



COMPANY, INC.

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

Received
3/1/96

2/27/96

Anna Walker

New Mexico Environmental Department
Hazardous and Radioactive Bureau
2044 Galisteo
Santa FE, NM 87505

Dear Ms Walker:

Enclosed is the 1994-95 biennial hazardous waste report for Rinchem Company, Inc..
The report is a total of 10 pages and contains all the forms necessary as a large quantity
generator. On 2/27/96 I had a telephone conversation with Coby Muckelroy concerning our
reporting status as a 10 day transfer station and was instructed that the WR forms were not
required because they were meant for TSD's. Please contact me if you have any questions
or concerns.

Thanks Again For All Your Help.

WE CARE

Scott Gariss
Facility Coordinator
Rinchem Company, Inc.

WE DO IT WELL

BECAUSE WE CARE

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: RINCHEM COMPANY, INC.
ALBUQUERQUE, NM FACILITY

EPA ID NO: N, M, D, 0, 0, 2, 2, 0, 8, 6, 2, 7



U.S. ENVIRONMENTAL PROTECTION AGENCY

1995 Hazardous Waste Report

IDENTIFICATION AND CERTIFICATION

INSTRUCTIONS: Read the detailed instructions beginning on page 9 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I Site name and location address. Complete A through H. Check the box in items A, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instruction page 10.

<p>A. EPA ID No. Same as label <input type="checkbox"/> or → <u>N, M, D, 0, 0, 2, 2, 0, 8, 6, 2, 7</u></p>	<p>B. County <u>BERNALILLO</u></p>
<p>C. Site/company name Same as label <input type="checkbox"/> or → <u>RINCHEM COMPANY, INC.</u></p>	<p>D. Has the site name associated with this EPA ID changed since 1993? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No</p>
<p>E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description. Same as label <input type="checkbox"/> or → <u>6133 EDITH BLVD N.E.</u></p>	
<p>F. City, town, village, etc. Same as label <input type="checkbox"/> or → <u>ALBUQUERQUE</u></p>	<p>G. State Same as label <input type="checkbox"/> or → <u>N, M,</u></p>
<p>H. Zip Code Same as label <input type="checkbox"/> or → <u>8, 7, 1, 0, 7, -</u></p>	

Sec. II Mailing address of site. Instruction page 10.

A. Is the mailing address the same as the location address? 1 Yes (SKIP TO SEC. III)
 2 No (GO TO BOX B)

B. Number and street name of mailing address

C. City, town, village, etc.

B. State

E. Zip Code

Sec. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 10.

<p>A. Please print: Last Name First name M.I. <u>GARISS SCOTT E</u></p>	<p>B. Title <u>OPERATIONS COORDINATOR</u></p>	<p>C. Telephone <u>5, 0, 5, 3, 4, 5, - 3, 6, 5, 5</u> Extension <u> </u></p>
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Sec. IV "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 under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations."

<p>A. Please print: Last Name First name M.I. <u>GARISS SCOTT E</u></p>	<p>B. Title <u>OPERATIONS COORDINATOR</u></p>
<p>C. Signature <i>Scott Gariss</i></p>	<p>D. Date of signature <u>02 28 96</u> MO. DAY YR.</p>

Sec.V - Generator Status. Instruction pages 10, 12.

A. 1995 RCRA generator status

(CHECK ONE BOX BELOW)

- 1 LOG
- 2 SQG SKIP to SEC. VI
- 3 CESQG
- 4 Non generator (Continue to Box B)

B. Reason for not generating

(CHECK ALL THAT APPLY)

- 1 Never generated
- 2 Out of business
- 3 Only excluded or delisted waste
- 4 Only non-hazardous waste
- 5 Periodic or occasional generator
- 6 Waste minimization activity
- 7 Other (SPECIFY COMMENTS IN BOX BELOW)

Sec.VI - On-Site Waste Management Status. Instruction pages 13, 14.

A. Storage subject to RCRA permitting requirements

3

B. Treatment, disposal, or recycling subject to RCRA permitting requirements

2

C. RCRA-exempt treatment, disposal, or recycling

1

Sec.VII - Waste Minimization Activity during 1994 or 1995. Instruction pages 14, 15.

A. Did this site begin or expand a source reduction activity during 1994 or 1995?

- 1 Yes
- 2 No

B. Did this site begin or expand a recycling activity during 1994 or 1995?

- 1 Yes
- 2 No

C. Did this site systematically investigate opportunities for source reduction or recycling during 1994 or 1995?

- 1 Yes
- 2 No

D. Did any of the factors listed below delay or limit this site's ability to initiate new or additional source reduction activities in 1994 or 1995?
(CHECK YES OR NO FOR EACH ITEM)

- | Yes | No | |
|----------------------------|---------------------------------------|--|
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | a. Insufficient capital to install new source reduction equipment or implement new source reduction practices |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | b. Lack of technical information on source reduction techniques applicable to the specific production processes |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | c. Source reduction is not economically feasible: cost savings in waste management of production will not recover the capital investment |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | d. Concern that product quality may decline as a result of source reduction |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | e. Technical limitations of the production processes |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | f. Permitting burdens |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | g. Source reduction previously implemented - additional reduction does not appear to be technically feasible |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | h. Source reduction previously implemented - additional reduction does not appear to be economically feasible |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | i. Source reduction previously implemented - additional reduction does not appear to be feasible due to permitting requirements |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | j. Other (SPECIFY COMMENTS IN BOX BELOW) |

E. Did any of the factors listed below delay or limit the site's ability to initiate new or additional on-site or off-site recycling activities during 1994 or 1995?
(CHECK YES OR NO FOR EACH ITEM)

- | Yes | No | | Yes | No | |
|----------------------------|---------------------------------------|---|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | a. Insufficient capital to install new recycling equipment or implement new recycling practice | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | g. Technical limitations of production processes inhibit shipments off-site for recycling |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | b. Lack of technical information on recycling techniques applicable to this site's specific production process | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | h. Technical limitations of production processes inhibit on-site recycling |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | c. Recycling is not economically feasible: cost savings in waste management will not recover the capital investment | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | i. Permitting burdens inhibit recycling |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | d. Concern that product quality may decline as a result of recycling | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | j. Lack of permitted off-site recycling facilities |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | e. Requirements to manifest wastes inhibit shipments of off-site for recycling | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | k. Unable to identify a market for recycled materials |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | f. Financial liability provisions inhibit shipments off-site for recycling | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | l. Recycling previously implemented - additional recycling does not appear to be technically feasible |
| | | | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | m. Recycling previously implemented - additional recycling does not appear to be economically feasible |
| | | | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | n. Recycling previously implemented - additional recycling does not appear to be feasible due to permitting requirements |
| | | | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | o. Other (SPECIFY COMMENTS IN BOX BELOW) |

Comments: DUE TO EXTREMELY HIGH STANDARDS OF QUALITY OF CHEMICALS NECESSARY, RECYCLING OF PRODUCT WAS NOT AVAILIBLE OPTION.

del 4/23/96
ent OABe



U.S. ENVIRONMENTAL PROTECTION AGENCY

1995 Hazardous Waste Report



WASTE GENERATION AND MANAGEMENT

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: RINCHEM COMPANY, INC.
ALBUQUERQUE, NM FACILITY

EPA ID NO: N, M, D, 0, 0, 2, 2, 0, 8, 6, 2, 7

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste description - Instruction page 18. **OFF-SPEC AND CONTAMINATED MATERIALS FROM WAREHOUSE OPERATIONS POTASSIUM CYANIDE**

B. EPA hazardous waste code Page 19. P, 0, 9, 8

C. State hazardous waste code Page 19.

D. SIC code Page 19. 5, 1, 6, 9

E. Origin code 1 Page 19 System Type N/A

F. Source code Page 20. A, 5, 7

G. Point of measurement Page 20. 1

H. Form code Page 20. B, 4, 0, 5

I. RCRA - radioactive mixed Page 20. 2

Sec. II A. Quantity generated in 1994 Instruction Page 21. 1, 3, 0, P

B. Quantity generated in 1995 Page 21. N/A

C. UOM Page 21. 1 Density 1 lbs/gal 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
 1 Yes (CONTINUE TO SYSTEM 1)
 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type Page 22. M Quantity treated, disposed, or recycled on site in 1995

ON-SITE PROCESS SYSTEM 2

On-site process system type Page 22. M Quantity treated, disposed, or recycled on site in 1995

Sec. III A. Was any of this waste shipped off-site in 1995 1 Yes (CONTINUE TO BOX B) 2 No (SKIP TO SEC IV) Instruction page 22.

Site 1	B. EPA ID No. of facility waste was shipped to Page 23. <u>A, R, D, 0, 6, 9, 7, 4, 9, 1, 9, 2</u>	C. System type shipped to Page 23. <u>M, 0, 4, 3</u>	D. Off-site availability code Page 23. <u>1</u>	E. Total quantity shipped in 1995 Page 23. <u>N/A</u>
Site 2	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23. <u>M</u>	D. Off-site availability code Page 23.	E. Total quantity shipped in 1995 Page 23.

Sec. IV A. Did new activities in 1995 result in minimization of this waste? 1 Yes (CONTINUE TO BOX B) 2 No (THIS FORM IS COMPLETE) Instruction page 24.

B. Activity Page 24. <u>LW</u> <u>LW</u>	C. Other effects Page 25. <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	D. Quantity recycled in 1995 due to new activities Page 25.	E. Activity/production index Page 25.	F. 1995 source reduction quantity Page 26.
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Comments:

AW 4/23/96
ent OALoe

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: RINCHEM COMPANY, INC.
ALBUQUERQUE, NM FACILITY

EPA ID NO: N, M, D, 0, 0, 2, 2, 0, 8, 6, 2, 7



U.S. ENVIRONMENTAL PROTECTION AGENCY

1995 Hazardous Waste Report



WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste description - Instruction page 18. OFF SPEC AND CONTAMINATED SOLVENTS FROM WAREHOUSE OPERATIONS TOLUENE, ACETONE, METHYL ISOBUTYL KETONE, ISOPROPNOL, METHANOL, BUTYL ACETATE, ETHYL-3-ETHOXY-PROPIONATE, NITRIC ACID/SODIUM NITRATE, SODIUM HYDROXIDE, EE ACETATE.

B. EPA hazardous waste code Page 19. D, 0, 0, 1 D, 0, 0, 2

C. State hazardous waste code Page 19. _____

D. SIC code Page 19. 5, 1, 6, 9

E. Origin code 1 Page 19
System _____
Type M N/A

F. Source code Page 20. A, 5, 7

G. Point of measurement Page 20. 1

H. Form code Page 20. B, 2, 0, 3

I. RCRA - radioactive mixed Page 20. 2

Sec. II

A. Quantity generated in 1994 Instruction Page 21. 8, 3, 7, 0

B. Quantity generated in 1995 Page 21. 4, 7, 9, 5

C. UOM Page 21. 1 _____
Density _____
 1 lbs/gal 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
 1 Yes (CONTINUE TO SYSTEM 1)
 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type Page 22. M _____

