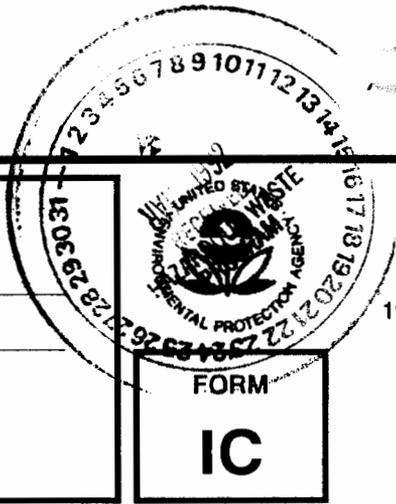


PSC 92

MS 9/16/11/92 *AW*

OMB#: 2050-0024 Expires 9/30/92



U.S. ENVIRONMENTAL PROTECTION AGENCY

1991 Hazardous Waste Report

IDENTIFICATION AND CERTIFICATION

corrections done 11/99/92 AW

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME Signetics Company

Albuquerque, NM

EPA ID NO. N M D | 0 | 0 | 0 | 7 | 0 | 9 | 7 | 8 | 2

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 <input checked="" type="checkbox"/> or <u> </u>		B. County <u>Bernalillo</u>	
C. Site/company name Same as label <input checked="" type="checkbox"/> or <u> </u>		D. Has the site name associated with this EPA ID changed since 1989? <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"/> <u>9201 Pan American Frwy NE</u>			
F. City, town, village, etc. Same as label <input type="checkbox"/> <u>Albuquerque</u>		G. State Same as label <input type="checkbox"/> <u>NM</u>	H. Zip Code Same as label <input type="checkbox"/> <u>871113</u>

SEC. II Mailing address of site. Instruction page 6

A. Is the mailing address the same as the location address? <input checked="" type="checkbox"/> 1 Yes (SKIP TO SEC. III) <input type="checkbox"/> 2 No (GO TO BOX B)		
B. Number and street name of mailing address		
C. City, town, village, etc.	D. State	E. Zip Code

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 <u>Mavrakis</u>	First name <u>Gary</u>	M.I. <u>M</u>	B. Title <u>Environmental Manager</u>	C. Telephone <u>505</u> <u>822</u> - <u>7188</u> Extension <u> </u>
---	---------------------------	------------------	--	--

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. <u>3674</u>	B. <u>NA</u>	C. <u>NA</u>	D. <u>NA</u>
----------------	--------------	--------------	--------------

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 <u>Mavrakis</u>	First name <u>Gary</u>	M.I. <u>M</u>	B. Title <u>Environmental Manager</u>
C. Signature <i>Gary Mavrakis</i>			D. Date of signature MO. <u>12</u> DAY <u>17</u> YR. <u>92</u>

6/11/92

Sec. VI - Generator Status EPA ID NO. NIMID 010107101917812

<p>A. 1991 RCRA generator status Instruction page 7 (CHECK ONE BOX BELOW)</p> <p><input checked="" type="checkbox"/> 1 LQG <input type="checkbox"/> 2 SQG (SKIP TO SEC. VII) <input type="checkbox"/> 3 CESQG <input type="checkbox"/> 4 Non generator (CONTINUE TO BOX B)</p>	<p>B. Reason for not generating Page 9 (CHECK ALL THAT APPLY)</p> <p><input type="checkbox"/> 1 Never generated <input type="checkbox"/> 2 Out of business <input type="checkbox"/> 3 Only excluded or delisted waste <input type="checkbox"/> 4 Only non-hazardous waste <input type="checkbox"/> 5 Periodic or occasional generator <input type="checkbox"/> 6 Waste minimization activity <input type="checkbox"/> 7 Other (SPECIFY COMMENTS IN BOX BELOW)</p>
--	--

