions)

A. Contact Address Location Mailing

B. Street or P.O. Box

470 W BOUTZ PO BOX 70

City or Town

LAS CRUCES

State

ZIP Code

NM 88004

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

COI FRANK BORMAN

Street, P.O. Box, or Route Number

250 COLOMBO CT

City or Town

LAS CRUCES

State

ZIP Code

NM 88005

Phone Number (area code and number)

505-534-4050

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed) Month Day Year

Yes No

| | | | | | | | | | | | |
|----------------------------|--|--|--|--|--|--|--|--|--|--|--|
| ID - For Official Use Only | | | | | | | | | | | |
| | | | | | | | | | | | |

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

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

IX. Description of Regulated 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 (D000) | (List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s)) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | F002 F004 F005 |

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

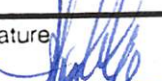
| | | | | | |
|---|---|---|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | |
| 7 | 8 | 9 | 10 | 11 | 12 |
| | | | | | |

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

| | | | | | |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | |

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 fines and imprisonment.

| | | |
|--|--|-----------------------------|
| Signature:  | Name and Official Title (type or print): <u>Porter</u> | Date Signed: <u>6-17-83</u> |
|--|--|-----------------------------|

XI. Comments

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Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)