

Safety Kleen ABC 4/4/94

STATE OF NEW MEXICO  
ENVIRONMENT DEPARTMENT  
DISTRICT I - ALBUQUERQUE

FAX TRANSMITTAL SHEET

DATE: 1/27/94 TIME: 12:25 PAGES: 5 (include this sheet)

TO: Marc Sides

OFFICE: New Mexico Environment Dept.  
Marques Place  
Santa Fe, NM

FAX #: 827-4361 TELEPHONE #: 827-4308

FROM: Calvin W. Martin

OFFICE: NMED - DISTRICT I  
4131 MONTGOMERY BLVD., N.E.  
ALBUQUERQUE, NM 87109

FAX #: (505) 884-9254 TELEPHONE #: (505) 841-9186

- COMMENTS: find enclosed
- 1) 9/23/91 Inspection Report, 2 pages
  - 2) Site Map
  - 3) Tank Tightness Report, 2 pages
  - 4) Incident Report
  - 5) 7/28/93 Inspection Report, 2 pages



Environmental Imp...ment Division  
Underground Storage Tank Bureau  
Prevention/Inspection Section  
1190 St. Francis Drive  
Santa Fe, New Mexico 87503

# INSPECTION REPORT

(505) 827-0216

DATE 3/23/91	CASE NUMBER C-5124, 218	OPENING CONFERENCE TIME 12:15P
INSPECTION TYPE: <input type="checkbox"/> COMPLIANCE <input type="checkbox"/> TANK CLOSURE <input checked="" type="checkbox"/> REPAIR <input type="checkbox"/> MODIFICATION <input type="checkbox"/> REINSPECTION <input type="checkbox"/> INSTALLATION <input type="checkbox"/> COMPLAINT		
Facility Name 1. <i>White - Green</i>	Facility No.	Phone No. 884-2277
Address 2720 <i>Greenwood N.E.</i> <i>Albuquerque, N.M. 87107</i>		
Owner Name 2. <i>White - Green</i>	Owner No.	Phone No. 1-800-667-5840
Address 777 <i>Greenwood N.E., Albuquerque, N.M. 87103</i>		
Facility Operator 3. <i>White #1</i>	Phone No.	
Address		
Contractor Name 4. <i>White</i>	Phone No. 883-1273	
Address 1700 <i>N.E. 1st St. Albuquerque, N.M. 87109</i>		

TANK NO.	SIZE	CONTENTS	INSTALLATION DATE	TANK CONSTRUCTION	PIPING CONSTRUCTION	TANK RELEASE DETECTION	PIPING RELEASE DETECTION	TANK STATUS
1	12000	<i>White</i>	3/77	<i>steel</i>	<i>steel</i>	<i>TTT</i>	<i>TTT</i>	<i>OK</i>
2	12000	<i>White</i>	" "	" "	" "	TTT	TTT	" "

SITE MAP

*See attached map.*

New Mexico Underground Storage Tank Bureau **INSPECTION REPORT**

	Yes	No	Unk.	N/A
1. All applicable tanks on site are registered.	<input checked="" type="checkbox"/>			
2. Proper notification was made for the following:				
a. Closure				
b. Installation				
c. Modification				
d. Repair	<input checked="" type="checkbox"/>			
3. Tanks closed properly.				
4. Tanks installed properly.				
5. Tanks repaired/modified properly.	<input checked="" type="checkbox"/>			
6. Release detection — tanks:				
a. Inventory records combined with annual tank tightness testing	<input checked="" type="checkbox"/>			
b. Manual tank gauging				
c. Automatic tank gauging				
d. Vapor monitoring				
e. Ground water monitoring				
f. Interstitial monitoring				
7. Release detection — piping.	<input checked="" type="checkbox"/>			
8. Certified tank installers.				
9. All required records are maintained.	<input checked="" type="checkbox"/>			
10. Evidence of release/spill.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

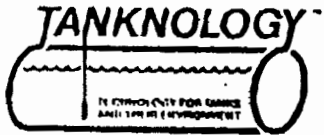
*(white)*

COMMENTS:  
 2 tanks on site. Tested tank #1 only. Tank tested tight but line failed. Line for tank #1 being repaired. Piping uncovered 9/25/91; small hole in line top. Will install new piping above ground.  
 pulled sample on detector tube. Got 121 soil from fourth hole.  
 in pipe  
 Sample Results  
 1 > 500 ppm (25mm)

