



BRUCE KING
GOVERNOR

State of New Mexico
ENVIRONMENT DEPARTMENT
Harold Runnels Building
1190 St. Francis Drive, P.O. Box 26110
Santa Fe, New Mexico 87502
(505) 827-2850

JUDITH M. ESPINOSA
SECRETARY

RON CURRY
DEPUTY SECRETARY

NEW MEXICO ENVIRONMENT DEPARTMENT
HAZARDOUS WASTE FACILITY PERMIT
PERMIT MODIFICATION AUTHORIZATION

PERMITTEE: RINCHEM COMPANY, INC.
LOCATION: 6133 EDITH BLVD., NE
ALBUQUERQUE, NM 87107
I.D. NUMBER: NMD002208627
EFFECTIVE DATE: MAY 28, 1992
EXPIRATION DATE: JANUARY 7, 1998

This modification applies to the Permit issued to said Permittee in accordance with the Resource Conservation and Recovery Act (RCRA), as amended (42 U.S.C. 6901, et seq.), and the New Mexico Hazardous Waste Act (sections 74-4-1 et seq. NMSA 1978). Said modification is specified in an amended Part A attached to the Permit, and on inserted pages affected by the approved modification.

Modification of this permit was carried out in accordance with HWMR-6, section 270.42. This modification of the Permit shall be effective May 28, 1992, and shall remain in effect until January 7, 1998, unless modified, revoked and reissued, or terminated in accordance with HWMR-6, sections 270.41, 270.42, or 270.43.

Issued this 28th day of May, 1992.

by

Handwritten signature of Kathleen M. Sisneros in cursive.

Kathleen Sisneros
Director
Water and Waste Management Division
New Mexico Environment Department

May 92

FACILITY NAME: Rinchem - Albug.
EPA ID NUMBER: NMD 0020 8627

LAND DISPOSAL RESTRICTIONS CHECKLIST

Form A - Restricted Waste Determination

Note: This form must be completed during all RCRA Compliance Evaluation Inspections (CEIs). Additional forms (B through F) may be required depending on the types of wastes generated or handled.

Red file

Section I. Wastes restricted on November 7, 1986 (F-solvents and Dioxins)

Check each box that applies (see Appendix A):

- | | | | | |
|-------------------------------|-------------------------------|--------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> F001 | <input type="checkbox"/> F002 | <input type="checkbox"/> F003* | <input type="checkbox"/> F004 | <input type="checkbox"/> F005 |
| <input type="checkbox"/> F020 | <input type="checkbox"/> F021 | <input type="checkbox"/> F022 | <input type="checkbox"/> F023 | <input type="checkbox"/> F026 |
| <input type="checkbox"/> F027 | <input type="checkbox"/> F028 | | | |

None of the wastes listed above are handled by the generator.
Complete Section II of this form.

One or more of the wastes listed above are handled by the generator.
Complete Form C- Manifesting Restricted Wastes and Form D- Testing and Management of F-solvents and Dioxins.

* Applicable only if waste is ignitable.

Section II. Wastes restricted on July 8, 1987 (California List)

Check each box that applies:

Liquid hazardous wastes or liquids associated with solids or sludges containing free cyanides at concentrations greater than 1000 mg/L.

Liquid hazardous wastes or liquids associated with solids or sludges containing one or more of the following concentrations:

- Arsenic or compounds containing arsenic greater than 500 mg/L;
- Cadmium or compounds containing cadmium greater than 100 mg/L;
- Chromium or compounds containing chromium greater than 500 mg/L;
- Lead or compounds containing lead greater than 500 mg/L;
- Mercury or compounds containing mercury greater than 20 mg/L;
- Nickel or compound containing nickel greater than 134 mg/L;

FACILITY NAME: _____

EPA ID NUMBER: _____

Form A - Restricted Waste Determination (cont'd)

- Selenium or compounds containing selenium greater than 100 mg/L;
 Thallium or compounds containing thallium greater than 130 mg/L.

Liquid hazardous wastes exhibiting a pH less than or equal to 2.0.

Liquid hazardous wastes that also contain polychlorinated biphenyls (PCBs) at concentrations between 50 to 500 mg/L.

Liquid or non-liquid hazardous waste containing halogenated organic compounds at concentrations greater than or equal to 1000 mg/kg.

None of the wastes listed above are handled by the generator.
Complete Section III of this form.

One or more of the wastes listed above are handled by the generator.
Complete Form C - Manifesting Restricted Wastes, and Form E - Testing and Management of California List Wastes.

Note: The treatment standards for some of the California Listed Wastes may have been superseded with treatment standards for the Third Thirds Characteristic Wastes.