Quantity treated, disposed, or recycled on site in 1995 _____

ON-SITE PROCESS SYSTEM 2

On-site process system type Page 22. M _____

Quantity treated, disposed, or recycled on site in 1995 _____

Sec. III

A. Was any of this waste shipped off-site in 1995 1 Yes (CONTINUE TO BOX B)
Instruction page 22. 2 No (SKIP TO SEC IV)

Site 1	B. EPA ID No. of facility waste was shipped to Page 23. <u>A, R, D, 0, 6, 9, 7, 4, 8, 1, 9, 2</u>	C. System type shipped to Page 23. <u>M, 0, 6, 1</u>	D. Off-site availability code Page 23. <u>1</u>	E. Total quantity shipped in 1995 Page 23. <u>4, 7, 9, 5</u>
Site 2	B. EPA ID No. of facility waste was shipped to Page 23. _____	C. System type shipped to Page 23. _____	D. Off-site availability code Page 23. _____	E. Total quantity shipped in 1995 Page 23. _____

Sec. IV

A. Did new activities in 1995 result in minimization of this waste? 1 Yes (CONTINUE TO BOX B)
Instruction page 24. 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24. <u>LW</u> _____ <u>LW</u> _____	C. Other effects Page 25. <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	D. Quantity recycled in 1995 due to new activities Page 25. _____	E. Activity/production index Page 25. _____	F. 1995 source reduction quantity Page 26. _____
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Comments:

HW 4/23/96 QA/QC
exit

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: RINCHEM COMPANY, INC.
ALBUQUERQUE, NM FACILITY

EPA ID NO: N, M, D, 0, 0, 2, 2, 0, 8, 6, 2, 7



U.S. ENVIRONMENTAL PROTECTION AGENCY

1995 Hazardous Waste Report



WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste description - instruction page 18. **OFF-SPEC AND CONTAMINATED HAZARDOUS MATERIALS FROM WAREHOUSE OPERATIONS**

METHYLENE CHLORIDE

B. EPA hazardous waste code Page 19. U, 0, 8, 0

C. State hazardous waste code Page 19.

D. SIC code Page 19. 5, 1, 6, 9

E. Origin code 1 Page 19
System Type N/A

F. Source code Page 20. A, 5, 7

G. Point of measurement Page 20. 1

H. Form code Page 20. B, 2, 0, 2

I. RCRA - radioactive mixed Page 20. 2

Sec. II A. Quantity generated in 1994 Instruction Page 21. 6, 0, 0

B. Quantity generated in 1995 Page 21. N/A

C. UOM Page 21. 1

Density 1 lbs/gal 2 sg

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
 1 Yes (CONTINUE TO SYSTEM 1)
 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type Page 22. M

Quantity treated, disposed, or recycled on site in 1995

ON-SITE PROCESS SYSTEM 2

On-site process system type Page 22. M

Quantity treated, disposed, or recycled on site in 1995

Sec. III A. Was any of this waste shipped off-site in 1995 1 Yes (CONTINUE TO BOX B)
 2 No (SKIP TO SEC IV)

Site 1	B. EPA ID No. of facility waste was shipped to Page 23. <u>A, R, D, 0, 6, 9, 7, 4, 9, 1, 9, 2</u>	C. System type shipped to Page 23. <u>M, 0, 4, 3</u>	D. Off-site availability code Page 23. <u>1</u>	E. Total quantity shipped in 1995 Page 23. <u>N/A</u>
Site 2	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23. <u>M</u>	D. Off-site availability code Page 23.	E. Total quantity shipped in 1995 Page 23.

Sec. IV A. Did new activities in 1995 result in minimization of this waste? 1 Yes (CONTINUE TO BOX B)
 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24. LW

C. Other effects Page 25. 1 Yes
 2 No

D. Quantity recycled in 1995 due to new activities Page 25.

E. Activity/production index Page 25.

F. 1995 source reduction quantity Page 26.

Comments:

AW 4/23/96 QA/QC edit

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: RINCHEM COMPANY, INC.
ALBUQUERQUE, NM FACILITY

EPA ID NO: N, M, D, 0, 0, 2, 2, 0, 8, 6, 2, 7,



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1995 Hazardous Waste Report



WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I	A. Waste description - Instruction page 18. OFF-SPEC AND CONTAMINATED SOLVENTS FROM WAREHOUSE OPERATIONS TRICHLOROETHYLENE, 1, 1, 1-TRICHLOROETHANE					
	B. EPA hazardous waste code Page 19. <u>D, 0, 3, 5,</u> _____			C. State hazardous waste code Page 19. _____		
D. SIC code Page 19. <u>5, 1, 6, 9,</u>	E. Origin code <u>1</u> Page 19 System Type <u>N/A</u>	F. Source code Page 20. <u>A, 5, 7,</u>	G. Point of measurement Page 20. <u>1,</u>	H. Form code Page 20. <u>B, 2, 0, 2,</u>	I. RCRA - radioactive mixed Page 20. <u>2,</u>	

Sec. II	A. Quantity generated in 1994 Instruction Page 21. <u>N/A</u>	B. Quantity generated in 1995 Page 21. <u>1, 3, 0, 0,</u>	C. UOM Page 21. <u>1</u>	Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21. <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)	
	ON-SITE PROCESS SYSTEM 1 On-site process system type Page 22. <u>M</u>		ON-SITE PROCESS SYSTEM 2 On-site process system type Page 22. <u>M</u>		Quantity treated, disposed, or recycled on site in 1995 _____	

Sec. III	A. Was any of this waste shipped off-site in 1995 <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (SKIP TO SEC IV) Instruction page 22.					
	Site 1	B. EPA ID No. of facility waste was shipped to Page 23. <u>A, R, D, 0, 6, 9, 7, 4, 8, 1, 9, 2,</u>	C. System type shipped to Page 23. <u>M, 0, 4, 1,</u>	D. Off-site availability code Page 23. <u>1,</u>	E. Total quantity shipped in 1995 Page 23. <u>1, 3, 0, 0,</u>	
	Site 2	B. EPA ID No. of facility waste was shipped to Page 23. _____	C. System type shipped to Page 23. <u>M</u>	D. Off-site availability code Page 23. <u> </u>	E. Total quantity shipped in 1995 Page 23. _____	

Sec. IV	A. Did new activities in 1995 result in minimization of this waste? <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE) Instruction page 24.					
	B. Activity Page 24. <u>LW</u> _____ <u>LW</u> _____ <u>LW</u> _____ <u>LW</u> _____	C. Other effects Page 25. <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	D. Quantity recycled in 1995 due to new activities Page 25. _____	E. Activity/production index Page 25. _____	F. 1995 source reduction quantity Page 26. _____	

Comments:

AW 4/23/96 QA/QC
edit

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: RINCHEM COMPANY, INC.
ALBUQUERQUE, NM FACILITY

EPA ID NO: N M D 0 0 2 2 0 8 6 2 7



U.S. ENVIRONMENTAL PROTECTION AGENCY

1995 Hazardous Waste Report



WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste description - Instruction page 18. **OFF-SPEC AND CONTAMINATED SOLVENTS FROM WAREHOUSE OPERATIONS HYDROGEN PEROXIDE, HYDROCHLORIC ACID, PHOSPHORIC ACID, SODIUM HYDROXIDE, TETRA METHYL AMMONIUM HYDROXIDE, SULFURIC ACID,**

B. EPA hazardous waste code Page 19. <u>D 0 0 2</u>		C. State hazardous waste code Page 19.	
D. SIC code Page 19. <u>5 1 6 9</u>	E. Origin code Page 19. System <u>N/A</u> Type <u>M</u>	F. Source code Page 20. <u>A 5 7</u>	G. Point of measurement Page 20. <u>1</u>
		H. Form code Page 20. <u>B 1 0 5</u>	I. RCRA - radioactive mixed Page 20. <u>2</u>

