


update

<p>SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.</p>	<p align="center">United States Environmental Protection Agency</p> <p align="center">RCRA SUBTITLE C SITE IDENTIFICATION FORM</p>		 <p align="center"><i>1501</i></p>
<p>1. Reason for Submittal (See instructions on page 13.)</p> <p>MARK ALL BOX(ES) THAT APPLY</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 (page 14)</p>	<p>EPA ID Number <u>N M D 1 9 8 2 7 6 0 1 1 4 2</u></p>		
<p>3. Site Name (page 14)</p>	<p>Name: <u>CITY OF ALBUQUERQUE MATERIALS & TESTING LAB</u></p>		
<p>4. Site Location Information (page 14)</p>	<p>Street Address: <u>2420 BROADWAY BLVD S.E.</u></p>		<p>State: <u>N.M.</u></p>
	<p>City, Town, or Village: <u>ALBUQUERQUE</u></p>		<p>Zip Code: <u>87102</u></p>
	<p>County Name: <u>BERNALILLO</u></p>		
<p>5. Site Land Type (page 14)</p>	<p>Site Land Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input checked="" 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 (page 14)</p>	<p>A. <u>3241211</u></p>	<p>B. _____</p>	
	<p>C. _____</p>	<p>D. _____</p>	
<p>7. Site Mailing Address (page 15)</p>	<p>Street or P. O. Box: <u>P.O. Box 1293</u></p>		
	<p>City, Town, or Village: <u>ALBUQUERQUE</u></p>		
	<p>State: <u>NEW MEXICO</u></p>		
	<p>Country: <u>UNITED STATES</u></p>	<p>Zip Code: <u>87103</u></p>	
<p>8. Site Contact Person (page 15)</p>	<p>First Name: <u>EUGENE</u></p>	<p>MI: <u>J.</u></p>	<p>Last Name: <u>URIOSTE</u></p>
	<p>Phone Number: <u>(505) 857-8629</u> Extension: _____</p>		<p>Email address: <u>eurioeste@cabq.gov</u></p>
<p>9. Operator and Legal Owner of the Site (pages 15 and 16)</p>	<p>A. Name of Site's Operator: <u>MARTIN F. BARKER</u></p>		<p>Date Became Operator (mm/dd/yyyy): <u>December, 1988</u></p>
	<p>Operator Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>		
	<p>B. Name of Site's Legal Owner: <u>CITY OF ALBUQUERQUE</u></p>		<p>Date Became Owner (mm/dd/yyyy): <u>1968</u></p>
<p>Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>			



24,000,000,000

one hundred million dollars

two hundred million dollars

three hundred million dollars

four hundred million dollars

five hundred million dollars

X

one billion dollars

two billion dollars

three billion dollars

four billion dollars

five billion dollars

one trillion dollars

two trillion dollars

three trillion dollars

four trillion dollars

five trillion dollars

X

one quadrillion dollars

two quadrillion dollars

X

9. Legal Owner (Continued) Address	Street or P. O. Box: P.O. Box 1293	
	City, Town, or Village: ALBUQUERQUE	
	State: NEW MEXICO	
	Country: UNITED STATES	Zip Code: 87103

10. Type of Regulated Waste Activity
 Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 17 to 20.)

A. Hazardous Waste Activities
 Complete all parts for 1 through 6.

<p><input checked="" type="checkbox"/> Y <input type="checkbox"/> N 1. Generator of Hazardous Waste If "Yes", choose only one of the following - a, b, or c.</p> <p><input type="checkbox"/> a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or</p> <p><input type="checkbox"/> b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or</p> <p><input type="checkbox"/> c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste</p> <p>In addition, indicate other generator activities.</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N d. United States Importer of Hazardous Waste</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N e. Mixed Waste (hazardous and radioactive) Generator</p>	<p><input type="checkbox"/> Y <input type="checkbox"/> N 2. Transporter of Hazardous Waste</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N 4. Recycler of Hazardous Waste (at your site)</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N 5. Exempt Boiler and/or Industrial Furnace If "Yes", mark each that applies.</p> <p><input type="checkbox"/> a. Small Quantity On-site Burner Exemption</p> <p><input type="checkbox"/> b. Smelting, Melting, and Refining</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N 6. Underground Injection Control</p>
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B. Universal Waste Activities

~~Y~~ ~~N~~ **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 mark all boxes that apply:**

	<u>Manage</u>
a. Batteries	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>
c. Mercury containing equipment	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>

~~Y~~ ~~N~~ **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.

