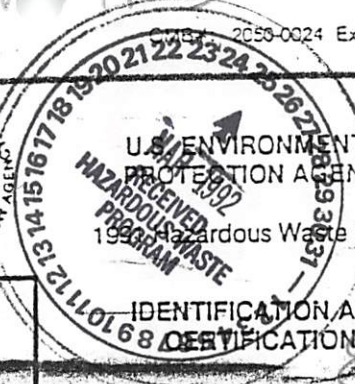


SCANNED

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME BORMAN AUTOMOTIVE GRP.
470 W. BOUTZ, LAS CROCES
N.M. 88005

EPA ID NO. WMO|982|293|060



FORM

IC

U.S. ENVIRONMENTAL PROTECTION AGENCY
Hazardous Waste Report

IDENTIFICATION AND CERTIFICATION

Entered 11-10-92

INSTRUCTIONS: Read the detailed instructions beginning on page 6 of the 1991 Hazardous Waste Report booklet before completing this form.

SEC. I Site name and location address. Complete items 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 6

A. EPA ID No. Same as label <input checked="" type="checkbox"/> or		B. County <u>DONAANA</u>	
C. Site/company name Same as label <input checked="" type="checkbox"/> or		D. Has the site name associated with this EPA ID changed since 1987? <input checked="" type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <u>BORMAN MOTOR CO. - PRIOR.</u>	
E. Street name and number. If not applicable, enter industrial park, building name or other physical location description. Same as label <input checked="" type="checkbox"/> or			
F. City, town, village, etc. Same as label <input checked="" type="checkbox"/> or		G. State Same as label <input checked="" type="checkbox"/>	H. Zip Code Same as label <input checked="" type="checkbox"/>

SEC. II Mailing address of site. Instruction page 6

A. Is the mailing address the same as the location address? <input checked="" type="checkbox"/> 1 Yes (SKIP TO SEC. III) <input type="checkbox"/> 2 No (GO TO BOX B)	
B. Number and street name of mailing address	
C. City, town, village, etc.	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 6

A. Please print: Last name <u>CROSBY</u>	First name <u>L.</u>	M.I. <u>MARTIN</u>	B. Title <u>BODY SHOP MANAGER</u>	C. Telephone <u>505 525 4561</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. Instruction page 7

A. <u>55111</u>	B. <u>7532</u>	C. <u>NA</u>	D. <u>NA</u>
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SEC. V "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."

A. Please print: Last name <u>CROSBY</u>	First name <u>L.</u>	M.I. <u>MARTIN</u>	B. Title <u>BODY SHOP MANAGER</u>
C. Signature <i>L. Martin Crosby</i>			D. Date of signature <u>03 20 92</u> MO. DAY YR.

Rob -

Sec. VI - Generator Status

EPA ID NO.

WMD 9182 2913 01610

A. 1991 RCRA generator status
Instruction page 7
(CHECK ONE BOX BELOW)

- 1 EOG
- 2 SOG (SKIP TO SEC. VII)
- 3 CESQG
- 4 Non generator (CONTINUE TO BOX B)

B. Reason for not generating
Page 9
(CHECK ALL-THAT APPLY)

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

Sec. VII - On-Site Waste Management Status

A. RCRA permitted or interim status storage
Instruction page 10

2

B. RCRA permitted or interim status treatment, disposal, or recycling
Page 10

1

C. RCRA-exempt treatment, disposal, or recycling
Page 11

1

Sec. VIII - Waste Minimization Activity during 1990 or 1991

A. Did this site begin or expand a source reduction activity during 1990 or 1991?
Instruction page 11

- 1 Yes
- 2 No

B. Did this site begin or expand a recycling activity during 1990 or 1991?
Page 12

- 1 Yes
- 2 No

C. Did this site systematically investigate opportunities for source reduction or recycling during 1990 or 1991?
Page 12

- 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 1990 or 1991?
Page 12
(CHECK YES OR NO FOR EACH ITEM)

- | Yes | No | |
|---------------------------------------|---------------------------------------|--|
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | a. Insufficient capital to install new source reduction equipment or implement new source reduction practices |
| <input checked="" type="checkbox"/> 1 | <input 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 or 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 checked="" type="checkbox"/> 1 | <input 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 type="checkbox"/> 2 | j. Other (SPECIFY COMMENTS IN BOX BELOW) |

E. Did any of the factors listed below delay or limit this site's ability to initiate new or additional on-site or off-site recycling activities during 1990 or 1991?
Page 12
(CHECK YES OR NO FOR EACH ITEM)

- | Yes | No | | Yes | No | |
|---------------------------------------|---------------------------------------|---|---------------------------------------|---------------------------------------|--|
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | a. Insufficient capital to install new recycling equipment or implement new recycling practice | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | h. Technical limitations of production processes inhibit on-site recycling |
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | b. Lack of technical information on recycling techniques applicable to this site's specific production processes | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | i. Permitting burdens inhibit recycling |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | c. Recycling is not economically feasible: cost savings in waste management or production will not recover the capital investment | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | j. Lack of permitted off-site recycling facilities |
| <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 | k. Unable to identify a market for recyclable materials |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | e. Requirements to manifest wastes 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 | f. Financial liability provisions inhibit shipments off site for recycling | <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 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 | 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: WASTE STORED IN STORAGE TANK ON SITE PENDING TRANSFER TO DISPOSAL FACILITY

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME

BORMAN AUTOMOTIVE GRP
470 W. BOUTZ, LAS CRUCES
N.M. 88005

EPA ID NO.

ALMID 9.8.2 2.9.3 0.6.0



U.S. ENVIRONMENTAL PROTECTION AGENCY

1991 Hazardous Waste Report

Entered 10-16-91
BR

WASTE GENERATION AND MANAGEMENT

FORM

GM

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1991 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste description Instruction Page 15

PAINT/BODY SHOP GUN WASH (WASTE THINNER)
R.G. WASTE FLAMMABLE LIQUID NOS. (XYLENE + ACETONE)
UN 1993

B. EPA hazardous waste code Page 15

D10101 D10181
D10351 F10103 F101051

C. State hazardous waste code Page 15

D. SIC code Page 16

71532

E. Origin code Page 16

System type

M1061

F. Source code Page 17

A121

G. Point of measurement Page 17

8

H. Form code Page 17

B1107

I. RCRA-radioactive mixed Page 17

2

J. Reported RI constituent Page 18

1

K. CAS numbers Page 18

Sec. II A. Quantity generated in 1990 Instruction Page 18

14010

B. Quantity generated in 1991 Page 18

N.A.

C. UOM Density Page 19

5

PK

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/PCTA? Page 19

1 Yes (CONTINUE TO SYSTEM II)
 2 No (SKIP TO SEC. III)

ON-SITE SYSTEM 1

On-site system type Page 19

M1

Quantity treated, disposed or recycled on site in 1991

ON-SITE SYSTEM 2

On-site system type Page 19

M1

Quantity treated, disposed or recycled on site in 1991

Sec. III A. Was any of this waste shipped off site in 1991? Instruction Page 20

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 20

C. System type shipped to Page 20

M1

D. Off-site availability code Page 21

E. Total quantity shipped in 1991 Page 21

Site 2

B. EPA ID No. of facility waste was shipped to Page 20

C. System type shipped to Page 20

M1

D. Off-site availability code Page 21

E. Total quantity shipped in 1991 Page 21

Sec. IV A. Did new activities in 1991 result in minimization of this waste? Instruction Page 22

1 Yes (CONTINUE TO BOX B)
 2 No (THIS FORM IS COMPLETE)

B. Activity Page 22

W1 W1
W1 W1

C. Other activities Page 22

1 Yes
 2 No

D. Quantity recycled in 1991 due to new activities Page 23

E. Activity/production index Page 23

F. 1991 Source reduction quantity Page 24

Comments:

Entered
on 6-16-92
BGM

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:

SITE NAME BORMAN AUTOMOTIVE GRP
470 W. BOUTZ, LAS CRUCES N.M.
88605



U.S. ENVIRONMENTAL
PROTECTION AGENCY

1991 Hazardous Waste Report

OFF-SITE IDENTIFICATION

EPA ID NO. WMD|982|293|0160

FORM

01

INSTRUCTIONS: Read the detailed instructions on the back of this page before completing this form.

Site 1	A. EPA ID No. of off-site installation or transporter <u>NA</u>	B. Name of off-site installation or transporter <u>PAINT SPECIALTY CO.</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>NA</u> City _____ State _____ Zip Code _____

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 Code _____

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 Code _____

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 Code _____

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 Code _____

Comments: