



DEPARTMENT OF THE AIR FORCE

HEADQUARTERS 49TH FIGHTER WING (ACC)
HOLLoman AIR FORCE BASE, NEW MEXICO

NEW MEXICO
ENVIRONMENT DEPARTMENT

1992 JUL -9 21 13:42

OFFICE OF THE SECRETARY

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FROM: 49 GES/GEV
Holloman AFB, NM 88330-5000

SUBJ: Request Modification of Operating Permit #NM6572124422-1

TO: Judith M. Espinosa, Secretary
State of New Mexico
Environment Department
Harold Runnels Bldg.
P.O. Box 26110
Santa Fe, NM 87502

1. Please find at Atch 1, EPA Form 3510-3 reflecting the change of name of the operator of the Holloman AFB Treatment Storage & Disposal Facility (TSDf) from Defense Reutilization and Marketing Region (DRMR) Ogden, Utah to Defense Reutilization and Marketing Service - Operations West, Ogden, Utah.
2. Please execute the appropriate changes in response to this notification.
3. Should any additional information be required, please contact Mr. Ron Schotter at 479-3931 of my staff.

Howard E. Moffitt
HOWARD E. MOFFITT
Deputy Base Civil Engineer

Atch
EPA FORM 3510-3 (2 cys)

IV. DESCRIPTION OF HAZARDOUS WASTES (cont.)
E. USE THIS SPACE TO LIST ADDITIONAL PRO... CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)													
N	M	6	5	7	2	1	2	4	4	2	2	VIA	C
													6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)						LONGITUDE (degrees, minutes, & seconds)									
	3	2	5	0	0	4	1	1	0	6	0	5	0	4	0

VIII. FACILITY OWNER

A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER						2. PHONE NO. (area code & no.)					
U.S. Air Force, Air Combat Command						505-479-6511					
3. STREET OR P.O. BOX			4. CITY OR TOWN			5. ST.		6. ZIP CODE			
Highway 70 West			Holloman AFB			NM		88330			

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
Ira L. Hester, Colonel, USAF Commander, 49th Support Group		6 July 92

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
DONALD B. CAMPBELL Colonel USAF, Deputy Commander		14 MAY 1992

W 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

W 1 2 DUP

2 DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

W NO JZ	A. EPA HAZARD. WASTENO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEA- SURE (enter code)	D. PROCESSES											
				1. PROCESS CODES (enter)						2. PROCESS DESCRIPTION (if a code is not entered in D(1))					
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