~~Y~~ ~~N~~ **1. Used Oil Transporter**
 If "Yes", mark each that applies.

a. Transporter

b. Transfer Facility

~~Y~~ ~~N~~ **2. Used Oil Processor and/or Re-refiner**
 If "Yes", mark each that applies.

a. Processor

b. Re-refiner

~~Y~~ ~~N~~ **3. Off-Specification Used Oil Burner**

~~Y~~ ~~N~~ **4. Used Oil Fuel Marketer**
 If "Yes", mark each that applies.

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

EPA ID NO: NMD 98217601142

11. Description of Hazardous Wastes (See instructions on page 21.)

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.

N/A

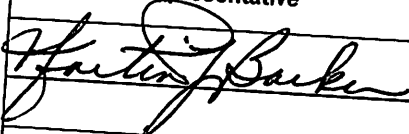
B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

N/A

12. Comments (See instructions on page 21.)

AS OF JULY 2007 THE CITY OF ALBUQUERQUE MATERIALS & TESTING LAB FACILITY HAS NOT BEEN IN OPERATION. IT IS IN THE PROCESS OF CLOSING THE FACILITY.

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. For the RCRA Hazardous Waste Part A Permit Application, all operator(s) and owner(s) must sign (see 40 CFR 270.10 (b) and 270.11). (See instructions on page 21.)

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	MARTIN F. BARKER DMD Principal Engr.	7/16/08

WMD YR 100 145

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As of July 2007 the CATS of Mississippi
 & Texas has finally got into operation.
 It is in the process of closing the facility.

Mississippi & Texas

**State of New Mexico Environment Department
Hazardous Waste Bureau
Annual Hazardous Waste Fees**



Report#: NMD982760142-1501-CY2007

Facility Mailing Address:
CITY OF ALBQ MATERIALS LAB
PO BOX 1293
ALBUQUERQUE NM 87103
|||||

Please provide current Owner information below.
Owner Name: CITY OF ALBUQUERQUE
Address: P.O. Box 1293 87103



Reported Generator Status: SOG

Facility Location Address:
2400 BROADWAY SE
ALBUQUERQUE NM 87102

This is the NMED annual notice for hazardous waste generation and business fees applicable to all facilities classified as Small Quantity Generators (SQG), Large Quantity Generator (LQG), The fee regulations are promulgated pursuant to the provisions of New Mexico Hazardous Waste Act, Chapter 74, Article 4, NMSA (as amended). **Fees are due AUGUST 1, 2008 for waste generated during calendar year 2007.**

If you have any questions or concerns, please contact Charlotte Duran at (505) 476-6012 or James Valdez at (505) 476-6018.

Calendar Year

Total amount generated _____ lbs/tons (circle one)
Total amount recycled _____ lbs/tons (circle one)
Amount generated from spill cleanup _____ lbs/tons (circle one)
Current Generator Status CESQG SQG LQG (circle one)

FEE SUMMARY: (from Annual Hazardous Waste Fee Report)

Generation Fee Amount \$ _____
Business Fee Amount \$ _____
Late Fee Amount \$ _____
CAP Fee Paid \$ _____
TOTAL AMOUNT DUE \$ _____

RECEIVED

JUL 11 2008

DMD
STREET MAINTENANCE

Special Instructions:

- Please include your report # on your remittance check.
- See Section III of Fee Report for Generator Definitions.
- Complete and return this invoice with your Annual Hazardous Waste Fee report even if you do not owe fees.
- Retrieve your Hazardous Waste Fee Report at <http://www.nmenv.state.nm.us/hwb/notifiers.html>
- If you are unable to retrieve this report, please contact Charlotte Duran at (505) 476-6012 or James Valdez at (505) 476-6018 for a hard copy.
- Submit your remittance and report to:

NMED/HWB
New Mexico Environment Dept/HWB
Attn: Charlotte Duran
2905 Rodeo Park Drive East Bldg 1
Santa Fe, NM 87505

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ENTERED



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