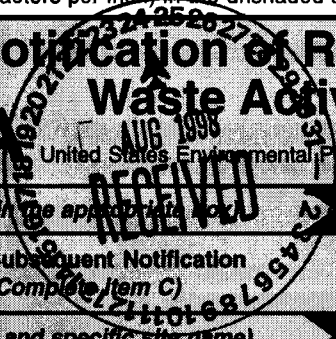


Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

Notification of Regulated Waste Activity

EPA United States Environmental Protection Agency

Date Received
(For Official Use Only)
SEP - 1 1998
WA-1-98



I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

A. Initial Notification

B. Subsequent Notification (Complete Item C)

C. Installation's EPA ID Number

NM2035717438

II. Name of Installation (Include company and specific site name)

CARLSBAD MOTOR COMPANY

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

2802 W. PIERCE ST.

Street (Continued)

~~CARLSBAD~~

City or Town

CARLSBAD

State

NM

Zip Code

88220-

County Code

County Name

EDDY

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

P.O. BOX 1509

City or Town

CARLSBAD

State

NM

Zip Code

88220-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

WRIGHT

(First)

ART

Job Title

SERVICE MANAGER

Phone Number (Area Code and Number)

505-885-3101

VI. Installation Contact Address (See instructions)

A. Contact Address Location Mailing

B. Street or P.O. Box

City or Town

State

Zip Code

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

ROGER LOGAN

Street, P.O. Box, or Route Number

1311 W RIVERSIDE DR.

City or Town

CARLSBAD

State

NM

Zip Code

88220-

Phone Number (Area Code and Number)

505-887-5223

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

(Date Changed)

Month

Day

Year

head gaged 9/4/98

ID - For Official Use Only

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

A. Hazardous Waste Activity	B. Used Oil Recycling Activities
<p>1. Generator (See Instructions)</p> <p><input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (220-2,200 lbs.)</p> <p><input type="checkbox"/> c. Less than 100 kg/mo (220 lbs)</p> <p>2. Transporter (Indicate Mode in boxes 1-5 below)</p> <p><input type="checkbox"/> a. For own waste only</p> <p><input type="checkbox"/> b. For commercial purposes</p> <p>Mode of Transportation</p> <p><input type="checkbox"/> 1. Air</p> <p><input type="checkbox"/> 2. Rail</p> <p><input type="checkbox"/> 3. Highway</p> <p><input type="checkbox"/> 4. Water</p> <p><input type="checkbox"/> 5. Other - specify</p> <p>_____</p>	<p>1. Used Oil Recycling Marketer</p> <p><input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner</p> <p><input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications</p> <p>2. Used Oil Burner - Indicate Type(s) of Combustion Device</p> <p><input type="checkbox"/> a. Utility Boiler</p> <p><input type="checkbox"/> b. Industrial Boiler</p> <p><input type="checkbox"/> c. Industrial Furnace</p> <p>3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)</p> <p><input type="checkbox"/> a. Transporter</p> <p><input type="checkbox"/> b. Transfer Facility</p> <p>4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Process</p> <p><input type="checkbox"/> b. Re-refine</p>
<p><input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.</p> <p>4. Hazardous Waste Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketers</p> <p><input type="checkbox"/> c. Boiler and/or Industrial Furnace</p> <p><input type="checkbox"/> 1. Smelter Deferral</p> <p><input type="checkbox"/> 2. Small Quantity Exemption</p> <p>Indicate Type of Combustion Device(s)</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 5. Underground Injection Control</p>	

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. 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 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>										

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
D001	D006	D008	D018	D027	D039
7	8	9	10	11	12
D040					

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6

X. 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.

Signature <i>A.J. Wright</i>	Name and Official Title (Type or print) ART WRIGHT, SERVICE MANAGER	Date Signed 8-21-98
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XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

R.V.
2-16-89

1154

Use point of type with LITTLE type (12 characters per inch) in the unshaded areas only

Approved UMB No. 2050 0028 Expires 9/30/88
GSA No. 0246 EPA 07

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																			

776 9248	Installation's EPA ID Number										Approved	Date Received (yr. mo. day)			015 Eddy				
N	M	I	D	0	3	5	7	1	7	4	3	8	T/A	C					

I. Name of Installation

FORDTOWN CARLSBAD MTR CO

II. Installation Mailing Address

Street or P.O. Box
2802 W PIERCE

City or Town
CARLSBAD

State
NM

ZIP Code
88220

III. Location of Installation

Street or Route Number
SAME

City or Town

State

ZIP Code

IV. Installation Contact

Name and Title (last, first, and job title)
CREECH LORAN

Phone Number (area code and number)
505 885 3101

V. Ownership

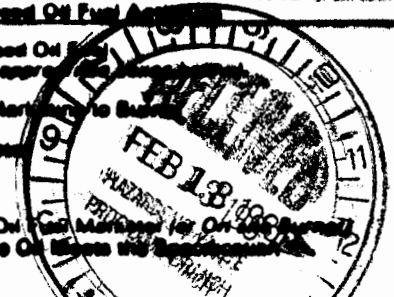
A. Name of Installation's Legal Owner
ROGER LOGAN

B. Type of Ownership (enter code)
P

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

A. Hazardous Waste Activity		B. Used Oil Fuel Activity	
<input checked="" type="checkbox"/> 1a. Generator	<input checked="" type="checkbox"/> 1b. Less than 1,000 kg/ma.	<input type="checkbox"/> 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below)	
<input type="checkbox"/> 2. Transporter		<input type="checkbox"/> a. Generator Marking to Burner	
<input type="checkbox"/> 3. Trencher/Spiller/Dispenser		<input type="checkbox"/> b. Other Marking	
<input type="checkbox"/> 4. Underground Injection		<input type="checkbox"/> c. Burner	
<input checked="" type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below)		<input type="checkbox"/> 7. Specification Used Oil Fuel Marking (for Oil Burner) Who First Cleans the Oil (Mark the appropriate box)	
<input type="checkbox"/> a. Generator Marking to Burner			
<input type="checkbox"/> b. Other Marking			
<input type="checkbox"/> c. Burner			

8875273



VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device) 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 boxes)

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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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 FI002					
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
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
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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 (D004)

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 <i>A. L. Wright</i>	Name and Official Title (type or print) <i>ASSISTANT SERVICE MGR.</i>	Date Signed <i>1-31-89</i>
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