R.V. 9/26/90 RCRIS 10/3/90 Karen 9/24/90 1390

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

Form Approved. OMB No. 2050-0028. Expires 10-31-91
GSA No. 0246-EPA-OT

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).*

EPA Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received (For Official Use Only)

RECEIVED SEP 17 1990 RCRA PROGRAMS BRANCH

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

[x] A. First Notification [ ] B. Subsequent Notification *(complete item C)*

C. Installation's EPA ID Number: NMD986670370

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

EG&G/EM/LAO

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

Street: 182 EASTGATE DR ~~IVE~~

Street (continued):

City or Town: LOS ALAMOS | State: NM | ZIP Code: 87544-

County Code: 028 | County Name: LOS ALAMOS

IV. Installation Mailing Address *(See instructions)*

Street or P.O. Box: 182 EASTGATE DRIVE

City or Town: LOS ALAMOS | State: NM | ZIP Code: 87544-

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

Name *(last)*: SUTTON | *(first)*: JOHN

Job Title: SAFETY OFF~~ICER~~ | Phone Number *(area code and number)*: 505-667-4975

VI. Installation Contact Address *(See instructions)*

A. Contact Address: Location [x] Mailing [ ]

B. Street or P.O. Box:

City or Town: | State: | ZIP Code: -

VII. Ownership *(See instructions)*

A. Name of Installation's Legal Owner: CC&F INV CO

Street, P.O. Box, or Route Number: 60 STATE ST

City or Town: BOSTON | State: MA | ZIP Code: 02109-

Phone Number *(area code and number)*: 617-722-8246

B. Land Type: P

C. Owner Type: P

D. Change of Owner Indicator: Yes [ ] No [ ] (Date Changed) Month Day Year

EPA Form 8700-12 (01-90) Previous edition is obsolete.

Continue on reverse

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ID - For Official Use Only

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

A. Hazardous Waste Activity

1. Generator (See Instructions)
   - [ ] a. Greater than 1000kg/mo (2,200 lbs.)
   - [ ] b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
   - [X] c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
   - [ ] a. For own waste only
   - [ ] b. For commercial purposes

   Mode of Transportation
   - [ ] 1. Air
   - [ ] 2. Rail
   - [ ] 3. Highway
   - [ ] 4. Water
   - [ ] 5. Other - specify
3. [ ] Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Marketers
   - [ ] c. Burner - indicate device(s) - Type of Combustion Device
     - [ ] 1. Utility Boiler
     - [ ] 2. Industrial Boiler
     - [ ] 3. Industrial Furnace
5. [ ] Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Markerer
   - [ ] c. Burner - indicate device(s) - Type of Combustion Device
     - [ ] 1. Utility Boiler
     - [ ] 2. Industrial Boiler
     - [ ] 3. Industrial Furnace
2. [ ] Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

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. EP Toxic (D000)	(List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))
X				

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 an I.D. number. See instructions.)

1	2	3	4	5	6

X. 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 fines and imprisonment.

Signature	Name and Official Title *(type or print)*	Date Signed
John Manning	John Manning, Operation's Manager	9/11/90

XI. Comments

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