

Raytheon



Update

Missile Systems
Raytheon Diné Facility
PO Box 3890
Farmington, NM 87499-3890
505.566.1500 direct
505.960.4509 fax

1281



ENTERED

February 25, 2010

James S. Valdez
New Mexico Environment Department
Hazardous Waste Bureau
Building 1
2905 Rodeo Park Dr. East Building 1
Santa Fe, NM 87505-6303

Subject: *2009 Hazardous Waste Report
Raytheon System Company- Raytheon Diné Facility
EPA ID No. NMD 986 668 853*


Dear James S. Valdez:

Generator Status for Raytheon System Company- Raytheon Diné Facility for **2009** is **Small Quantity**. RCRA SUBTITLE C SITE IDENTIFICATION FORM submitted for Hazardous Waste Report. Thank you.

Sincerely,

Eddie Begaye
Environmental Health & Safety Engineer

Enclosure (1)
cc: Robert Joe, Site Executive

<p>SEND COMPLETED FORM TO: The Appropriate State or Regional Office.</p>	<p>United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM</p>		
<p>1. Reason for Submittal</p> <p>MARK ALL BOX(ES) THAT APPLY</p>	<p>Reason for Submittal:</p> <p><input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)</p> <p><input checked="" type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location)</p> <p><input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application</p> <p><input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)</p> <p><input checked="" type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below)</p> <p><input type="checkbox"/> Site was a TSD facility and/or generator of $\geq 1,000$ kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup <u>in one or more months</u> of the report year (or State equivalent LQG regulations)</p>		
<p>2. Site EPA ID Number</p>	<p>EPA ID Number <input type="text" value="N"/> <input type="text" value="M"/> <input type="text" value="D"/> <input type="text" value="9"/> <input type="text" value="8"/> <input type="text" value="6"/> <input type="text" value="6"/> <input type="text" value="6"/> <input type="text" value="8"/> <input type="text" value="8"/> <input type="text" value="5"/> <input type="text" value="3"/></p>		
<p>3. Site Name</p>	<p>Name: Raytheon Missile System - Diné Facility</p>		
<p>4. Site Location Information</p>	<p>Street Address: 10059 Highway 371, 7 miles South Farmington</p> <p>City, Town, or Village: Farmington County: San Juan</p> <p>State: New Mexico Country: USA Zip Code: 87401</p>		
<p>5. Site Land Type</p>	<p><input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>		
<p>6. NAICS Code(s) for the Site (at least 5-digit codes)</p>	<p>A. <input type="text" value="3"/> <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="4"/> <input type="text" value="1"/> <input type="text" value="4"/></p> <p>B. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>C. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>D. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>		
<p>7. Site Mailing Address</p>	<p>Street or P.O. Box: P.O. Box 3890</p> <p>City, Town, or Village: Farmington</p> <p>State: New Mexico Country: USA Zip Code: 87499</p>		
<p>8. Site Contact Person</p>	<p>First Name: Eddie MI: Last: Begaye</p> <p>Title: Environmental Health & Safety Engineer</p> <p>Street or P.O. Box: P.O. Box 3890</p> <p>City, Town or Village: Farmington</p> <p>State: New Mexico Country: USA Zip Code: 87499</p> <p>Email: ebegaye@raytheon.com</p> <p>Phone: 505-566-1518 Ext.: Fax: 505-326-4509</p>		
<p>9. Legal Owner and Operator of the Site</p>	<p>A. Name of Site's Legal Owner: Navajo Nation Date Became Owner: 01/01/1998</p> <p>Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p> <p>Street or P.O. Box: P.O. Box 9000</p> <p>City, Town, or Village: Window Rock Phone: (928) 871-7994</p> <p>State: Arizona Country: USA Zip Code: 86515</p> <p>B. Name of Site's Operator: Raytheon Date Became Operator: 01/01/1998</p> <p>Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>		

10. Type of Regulated Waste Activity (at your site)
Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

A. Hazardous Waste Activities; Complete all parts 1-7.

- 1. Generator of Hazardous Waste
2. Transporter of Hazardous Waste
3. Treater, Storer, or Disposer of Hazardous Waste
4. Recycler of Hazardous Waste
5. Exempt Boiler and/or Industrial Furnace
6. Underground Injection Control
7. Receives Hazardous Waste from Off-site

B. Universal Waste Activities; Complete all parts 1-2.

- 1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more)
2. Destination Facility for Universal Waste

C. Used Oil Activities; Complete all parts 1-4.

- 1. Used Oil Transporter
2. Used Oil Processor and/or Re-refiner
3. Off-Specification Used Oil Burner
4. Used Oil Fuel Marketer

D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

❖ You must check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

- a. College or University
- b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

11. Description of Hazardous Waste

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D002	D005	D007	D008	D009	D035
F002	F003	F005	U002	U220		

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

12. Notification of Hazardous Secondary Material (HSM) Activity

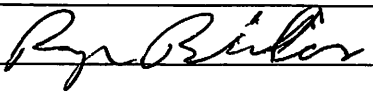
Y N Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

Multiple empty horizontal lines for providing comments.

14. Certification. 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 for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	ROGER BILBS FR Robert Joe, Plant Manager	02/25/2010