Sec. VII - On-Site Waste Management Status

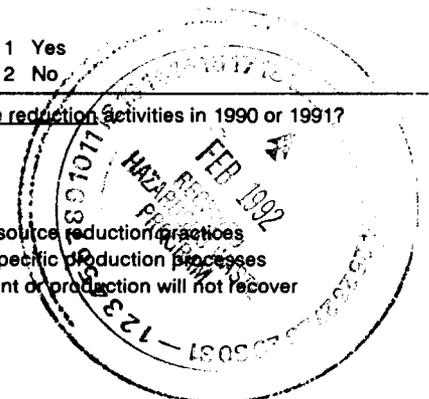
<p>A. RCRA permitted or interim status storage Instruction page 10 [4]</p>	<p>B. RCRA permitted or interim status treatment, disposal, or recycling Page 10 [1]</p>	<p>C. RCRA-exempt treatment, disposal, or recycling Page 11 [3]</p>
--	--	---

Sec. VIII - Waste Minimization Activity during 1990 or 1991

<p>A. Did this site begin or expand a source reduction activity during 1990 or 1991? Instruction page 11</p> <p><input checked="" type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No</p>	<p>B. Did this site begin or expand a recycling activity during 1990 or 1991? Page 12</p> <p><input checked="" type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No</p>	<p>C. Did this site systematically investigate opportunities for source reduction or recycling during 1990 or 1991? Page 12</p> <p><input checked="" type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No</p>
---	--	--

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 checked="" type="checkbox"/> 1	<input 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:

6/11/92 *fw*

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME Signetics Company

Albuquerque, NM

EPA ID NO. NM0100709782



U.S. ENVIRONMENTAL PROTECTION AGENCY

1991 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1991 Hazardous Waste Report booklet before completing this form.

Sec. I	A. Waste description Instruction Page 15 Waste organic solvents, flammable, from micro-electronics photo process that contains water, kerosene, acetone, isopropanol, and n-methyl pyrrolidone.				
B. EPA hazardous waste code Page 15 <u>F10103</u> <u>D1001</u> <u>NA</u> <u>NA</u> <u>NA</u>			C. State hazardous waste code Page 15 <u>NA</u> <u>NA</u>		
D. SIC code Page 16 <u>3674</u>	E. Origin code Page 16 <u>1</u> System type <u>M</u> <u>NA</u>	F. Source code Page 17 <u>A89</u>	G. Point of measurement Page 17 <u>1</u>	H. Form code Page 17 <u>B204</u>	I. RCRA-radioactive mixed Page 17 <u>2</u>
J. Reported TRI constituent Page 18 <u>3</u>	K. CAS numbers Page 18 1. <u>00067-64-1</u> 2. <u>NA</u> - <u>NA</u> - <u>NA</u> 3. <u>NA</u> - <u>NA</u> - <u>NA</u> 4. <u>NA</u> - <u>NA</u> - <u>NA</u> 5. <u>NA</u> - <u>NA</u> - <u>NA</u>				

Sec. II	A. Quantity generated in 1990 instruction Page 18 <u>357.3</u>	B. Quantity generated in 1991 Page 18 <u>438.5</u>	C. UOM Page 19 <u>5</u> Density <u>0.90</u> <input type="checkbox"/> 1 lbs/gal <input checked="" type="checkbox"/> 2 kg	D. 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 19 <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
---------	--	--	--	---

ON-SITE SYSTEM 1		ON-SITE SYSTEM 2	
On-site system type Page 19 <u>M</u>	Quantity treated, disposed or recycled on site in 1991 <u>NA</u>	On-site system type Page 19 <u>M</u>	Quantity treated, disposed or recycled on site in 1991 <u>NA</u>

Sec. III	A. Was any of this waste shipped off site in 1991? Instruction Page 20 <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (SKIP TO SEC. IV)	
----------	---	--

Site 1	B. EPA ID No. of facility waste was shipped to Page 20 <u>CD</u> <u>980</u> <u>591</u> <u>184</u>	C. System type shipped to Page 20 <u>M061</u>	D. Off-site availability code Page 21 <u>1</u>	E. Total quantity shipped in 1991 Page 21 <u>377.0</u>
--------	---	---	--	--

Site 2	B. EPA ID No. of facility waste was shipped to Page 20 <u>NA</u>	C. System type shipped to Page 20 <u>M</u> <u>NA</u>	D. Off-site availability code Page 21 <u>NA</u>	E. Total quantity shipped in 1991 Page 21 <u>NA</u>
--------	--	--	---	---

Sec. IV	A. Did new activities in 1991 result in minimization of this waste? Instruction Page 22 <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE)	
---------	--	--

B. Activity Page 22 <u>W</u> <u>W</u> <u>W</u> <u>W</u>	C. Other effects Page 22 <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	D. Quantity recycled in 1991 due to new activities Page 23 <u>NA</u>	E. Activity/production index Page 23 <u>NA</u>	F. 1991 Source reduction quantity Page 24 <u>NA</u>
--	--	--	--	---

Comments:

6/11/92

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME Signetics Company
Albuquerque, NM

EPA ID NO. N.M.D | 0,0,0 | 7,0,9 | 7,8,2



U.S. ENVIRONMENTAL PROTECTION AGENCY

1991 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1991 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste description Instruction Page 15 Photoresist waste, flammable, composed of methanol, acetone, organic resins, xylene, N-Butyl acetate, and polypropylene methoxy acetate.

B. EPA hazardous waste code Page 15 F0003 F0002
D0001 NA NA C. State hazardous waste code Page 15

D. SIC code Page 16 3674 E. Origin code Page 18 1 System type M NA F. Source code Page 17 A89 G. Point of measurement Page 17 1 H. Form code Page 17 B204 I. RCRA-radioactive mixed Page 17 2

J. Reported TRI constituent Page 18 3 K. CAS numbers Page 18 1. 00067-64-1 2. NA 3. NA 4. NA 5. NA

Sec. II A. Quantity generated in 1990 instruction Page 18 83810.5 B. Quantity generated in 1991 Page 18 3447.5 C. UOM Density Page 18 5 1 0
 1 lb/gal 2 kg D. 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 18
 1 Yes (CONTINUE TO SYSTEM 1)
 2 No (SKIP TO SEC. III)

ON-SITE SYSTEM 1 On-site system type Page 19 M Quantity treated, disposed or recycled on site in 1991 NA
ON-SITE SYSTEM 2 On-site system type Page 19 M Quantity treated, disposed or recycled on site in 1991 NA

Sec. III A. Was any of this waste shipped off site in 1991? 1 Yes (CONTINUE TO BOX B)
 2 No (SKIP TO SEC. IV)

Site 1 B. EPA ID No. of facility waste was shipped to Page 20 C0D 980591 184 C. System type shipped to Page 20 M 061 D. Off-site availability code Page 21 1 E. Total quantity shipped in 1991 Page 21 2979.0

Site 2 B. EPA ID No. of facility waste was shipped to Page 20 NA C. System type shipped to Page 20 M NA D. Off-site availability code Page 21 NA E. Total quantity shipped in 1991 Page 21 NA

Sec. IV A. Did new activities in 1991 result in minimization of this waste? 1 Yes (CONTINUE TO BOX B)
 2 No (THIS FORM IS COMPLETE)

B. Activity Page 22 W1514 W1518 C. Other effects Page 22 1 Yes 2 No D. Quantity recycled in 1991 due to new activities Page 23 NA E. Activity/production index Page 23 NA F. 1991 Source reduction quantity Page 24 4000.0

Comments: Section IV, Box B - Changed volume of starting material for production
Section I, Box F - Routine production operation

6/11/92 Jue

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME Signetics Company
Albuquerque, NM

EPA ID NO. [N, M, D] [0, 0, 0] [7, 0, 9] [7, 8, 2]



U.S. ENVIRONMENTAL PROTECTION AGENCY

1991 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1991 Hazardous Waste Report booklet before completing this form.

Sec. I	A. Waste description Instruction Page 15					Waste freon (R-113), combustible, used in pump cleaning and equipment coolant.						
B. EPA hazardous waste code Page 15			<u>F1002</u> <u>F1003</u>			C. State hazardous waste code Page 15						
D. SIC code Page 16			E. Origin code Page 18			F. Source code Page 17			G. Point of measurement Page 17		H. Form code Page 17	
<u>36714</u>			System type <u>M</u> <u>NA</u>			<u>A04</u>			<u>1</u>		<u>B202</u>	
I. RCRA-radioactive mixed Page 17			J. Reported TRI constituent Page 18			K. CAS numbers Page 18						
<u>2</u>			<u>3</u>			1. <u>00076-13-1</u> 2. <u>NA</u> 3. <u>NA</u> 4. <u>NA</u> 5. <u>NA</u>						

Sec. II	A. Quantity generated in 1990 instruction Page 18		B. Quantity generated in 1991 Page 18		C. UOM Density Page 19		D. 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 19							
	<u>8800</u>		<u>510</u>		<u>5</u> <u>1</u> = <u>5.7</u> <input type="checkbox"/> 1 lbs/gal <input checked="" type="checkbox"/> 2 sg		<input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)							
ON-SITE SYSTEM 1					ON-SITE SYSTEM 2									
On-site system type Page 19					Quantity treated, disposed or recycled on site in 1991					On-site system type Page 19				
<u>M</u>										<u>M</u>				

Sec. III	A. Was any of this waste shipped off site in 1991? Instruction Page 20									
<input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B)										
<input type="checkbox"/> 2 No (SKIP TO SEC. IV)										
Site 1	B. EPA ID No. of facility waste was shipped to Page 20			C. System type shipped to Page 20		D. Off-site availability code Page 21		E. Total quantity shipped in 1991 Page 21		
	<u>COD980591184</u>			<u>M029</u>		<u>1</u>		<u>520</u>		
Site 2	B. EPA ID No. of facility waste was shipped to Page 20			C. System type shipped to Page 20		D. Off-site availability code Page 21		E. Total quantity shipped in 1991 Page 21		
	<u>NA</u>			<u>MNA</u>				<u>NA</u>		

Sec. IV	A. Did new activities in 1991 result in minimization of this waste? Instruction Page 22				
<input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B)					
<input type="checkbox"/> 2 No (THIS FORM IS COMPLETE)					
B. Activity Page 22		C. Other effects Page 22	D. Quantity recycled in 1991 due to new activities Page 23		E. Activity/production index Page 23
<u>W58</u> <u>W</u>		<input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	<u>NA</u>		<u>NA</u>
F. 1991 Source reduction quantity Page 24					
<u>8290</u>					

Comments: Section IV, Box B - Elimination of freon in process

6/11/92 JAW

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME Signetics Company
Albuquerque, NM

EPA ID NO. N, M, D | 0, 0, 0 | 7, 0, 9 | 7, 8, 2



U.S. ENVIRONMENTAL PROTECTION AGENCY

1991 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1991 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste description Instruction Page 15 Mercury waste, toxic, from broken thermometers and used mercury lamps used in photo process.

B. EPA hazardous waste code Page 15 D10019 NA C. State hazardous waste code Page 15

D. SIC code Page 16 3674 E. Origin code Page 16 1 System type MA F. Source code Page 17 A89 G. Point of measurement Page 17 1 H. Form code Page 17 B117 I. RCRA-radioactive mixed Page 17 2

J. Reported TRI constituent Page 18 2 K. CAS numbers Page 18 1. NA 2. NA 3. NA 4. NA 5. NA

Sec. II A. Quantity generated in 1990 instruction Page 18 1120 B. Quantity generated in 1991 Page 18 610 C. UOM Page 19 1 Density 1 1 lbs/gal 2 sg D. 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 19 1 Yes (CONTINUE TO SYSTEM 1) 2 No (SKIP TO SEC. III)

ON-SITE SYSTEM 1 On-site system type Page 19 M Quantity treated, disposed or recycled on site in 1991 ON-SITE SYSTEM 2 On-site system type Page 19 M Quantity treated, disposed or recycled on site in 1991

Sec. III A. Was any of this waste shipped off site in 1991? 1 Yes (CONTINUE TO BOX B) 2 No (SKIP TO SEC. IV)

Site 1 B. EPA ID No. of facility waste was shipped to Page 20 C. System type shipped to Page 20 M D. Off-site availability code Page 21 E. Total quantity shipped in 1991 Page 21

Site 2 B. EPA ID No. of facility waste was shipped to Page 20 C. System type shipped to Page 20 M D. Off-site availability code Page 21 E. Total quantity shipped in 1991 Page 21

Sec. IV A. Did new activities in 1991 result in minimization of this waste? Instruction Page 22 1 Yes (CONTINUE TO BOX B) 2 No (THIS FORM IS COMPLETE)

B. Activity Page 22 W W W W C. Other effects Page 22 1 Yes 2 No D. Quantity recycled in 1991 due to new activities Page 23 E. Activity/production index Page 23 F. 1991 Source reduction quantity Page 24

Comments: Section I, Box F - Routine production operations

6/11/92 Au

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME Signetics Company
Albuquerque, NM

EPA ID NO. N1M1D1000170917812



U.S. ENVIRONMENTAL PROTECTION AGENCY

1991 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1991 Hazardous Waste Report booklet before completing this form.

