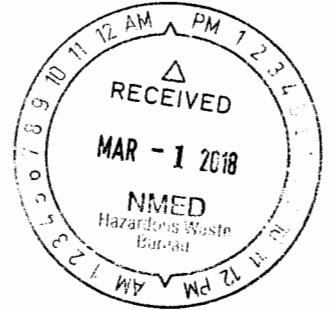


2401 Aztec NE – Z100
Albuquerque, NM 87107
P 505.241.2014
F 505.241.2384
PNMResources.com



February 26, 2018

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.

- 2017 Biennial Report (EPA Form 8700-13 A/B).
- Post-Closure Care Cost Estimate for 2018.

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


Sincerely,

A handwritten signature in cursive script that reads "John Hale".

John Hale, P.E.
Environmental Manager

Enclosures

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

United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM	
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1. Reason for Submittal (Select only one.)

<input type="checkbox"/>	Obtaining or updating an EPA ID number for an on-going regulated activity that will continue for a period of time. (Includes HSM activity)
<input checked="" type="checkbox"/>	Submitting as a component of the Hazardous Waste Report for <u>2017</u> (Reporting Year)
<input type="checkbox"/>	Site was a TSD facility and/or generator of > 1,000 kg of hazardous waste, > 1 kg of acute hazardous waste, or > 100 kg of acute hazardous waste spill cleanup in one or more months of the reporting year (or State equivalent LQG regulations)
<input type="checkbox"/>	Notifying that regulated activity is no longer occurring at this Site
<input type="checkbox"/>	Obtaining or updating an EPA ID number for conducting Electronic Manifest Broker activities
<input type="checkbox"/>	Submitting a new or revised Part A Form

2. Site EPA ID Number

N	M	T	3	6	0	0	1	0	3	4	2
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3. Site Name

Person Generating Station

4. Site Location Address

Street Address	Rio Bravo and Broadway Blvds SW		
City, Town, or Village	Albuquerque	County	Bernalillo
State	NM	Country	USA
		Zip Code	87105

5. Site Mailing Address

Same as Location Address

Street Address	2401 Aztec Rd. NE Z-100		
City, Town, or Village	Albuquerque		
State	NM	Country	USA
		Zip Code	87107

6. Site Land 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
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7. North American Industry Classification System (NAICS) Code(s) for the Site (at least 5-digit codes)

A. (Primary)	221112	C.	
B.		D.	

8. Site Contact Information

Same as Location Address

First Name John	MI	Last Name Hale
Title Environmental Manager		
Street Address 2401 Aztec Rd. NE Z-100		
City, Town, or Village Albuquerque		
State NM	Country USA	Zip Code 87107
Email john.hale@pnmresources.com		
Phone (505)241-2014	Ext	Fax

9. Legal Owner and Operator of the Site

A. Name of Site's Legal Owner

Same as Location Address

Full Name Public Service Company of New Mexico	Date Became Owner (mm/dd/yyyy) 1/1/1951
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	
Street Address 2401 Aztec Rd. NE Z-100	
City, Town, or Village Albuquerque	
State NM	Country USA Zip Code 87107
Email	
Phone	Ext Fax
Comments	

B. Name of Site's Legal Operator

Same as Location Address

Full Name Public Service Company of New Mexico	Date Became Operator (mm/dd/yyyy) 1/1/1951
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	
Street Address 2401 Aztec Rd. NE Z-100	
City, Town, or Village Albuquerque	
State NM	Country USA Zip Code 87107
Email	
Phone	Ext Fax
Comments	

