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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-0T

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)

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
NM 8986675957

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

ONE HOUR MARTINIZING

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

Street

913 OLD PECOS TRAIL

Street (continued)

City or Town

SANTA FE

State

NM

ZIP Code

87501 -

County Code

049

County Name

SANTA FE

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

PO BOX 876

City or Town

SANTA FE

State

NM

ZIP Code

87504 -

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

Name (last)

SQUIRES

(first)

BRUCE

Job Title

OWNER

Phone Number (area code and number)

505-982-9259

VI. Installation Contact Address (See Instructions)

A. Contact Address Location

B. Street or P.O. Box

Location Mailing

City or Town

State

ZIP Code

-

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

BRUCE SQUIRES

Street, P.O. Box, or Route Number

1091 ST FRANCIS DR

City or Town

SANTA FE

State

NM

ZIP Code

87501 -

Phone Number (area code and number)

505-982-8603

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes No

(Date Changed) Month Day Year

New
perm
9/12/27

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 Fuel Activities	
<p>1. Generator (See Instructions)</p> <input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) <input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) <p>2. Transporter (Indicate Mode in boxes 1-5 below)</p> <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes <p>Mode of Transportation</p> <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify 	<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> <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <p><input type="checkbox"/> 5. Underground Injection Control</p>	<p>1. Off-Specification Used Oil Fuel</p> <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <p><input type="checkbox"/> 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))
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

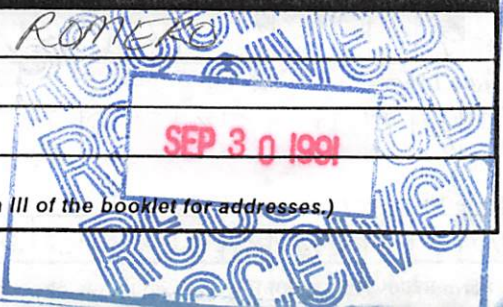
X. Certification

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 <i>Vivian Quintana Genmanca</i>	Name and Official Title (type or print) VIVIAN QUINTANA GENMANCA	Date Signed 9-26-91
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XI. Comments

MANAGER OF STORE MARCELLA ROMERO



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