CLOSING CONFERENCE:	DATE: 3/23/91	TIME:
Compliance Officer's Signature:	Date: 3/23/91	

On site Representative's Signature:	Date:
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# VacuTect™ TANK TESTING REPORT

S.O.# 31298

Customer SAFtey Kleen

Site # 700801

Date 9-21-91

Invoice Name/Address SAFtey Kleen PO Box 50716 Denton TX.76206

Phone \_\_\_\_\_

Site Name/Address SAFteyKleen 2720 Girard Albuquerque N.M.

Att'n: EDDIE Young

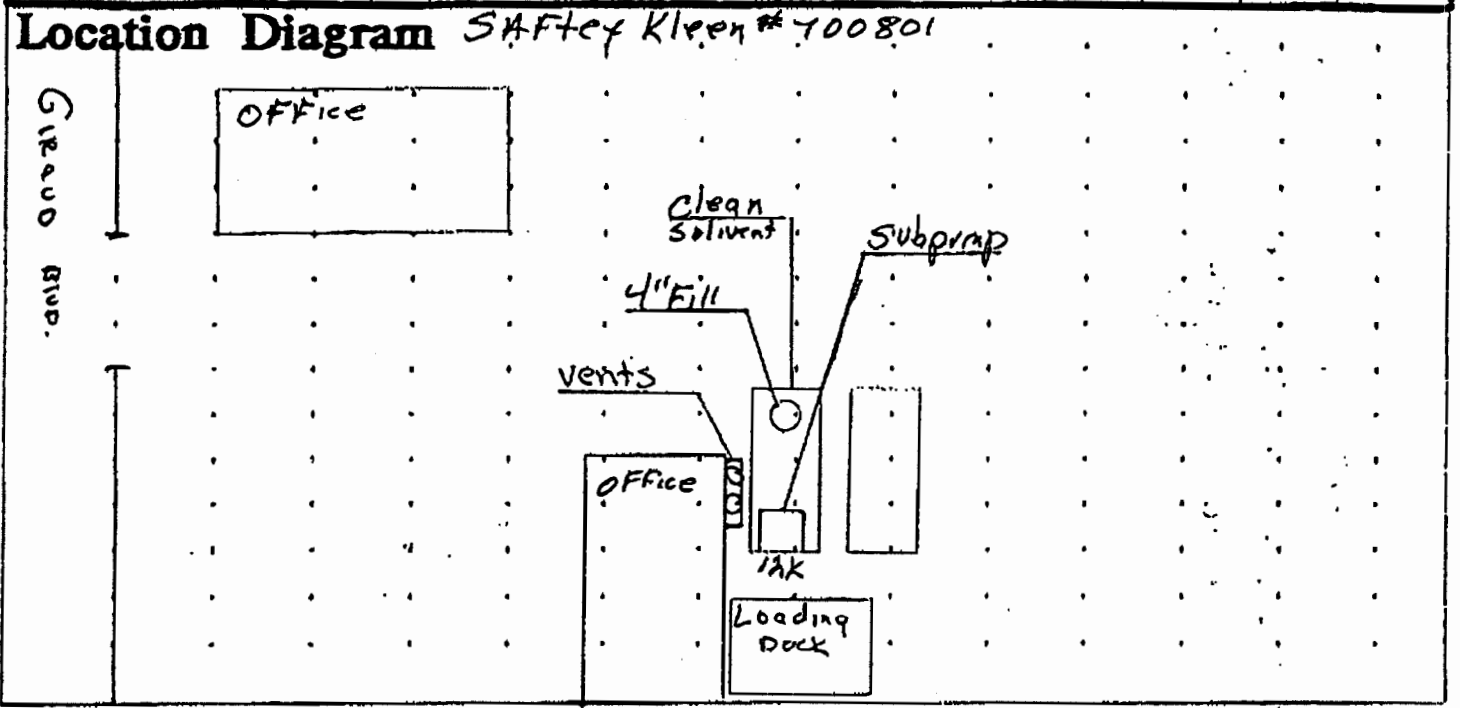
TANKS												LINES				Leak Det		COMMENTS <small>Note alterations or repairs.</small>	
See Diag For Loc.	Tank #	Tank Product	Tank Dia.	Tank Gallons	Tank Mat'l ■ ST/ ■ FRP/ ■ Lined	Dipped Water Level ■ START ■ END	Dipped Product Level ■ START ■ END	Probe Water Level ■ START ■ END	Water ingress Detected ■ Yes/No	Bubble ingress Detected ■ Yes/No	Uleage Air Ingress Detected ■ Yes/No	Tight (T) or Fail (F)	Line Mat'l ■ ST/ ■ FRP	Deliv Syst. ■ PS/ ■ SS	Tight (T) or Fail (F)	Exist LD Pass (P), Fail (F) or NONE	NEW PreTested LD ■ SOLD Yes/No		
	1	Clean Solvent	96	12K	ST	.50	60"	.41	NO	NO	NO	T	1A	ST	PS	F	N	NO	Exist LD SN: _____
						.50	60	.42					1B						New LD SN: _____
							60						1C						Pump Mfr.: <u>RED Jacket</u>
							62%						1D						
	2												2A						Exist LD SN: _____
													2B						New LD SN: _____
													2C						Pump Mfr.: _____
													2D						
	3												3A						Exist LD SN: _____
													3B						New LD SN: _____
													3C						Pump Mfr.: _____
													3D						
	4												4A						Exist LD SN: _____
													4B						New LD SN: _____
													4C						Pump Mfr.: _____
													4D						

