

OMB#: 2050-0175 Expires 12/31/2003

Handwritten: RCRA
9-30-02
0446

<p>MAIL THE COMPLETED FORM TO: The Appropriate State or EPA Regional Office.</p>	<p>United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM</p>	
<p>1. Reason for Submittal (See instructions on page 23) MARK CORRECT BOX(ES)</p>	<p>Reason for Submittal: To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). <input checked="" type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information). As a component of a First RCRA Hazardous Waste Part A Permit Application. As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____). As a component of the Hazardous Waste Report.</p>	
<p>2. Site EPA ID Number (See instructions on page 24)</p>	<p>EPA ID Number: <u>NM, 9, 8, 1, 5, 8, 7, 5, 8, 7</u></p>	
<p>3. Site Name (See instructions on page 24)</p>	<p>Name: West Mesa Medical Center</p>	
<p>4. Site Location Information (See instructions on page 24)</p>	<p>Street Address: 10501 Golf Course Road NW</p>	
	<p>City, Town, or Village: Albuquerque</p>	<p>State: New Mexico</p>
	<p>County Name: Bernalillo</p>	<p>Zip Code: 87114</p>
<p>5. Site Land Type (See instructions on page 24)</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 (See instructions on page 24)</p>	<p>A. 62211</p>	<p>B. N/A</p>
	<p>C. N/A</p>	<p>D. N/A</p>
<p>7. Site Mailing Address (See instructions on page 25)</p>	<p>Street or P. O. Box: SAME</p>	
	<p>City, Town, or Village:</p>	
	<p>State:</p>	
	<p>Country:</p>	<p>Zip Code:</p>
<p>8. Site Contact Person (See instructions on page 25)</p>	<p>First Name: Carol</p>	<p>MI: Last Name: Lewis</p>
	<p>Phone Number: 505-727-7295</p>	<p>Phone Number Extension:</p>
<p>9. Legal Owner and Operator of the Site (See instructions on pages 25 to 26)</p>	<p>A. Name of Site's Legal Owner: AHS West Mesa Hospital, LLC</p>	
	<p>Date Became Owner (mm/dd/yyyy): 9/1/02</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>	
	<p>B. Name of Site's Operator: AHS West Mesa Hospital, LLC</p>	
<p>Date Became Operator (mm/dd/yyyy): 9/1/02</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>		

EPA ID No. NMD981587587

10. Type of Regulated Waste Activity (Mark the appropriate boxes for activities that apply to your site. See instructions on pages 26 to 30)

A. Hazardous Waste Activities

1. Generator of Hazardous Waste (Choose only one of the following three categories.)

See Comments #12

- 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. (Mark all that apply)

- d. United States Importer of Hazardous Waste
e. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 6, mark all that apply.

- 2. Transporter of Hazardous Waste
3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.
4. Recycler of Hazardous Waste (at your site) Note: A hazardous waste permit may be required for this activity.
5. Exempt Boiler and/or Industrial Furnace
a. Small Quantity On-site Burner Exemption
b. Smelting, Melting, and Refining Furnace Exemption
6. Underground Injection Control

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 generated and/or accumulated at your site. (Mark all boxes that apply):

Generate Accumulate

- a. Batteries
b. Pesticides
c. Thermostats
d. Lamps
e. Other (specify)
f. Other (specify)
g. Other (specify)

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 - Indicate Type(s) of Activity(ies)
a. Transporter
b. Transfer Facility
2. Used Oil Processor and/or Re-refiner - Indicate Type(s) of Activity(ies)
a. Processor
b. Re-refiner
3. Off-Specification Used Oil Burner
4. Used Oil Fuel Marketer - Indicate Type(s) of Activity(ies)
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 31)

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.

Table with 6 columns for waste codes and 6 rows for listing them.

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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.

Table with 7 columns and 7 rows for listing waste codes.

12. Comments (See instructions on page 31)

- 1 Regulated Medical Waste - removed by Steri cycle once a week
2 Expired Medications - removed by EXP Pharmaceutical 4 times a year (7 LBS/year)
3 Used grease + oil removed by S-W. recycling (40 gal/year)
4 All X-ray chemicals removed by Merry X-ray
5 General Waste removed by City of Allouez.
6 NO pesticides - use contract Co. to spray
7 NO chemotherapy or seed implant procedures

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 31)

Table with 3 columns: Signature of owner, operator, or an authorized representative; Name and Official Title (type or print); Date Signed (mm/dd/yyyy). Includes signature of Tom Truby, Director of Environmental Safety, dated 9-16-02.