

2892

United States Environmental Protection Agency
RCRA SUBTITLE C SITE IDENTIFICATION FORM

MAIL THE COMPLETED FORM TO:

The Appropriate EPA Regional or State Office

1. Reason for Submittal and Status of Information Supplied (see instructions on page 9)

MARK ALL BOX(ES) THAT APPLY

A. Reason for Submittal:

- To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).
- To provide subsequent notification (to update site identification information).
- As a component of a First RCRA Hazardous Waste Part A Permit Application.
- As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____).
- As a component of the Hazardous Waste Report.

2. Site EPA ID Number (see instructions on page 10)

EPA ID Number: NMR000003418

3. Site Name (see instructions on page 10)

Name: MATERIAL SUPPORT RESOURCES

4. Site Location Information (see instructions on page 10)

Street Address: 5601 MIDWAY PARK PLACE NE

City, Town, or Village: ALBUQUERQUE

State: NM

County Name: BERNALILLO

Zip Code: 87109-



5. Site Land Type (see instructions on page 10)

Site Land Type: Private County District Federal Indian Municipal State Other

6. North American Industry Classification System (NAICS) Code(s) for the Site (see instructions on page 10)

A. 811310

B. 561990

C.

D.

7. Site Mailing Address (see instructions on page 11)

Street or P.O. Box: 5601 MIDWAY PARK PLACE NE

City, Town, or Village: ALBUQUERQUE

State: NM

Country:

Zip Code: 87109-

8. Site Contact Person (see instructions on page 11)

First Name: MARC

MI: K

Last Name: MCNEELY

Phone Number: (505) 244-3722 **Extension:** 103

Email: mmcneely@msremail.com

9. Legal Owner and Operator of the Site (see instructions on pages 11 and 12)

A. Name of Site's Operator:

MATERIAL SUPPORT RESOURCES

Date Became Operator (mm/dd/yyyy):

07/01/2004

Operator Type: Private County District Federal Indian Municipal State Other

B. Name of Site's Legal Owner:

BRENDA J. & JOE E. STEWART CREDIT

Date Became Owner (mm/dd/yyyy):

11/25/1998

Owner Type: Private County District Federal Indian Municipal State Other

9. Legal Owner (Continued) Address	Street or P.O. Box: 2211 CALLE CACIQUE		
	City, Town, or Village: SANTA FE		
	State: NM	Zip Code: 87505-	Country:

10. Type of Regulated Waste Activity
Mark 'X' in the appropriate boxes. Mark "Yes" or "No" for each choice. (See instructions on pages 13 to 16)

A. Hazardous Waste Activities

Complete all parts for Items 1 through 6.

For Items 2 through 6, check all that apply:

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

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)
Note: A hazardous waste permit may be required for this activity.

In addition, indicate other generator activities (check all that apply)

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

5. Exempt Boiler and/or Industrial Furnace

- a. Small Quantity On-site Burner Exemption
- b. Smelting, Melting, 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. (check all boxes that apply)

	Generated	Accumulated
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 _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other _____	<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

1. Description of Hazardous Wastes (see instructions on page 17)

1. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

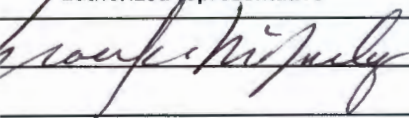
001	D002					

2. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

12. Comments (see instructions on page 17)

mmcneely@msremail.com

13. 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. (see instructions on page 17)

Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	D. Date Signed (mm-dd-yyyy)
	MARC K MCNEELY PRODUCTION MGR	08/17/2006



U.S. ENVIRONMENTAL
PROTECTION AGENCY
2005 Hazardous Waste Report

**FORM
GM**

**WASTE GENERATION
AND MANAGEMENT**

SITE NAME
MATERIAL SUPPORT RESOURCES
5601 MIDWAY PARK PLACE NE
ALBUQUERQUE, NM 87109

EPA ID NO: NMR000003418

sec. 1 A. Waste Description RQ WASTE CORROSIVE LIQUIDS, ACIDIC, INORGANIC, N.O.S., 8, UN3264, PG II			
EPA Hazardous Waste Code D002		C. State Hazardous Waste Code	
J. Source Code G02 Management Method code for Source code G25	E. Form Code W105	F. Quantity Generated in 2005 7,050.00	G. UOM 1 Density 8.34 lb./gal.

sec. 2 Was any of this waste managed on-site? No								
<table border="1"> <tr> <th colspan="2">ON-SITE PROCESS SYSTEM 1</th> <th colspan="2">ON-SITE PROCESS SYSTEM 2</th> </tr> <tr> <td>On-site process system type</td> <td>Quantity treated, disposed, or recycled on-site in 2005</td> <td>On-site process system type</td> <td>Quantity treated, disposed, or recycled on-site in 2005</td> </tr> </table>	ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2		On-site process system type	Quantity treated, disposed, or recycled on-site in 2005	On-site process system type	Quantity treated, disposed, or recycled on-site in 2005
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2						
On-site process system type	Quantity treated, disposed, or recycled on-site in 2005	On-site process system type	Quantity treated, disposed, or recycled on-site in 2005					

sec. 3 A. Was any of this waste shipped off site in 2005 for treatment, disposal, or recycling? Yes						
<table border="1"> <tr> <th>B. EPA ID No. of facility to which waste was shipped</th> <th>C. Off-site Management Method code shipped to</th> <th>D. Total quantity shipped in 2005</th> </tr> <tr> <td>NMD002208627</td> <td>H129</td> <td>7,050.00</td> </tr> </table>	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2005	NMD002208627	H129	7,050.00
B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2005				
NMD002208627	H129	7,050.00				

Comments Waste water treatment - method : neutralization



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**WASTE GENERATION
AND MANAGEMENT**

SITE NAME
MATERIAL SUPPORT RESOURCES
5601 MIDWAY PARK PLACE NE
ALBUQUERQUE, NM 87109

EPA ID NO: NMR000003418

Sec. 1 **A. Waste Description** RQ WASTE CORROSIVE LIQUIDS, BASIC, INORGANIC, N.O.S., 8,
UN3266, PG I

EPA Hazardous Waste Code D002 **C. State Hazardous Waste Code**

D. Source Code G02 Management Method code for Source code G25	E. Form Code W110	F. Quantity Generated in 2005 850.00	G. UOM 1 Density 8.34 lb./gal.
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Sec. 2 **Was any of this waste managed on-site?** No

ON-SITE PROCESS SYSTEM 1 On-site process system type	Quantity treated, disposed, or recycled on-site in 2005	ON-SITE PROCESS SYSTEM 2 On-site process system type	Quantity treated, disposed, or recycled on-site in 2005
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Sec. 3 **A. Was any of this waste shipped off site in 2005 for treatment, disposal, or recycling?** Yes

B. EPA ID No. of facility to which waste was shipped NMD002208627	C. Off-site Management Method code shipped to H129	D. Total quantity shipped in 2005 850.00
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Comments Waste water treatment - method: neutralization



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2005 Hazardous Waste Report

**FORM
GM**

**WASTE GENERATION
AND MANAGEMENT**

SITE NAME
MATERIAL SUPPORT RESOURCES
5601 MIDWAY PARK PLACE NE
ALBUQUERQUE, NM 87109

EPA ID NO: NMR000003418

Sec. 1 **A. Waste Description** RQ WASTE FLAMMABLE LIQUIDS, N.O.S., 3, UN1993, PG III

EPA Hazardous Waste Code D001 C. State Hazardous Waste Code

D. Source Code G09 Management Method code for Source code G25	E. Form Code W211	F. Quantity Generated in 2005 4,570.00	G. UOM 1 Density 8.34 lb./gal.
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Sec. 2 **Was any of this waste managed on-site?** No

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type	Quantity treated, disposed, or recycled on-site in 2005	On-site process system type	Quantity treated, disposed, or recycled on-site in 2005

Sec. 3 **A. Was any of this waste shipped off site in 2005 for treatment, disposal, or recycling?** Yes

Site #	B. EPA ID No. of facility to which waste was shipped NMD002208627	C. Off-site Management Method code shipped to H061	D. Total quantity shipped in 2005 4,570.00
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Comments Mixed flammable liquid waste - Ethyl -L-Lactate, Acetone, Isopropyl Alcohol



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2005 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

SITE NAME
MATERIAL SUPPORT RESOURCES
5601 MIDWAY PARK PLACE NE
ALBUQUERQUE, NM 87109
EPA ID NO: NMR000003418

sec. 1 **A. Waste Description** RQ WASTE FLAMMABLE SOLID, CORROSIVE, INORGANIC, N.O.S., 4.1, UN3180, PG II

EPA Hazardous Waste Code D001 **C. State Hazardous Waste Code**

D. Source Code G09 Management Method code for Source code G25	E. Form Code W002	F. Quantity Generated in 2005 1,845.00	G. UOM 1 Density 8.34 lb./gal.
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sec. 2 **Was any of this waste managed on-site?** No

ON-SITE PROCESS SYSTEM 1 On-site process system type	Quantity treated, disposed, or recycled on-site in 2005	ON-SITE PROCESS SYSTEM 2 On-site process system type	Quantity treated, disposed, or recycled on-site in 2005
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sec. 3 **A. Was any of this waste shipped off site in 2005 for treatment, disposal, or recycling?** Yes

Site #	B. EPA ID No. of facility to which waste was shipped NMD002208627	C. Off-site Management Method code shipped to H040	D. Total quantity shipped in 2005 1,845.00
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Comments Flammable and/or caustics contaminated cloth and paper wipes, plastic bagging, and PPE (latex gloves, coveralls, lab coats)