

NOV. 6. ENTG AG

Approved. OMB No. 2050-0028. Expires 9-30-88. GSA No. 0246-EPA-07

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

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	NMD 98-161-1247					T/A	C				
F							1				04/9/Santa Fe

I. Name of Installation

PUBLIC SERVICE CO OF NM

II. Installation Mailing Address

Street or P.O. Box

PO BOX 1268

City or Town State ZIP Code

SANTA FE ~~NM~~ NM 87501

III. Location of Installation

Street or Route Number

I-25 + state RD 14

City or Town State ZIP Code

SANTA FE NM 87505

IV. Installation Contact

Name and Title (last, first, and job title) Phone Number (area code and number)

JOHN SIMONS 505 984 8810

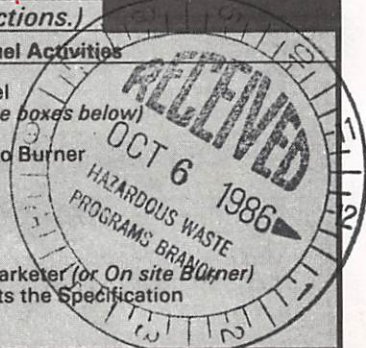
V. Ownership

A. Name of Installation's Legal Owner. B. Type of Ownership (enter code)

Corp P M

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

A. Hazardous Waste Activity	B. Used Oil Fuel Activities
<input checked="" type="checkbox"/> 1a. Generator <input type="checkbox"/> 2. Transporter <input type="checkbox"/> 3. Treater/Storer/Disposer <input type="checkbox"/> 4. Underground Injection <input type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below) <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner	<input type="checkbox"/> 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below) <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner <input type="checkbox"/> 7. Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification



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.

A. First Notification B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

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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.

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.

13	14	15	16	17	18
D001					
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.

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)

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

Greg Lyster for

Name and Official Title (type or print)

John Simons Supervisor

Date Signed

9/19/86