

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

Form Approved, OMB No. 2050-0028 Expires 12/31/02
GSA No. 0246-EPA-OT

NAME change file
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2892

Please refer to Section V. Line-by-Line Instructions for Completing EPA 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

United States Environmental Protection Agency

Date Received
(For Official Use Only)

2892

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

A. Initial Notification B. Subsequent Notification (Complete item C)

C. Installation's EPA ID Number

NM R0000003418

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

MICROOPTICAL DEVICES

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

Street

5601-C MIDWAY PARK PL

Street (Continued)

City or Town

ALBUQUERQUE

State

NM

Zip Code

87109-

County Code

BR.N

County Name

BERNALILLO



IV. Installation Mailing Address (See instructions)

Street or P.O. Box

10420 RESEARCH RD SE

City or Town

ALBUQUERQUE

State

NM

Zip Code

87123-

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

Name (Last)

SEYDEL

(First)

SCOTT

Job Title

FHS MANAGER

Phone Number (Area Code and Number)

505-559-2645

VI. Installation Contact Address (See instructions)

A. Contact Address Location Mailing

B. Street or P.O. Box

10420 RESEARCH RD 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

10420 RESEARCH RD SE

City or Town

ALBUQUERQUE

State

NM

Zip Code

87123-

Phone Number (Area Code and Number)

505-332-5000

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

Date Changed 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
<p><input checked="" type="checkbox"/> 1. Generator (See Instructions)</p> <p><input checked="" 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 type="checkbox"/> c. Less than 100 kg/mo (220 lbs)</p> <p><input type="checkbox"/> 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><input type="checkbox"/> 1. Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Transporter</p> <p><input type="checkbox"/> b. Transfer Facility</p> <p><input type="checkbox"/> 2. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Processor</p> <p><input type="checkbox"/> b. Re-refiner</p> <p><input type="checkbox"/> 3. Off-Specification Used Oil Burner</p> <p><input type="checkbox"/> 4. Used Oil Fuel Marketer</p> <p><input type="checkbox"/> a. Marketer Who Directs Shipment of Off-Specification Used Oil to Used Oil Burner</p> <p><input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications</p>
<p>B. Universal Waste Activity</p> <p><input type="checkbox"/> Large Quantity Handler of Universal Waste</p>	

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
F 0 0 3					
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"/>	D 0 0 4			

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 <i>Scott Seydel</i>	Name and Official Title (Type or print) <i>Scott Seydel EHS Manager</i>	Date Signed <i>7/6/02</i>
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XI. Comments

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