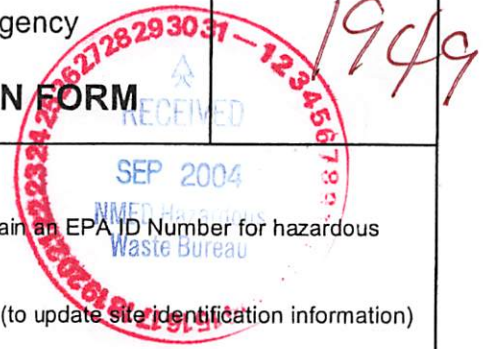


10-6-04 um.
 OMB#: 2050-0028 Expires 1/31/2006



| | | | |
|--|---|------------------------|--|
| SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office. | United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM | | |
| 1. Reason for Submittal (See instructions on page 13.) MARK ALL BOX(ES) THAT APPLY | Reason for Submittal: <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) <input checked="" type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report | | |
| 2. Site EPA ID Number (page 14) | EPA ID Number NM0000140442 | | |
| 3. Site Name (page 14) | Name: WAPA Shiprock Substation | | |
| 4. Site Location Information (page 14) | Street Address: 3 miles north of Waterflow on access road | | |
| | City, Town, or Village: Water flow | State: NM | |
| | County Name: San Juan | Zip Code: 87421 | |
| 5. Site Land Type (page 14) | Site Land Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other | | |
| 6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14) | A. 221121 | B. | |
| | C. | D. | |
| 7. Site Mailing Address (page 15) | Street or P. O. Box: P.O. Box 3700 | | |
| | City, Town, or Village: Loveland | | |
| | State: CO | | |
| | Country: USA | Zip Code: 80539 | |
| 8. Site Contact Person (page 15) | First Name: Tim | MI: D. | Last Name: Blyth |
| | Phone Number: (970)461-7214 Extension: | | Email address: blyth@wapa.gov |
| 9. Operator and Legal Owner of the Site (pages 15 and 16) | A. Name of Site's Operator: U.S. Dept. of Energy Western Area Power Administration | | Date Became Operator (mm/dd/yyyy): 08/04/1977 |
| | Operator Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other | | |
| | B. Name of Site's Legal Owner: U. S. Dept. of Energy Western Area Power Administration | | Date Became Owner (mm/dd/yyyy): 08/04/1977 |
| Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other | | | |

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| 9. Legal Owner (Continued) Address | Street or P. O. Box: <u>P.O. Box 3700</u> | |
| | City, Town, or Village: <u>Lowland</u> | |
| | State: <u>CO</u> | |
| | Country: <u>USA</u> | Zip Code: <u>85309</u> |

10. Type of Regulated Waste Activity

Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 16 to 20.)

A. Hazardous Waste Activities

Complete all parts for 1 through 6.

1. Generator of Hazardous Waste

If "Yes", choose only one of the following - a, b, or c.

- a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or
- b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or
- c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

In addition, indicate other generator activities.

- d. United States Importer of Hazardous Waste
- e. Mixed Waste (hazardous and radioactive) Generator

2. Transporter of Hazardous Waste

3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.

4. Recycler of Hazardous Waste (at your site)

5. Exempt Boiler and/or Industrial Furnace

If "Yes", mark each that applies.

- a. Small Quantity On-site Burner Exemption
- b. Smelting, Melting, and Refining Furnace Exemption

6. Underground Injection Control

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 generated and/or accumulated at your site. If "Yes", mark all boxes that apply:

| | <u>Generate</u> | <u>Accumulate</u> |
|--------------------------|--------------------------|--------------------------|
| a. Batteries | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Pesticides | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Thermostats | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Lamps | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Other (specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Other (specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Other (specify) _____ | <input type="checkbox"/> | <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

NO

