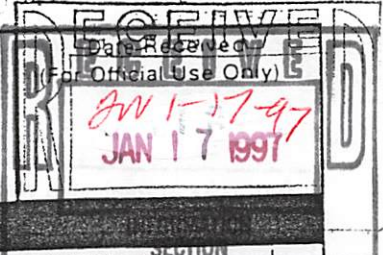


thead gaoic'd

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



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).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

1402

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

A. First Notification

B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

NMD986673143

enter change also see

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

FOUR SEASONS CLEANERS

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

Street

104 E BERRENDO RD

Street (continued)

City or Town

ROSWELL

State

NM

ZIP Code

88201-

County Code

County Name

CHAVES

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

104 E BERRENDO RD

City or Town

ROSWELL N

State

NM

ZIP Code

88201-

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

Name (last)

STEVE DENIO

(first)

STEVE

Job Title

PREK.

Phone Number (area code and number)

505-623-1900

VI. Installation Contact Address (See instructions)

A. Contact Address Location Mailing

B. Street or P.O. Box

104 E BERRENDO RD.

City or Town

ROSWELL

State

NM

ZIP Code

88201-

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

DENIO CLEANERS INC.

Street, P.O. Box, or Route Number

104 E BERRENDO RD.

City or Town

ROSWELL

State

NM

ZIP Code

88201-

Phone Number (area code and number)

505-623-1900

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed) Month Day Year

Please print or type with ELLI 2 type (12 characters per inch) in the unshaded areas only.

Form Approved OMB No. 2040-0047

ID - For Official Use Only
 NMD986673143

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

A. Hazardous Waste Activity		B. Used Oil Fuel 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><input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.</p> <p><input type="checkbox"/> 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. Burner - indicate device(s) - Type of Combustion Device</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. Off-Specification Used Oil Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketer</p> <p><input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device</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>2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification</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. EP Toxic (D000) (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))

D007 D008 D039 D040

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

1 F002	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an ID 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: Steve Denio Name and Official Title (type or print): STEVE DENIO PRES. Date Signed: 12-10-96

XI. Comments

re notification as <100 Kg/Mo.
 New Owner



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