



MEL 92 - 27MS91K
DEPARTMENT OF THE AIR FORCE

HEADQUARTERS 27TH SUPPORT GROUP (TAC)
CANNON AIR FORCE BASE, NM 88103

DAAB
28 FEB 1992



Ms. Anna Walker
New Mexico Environment Department
Hazardous and Radioactive Materials Bureau
525 Camino De Los Marquez
Santa Fe, NM 87502

Dear Ms. Walker

Attached is the 1991 Biennial Hazardous Waste Report for Melrose Bombing Range. This report is being submitted by 1 Mar 92 as required by your letter dated 3 Jan 92 and your reminder letter dated 20 Feb 92.

Questions concerning this report may be directed to Mr. Jim Richards or Ms. Vera Wood (505) 784-4639.

Sincerely

DAVID E. BENSON, Colonel, USAF
Commander

1 Atch
EPA FM 8700-13A/B

cc: HQ TAC/DEV w/Atch
AFRCE-CR w/o Atch
12 AF/DE w/o Atch

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME Melrose Air Force Range
Cannon AFB, NM 88103-5000

EPA ID NO. N M 5 | 5 7 2 | 1 2 4 | 4 5 6

U.S. ENVIRONMENTAL PROTECTION AGENCY
 1991 Hazardous Waste Report
 IDENTIFICATION AND CERTIFICATION
Entered 04-15-92

INSTRUCTIONS: Read the detailed instructions beginning on page 6 of the 1991 Hazardous Waste Report booklet before completing this form.

SEC. I Site name and location address. Complete items A through H. Check the box in items A, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instruction page 6

A. EPA ID No. Same as label or B. County Curry & Roosevelt Counties

C. Site/company name Same as label or Cannon Air Force Base, NM D. Has the site name associated with this EPA ID changed since 1989? 1 Yes 2 No

E. Street name and number. If not applicable, enter industrial park, building name or other physical location description. Same as label Eight (8) miles Southwest of the village of Melrose, New Mexico

F. City, town, village, etc. Same as label Near Melrose, New Mexico G. State Same as label NM H. Zip Code Same as label 181811214

SEC. II Mailing address of site. Instruction page 6

A. Is the mailing address the same as the location address? 1 Yes (SKIP TO SEC. III) 2 No (GO TO BOX B)

B. Number and street name of mailing address 27 SG/CC

C. City, town, village, etc. Cannon Air Force Base, D. State NM E. Zip Code 88103-5000

SEC. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 6

A. Please print: Last name Richards First name Jimmie M.I. N. B. Title Chief, Environmental Management C. Telephone 51015 71814-4161319 Extension 2171319

SEC. IV Enter the Standard Industrial Classification (SIC) Code that describes the principal products, group of products, produced or distributed, or the services rendered at the site's physical location. Enter more than one SIC Code only if no one industry description includes the combined activities of the site. Instruction page 7

A. 9711 B. 4581 C. N/A D. N/A

SEC. V "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 under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations."

A. Please print: Last name Benson First name David M.I. E B. Title Support Group Commander

C. Signature David E Benson D. Date of signature 10 2 28 92 MO. DAY YR.

Sec. VI - Generator Status

EPA ID NO.

N M 5 | 5 | 7 | 2 | 1 | 2 | 4 | 4 | 5 | 6

A. 1991 RCRA generator status
Instruction page 7
(CHECK ONE BOX BELOW)

- 1 LQG
- 2 SQG (SKIP TO SEC. VII)
- 3 CESQG
- 4 Non generator (CONTINUE TO BOX B)

B. Reason for not generating
Page 9
(CHECK ALL THAT APPLY)

- 1 Never generated
- 2 Out of business
- 3 Only excluded or delisted waste
- 4 Only non-hazardous waste
- 5 Periodic or occasional generator
- 6 Waste minimization activity
- 7 Other (SPECIFY COMMENTS IN BOX BELOW)

Sec. VII - On-Site Waste Management Status

A. RCRA permitted or interim status storage
Instruction page 10

1

B. RCRA permitted or interim status treatment, disposal, or recycling
Page 10

3

C. RCRA-exempt treatment, disposal, or recycling
Page 11

1

Sec. VIII - Waste Minimization Activity during 1990 or 1991

A. Did this site begin or expand a source reduction activity during 1990 or 1991?
Instruction page 11

- 1 Yes
- 2 No

B. Did this site begin or expand a recycling activity during 1990 or 1991?
Page 12

- 1 Yes
- 2 No

C. Did this site systematically investigate opportunities for source reduction or recycling during 1990 or 1991?
Page 12

- 1 Yes
- 2 No

D. Did any of the factors listed below delay or limit this site's ability to initiate new or additional source reduction activities in 1990 or 1991?
Page 12
(CHECK YES OR NO FOR EACH ITEM)

- | Yes | No | |
|----------------------------|---------------------------------------|--|
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | a. Insufficient capital to install new source reduction equipment or implement new source reduction practices |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | b. Lack of technical information on source reduction techniques applicable to the specific production processes |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | c. Source reduction is not economically feasible: cost savings in waste management or production will not recover the capital investment |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | d. Concern that product quality may decline as a result of source reduction |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | e. Technical limitations of the production processes |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | f. Permitting burdens |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | g. Source reduction previously implemented -- additional reduction does not appear to be technically feasible |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | h. Source reduction previously implemented - additional reduction does not appear to be economically feasible |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | i. Source reduction previously implemented - additional reduction does not appear to be feasible due to permitting requirements |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | j. Other (SPECIFY COMMENTS IN BOX BELOW) |

E. Did any of the factors listed below delay or limit this site's ability to initiate new or additional on-site or off-site recycling activities during 1990 or 1991?
Page 12
(CHECK YES OR NO FOR EACH ITEM)

- | Yes | No | | Yes | No | |
|----------------------------|---------------------------------------|---|----------------------------|---------------------------------------|--|
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | a. Insufficient capital to install new recycling equipment or implement new recycling practice | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | h. Technical limitations of production processes inhibit on-site recycling |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | b. Lack of technical information on recycling techniques applicable to this site's specific production processes | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | i. Permitting burdens inhibit recycling |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | c. Recycling is not economically feasible: cost savings in waste management or production will not recover the capital investment | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | j. Lack of permitted off-site recycling facilities |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | d. Concern that product quality may decline as a result of recycling | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | k. Unable to identify a market for recyclable materials |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | e. Requirements to manifest wastes inhibit shipments off site for recycling | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | l. Recycling previously implemented -- additional recycling does not appear to be technically feasible |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | f. Financial liability provisions inhibit shipments off site for recycling | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | m. Recycling previously implemented -- additional recycling does not appear to be economically feasible |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | g. Technical limitations of production processes inhibit shipments off site for recycling | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | n. Recycling previously implemented - additional recycling does not appear to be feasible due to permitting requirements |
| | | | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | o. Other (SPECIFY COMMENTS IN BOX BELOW) |

Comments: Sec VI b.: Melrose AFR is not a generator, reference Subpar X; receives D003 for T-18.
Sec VII a.: Thermally treats (T-18) munitions (explosives) permitted for OB/OD.

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME Melrose Air Force Range
Cannon Air Force Base, NM 88103-
5000

EPA ID NO. NM5 572 124 45d



U.S. ENVIRONMENTAL PROTECTION AGENCY

1991 Hazardous Waste Report

FORM
WR

WASTE RECEIVED FROM OFF SITE

*Entered 6-15-92
B.M.*

INSTRUCTIONS: Read the detailed instructions beginning on page 29 of the 1991 Hazardous Waste Report booklet before completing this form.

| | | | | | | |
|--|---|--|--|--|---|--|
| Waste 1 | A. Description of hazardous waste Instruction Page 29 Practice bombs, inert full scale bombs, inert 2.73 rockets, target practice gun ammunition and .50 caliber and smaller ammunitions. | | B. EPA hazardous waste code Page 30 <u>D003</u> <u>NA</u> <u>NA</u> <u>NA</u> | | C. State hazardous waste code Page 30 <u>D003</u> <u>NA</u> | |
| | D. Off-site source EPA ID No. Page 30 <u>NM7</u> <u>572</u> <u>124</u> <u>45d</u> | | E. Quantity received in 1991 Page 30 <u>149.7</u> | | F. UOM Page 30 <u>1</u> Density <u> </u> <u> </u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg | |
| G. Waste form code Page 31 <u>B315</u> | | H. RCRA-radioactive mixed Page 31 <u>2</u> | | I. System type Page 31 <u>M125</u> | | |

| | | | | | | |
|--|--|--|--|--|---|--|
| Waste 2 | A. Description of hazardous waste Instruction Page 29 Expired shelf life ammunitions. | | B. EPA hazardous waste code Page 30 <u>D003</u> <u>NA</u> <u>NA</u> <u>NA</u> | | C. State hazardous waste code Page 30 <u>983200</u> <u>NA</u> | |
| | D. Off-site source EPA ID No. Page 30 <input type="checkbox"/> Check if ID same as in Waste 1 <u>TX8</u> <u>571</u> <u>524</u> <u>091</u> | | E. Quantity received in 1991 Page 30 <u>53.0</u> | | F. UOM Page 30 <u>1</u> Density <u> </u> <u> </u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg | |
| G. Waste form code Page 31 <u>B315</u> | | H. RCRA-radioactive mixed Page 31 <u>2</u> | | I. System type Page 31 <u>M125</u> | | |

| | | | | | | |
|---|--|---|--|---|--|--|
| Waste 3 | A. Description of hazardous waste Instruction Page 29 <i>delete</i> | | B. EPA hazardous waste code Page 30 <u> </u> <u> </u> <u> </u> <u> </u> | | C. State hazardous waste code Page 30 <u> </u> <u> </u> <u> </u> <u> </u> | |
| | D. Off-site source EPA ID No. Page 30 <input type="checkbox"/> Check if ID same as in Waste 2 <u> </u> <u> </u> <u> </u> <u> </u> | | E. Quantity received in 1991 Page 30 <u> </u> <u> </u> <u> </u> <u> </u> | | F. UOM Page 30 <u> </u> Density <u> </u> <u> </u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg | |
| G. Waste form code Page 31 <u>B</u> <u> </u> <u> </u> <u> </u> | | H. RCRA-radioactive mixed Page 31 <u> </u> | | I. System type Page 31 <u>M</u> <u> </u> <u> </u> <u> </u> | | |

*skel
7/7/93*

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME Melrose Air Force Range

Cannon AFB, NM 88103-5000

EPA ID NO. NM15 572 124 456



U.S. ENVIRONMENTAL PROTECTION AGENCY

1991 Hazardous Waste Report

OFF-SITE IDENTIFICATION

FORM
OI

*Entered
10-15-92
B...*

INSTRUCTIONS: Read the detailed instructions on the back of this page before completing this form.

| | | |
|---|---|--|
| Site 1 | A. EPA ID No. of off-site installation or transporter <u>NM15</u> <u>572</u> <u>124</u> <u>456</u> | B. Name of off-site installation or transporter <u>USAF Transportation-Cannon AFB, NM</u> |
| C. Handler type (CHECK ALL THAT APPLY) | D. Address of off-site installation | |
| <input checked="" type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR | Street <u>% 27 FW/MAEC Bldg, 2112</u> City <u>Cannon AFB,</u> State <u>NM</u> Zip Code <u>88103-5000</u> | |

| | | |
|---|--|---|
| Site 2 | A. EPA ID No. of off-site installation or transporter <u>TX18</u> <u>571</u> <u>524</u> <u>0911</u> | B. Name of off-site installation or transporter <u>64 CES/DEV (USAF)</u> |
| C. Handler type (CHECK ALL THAT APPLY) | D. Address of off-site installation | |
| <input checked="" type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR | Street _____ City <u>Reese AFB,</u> State <u>TX</u> Zip Code <u>77914-8191-1510100</u> | |

| | | |
|---|---|---|
| Site 3 | A. EPA ID No. of off-site installation or transporter | B. Name of off-site installation or transporter |
| C. Handler type (CHECK ALL THAT APPLY) | D. Address of off-site installation | |
| <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR | Street _____ City _____ State _____ Zip Code _____ | |

| | | |
|---|---|---|
| Site 4 | A. EPA ID No. of off-site installation or transporter | B. Name of off-site installation or transporter |
| C. Handler type (CHECK ALL THAT APPLY) | D. Address of off-site installation | |
| <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR | Street _____ City _____ State _____ Zip Code _____ | |

| | | |
|---|---|---|
| Site 5 | A. EPA ID No. of off-site installation or transporter | B. Name of off-site installation or transporter |
| C. Handler type (CHECK ALL THAT APPLY) | D. Address of off-site installation | |
| <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR | Street _____ City _____ State _____ Zip Code _____ | |

Comments:



BRUCE KING
GOVERNOR

NEW MEXICO DEPARTMENT OF
NATURAL RESOURCES
NORMAN MANASSEH BUILDING
1150 St. Francis Drive, P.O. Box 18111
Santa Fe, New Mexico 87502
(505) 827-2850

JUDITH M. ESPINOSA
SECRETARY

BOB CURRY
DEPUTY SECRETARY

FAX COVER SHEET

DATE: 3/30/93
TO: PAT NELSON
COMPANY: EPA
FAX NO. (214) 655-6762
TELEPHONE " " - 8536

Message: WA - PS form
for Melrose Air Force Range

FROM: Anna Walker NO OF PAGES 2
(including cover)

COMPANY: NM ENVIRONMENT DEPARTMENT - HAZARDOUS & RADIOACTIVE
MATERIALS BUREAU

FAX: (505) 927-4361

TELEPHONE: (505) 927-4300

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME Melrose Air Force Range
Cannon AFB, NM 88103-5000

EPA ID NO. [N1115] [51712] [11214] [41516]



U.S. ENVIRONMENTAL PROTECTION AGENCY

1991 Hazardous Waste Report

FORM PS

WASTE TREATMENT, DISPOSAL, OR RECYCLING PROCESS SYSTEMS

INSTRUCTIONS: Read the detailed instructions beginning on page 32 of the 1991 Hazardous Waste Report booklet before completing this form.

A. Waste treatment, disposal or recycling system description
Instruction Page 38
Open detonation of D003 outdated and defective munitions in a thermal treatment area.

System type Page 38 M11215
C. Regulatory status Page 38 000
D. Operational status Page 39 00
E. Unit types Page 39 110 N1A

A. 1991 Influent quantity Instruction Page 40
Total 53.0 UOM 1 Density 2.0
CRA 53.0 UOM 1 Density 2.0
 1 lbs/gal 2 sg

B. Maximum operational capacity Page 41
Total 53.0
CRA 53.0

1991 liquid effluent quantity Page 42
Total NA UOM NA Density NA
CRA NA UOM NA Density NA
 1 lbs/gal 2 sg

D. 1991 solid/sludge residual quantity Page 43
Total 53.0 UOM NA Density NA
CRA 53.0 UOM NA Density NA
 1 lbs/gal 2 sg

Limitations on maximum operational capacity Page 44
1. 0.9 2. 0.2 3. 0.1
F. Commercial capacity availability code Page 44 L2J
G. Percent capacity commercially available Page 45 100 %

A. Planned change in maximum operational capacity Instruction Page 45
 1 Yes (CONTINUE TO BOX B)
 2 No (THIS FORM IS COMPLETE)

B. New maximum operational capacity Page 45
Total NA UOM NA
CRA NA

Planned year of change Page 46 119
D. Future commercial capacity availability code Page 46 L
E. Percent future capacity commercially available Page 46 NA %

Comments: Section I. During this period only open detonation was used for treatment.
Section II. A. Not a liquid waste, solid.
Section II. B Actual amount thermally treated at Melrose Range is reflected in "D".

Pg. 2

| | | |
|--|--------------------------------|--|
| TELEFAX ELECTROMAIL TRANSMITTAL | | 1. NUMBER OF PAGES <i>2</i> |
| 2. FROM: (Unit, FAS, Location) <i>27 CES/CEV 111 Engineers Way CANNON AFB, NM 88103-5136</i> | | 3. TELEPHONE NUMBER <i>WK 505-784-2739 FAX 505-784-2738</i> |
| 5. TO: (Unit, FAS, Location) <i>NIMED SANTA FE, NM 87502</i> | | 4. CLASSIFICATION <input checked="" type="checkbox"/> UNCLASSIFIED <input type="checkbox"/> FOUO |
| 7. REMARKS: (Indicate additional on-base distribution which will be made by the agency shown in Item 5) <i>FAX TO: 505-827-4361 ATTN: MS. ANNA WALKER Per your request, we have separated the total 102.7 and revised the PS form for Metro Air Force Base, New Mexico</i> | | 6. DOCUMENT IDENTIFICATION <i>US EPA FORM PS</i> |
| IT IS MISSION ESSENTIAL THAT THIS DOCUMENT BE TRANSMITTED VIA FACSIMILE | | |
| 8. DATE OF TRANSMISSION <i>31 MAR 93</i> | 9. TIME OF TRANSMISSION | 10. RELEASER'S SIGNATURE <i>Terrell Wood</i> |

3350 fill in
check UDM

~~33~~

more than 1 PS with the same
system type, (will you have a
3371 error) (software)
error