

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

Please refer to the Instructions or 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

Date Received
(For Official Use Only)

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

<input type="checkbox"/> A. First Notification	<input checked="" type="checkbox"/> B. Subsequent Notification (Complete Item C)	C. Installation's EPA ID Number											
		N	M	D	0	0	7	3	9	6	6	5	8

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

M I S S I S S I P P I P O T A S H C O M P A C T I O N

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

Street
N M H W Y 2 4 3 - 3 M I L E S F R O M U S H W Y

Street (Continued)
6 2 - 1 8 0

City or Town	State	Zip Code
C A R L S B A D	N M	8 8 2 2 0 -

County Code	County Name
	L E A

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box
P O B O X 1 0 1

City or Town	State	Zip Code
C A R L S B A D	N M	8 8 2 2 0 -

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

Name (Last) E S T R A D A	(First) D E A N N A
Job Title E N V ' L C O O R D I N .	Phone Number (Area Code and Number) 5 0 5 - 8 8 7 - 5 5 9 1

VI. Installation Contact Address (See Instructions)

A. Contract Address Location: Mailing <input checked="" type="checkbox"/> Other <input type="checkbox"/>	B. Street or P.O. Box

City or Town	State	Zip Code
		-

VII. Ownership (See Instructions)

A. Name of installation's Legal Owner
M I S S I S S I P P I P O T A S H I N C .

Street, P.O. Box, or Route Number
P O B O X 1 0 1

City or Town	State	Zip Code
C A R L S B A D	N M	8 8 2 2 0 -

Phone Number (Area Code and Number) 5 0 5 - 8 8 7 - 5 5 9 1	B. Land Type <input type="checkbox"/> P	C. Owner Type <input type="checkbox"/> P	D. Change of Owner Indicator Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	(Date Changed) Month Day Year 0 7 0 1 9 3
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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		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 (200-2,200 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>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 Fuel 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(s)</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 Activity(ies)</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 Hazardous 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.)

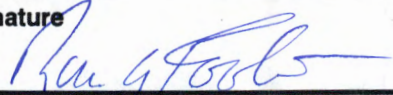
1	2	3	4	5	6
7	8	9	10	11	12

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

1	2	3	4	5	6

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) RANDY FOOTE - GENERAL MANAGER	Date Signed 1-19-95
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XI. Comments

VII. Formerly MCC Compaction Plant owned by Mississippi Chemical Corp.

VIII. Change in generator status

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



RECEIVED
JAN 20 1995
OFFICE OF THE ATTORNEY GENERAL

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January 19, 1995

Anna Walker
New Mexico Environment Department
Hazardous & Radioactive Materials Bureau
P.O. Box 26110
Santa Fe, New Mexico 87502

Dear Ms. Walker:

Re: Notification of Regulated Waste Activity - Mississippi Potash Inc. Facilities

Please find enclosed the required forms for the notification of regulated wastes. This subsequent notification is a result of change in ownership and/or generator status.

Please call me if you have any questions regarding this notification.

Sincerely,

MISSISSIPPI POTASH, INC.

Deanna Estrada

Deanna T. Estrada
Process Engineer/Plant
Environmental Coordinator





Gary Johnson
Governor

State of New Mexico
ENVIRONMENT DEPARTMENT
Harold Runnels Building
1190 St. Francis Drive, P.O. Box 26110
Santa Fe, New Mexico 87502
(505) 827-2850

Mark E. Weidler
Secretary

February 2, 1995

Mrs. Pat Nelson
U.S. EPA - Region VI
1445 Ross Ave.
Dallas, TX 75202-2733

Dear Pat,

Please find the following New Notification forms from:

1. X PERT WELL SERVICING - HOBBS, NM
2. ST. JOSEPH REHABILITATION HOSPITAL - ALBUQUERQUE, NM
3. AT & T CORP. - ALBUQUERQUE, NM

And Subsequent Notification forms from:

4. INDEPENDENT MOBILITY SYSTEMS - FARMINGTON, NM
5. MISSISSIPPI POTASH FLOTATION - CARLSBAD, NM (Change name of installation; and contact person).
6. MISSISSIPPI POTASH COMPACTION - CARLSBAD, NM (Change name of installation; contact person; ownership info.; and generator status.

Please include these new additions and changes in your database to reflect this information. If you have any questions pertaining to these notifications, please contact me at (505) 827-4308.

Sincerely,

A handwritten signature in cursive script that reads "Anna Walker".

Anna Walker
Management Analyst
Hazardous and Radioactive Materials Bureau