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United States Environmental Protection Agency
RCRA SUBTITLE C SITE IDENTIFICATION FORM

MAIL THE COMPLETED FORM TO:
 The Appropriate State or EPA Regional Office.

<p>1. Reason for Submittal (See instructions on page 23) MARK CORRECT BOX(ES)</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 (See instructions on page 24)</p>	<p>EPA ID Number: <u>NM D 9811 5187 5187</u></p>		
<p>3. Site Name (See instructions on page 24)</p>	<p>Name: <u>West Mesa Medical Center</u></p>		
<p>4. Site Location Information (See instructions on page 24)</p>	<p>Street Address: <u>10501 Golf Course Rd. NW</u></p>		
	<p>City, Town, or Village: <u>Albuquerque</u></p>	<p>State: <u>NM</u></p>	
	<p>County Name: <u>Bernalillo</u></p>	<p>Zip Code: <u>87114</u></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. <u>62231</u></p>	<p>B. <u>62211</u></p>	
	<p>C. <u>N/A</u></p>	<p>D. <u>N/A</u></p>	
	<p>Street or P. O. Box: <u>Same</u></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: <u>Carol</u></p>	<p>MI:</p>	<p>Last Name: <u>Lewis</u></p>
	<p>Phone Number: <u>505-727-7295</u></p>		<p>Phone Number Extension:</p>
	<p>A. Name of Site's Legal Owner: <u>Lovelace Sandia Health System, Inc.</u></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>Date Became Owner (mm/dd/yyyy): <u>10/01/2003</u></p>	
<p>B. Name of Site's Operator: <u>Lovelace Sandia Health System, Inc.</u></p>			<p>Date Became Operator (mm/dd/yyyy): <u>10/01/2003</u></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>			

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

For Items 2 through 6, mark all that apply.

- 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

- 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):

	<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"/>

- 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.

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 31)

- ① Regulated Medical Waste removed by contract service
- ② Expired medications are removed 4 X's a year by contract company.
- ③ NO Chemotherapy or seed implants done in facility.
- ④ Used oil + grease stored in approved containers with secondary containment until contract service removes from site.
- ⑤ All X-ray chemicals removed by contract service.
- ⑥ NO Pesticides onsite - Contract service used for spraying + lawn care.
- ⑦ General Waste removed by the city of Albuquerque.
- ⑧ Mercury/light ballast removed/recycled by contract service
- ⑨ Batteries (Bio-med/Plant) recycled or removed by contract service.

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)

Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
Tom Truby TOM TRUBY	Director of Environmental Safety	10-02-03