Section III. Wastes restricted on August 8, 1988 (First Third List)

1. Hard Hammer Wastes (see appendix B)

<input type="checkbox"/> F006	<input type="checkbox"/> K001	<input type="checkbox"/> K004	<input type="checkbox"/> K008	<input type="checkbox"/> K015
<input type="checkbox"/> K016	<input type="checkbox"/> K018	<input type="checkbox"/> K019	<input type="checkbox"/> K020	<input type="checkbox"/> K021
<input type="checkbox"/> K022	<input type="checkbox"/> K024	<input type="checkbox"/> K025	<input type="checkbox"/> K030	<input type="checkbox"/> K036
<input type="checkbox"/> K037	<input type="checkbox"/> K044	<input type="checkbox"/> K045	<input type="checkbox"/> K046	<input type="checkbox"/> K047
<input type="checkbox"/> K048	<input type="checkbox"/> K049	<input type="checkbox"/> K050	<input type="checkbox"/> K051	<input type="checkbox"/> K052
<input type="checkbox"/> K060	<input type="checkbox"/> K061	<input type="checkbox"/> K062	<input type="checkbox"/> K069	<input type="checkbox"/> K071
<input type="checkbox"/> K083	<input type="checkbox"/> K086	<input type="checkbox"/> K087	<input type="checkbox"/> K099	<input type="checkbox"/> K100
<input type="checkbox"/> K101	<input type="checkbox"/> K102	<input type="checkbox"/> K103	<input type="checkbox"/> K104	

FACILITY NAME: _____

EPA ID NUMBER: _____

Form A - Restricted Waste Determination (cont'd)

2. Soft Hammer Wastes (see Appendix C)

A. Wastewaters only

___ F006	___ K004	___ K008	___ K021	___ K022
___ K025	___ K036	___ K046	___ K060	___ K061
___ K069	___ K083	___ K086	___ K100	___ K101
___ K102				

B. All others

___ F007	___ F008	___ F009	___ F019	___ K011
___ K013	___ K014	___ K017	___ K031	___ K035
___ K036	___ K069	___ K073	___ K083	___ K084
___ K085	___ K086	___ K101*	___ K102*	___ K106
___ P001	___ P004	___ P005	___ P010	___ P011
___ P012	___ P015	___ P016	___ P018	___ P020
___ P030	___ P036	___ P037	___ P039	___ P041
___ P048	___ P050	___ P058	___ P059	___ P063
___ P068	___ P069	___ P070	___ P071	___ P081
___ P082	___ P084	___ P087	___ P089	___ P092
___ P094	___ P097	___ P102	___ P105	___ P108
___ P110	___ P115	___ P120	___ P122	___ P123
___ U007	___ U009	___ U010	___ U012	___ U016
___ U018	___ U019	___ U022	___ U029	___ U031
___ U036	___ U037	___ U041	___ U043	___ U044
___ U046	___ U050	___ U051	___ U053	___ U061
___ U063	___ U064	___ U066	___ U067	___ U074
___ U077	___ U078	___ U086	___ U089	___ U103
___ U105	___ U108	___ U115	___ U122	___ U124
___ U129	___ U130	___ U133	___ U134	___ U137
___ U151	___ U154	___ U155	___ U157	___ U158
___ U159	___ U171	___ U177	___ U180	___ U185
___ U188	___ U192	___ U200	___ U209	___ U210
___ U211	___ U219	___ U220	___ U221	___ U223
___ U226	___ U227	___ U228	___ U237	___ U238
___ U248	___ U249			

* Nonwastewaters with greater than 1% As.

FACILITY NAME: _____

EPA ID NUMBER: _____

Form A - Restricted Waste Determination (cont'd)

None of the wastes listed above are handled by the generator.
Complete Section IV of this form.

One or more of the wastes listed above are handled by the generator.
Complete Form C - Manifesting Restricted Wastes and Form F - Testing
and Management of First Third, Second Third, and Third Third List
Wastes.

Section IV. Wastes restricted on June 8, 1989 (Second Third)

1. Hard Hammer Wastes

<input type="checkbox"/> F007	<input type="checkbox"/> F008	<input type="checkbox"/> F009	<input type="checkbox"/> F010	<input type="checkbox"/> F011
<input type="checkbox"/> F012	<input type="checkbox"/> F024	<input type="checkbox"/> P013	<input type="checkbox"/> P021	<input type="checkbox"/> P029
<input type="checkbox"/> P030	<input type="checkbox"/> P039	<input type="checkbox"/> P040	<input type="checkbox"/> P041	<input type="checkbox"/> P043
<input type="checkbox"/> P044	<input type="checkbox"/> P062	<input type="checkbox"/> P063	<input type="checkbox"/> P071	<input type="checkbox"/> P073
<input type="checkbox"/> P074	<input type="checkbox"/> P085	<input type="checkbox"/> P089	<input type="checkbox"/> P094	<input type="checkbox"/> P097
<input checked="" type="checkbox"/> P098	<input type="checkbox"/> P099	<input type="checkbox"/> P104	<input type="checkbox"/> P106	<input type="checkbox"/> P109
<input type="checkbox"/> P111	<input type="checkbox"/> P121	<input type="checkbox"/> K005	<input type="checkbox"/> K007	<input type="checkbox"/> K009
<input type="checkbox"/> K010	<input type="checkbox"/> K011	<input type="checkbox"/> K013	<input type="checkbox"/> K014	<input type="checkbox"/> K023
<input type="checkbox"/> K027	<input type="checkbox"/> K028	<input type="checkbox"/> K029*	<input type="checkbox"/> K036	<input type="checkbox"/> K038
<input type="checkbox"/> K039	<input type="checkbox"/> K040	<input type="checkbox"/> K043	<input type="checkbox"/> K093	<input type="checkbox"/> K094
<input type="checkbox"/> K095*	<input type="checkbox"/> K096	<input type="checkbox"/> K113	<input type="checkbox"/> K114	<input type="checkbox"/> K115
<input type="checkbox"/> K116	<input type="checkbox"/> U028	<input type="checkbox"/> U058	<input type="checkbox"/> U069	<input type="checkbox"/> U087
<input type="checkbox"/> U088	<input type="checkbox"/> U102	<input type="checkbox"/> U107	<input type="checkbox"/> U109	<input type="checkbox"/> U221
<input type="checkbox"/> U223	<input type="checkbox"/> U235			

