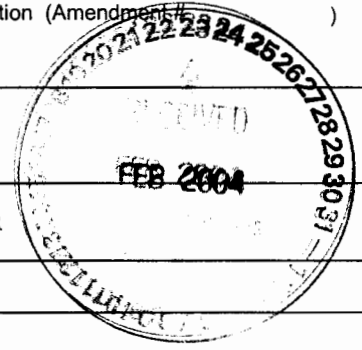


PNM 2/5/04

PNM 3-4-04 C.M.

OMB#: 2050-0024 Expires 10/31/2005

MAIL THE COMPLETED FORM TO: The appropriate EPA Regional or State Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM	
1. Reason for Submittal (see instructions on page 9) MARK ALL BOX(ES) THAT APPLY	A. Reason for Submittal: <input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste or used oil activities). <input type="checkbox"/> To provide subsequent notification (to update site identification information). <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application. <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #) <input checked="" type="checkbox"/> As a component of Hazardous Waste Report.	
2. Site EPA ID Number (see instructions on page 10)	EPA ID Number: NMD360010292	
3. Site Name (see instructions on page 11)	Site Name: PNM ALBUQUERQUE ELECTRIC SERVICE CENTER	
4. Site Location Information (see instructions on page 10)	Street Address: 4201 EDITH BLVD. NE City, Town or Village: ALBUQUERQUE State: NM County Name: BERNALILLO Zip Code: 87107	
5. Site Land Type (see instructions on page 10)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other	
6. North American Industry Classification System (NAICS) Code(s) for the Site (see instructions on page 10)	A. 221122	B. 22121
7. Site Mailing Address (see instructions on page 11)	Street or P.O. Box: PNM ALVARADO SQUARE MS2104 414 SILVER AVENUE SW City, Town or Village: ALBUQUERQUE State: NM Country: UNITED STATES Zip Code: 87158	
8. Site Contact Person (see instructions on page 11)	First Name: MAUREEN MI: D Last Name: GANNON Phone Number: 5052412974 Extension: Email Address: MGANNON@PNM.COM	
9. Operator and Legal Owner of the Site (see instructions on page 11 and 12)	Name of Site's Operator: PUBLIC SERVICE CO. OF NEW Date Became Operator (mm/dd/yyyy): 06/17/1954 Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other Name of Site's Legal Owner: PUBLIC SERVICE COMPANY OF NEW Date Became Owner (mm/dd/yyyy): 06/17/1954 Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other	



9. Legal Owner (Continued) Address	Street or P.O. Box: 414 SILVER AVENUE SW		
	City, Town or Village: ALBUQUERQUE		
	State: NM		
	Country: UNITED STATES	Zip Code: 87158	

10. Type of Regulated Waste Activity (Mark "Yes" or "No" for all activities; complete an additional boxes as instructed)

A. Hazardous Waste Activities
Complete all parts for 1 through 6.

<p><input checked="" type="checkbox"/> <input type="checkbox"/> 1. Generator of Hazardous Waste If "Yes", choose only one of the following - a, b or c.</p> <p><input checked="" type="checkbox"/> a. LQG: Greater than 1000 kg/mo (2,200 lbs.) of non-acute hazardous waste; or</p> <p><input type="checkbox"/> b. SQG: 100 to 1000 kg/mo (220 - 2,200 lbs.) of non-acute hazardous waste; or</p> <p><input type="checkbox"/> c. CESQG: Less than 100 kg/mo (220 lbs.) of non-acute hazardous waste</p> <p>In addition, indicate other generator activities.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> d. United States Importer of Hazardous Waste</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> e. Mixed Waste (hazardous and radioactive) Generator</p>	<p><input type="checkbox"/> <input checked="" type="checkbox"/> 2. Transporter of Hazardous Waste</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> 3. Treater, Storer or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> 4. Recycler of Hazardous Waste (at your site)</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> 5. Exempt Boiler and/or Industrial Furnace</p> <p style="margin-left: 20px;"><input type="checkbox"/> a. Small Quantity On-Site Burner Exemption</p> <p style="margin-left: 20px;"><input type="checkbox"/> b. Smelting, Melting, Refining Furnace Exemption</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> 6. Underground Injection Control</p>
--	---

B. Universal Waste Activities

1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. If "Yes", mark all boxes that apply:

	<u>Generated</u>	<u>Accumulated</u>
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>

2. Destination Facility for Universal Waste
Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities
Mark all boxes that apply.

1. Used Oil Transporter
If "Yes", mark each that applies.

a. Transporter

b. Transfer Facility

2. Used Oil Processor and/or Re-refiner
If "Yes", mark each that applies.

a. Processor

b. Re-refiner

3. Off-Specification Used Oil Burner

4. Used Oil Fuel Marketer
If "Yes", mark each that applies.

a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner

b. Marketer Who First Claims the Used Oil Meets the Specifications

11. Description of Hazardous Wastes (see instructions on page 16)

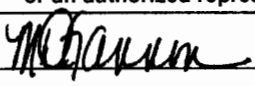
A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D002	D006	D008	D018	D027	D038
D039	D040	F001	F002	F003		

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if needed for more waste codes.

12. Comments (see instructions on page 17)

13. Certification. 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 for submitting false information, including the possibility of fine and imprisonment for knowing violations. (see instructions on page 17)

Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	MAUREEN D GANNON, DIRECTOR, ESD	02/05/2004

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: PNM ALBUQUERQUE ELECTRIC

EPA ID NO: NMD360010292



U.S. ENVIRONMENTAL PROTECTION AGENCY

Hazardous Waste Report

WASTE GENERATION AND MANAGEMENT

FORM GM

Instructions: Please see the detailed instructions on pages 17 to 25 of the instructions and forms booklet before completing this form.

Sec. 1	A. Waste Description Ignitable spent halogenated/non halogenated solvents from degreasing operations; mixture of mineral oil, diesel, and cleaning solvents.		
B. EPA Hazardous Waste Codes D001 F001 F002 F003 NA		C. State Hazardous Waste Codes	
D. Source Code G01 Management Method Code for Source Code G25		E. Form Code W204	F. Quantity Generated in reporting year 1,326.000000
			H. UOM 1 Density 7.60 <input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2 Was any of this waste managed on-site?

Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)

No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method Code	Quantity treated, disposed or recycled on-site	On-site Management Method Code	Quantity treated, disposed or recycled on-site

Sec. 3 A. Was any of this waste shipped off-site for treatment, disposal or recycling?

Yes (CONTINUE TO BOX B) No (FORM IS COMPLETE)

Site	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped (page 26)
Site 1	NMD002208627	H061	1,326.000000
Site 2			
Site 3			

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: PNM ALBUQUERQUE ELECTRIC

EPA ID NO: NMD360010292



U.S. ENVIRONMENTAL PROTECTION AGENCY

Hazardous Waste Report

WASTE GENERATION AND MANAGEMENT

FORM GM

Instructions: Please see the detailed instructions on pages 17 to 25 of the instructions and forms booklet before completing this form.

Sec. 1	A. Waste Description Expired or spent cadmium batteries filled with potassium hydroxide for use in electrical substations.		
B. EPA Hazardous Waste Codes D002 D006 NA NA NA		C. State Hazardous Waste Codes	
D. Source Code G16 Management Method Code for Source Code G25		E. Form Code W309	F. Quantity Generated in reporting year 2,475.000000
			H. UOM 1 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2 Was any of this waste managed on-site?

Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)

No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method Code	Quantity treated, disposed or recycled on-site	On-site Management Method Code	Quantity treated, disposed or recycled on-site

Sec. 3 A. Was any of this waste shipped off-site for treatment, disposal or recycling?

Yes (CONTINUE TO BOX B) No (FORM IS COMPLETE)

Site 1	B. EPA ID No. of facility to which waste was shipped NMD002208627	C. Off-site Management Method Code Shipped to H039	D. Total quantity shipped (page 26) 2,475.000000
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: PNM ALBUQUERQUE ELECTRIC

EPA ID NO: NMD360010292



U.S. ENVIRONMENTAL PROTECTION AGENCY

Hazardous Waste Report

WASTE GENERATION AND MANAGEMENT

FORM GM

Instructions: Please see the detailed instructions on pages 17 to 25 of the instructions and forms booklet before completing this form.

Sec. 1	A. Waste Description Corrosive (acidic) out-of-date sulfuric acid that was originally intended for battery refill/recharge.		
B. EPA Hazardous Waste Codes D002 NA NA NA NA		C. State Hazardous Waste Codes	
D. Source Code G11 Management Method Code for Source Code G25		E. Form Code W103	F. Quantity Generated in reporting year 40.000000
		H. UOM 1 Density 9.00 <input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)		
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method Code	Quantity treated, disposed or recycled on-site	On-site Management Method Code	Quantity treated, disposed or recycled on-site

Sec. 3	A. Was any of this waste shipped off-site for treatment, disposal or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped NMD002208627	C. Off-site Management Method Code Shipped to H040	D. Total quantity shipped (page 26) 40.000000
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: PNM ALBUQUERQUE ELECTRIC

EPA ID NO: NMD360010292



U.S. ENVIRONMENTAL PROTECTION AGENCY

Hazardous Waste Report

WASTE GENERATION AND MANAGEMENT

FORM GM

Instructions: Please see the detailed instructions on pages 17 to 25 of the instructions and forms booklet before completing this form.

