

2401 Aztec NE -- Z100
Albuquerque, NM 87107
P 505.241.2014
F 505.241.2384
PNMResources.com

February 4, 2016

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

John Kieling
Chief, Hazardous Waste Bureau
New Mexico Environment Department
2905 Rodeo Park Drive East, Building 1
Santa Fe, NM 87505

**RE: Person Generating Station (NMT 360010342) – Biennial Report and Post-Closure
Care Cost Estimate**

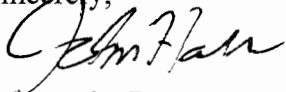
Dear Mr. Kieling:

Pursuant to Section 2.3.9 of the Person Generating Station Post-Closure Care Permit, Public Service Company of New Mexico (PNM) is submitting the following items.

- 2015 Biennial Report (EPA Form 8700-13 A/B).
- Post-Closure Care Cost Estimate for 2016.

If you have any questions, please contact me at (505) 241-2014.

Sincerely,



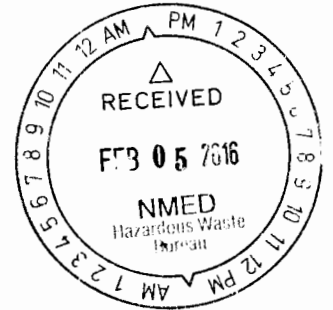
John Hale, P.E.
Technical Project Manager


Enclosures

cc: Brian Salem, NMED-HWB, District 1, 121 Tijeras Ave. NE, Albuquerque, NM 87102

ENTERED

PNM Resources



<p>SEND COMPLETED FORM TO: The Appropriate State or Regional Office.</p>	<p>United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM</p>		
<p>1. Reason for Submittal</p> <p>MARK ALL BOX(ES) THAT APPLY</p>	<p>Reason for Submittal:</p> <p><input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)</p> <p><input type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location)</p> <p><input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application</p> <p><input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)</p> <p><input checked="" type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below)</p> <p><input type="checkbox"/> Site was a TSD facility and/or generator of >1,000 kg of hazardous waste, >1 kg of acute hazardous waste, >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)</p>		
<p>2. Site EPA ID Number</p>	<p>EPA ID Number <input type="text" value="N"/> <input type="text" value="M"/> <input type="text" value="T"/> <input type="text" value="3"/> <input type="text" value="6"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="2"/></p>		
<p>3. Site Name</p>	<p>Name: Person Generating Station</p>		
<p>4. Site Location Information</p>	<p>Street Address: Broadway and Rio Bravo Blvds. SW</p>		<p>County: Bernalillo</p>
<p>City, Town, or Village: Albuquerque</p>		<p>State: NM</p>	
<p>Country: USA</p>		<p>Zip Code: 87105</p>	
<p>5. Site Land Type</p>	<p><input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>		
<p>6. NAICS Code(s) for the Site (at least 5-digit codes)</p>	<p>A. <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="2"/></p>	<p>C. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
<p>B. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>		<p>D. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
<p>7. Site Mailing Address</p>	<p>Street or P.O. Box: 2401 Aztec NE - Z100</p>		<p>City, Town, or Village: Albuquerque</p>
<p>State: NM</p>		<p>Country: USA</p>	
<p>Zip Code: 87107</p>			
<p>8. Site Contact Person</p>	<p>First Name: John</p>	<p>MI:</p>	<p>Last: Hale</p>
<p>Title: Project Manager</p>			
<p>Street or P.O. Box: 2401 Aztec NE - Z100</p>			
<p>City, Town or Village: Albuquerque</p>		<p>State: NM</p>	
<p>Country: USA</p>		<p>Zip Code: 87107</p>	
<p>Email: john.hale@pnmresources.com</p>			
<p>Phone: 505-241-2014</p>		<p>Ext.:</p>	<p>Fax: 505-241-2384</p>
<p>9. Legal Owner and Operator of the Site</p>	<p>A. Name of Site's Legal Owner: Public Service Company of New Mexico</p>		<p>Date Became Owner: 01/01/1951</p>
<p>Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>			
<p>Street or P.O. Box: 2401 Aztec NE - Z100</p>			
<p>City, Town, or Village: Albuquerque</p>		<p>Phone: 505-241-2014</p>	
<p>State: NM</p>		<p>Country: USA</p>	
<p>Zip Code: 87107</p>			
<p>B. Name of Site's Operator: Public Service Company of New Mexico</p>			
<p>Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>			

10. Type of Regulated Waste Activity (at your site)
 Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

A. Hazardous Waste Activities; Complete all parts 1-10.

- Y N **1. Generator of Hazardous Waste**
 If "Yes," mark only one of the following – a, b, or c.
- a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs/mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs/mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs/mo) of acute hazardous spill cleanup material.
- b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs/mo) of non-acute hazardous waste.
- c. CESQG: Less than 100 kg/mo (220 lbs/mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities in 2-10.

- Y N **2. Short-Term Generator** (generate from a short-term or one-time event and not from on-going processes). If "Yes," provide an explanation in the Comments section.
- Y N **3. United States Importer of Hazardous Waste**
- Y N **4. Mixed Waste (hazardous and radioactive) Generator**

- Y N **5. Transporter of Hazardous Waste**
 If "Yes," mark all that apply.
- a. Transporter
- b. Transfer Facility (at your site)
- Y N **6. Treater, Storer, or Disposer of Hazardous Waste** Note: A hazardous waste Part B permit is required for these activities.
- Y N **7. Recycler of Hazardous Waste**
- Y N **8. Exempt Boiler and/or Industrial Furnace**
 If "Yes," mark all that apply.
- a. Small Quantity On-site Burner Exemption
- b. Smelting, Melting, and Refining Furnace Exemption
- Y N **9. Underground Injection Control**
- Y N **10. Receives Hazardous Waste from Off-site**

B. Universal Waste Activities; Complete all parts 1-2.

- Y N **1. Large Quantity Handler of Universal Waste** (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes," mark all that apply.
- a. Batteries
- b. Pesticides
- c. Mercury containing equipment
- d. Lamps
- e. Other (specify) _____
- f. Other (specify) _____
- g. Other (specify) _____

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

C. Used Oil Activities; Complete all parts 1-4.

- Y N **1. Used Oil Transporter**
 If "Yes," mark all that apply.
- a. Transporter
- b. Transfer Facility (at your site)
- Y N **2. Used Oil Processor and/or Re-refiner**
 If "Yes," mark all that apply.
- a. Processor
- b. Re-refiner
- Y N **3. Off-Specification Used Oil Burner**
- Y N **4. Used Oil Fuel Marketer**
 If "Yes," mark all that apply.
- 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

D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

❖ You can ONLY Opt into Subpart K if:

- you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND
- you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state

Y N 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

- a. College or University
- b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

Y N 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

11. Description of Hazardous Waste

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.

F002						

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 more spaces are needed.

N/A						

12. Notification of Hazardous Secondary Material (HSM) Activity

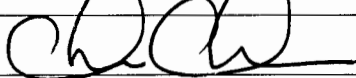
Y N Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes," you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

Groundwater containing concentrations of volatile organic compounds (VOC) below relevant RCRA standards is pumped through GAC pressure vessels where the VOCs are adsorbed onto the activated carbon. The spent carbon is sent to Evoqua Water Technologies (formerly Siemens Water Technologies) where it is regenerated.

14. 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 fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Chris Olson	2/3/2016
	Vice President, Generation	

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Person Generating Station

EPA ID Number N M T 3 6 0 0 1 0 3 4 2

U.S. ENVIRONMENTAL PROTECTION AGENCY

2015 Hazardous Waste Report

GM FORM

WASTE GENERATION AND MANAGEMENT

Sec. 1	A. Waste description: Groundwater containing concentrations of volatile organic compounds (VOCs) below the relevant RCRA standard.		
B. EPA hazardous waste code(s) <u>F 0 0 2</u>		C. State hazardous waste code(s)	
D. Source code <u>G 4 2</u> Management Method code for Source code G25		E. Form code <u>W 1 0 1</u>	F. Quantity generated in 2015 <u>0 0 0 0 0 0 0 0 0 0 9</u> UOM <u>1</u> Density <u>8 3 4</u> lbs/gal <input type="checkbox"/> sg
		G. Waste minimization code <input checked="" type="checkbox"/>	

Sec. 2 Was any of this waste that was generated at this facility treated, disposed, and/or recycled 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 in 2015	On-site Management Method code	Quantity treated, disposed, or recycled on site in 2015
<u>H</u>		<u>H</u>	

Sec. 3 A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling?
 Yes (CONTINUE TO ITEM 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 in 2015
Site 1	<u>a z d 9 8 2 4 4 1 2 6 3</u>	<u>h 0 4 0</u>	<u>0 0 0 0 0 0 0 0 0 9</u>
Site 2			
Site 3			

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Person Generating Station

EPA ID Number N M T 3 6 0 0 1 0 3 4 2

U.S. ENVIRONMENTAL PROTECTION AGENCY

2015 Hazardous Waste Report

OI FORM

OFF-SITE IDENTIFICATION

Site 1	A. EPA ID number of off-site installation or transporter <u> a z d 9 8 2 4 4 1 2 6 3 </u>	B. Name of off-site installation or transporter <u>Evoqua Water Technologies</u>
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C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input checked="" type="checkbox"/> Receiving facility	D. Address of off-site installation Street <u>2523 Mutahar Street</u> City <u>Parker</u> State <u>A Z</u> Zip <u>8 5 3 4 4</u>
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Site 2	A. EPA ID number of off-site installation or transporter <u> </u>	B. Name of off-site installation or transporter
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C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving facility	D. Address of off-site installation Street _____ City _____ State <u> </u> Zip <u> </u>
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Site 3	A. EPA ID number of off-site installation or transporter <u> </u>	B. Name of off-site installation or transporter
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C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving facility	D. Address of off-site installation Street _____ City _____ State <u> </u> Zip <u> </u>
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Site 4	A. EPA ID number of off-site installation or transporter <u> </u>	B. Name of off-site installation or transporter
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C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving facility	D. Address of off-site installation Street _____ City _____ State <u> </u> Zip <u> </u>
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Comments:

