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GOVERNOR

State of New Mexico
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MARK E. WEIDLER
SECRETARY

EDGAR T. THORNTON, III
DEPUTY SECRETARY

June 26, 1996

ATTN: Frank Duran
MCT Transportation, Inc.
7451 Pan American Freeway NE
Albuquerque, NM 87114

Dear Mr. Duran:

Re: Compliance Evaluation Inspection 06/20/96
MCT Transportation, Inc. - NMD069417129

The New Mexico Environment Department (NMED) - Hazardous and Radioactive Materials Bureau (HRMB) conducted a compliance evaluation inspection at the above facility on the above noted date. At the time of the inspection, MCT Transportation, Inc. was found to be in compliance with the New Mexico Hazardous Waste Management Regulations (20 NMAC 4.1).

Thank you for the cooperation afforded us during the inspection. If you have any questions, please contact Mr. Mark V. Coffman at (505) 827-1558.

Sincerely,

A handwritten signature in cursive script, appearing to read "Michael J. Souames".

→ Coby Muckelroy, Program Manager
RCRA Inspection/Enforcement Program
Hazardous and Radioactive Materials Bureau

cc: Garth Graves, NMED District I Office
file

INSPECTION REPORT FOR
MCT TRANSPORTATION, INC.

Date of Report: 06/25/96
Date of Inspection: 06/20/96
Facility: MCT Transportation, Inc.
EPA I.D. Number: NMD069417129
Ownership: Private corporation
Location: 6115 Paseo del Norte NE
Albuquerque, NM 87113
Mailing address: MCT Transportation, Inc.
7451 Pan American Freeway NE
Albuquerque, NM 87114
Facility contact: Frank Duran, Facility Manager
Enforcement to: N/A
Notification status: Transporter
Current operating status: non-handler
Inspection type: CEI
Participants: NMED: Mark V. Coffman
MCT: Frank Duran
Weather: Sunny, 90's, clear
Entry time: 11:40 pm
Exit time: 12:30 pm

Introduction

This inspection was conducted as a compliance evaluation inspection (CEI) to fulfill the FY 96 grant agreement for transporters. Based on a file review, this facility has never been inspected by this Bureau. Due to the fact that no waste was being handled, only the transporter/vehicle checklist was required.

History and Nature of Business

MCT Transportation, Inc. (MCT) is owned by Ted Martinez. This facility is the main storage/maintenance facility for the ten(10) trucks owned by the company. MCT leases these trucks/drivers for hauling any of a number of cargoes, including construction debris, destruction debris, fill dirt, etc. MCT, in the past, leased these same trucks for hauling hazardous waste/debris, however, no contract such as this has been entered into since approximately mid-1991. This facility normally employs approximately 15 people and has been in operation since 1973.

Waste streams generated and hazardous waste management areas

Facility, at the time of inspection, was a non-handler, therefore, no hazardous waste streams are being generated and no hazardous waste management areas are required. There was also no hazardous waste transfer station on this property at the time of inspection. They have one aboveground storage tank (500 gallons capacity) which is located by the maintenance shop that contains used oil. This is periodically taken by Mesa Oil for recycling.

Results of Inspection

An in-brief conference was conducted, followed by a brief tour of the facility, and ending in an out-brief conference. Since the facility was a non-handler, no violations were noted.

Recommended Action

A letter acknowledging the inspection results should be sent to the facility.

MVC

FACILITY NAME: MCT Leasing (Transportation)
EPA ID NUMBER: NMD069417129

RCRA COMPLIANCE INSPECTION REPORT
TRANSPORTER(S) AND VEHICLE CHECKLIST
(PART 263)

EPA Identification Number (263.11)

- 1. Does transporter have EPA Identification Number? Yes No
a. If yes, EPA No. NMD069417129
- 2. Does more than one location use this identification number? Yes No
a. If yes, how many? _____
- 3. Identify the mode(s) of transportation used by transporter.
 Air Rail Highway Water
 Other (Specify) _____

The Manifest System (263.20)

last haz. waste haul job was in 1991.

