



Melrose

DEPARTMENT OF THE AIR FORCE

HEADQUARTERS 27th FIGHTER WING (ACC)
CANNON AIR FORCE BASE, NEW MEXICO

6 APR 1994

William M. Guth, Brig Gen, USAF
Commander
100 S DL Ingram Blvd Suite 100
Cannon AFB NM 88103-5214

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 are the 1992 and 1993 Biennial Hazardous Waste Report for Melrose Bombing Range. Questions concerning this report may be directed to Ms. Vera Wood at (505) 784-4639.

Sincerely

William M. Guth
WILLIAM M. GUTH
Brigadier General, USAF
Commander

Attachment:
EPA FM 8700-13A/B

cc:
HQ ACC/CEV w/o Atch
AFRCE-CR w/o Atch

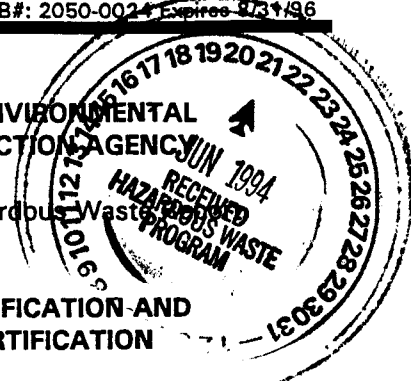
BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: 27 FW/CC
 Melrose AF Range New Mexico
 EPA ID NO: NM 5 5 7 2 1 2 4 4 5 6



U.S. ENVIRONMENTAL PROTECTION AGENCY

1993 Hazardous Waste



IDENTIFICATION AND CERTIFICATION

FORM IC

INSTRUCTIONS: Read the detailed instructions beginning on page 9 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I Site name and location address. Complete 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 10.

A. EPA ID No. Same as label <input checked="" type="checkbox"/> or → _____		B. County Curry & Roosevelt Counties	
C. Site/company name Same as label <input checked="" type="checkbox"/> or → _____		D. Has the site name associated with this EPA ID changed since 1981? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	
E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description. <i>Change to 8 miles SW of Melrose</i> Same as label <input type="checkbox"/> or → Eight (8) miles southwest of the village of Melrose, New Mexico			
F. City, town, village, etc. Same as label <input type="checkbox"/> or → Near Melrose, New Mexico		G. State Same as label <input checked="" type="checkbox"/> _____	H. Zip Code Same as label <input checked="" type="checkbox"/> _____

Sec. II Mailing address of site. Instruction page 10.

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 FW/CC 100 S D. L. Ingram Blvd Suite 100

C. City, town, village, etc. Cannon Air Force Base	D. State NM	E. Zip Code 88110-1315
---	----------------	---------------------------

Sec. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 10.

A. Please print: Last Name First name M.I. Oshita Bruce C.	B. Title Chief, Environmental Flight	C. Telephone 505-784-2739 Extension _____
---	---	---

Sec. IV "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 First name M.I. Guth William M.	B. Title Commander, 27th Fighter Wing
C. Signature <i>William Guth</i>	D. Date of signature 04 06 94 MO. DAY YR.



DEPARTMENT OF THE AIR FORCE

HEADQUARTERS 27th FIGHTER WING (ACC)
CANNON AIR FORCE BASE, NEW MEXICO

*entered
6/15/94*

William M. Guth, Brig Gen, USAF
Commander
100 S DL Ingram Blvd Suite 100
Cannon AFB NM 88103-5214

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 are the 1992 and 1993 Biennial Hazardous Waste Report for Melrose Bombing Range. This report is being submitted by 1 Apr 94 as required by your extension approval letter dated 28 Feb 94.

Questions concerning this report may be directed to Ms. Vera Wood at (505) 784-4639.

Sincerely

WILLIAM M. GUTH
Brigadier General, USAF
Commander

Attachment:
EPA FM 8700-13A/B

cc:
HQ ACC/CEV w/o Atch
AFRCE-CR w/o Atch



DEPARTMENT OF THE AIR FORCE

**HEADQUARTERS 27th FIGHTER WING (ACC)
CANNON AIR FORCE BASE, NEW MEXICO**

**Christopher S. Long, Colonel, USAF
Commander, 27th Support Group
100 S DL Ingram Blvd Suite 200
Cannon AFB NM 88103-5217**

**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 are the 1992 and 1993 Biennial Hazardous Waste Report for Melrose Bombing Range. This report is being submitted by 1 Apr 94 as required by your extension approval letter dated 28 Feb 94.

Questions concerning this report may be directed to Ms. Vera Wood at (505) 784-4639.

Sincerely

**CHRISTOPHER S. LONG, Colonel, USAF
Commander, 27th Support Group**

**Attachment:
EPA FM 8700-13A/B**

**cc:
HQ ACC/CEV w/o atch
AFRCE-CR w/o atch**

ACSIMILE ELECTRO MAIL TRANSMIT

(This information collection is not subject to OMB review under PL-96, The Paperwork Reduction Act.)

SECTION I - TO BE COMPLETED BY ORIGINATOR

CLASSIFICATION
UNCLASSIFIED

TRANSMISSION

PAGE 1 OF 2 PAGES

FOR OFFICIAL USE ONLY

IMMEDIATE

ROUTINE

TO (Organization and Functional Address Symbol)

New Mexico Environment Dept

FAX NO.

DSN

NA

COMMERCIAL

(505)

827-4361

ATTENTION

Anna Walker

VOICE NO.

DSN

NA

COMMERCIAL

(505)

827-4308

SUBJECT

Melrose A F Range Biennial Report

FROM (Organization and Functional Address Symbol)

27 CES/CEV
111 Engineers Way
Cannon AFB NM 88103-5136

FAX NO.

DSN

681-2208

COMMERCIAL

(505) 784-2208

VOICE NO.

DSN

681-6022

COMMERCIAL

(505) 784-6022

REMARKS

A copy of the 1c form for the above subject matter is forwarded per your request.

RELEASER'S SIGNATURE

Anna Walker

DATE

15 June 94

TIME

1145

SECTION II - TO BE COMPLETED BY ELECTRO MAIL OPERATOR

DATE TRANSMITTED

TIME TRANSMITTED

TRANSMITTER'S SIGNATURE

DATE ADDRESSEE CONTACTED

TIME ADDRESSEE CONTACTED

CONTACTOR'S SIGNATURE

**DEPARTMENT OF THE AIR FORCE****HEADQUARTERS 27th FIGHTER WING (ACC)
CANNON AIR FORCE BASE, NEW MEXICO****6 APR 1994**

**William M. Guth, Brig Gen, USAF
Commander
100 S DL Ingram Blvd Suite 100
Cannon AFB NM 88103-5214**

**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 are the 1992 and 1993 Biennial Hazardous Waste Report for Melrose Bombing Range. Questions concerning this report may be directed to Ms. Vera Wood at (505) 784-4639.

Sincerely

A handwritten signature in black ink, appearing to read "Mike Guth", is written over a horizontal line.

**WILLIAM M. GUTH
Brigadier General, USAF
Commander**

Attachment:

EPA FM 8700-13A/B

cc:

**HQ ACC/CEV w/o Atch
AFRCE-CR w/o Atch**

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: 27 FW/CC
Melrose AF Range New Mexico
EPA ID NO: NM 5 5 7 2 1 2 4 4 5 6



U.S. ENVIRONMENTAL PROTECTION AGENCY

1993 Hazardous Waste Report



IDENTIFICATION AND CERTIFICATION

INSTRUCTIONS: Read the detailed instructions beginning on page 9 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I Site name and location address. Complete A through H. Check the box in Rows A, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instruction page 10.

A. EPA ID No. Same as label <input checked="" type="checkbox"/> or -		B. County Curry & Roosevelt Counties	
C. Site/company name Same as label <input checked="" type="checkbox"/> or -		D. Has the site name associated with this EPA ID changed since 1981? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	
E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description. Same as label <input type="checkbox"/> or - Eight (8) miles southwest of the village of Melrose, New Mexico			
F. City, town, village, etc. Same as label <input type="checkbox"/> or - Near Melrose, New Mexico		G. State Same as label <input checked="" type="checkbox"/>	H. Zip Code Same as label <input checked="" type="checkbox"/>

Sec. II Mailing address of site. Instruction page 10.

A. Is the mailing address the same as the location address? <input type="checkbox"/> 1 Yes (SKIP TO SEC. III) <input checked="" type="checkbox"/> 2 No (GO TO BOX B)	
B. Number and street name of mailing address 27 FW/CC 100 S D. L. Ingram Blvd Suite 100	
C. City, town, village, etc. Cannon Air Force	D. State NM
E. Zip Code 88110-1315	

Sec. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 10.