Person Generating Station
Post Closure Care Cost Estimate for 2016

Line Item	Description	Cost
1	Biannual Activities - See Detail 1	\$ 46,430.00
2	Future Permit Fees and Associated Labor and Contractor Costs (one-time costs) - See Detail 2	\$ 74,060.00
3	Well Closure and Replacement Costs (one-time costs) - See Detail 3	\$ 184,500.00
4	Groundwater Treatment System Annual Operation and Maintenance Costs - See Detail 4	\$ 20,550.00
5	Cost for One Year of Post Closure Care Period (2016) = 1 yr * line 1 + line 2 + line 3 + 1 yr * line 4	\$ 325,540.00
	Date of Cost Estimate:	1/28/2016
	Notes:	
	1. Current cost estimate (line 5) is based on the following: Starting with the 2nd half of 2013, the Groundwater Treatment System will be operated on a 6 month-on/ 6 month-off schedule through the end of 2016. Assume relevant regulatory groundwater standards will be met by the end of 2016 and the GTS can then be permanently shut down.	
	2. Cost estimate was initially revised based on issuance of new permit, which became effective on 10/6/12.	
	3. 2016 is the 28th year of post-closure care.	

Detail 1
Inspections, Administration, Reporting, and Sampling Activities

Routine Permit-Related Activities					
<u>Activities to be Conducted Biannually (twice during 2016)</u>					
<u>Line Item</u>	<u>Description</u>	<u>Labor or Unit Rate</u>	<u>Hrs/item or 1 Unit</u>	<u>Items Per Year</u>	<u>Annual Cost</u>
<u>Permit-Required Inspections</u>					
1	Closure Cap, Security Fence, GTS Inspections	\$ 90.00	3	2	\$ 540.00
<u>Program Administration/Reporting</u>					
2	Administrative Activities, Meetings, and Regulatory Contact	\$ 90.00	16	2	\$ 2,880.00
3	Permit-Required Reports Preparation	\$ 90.00	40	2	\$ 7,200.00
4	Contractor Labor and Support for Reporting Requirements	\$ 90.00	24	2	\$ 4,320.00
5	Miscellaneous Costs: Copies, Supplies, Equipment, Etc.	\$ 250.00	1	2	\$ 500.00
<u>Groundwater Sampling Program (20 wells)</u>					
6	Preparation - Equipment Checkout, Planning, and Set-Up	\$ 90.00	4	2	\$ 720.00
7	Water Level Measurements (1 operator, WL readings at 20 wells)	\$ 90.00	8	2	\$ 1,440.00
8	Purge and Sampling of 20 Wells (1 operator)	\$ 90.00	40	2	\$ 7,200.00
9	Data Review/Evaluation	\$ 90.00	16	2	\$ 2,880.00
10	Sampling Supplies and Equipment	\$ 500.00	1	2	\$ 1,000.00
11	Lab Analysis (8260 Volatiles x 25)	\$ 115.00	25	2	\$ 5,750.00
12	Lab Analysis (App. IX x 5)	\$ 2,000.00	5	1	\$ 10,000.00
13	Non-Labor Costs: Vehicles, Gas Cylinders, and Miscellaneous	\$ 1,000.00	1	2	\$ 2,000.00
14	Detail 1 Total:				\$ 46,430.00
Notes:					
1. Assumed average hourly labor rate:		\$90.00			
2. GTS will be operated on 6-mo on/6-mo off frequency during 2016. Monitoring activities will be conducted biannually during this one-year period.					
3. Cost estimate is based on the assumption that at the end of 2016, relevant groundwater standards will be met and the GTS can be permanently shut down.					

Detail 3
Well Closure and Replacement Costs

Well Closure and Replacement Costs					
<u>Line Item</u>	<u>Description</u>	<u>Labor or Unit Rate</u>	<u>Hrs/item or 1 Unit</u>	<u>Items Per Year</u>	<u>Total</u>
1	Plugging and Abandonment of 2 in. Shallow Wells	\$ 2,000.00	15	1	\$ 30,000.00
2	Plugging and Abandonment of 4 in. Shallow Wells	\$ 2,500.00	11	1	\$ 27,500.00
3	Plugging and Abandonment of 4 in. Deep Wells	\$ 3,500.00	2	1	\$ 7,000.00
4	Plugging and Abandonment of Cluster Wells	\$ 11,000.00	5	1	\$ 55,000.00
5	Plugging and Abandonment of EW-1, EW-2, EW-3, EW-4, and VEW	\$ 5,000.00	5	1	\$ 25,000.00
6	Replacement of One Extraction Well (if needed)	\$ 40,000.00	1	1	\$ 40,000.00
Detail 4 Total:					\$ 184,500.00
Notes:					
	1. Assumed average hourly labor rate.	\$ 90.00			
	2. Assume all wells will be closed by end of 2016.				