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

<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	1. Generator of Hazardous Waste—If "Yes", mark only one of the following—a, b, c	
<input type="checkbox"/>	a. LQG	-Generates, in any calendar month (includes quantities imported by importer site) 1,000 kg/mo (2,200 lb/mo) or more of non-acute hazardous waste; or - Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lb/mo) of acute hazardous waste; or - Generates, in any calendar month or accumulates at any time, more than 100 kg/mo (220 lb/mo) of acute hazardous spill cleanup material.	
<input type="checkbox"/>	b. SQG	100 to 1,000 kg/mo (220-2,200 lb/mo) of non-acute hazardous waste and no more than 1 kg (2.2 lb) of acute hazardous waste and no more than 100 kg (220 lb) of any acute hazardous spill cleanup material.	
<input checked="" type="checkbox"/>	c. VSQG	Less than or equal to 100 kg/mo (220 lb/mo) of non-acute hazardous waste.	
If "Yes" above, indicate other generator activities in 2 and 3, as applicable.			
<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	2. Short-Term Generator (generates from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.	
<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	3. Mixed Waste (hazardous and radioactive) Generator	
<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	4. Treater, Storer or Disposer of Hazardous Waste—Note: A hazardous waste Part B permit is required for these activities.	
<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	5. Receives Hazardous Waste from Off-site	
<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	6. Recycler of Hazardous Waste	
	<input type="checkbox"/>	a. Recycler who stores prior to recycling	
	<input type="checkbox"/>	b. Recycler who does not store prior to recycling	
<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	7. Exempt Boiler and/or Industrial Furnace—If "Yes", mark all that apply.	
	<input type="checkbox"/>	a. Small Quantity On-site Burner Exemption	
	<input type="checkbox"/>	b. Smelting, Melting, and Refining Furnace Exemption	

B. 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						

C. Waste Codes for State Regulated (non-Federal) Hazardous Wastes. Please list the waste codes of the State 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						

11. Additional Regulated Waste Activities (NOTE: Refer to your State regulations to determine if a separate permit is required.)

A. Other Waste Activities

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		1. Transporter of Hazardous Waste—If “Yes”, mark all that apply.
	<input type="checkbox"/>	a. Transporter
	<input type="checkbox"/>	b. Transfer Facility (at your site)
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		2. Underground Injection Control
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		3. United States Importer of Hazardous Waste
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		4. Recognized Trader—If “Yes”, mark all that apply.
	<input type="checkbox"/>	a. Importer
	<input type="checkbox"/>	b. Exporter
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		5. Importer/Exporter of Spent Lead-Acid Batteries (SLABs) under 40 CFR 266 Subpart G—If “Yes”, mark all that apply.
	<input type="checkbox"/>	a. Importer
	<input type="checkbox"/>	b. Exporter

B. Universal Waste Activities

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) - If “Yes” mark all that apply. Note: Refer to your State regulations to determine what is regulated.
	<input type="checkbox"/>	a. Batteries
	<input type="checkbox"/>	b. Pesticides
	<input type="checkbox"/>	c. Mercury containing equipment
	<input type="checkbox"/>	d. Lamps
	<input type="checkbox"/>	e. Other (specify) _____
	<input type="checkbox"/>	f. Other (specify) _____
	<input type="checkbox"/>	g. Other (specify) _____
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		1. Used Oil Transporter—If “Yes”, mark all that apply.
	<input type="checkbox"/>	a. Transporter
	<input type="checkbox"/>	b. Transfer Facility (at your site)
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		2. Used Oil Processor and/or Re-refiner—If “Yes”, mark all that apply.
	<input type="checkbox"/>	a. Processor
	<input type="checkbox"/>	b. Re-refiner
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		3. Off-Specification Used Oil Burner
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		4. Used Oil Fuel Marketer—If “Yes”, mark all that apply.
	<input type="checkbox"/>	a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
	<input type="checkbox"/>	b. Marketer Who First Claims the Used Oil Meets the Specifications

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

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	A. Opting into or currently operating under 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories—If “Yes”, mark all that apply. Note: See the item-by-item instructions for definitions of types of eligible academic entities.
<input type="checkbox"/>	1. College or University
<input type="checkbox"/>	2. Teaching Hospital that is owned by or has a formal written affiliation with a college or university
<input type="checkbox"/>	3. Non-profit Institute that is owned by or has a formal written affiliation with a college or univer-
<input type="checkbox"/> Y <input type="checkbox"/> N	B. Withdrawing from 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories.

13. Episodic Generation

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Are you an SQG or VSQG generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, that moves you to a higher generator category. If “Yes”, you must fill out the Addendum for Episodic Generator.
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14. LQG Consolidation of VSQG Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Are you an LQG notifying of consolidating VSQG Hazardous Waste Under the Control of the Same Person pursuant to 40 CFR 262.17(f)? If “Yes”, you must fill out the Addendum for LQG Consolidation of VSQGs hazardous waste.
--	--

15. Notification of LQG Site Closure for a Central Accumulation Area (CAA) (optional) OR Entire Facility (required)


<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	LQG Site Closure of a Central Accumulation Area (CAA) or Entire Facility.
A. <input type="checkbox"/> Central Accumulation Area (CAA) <input type="checkbox"/> Entire Facility	
B. Expected closure date: _____ mm/dd/yyyy	
C. Requesting new closure date: _____ mm/dd/yyyy	
D. Date closed : _____ mm/dd/yyyy	
<input type="checkbox"/> 1. In compliance with the closure performance standards 40 CFR 262.17(a)(8)	
<input type="checkbox"/> 2. Not in compliance with the closure performance standards 40 CFR 262.17(a)(8)	

16. Notification of Hazardous Secondary Material (HSM) Activity

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	A. 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 260.30, 40 CFR 261.4(a)(23), (24), or (27)? If “Yes”, you must fill out the Addendum to the Site Identification Form for Managing Hazardous Secondary Material.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	B. Are you notifying under 40 CFR 260.43(a)(4)(iii) that the product of your recycling process has levels of hazardous constituents that are not comparable to or unable to be compared to a legitimate product or intermediate but that the recycling is still legitimate? If “Yes”, you may provide explanation in Comments section. You must also document that your recycling is still legitimate and maintain that documentation on site.

17. Electronic Manifest Broker

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Are you notifying as a person, as defined in 40 CFR 260.10, electing to use the EPA electronic manifest system to obtain, complete, and transmit an electronic manifest under a contractual relationship with a hazardous waste generator?
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<p>United States Environmental Protection Agency HAZARDOUS WASTE REPORT OFF-SITE IDENTIFICATION (OI) FORM</p>	
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1. Site 1

A. EPA ID Number of Off-site Installation or Transporter AZD982441263		
B. Name of Off-site Installation or Transporter Evoqua Water Technologies		
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 Address 2523 Mutahar Street		
City, Town, or Village Parker		
State AZ	Zip Code 85344	Country USA

2. Site 2

A. EPA ID Number of Off-site Installation or Transporter		
B. Name of Off-site Installation or Transporter		
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 Address		
City, Town, or Village		
State	Zip Code	Country

3. Site 3

A. EPA ID Number of Off-site Installation or Transporter		
B. Name of Off-site Installation or Transporter		
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 Address		
City, Town, or Village		
State	Zip Code	Country

4. Comments

Person Generating Station
Post Closure Care Cost Estimate for 2018

Line Item	Description	Cost
1	Annual Activities - See Detail 1	\$ 5,040.00
2	Permit Related Fees (one-time costs) - See Detail 2	\$ 64,700.00
3	Well and GTS Closure Costs (one-time costs) - See Detail 3	\$ 127,000.00
4	Groundwater Treatment System Costs - See Detail 4	\$ -
5	Cost for One Year of Post Closure Care Period (2018) = line 1 + line 2 + line 3 + line 4	\$ 196,740.00
	Date of Cost Estimate:	1/4/2018
	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 2017.	
	- Assume relevant regulatory groundwater standards will be met by the end of 2017 and the GTS can then be permanently shut down.	
	- NMED will approve PNM's recommendation to terminate monitoring and operation of the GTS in 2018.	
	- All remaining wells will be plugged and abandoned in 2018.	
	2. Cost estimate was initially revised based on issuance of new permit, which became effective on 10/6/12.	
	3. 2018 is the 30th year of post-closure care.	

Detail 1
Inspections, Administration, Reporting, and Sampling Activities

Routine Permit-Related Activities					
Activities to be Conducted During 2018					
Line Item	Description	Labor or Unit Rate	Hrs/item or 1 Unit	Items Per Year	Annual Cost
Permit-Required Inspections					
1	Closure Cap, Security Fence, GTS Inspections	\$ 90.00	0	0	\$ -
Program Administration/Reporting					
2	Administrative Activities, Meetings, and Regulatory Contact	\$ 90.00	8	1	\$ 720.00
3	Permit-Required Reports Preparation	\$ 90.00	40	1	\$ 3,600.00
4	Contractor Labor and Support for Reporting Requirements	\$ 90.00	8	1	\$ 720.00
Groundwater Sampling Program (20 wells)					
5	Preparation - Equipment Check, Planning, and Set-Up	\$ 90.00	0	0	\$ -
6	Water Level Measurements and Sampling of 20 Wells (1 operator)	\$ 90.00	0	0	\$ -
7	Data Review/Evaluation	\$ 90.00	0	0	\$ -
8	Sampling Supplies, Equipment, Gas Cylinders, etc.	\$ 1,000.00	0	0	\$ -
9	Lab Analysis (8260 Volatiles x 25)	\$ 115.00	0	0	\$ -
10	Lab Analysis (App. IX x 5)	\$ 2,000.00	0	0	\$ -
11	Detail 1 Total:				\$ 5,040.00
Notes:					
	1. Assumed average hourly labor rate:	\$ 90.00			
2. Cost estimate is based on the assumption that at the end of 2017, relevant groundwater standards have been met and NMED will approve PNM's request to permanently shut down the GTS.					
3. Assuming NMED approval, no monitoring activities or operation of the GTS will occur during 2018.					

Detail 3
Well and GTS Closure Costs

Well and GTS Closure Costs					
Line Item	Description	Labor or Unit Rate	Hrs/item or 1 Unit	Items Per Year	Total
1	Plugging and Abandonment of 2 in. Shallow Wells	\$ 2,000.00	8	1	\$ 16,000.00
2	Plugging and Abandonment of 4 in. Shallow Wells	\$ 2,500.00	7	1	\$ 17,500.00
3	Plugging and Abandonment of 4 in. Deep Wells	\$ 3,500.00	1	1	\$ 3,500.00
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	GTS Decommissioning	\$ 10,000.00	1	1	\$ 10,000.00
7	Detail 3 Total:				\$ 127,000.00
	Notes:				
	1. Assumed average hourly labor rate.	\$ 90.00			
	2. Assume all wells will be closed by end of 2018.				

Detail 4
GTS Annual Operation and Maintenance Costs

Groundwater Treatment System Costs (during 2018)					
Line Item	Description	Labor or Unit Rate	Hrs/item or 1 Unit	Items Per Year	Annual Cost
<u>Groundwater Treatment System - Operation</u>					
1	Utilities (monthly cost - 6 mo-on/6 mo-off for one year)	\$ 350.00	0	0	\$ -
2	Compliance Sampling - 8260 Analysis, 3 samples/month	\$ 115.00	0	0	\$ -
3	Compliance Sampling - Labor	\$ 90.00	0	0	\$ -
4	Routine Inspections	\$ 90.00	0	0	\$ -
5	Data Review and Evaluation	\$ 90.00	0	0	\$ -
6	Compliance Reporting	\$ 90.00	0	0	\$ -
7	Administration	\$ 90.00	0	0	\$ -
8	Miscellaneous (supplies, replacement carbon, etc.)	\$ 4,000.00	0	0	\$ -
<u>Groundwater Treatment System - Maintenance</u>					
9	Routine Maintenance - Labor	\$ 90.00	0	0	\$ -
10	Routine Maintenance - Equipment, Parts, Etc.	\$ 5,000.00	0	0	\$ -
11	Detail 4 Total:				\$ -
Notes:					
	1. Assumed average hourly labor rate:	\$ 90.00			
	2. The GTS will be permanently shut down in 2018.				