

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

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

1154

*Handwritten:* 7-31-01  
*Signature:* [Illegible]

### 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

NMD035717438

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

CARLSBAD MOTOR CO.

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

Street

2802 W PIERCE ST

Street (Continued)

City or Town

CARLSBAD

State

NM

Zip Code

882



County Code

County Name

### IV. Installation Mailing Address (See instructions)

Street or P.O. Box

SAME

City or Town

State

Zip Code

### 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 L LOGAN

Street, P.O. Box, or Route Number

2802 W PIERCE ST

City or Town

CARLSBAD

State

NM

Zip Code

88220-

Phone Number (Area Code and Number)

505-885-3101

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

**ID - For Official Use Only**

**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 type="checkbox"/> b. 100 to 1000 kg/mo (220-2,200 lbs.)</p> <p><input checked="" 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><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>	<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>

**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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**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
7	8	9	10	11	12

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

1	2	3	4	5	6
D008					

**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	Name and Official Title (Type or print)	Date Signed
A. J. Wright	ART WRIGHT, SERVICE MANAGER	7/6/01

**XI. Comments**

ONLY USED WASTE OIL, OIL FILTERS, AND ANTIFREEZE IS HAULED AWAY FOR RECYCLING. ALL PARTS WASHERS ARE OWNED & SOLVENT RECYCLED ON SITE BY WASHERS.

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

SITE BY WASHERS

JW. Qad 4-1-98

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

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# Notification of Regulated Waste Activity



United States Environmental Protection Agency

Received For Official Use Only

AUG 29 1998

JUN 1998

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

<input checked="" type="checkbox"/> A. Initial Notification	<input type="checkbox"/> B. Subsequent Notification (Complete Item C)	C. Installation's EPA ID Number <b>NMD03521743</b>
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**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)

City or Town <b>CARLSBAD</b>	State <b>NM</b>	Zip Code <b>88220 -</b>
County Code	County Name <b>EDDY</b>	

**IV. Installation Mailing Address (See instructions)**

Street or P.O. Box  
**PO BOX 1509**

City or Town <b>CARLSBAD</b>	State <b>NM</b>	Zip Code <b>88221 - 1509</b>
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**V. Installation Contact (Person to be contacted regarding waste activities at site)**

Name (Last) <b>WRIGHT</b>	Name (First) <b>ART</b>
Job Title <b>SERVICE MANAGER</b>	Phone Number (Area Code and Number) <b>505-885-3101</b>

**VI. Installation Contact Address (See instructions)**

A. Contact Address Location <input checked="" type="checkbox"/> Mailing	B. Street or P.O. Box <del><b>2802 W PIERCE ST.</b></del>	
City or Town <del><b>CARLSBAD</b></del>	State <del><b>NM</b></del>	Zip Code <del><b>88220 -</b></del>

**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 <b>CARLSBAD</b>	State <b>NM</b>	Zip Code <b>88220 -</b>
Phone Number (Area Code and Number) <b>505 - - -</b>	B. Land Type <input type="checkbox"/>	C. Owner Type <input type="checkbox"/>
D. Change of Owner Indicator Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		(Date Changed) Month Day Year

entered by [signature]



ID - For Official Use Only									

**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><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>	<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>a. Transporter</p> <p>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>

**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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

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

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

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

1	2	3	4	5	6
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**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) <i>SERVICE MANAGER</i>	Date Signed <i>6-23-98</i>
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**XI. Comments**

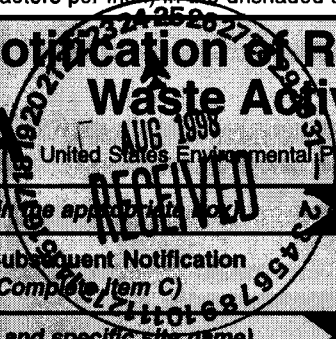
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# Notification of Regulated Waste Activity

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

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City or Town

State

Zip Code

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#### 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									

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

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

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