SO# 31298

Cust. Safety Kleen

Site# 700801

MONITOR WELLS <i>no monitor wells on site.</i>												
Number	1	2	3	4	5	6	7	8	9	10	11	12
Depth												
Water												
Prod. Detected												
NOT Det.												



**Parts and Labor used** *1 set of O-rings for Functional Element AND 1 packer o-ring.*

*Line would not hold pressure at all Failed Pvdgie E.*

**General Comments** *Bleeds off in 2 sec. changed Functional Element ✓ Valve and o-rings tested again Bleeding off. pulled pump changed packer o-ring tested 1st 2<sup>nd</sup> time no change checked to see if bleeding by silver bullet was not. Manager of location Ralph said they dipped tank it had 1 prod. height and the turned on the stop for 1 hr. and then redipped After dip. no prod. was showed prod. lost. Fuel Drop prior to lost*

**When local regulations require immediate reporting of a system leak-Complete the following:**

**Reported to:** \_\_\_\_\_

Name	Date	Time

Phone Number \_\_\_\_\_ CUSTOMER or Regulatory Agency \_\_\_\_\_ File Number \_\_\_\_\_

*Raymond Payne*

Print: Certified Testers Name

*Raymond Payne*

Certified Testers Signature

*0153*

Vacutect™ Certification Number

*9-21-91*

Date Testing Completed Form-Tanks/Lines 1/91

CONTACT PEOPLE

Caller: Mark Coffman Phone 841-6317

Facility Name Safety Kleen Corp. County Bernalillo

Address 2720 Harvard Blvd. N.E., Albuquerque, N.M. 87107

(PUT CHECK MARK IN FRONT OF PRINCIPLE CONTACT IF ONE IS DESIGNATED)

Facility Owner Safety Kleen Corp. Phone 708-697-8460

Address 777 Big Timber Road, Elgin, I.L. 60123

Facility Operator Ralph Ondatje Phone 884-2277

Address same as facility

DISCHARGE INFORMATION

(check one) SUSPECTED RELEASE \_\_\_\_\_ CONFIRMED RELEASE

Cause of Discharge hole in piping

Date, Time of Discharge unknown Duration unknown Volume unknown

Circle One: Unleaded Gasoline \_\_\_\_\_ Regular Gasoline \_\_\_\_\_  
Diesel \_\_\_\_\_ Other mineral spirits (fresh)

Has further discharge been prevented? (describe) yes, piping being replaced

Have fire authorities been notified? (give name, phone) \_\_\_\_\_

Are highly contaminated soils present? (describe removal) no

HYDROGEOLOGIC INFORMATION

Depth to Water < 100 ft. (no water encountered in excavation) Direction of GW flow unknown

Surface Water Endangered? no Soil Types sandy silt

POSSIBLE IMPACTS FROM DISCHARGE

Well locations, depths, types unknown 1 city well approx. 1/4 mi. E.