A. Please print: Last Name Oshita	First name Bruce	M.I. C.	B. Title Chief, Environmental Flight	C. Telephone 505-784-1213 Extension
--------------------------------------	---------------------	------------	---	---

Sec. IV "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 Guth	First name William	M.I. M.	B. Title Commander, 27th Fighter Wing
C. Signature 			D. Date of signature 04 26 94 MO. DAY YR.

*corrected
entered 6/15/94*

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: 27 FW/CC
Melrose AF Range New Mexico

EPA ID NO: NM 7 5 7 2 1 2 4 4 5 6
NM 557 212 4456



U.S. ENVIRONMENTAL PROTECTION AGENCY

1993 Hazardous Waste Report

FORM IC

IDENTIFICATION AND CERTIFICATION

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C. Site/company name Same as label <input checked="" type="checkbox"/> or →		D. Has the site name associated with this EPA ID changed since 1991? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	
E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description. Same as label <input type="checkbox"/> or → Eight (8) miles southwest of the village of Melrose, New Mexico			
F. City, town, village, etc. Same as label <input type="checkbox"/> or → <u>Near Melrose, <i>Air Force Range</i> New Mexico</u>		G. State Same as label <input checked="" type="checkbox"/> <u>NM</u>	H. Zip Code Same as label <input checked="" type="checkbox"/> <u>818124</u>

Sec. II Mailing address of site. Instruction page 10.

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 FW/CC 100 S D. L. Ingram Blvd Suite 100

C. City, town, village, etc. <u>Cannon Air Force</u>	D. State <u>NM</u>	E. Zip Code <u>818110131-1512116</u>
---	-----------------------	---

Sec. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 10.

A. Please print: Last Name <u>Oshita</u>	First name <u>Bruce</u>	M.I. <u>C.</u>	B. Title Chief, Environmental Flight	C. Telephone <u>505-784-2739</u> Extension
---	----------------------------	-------------------	---	--

Sec. IV "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 <u>Oshita</u>	First name <u>Bruce</u>	M.I. <u>C.</u>	B. Title
C. Signature			D. Date of signature <u>04 06 94</u> MO. DAY YR.

entered 6/15/94
fw

Sec.V - Generator Status

EPA ID NO. NIM 5 | 151712 | 11214 | 41516

A. 1993 RCRA generator status
Instruction page 10.
(CHECK ONE BOX BELOW)

- 1 LQG
 - 2 SQG
 - 3 CESQG
 - 4 Non generator (Continue to Box B)
- SKIP to SEC. VI

B. Reason for not generating
Page 12.
(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.VI - On-Site Waste Management Status

A. Storage subject to RCRA permitting requirements Page 13.

1

B. Treatment, disposal, or recycling subject to RCRA permitting requirements Page 13.

3

C. RCRA-exempt treatment, disposal, or recycling Page 13.

1

Sec.VII - Waste Minimization Activity during 1992 or 1993

A. Did this site begin or expand a source reduction activity during 1992 or 1993? Page 14.

- 1 Yes
- 2 No

B. Did this site begin or expand a recycling activity during 1992 or 1993? Page 15.

- 1 Yes
- 2 No

C. Did this site systematically investigate opportunities for source reduction or recycling during 1992 or 1993? Page 15.

- 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 1992 or 1993? Page 15
(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 the site's ability to initiate new or additional on-site or off-site recycling activities during 1992 or 1993? Page 15.
(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 | g. Technical limitations of production processes inhibit shipments off-site for 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 process | <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 | c. Recycling is not economically feasible: cost savings in waste management will not recover the capital investment | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | i. Permitting burdens inhibit recycling |
| <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 | j. Lack of permitted off-site recycling facilities |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | e. Requirements to manifest wastes inhibit shipments of off-site for recycling | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | k. Unable to identify a market for recycled materials |
| <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 | l. Recycling previously implemented - additional recycling does not appear to be technically feasible |
| | | | <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 | 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 AFB is subject to Subpart X; receives D003 for T-1 action.
 Sec VII a.: Thermally treats (T-18) munitions, interim status for OB/OD unit.
 Sec VII c.: All possible reduction have been made with consideration to safety; scrap metal is recovered for solid waste reduction through recycling.

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: 27 FW/CC Melrose Air Force Range
100 S DL Ingram Blvd Suite 100
Cannon AFB NM 88103 5216
EPA ID NO: ~~NM 71572 1124 456~~
NMS 572 124 456



U.S. ENVIRONMENTAL PROTECTION AGENCY

1993 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

entered 6/15/94

INSTRUCTIONS: Read the detailed instructions beginning on page 18 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste description - Instruction page 18. Expired shelf life (outdated) munitions (explosives) such as practice bombs, and devices which are forward to Melrose AFR OB/OD Thermal Treatment Facility.					
B. EPA hazardous waste code Page 19. D 0 0 3			C. State hazardous waste code Page 19.		
D. SIC code Page 19. 9 7 1 1	E. Origin code Page 19 System Type M 1 2 5	F. Source code Page 20. A 5 8	G. Point of measurement Page 20. 1	H. Form code Page 20. B 3 1 5	I. RCRA - radioactive mixed Page 20. 2

Sec. II A. Quantity generated in 1992 Instruction Page 21. 14 0		B. Quantity generated in 1993 Page 21. 16 4 10 0		C. UOM Page 21. 1 lbs/gal		D. Density Page 21. X 1 lbs/gal		E. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21. X 2 No (SKIP TO SEC. III)	
ON-SITE PROCESS SYSTEM 1				ON-SITE PROCESS SYSTEM 2					
On-site process system type Page 22. M		Quantity treated, disposed, or recycled on site in 1993 0 0		On-site process system type Page 22. M		Quantity treated, disposed, or recycled on site in 1993			

See completed 7/28/94

Sec. III A. Was any of this waste shipped off-site in 1993 <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (SKIP TO SEC IV) Instruction page 23.				
Site 1	B. EPA ID No. of facility waste was shipped to Page 23. NM 71572 1124 456	C. System type shipped to Page 23. M 1 2 5	D. Off-site availability code Page 23. 2	E. Total quantity shipped in 1993 Page 23. 14 5 10
Site 2	B. EPA ID No. of facility waste was shipped to Page 23. N A	C. System type shipped to Page 23. M	D. Off-site availability code Page 23.	E. Total quantity shipped in 1993 Page 23.

Sec. IV A. Did new activities in 1993 result in minimization of this waste? <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE) Instruction page 24.					
B. Activity Page 24. LW LW		C. Other effects Page 24. <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No		D. Quantity recycled in 1993 due to new activities Page 25.	
E. Activity/production index Page 25.		F. 1993 source reduction quantity Page 26.			

Comments: Cannon AFE, NM munition generation is shipped to Melrose Air Force Range. Sec I.E.: Open detonation performed during this report period, no open burning. Sec II A. 14.0 Lbs is for Cannon AFB, NM shipment to Melrose and 45.0 lbs from Reese AFB, TX was transported to the detonation unit by Cannon MSA personnel not reported on the GM Form.

Sec IV. The net explosive weight is total reactive waste, the outer casings is not included in the shipment weight; however, the metal is recovered for solid waste minimization and recycled.

Anna, This is a copy of the generator report from Cannon AFB, NM, attached for your reference.

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

WASTE NAME: Melrose Air Force Range

A. ID NO: 5
N M 7 5 7 2 1 2 4 4 5 6



U.S. ENVIRONMENTAL PROTECTION AGENCY

1993 Hazardous Waste Report



WASTE RECEIVED FROM OFF-SITE

corrected entered 6/15/94

INSTRUCTIONS: Read the detailed instructions beginning on page 30 of the 1993 Hazardous Waste Report booklet before completing this form.

Waste 1	A. Description of hazardous waste Instruction page 30. Practice bombs, inert full scale bombs, inert 2.73 rockets, ammunition .50/less.	B. EPA hazardous waste code Page 31. D 0 0 3 D 0 3 0 D 0 0 8	C. State hazardous waste code Page 31. SAME AS B
Off-site source EPA ID number Page 31.	E. Quantity received in 1993 Page 31.	F. UOM Page 31.	
N M 7 5 7 2 1 2 4 4 5 4	6 4 0 . 0	Density <input checked="" type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
Waste form code Page 32.	H. RCRA-radioactive mixed Page 32.	I. System type Page 32.	
B 3 1 5	2	M 1 2 5	

Waste 2	A. Description of hazardous waste Instruction page 30. Expired Shelf Life munitions Same as Waste 1A	B. EPA hazardous waste code Page 31. D 0 0 3 D 0 3 0 D 0 0 8	C. State hazardous waste code Page 31. 9 8 3 2 0 0
Off-site source EPA ID number Page 31.	E. Quantity received in 1993 Page 31.	F. UOM Page 31.	
T X 8 5 7 1 5 2 4 0 9 1	0 0 0 . 0	Density <input checked="" type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
Waste form code Page 32.	H. RCRA-radioactive mixed Page 32.	I. System type Page 32.	
B 3 1 5	2	M 1 2 5	

Waste 3	A. Description of hazardous waste Instruction page 30. N/A	B. EPA hazardous waste code Page 31.	C. State hazardous waste code Page 31.
Off-site source EPA ID number Page 31.	E. Quantity received in 1993 Page 31.	F. UOM Page 31.	
		Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	
Waste form code Page 32.	H. RCRA-radioactive mixed Page 32.	I. System type Page 32.	
B		M	

Comments: Waste 2 E. No waste munitions was received for 1993 at the Melrose AFR OB/OD thermal treatment facility from Reese Air Force Base, Texas. 1992 Melrose AF Range received 45 pounds of reactive munition list items from Reese AFB, TX.

pg. 1

FOR COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

TE NAME: Melrose Air Force Range
Cannon Air Force Base NM

A ID NO: 5 N1M17 15712 11214 41516



U.S. ENVIRONMENTAL PROTECTION AGENCY

1993 Hazardous Waste Report

FORM PS

WASTE TREATMENT, DISPOSAL, OR RECYCLING PROCESS SYSTEMS

Handwritten notes:
12/15/94
to waste
Waste
Type

INSTRUCTIONS: Read the detailed instructions beginning on page 33 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste treatment, disposal, or recycling system description
Instruction Page 38. Open detonation of D003 expired shelf life munitions in thermal treatment unit.

System type Page 38. <u>M11215</u>	C. Regulatory status Page 39. <u>01</u>	D. Operational status Page 39. <u>01</u>	E. Unit types Page 39. <u>10</u> <u>NA</u>
--	---	--	--

Sec. II A. 1993 influent quantity Instruction page 40. <u>640.0</u> UOM <u>NA</u> Density <u>NA</u> Total <u>NA</u> RCRA <u>NA</u> <i>need amount filled in</i>	B. Maximum operational capacity Page 41. Total <u>640.0</u> RCRA <u>640.0</u>
---	--

C. 1993 liquid effluent quantity Instruction page 42. Total <u>NA</u> UOM <u>NA</u> Density <u>NA</u> RCRA <u>NA</u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	D. 1993 solid/sludge residual quantity Page 42. Total <u>NA</u> UOM <u>NA</u> Density <u>NA</u> RCRA <u>NA</u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
--	--

E. Limitation on maximum operational capacity Page 43. 1. <u>09</u> 2. <u>02</u> 3. <u>01</u>	F. Commercial capacity availability code Page 43. <u>2</u>	G. Percent capacity commercially available Page 43. <u>0</u> %
---	--	--

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

Intercepted 6/15/94
JW

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Melrose Air Force Range
Cannon AFB, NM 88103-5136

PA ID NO: N M 7 5 7 2 1 2 4 4 5 6



U.S. ENVIRONMENTAL PROTECTION AGENCY
1993 Hazardous Waste Report

OFF-SITE IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID No. of off-site installation or transporter <u>N M 7 5 7 2 1 2 4 4 5 6</u>	B. Name of off-site installation or transporter USAF Transportation-Cannon AFB, NM
C. Handler type (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of generator Street <u>% 27 TRNS/TRT Bldg. 2112/101 E. Sextant Ave</u> City <u>Cannon AFB NM</u> State <u>N M</u> Zip <u>818110131-5101010</u> <i>System TAKE</i>	

will not

Site 2	A. EPA ID No. of off-site installation or transporter <u>TX 8 5 7 1 1 5 1 1 4 1 0 1 1</u>	B. Name of off-site installation or transporter 64 CES/CEV (USAF)
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of generator Street <u>64 CES/CEV</u> City <u>Reese AFB, TX</u> State <u>TX</u> Zip <u>7191418191-15101010</u>	

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

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) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of generator Street _____ City _____ State _____ Zip _____	

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) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of generator Street _____ City _____ State _____ Zip _____	

Comments: