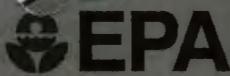


Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

Date Received
(For Official Use Only)

United States Environmental Protection Agency

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

A. First Notification B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

NM0986434728

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

STATE OF NM SCIENTIFIC LAB DIV

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

Street

PO BOX 4700 700 CAMINO DE

Street (continued)

SALUD NE

City or Town

ALBUQ

State

NM

ZIP Code

87196 -

County Code

County Name

BERNALILLO

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

PO BOX 4700 700 CAMINO DE SALUD

City or Town

ALBUQ

State

NM

ZIP Code

87196 -

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

Name (last)

DEAN

(first)

CHRIS

Job Title

DIR OF QC

Phone Number (area code and number)

505-841-2563

VI. Installation Contact Address (See Instructions)

A. Contact Address Location Mailing

B. Street or P.O. Box

SAME

City or Town

State

ZIP Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

STATE OF NM

Street, P.O. Box, or Route Number

City or Town

State

ZIP Code

Phone Number (area code and number)

B. Land Type

S

C. Owner Type

S

D. Change of Owner Indicator

Yes No

(Date Changed) Month Day Year

ID - For Official Use Only

IX. Description of Regulated Wastes Continued (Additional sheet)

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

13 D001	14 U211	15 F005	16 U122	17 U080	18 U003
19 K020	20 F002	21 F005	22 F001	23 U044	24 U188
25 D003	26	27	28	29	30
31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48
49	50	51	52	53	54
55	56	57	58	59	60
61	62	63	64	65	66
67	68	69	70	71	72
73	74	75	76	77	78
79	80	81	82	83	84
85	86	87	88	89	90
91	92	93	94	95	96
97	98	99	100	101	102
103	104	105	106	107	108
109	110	111	112	113	114
115	116	117	118	119	120

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 type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 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>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. Burner - indicate device(s) - 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) - 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>2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification</p> <p><input type="checkbox"/></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. Toxicity Characteristic (D000)	(List specific EPA hazardous waste number(s) for the Toxicity Characteristic Contaminant(s))			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	D006	D008	D004	

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

1 D002	2 D008	3 D003	4 U240	5 D004	6 D005
7 D006	8 D007	9 D009	10 D010	11 D011	12 F003

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 <i>Chris Dean</i>	Name and Official Title (type or print) Chris DEAN Director of Quality Control	Date Signed 7/28/93
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XI. Comments

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