Sec. I	A. Waste description Instruction Page 15				
Spent charcoal, waste, from our solvent scrubber system					
B. EPA hazardous waste code Page 15		C. State hazardous waste code Page 15			
<u>D1019</u> <u>F003</u>					
D. SIC code Page 16	E. Origin code Page 16	F. Source code Page 17	G. Point of measurement Page 17	H. Form code Page 17	I. RCRA-radioactive mixed Page 17
<u>13161714</u>	System type <u>M11N1A</u>	<u>A78</u>	<u>1</u>	<u>B141014</u>	<u>2</u>
J. Reported TRI constituent Page 18		K. CAS numbers Page 18			
<u>13</u>		1. <u>0101016171614</u> 2. <u>1111N1A</u> 3. <u>1111N1A</u> 4. <u>1111N1A</u> 5. <u>1111N1A</u>			

Sec. II	A. Quantity generated in 1990 instruction Page 18	B. Quantity generated in 1991 Page 18	C. UCM Page 19	Density	D. 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 19
	<u>000</u>	<u>90000</u>	<u>1</u>	<u>1</u> lbs/gal <input type="checkbox"/> 2 sg	<input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE SYSTEM 1		ON-SITE SYSTEM 2			
On-site system type Page 19		On-site system type Page 19		Quantity treated, disposed or recycled on site in 1991	
<u>M1111</u>		<u>M1111</u>		<u>1111111111</u>	

Sec. III	A. Was any of this waste shipped off site in 1991? Instruction Page 20				
<input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (SKIP TO SEC. IV)					
Site 1	B. EPA ID No. of facility waste was shipped to Page 20	C. System type shipped to Page 20	D. Off-site availability code Page 21	E. Total quantity shipped in 1991 Page 21	
	<u>W1A1D10094171711715</u>	<u>M11215</u>	<u>1</u>	<u>9000000</u>	
Site 2	B. EPA ID No. of facility waste was shipped to Page 20	C. System type shipped to Page 20	D. Off-site availability code Page 21	E. Total quantity shipped in 1991 Page 21	
	<u>1111A</u>	<u>M1111A</u>	<u>1</u>	<u>1111111111</u>	

Sec. IV	A. Did new activities in 1991 result in minimization of this waste? Instruction Page 22				
<input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE)					
B. Activity Page 22	C. Other effects Page 22	D. Quantity recycled in 1991 due to new activities Page 23	E. Activity/production index Page 23	F. 1991 Source reduction quantity Page 24	
<u>W1111</u> <u>W1111</u> <u>W1111</u> <u>W1111</u>	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<u>1111111111</u>	<u>1111</u>	<u>1111111111</u>	

Comments: Section III, Box C - The carbon is reclaimed for future use.

60/111/92 JAC

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME Signetics Company
Albuquerque, NM

EPA ID NO. N, M, D | 0, 0, 0 | 7, 0, 9 | 7, 8, 2



U.S. ENVIRONMENTAL PROTECTION AGENCY

1991 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1991 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste description Instruction Page 15 Used filters, solid, used in pump systems which contain acetone and methanol.

B. EPA hazardous waste code Page 15 F, 0, 0, 2 F, 0, 0, 3 C. State hazardous waste code Page 15 _____

D. SIC code Page 16 3, 6, 7, 4 E. Origin code Page 16 1 System type M, N, A F. Source code Page 17 A, 5, 5 G. Point of measurement Page 17 1 H. Form code Page 17 B, 3, 1, 0 I. RCRA-radioactive mixed Page 17 2

J. Reported TRI constituent Page 18 13 K. CAS numbers Page 18 1. 0, 0, 0, 6, 7, 6, 4, - 1 2. N, A, - - - - 3. _____ 4. N, A, - - - - 5. N, A, - - - -

