



**COMPANY, INC.**

6133 EDITH BOULEVARD NE  
ALBUQUERQUE, NM 87107  
PHONE (505) 345-3655

*FILE Permit  
RD*

May 1, 1992

New Mexico Environmental Division  
Mr. Herb Grover  
525 Camino de Los Marquez  
Santa Fe, NM 87502

Dear Mr. Grover:

Please accept these enclosed pages from our existing Part B Permit as part of the modification of our permit to include TCLP listed wastes. The list you have already received with the Part A application is to be an addendum to this enclosed list. Please notify me if you need any further information.

**We Care,**

Lise Gorgone  
Hazardous Waste Coordinator





EPA I.D. NUMBER (enter from page 1)										FOR OFFICIAL USE ONLY									
W	N	M	D	O	8	5	2	6	7	9	6	1	E	1	W	DUP	2	DUP	
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																			
NO.	A. EPA HAZARD WASTENO (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES															
				1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))											
1	U 0 8 8	1,000	P	S 0 1															
2	U 0 9 2	1,000	P	S 0 1															
3	U 1 0 2	1,000	P	S 0 1															
4	U 1 0 7	1,000	P	S 0 1															
5	U 1 1 2	1,000	P	S 0 1															
6	U 1 1 3	1,000	P	S 0 1															
7	U 1 1 7	1,000	F	S 0 1															
8	U 1 1 8	1,000	P	S 0 1															
9	U 1 2 4	1,000	P	S 0 1															
10	U 1 2 5	1,000	P	S 0 1															
11	U 1 2 7	1,000	P	S 0 1															
12	U 1 4 0	1,000	P	S 0 1															
13	U 1 5 4	1,000	P	S 0 1															
14	U 0 8 0	1,000	P	S 0 1															
15	U 1 5 9	1,000	P	S 0 1															
16	U 1 6 1	1,000	P	S 0 1															
17	U 1 6 2	1,000	P	S 0 1															
18	U 1 6 5	1,000	P	S 0 1															
19	U 1 6 9	1,000	P	S 0 1															
20	U 1 7 1	1,000	P	S 0 1															
21	U 1 8 8	1,000	P	S 0 1															
22	U 1 9 1	1,000	P	S 0 1															
23	U 1 9 6	1,000	P	S 0 1															
24	U 2 1 0	1,000	P	S 0 1															
25	U 2 1 3	1,000	P	S 0 1															
26	U 2 2 0	1,000	P	S 0 1															

EPA I.D. NUMBER (enter from page 1)											FOR OFFICIAL USE ONLY							
W	N	M	D	0	8	5	2	6	7	9	6	1	1	W	DUP		2	DUP
DESCRIPTION OF HAZARDOUS WASTES (continued)																		
LINE NO.	A. EPA HAZARD. WASTENO (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES											
							1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))							
1	U	2	2	6	1,000	P	S	0	1									
2	U	2	2	7	1,000	P	S	0	1									
3	U	2	2	8	1,000	P	S	0	1									
4	U	1	2	1	1,000	P	S	0	1									
5	U	2	3	9	1,000	P	S	0	1									
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**IV. DESCRIPTION OF HAZARDOUS WASTES (continued)**  
 E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) OF PAGE 3.

We have included in the listing of the estimated annual quantity of waste a number of wastes such as U001, U002, etc., which we estimated could be 1,000 pounds each. These quantities are arbitrary. We may receive none or a larger quantity. It is very unpredictable.

EPA I.D. NO. (enter from page 1)												
F	N	M	D	0	8	2	2	9	8	6	2	7
												16

**V. FACILITY DRAWING**

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

**VI. PHOTOGRAPHS**

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

**VII. FACILITY GEOGRAPHIC LOCATION**

LATITUDE (degrees, minutes, & seconds)						LONGITUDE (degrees, minutes, & seconds)					
	3	5	0	8	39"		1	0	6	3	7" 43"

**VIII. FACILITY OWNER**

- A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.
- B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER				2. PHONE NO. (area code & no.)			
R.C.I. Services Company				5 0 5 - 3 4 5 - 3 6 5 5			
3. STREET OR P.O. BOX			4. CITY OR TOWN		5. ST.	6. ZIP CODE	
6133 Edith Boulevard NE			Albuquerque		NM	8 7 1 0 7	

**IX. OWNER CERTIFICATION**

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. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
William Moore		August 5, 1986

**X. OPERATOR CERTIFICATION**

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. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
William Moore, President		August 5, 1986