Sec. II A. Quantity generated in 1994 Instruction Page 21. <u>N/A</u>	B. Quantity generated in 1995 Page 21. <u>2 0 3 5</u>	C. UOM Page 21. <u>1</u>	Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21. <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1	ON-SITE PROCESS SYSTEM 2			
On-site process system type Page 22. <u>M</u>	Quantity treated, disposed, or recycled on site in 1995	On-site process system type Page 22. <u>M</u>	Quantity treated, disposed, or recycled on site in 1995	

Sec. III A. Was any of this waste shipped off-site in 1995 Instruction page 22. <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (SKIP TO SEC IV)				
Site 1	B. EPA ID No. of facility waste was shipped to Page 23. <u>L A D 0 1 0 3 9 5 1 2 7</u>	C. System type shipped to Page 23. <u>M 0 4 1</u>	D. Off-site availability code Page 23. <u>1</u>	E. Total quantity shipped in 1995 Page 23. <u>2 0 3 5</u>
Site 2	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. Total quantity shipped in 1995 Page 23.

Sec. IV A. Did new activities in 1995 result in minimization of this waste? Instruction page 24. <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE)				
B. Activity Page 24. <u>LW</u> <u>LW</u> <u>LW</u> <u>LW</u>	C. Other effects Page 25. <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	D. Quantity recycled in 1995 due to new activities Page 25.	E. Activity/production index Page 25.	F. 1995 source reduction quantity Page 26.

Comments:

file 4/23/96
QA/QC
ed tt

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: RINCHEM COMPANY, INC.
ALBUQUERQUE, NM FACILITY

EPA ID NO: N, M, D, 0, 0, 2, 2, 0, 8, 6, 2, 7



U.S. ENVIRONMENTAL PROTECTION AGENCY

1995 Hazardous Waste Report



WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste description - instruction page 18. **OFF-SPEC AND CONTAMINATED SOLVENTS FROM WAREHOUSE OPERATIONS HYDROCHLORIC ACID, HYDROFLUORIC ACID, SULFURIC ACID, TOLYTRIAZOLE**

B. EPA hazardous waste code Page 19. <u>D, 0, 0, 2</u>		C. State hazardous waste code Page 19. _____			
D. SIC code Page 19. <u>5, 1, 6, 9</u>	E. Origin code <input checked="" type="checkbox"/> Page 19 System <u>N/A</u> Type <u>LM</u>	F. Source code Page 20. <u>LA, 5, 7</u>	G. Point of measurement Page 20. <u>1</u>	H. Form code Page 20. <u>1, 0, 5</u>	I. RCRA - radioactive mixed Page 20. <u>2</u>

Sec. II A. Quantity generated in 1994 Instruction Page 21. <u>3, 6, 0, 0</u>	B. Quantity generated in 1995 Page 21. <u>5, 4, 5, 8, 8</u>	C. UOM Page 21. <u>1</u>	Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21. <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1	ON-SITE PROCESS SYSTEM 2			
On-site process system type Page 22. <u>LM</u>	Quantity treated, disposed, or recycled on site in 1995 _____	On-site process system type Page 22. <u>LM</u>	Quantity treated, disposed, or recycled on site in 1995 _____	

Sec. III A. Was any of this waste shipped off-site in 1995 Instruction page 22. <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (SKIP TO SEC IV)					
Site 1	B. EPA ID No. of facility waste was shipped to Page 23. <u>A, R, D, 0, 6, 9, 7, 4, 8, 1, 9, 2</u>	C. System type shipped to Page 23. <u>M, 0, 4, 1</u>	D. Off-site availability code Page 23. <u>1</u>	E. Total quantity shipped in 1995 Page 23. <u>4, 5</u>	
Site 2	B. EPA ID No. of facility waste was shipped to Page 23. <u>T, X, D, 0, 9, 7, 6, 7, 3, 1, 4, 9</u>	C. System type shipped to Page 23. <u>M, 1, 3, 4</u>	D. Off-site availability code Page 23. <u>1</u>	E. Total quantity shipped in 1995 Page 23. <u>5, 4, 5, 4, 3</u>	

Sec. IV A. Did new activities in 1995 result in minimization of this waste? Instruction page 24. <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE)					
B. Activity Page 24. <u>W</u> _____ <u>W</u> _____ <u>W</u> _____ <u>W</u> _____	C. Other effects Page 25. <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	D. Quantity recycled in 1995 due to new activities Page 25. _____	E. Activity/production index Page 25. _____	F. 1995 source reduction quantity Page 26. _____	

Comments:

file 4/23/96
QA/QC edit

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: RINCHEM COMPANY, INC.

EPA ID NO: N M D 0 0 2 2 0 8 6 2 7



FORM 01

U.S. ENVIRONMENTAL PROTECTION AGENCY

1995 Hazardous Waste Report

OFF-SITE IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID No. of off-site installation or transporter <u>A R D 0 6 9 7 4 8 1 9 2</u>	B. Name of off-site installation or transporter <u>ENSCO</u>
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR	D. Address of off-site installation Street <u>AMERICAN OIL ROAD</u> City <u>EL DORADO</u> State <u>A R K</u> Zip <u>7 1 1 7 3 1 0</u>

Site 2	A. EPA ID No. of off-site installation or transporter <u>L A D 0 1 0 3 9 5 1 2 7</u>	B. Name of off-site installation or transporter <u>ROLLINS ENVIRONMENTAL SERVICES</u>
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR	D. Address of off-site installation Street <u>13351 SCENIC HIGHWAY</u> City <u>BATON ROUGE</u> State <u>L A</u> Zip <u>7 0 8 0 7</u>

Site 3	A. EPA ID No. of off-site installation or transporter <u>T X D 0 9 7 6 7 3 1 4 9</u>	B. Name of off-site installation or transporter <u>EMPAK INC.</u>
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR	D. Address of off-site installation Street <u>2759 BATTLE GROUND ROAD</u> City <u>DEER PARK</u> State <u>T X</u> Zip <u>7 7 5 3 6</u>

Site 4	A. EPA ID No. of off-site installation or transporter <u>D E D 9 8 2 5 6 5 9 4 7</u>	B. Name of off-site installation or transporter <u>ROLLINS CHEMPAK INC.</u>
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of off-site installation Street <u>N/A</u> City _____ State _____ Zip _____

Site 5	A. EPA ID No. of off-site installation or transporter <u>D E D 9 8 0 9 1 8 8 5 8</u>	B. Name of off-site installation or transporter <u>CUSTOM ENVIRONMENTAL SERVICE</u>
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of off-site installation Street <u>N/A</u> City _____ State _____ Zip _____

Comments:

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BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: RINCHEM COMPANY, INC.

EPA ID NO: N M D 0 0 2 2 0 8 6 2 7



FORM
01

U.S. ENVIRONMENTAL
PROTECTION AGENCY

1995 Hazardous Waste Report

OFF-SITE
IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID No. of off-site installation or transporter <u>O K D 9 8 1 5 8 8 7 9 1</u>	B. Name of off-site installation or transporter TRIAD TRUCKING
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of off-site installation Street <u>N/A</u> City _____ State _____ Zip _____

Site 2	A. EPA ID No. of off-site installation or transporter _____	B. Name of off-site installation or transporter _____
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of off-site installation Street _____ City _____ State _____ Zip _____

Site 3	A. EPA ID No. of off-site installation or transporter _____	B. Name of off-site installation or transporter _____
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of off-site installation Street _____ City _____ State _____ Zip _____

Site 4	A. EPA ID No. of off-site installation or transporter _____	B. Name of off-site installation or transporter _____
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of off-site installation Street _____ City _____ State _____ Zip _____

Site 5	A. EPA ID No. of off-site installation or transporter _____	B. Name of off-site installation or transporter _____
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of off-site installation Street _____ City _____ State _____ Zip _____

Comments: