SEND COMPLETED FORM TO: The Appropriate State or Regional Office.		United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM	A PROTECTION OF THE PROTECTION				
Reason for Submittal		Reason for Submittal:  ☐ To provide an Initial Notification (first time submitting site identification information / to obtain	ain an EPA ID number				
MARK ALL BOX(ES) THAT APPLY		for this location)  To provide a Subsequent Notification (to update site identification information for this location)  As a component of a First RCRA Hazardous Waste Part A Permit Application  As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #)  As a component of the Hazardous Waste Report (If marked, see sub-bullet below)  Site was a TSD facility and/or generator of >1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or					
		>100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)					
2.	Site EPA ID Number	EPA ID Number N M D 0 0 7 3 9 6 6 5 8					
3.	Site Name	Name: INTREPID POTASH - NEW MEXICO, LLC; NORTH PLANT					
4.		Street Address: 484 NORTH STATE HIGHWAY 243	_				
	Information	City, Town, or Village: CARLSBAD	County: LEA				
		State: NM Country: USA	Zip Code: 88220				
5.	Site Land Type	☑ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ S	State Other				
6.	NAICS Code(s) for the Site (at least 5-digit codes)	A. 2 1 2 3 9 1 c.					
		B. D.					
7.		Street or P.O. Box: P.O. BOX 101					
	Address	City, Town, or Village: CARLSBAD					
		State: NM Country: USA	Zip Code: 88220				
8.	Site Contact Person	First Name: Amy MI: Last: Hui					
	reison	Title: ENVIRONMENTAL MANAGER					
		Street or P.O. Box: P.O. BOX 101					
		City, Town or Village: CARLSBAD					
		State: NM Country: USA	Zip Code: 88220				
		Email: amy.hui@intrepidpotash.com					
_		Phone: 575-234-3881 Ext.:	Fax: Date Became				
9.	Legal Owner and Operator of the Site	A. Name of Site's Legal Owner: INTREPID POTASH INC.	Owner: 2004				
		Owner Type: Private County District Federal Tribal Municipal	State Other				
		Street or P.O. Box: 707 17TH STREET, SUITE 4200					
			Phone: 303-296-3006				
			Zip Code: 80202				
		B. Name of Site's Operator: INTREPID POTASH - NEW MEXICO, LLC Operator: 2004					
		Operator Type: Private County District Federal Tribal Municipal	□ <sub>State</sub> □ <sub>Other</sub>				

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<ol> <li>Type of Regulated Waste Activity (at your site)</li> <li>Mark "Yes" or "No" for all current activities (as of the date submitting the</li> </ol>	e form); complete any additional boxes as instructed.
A. Hazardous Waste Activities; Complete all parts 1-10.	
Y N 1. Generator of Hazardous Waste If "Yes," mark only one of the following – a, b, or c.	Y N 5. Transporter of Hazardous Waste If "Yes," mark all that apply.
Generates, in any calendar month, 1,000 kg/mo (2,200 lbs/mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs/mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs/mo) of acute hazardous spill cleanup material.	a. Transporter b. Transfer Facility (at your site)  Y N 6. Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous waste Part B permit is required for these activities.  Y N 7. Recycler of Hazardous Waste
b. SQG: 100 to 1,000 kg/mo (220 − 2,200 lbs/mo) of non-acute hazardous waste.	
c. CESQG: Less than 100 kg/mo (220 lbs/mo) of non-acute hazardous waste.	Y N 8. Exempt Boiler and/or Industrial Furnace If "Yes," mark all that apply.  a. Small Quantity On-site Burner
If "Yes" above, indicate other generator activities in 2-10.  Y N 2. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes," provide an explanation in the Comments section.	Exemption b. Smelting, Melting, and Refining Furnace Exemption
Y N ✓ 3. United States Importer of Hazardous Waste	Y N 9. Underground Injection Control
Y N 4. Mixed Waste (hazardous and radioactive) Generator	Y N 10. Receives Hazardous Waste from Off-site
B. Universal Waste Activities; Complete all parts 1-2.	C. Used Oil Activities; Complete all parts 1-4.
Y N I Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes," mark all that apply.	Y N 1. Used Oil Transporter If "Yes," mark all that apply.  a. Transporter b. Transfer Facility (at your site)
a. Batteries b. Pesticides c. Mercury containing equipment d. Lamps e. Other (specify)  f. Other (specify)  g. Other (specify)	Y N 2. Used Oil Processor and/or Re-refiner If "Yes," mark all that apply.  a. Processor  b. Re-refiner  Y N 3. Off-Specification Used Oil Burner  Y N 4. Used Oil Fuel Marketer If "Yes," mark all that apply.
Y N 2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity.	<ul> <li>a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner</li> <li>b. Marketer Who First Claims the Used Oil Meets the Specifications</li> </ul>

EPA ID Number	N	М	

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	demic Entities with L uant to 40 CFR Part	_aboratories—Notific	ation for opting int	o or withdrawing fr	om managing labora	atory hazardous
❖ You ca	n ONLY Opt into Sub	part K if:				
agre		e following: a college or university; or a nor ND				
• you	have checked with yo	our State to determine	if 40 CFR Part 262 S	Subpart K is effective	e in your state	
Y N √ 1. C	Opting into or currently	operating under 40 C	FR Part 262 Subpar	t K for the managem	nent of hazardous was	tes in laboratories
	See the item-by-item	instructions for defi	nitions of types of e	eligible academic e	ntities. Mark all that	apply:
	a. College or Univer	sity				
	b. Teaching Hospita	I that is owned by or	has a formal writte	n affiliation agreen	nent with a college o	r university
	c. Non-profit Institut	te that is owned by o	r has a formal writt	en affiliation agree	ment with a college	or university
Y N 2. V	Vithdrawing from 40 C	FR Part 262 Subpart	K for the manageme	nt of hazardous was	tes in laboratories	
11. Description	of Hazardous Waste					
	at them in the order the	lated Hazardous Was ey are presented in th				
F001	F002	F003	F004	F005		
	astes handled at your	d (i.e., non-Federal) he site. List them in the				
				_		

2. Notificat	ion of Hazardous Secondary Mat	erial (HSM) Activity	
Y N Z	Are you notifying under 40 CFR 26 secondary material under 40 CFR	50.42 that you will begin managing, are managing 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25	g, or will stop managing hazardous 5)?
	If "Yes," you must fill out the Adder Material.	ndum to the Site Identification Form: Notification	for Managing Hazardous Secondary
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accordar on my in- informati penalties	ce with a system designed to assur quiry of the person or persons who on submitted is, to the best of my kr for submitting false information, inc	that this document and all attachments were pre- re that qualified personnel properly gather and er manage the system, or those persons directly re- nowledge and belief, true, accurate, and complete cluding the possibility of fines and imprisonment all owner(s) and operator(s) must sign (see 40 for	valuate the information submitted. Based esponsible for gathering the information, the te. I am aware that there are significant for knowing violations. For the RCRA
Signature of authorized r	legal owner, operator, or an epresentative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
a	·	+0/3/20 Amy this	10/3/2017
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