* Nonwastewater only

2. Soft Hammer Wastes

A. Wastewaters only

K025 K029 K095 K096

B. All others

K041 K042 K097 K098 K105
 P002 P003 P007 P008 P014

FACILITY NAME: _____

EPA ID NUMBER: _____

Form A - Restricted Waste Determination (cont'd)

<input type="checkbox"/> P026	<input type="checkbox"/> P049	<input type="checkbox"/> P054	<input type="checkbox"/> P057	<input type="checkbox"/> P060
<input type="checkbox"/> P066	<input type="checkbox"/> P067	<input type="checkbox"/> P072	<input type="checkbox"/> P107	<input type="checkbox"/> P112
<input type="checkbox"/> P113	<input type="checkbox"/> P114	<input type="checkbox"/> U002	<input type="checkbox"/> U003	<input type="checkbox"/> U005
<input type="checkbox"/> U008	<input type="checkbox"/> U011	<input type="checkbox"/> U014	<input type="checkbox"/> U015	<input type="checkbox"/> U020
<input type="checkbox"/> U021	<input type="checkbox"/> U023	<input type="checkbox"/> U026	<input type="checkbox"/> U032	<input type="checkbox"/> U035
<input type="checkbox"/> U047	<input type="checkbox"/> U049	<input type="checkbox"/> U057	<input type="checkbox"/> U059	<input type="checkbox"/> U060
<input type="checkbox"/> U062	<input type="checkbox"/> U070	<input type="checkbox"/> U073	<input type="checkbox"/> U080	<input type="checkbox"/> U083
<input type="checkbox"/> U092	<input type="checkbox"/> U093	<input type="checkbox"/> U094	<input type="checkbox"/> U095	<input type="checkbox"/> U097
<input type="checkbox"/> U098	<input type="checkbox"/> U099	<input type="checkbox"/> U101	<input type="checkbox"/> U106	<input type="checkbox"/> U109
<input type="checkbox"/> U110	<input type="checkbox"/> U111	<input type="checkbox"/> U114	<input type="checkbox"/> U116	<input type="checkbox"/> U119
<input type="checkbox"/> U127	<input type="checkbox"/> U128	<input type="checkbox"/> U131	<input type="checkbox"/> U135	<input type="checkbox"/> U138
<input type="checkbox"/> U140	<input type="checkbox"/> U142	<input type="checkbox"/> U143	<input type="checkbox"/> U144	<input type="checkbox"/> U146
<input type="checkbox"/> U147	<input type="checkbox"/> U149	<input type="checkbox"/> U150	<input type="checkbox"/> U161	<input type="checkbox"/> U162
<input type="checkbox"/> U163	<input type="checkbox"/> U164	<input type="checkbox"/> U165	<input type="checkbox"/> U168	<input type="checkbox"/> U169
<input type="checkbox"/> U170	<input type="checkbox"/> U172	<input type="checkbox"/> U173	<input type="checkbox"/> U174	<input type="checkbox"/> U176
<input type="checkbox"/> U178	<input type="checkbox"/> U179	<input type="checkbox"/> U189	<input type="checkbox"/> U193	<input type="checkbox"/> U196
<input type="checkbox"/> U203	<input type="checkbox"/> U205	<input type="checkbox"/> U206	<input type="checkbox"/> U208	<input type="checkbox"/> U213
<input type="checkbox"/> U214	<input type="checkbox"/> U215	<input type="checkbox"/> U216	<input type="checkbox"/> U217	<input type="checkbox"/> U218
<input type="checkbox"/> U239	<input type="checkbox"/> U244			

None of the wastes listed above are handled by the generator.
Complete Section V of this form.

One or more of the wastes listed above are handled by the generator.
Complete Form C - Manifesting Restricted Wastes and Form F - Testing
and Management of First Third, Second Third, and Third Third List
Wastes.

Section V. Wastes restricted on May 8, 1990 (Last Third)

Note: These wastes were prohibited from land disposal on August 8, 1990 or subject to a 3
month national capacity variance.

1. Hard Hammer Wastes

<input checked="" type="checkbox"/> D001	<input checked="" type="checkbox"/> D002	<input type="checkbox"/> D003	<input type="checkbox"/> D006	<input type="checkbox"/> D007
<input type="checkbox"/> D008	<input type="checkbox"/> D009	<input type="checkbox"/> D010	<input type="checkbox"/> D011	<input type="checkbox"/> D012

FACILITY NAME: _____

EPA ID NUMBER: _____

Form A - Restricted Waste Determination (cont'd)

___ D013	___ D014	___ D015	___ D016	___ D017
___ F001	___ F002	___ F003	___ F004	___ F005
___ F006	___ F007	___ F008	___ F009	___ F010
___ F011	___ F012	___ F019	___ F024	___ F025
___ F039*@	___ K001	___ K002	___ K003	___ K004
___ K005	___ K006	___ K007	___ K008	___ K011
___ K013	___ K014	___ K015	___ K017	___ K021
___ K022	___ K025	___ K026	___ K028	___ K029
___ K031	___ K032	___ K033	___ K034	___ K035
___ K041	___ K042	___ K046	___ K048	___ K049
___ K050	___ K051	___ K051	___ K052	___ K060
___ K061*	___ K062	___ K069**	___ K071@	___ K073
___ K083	___ K084	___ K085	___ K086	___ K087
___ K095	___ K096	___ K097	___ K098	___ K100
___ K101	___ K102	___ K105	___ K106@	___ P001
___ P002	___ P003	___ P004	___ P005	___ P006
___ P007	___ P008	___ P009	___ P010	___ P011
___ P012	___ P013	___ P014	___ P015	___ P016
___ P017	___ P018	___ P020	___ P022	___ P023
___ P024	___ P027	___ P028	___ P031	___ P033
___ P034	___ P035	___ P038	___ P042	___ P045
___ P046	___ P047	___ P048	___ P049	___ P050
___ P051	___ P054	___ P056	___ P057	___ P058
___ P059	___ P060	___ P064	___ P065@	___ P066
___ P067	___ P068	___ P069	___ P070	___ P072
___ P073	___ P074	___ P075	___ P076	___ P077
___ P078	___ P081	___ P082	___ P084	___ P088
___ P092@	___ P093	___ P095	___ P096	___ P099
___ P101	___ P102	___ P103	___ P104	___ P105
___ P108	___ P109	___ P110	___ P112	___ P113
___ P114	___ P115	___ P116	___ P118	___ P119
___ P120	___ P122	___ P123	___ U001	___ U002
___ U003	___ U004	___ U005	___ U006	___ U007
___ U008	___ U009	___ U010	___ U011	___ U012
___ U014	___ U015	___ U016	___ U017	___ U018
___ U019	___ U020	___ U021	___ U022	___ U023

*@ New waste code for multi-source leachate.

FACILITY NAME: _____

EPA ID NUMBER: _____

Form A - Restricted Waste Determination (cont'd)

___ U024	___ U025	___ U026	___ U027	___ U029
___ U030	___ U031	___ U032	___ U033	___ U034
___ U035	___ U036	___ U037	___ U038	___ U039
___ U041	___ U042	___ U043	___ U044	___ U045
___ U046	___ U047	___ U048	___ U049	___ U050
___ U051	___ U052	___ U053	___ U055	___ U056
___ U057	___ U059	___ U060	___ U061	___ U062
___ U063	___ U064	___ U066	___ U067	___ U068
___ U070	___ U071	___ U072	___ U073	___ U074
___ U075	___ U076	___ U077	___ U078	___ U079
___ U080	___ U081	___ U082	___ U083	___ U084
___ U085	___ U086	___ U089	___ U090	___ U091
___ U092	___ U093	___ U094	___ U095	___ U096
___ U097	___ U098	___ U099	___ U101	___ U103
___ U105	___ U106	___ U108	___ U109	___ U110
___ U111	___ U112	___ U113	___ U114	___ U115
___ U116	___ U117	___ U118	___ U119	___ U120
___ U121	___ U122	___ U123	___ U124	___ U125
___ U126	___ U127	___ U128	___ U129	___ U130
___ U131	___ U132	___ U133	___ U134	___ U135
___ U136	___ U137	___ U138	___ U140	___ U141
___ U142	___ U143	___ U144	___ U145	___ U146
___ U147	___ U148	___ U149	___ U150	___ U151@
___ U152	___ U153	___ U154	___ U155	___ U156
___ U157	___ U158	___ U159	___ U160	___ U161
___ U161	___ U162	___ U163	___ U164	___ U165
___ U166	___ U167	___ U168	___ U169	___ U170
___ U171	___ U172	___ U173	___ U174	___ U175
___ U176	___ U177	___ U178	___ U179	___ U180
___ U181	___ U182	___ U183	___ U184	___ U185
___ U186	___ U187	___ U188	___ U189	___ U190
___ U191	___ U192	___ U193	___ U194	___ U196
___ U197	___ U200	___ U201	___ U202	___ U203
___ U204	___ U205	___ U206	___ U207	___ U208
___ U209	___ U210	___ U211	___ U213	___ U214
___ U215	___ U216	___ U217	___ U218	___ U219
___ U220	___ U222	___ U225	___ U226	___ U227

FACILITY NAME: _____

EPA ID NUMBER: _____

Form A - Restricted Waste Determination (cont'd)

U228 U234 U236 U237 U238
 U239 U240 U243 U244 U246
 U247 U248 U249

- * Low Zinc Subcategory
- ** Calcium Sulfate Subcategory
- @ Low Mercury Subcategory

None of the wastes listed above are handled by the generator.
Complete Section VI of this form.

One or more of the wastes listed above are handled by the generator.
Complete Form C - Manifesting Restricted Wastes and Form F - Testing
and Management of First Third, Second Third, and Third Third List
Wastes.

Section VI. BDAT Treatability Group - Treatment Standards Identification.

1. Does the generator mix restricted wastes which have different treatment standards? Yes No

If yes,

A. Did the generator select the most stringent treatment standard? Yes No n/a

Section VII. Characteristic Wastes.

Note: This Section applies to those wastes that are listed under 40 CFR 261, Subpart D and also exhibit a characteristic of a hazardous waste under 40 CFR 261, Subpart C.

1. Does the facility generate hazardous wastes listed under 40 CFR 261 Subpart D that also exhibit the characteristic of a hazardous waste under 40 CFR 261, Subpart C. Yes No

FACILITY NAME: _____

EPA ID NUMBER: _____

2. List these wastes:

n/a

3. Has the generator determined if the treatment standards for listed wastes includes a treatment standard for the constituent that caused the waste to exhibit the characteristic. Yes No

4. Were the most stringent treatment standards selected? Yes No

5. Were characteristic wastes that have been treated and no longer meet the characteristic disposed of in a subtitle D (solid waste disposal) facility? Yes No

If yes,

A. Did the generator or treatment facility send the Regional administrator a certification to that effect? Yes No

6. Did the certification include the following information:

A. The name and address of the Subtitle D facility receiving the waste? Yes No

B. A description of the waste as originally generated, including the applicable EPA hazardous waste number and the treatability group? Yes No

C. The treatment standards applicable to the waste at the initial point of generation? Yes No

D. The signature of a duly authorized representative and the appropriate language found in 268.7 (b)(5)(i)? Yes No

7. Does the generator treat prohibited wastes in less than 90 day accumulation tanks or containers? (If yes, complete Form G) Yes No



FACILITY NAME: _____

EPA ID NUMBER: _____

LAND DISPOSAL RESTRICTION CHECKLIST

Form B - Treatment, Storage, and Disposal

Note: This form should be completed only if the generator or handler stores restricted wastes on-site for greater than 90 days or operates RCRA-regulated treatment or disposal units. Small quantity generators who accumulate restricted wastes for less than 180 (270) days are exempt from the following requirements.

Section I. General facility standards

1. Has the facility's waste analysis plan been revised in accordance with 264.13(b)(6) or 265.13(b)(6) to reflect requirements under 268.7? n/a
 Yes No

2. Has the facility obtained representative chemical and physical analysis of wastes and residues in accordance to 264.13 or 265.13?
 Yes No

If yes,

A. Chemical and physical analyses of F-solvents and Dioxins

i. Has testing included analyses for all F-solvent constituents?
 Yes No

ii. Were all f-solvent constituents analyzed by employing the Toxicity Characteristic Leaching Procedure (TCLP)?
 Yes No

B. Chemical and physical analyses of California List Wastes

i. Were the following analyses conducted on California List Wastes:

a. pH? Yes No

b. Concentrations of PCBs? Yes No

c. Concentrations of Halogenated Organic Compounds? Yes No

d. Heavy Metal concentration? Yes No

e. Cyanide concentration? Yes No

C. Chemical and physical analyses of First Third, Second, Third, and Third Third List Wastes

i. Has the facility tested wastes with established treatment standards (hard hammer wastes)?
 Yes No

FACILITY NAME: _____

EPA ID NUMBER: _____

If yes,

- a. List these wastes and the test procedures used determine concentrations below:

n/g

3. Were these analyses conducted on-site or off-site? _____

- A. If off-site, identify lab: _____

4. Describe the frequency of sampling restricted wastes below:

Attach copy of most recent waste analysis.

Section II. Storage of Restricted Wastes

1. Have Restricted wastes exceeding treatment standards been stored? Yes No

If yes,

- A. Have all containers been clearly marked to identify contents and date(s) entering storage? Yes No
- B. Do operating records track location, quantity, and dates that restricted wastes entered and were removed from storage? Yes No
- C. Do records agree with container labeling? Yes No
- D. Are restricted wastes stored for less than 1 year? Yes No
- E. Have tanks been emptied at least once per year, and do operating records show that volumes of restricted wastes removed from tanks at least equal tank volume? Yes No
- F. Have restricted wastes been stored for more than one year? Yes No



FACILITY NAME: _____

EPA ID NUMBER: _____

- i. If yes, can the owner/operator demonstrate that the purpose of such storage has been solely conducted for accumulating sufficient quantities restricted wastes to facilitate proper recovery, treatment, or disposal? Yes No

7/9

Section III. Storage or treatment in surface impoundments

1. Have restricted wastes exceeding treatment standards been placed in surface impoundments? Yes No
- A. If yes, have these wastes and their residues been removed at least annually? Yes No
- B. If no, skip the remainder of this section.
2. Have these wastes been placed for treatment? Yes No
- A. If yes, describe treatment processes below:

3. Is the only recognizable "treatment " occurring in the impoundment either evaporation, dilution, or both? Yes No
4. Did the facility submit the following to the Agency?
- A. A certification of compliance with minimum technology requirements? Yes No
- B. A certification of compliance with groundwater monitoring requirements? Yes No
- C. A copy of the waste analysis plan? Yes No
- D. A certification as to the accuracy of the information? Yes No
5. Have minimum technology requirements been met? Yes No
- A. If no, have waivers been granted for each restricted waste management unit? Yes No
6. Have all 264/265 Subpart F groundwater monitoring requirements been met? Yes No
7. Have representative samples of sludge and supernatant from applicable surface impoundments been tested adequately and in accordance with sampling frequency and analysis specified in the waste analysis plan? Yes No



FACILITY NAME: _____

EPA ID NUMBER: _____

- A. Are test results maintained in the operating record? Yes No
- B. Did hazardous waste residues (i.e. sludge or liquid) exceed treatment standards as specified in 268.41? Yes No
- C. Provide the frequency of analyses conducted on treatment residues below:

- D. Do operating records adequately document results of waste analyses performed in accordance with 268.41? Yes No
8. Has supernatant been determined to exceed treatment standards? Yes No
- A. If yes, is annual throughput greater than surface impoundment volume? Yes No
9. If residues were remove annually, have adequate precautions been taken to protect liners and do records indicate that inspections of liner integrity are performed? Yes No
10. When removed, were solvent wastes managed subsequently in another surface impoundment? Yes No
11. When removed, were wastes treated prior to disposal? Yes No
- A. If yes, are waste residues treated on-site or off-site? _____
- B. Describe management method below:

Section IV. RCRA-Regulated Waste Treatment (not including surface impoundments)

1. Did the facility operate treatment facilities for restricted wastes? Yes No

If no, skip the rest of Section IV.

FACILITY NAME: _____

EPA ID NUMBER: _____

2. Describe processes used to handle residuals generated?

n/a

3. Does the treatment facility test the treatment residuals in accordance with an acceptable waste analysis plan?

___ Yes ___ No

4. Do treatment residuals exceed treatment standards?

___ Yes ___ No

If yes,

A. Describe processes used to handle those residuals?

B. Describe the frequency of testing of treatment residuals?

5. Was dilution used as a substitute for adequate treatment?

___ Yes ___ No

A. If yes, explain dilution procedure in detail?

Note: See Attachment A for dilution flowchart.

If any treatment residuals were shipped off-site for further treatment or disposal, complete Form C - Manifesting Restricted Wastes.

6. Are certification and results of waste analyses kept in the operating record?

___ Yes ___ No



FACILITY NAME: _____

EPA ID NUMBER: _____

Section V. Land Disposal

1. Were restricted wastes placed in land disposal units (i.e. surface impoundments, waste piles, wells, land treatment units, salt domes/beds, mines/caves, concrete vaults, or bunkers) for other than treatment purposes? n/a
_____ Yes ___ No
2. Has the facility disposed of any wastes that are recyclable material used in a manner constituting disposal?
_____ Yes ___ No
3. Did the facility have appropriate notices or certifications from generators or treatment facilities in its operating record [268.7(a-b)]?
_____ Yes ___ No
4. Did the facility obtain waste analyses of restricted wastes to determine if such wastes were in compliance with applicable treatment standards [268.7(c)]?
_____ Yes ___ No
5. Were restricted wastes exceeding the applicable treatment standards or prohibition levels placed in land disposal units excluding national capacity variance?
_____ Yes ___ No
- If yes,
- A. Did the facility have an approved waiver based on "no migration" petition, approved case-by-case, capacity extension, or treatment standard variance?
_____ Yes ___ No
- B. What was the date of approval?

6. Were restricted wastes, subject to national or case-by-case capacity variances or extensions, disposed?
_____ Yes ___ No
- If yes,
- A. Were these wastes disposed of in a hazardous waste management unit that meets minimum technology requirements?
_____ Yes ___ No
7. Are adequate records of disposal maintained?
_____ Yes ___ No
8. If wastes subject to nationwide variances, case-by-case extensions, or no migration petitions were disposed, does the facility have notices and records of disposal?
_____ Yes ___ No
9. If the facility has a case-by-case extension, is there data available to verify that the facility is making progress as described in progress reports?
_____ Yes ___ No

FACILITY NAME: _____

EPA ID NUMBER: _____

10. If the facility disposed of a soft hammer waste, are notices or certifications maintained on-site? Yes No

If yes,

A. Could any of these wastes be classified as California List wastes? Yes No

B. Did the facility seek to verify whether these wastes are subject to all restrictions? Yes No

11. Are restricted wastes disposed of by injection into underground injection wells? Yes No

If yes,

A. Has a "no migration" petition been granted by EPA? Yes No

B. If yes, Give date of petition approval?

n/a
↓

Note: Attachment B lists the effective dates for the underground injection ban for hazardous wastes.

FACILITY NAME: _____

EPA ID NUMBER: _____

LAND DISPOSAL RESTRICTIONS CHECKLIST

Form C - Manifesting Restricted Wastes

Note: This form should be completed only if the generator or handler ships restricted waste off-site for treatment or disposal. The following requirements may also apply to treatment facilities (including incinerators) which ship residues, still bottoms, or ash off-site for additional treatment or disposal.

1. If restricted wastes which exceed treatment standards, and are not subject to case-by-case extensions, "no migration" exemption, or nationwide variance, did the generator or handler provide the following information along with each hazardous waste manifest during shipment:

A. Manifest document number? Yes ___ No

B. EPA waste identification code? Yes ___ No

C. Treatment standards for each restricted waste? Yes ___ No

- i. If the treatment standard was listed by reference, did the notification include the following:

a. Subcategory of the waste? Yes ___ No

b. The treatability group? Yes ___ No

c. 40 CFR sections and paragraphs where applicable standards appear? Yes ___ No

Note: Treatment standards for F001-F005, F039 and California List "Halogenated Organic Compounds" cannot be listed by reference.

D. Waste analysis data (if available)? ___ Yes ___ No *n/a*

E. All applicable restrictions? ___ Yes ___ No *n/a*

2. Identify all off-site treatment facilities accepting wastes exceeding treatment standards?

ENSCO (Ark.), Rollins (Deer Park, Pa.),
USPCI (Ok.)

A. What treatment processes were used?

INCIN

F.S.

FACILITY NAME: _____

EPA ID NUMBER: _____

3. If restricted wastes do not exceed treatment standards, are subject to case-by-case extension, have a "no migration" exemption, or a nationwide variance, did the generator or handler provide the following information along with each hazardous waste manifest during shipment:

- M/K
- A. Manifest document number? Yes No
- B. EPA waste identification code? Yes No
- C. Treatment standards for each restricted waste? Yes No
- i. If the treatment standard was listed by reference, did the notification include the following:
- a. Subcategory of the waste? Yes No
- b. The treatability group? Yes No
- c. 40 CFR sections and paragraphs where applicable standards appear? Yes No

Note: Treatment standards for F001-F005, F039 and California List "Halogenated Organic Compounds" cannot be listed by reference.

- D. Waste analysis data (if available)? Yes No
- E. All applicable restrictions? Yes No
- F. Date the wastes are subject to restriction? Yes No
- G. The following certification? Yes No

I certify under penalty of law that I personally have been examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D. I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility to imprisonment.

Note: The above certification statement must be signed by an authorized representative of the facility.

FACILITY NAME: _____

EPA ID NUMBER: _____

4. Identify all off-site treatment or disposal facilities accepting wastes below treatment standards:

- A. What treatment processes were used?

5. If waste is subject to a nationwide variance, extension or petition has the facility provided notice to disposers that waste is exempt from land disposal restrictions?

___ Yes ___ No

6. Does the generator or handler keep records of all notifications or certifications for waste sent to off-site facilities after August 7, 1988?

Yes ___ No

n/g
↓

F.S.

FACILITY NAME: _____

EPA ID NUMBER: _____

LAND DISPOSAL RESTRICTIONS CHECKLIST

Form D - Testing and Management of F-solvents and Dioxins

Note: This form should be completed only if the facility generates or handles F-solvents or Dioxin wastes regardless of concentrations.

1. Has the facility correctly determined the appropriate treatability group [268.41] for F-solvents generated or handled on-site (see Appendix A). ___ Yes ___ No

2. Has the facility determined whether F-solvent wastes exceed treatment standards based on the following:

A. Knowledge of process? ___ Yes ___ No

i. If facility employs knowledge of process, note adequacies or inadequacies in their methods below:

B. Toxicity Characteristic Leaching Process (TCLP)? ___ Yes ___ No

i. If yes, provide the following information:

a. Last test date: _____

b. Frequency of testing: _____

c. Indicate any problems with testing procedure below:

ii. Attach test results to report.

iii. Were wastes tested using TCLP when processes or wastestreams changed? ___ Yes ___ No

FACILITY NAME: _____

EPA ID NUMBER: _____

- iv. Was testing done prior to dilution or solidification? Yes No
- C. Other (specify):

3. Did F-solvent wastes exceed their applicable treatment standards upon generation [268.7(a)(2)]? Yes No

4. Did the facility dilute the waste or treatment residuals as a substitute for adequate treatment [268.3]? Yes No

5. Were treatment residuals generated from 264/265 RCRA-exempt units or processes? Yes No

If yes,

- A. List the types(s) of treatment and unit(s) below:

Note: If the residuals from a RCRA-exempt unit are above the treatment standards, the owner/operator is considered a generator of restricted waste. The inspector should determine whether the generator requirements, particularly waste requirements, have been met for the treatment residuals.

6. Have F-solvents or dioxin wastes been stored for greater than 90 days? Yes No

If yes,

- A. Is the facility operating under interim status or final permit? Yes No

If the answer was yes for either 6 or 6A, complete Form B - Treatment, Storage and Disposal.

FACILITY NAME: _____

EPA ID NUMBER: _____

LAND DISPOSAL RESTRICTIONS CHECKLIST

Form E - Testing and Management of California List Waste

Note: This form should be completed only if the facility generates or handles California List wastes at the concentrations listed in Form A-Restricted Waste Determination.

1. Has the facility conducted any testing of restricted wastes to determine whether the concentrations qualify them as California Wastes? Yes No

If no,

Has the facility retained records documenting that the waste is not restricted under the California List by knowledge of process? Yes No

2. Has the Paint Filter Liquids Test (PFLT) been performed as described by SW-846 to determine whether California List wastes (except halogenated organic compounds) are in liquid form? Yes No

3. If wastes have been determined to be in liquid form, were these wastes solidified using an absorbent? Yes No

A. If yes, note type of absorbent used:

B. Indicate which wastes were solidified by absorbent below:

Check each box that applies:

Liquid hazardous wastes or liquids associated with solids or sludges containing free cyanides at concentrations greater than 1000 mg/L;

Liquid hazardous wastes or liquids associated with solids or sludges containing one or more of the following concentrations:

Arsenic or compounds containing arsenic greater than 500 mg/l;

Cadmium or compounds containing cadmium greater than 100 mg/L;

Chromium or compounds containing chromium greater than 500 mg/L;

Lead or compounds containing lead greater than 500 mg/L;

FACILITY NAME: _____

EPA ID NUMBER: _____

____ Mercury or compounds containing mercury greater than 20 mg/L;

____ Nickel or compounds containing nickel greater than 134 mg/L;

____ Selenium or compounds containing selenium greater than 100 mg/L; or

____ Thallium or compounds containing thallium greater than 130 mg/L.

____ Liquid hazardous wastes exhibiting a pH less than or equal to 2.0.

____ Liquid hazardous wastes that also contain polychlorinated biphenyls (PCBs) at concentrations between 50 to 500 mg/L.

____ Liquid or non-liquid hazardous waste containing halogenated organic compounds at concentrations greater than or equal to 1000 mg/kg.

4. Has the facility determined whether concentration levels of the analytes (not extracts or filtrates) equal or exceed prohibition levels or whether the pH of the wastes is less than or equal to 2.0 based on:

A. Knowledge of process? Yes No

i. If facility employs knowledge of process, note adequacies or inadequacies in their methods below:

B. Testing? Yes No

i. Did the facility determine if concentration levels in PFLT extracts exceed cyanide or metal treatment standards? Yes No

ii. List the test methods used:

FACILITY NAME: _____

EPA ID NUMBER: _____

iii. List constituents and respective concentration levels for wastes found to exceed prohibition levels below:

5. Has the facility treated waste on-site or off-site:

- _____
- A. If on-site, complete Form B - Treatment, Storage, and Disposal.
 - B. If off-site, complete Form C - Manifesting Restricted Wastes.

FACILITY NAME: _____

EPA ID NUMBER: _____

LAND DISPOSAL RESTRICTIONS CHECKLIST

Form F - Testing and Management of "First, Second and Third" Wastes

Note: This form should be completed only if the facility generates or handles wastes restricted under the "First, Second or Third Thirds" Lists.

I. Hard Hammer Provisions

1. Has the facility correctly determined the appropriate treatability group for hard hammer wastes generated or handled on-site? Yes ___ No

2. Has the facility determined whether hard hammer wastes exceed treatment standards based on the following:

A. Knowledge of process? Yes ___ No
i. If facility employs knowledge of process, note adequacies or inadequacies in their methods below:

adequate

B. Toxicity Characteristic Leaching Process (TCLP)? ___ Yes No

i. If yes, provide the following information:

a. Last test date: _____

b. Frequency of testing: _____

c. Indicate any problems with testing procedure below:

ii. Attach test results to report.

iii. Were wastes tested using TCLP when processes or wastestreams changed? ___ Yes ___ No *n/a*

iv. Was testing done prior to dilution or solidification? ___ Yes ___ No *n/a*

FACILITY NAME: _____

EPA ID NUMBER: _____

C. Other (specify): _____

3. Did the hard hammer wastes exceed their applicable treatment standards upon generation [268.7 (a) (2)]? Yes No

4. Is there any reason to believe that the facility may have diluted these wastes to change the applicable treatment standard (based on review of process operation, pipe routing, point of sampling, etc.)? Yes No

5. Did the facility ascertain whether hard hammer wastes were appropriately assigned wastewater on non-wastewater designations (wastewaters are < 1% TOC and < 1% suspended solids)? Yes No

6. Does the facility handle K061 wastes? Yes No

If yes,

A. Were nonwastewaters appropriately classified in either the high or low zinc subcategories (<15% Zn)? (Circle the appropriate category) Yes No n/a

7. Does the facility handle K101 or K102 wastes? Yes No

If yes,

A. Were nonwastewaters appropriately classified in either the high or low arsenic subcategories? Yes No n/a

8. Have hard hammer wastes been stored for greater than 90 days? Yes No

If yes,

A. Is facility operating under interim status or final permit? Yes No n/a

If the answer was yes for either 8 or 8A, complete Form B- Treatment, Storage and Disposal.

II. Soft Hammer Provisions

1. Has the facility submitted demonstrations and certifications for each soft hammer waste destined for disposal in landfills or surface impoundments to the Regional Administrator prior to the shipment of the waste to the disposal facility? Yes No n/a

If yes,

i. Has the facility retained a copy of each demonstration on-site? Yes No n/a

FACILITY NAME: _____

EPA ID NUMBER: _____

- ii. Has the facility sent copies and kept copies of the following information with each shipment of soft hammer wastes: n/a
 Yes No
2. Has the facility sent copies and kept copies of the following information with each shipment of soft hammer wastes:
- A. Manifest document number? Yes No
 - B. EPA waste identification code? Yes No
 - C. All applicable restrictions? Yes No
 - D. Waste analysis data (if available) Yes No
 - E. Applicable certifications? Yes No
3. Do facility records indicate that soft hammer wastes are destined for disposal in landfills or surface impoundments? Yes No
- If yes,
- A. List the name of the waste(s) destined for disposal:

 - B. Name the facility where the waste is destined:

4. Have soft hammer wastes been stored for greater than 90 days? Yes No
- A. If yes, is facility operating under interim status or final permit? Yes No

If the answer was yes for either 4 or 4A, complete Form B - Treatment, Storage and Disposal.

FACILITY NAME: _____

EPA ID NUMBER: _____

Form G - Generators that Treat Prohibited Wastes

Note: This form is to be completed for those generators who treat prohibited wastes in less than 90 day accumulation tanks or containers.

1. Does the generator treat restricted wastes in less than 90 day accumulation tanks or containers to meet treatment standards (specify which)? Yes No

If yes, specify waste types and treatment processes used?

2. Does the generator have a written "Waste Analysis Plan"? Yes No

3. Does the plan include the following:

A. A detailed chemical/physical analysis of a representative sample of the waste? Yes No

B. Testing frequency and procedures? Yes No

4. Is the plan maintained on-site? Yes No

5. Has the plan been filed with the Regional Administrator at least 30 days prior to the initiation of the treatment process? Yes No