



United States Environmental Protection Agency

RCRA SUBTITLE C SITE IDENTIFICATION FORM

SEND COMPLETED FORM TO:
The Appropriate State or EPA Regional Office.

1. Reason for Submittal
(See instructions on page 13.)

MARK ALL BOX(ES) THAT APPLY

- Reason for Submittal:**
- To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities)
 - To provide Subsequent Notification of Regulated Waste Activity (to update site identification information)
 - 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

2. Site EPA ID Number
(page 14)

EPA ID Number N M D 9 8 6 6 8 1 9 3 0

3. Site Name
(page 14)

Name: ^{MVC} ~~ABQ~~ Montgomery Healthcare Center

4. Site Location Information
(page 14)

Street Address: 9101 Montgomery Blvd. NE
 City, Town, or Village: Albuquerque State: NM
 County Name: Bernalillo Zip Code: 87111

5. Site Land Type
(page 14)

Site Land Type: Private County District Federal Indian Municipal State Other

6. North American Industry Classification System (NAICS) Code(s) for the Site
(page 14)

A. B.
 C. D.

7. Site Mailing Address
(page 15)

Street or P. O. Box: same
 City, Town, or Village:
 State:
 Country: Zip Code:

8. Site Contact Person
(page 15)

First Name: Susan MI: K Last Name: Smith
 Phone Number: 505-275-4211 Extension: Email address:

9. Operator and Legal Owner of the Site
(pages 15 and 16)

A. Name of Site's Operator: ABQ Health Partners Date Became Operator (mm/dd/yyyy): 11/01/2007
 Operator Type: Private County District Federal Indian Municipal State Other
 B. Name of Site's Legal Owner: same Date Became Owner (mm/dd/yyyy): 11/01/2007
 Owner Type: Private County District Federal Indian Municipal State Other

9. Legal Owner (Continued) Address	Street or P. O. Box: <u>same</u>	
	City, Town, or Village:	
	State:	
	Country: <u>USA</u>	Zip Code:

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"/> <input type="checkbox"/> <input type="checkbox"/> 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 checked="" 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"/> <input checked="" type="checkbox"/> <input type="checkbox"/> d. United States Importer of Hazardous Waste</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> e. Mixed Waste (hazardous and radioactive) Generator</p> | <p><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> 2. Transporter of Hazardous Waste</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> 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"/> <input checked="" type="checkbox"/> <input type="checkbox"/> 4. Recycler of Hazardous Waste (at your site)</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> 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"/> <input checked="" type="checkbox"/> <input type="checkbox"/> 6. Underground Injection Control</p> |
|---|--|

B. Universal Waste Activities

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 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"/> |

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.

1. Used Oil Transporter
If "Yes", mark each that applies.
- a. Transporter
- b. Transfer Facility
2. Used Oil Processor and/or Re-refiner
If "Yes", mark each that applies.
- a. Processor
- b. Re-refiner
3. Off-Specification Used Oil Burner
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

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.

D009						

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.

12. Comments (See instructions on page 21.)

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)
<i>Susan K. Smith</i>	Susan K. Smith, Outpatient Mgr.	3/7/08