Sec. 1	A. Waste Description Ignitable aqueous material from a natural gas transmission pipeline removal operation, mixture of petroleum products and benzene.		
B. EPA Hazardous Waste Codes D001 D018 NA NA NA		C. State Hazardous Waste Codes	
D. Source Code G15 Management Method Code for Source Code G25	E. Form Code W206	F. Quantity Generated in reporting year 9,786.000000	H. UOM 1 Density 7.50 <input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2 Was any of this waste managed on-site?
 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
 No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method Code	Quantity treated, disposed or recycled on-site	On-site Management Method Code	Quantity treated, disposed or recycled on-site

Sec. 3 A. Was any of this waste shipped off-site for treatment, disposal or recycling?
 Yes (CONTINUE TO BOX B) No (FORM IS COMPLETE)

Site 1	B. EPA ID No. of facility to which waste was shipped NMD002208627	C. Off-site Management Method Code Shipped to H061	D. Total quantity shipped (page 26) 9,786.000000
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: PNM ALBUQUERQUE ELECTRIC

EPA ID NO: NMD360010292



U.S. ENVIRONMENTAL PROTECTION AGENCY

Hazardous Waste Report

WASTE GENERATION AND MANAGEMENT

FORM GM

Instructions: Please see the detailed instructions on pages 17 to 25 of the instructions and forms booklet before completing this form.

Sec. 1	A. Waste Description Ignitable non-aqueous material (PPE, Soils, Absorbent materials) from a natural gas pipeline removal operation, benzene contaminated.		
B. EPA Hazardous Waste Codes D001 D018 NA NA NA		C. State Hazardous Waste Codes	
D. Source Code G32 Management Method Code for Source Code G25		E. Form Code W002	F. Quantity Generated in reporting year 1,481.000000
			H. UOM 1 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)		
ON-SITE PROCESS SYSTEM 1 On-site Management Method Code Quantity treated, disposed or recycled on-site		ON-SITE PROCESS SYSTEM 2 On-site Management Method Code Quantity treated, disposed or recycled on-site	

Sec. 3	A. Was any of this waste shipped off-site for treatment, disposal or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped NMD002208627	C. Off-site Management Method Code Shipped to H040	D. Total quantity shipped (page 26) 1,481.000000
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: PNM ALBUQUERQUE ELECTRIC

EPA ID NO: NMD360010292



U.S. ENVIRONMENTAL PROTECTION AGENCY

Hazardous Waste Report

WASTE GENERATION AND MANAGEMENT

FORM GM

Instructions: Please see the detailed instructions on pages 17 to 25 of the instructions and forms booklet before completing this form.

Sec. 1	A. Waste Description Spent parts cleaning solvents from parts washing operations, mixture of tetrachloroethylene, waste oils, gasoline etc.		
	B. EPA Hazardous Waste Codes D006 D008 D018 D027 D038		C. State Hazardous Waste Codes
D. Source Code G01 Management Method Code for Source Code G25	E. Form Code W204	F. Quantity Generated in reporting year 118.000000	H. UOM 1 Density 7.90 <input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site Management Method Code	Quantity treated, disposed or recycled on-site	On-site Management Method Code Quantity treated, disposed or recycled on-site

Sec. 3	A. Was any of this waste shipped off-site for treatment, disposal or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped NMD000804294	C. Off-site Management Method Code Shipped to H020	D. Total quantity shipped (page 26) 118.000000
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped

Comments: Section 1, Box B, D039, D040.

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: PNM ALBUQUERQUE ELECTRIC

EPA ID NO: NMD360010292



U.S. ENVIRONMENTAL PROTECTION AGENCY

Hazardous Waste Report

FORM OI

OFF-SITE IDENTIFICATION

Instructions: Please read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID No. of off-site installation or transporter NMD002208627	B. Name of off-site installation or transporter RINCHEM COMAPNY INC.
---------------	---	---

C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR facility	D. Address of off-site installation Street 6133 EDITH BLVD. NE City ALBUQUERQUE Zip 87107 State NM
--	--

Site 2	A. EPA ID No. of off-site installation or transporter NMD000804294	B. Name of off-site installation or transporter SAFETY-KLEEN SYSTEMS, INC.
---------------	---	---

C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR facility	D. Address of off-site installation Street 2720 GIRARD NE City ALBUQUERQUE Zip 87107 State NM
--	---

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) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street City Zip State
--	---

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 facility	D. Address of off-site installation Street City Zip State
--	---

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 facility	D. Address of off-site installation Street City Zip State
--	---

Comments: