



GARY E. JOHNSON  
GOVERNOR

State of New Mexico  
**ENVIRONMENT DEPARTMENT**

Hazardous Waste Bureau  
2905 Rodeo Park Drive East, Building 1  
Santa Fe, New Mexico 87505-6303  
Telephone (505) 428-2500  
Fax (505) 428-2567

[www.nmenv.state.nm.us](http://www.nmenv.state.nm.us)



John R. D'Antonio Jr.  
SECRETARY

11 2282

October 21, 2002

Eric Almasi  
Store Manager  
Walgreen's #2900  
1096 St. Francis Drive  
Santa Fe, New Mexico 87501

**Re: Notification of Compliance**  
**EPA ID # NMR000002147**

Dear Mr. Almasi:

The New Mexico Environment Department (NMED) Hazardous Waste Bureau (HWB) conducted a Compliance Evaluation Inspection (CEI) of your facility in Santa Fe, New Mexico on October 9, 2002. Based on our review of your documentation and a physical inspection of the facility, NMED has determined that you are in compliance with the New Mexico Hazardous Waste Management Regulations (20.4.1 NMAC) and your generator status has changed from a Small Quantity Generator to a Conditionally Exempt Small Quantity Generator.

Thank you for allowing us to be of service to you and your determined efforts to remain in compliance.

If you have any questions, please contact me at (505) 428-2522 or at our address on the letterhead.

Sincerely,  
  
Ron Trueblood  
Environmental Specialist  
HWB Compliance & Technical Assistance Program

cc: Sandra Martin, Acting Program Manager, HWB-C&TA  
File



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# State of New Mexico ENVIRONMENT DEPARTMENT

Hazardous Waste Bureau  
2044 A Galisteo, P.O. Box 26110  
Santa Fe, New Mexico 87502-6110  
Telephone (505) 827-1557  
Fax (505) 827-1544



PETER MAGGIORE  
SECRETARY

PAUL R. RITZMA  
DEPUTY SECRETARY

## Inspection Report

Facility: Walqueens # 2900 Location: St Francis near Cordova  
 EPA ID #: NMR 00000 2147 Mailing Address: 1096 St Francis DR  
 Ownership: Walqueens Corp Santa Fe  
 Authorized Agent: Eric Almasi Facility Contact: Eric Almasi  
Santa Fe, N.M. 87501

Time of Entry 10/9/02 Date 2 pm Access: Granted / Denied \_\_\_\_\_  
 Facility Representative \_\_\_\_\_ Title \_\_\_\_\_  
 Reason(s) for Denial of Access (if applicable) \_\_\_\_\_

E. Almasi \_\_\_\_\_  
 Facility Representative Signature  
R. J. Melwood \_\_\_\_\_  
 Inspector Signature

### Entry Conference:

Present Credentials to Facility Representative ✓  
 Cite Statutory Authority to Enter Site (NMSA § 74-4-4.3) ✓  
 Cite Statutory Authority to Conduct Inspection, Obtain Samples and Take  
 Photographs (NMSA § 74-4-4.3) ✓  
 Specify Reasons for, and Nature of the Inspection ✓  
 Specify Objectives and Procedures for Inspection ✓  
 Schedule Exit Conference ✓

Participants:

Name	Signature	Title	Phone #
ERIC ALMASI	<u>E. Almasi</u>	SENIOR MANAGER	(505) 982-4643

EPA ID NMR 00002147  
Facility Name Walgreens  
Date \_\_\_\_\_

Results of Inspection: Inspected photo lab - company has silver recovery unit  
all wastes are recycled

**The Following Potential Violations Were Noted:**

Potential Violation	Specifics: (location, quantities, documents, photos, etc.)	Regulatory Citation
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*NO VIOLATIONS*

This Compliance Evaluation Inspection (CEI)  
was conducted based on:

EPA ID NWR 00000 2147  
Facility Name Walgreens #2900  
Date 10/9/02

FY: 03 Grant Requirements

Follow up to Previous CEI \_\_\_\_\_

Citizen Complaint \_\_\_\_\_

Facility was Last Inspected on: 1997

Observation by Inspector \_\_\_\_\_

Checklists Completed: CESQG, SQG, <90 Day, Transporter, LDR, Tanks, and Containers.

History, Size, and Nature of Business: store has been operating since 1993

Retail dry goods, pharmacy & photo lab. 33 employees

Waste Streams Generated:

Waste Code	Description of Process	Location
<del>D009</del> <sup>ext</sup> D011	photo lab processing	in store

Exit Conference:

Time of Exit: 0250 pm

EPA ID NMR 00000 2147  
Facility Name Walgreens 2900  
Date 10/9/02

Discussion/Explanation of Potential Violations

NO VIOLATIONS

Explain Review Process by NMED/HWB Management

NMED Anticipated Timetable for Notice of Violation Letter

Explain Enforcement Policy and Procedures (incl. pos. penalties)

Explain Availability of On Site Technical Assistance

Participants:

Name	Signature	Title	Phone #
<u>Ron Trueblood</u>	<u>R Trueblood</u>	<u>RORA INSP</u>	<u>428-2522</u>
<u>ERIC ALMASI</u>	<u>E. Almasi</u>	<u>STORE MANAGER</u>	<u>982-4643</u>

I have been advised that at the time of inspection, no potential violations of 20 NMAC 4.1 were identified. I also understand that I remain obligated to comply with all applicable laws and regulations.

I have been advised of the potential violations identified during the inspection. I understand that in accordance with §74-4-10 NMSA 1978 (Repl. Pamp. 2000), NMED may: (1) issue a notice of violation requesting voluntary compliance within a specified time period; (2) issue a compliance order requiring compliance immediately or within a specified time period or assessing a civil penalty for any past or current violations of up to \$10,000 per day of noncompliance with each violation or both; or (3) commence a civil action in district court for appropriate relief, including a temporary or permanent injunction. Any such order issued may include a suspension or revocation of any permit issued by NMED.

E. Almasi  
Facility Representative



## Add New Evaluation (Inspection)

Date Submitted: 10/10/02  
 Facility Name: Walgreen's #2900  
 Facility Address: 1096 St ~~FRANCIS~~<sup>let</sup> FRANCIS DR  
 City: Santa Fe State: NM Zip Code: 87501

EPA ID: NMR000002147

Evaluation Type: CEI

Evaluation Date: 10/9/02

Reason: \_\_\_\_\_ (NOT REQUIRED)

Evaluation Notes: facility now uses a silver recovery unit and has changed status a CESQG

\*\*\*\*\* Did this evaluation find any violations?  NO  UNDETERMINED  
 YES IF YES, VIOLATIONS MUST BE ATTACHED

## Add New Enforcement

Enforcement Type: \_\_\_\_\_

(date on enforcement letter)

Enforcement Date: \_\_\_\_\_

Responsible Agency: S

Responsible Person:

Scheduled Response Date: \_\_\_\_\_ (NOT REQUIRED)

<input type="checkbox"/> AJM	<input type="checkbox"/> ATV	<input type="checkbox"/> RLT
<input type="checkbox"/> DAB	<input type="checkbox"/> KBK	<input type="checkbox"/> MCL
<input type="checkbox"/> BB	<input type="checkbox"/> REA	<input type="checkbox"/> BS
<input type="checkbox"/> JM	<input type="checkbox"/> SM	

Enforcement Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*\*\*\*\*ALL FIELDS ARE REQUIRED EXCEPT AS NOTED