

update

0152

<p>SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.</p>	<p>United States Environmental Protection Agency</p> <p>RCRA SUBTITLE C SITE IDENTIFICATION FORM</p>		
<p>1. Reason for Submittal (See instructions on page 13.)</p> <p>MARK ALL BOX(ES) THAT APPLY</p>	<p>Reason for Submittal:</p> <p><input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities)</p> <p><input checked="" type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information)</p> <p><input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application</p> <p><input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)</p> <p><input type="checkbox"/> As a component of the Hazardous Waste Report</p>		
<p>2. Site EPA ID Number (page 14)</p>	<p>EPA ID Number</p> <p><i>N.M.D.9.8.1.6.1.03.55</i></p>		
<p>3. Site Name (page 14)</p>	<p>Name: <i>Cummins Rocky Mountain LLC</i></p>		
<p>4. Site Location Information (page 14)</p>	<p>Street Address: <i>1101 TROY KING RD.</i></p>		
	<p>City, Town, or Village: <i>FARMINGTON</i></p>	<p>State: <i>NM</i></p>	
	<p>County Name: <i>USA</i></p>	<p>Zip Code: <i>87401</i></p>	
<p>5. Site Land Type (page 14)</p>	<p>Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>		
<p>6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14)</p>	<p>A. <i>811111</i></p>	<p>B.</p>	
	<p>C.</p>	<p>D.</p>	
<p>7. Site Mailing Address (page 15)</p>	<p>Street or P. O. Box: <i>1101 TROY KING RD.</i></p>		
	<p>City, Town, or Village: <i>FARMINGTON</i></p>		
	<p>State: <i>NEW MEXICO</i></p>		
	<p>Country: <i>USA</i></p>	<p>Zip Code: <i>87401</i></p>	
<p>8. Site Contact Person (page 15)</p>	<p>First Name: <i>ROBERT</i></p>	<p>MI: <i>W</i></p>	<p>Last Name: <i>DEVITA</i></p>
	<p>Phone Number: <i>505-566-7206</i> Extension:</p>		<p>Email address: <i>ROBERT.DEVITA@CUMMINS.COM</i></p>
<p>9. Operator and Legal Owner of the Site (pages 15 and 16)</p>	<p>A. Name of Site's Operator: <i>Bill Wolpert</i></p>		<p>Date Became Operator (mm/dd/yyyy): <i>7/2002</i></p>
	<p>Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>		
	<p>B. Name of Site's Legal Owner: <i>Bill WOLPERT</i></p>		<p>Date Became Owner (mm/dd/yyyy): <i>7/2002</i></p>
	<p>Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>		

9. Legal Owner (Continued) Address	Street or P. O. Box: 309 INTERLOCKEN CRESCENT SUITE 200
	City, Town, or Village: BROOMFIELD
	State: COLORADO
	Country: USA
Zip Code: 80021	

10. Type of Regulated Waste Activity
Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 16 to 20.)

A. Hazardous Waste Activities
Complete all parts for 1 through 6.

Y N 1. Generator of Hazardous Waste
If "Yes", choose only one of the following - a, b, or c.

a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or

b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or

c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

In addition, indicate other generator activities.

Y N d. United States Importer of Hazardous Waste

Y N e. Mixed Waste (hazardous and radioactive) Generator

Y N 2. Transporter of Hazardous Waste

Y N 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.

Y N 4. Recycler of Hazardous Waste (at your site)

Y N 5. Exempt Boiler and/or Industrial Furnace
If "Yes", mark each that applies.

a. Small Quantity On-site Burner Exemption

b. Smelting, Melting, and Refining Furnace Exemption

Y N 6. Underground Injection Control

B. Universal Waste Activities

Y N 1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. If "Yes", mark all boxes that apply:

	<u>Generate</u>	<u>Accumulate</u>
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

Y N 2. Destination Facility for Universal Waste
Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities
Mark all boxes that apply.

Y N 1. Used Oil Transporter
If "Yes", mark each that applies.

a. Transporter

b. Transfer Facility

Y N 2. Used Oil Processor and/or Re-refiner
If "Yes", mark each that applies.

a. Processor

b. Re-refiner

Y N 3. Off-Specification Used Oil Burner

Y N 4. Used Oil Fuel Marketer
If "Yes", mark each that applies.

a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner

b. Marketer Who First Claims the Used Oil Meets the Specifications

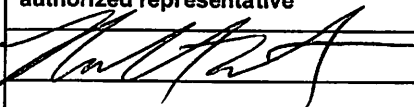
11. Description of Hazardous Wastes (See instructions on page 20.)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

12. Comments (See instructions on page 20.)

13. 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. (See instructions on page 20.)

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	ROBERT DeVITA	11/15/06

Facility: Cummins SW Inc.

Inspection Type CEI & Date 11/15/2006

Lead Inspector: Anna Maestas

Supervisor: Art Vollmer

FORMS FOR SUBMITTAL TO DATA MANAGEMENT

Documentation Type	Comments	Date Submitted	In File
8700-12 Notification Form			
Notifier Change Memo			
Hazardous Waste Fee Report			
RCRAInfo Forms			
Evaluation		11/22/06	11/22/06
Enforcement - NOV			
Violations - NOV			
Violations RTC - NOV			
Enforcement - CO			
Violations - CO			
Enforcement - SFO			
Violations RTC - SFO			
Revised RCRAInfo Forms			

PHONE CONTACT NOTES

Date	Person Contacted	Comments

**RCRAInfo Database Entry
Evaluation Information
(Inspection/Visit/Investigation)**

Date Submitted: 11/22/06

Data Entry Instructions: (check box) **New:** **Revised:**
Other:

EPA ID: NMD 981 610 355 **State ID:** 0152

Facility Name: Cummins SW Inc.

Street Address: 1101 N. Troy Rd.

City: Farmington **State:** NM **Zip Code:** 87401

Evaluation Type: CEI **Date:** 11/15/05 **Reason:**

Lead Inspector: AM (use initials)

Violations Noted: (check appropriate box below)

None: **Undetermined:** **Yes:** (If yes, attach all violations)

Evaluation Notes (limit 240 characters, ~5-6 lines):

All fields are required except as noted.