Utility Corridors unknown

Vapors in homes, bldgs. no

Other \_\_\_\_\_

Call received by Mark V Coffman Date 9/25/91

Assignment \_\_\_\_\_ Date \_\_\_\_\_



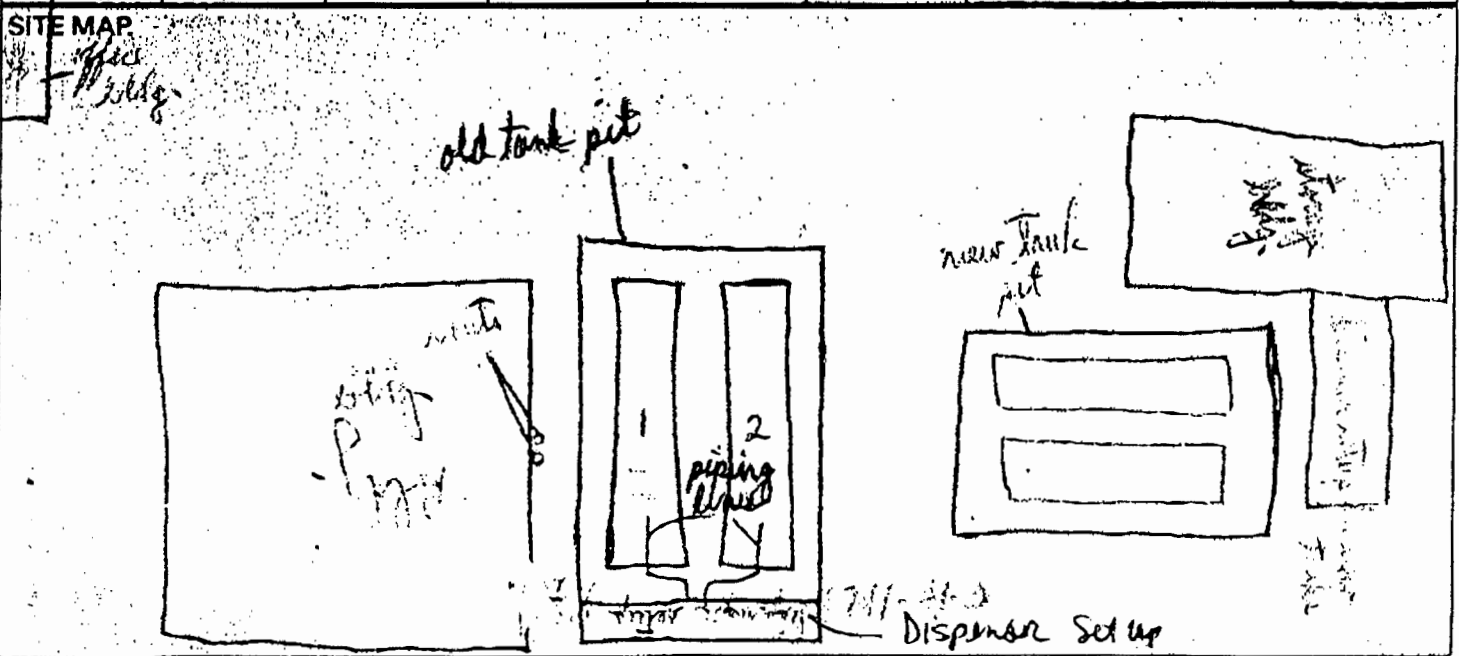
NM Environment Department  
Underground Storage Tank Bureau  
Prevention/Inspection Section  
P.O. Box 26110  
Santa Fe, New Mexico 87502-6110  
(505) 827-0216

