


New

<b>SEND COMPLETED FORM TO:</b> The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency <b>RCRA SUBTITLE C SITE IDENTIFICATION FORM</b>		
<b>1. Reason for Submittal</b> (See instructions on page 13.)  MARK ALL BOX(ES) THAT APPLY	<b>Reason for Submittal:</b> <input checked="" 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) <span style="float: right; color: yellow; font-weight: bold;">3821</span> <input 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		
<b>2. Site EPA ID Number</b> (page 14)	<b>EPA ID Number</b> <u>NMR 000 015 164g</u> <span style="color: red; font-weight: bold; font-size: 1.2em;">ENTERED</span>		
<b>3. Site Name</b> (page 14)	<b>Name:</b> <u>Foamex Innovations</u>		
<b>4. Site Location Information</b> (page 14)	<b>Street Address:</b> <u>7501 Meridian Place NW, Suite B</u>		<b>State:</b> <u>NM</u>
	<b>City, Town, or Village:</b> <u>Albuquerque</u>		<b>Zip Code:</b> <u>87121</u>
	<b>County Name:</b> <u>Bernalillo</u>		
<b>5. Site Land Type</b> (page 14)	<b>Site Land Type:</b> <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
<b>6. North American Industry Classification System (NAICS) Code(s) for the Site</b> (page 14)	<b>A.</b> <u>321611401</u>	<b>B.</b> _____	
	<b>C.</b> _____	<b>D.</b> _____	
<b>7. Site Mailing Address</b> (page 15)	<b>Street or P. O. Box:</b> <u>Same as Box 4</u>		
	<b>City, Town, or Village:</b>		
	<b>State:</b>		
	<b>Country:</b>		<b>Zip Code:</b>
<b>8. Site Contact Person</b> (page 15)	<b>First Name:</b> <u>Steven</u>	<b>MI:</b>	<b>Last Name:</b> <u>Fawver</u>
	<b>Phone Number:</b> <u>505-839-8110</u> <b>Extension:</b>		<b>Email address:</b> <u>sfawver@fxi.com</u>
<b>9. Operator and Legal Owner of the Site</b> (pages 15 and 16)	<b>A. Name of Site's Operator:</b> <u>Foamex Innovations</u>		<b>Date Became Operator (mm/dd/yyyy):</b> <u>01/28/2008</u>
	<b>Operator Type:</b> <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	<b>B. Name of Site's Legal Owner:</b> <u>Angelo Brunacini</u>		<b>Date Became Owner (mm/dd/yyyy):</b> <u>01/01/2004</u>
<b>Owner Type:</b> <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			

9. Legal Owner (Continued) Address	Street or P. O. Box: <u>P.O. Box 6363</u>	
	City, Town, or Village: <u>Albuquerque</u>	
	State: <u>NM</u>	
	Country: <u>US</u>	Zip Code: <u>87197</u>

10. Type of Regulated Waste Activity  
Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 17 to 20.)

**A. Hazardous Waste Activities**  
Complete all parts for 1 through 6.

<p><input checked="" type="checkbox"/> <input type="checkbox"/> 1. Generator of Hazardous Waste If "Yes", choose only one of the following - a, b, or c.</p> <p><input type="checkbox"/> a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or</p> <p><input type="checkbox"/> b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or</p> <p><input checked="" type="checkbox"/> c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste</p> <p>In addition, indicate other generator activities.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> d. United States Importer of Hazardous Waste</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> e. Mixed Waste (hazardous and radioactive) Generator</p>	<p><input type="checkbox"/> <input checked="" type="checkbox"/> 2. Transporter of Hazardous Waste</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> 4. Recycler of Hazardous Waste (at your site)</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> 5. Exempt Boiler and/or Industrial Furnace If "Yes", mark each that applies.</p> <p><input type="checkbox"/> a. Small Quantity On-site Burner Exemption</p> <p><input type="checkbox"/> b. Smelting, Melting, and Refining</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> 6. Underground Injection Control</p>
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**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 that apply:

	<u>Manage</u>
a. Batteries	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>
c. Mercury containing equipment	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>
g. Other (specify) _____	<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

**11. Description of Hazardous Wastes (See instructions on page 21.)**

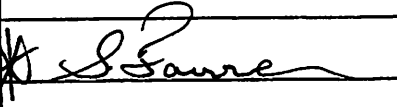
**A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D009	D002	D008			

**B. 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 21.)**


**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. For the RCRA Hazardous Waste Part A Permit Application, all operator(s) and owner(s) must sign (see 40 CFR 270.10 (b) and 270.11). (See instructions on page 21.)

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Steve Fawver Operations Manager	12/15/2009



BILL RICHARDSON  
Governor

DIANE DENISH  
Lieutenant Governor

NEW MEXICO  
ENVIRONMENT DEPARTMENT

*Hazardous Waste Bureau*

2905 Rodeo Park Drive East, Building 1

Santa Fe, New Mexico 87505-6303

Phone (505) 476-6000 Fax (505) 476-6030

[www.nmenv.state.nm.us](http://www.nmenv.state.nm.us)



RON CURRY  
Secretary

January 26, 2010

7501 Meridian Place NW, Suite B  
Albuquerque, NM 87121

Attn: Steven Fawver:

This is to acknowledge that, due to tracking requirements of the Environmental Protection Agency (EPA) in compliance with Section 3010 of the Resource Conservation and Recovery Act (RCRA): a number has been assigned for the Notification of Regulated Waste Activity for your facility site:

**Foamex Innovations**  
**7501 Meridian Place NW, Suite B**  
**Albuquerque, NM 87121**

Your EPA Identification Number for this installation is **NMR000015164**

The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes: on all Biennial Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage, and disposal facilities must file with EPA, on all applications for a Federal Hazardous Waste Permit, and other hazardous waste reports and documents required under Sub-title C of RCRA.

Charlotte Duran  
Financial Specialist  
Data Management Program  
Hazardous Waste Bureau