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| <p>SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.</p> | <p align="center">United States Environmental Protection Agency</p> <p align="center">RCRA SUBTITLE C SITE IDENTIFICATION FORM</p> | |  <p align="center">1779</p> |
| <p>1. Reason for Submittal (See instructions on page 13.)</p> <p>MARK ALL BOX(ES) THAT APPLY</p> | <p>Reason for Submittal:</p> <p><input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities)</p> <p><input checked="" type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information)</p> <p><input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application</p> <p><input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)</p> <p><input type="checkbox"/> As a component of the Hazardous Waste Report</p> | | |
| <p>2. Site EPA ID Number (page 14)</p> | <p>EPA ID Number: <u>NM019816168314231</u></p> | | |
| <p>3. Site Name (page 14)</p> | <p>Name: <u>Auto Right Collision Center</u></p> | | |
| <p>4. Site Location Information (page 14)</p> | <p>Street Address: <u>1219 Siler Rd</u></p> | | <p>State: <u>NM</u></p> |
| | <p>City, Town, or Village: <u>Santa Fe</u></p> | | <p>Zip Code: <u>87505</u></p> |
| | <p>County Name: <u>Santa Fe</u></p> | | |
| <p>5. Site Land Type (page 14)</p> | <p>Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p> | | |
| <p>6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14)</p> | <p>A. <u>811121</u></p> | <p>B. _____</p> | |
| | <p>C. _____</p> | <p>D. _____</p> | |
| <p>7. Site Mailing Address (page 15)</p> | <p>Street or P. O. Box: <u>Same as above</u></p> | | |
| | <p>City, Town, or Village:</p> | | |
| | <p>State:</p> | | |
| | <p>Country:</p> | <p>Zip Code:</p> | |
| <p>8. Site Contact Person (page 15)</p> | <p>First Name: <u>Lydia</u></p> | <p>MI:</p> | <p>Last Name: <u>Carrell</u></p> |
| | <p>Phone Number: <u>(505) 473-1852</u> Extension:</p> | | <p>Email address:</p> |
| <p>9. Operator and Legal Owner of the Site (pages 15 and 16)</p> | <p>A. Name of Site's Operator: <u>Auto Right Collision</u> <u>Lydia Carrell</u></p> | | <p>Date Became Operator (mm/dd/yyyy): <u>Aug. - 2008</u></p> |
| | <p>Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p> | | |
| | <p>B. Name of Site's Legal Owner: <u>Carrell Properties LLC</u></p> | | <p>Date Became Owner (mm/dd/yyyy): <u>Aug. 2008</u></p> |
| <p>Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p> | | | |

ENTERED

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.

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| D001 | D035 | | | | | |
| D002 | | | | | | |
| D008 | | | | | | |

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.

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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>Lydia Carrell</i> | Lydia Carrell Owner | 10/22/08 |
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