


<p>SEND COMPLETED FORM TO: The Appropriate State or Regional Office.</p>	<p>United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM</p> <p style="text-align: center;"><i>New</i> 4181</p>		
<p>1. Reason for Submittal</p> <p>MARK ALL BOX(ES) THAT APPLY</p>	<p>Reason for Submittal:</p> <p><input checked="" type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)</p> <p><input type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location)</p> <p><input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application</p> <p><input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)</p> <p><input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below)</p> <p><input type="checkbox"/> Site was a TSD facility and/or generator of $\geq 1,000$ kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in <u>one or more months</u> of the report year (or State equivalent LQG regulations)</p>		
<p>2. Site EPA ID Number</p>	<p>EPA ID Number NMR 0000189111</p>		
<p>3. Site Name</p>	<p>Name: Salvage & Plus Metal Recycling</p>		
<p>4. Site Location Information</p>	<p>Street Address: 4279 Hwy 64</p> <p>City, Town, or Village: Kirtland County: San Juan</p> <p>State: New Mexico Country: U.S.A. Zip Code: 87417</p>		
<p>5. Site Land Type</p>	<p><input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>		
<p>6. NAICS Code(s) for the Site (at least 5-digit codes)</p>	<p>A. 423930 C. </p> <p>B. 488410 D. </p>		
<p>7. Site Mailing Address</p>	<p>Street or P.O. Box: Same as above</p> <p>City, Town, or Village:</p> <p>State: Country: Zip Code:</p>		
<p>8. Site Contact Person</p>	<p>First Name: JL MI: Last: Tucker</p> <p>Title: Owner</p> <p>Street or P.O. Box: Same as above</p> <p>City, Town or Village:</p> <p>State: Country: Zip Code:</p> <p>Email:</p> <p>Phone: 505-598-6134 Ext.: Fax:</p>		
<p>9. Legal Owner and Operator of the Site</p>	<p>A. Name of Site's Legal Owner: J L Tucker Jr. Date Became Owner: 1991</p> <p>Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p> <p>Street or P.O. Box: Same as above</p> <p>City, Town, or Village: Phone:</p> <p>State: Country: Zip Code:</p> <p>B. Name of Site's Operator: Date Became Operator: June 1991</p> <p>Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>		

D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

❖ You can ONLY Opt into Subpart K if:

- you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND
- you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state

Y N 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

- a. College or University
- b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

Y N 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

11. Description of Hazardous Waste

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.

<i>Handwritten</i>	D001	D002	D008	D009		

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.

EPA ID Number

Grid for EPA ID Number

OMB#: 2050-0024; Expires 12/31/2014

12. Notification of Hazardous Secondary Material (HSM) Activity

Y N Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

Generates used oil.

14. 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 fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
<i>J. C. Tucker</i>	OWNER	7-29-13



SUSANA MARTINEZ
Governor

JOHN A. SANCHEZ
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
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RYAN FLYNN
Secretary

BUTCH TONGATE
Deputy Secretary

TOM BLAINE, P.E.
Director
Environmental Health Division

August 8, 2013

SALVAGE PLUS METAL RECYCLING
4279 HWY 64
KIRTLAND, NM 87417

Attn: JC Tucker:

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:

SALVAGE PLUS METAL RECYCLING
4279 HWY 64
KIRTLAND, NM 87417

Your EPA Identification Number for this installation is **NMR000018911**.

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.

Vanessa Baros
Administrator
Hazardous Waste Bureau