- 4. Is hazardous waste transported from generator greater than 100 kg/month, but less than 1000 kg/month? Yes No *N/A*
 - a. Is the waste being transported pursuant to a reclamation agreement as provided for in 262.20e? Yes No
 - b. Does the transporter record on a log or shipping paper the following information for each shipment?
 - 1. Name, address, and U.S. EPA Id number of the generator of the waste. Yes No
 - 2. Quantity of waste accepted. Yes No
 - 3. All DOT-required shipping information. Yes No
 - 4. Date waste is accepted. Yes No
 - c. Does the transporter carry this record when transporting waste to the reclamation facility? Yes No
 - d. Does the transporter retain these records for a period of at least three years after termination or expiration of the agreement? Yes No

FACILITY NAME: _____

EPA ID NUMBER: _____

Scope (263.10)

5. Does transporter ship hazardous waste into or out of the U.S.? Yes No
6. Does transporter mix hazardous wastes of different D.O.T. shipping descriptions by placing them into a single container? Yes No

Note: If the answer to questions 5 or 6 is "yes", then complete the generator checklist.

Transfer Facilities Requirements (263.12)

Less trucks for haz. hauling, ~~no~~ storage
N/A

1. Does the transporter store manifested shipments of hazardous waste in containers meeting the requirements of 262.30 at a transfer facility? Yes No
2. Is all manifested hazardous waste, temporarily stored by the transporter, shipped off-site within 10 days or less? Yes No
- a. If not, complete "RCRA Facility Checklist."

The Manifest System (263.20)

1. Are all shipments of hazardous wastes accompanied by an approved manifest? Yes No
2. Does all the following information appear on the manifest(s)? (Circle any not appearing on the manifest). Yes No
- a. Manifest document number
 - b. Generator's name, address and telephone No., EPA I.D. No.
 - c. Generator's signature
 - d. Transporter's Name and EPA I.D. Number
 - e. Transporter's signature and date
 - f. Secondary transporter information (if applicable)
 - g. Disposal Facility Name, Address, telephone No., EPA I.D. No.
 - h. Alternate facility information (if any)
 - i. Disposal facility signature, and date

N/A



FACILITY NAME: _____

EPA ID NUMBER: _____

- j. D.O.T. description of waste(s)
- k. Total quantity of each hazardous waste by units of weight or volume, and the type, number of containers as loaded into or onto vehicle. (list in narrative)

N/A



3. Does this certification appear on the manifest?

"This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA."

___Yes___No

N/A

4. Identify number of manifests inspected and give narrative explanation of deficiencies.

5. If transporter has shipped hazardous waste(s) out of the United States, is the date of exit and the name and address of receiving facility indicated on manifest?

___Yes___No

N/A

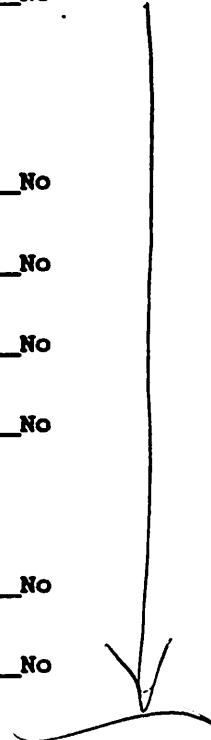
6. Special conditions:

a. If transportation occurs by rail, does the transporter:

- 1. ship to the designated facility? ___Yes___No
- 2. maintain shipping papers with information contained on manifest? ___Yes___No
- 3. obtain designed facility signature and date of receipt? ___Yes___No
- 4. retain copies of shipping papers for three years? ___Yes___No

b. If the transportation occurs by water (bulk shipment), does the transporter:

- 1. sign, date manifest acknowledging acceptance? ___Yes___No
- 2. return signed copy to nonrail transporter? ___Yes___No



FACILITY NAME: _____

EPA ID NUMBER: _____

- 3. forward at least three copies of the manifest to the next appropriate destination? Yes No
- 4. retain one copy of manifest and rail shipping papers? Yes No
- 5. assure shipping papers accompany the waste(s)? Yes No
- 6. on delivery, obtain names, date, and signature of designated facility or transporter? Yes No
- 7. Does transporter keep copies of manifests and shipping papers for the required three year period? Yes No

N/A



Compliance with the Manifest (263.21)

- 1. Does the transporter ship all waste to either the designated facility listed on the manifest or the alternate facility (when applicable) or the next designated transporter? Yes No
- 2. Does the transporter assure delivery to the designated facility outside the U.S.? Yes No
- 3. What procedures does the transporter follow when delivery of hazardous waste to designated facility is prevented? (Narrative explanation.)

N/A

Immediate Action (263.30)

- 1. Has transporter ever been involved in a discharge of hazardous wastes? Yes No
 - a. If yes, was the National Response Center (800/424-8802 or 202/426-2675) U.S. Coast Guard, The State, and the principal office of transporter notified? Yes No
 - b. Was a written report submitted to the U.S. D.O.T. within 10 days following the discharge? Yes No
- 2. Has the transporter obtained an Emergency Identification Number from EPA for the clean-up operation? Yes No
 - a. If yes, identify the number(s)



FACILITY NAME: _____

EPA ID NUMBER: _____

b. If no, explain.

N/A

TRANSPORT VEHICLE INSPECTION - Complete this section for vehicles entering or leaving the area with shipments of hazardous wastes.

N/A

1. Company/Name/Designation of Vehicle:

2. Truck Driver's Name

3. What hazardous waste are listed on manifest. List in narrative explanation.

4. Form of containerization of hazardous wastes:

____ drums size: ____ gallons (ea): ____ amt. (i.e., 30 drums)

____ portable tanks-number _____ volume(s) _____

5. Narrative explanation of condition of containerization, (leaking, corroded, fuming, damaged, improperly sealed, poor condition, improper lining, etc.)

6. Is truck properly placarded and marked?

___ Yes ___ No

7. Did generator have to repackage wastes by truck driver's request?

___ Yes ___ No

8. Is truck driver aware of any special handling of materials?

___ Yes ___ No

9. Does truck driver has accessible the National Response Telephone Number?

___ Yes ___ No

N/A

DATE LOGGED/INTLS 6/24/96

DATE ENTERED/INTLS _____

DATE CHECKED/INTLS _____

RCRIS COMPLIANCE FORM NAME _____

Handler EPA ID No NMD069417129 Date Submitted 6/24/96

Handler Name: MCT Transportation, Inc.

Address 7451 Pan American Freeway NE

(Add) Delete Change Sequence No _____

DATE 06-20-96 AGENCY S E - EPA C - Contractor
S - State B - State Contractor
x - Oversight

TYPE OF EVALUATION (Place "X" in the appropriate blanks):

- CEI Compliance Eval. Insp. CAO Corrective Action Insp.
 - CME Compliance Monitor Eval OAM Operation and Maint.
 - SPL Sampling Inspection LBN Land Ban Eval.
 - CSE Compliance Sch. Eval CDI Case Development Insp.
 - FRR Financial Record Rev. OTH Other
 - IRQ Info. Req. IRR Info. Req.
- Received

REASON FOR EVALUATION

(Place "X" in the appropriate blanks):

- 01 Follow-up 05 Withdrawal 40 BIF Insp.
- 02 Case Development 06 Closure 41 TCP Toxic Characteristic
- 03 Sampling 22 Sampling 46 Dept of Defense Insp.
- 04 Citizen Complaint 34 UIC Insp 61 State Fee Bill
- 63 US Mexico

Multi-Media Inspection

- 50 RCRA Lead 51 Water Lead 52 Air Lead 53 State Lead

EVALUATED BY: M V C

COMMENT: Routine CEI; no violations; no regulated haz. waste handled since 1991.

DATE LOGGED/INTLS 6/24/96

DATE ENTERED/INTLS _____

DATE CHECKED/INTLS _____

COVERAGE AREA AND VIOLATIONS NAME _____

HANDLER EPA I.D. NO. NMD069417129 DATE SUBMITTED: 6/24/96
HANDLER NAME: MCT Transportation, Inc. EVAL DTE 6/20/96

COVERAGE AREA

Coverage Areas: Place (X) in the appropriate blank

CARRY OVER TO VIOLATION AREA AS APPROPRIATE

GENERATOR REQUIREMENTS TSR REQUIREMENTS

- | | |
|---|---|
| <input type="checkbox"/> GER All Requirements | <input type="checkbox"/> DCH Chemical/Physical/Biological |
| <input type="checkbox"/> GGR General | <input type="checkbox"/> DCL Closure /Post-closure |
| <input type="checkbox"/> GLB Land Ban | <input type="checkbox"/> DCP Contingency |
| <input type="checkbox"/> GMR Manifest Req | <input type="checkbox"/> DFR Financial |
| <input type="checkbox"/> GOR Other | <input type="checkbox"/> DGS General |
| <input type="checkbox"/> GPT Pretransport | <input type="checkbox"/> DGW Groundwater |
| <input type="checkbox"/> GRR Recordkeeping | <input type="checkbox"/> DIN Incinerator |
| <input type="checkbox"/> GSC Special Conditions | <input type="checkbox"/> DLB Land Ban |
| <input type="checkbox"/> GSQ Small Quantity Gen | <input type="checkbox"/> LDF Landfill |
| <input type="checkbox"/> GBF Gen BIF | <input type="checkbox"/> DLT Land Treatment |
| | <input type="checkbox"/> DMC Container |
| | <input type="checkbox"/> DMR Manifest |
| | <input type="checkbox"/> DOR Other (Implemented) |
| | <input type="checkbox"/> DOT Other (Obversite) |

TRANSPORTER REQUIREMENTS

- | | |
|---|--|
| <input checked="" type="checkbox"/> TGR General | <input type="checkbox"/> DPB Part B Application |
| <input type="checkbox"/> TMR Manifest | <input type="checkbox"/> DSI Surface Impoundment |
| <input checked="" type="checkbox"/> TOR Other | <input type="checkbox"/> DRT Tank |
| <input type="checkbox"/> TRR All Requirements | <input type="checkbox"/> DTT Thermal Treatment |
| <input type="checkbox"/> TWD Discharge/Spill | <input type="checkbox"/> DWP Waste Pile |
| | <input type="checkbox"/> DBF TSD BIF |
| | <input type="checkbox"/> DPP Preparedness/Prev Req |

OTHER REQUIREMENTS

- | | |
|--|---|
| <input type="checkbox"/> CAS Corrective Action Sch | |
| <input type="checkbox"/> FEA Formal Enforc Act. | |
| <input type="checkbox"/> CSS Compliance Sched Viol | |
| <input type="checkbox"/> IMG-Import Generator | <input type="checkbox"/> EXG-Export Generator |
| <input type="checkbox"/> IMT-Import Transporter | <input type="checkbox"/> EXT-Export Transporter |
| <input type="checkbox"/> IMS-Import Storage | <input type="checkbox"/> EXS-Export Storage |
| <input type="checkbox"/> IMD-Import Land Disposal | <input type="checkbox"/> EXD-Export Land Disposal |

CLASS III

- | | |
|---|------------------------------|
| <input type="checkbox"/> WFS Waste Fee | |
| <input type="checkbox"/> UIC UIC Violation | <input type="checkbox"/> GSQ |
| <input type="checkbox"/> PER Permit Violation | |

TRACKING BOARD
Dr. Date

6/24/96

INTERIM Date _____

Final Date _____

TRANSMITTAL FORM

FACILITY NAME: MCT Transporthair, Inc.

EPA ID# NMD0694/7129

***** INFORMATION MANAGEMENT SECTION *****

ENFORCEMENT/TECHNICAL SECTION

EVALUATION DATE 6/20/96

DATE/INTLS LOGGED DATE/INTLS RECEIVED DATE/INTLS ENTERED DATE/INTLS CHECKED DATE RETURNED

COVERAGE AREAS (X) YES () NO
HOW MANY

ENF/TECH INTLS M.T.C.
HPM INTLS/DATE SES
COMMENTS: No violation.

ENFORCEMENT ACTION
VIOLATION DATE _____
SCHEDULED RESPONSE _____
DATE ISSUED _____

ENF/TECH INTLS _____
HPM INTLS/DATE _____
COMMENTS: _____

PENALTY ASSESSED _____
PENALTY SETTLED _____
ENF/TECH INTLS _____
HPM INTLS/DATE _____
COMMENTS: _____

DATE RESOLVED _____
ENF/TECH INTLS _____
HPM INTLS/DATE _____

COMMENTS: _____
REV. 11/22/94

INSPECTION PROTOCOL CHECKLIST

Entry Conference Date: 6/20/86 Time: 11:40A

Facility Name: MCT Leasing (AKA MCT Transportation)

Participants:

<u>Name</u>	<u>Signature</u>	<u>Title</u>	<u>Phone</u>
Mark V. Coffman	<i>Mark V. Coffman</i>	Env. Scientist	827-1558
Frank Duran	<i>Frank Duran</i>		345-8651

- Present credentials
- Cite statutory authority to enter the site (HWA §74-4-4.3)
- Cite statutory authority to conduct inspection and obtain samples, including photographs (HWA §74-4-4.3)
- Specify the reason for and nature of the inspection
- Discuss objectives of and procedures for inspection, including identification of potential violations, and any sampling and photographs
- Schedule exit conference

Comments:

INSPECTION PROTOCOL CHECKLIST

Exit Conference

Date: 6/20/96

Time: 12:30P

Facility Name: MCT Leasing (Trans.)

Participants:

<u>Name</u>	<u>Signature</u>	<u>Title</u>	<u>Phone</u>
Mark V. Coffman	<i>Mark V. Coffman</i>	Env. Scientist	827-1558
Frank Duran	<i>Frank Duran</i>		345-8657

- Discussion of preliminary findings (apparent violations, areas of concern, other)
- Report compilation and review process
- Anticipated timetable for final determinations
- Enforcement procedures and policy, including possible penalties

Comments: