

<p>MAIL THE COMPLETED FORM TO: The Appropriate EPA Regional or State Office</p>	<p>United States Environmental Protection Agency</p> <p>RCRA SUBTITLE C SITE IDENTIFICATION FORM</p>	<p>1656</p>
<p>1. Reason for Submittal and Status of Information Supplied (see instructions on page 9)</p> <p>MARK ALL BOX(ES) THAT APPLY</p>	<p>A. Reason for Submittal:</p> <p><input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).</p> <p><input type="checkbox"/> To provide subsequent notification (to update site identification information).</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.</p>	
<p>2. Site EPA ID Number (see instructions on page 10)</p>	<p>EPA ID Number: NMD986676955</p>	
<p>3. Site Name (see instructions on page 10)</p>	<p>Name: ROSWELL COMPRESSOR STATION, NO. 9</p>	
<p>4. Site Location Information (see instructions on page 10)</p>	<p>Street Address: 6381 NORTH MAIN STREET</p>	
	<p>City, Town, or Village: ROSWELL</p>	<p>State: NM</p>
	<p>County Name: CHAVES</p>	<p>Zip Code: 88201-</p>
<p>5. Site Land Type (see instructions on page 10)</p>	<p>Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>	
<p>6. North American Industry Classification System (NAICS) Code(s) for the Site (see instructions on page 10)</p>	<p>A. 486210</p>	<p>B.</p>
	<p>C.</p>	<p>D.</p>
<p>7. Site Mailing Address (see instructions on page 11)</p>	<p>Street or P.O. Box: 6381 NORTH MAIN STREET</p>	
	<p>City, Town, or Village: ROSWELL</p>	<p>State: NM</p>
	<p>Country: Zip Code: 88201-</p>	
<p>8. Site Contact Person (see instructions on page 11)</p>	<p>First Name: LARRY</p>	<p>MI: T</p>
	<p>Last Name: CAMPBELL</p>	
<p>Phone Number: (505) 625-8022 Extension:</p>		<p>Email: larry.campbell@energytransfer.com</p>
<p>9. Legal Owner and Operator of the Site (see instructions on pages 11 and 12)</p>	<p>A. Name of Site's Operator: TRANSWESTERN PIPELINE COMPANY</p>	
	<p>Date Became Operator (mm/dd/yyyy): 01/01/1959</p>	
	<p>Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>	
	<p>B. Name of Site's Legal Owner: TRANSWESTERN PIPELINE COMPANY</p>	
<p>Date Became Owner (mm/dd/yyyy): 01/01/1959</p>		
<p>Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>		

9. Legal Owner (Continued) Address	Street or P.O. Box: 6381 NORTH MAIN STREET		
	City, Town, or Village: ROSWELL		
	State: NM	Zip Code: 88201-	Country:

10. Type of Regulated Waste Activity
 Mark 'X' in the appropriate boxes. Mark "Yes" or "No" for each choice. (See instructions on pages 13 to 16)

A. Hazardous Waste Activities
 Complete all parts for Items 1 through 6.

For Items 2 through 6, check all that apply:

Y N **1. Generator of Hazardous Waste**
 If "Yes" choose only one of the following - a,b, or c.

a. LQG: Greater than 1,000 kg/mo (2,200 lbs.)
 of non-acute hazardous waste; or

b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs.)
 of non-acute hazardous waste; or

c. CESQG: Less than 100 kg/mo
 of non-acute hazardous waste

In addition, indicate other generator activities
 (check all that apply)

Y N d. United States Importer of Hazardous Waste

Y N e. Mixed Waste (hazardous and radioactive) Generator

Y N **2. Transporter of Hazardous Waste**

Y N **3. Treater, Storer, or Disposer of
 Hazardous Waste (at your site) Note:**
 A hazardous waste permit is required for
 this activity

Y N **4. Recycler of Hazardous Waste (at your site)**
 Note: A hazardous waste permit may be required
 for this activity.

5. Exempt Boiler and/or Industrial Furnace

Y N a. Small Quantity On-site Burner Exemption

Y N b. Smelting, Melting, Refining Furnace Exemption

Y N **6. Underground Injection Control**

B. Universal Waste Activities

1. Large Quantity Handler of Universal Waste (accumulate 5,000 KG or more)
 [refer to your State regulations to determine what is regulated]. Indicate
 types of universal waste generated and/or accumulated (Managed)
 at your site. (check all boxes that apply)

Managed

- | | |
|----------------|--------------------------|
| a. Batteries | <input type="checkbox"/> |
| b. Pesticides | <input type="checkbox"/> |
| c. Thermostats | <input type="checkbox"/> |
| d. Lamps | <input type="checkbox"/> |
| e. Other _____ | <input type="checkbox"/> |
| f. Other _____ | <input type="checkbox"/> |
| g. Other _____ | <input type="checkbox"/> |

Y N **2. Destination Facility for Universal Waste**
 Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities - Mark all boxes that apply

Y N **1. Used Oil Transporter**
 If "Yes", mark each that applies.
 a. Transporter
 b. Transfer Facility

Y N **2. Used Oil Processor and/or Re-refiner -**
 If "Yes", mark each that applies.
 a. Processor
 b. Re-refiner

Y N **3. Off-Specification Used Oil Burner**

Y N **4. Used Oil Fuel Marketer**

- If "Yes", mark each that applies.
- a. Marketer Who Directs Shipment of Off-Specification
 Used Oil to Off-Specification Used Oil Burner
- b. Marketer Who First Claims the Used Oil Meets the
 Specifications

11. Description of Hazardous Wastes (see instructions on page 17)

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.

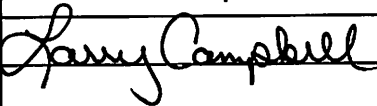
D001	D004					

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 for waste codes.

12. Comments (see instructions on page 17)

larry.campbell@energytransfer.com

13. 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 fine and imprisonment for knowing violations. (see instructions on page 17)

Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	D. Date Signed (mm-dd-yyyy)
	LARRY T CAMPBELL DIV ENV SPEC	01/29/2008



U.S. ENVIRONMENTAL
PROTECTION AGENCY
2007 Hazardous Waste Report

SITE NAME

ROSWELL COMPRESSOR STATION, NO. 9
6381 NORTH MAIN STREET
ROSWELL, NM 88201

EPA ID NO: NMD986676955

FORM
GM

WASTE GENERATION
AND MANAGEMENT

Sec. 1	A. Waste Description HAZARDOUS WASTE SOLID, N.O.S. (LEAD), 9, NA3077, PG III (LEAD ACETATE TAPE)		
B. EPA Hazardous Waste Code D008		C. State Hazardous Waste Code	
D. Source Code G19 Management Method code for Source code G25	E. Form Code W319	F. Quantity Generated in 2007 25.00	G. UOM 1 Density 8.34 lb./gal.
Sec. 2	Was any of this waste managed on-site? No		
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type		Quantity treated, disposed, or recycled on-site in 2007	On-site process system type
			Quantity treated, disposed, or recycled on-site in 2007
Sec. 3	A. Was any of this waste shipped off site in 2007 for treatment, disposal, or recycling? Yes		
Site # 1	B. EPA ID No. of facility to which waste was shipped NED981723513	C. Off-site Management Method code shipped to H040	D. Total quantity shipped in 2007 25.00
Comments Lead acetate tape used to measure and record sulfur compounds in natural gas			



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ROSWELL COMPRESSOR STATION, NO. 9
NORTH MAIN STREET
ROSWELL NM 88201

EPA ID NO: NMD986676955



**OFF-SITE
IDENTIFICATION**

Form 3	A. EPA ID No. of off-site installation or transporter MAD039322250	B. Name of off-site installation or transporter CLEAN HARBORS ENVIRONMENTAL SERVICES
C. Handler Type N Generator Y Transporter N TSDR		D. Address of off-site installation Street City State Zip -

Form 4	A. EPA ID No. of off-site installation or transporter NED981723513	B. Name of off-site installation or transporter CLEAN HARBORS ENVIRONMENTAL SERVICES
C. Handler Type N Generator N Transporter Y TSDR		D. Address of off-site installation Street 2247 SOUTH HIGHWAY 71 City KIMBALL State NE Zip 69145-