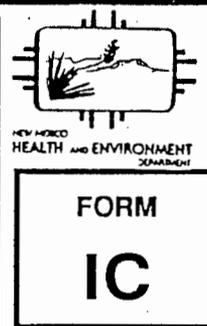


1323

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME General Electric Service Center
4420 McLeod N.E.
Albuquerque, New Mexico 87109

EPA ID NO. N M D O 4 7 1 4 0 2 5 6



STATE OF NEW MEXICO
 ENVIRONMENTAL IMPROVEMENT DIVISION
 HAZARDOUS WASTE MANAGEMENT SECTION

1987 Hazardous Waste Generation and Shipment Report

IDENTIFICATION AND CERTIFICATION

WHO MUST COMPLETE THIS FORM? Form IC must be completed by every site that received this package.

INSTRUCTIONS: Please read the detailed instructions beginning on page 8 of the 1987 Hazardous Waste Generation and Shipment Report Instructions booklet before completing this form.

Complete Sections I through IV and Sections VI through IX immediately. Complete Section V certification, after you have finished the full report package.

SEC. I. Site name and physical location which may differ from the mailing address. Complete items A through G. Mark for items A, B, C, D, F, and G if same as label; if different, enter corrections. If label is absent, enter information.

A. Site/company name Same as label <input checked="" type="checkbox"/>		B. EPA ID No. Same as label <input checked="" type="checkbox"/>	
or —		or — <u>N M D O 4 7 1 4 0 2 5 6</u>	
C. Address number and street name of physical location - if not known, enter industrial park, building name or other physical location description Same as label <input checked="" type="checkbox"/>			
or —			
D. City, town, village, etc. Same as label <input checked="" type="checkbox"/>	E. County <u>Bernalillo</u>	F. State Same as label <input checked="" type="checkbox"/>	G. Zip Code Same as label <input checked="" type="checkbox"/>
or —		or —	or —

SEC. II. Mailing address of site. Mark for A, B, C, and D if same as label; if different, enter corrections.

A. Number and street name of mailing address Same as label <input checked="" type="checkbox"/>		C. State Same as label <input checked="" type="checkbox"/>	
or —		or —	
B. City, town, village, etc. Same as label <input checked="" type="checkbox"/>	D. Zip Code Same as label <input checked="" type="checkbox"/>		
or —	or —		

SEC. III. Name, title, and telephone number of the person who should be contacted if questions arise regarding this report.

A. Please print: Last name <u>Neel</u>	First name <u>Melvin</u>	M.I. <u>R</u>	B. Title <u>Manager</u>	C. Telephone <u>5 0 5 8 8 1 - 0 5 3 3</u>
				Extension

SEC. IV. Enter the Standard Industrial Classification (SIC) Code that describes the principal products, group of products, produced or distributed, or the services rendered at the site's physical location. Enter more than one SIC Code only if no one industry description includes the combined activities of the site. SIC codes are listed beginning on page 1 of the 1987 Hazardous Waste Generation, Shipment and Management Report Codebook.

A. <u>7 6 9 4</u>	B. <u>7 6 9 9</u>	C. _____	D. _____	E. _____	F. _____
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SEC. V. I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. Please print: Last name <u>Neel</u>	First name <u>Melvin</u>	M.I. <u>R.</u>	Title <u>Manager</u>
Signature <u>Melvin R Neel</u>			Date of signature <u>03</u> / <u>16</u> / <u>88</u> Mo. Day Yr.

