

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).



# Notification of Regulated Waste Activity

Date Received  
(For Official Use Only)

1779 United States Environmental Protection Agency

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

|   |  |                                 |
|---|--|---------------------------------|
| <input checked="" type="checkbox"/> A. First Notification | <input type="checkbox"/> B. Subsequent Notification<br>(complete item C) | C. Installation's EPA ID Number |
|---|--|---------------------------------|

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

CERILLOS COLLISION

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

Street

1219 SICLER ROAD

Street (continued)

City or Town

SANTA FE

State

NM

ZIP Code

87507-

County Code

County Name

SANTA FE

### IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

1219 SICLER ROAD

City or Town

SANTA FE

State

NM

ZIP Code

87507

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

Name (last)

FLORES

(first)

TED

Job Title

OWNER

Phone Number (area code and number)

505-471-2827

### VI. Installation Contact Address (See Instructions)

A. Contact Address

Location

Mailing

B. Street or P.O. Box

1219 SICLER ROAD

City or Town

SANTA FE

State

NM

ZIP Code

87507-

### VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

FLORES TED

Street, P.O. Box, or Route Number

1219 SICLER ROAD

City or Town

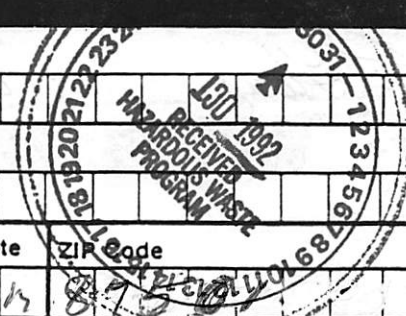
SANTA FE

State

NM

ZIP Code

87507-



Phone Number (area code and number)

505-471-2827

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

Yes  No

Month Day Year

| 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> <p><input checked="" type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.)</p> <p><input 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 <input type="text"/></p> | <p><input type="checkbox"/> 3. Treater, Storer, Disposer (at installation)<br/>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. Burner - indicate device(s) -<br/>Type of Combustion Device</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. Off-Specification Used Oil Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketer</p> <p><input type="checkbox"/> c. Burner - indicate device(s) -<br/>Type of Combustion Device</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"/> 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. Toxic (D000)

(List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

|            |   |   |    |    |    |
|------------|---|---|----|----|----|
| 1<br>F1003 | 2 | 3 | 4  | 5  | 6  |
| 7          | 8 | 9 | 10 | 11 | 12 |

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

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|

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<br><i>[Signature]</i> | Name and Official Title (type or print)<br>TOD FLORES | Date Signed<br>10-28-92 |
|---------------------------------|---|-------------------------|

XI. Comments

|  |
|--|
|  |
|  |
|  |

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