


United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM <b style="color: red;">Temporary	4704	
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1. Reason for Submittal (Select only one.)

<input checked="" type="checkbox"/>	Obtaining or updating an EPA ID number for an on-going regulated activity that will continue for a period of time. (Includes HSM activity)
<input type="checkbox"/>	Submitting as a component of the Hazardous Waste Report for _____ (Reporting Year)
<input type="checkbox"/>	Site was a TSD facility and/or generator of > 1,000 kg of hazardous waste, > 1 kg of acute hazardous waste, or > 100 kg of acute hazardous waste spill cleanup in one or more months of the reporting year (or State equivalent LQG regulations)
<input type="checkbox"/>	Notifying that regulated activity is no longer occurring at this Site
<input type="checkbox"/>	Obtaining or updating an EPA ID number for conducting Electronic Manifest Broker activities
<input type="checkbox"/>	Submitting a new or revised Part A Form

2. Site EPA ID Number

	NMR000024554								
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3. Site Name

New Mexico Dept. Game + Fish

4. Site Location Address

Street Address <i>1 Wildlife Way</i>			
City, Town, or Village <i>Santa Fe</i>		County <i>Santa Fe</i>	
State <i>N. Mex</i>	Country <i>USA</i>	Zip Code <i>87504</i>	

5. Site Mailing Address

Same as Location Address

Street Address <i>P.O. Box 25112</i>			
City, Town, or Village <i>Santa Fe</i>			
State <i>N. Mex</i>	Country <i>USA</i>	Zip Code <i>87504</i>	

6. Site Land Type

<input type="checkbox"/> Private	<input type="checkbox"/> County	<input type="checkbox"/> District	<input type="checkbox"/> Federal	<input type="checkbox"/> Tribal	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Other
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7. North American Industry Classification System (NAICS) Code(s) for the Site (at least 5-digit codes)

A. (Primary) <i>112511</i>	C.
B.	D.

8. Site Contact Information

Same as Location Address

First Name <i>C.</i>	MI <i>J.</i>	Last Name <i>Law</i>
Title		
Street Address		
City, Town, or Village		
State	Country	Zip Code
Email <i>claudel.law@state.nm.us</i>		
Phone <i>505-412-7161</i>	Ext	Fax <i>505-476-8127</i>

9. Legal Owner and Operator of the Site

A. Name of Site's Legal Owner

Same as Location Address

Full Name <i>New Mexico Dept of Game & Fish</i>	Date Became Owner (mm/dd/yyyy) <i>04/01/2000</i>
Owner Type <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	
Street Address <i>1 Wildlife Way</i>	
City, Town, or Village <i>Santa Fe</i>	
State <i>N. Mex</i>	Country <i>USA</i>
Zip Code <i>87504</i>	
Email <i>claudel.law@state.nm.us</i>	
Phone <i>505-412-7161</i>	Fax <i>505-476-8127</i>
Comments	

B. Name of Site's Legal Operator

Same as Location Address

Full Name	Date Became Operator (mm/dd/yyyy)
Operator Type <input 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	
Street Address	
City, Town, or Village	
State	Country
Zip Code	
Email	
Phone	Fax
Comments	

10. Type of Regulated Waste Activity (at your site)

Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

A. Hazardous Waste Activities

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	1. Generator of Hazardous Waste—If "Yes", mark only one of the following—a, b, c	
<input checked="" type="checkbox"/>	a. LQG	-Generates, in any calendar month (includes quantities imported by importer site) 1,000 kg/mo (2,200 lb/mo) or more of non-acute hazardous waste; or - Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lb/mo) of acute hazardous waste; or - Generates, in any calendar month or accumulates at any time, more than 100 kg/mo (220 lb/mo) of acute hazardous spill cleanup material.
<input type="checkbox"/>	b. SQG	100 to 1,000 kg/mo (220-2,200 lb/mo) of non-acute hazardous waste and no more than 1 kg (2.2 lb) of acute hazardous waste and no more than 100 kg (220 lb) of any acute hazardous spill cleanup material.
<input type="checkbox"/>	c. VSQG	Less than or equal to 100 kg/mo (220 lb/mo) of non-acute hazardous waste.
If "Yes" above, indicate other generator activities in 2 and 3, as applicable.		
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	2. Short-Term Generator (generates from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	3. Mixed Waste (hazardous and radioactive) Generator	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	4. Treater, Storer or Disposer of Hazardous Waste—Note: A hazardous waste Part B permit is required for these activities.	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	5. Receives Hazardous Waste from Off-site	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	6. Recycler of Hazardous Waste	
<input type="checkbox"/>	a. Recycler who stores prior to recycling	
<input type="checkbox"/>	b. Recycler who does not store prior to recycling	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	7. Exempt Boiler and/or Industrial Furnace—If "Yes", mark all that apply.	
<input type="checkbox"/>	a. Small Quantity On-site Burner Exemption	
<input type="checkbox"/>	b. Smelting, Melting, and Refining Furnace Exemption	

B. 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.

P-106	D001	U122	U051	D002	D003	

C. Waste Codes for State Regulated (non-Federal) Hazardous Wastes. Please list the waste codes of the State 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.

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11. Additional Regulated Waste Activities (NOTE: Refer to your State regulations to determine if a separate permit is required.)**A. Other Waste Activities**

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1. Transporter of Hazardous Waste—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Transporter
<input type="checkbox"/>	b. Transfer Facility (at your site)
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Underground Injection Control
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	3. United States Importer of Hazardous Waste
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	4. Recognized Trader—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Importer
<input type="checkbox"/>	b. Exporter
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	5. Importer/Exporter of Spent Lead-Acid Batteries (SLABs) under 40 CFR 266 Subpart G—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Importer
<input type="checkbox"/>	b. Exporter

B. Universal Waste Activities

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) - If “Yes” mark all that apply. Note: Refer to your State regulations to determine what is regulated.
<input type="checkbox"/>	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"/> Y <input checked="" type="checkbox"/> N	2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1. Used Oil Transporter—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Transporter
<input type="checkbox"/>	b. Transfer Facility (at your site)
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Used Oil Processor and/or Re-refiner—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Processor
<input type="checkbox"/>	b. Re-refiner
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	3. Off-Specification Used Oil Burner
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	4. Used Oil Fuel Marketer—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
<input type="checkbox"/>	b. Marketer Who First Claims the Used Oil Meets the Specifications

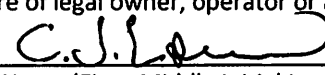
18. Comments (include item number for each comment)

1. This is a state owned facility applying for a one time EPA ID number, this material will not be generated again.

2. This site would qualify as CESQG in not for (1) one gallon container of P listed waste.

3. It is unknown when these materials were purchased/generated

19. 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. **Note: For the RCRA Hazardous Waste Part A permit Application, all owners and operators must sign (see 40 CFR 270.10(b) and 270.11).**

Signature of legal owner, operator or authorized representative 	Date (mm/dd/yyyy) 02/08/2018
Printed Name (First, Middle Initial Last) C. J. LAW	Title Facilities Operations Manager
Email claude.law@state.nm.us	
Signature of legal owner, operator or authorized representative	Date (mm/dd/yyyy)
Printed Name (First, Middle Initial Last)	Title
Email	

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**ADDENDUM TO THE SITE IDENTIFICATION FORM:
EPISODIC GENERATOR**

**ONLY fill out this form if:**

- You are an SQG or VSQG generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, that moves the generator to a higher generator category pursuant to 40 CFR 262 Subpart L. Note: Only one planned and one unplanned episodic event are allowed within one year; otherwise, you must follow the requirements of the higher generator category. Use additional pages if more space is needed.

Episodic Event	
1. Planned <input type="checkbox"/> Excess chemical inventory removal <input type="checkbox"/> Tank cleanouts <input type="checkbox"/> Short-term construction or demolition <input type="checkbox"/> Equipment maintenance during plant shutdowns <input type="checkbox"/> Other _____	2. Unplanned <input type="checkbox"/> Accidental spills <input type="checkbox"/> Production process upsets <input type="checkbox"/> Product recalls <input type="checkbox"/> "Acts of nature" (Tornado, hurricane, flood, etc.) <input checked="" type="checkbox"/> Other <u>Waste discolored, unknown</u>
3. Emergency Contact Phone <u>505-412-7161</u>	4. Emergency Contact Name <u>C. J. LAW</u>
5. Beginning Date <u>02/12/18</u> (mm/dd/yyyy)	6. End Date <u>02/16/2018</u> (mm/dd/yyyy)

Waste 1

7. Waste Description <u>Sodium Cyanide</u>	8. Estimated Quantity (in pounds) <u>4#</u>
9. Federal and/or State Hazardous Waste Codes	
<u>P-106</u>	

Waste 2

7. Waste Description <u>Cresote</u>	8. Estimated Quantity (in pounds) <u>8#</u>
9. Federal and/or State Hazardous Waste Codes	
<u>U 051</u>	

Waste 3

7. Waste Description <u>Carbide, Reactive Material</u>	8. Estimated Quantity (in pounds) <u>40#</u>
9. Federal and/or State Hazardous Waste Codes	
<u>D 001</u>	<u>D 003</u>