



DEPARTMENT OF THE AIR FORCE

HEADQUARTERS 1606TH AIR BASE WING (MAC)  
KIRTLAND AIR FORCE BASE, NEW MEXICO 87117-5000

*KAFB yellow*  
*9/16/90 aly*  
ENTERED



Dr. Elizabeth Gordon  
Permitting Supervisor  
New Mexico Environmental Improvement Division  
Hazardous Waste Program  
Harold Runnels Building  
1190 Saint Francis Drive  
Santa Fe New Mexico 87503

Dear Dr. Gordon

1. Enclosed is the revised Environmental Protection Agency (EPA) Form 3510-1 for Kirtland Air Force Base's (KAFB) Part A Permit dated 30 August 1990 (Atch 1). The signatures of the new Commanders of the 1606 Air Base Wing and the Defense Reutilization and Marketing Region (DRMR) office are at attachment 1-2.

2. If you have any questions, please contact Mr Walter Darr at (505) 846-2774.

Sincerely,

*Edward A. Behling*  
EDWARD A. BEHLING, Colonel, USAF  
Director  
Environmental Management Division

Atch  
EPA Form 3510-1

KAFB1039



**Form 1**  
**GENERAL**

**EPA**

**U.S. ENVIRONMENTAL PROTECTION AGENCY**

**GENERAL INFORMATION**  
Consolidated Permits Program  
(Read the "General Instructions" before starting.)

**I. EPA I.D. NUMBER**

**III. FACILITY NAME**

**V. FACILITY MAILING ADDRESS**

**VI. FACILITY LOCATION**

**PLEASE PLACE LABEL IN THIS SPACE**

**I. EPA I.D. NUMBER**

**GENERAL INSTRUCTIONS**

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

**II. POLLUTANT CHARACTERISTICS**

**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

| SPECIFIC QUESTIONS   | MARK 'X' |    |               | SPECIFIC QUESTIONS   | MARK 'X' |    |               |
|--|----------|----|---------------|--|----------|----|---------------|
|  | YES      | NO | FORM ATTACHED |  | YES      | NO | FORM ATTACHED |
| A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)   |          | X  |               | B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)  |          | X  |               |
| C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)  | X        |    |               | D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)  |          | X  |               |
| E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)   | X        |    |               | F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)   |          | X  |               |
| G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4) |          | X  |               | H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)  |          | X  |               |
| I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)                 |          | X  |               | J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) |          | X  |               |

**III. NAME OF FACILITY**

1 **SKIP** K I R T L A N D A I R F O R C E B A S E

**IV. FACILITY CONTACT**

A. NAME & TITLE (last, first, & title) D A R R W A L T E R S

B. PHONE (area code & no.) 5 0 5 8 4 6 2 7 7 4

**V. FACILITY MAILING ADDRESS**

A. STREET OR P.O. BOX 1 6 0 6 A B W / E M

B. CITY OR TOWN K I R T L A N D A F B

C. STATE N M

D. ZIP CODE 8 7 1 1 7

**VI. FACILITY LOCATION**

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER S A M E

B. COUNTY NAME B E R N A L I L L O

C. CITY OR TOWN A L B U Q U E R O U E

D. STATE N M

E. ZIP CODE 8 7 1 1 7

F. COUNTY CODE (if known)

V. DESCRIPTION OF HAZARDOUS WASTE (continued)

USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

|                                  |   |   |   |   |   |   |   |   |   |   |   |       |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|---|-------|
| EPA I.D. NO. (enter from page 1) |   |   |   |   |   |   |   |   |   |   |   |       |
| N                                | M | 9 | 5 | 7 | 0 | 0 | 2 | 4 | 4 | 2 | 3 | T/A C |
|                                  |   |   |   |   |   |   |   |   |   |   |   | 6     |
|                                  |   |   |   |   |   |   |   |   |   |   |   |       |

VII. 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).

VIII. 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  | 5  | 0  | 1  | 2 2 0   |   | 1  | 0  | 6  | 3  | 2  | 3  | 5 | 0 |
|  | 65 | 66 | 67 | 68 | 69 - 71 |   | 72 | 74 | 75 | 76 | 77 | 79 |   |   |

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.) |  |             |  |  |  |
| United States Air Force           |  |  |                 |  |  | 5 0 5 - 8 4 6 - 2 7 7 4        |  |             |  |  |  |
| 3. STREET OR P.O. BOX             |  |  | 4. CITY OR TOWN |  |  | 5. ST.                         |  | 6. ZIP CODE |  |  |  |
| Kirtland Air Force Base           |  |  | Albuquerque     |  |  | N M                            |  | 8 7 1 1 7   |  |  |  |

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 |
| EDWARD S. BRANNUM, Colonel, USAF<br>Commander, 1606 Air Base Wing | Edward S Brannum <sup>KAFB</sup> | 30 AUG 1990    |

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<br>Commander, DRMR, Ogden UT | Donald B. Campbell <sup>Defense<br/>Reactivation and<br/>Marketing<br/>DRMR</sup> | 21 Aug 90      |