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<p><b>SEND COMPLETED FORM TO:</b> The Appropriate State or EPA Regional Office.</p>	<p>United States Environmental Protection Agency</p> <p><b>RCRA SUBTITLE C SITE IDENTIFICATION FORM</b></p>		
<p><b>1. Reason for Submittal</b> (See instructions on page 13.)</p> <p>MARK ALL BOX(ES) THAT APPLY</p>	<p><b>Reason for Submittal:</b></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><b>2. Site EPA ID Number</b> (page 14)</p>	<p><b>EPA ID Number</b></p> <p>N   M   D   0   5   8   1   5   6   1   0   0  </p>		
<p><b>3. Site Name</b> (page 14)</p>	<p><b>Name:</b></p> <p>MEGA CORP</p>		
<p><b>4. Site Location Information</b> (page 14)</p>	<p><b>Street Address:</b> 700 OSUNA RD NE</p>		<p><b>State:</b> NM</p>
<p><b>City, Town, or Village:</b> ALBUQUERQUE</p>		<p><b>Zip Code:</b> 87113</p>	
<p><b>County Name:</b> BERNALILLO</p>		<p><b>Zip Code:</b> 87113</p>	
<p><b>5. Site Land Type</b> (page 14)</p>	<p><b>Site Land Type:</b> <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>6. North American Industry Classification System (NAICS) Code(s) for the Site</b> (page 14)</p>	<p>A. <del>800000</del> 336120</p>	<p>B. _____</p>	<p>C. _____</p>
<p>D. _____</p>		<p>D. _____</p>	
<p><b>7. Site Mailing Address</b> (page 15)</p>	<p><b>Street or P. O. Box:</b> SAME AS ITEM 4</p>		
<p><b>City, Town, or Village:</b></p>			
<p><b>State:</b></p>			
<p><b>Country:</b></p>		<p><b>Zip Code:</b></p>	
<p><b>8. Site Contact Person</b> (page 15)</p>	<p><b>First Name:</b> ROBERT</p>	<p><b>MI:</b></p>	<p><b>Last Name:</b> TIMMA</p>
<p><b>Phone Number:</b> (505) 341-6995</p>		<p><b>Extension:</b></p> <p><b>Email address:</b> RTIMMA@MEGACORPINC.COM</p>	
<p><b>9. Operator and Legal Owner of the Site</b> (pages 15 and 16)</p>	<p><b>A. Name of Site's Operator:</b> RANDY SCHLEGEL</p>		<p><b>Date Became Operator (mm/dd/yyyy):</b> 05/01/1995</p>
<p><b>Operator Type:</b> <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>B. Name of Site's Legal Owner:</b> RANDY SCHLEGEL</p>		<p><b>Date Became Owner (mm/dd/yyyy):</b> 05/01/1995</p>	
<p><b>Owner Type:</b> <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>			

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9. Legal Owner (Continued) Address	Street or P. O. Box: <b>SAME AS ITEM 4</b>	
	City, Town, or Village:	
	State:	
	Country:	Zip Code:

**10. Type of Regulated Waste Activity**  
Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 17 to 20.)

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

- |  |  |
|--|--|
| <p><input checked="" type="checkbox"/> <input type="checkbox"/> 1. Generator of Hazardous Waste<br/>If "Yes", choose only one of the following - a, b, or c.</p> <p><input type="checkbox"/> a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or</p> <p><input checked="" type="checkbox"/> b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or</p> <p><input type="checkbox"/> c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste</p> <p>In addition, indicate other generator activities.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> d. United States Importer of Hazardous Waste</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> e. Mixed Waste (hazardous and radioactive) Generator</p> | <p><input type="checkbox"/> <input checked="" type="checkbox"/> 2. Transporter of Hazardous Waste</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.</p> <p><input type="checkbox"/> <input type="checkbox"/> 4. Recycler of Hazardous Waste (at your site)</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> 5. Exempt Boiler and/or Industrial Furnace<br/>If "Yes", mark each that applies.</p> <p><input type="checkbox"/> a. Small Quantity On-site Burner Exemption</p> <p><input type="checkbox"/> b. Smelting, Melting, and Refining</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> 6. Underground Injection Control</p> |
|--|--|

**B. Universal Waste Activities**

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 that apply:
- |                                 |                          |
|---------------------------------|--------------------------|
|                                 | <u>Manage</u>            |
| a. Batteries                    | <input type="checkbox"/> |
| b. Pesticides                   | <input type="checkbox"/> |
| c. Mercury containing equipment | <input type="checkbox"/> |
| d. Lamps                        | <input type="checkbox"/> |
| e. Other (specify)              | <input type="checkbox"/> |
| f. Other (specify) _____        | <input type="checkbox"/> |
| g. Other (specify) _____        | <input type="checkbox"/> |

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.

1. Used Oil Transporter  
If "Yes", mark each that applies.
- a. Transporter
- b. Transfer Facility
2. Used Oil Processor and/or Re-refiner  
If "Yes", mark each that applies.
- a. Processor
- b. Re-refiner
3. Off-Specification Used Oil Burner
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



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<b>11. Description of Hazardous Wastes (See instructions on page 21.)</b>						
<p><b>A. Waste Codes for Federally Regulated Hazardous Wastes.</b> 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.</p>						
D001	D005	D006	D018	D035	D039	D040
F003	F005					
<p><b>B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.</b> 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.</p>						
<b>12. Comments (See instructions on page 21.)</b>						
<p>MEGA CORP WAS A LQG IN 2205. FOR 2006 WE WERE A SQG (AS PER REPORT</p>						
<p>NMD058156100-0307-CY2006), AND ALSO IN 2007 (REPORT NOT YET FILED).</p>						
<p><b>13. Certification.</b> 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. For the RCRA Hazardous Waste Part A Permit Application, all operator(s) and owner(s) must sign (see 40 CFR 270.10 (b) and 270.11). (See instructions on page 21.)</p>						
<b>Signature of operator, owner, or an authorized representative</b>	<b>Name and Official Title (type or print)</b>				<b>Date Signed (mm/dd/yyyy)</b>	
<i>Robert Timma</i>	Robert Timma Quality Manager				03/26/2008	

MEMORANDUM FOR THE RECORD

On 10/10/50, the following information was received from the [redacted] regarding the [redacted] of the [redacted] in the [redacted] area. The [redacted] was [redacted] and [redacted] on [redacted] at [redacted] hours. The [redacted] was [redacted] and [redacted] on [redacted] at [redacted] hours. The [redacted] was [redacted] and [redacted] on [redacted] at [redacted] hours.

Reference is made to the report of the [redacted] dated [redacted] and the report of the [redacted] dated [redacted].

The [redacted] was [redacted] and [redacted] on [redacted] at [redacted] hours. The [redacted] was [redacted] and [redacted] on [redacted] at [redacted] hours. The [redacted] was [redacted] and [redacted] on [redacted] at [redacted] hours.

DATE	TIME	LOCATION	DESCRIPTION
10/10/50	10:00	[redacted]	[redacted]
10/10/50	11:00	[redacted]	[redacted]
10/10/50	12:00	[redacted]	[redacted]
10/10/50	13:00	[redacted]	[redacted]
10/10/50	14:00	[redacted]	[redacted]
10/10/50	15:00	[redacted]	[redacted]

The [redacted] was [redacted] and [redacted] on [redacted] at [redacted] hours. The [redacted] was [redacted] and [redacted] on [redacted] at [redacted] hours. The [redacted] was [redacted] and [redacted] on [redacted] at [redacted] hours.