Sec. II A. Quantity generated in 1990 Instruction Page 18 1, 3, 2, 0, . 0 B. Quantity generated in 1991 Page 18 1, 2, 1, 0, . 0 C. UOM Density Page 18 1 _____ 1 lbs/gal 2 sg D. 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 19 1 Yes (CONTINUE TO SYSTEM 1) 2 No (SKIP TO SEC. III)

ON-SITE SYSTEM 1 On-site system type Page 19 M Quantity treated, disposed or recycled on site in 1991 _____

ON-SITE SYSTEM 2 On-site system type Page 19 M Quantity treated, disposed or recycled on site in 1991 _____

Sec. III A. Was any of this waste shipped off site in 1991? 1 Yes (CONTINUE TO BOX B) 2 No (SKIP TO SEC. IV)

Site 1 B. EPA ID No. of facility waste was shipped to Page 20 A, R, D | 0, 6, 9 | 7, 4, 8 | 1, 9, 2 C. System type shipped to Page 20 M, 0, 4, 3 D. Off-site availability code Page 21 1 E. Total quantity shipped in 1991 Page 21 1, 5, 2, 0, . 0

Site 2 B. EPA ID No. of facility waste was shipped to Page 20 N, A C. System type shipped to Page 20 M, N, A D. Off-site availability code Page 21 _____ E. Total quantity shipped in 1991 Page 21 N, A, .

Sec. IV A. Did new activities in 1991 result in minimization of this waste? 1 Yes (CONTINUE TO BOX B) 2 No (THIS FORM IS COMPLETE)

B. Activity Page 22 W W W W C. Other effects Page 22 1 Yes 2 No D. Quantity recycled in 1991 due to new activities Page 23 _____ E. Activity/production index Page 23 _____ F. 1991 Source reduction quantity Page 24 _____

Comments:

6/11/92 *AW*

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME Signetics Company
Albuquerque, NM

EPA ID NO. N M D 0 0 0 7 0 9 7 8 2



U.S. ENVIRONMENTAL PROTECTION AGENCY

1991 Hazardous Waste Report
OFF-SITE IDENTIFICATION

**FORM
OI**

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>A R D 0 6 9 7 8 1 9 2</u>	B. Name of off-site installation or transporter <u>EnSCO</u>
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of off-site installation Street <u>N/A</u> City _____ State _____ Zip Code _____

Site 2	A. EPA ID No. of off-site installation or transporter <u>A R D 0 6 9 7 8 4 1 9 2</u>	B. Name of off-site installation or transporter <u>EnSCO</u>
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR		D. Address of off-site installation Street <u>American Oil Road</u> City <u>El Dorado</u> State <u>A R</u> Zip Code <u>7 1 7 3 0</u>

Site 3	A. EPA ID No. of off-site installation or transporter <u>I L D 0 9 9 2 0 2 6 8 1</u>	B. Name of off-site installation or transporter <u>Chemical Waste Management, Inc.</u>
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of off-site installation Street <u>N/A</u> City _____ State _____ Zip Code _____

Site 4	A. EPA ID No. of off-site installation or transporter <u>C O D 9 8 0 5 9 1 1 8 4</u>	B. Name of off-site installation or transporter <u>Oil & Solvent Process Company</u>
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR		D. Address of off-site installation Street <u>9131 East 96th Ave.</u> City <u>Henderson</u> State <u>CO</u> Zip Code <u>8 0 6 4 0</u>

Site 5	A. EPA ID No. of off-site installation or transporter <u>N M D 0 0 2 2 0 8 6 2 7</u>	B. Name of off-site installation or transporter <u>Rinchem Company, Inc.</u>
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of off-site installation Street <u>N/A</u> City _____ State _____ Zip Code _____

Comments:

INSTRUCTIONS FOR COMPLETING FORM OI - OFF-SITE IDENTIFICATION

WHO MUST COMPLETE THIS FORM?

Sites required to file the 1991 Hazardous Waste Report must complete Form OI if:

- Form OI is required by your State AND
 - The site received hazardous waste from off-site or shipped hazardous waste off site during 1991.
-

PURPOSE OF THIS FORM

Form OI documents the names and addresses of off-site installations and transporters.

HOW TO COMPLETE THIS FORM

Form OI is divided into five identical parts. You must complete one part for each off-site installation to which you shipped hazardous waste, each off-site installation from which you received hazardous waste, and each transporter you used during 1991. If these off-site installations and transporters total more than five, you must photocopy and complete additional copies of the form. You do not need to report the address, Box D, for transporters.

Throughout the form, enter "DK" if the information requested is not known or is not available; enter "NA" if the information requested is not applicable. Use the Comments section at the bottom of the form to clarify or continue any entry. Reference the comment by entering the site number and box letter.

ITEM-BY-ITEM INSTRUCTIONS

Complete Boxes A through D for each off-site installation to which you shipped hazardous waste and each off-site installation from which you received hazardous waste during 1991.

Complete Boxes A through C for each transporter you used during the year.

Box A: EPA ID No. of off-site installation or transporter

Enter the 12-digit EPA ID number of the off-site installation to which you shipped hazardous waste or from which you received hazardous waste. Or, enter the EPA ID number of the transporter who shipped hazardous waste to or from your site. Each EPA ID should appear only once. If the off-site installation or transporter did not have an EPA ID number during 1991, enter "NA" in Box A.

Box B: Name of off-site installation or transporter

Enter the name of the off-site installation or transporter reported in Box A.

Box C: Site Type

Check all boxes that apply to describe the handler type of the off-site installation or transporter reported in Box A.

Box D: Address of off-site installation

Enter the address of the off-site installation reported in Box A. If the EPA ID number reported in Box A refers to a transporter, enter "NA" in Box D.

6/11/92

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME Signetics Company
Albuquerque, N.M.

EPA ID NO. N M D 0 0 0 7 0 9 7 8 2



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.

Sec. I A. Waste treatment, disposal or recycling system description
Instruction Page 38 Wastewater neutralization pretreatment system or acid/caustic waste stream.

B. System type Page 38 M 1 2 1 C. Regulatory status Page 38 0 3 D. Operational status Page 39 0 1 1 E. Unit types Page 39 1 1 0 N 1 A

Sec. II A. 1991 influent quantity Instruction Page 40 UOM Density
Total 1 1 3 0 0 0 0 0 0 0 0 0 0 0 5 1 0 0 0
RCRA 0 0 0 0 0 0 0 0 0 0 0 0 0 0 1 lbs/gal 2 sg

B. Maximum operational capacity Page 41
Total 6 2 8 8 2 7 8 4 0 0
RCRA 0 0 0 0 0 0 0 0 0 0

C. 1991 liquid effluent quantity Page 42 UOM Density
Total 1 1 3 0 0 0 0 0 0 0 0 0 0 0 5 1 0 0 0
RCRA 0 0 0 0 0 0 0 0 0 0 0 0 0 0 1 lbs/gal 2 sg

D. 1991 solid/sludge residual quantity Page 43 UOM Density
Total N 1 A 0 0 0
RCRA N 1 A 0 0 0 1 lbs/gal 2 sg

E. Limitations on maximum operational capacity Page 44 1. 0 9 2. 3.
F. Commercial capacity availability code Page 44 1
G. Percent capacity commercially available Page 45 0 %

Sec. III 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 UOM
Total
RCRA

C. Planned year of change Page 46 1 9
D. Future commercial capacity availability code Page 46
E. Percent future capacity commercially available Page 46 %

Comments: Section I, Box E - Wastewater treatment system using 5 neutralization vaults.
Section II, Boxes A, C - Calculated from incoming water meter, as we are not required to monitor effluent per our City Wastewater Permit.

6/11/92 SW

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME Signetics Company
Albuquerque, NM

EPA ID NO. NMID0000709782



U.S. ENVIRONMENTAL PROTECTION AGENCY

1991 Hazardous Waste Report

OFF-SITE IDENTIFICATION

FORM
OI

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>WAID0094771175</u>	B. Name of off-site installation or transporter <u>Cameron - Yakima</u>
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR	D. Address of off-site installation Street <u>1414 S. 1st Street</u> City <u>Yakima</u> State <u>WA</u> Zip Code <u>98901</u>

Site 2	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 off-site installation Street _____ City _____ State _____ Zip Code _____

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

Comments: