

Please print or type with ELITE type (12 character inch) in the unshaded areas only

Approved OMB No. 7050-0024 Expires 10-31-91
GSA No 0746-EPA-01

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)

MAR 2 1994

APR 1994

1943 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

NM 0000138800

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

STEWART & STEVENSON POWER INC

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

Street

2929 VASSAR NE

Street (continued)

City or Town

ALBUQUERQUE

State ZIP Code

NM 87107

County Code County Name

001 BERNALILLO

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

2929 VASSAR NE

City or Town

ALBUQUERQUE

State ZIP Code

NM 87107

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

Name (last)

TEMME

(first)

BILL

Job Title

SERVICE MANAGER

Phone Number (area code and number)

505-881-3511

VI. Installation Contact Address (See Instructions)

A. Contact Address Location Mailing

B. Street or P.O. Box

2929 VASSAR NE

City or Town

ALBUQUERQUE

State ZIP Code

NM 87107

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

CORPORATION

Street, P.O. Box, or Route Number

2929 VASSAR NE

City or Town

ALBUQUERQUE

State ZIP Code

NM 87107

Phone Number (area code and number)

505-881-3511

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

(Date Changed)

Month Day Year

PA 3/8

Reviewed 3/21/94 AW

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 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) 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><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))

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

1	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 	Name and Official Title (type or print) Jerry Fritz, Branch Manager	Date Signed 2/15/94
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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.)