# INSPECTION REPORT

Page 1 of two pages

DATE <b>7/28/93</b>	CASE NUMBER <b>452</b>	OPENING CONFERENCE TIME <b>8:30A</b>
INSPECTION TYPE: <input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> TANK CLOSURE <input type="checkbox"/> REINSPECTION <input type="checkbox"/> INSTALLATION <input type="checkbox"/> REPAIR <input type="checkbox"/> MODIFICATION <input type="checkbox"/> COMPLAINT		
1. Facility Name <b>Safety Kleen Corporation</b>	Facility No. <b>5587001</b>	Phone No. <b>884-2277</b>
Address <b>2720 Avond Blvd. N.E., Albuquerque, N.M. 87107</b>		
2. Owner Name <b>Safety Kleen Corporation</b>	Owner No. <b>5587</b>	Phone No. <b>1-800-669-5740</b>
Address <b>1000 Randall Rd., Elgin, I.L. 60120</b>		
3. Facility Operator <b>same as above</b>		Phone No.
Address		
4. Contractor Name <b>Riedel Environmental Services, Inc.</b>	Installer No. <b>N/A</b>	Phone No. <b>800-334-0004</b>
Address		

TANK NO.	SIZE	CONTENTS	INSTALLATION DATE	TANK CONSTRUCTION	PIPING CONSTRUCTION	TANK RELEASE DETECTION	PIPING RELEASE DETECTION	TANK STATUS
1	W 12000	miscel spirits	1978	Walt coat steel	steel-coat steel	N/A	N/A	removed
2	E 12000	waste miscel spirits	"	"	"	N/A	N/A	"
	(8'x32')							





New Mexico Underground Storage Tank Bureau INSPECTION REPORT

	Yes	No	Unk.	N/A
1. All applicable tanks on site are registered.	<input checked="" type="checkbox"/>			
2. Proper notification was made for the following:				
a. Closure	<input checked="" type="checkbox"/>			
b. Installation				<input checked="" type="checkbox"/>
c. Modification				<input checked="" type="checkbox"/>
d. Repair				<input checked="" type="checkbox"/>
3. Tanks closed properly.	<input checked="" type="checkbox"/>			
4. Tanks installed properly.				<input checked="" type="checkbox"/>
5. Tanks repaired/modified properly.				<input checked="" type="checkbox"/>
6. Release detection — tanks <i>within inside</i>	<input checked="" type="checkbox"/>			
7. Release detection — piping " "	<input checked="" type="checkbox"/>			
8. Record keeping:				
a. Cathodic protection monitoring.				<input checked="" type="checkbox"/>
b. Impressed current monitoring.				<input checked="" type="checkbox"/>
c. Tank tightness test.				<input checked="" type="checkbox"/>
d. Line tightness test.				<input checked="" type="checkbox"/>
e. Line leak detector test.				<input checked="" type="checkbox"/>
f. Release detection performance claims, tests.				<input checked="" type="checkbox"/>
g. Release detection sampling/testing results.				<input checked="" type="checkbox"/>
h. Inventory records.				<input checked="" type="checkbox"/>
i. Permanent closure records.	<input checked="" type="checkbox"/>			
j. Proof of financial responsibility. <i>Planet Insurance Co.</i>	<input checked="" type="checkbox"/>			
9. Evidence of release/spill.	<input checked="" type="checkbox"/>			

*Inventory control  
no reconciliation  
line tightness tests  
& leak detector tests  
for '91 - '92.*

*visual evidence to  
accidents*

COMMENTS: *Tanks TOS since new tanks installed; also were awaiting closure  
have approval from Hazardous Waste Bureau. Tanks empty for 1 1/2 years, so  
no R.D. done during this 1 1/2 yr. period. Already a remediation site since  
when had serious release and spill; wanted to wait to finish on-site after tank  
removal. Tank #4 removed; looks very good w/ no corrosion holes. Pressure piping  
system on old tank until piping release, then changed to suction piping system.  
Tank #2 remained; also in very good condition. Damage (holes) in tank floor on  
surface to render the tanks unusable.*

CLOSING CONFERENCE: DATE 7/28/93 TIME 3:00P  
 Compliance Officer's Signature: Mark V. Hoffman Date 7/28/93

On-site Representative's Signature: [Signature] Date 28/1/93