

Linda

lease refer to Section V. Line-by-line instructions for Completing PA Form 8700-12 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

EPA United States Environmental Protection Agency

Date Received (For Official Use Only)
2892

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

<input type="checkbox"/> A. Initial Notification	<input checked="" type="checkbox"/> B. Subsequent Notification (Complete Item C)	C. Installation's EPA ID Number NMR000003418
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II. Name of Installation (Include company and specific site name)

EMCORE OPTICAL DEVICES

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

Street
5601 - C Midway Park Place

Street (Continued)

City or Town Albuquerque	State NM	Zip Code 87109 -
County Code BEN	County Name Bernalillo	

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box
1600 Eubank Blvd SE

City or Town Albuquerque	State NM	Zip Code 87123 -
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V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last) Seydel	Name (First) Scott
Job Title EHS Engineer	Phone Number (Area Code and Number) 505-343-1111

VI. Installation Contact Address (See Instructions)

A. Contact Address Location	Mailing	B. Street or P.O. Box
<input type="checkbox"/>	<input checked="" type="checkbox"/>	1600 Eubank Blvd SE
City or Town Albuquerque		State NM
		Zip Code 87123 -

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner
EMCORE CORPORATION

Street, P.O. Box, or Route Number
1600 Eubank Blvd SE

City or Town Albuquerque	State NM	Zip Code 87123 -
Phone Number (Area Code and Number) 505-343-1111	B. Land Type	C. Owner Type
	<input type="checkbox"/>	<input type="checkbox"/>
D. Change of Owner Indicator		Date Changed
Yes <input type="checkbox"/> No <input type="checkbox"/>		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 Activities		C. Used Oil Management Activities
1. Generator (See Instructions) <input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) <input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (220-2,200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) 2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify _____	<input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions. 4. Exempt Boiler and/or Industrial Furnace <input type="checkbox"/> a. Smelting, Melting, and Refining Furnace Exemption <input type="checkbox"/> b. Small Quantity On-Site Burner Exemption <input type="checkbox"/> 5. Underground Injection Control	1. Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Transporter <input type="checkbox"/> b. Transfer Facility 2. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Processor <input type="checkbox"/> b. Re-refiner <input type="checkbox"/> 3. Off-Specification Used Oil Burner 4. Used Oil Fuel Marketer <input type="checkbox"/> a. Marketer Who Directs Shipment of Off-Specification Used Oil to Used Oil Burner <input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications
B. Universal Waste Activity		
<input type="checkbox"/> Large Quantity Handler of Universal Waste		

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. 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

B. 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; See instructions if you need to list more than 4 toxicity characteristic waste codes.)

(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	1	2	3	4
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D004			

C. Other Wastes. (State-regulated or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6

X. 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.

Signature Laura Milligan	Name and Official Title (Type or print) Laura Milligan EHS Technician	Date Signed 8/10/02
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XI. Comments

Change of name

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