

SKAL 96



SAFETY-KLEEN CORP.

1000 N. Randall Road, Elgin, IL 60123

CERTIFIED MAIL Z 773 754 463

NEW MEXICO ENVIRONMENT DEPT
HAZARDOUS AND RADIOACTIVE MATERIALS BUREAU
525 CAMINO DELOS MARQUEZ
SANTA FE, NM 87502

February 26, 1996

RE: ANNUAL/BIENNIAL HAZARDOUS WASTE REPORT SUBMITTAL

Dear Sir / Madam:

Enclosed you will find the report covering the following Safety-Kleen Corp. location

7-008-01

ALBUQUERQUE

NMD 000 804 294

Should you have any questions, please contact Betty Christensen at 800-669-5840 ext. 2171.

Sincerely,

~~Branch Manager~~

Reg. Manager - Tulsa Reg

cc: file

Corp. Manifest Dept.

Handwritten initials and marks

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: SAFETY -KLEEN CORP

EPA ID NO: N.M.D. 0.0. 8.0.4 2.9.4

700801



U.S. ENVIRONMENTAL PROTECTION AGENCY

1995 Hazardous Waste Report



IDENTIFICATION AND CERTIFICATION

INSTRUCTIONS: Read the detailed instructions beginning on page 9 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I Site name and location address. Complete 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 10.

A. EPA ID No. Same as label <input type="checkbox"/> or → <u>N.M.D. 0.0. 8.0.4 2.9.4</u>		B. County <u>BERNALILLO</u>	
C. Site/company name Same as label <input type="checkbox"/> or → <u>SAFETY-KLEEN CORP</u>		D. Has the site name associated with this EPA ID changed since 1993? <input type="checkbox"/> 1 Yes <input 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"/> or → <u>2720 GIRARD. NE</u>			
F. City, town, village, etc. Same as label <input type="checkbox"/> or → <u>ALBUQUERQUE</u>		G. State Same as label <u>NM</u>	H. Zip Code Same as label <u>87107</u>

Sec. II Mailing address of site. Instruction page 10.

A. Is the mailing address the same as the location address? <input type="checkbox"/> 1 Yes (SKIP TO SEC. III) <input checked="" type="checkbox"/> 2 No (GO TO BOX B)	
B. Number and street name of mailing address <u>1000 N Randall Road</u>	
C. City, town, village, etc. <u>Elgin</u>	E. Zip Code <u>6011231</u>

Sec. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 10.

A. Please print: Last Name <u>OLSEN</u> First name <u>PETER</u> M.I.	B. Title <u>Environmental Manager</u>	C. Telephone <u>505 884-2277</u> Extension
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Sec. IV "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>Handers</u> First name <u>Jimmy</u> M.I. <u>H.</u>	B. Title <u>Reg. Manager</u>
C. Signature <i>[Signature]</i>	D. Date of signature <u>2 29 96</u> MO. DAY YR.

Sec.V - Generator Status. Instruction pages 10, 12.

<p>A. 1995 RCRA generator status (CHECK ONE BOX BELOW)</p> <p><input checked="" type="checkbox"/> 1 LQG <input type="checkbox"/> 2 SOG SKIP TO SEC. VI <input type="checkbox"/> 3 CESQG <input type="checkbox"/> 4 Non generator (Continue to Box B)</p>	<p>B. Reason for not generating (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>
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Sec.VI - On-Site Waste Management Status. Instruction pages 13, 14.

<p>A. Storage subject to RCRA permitting requirements</p> <p style="text-align: center;"><u>4</u></p>	<p>B. Treatment, disposal, or recycling subject to RCRA permitting requirements</p> <p style="text-align: center;"><u>1</u></p>	<p>C. RCRA-exempt treatment, disposal, or recycling</p> <p style="text-align: center;"><u>1</u></p>
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Sec.VII - Waste Minimization Activity during 1994 or 1995. Instruction pages 14, 15:

<p>A. Did this site begin or expand a <u>source reduction</u> activity during 1994 or 1995?</p> <p><input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No</p>	<p>B. Did this site begin or expand a <u>recycling</u> activity during 1994 or 1995?</p> <p><input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No</p>	<p>C. Did this site systematically investigate opportunities for <u>source reduction or recycling</u> during 1994 or 1995?</p> <p><input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No</p>
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D. Did any of the factors listed below delay or limit this site's ability to initiate new or additional source reduction activities in 1994 or 1995?
 (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 type="checkbox"/> 1	<input checked="" 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 checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	j. Other (SPECIFY COMMENTS IN BOX BELOW)

E. Did any of the factors listed below delay or limit the site's ability to initiate new or additional on-site or off-site recycling activities during 1994 or 1995?
 (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	g. Technical limitations of production processes inhibit shipments off-site for 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 process	<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	c. Recycling is not economically feasible: cost savings in waste management will not recover the capital investment	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	i. Permitting burdens inhibit recycling
<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	j. Lack of permitted off-site recycling facilities
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	e. Requirements to manifest wastes inhibit shipments of off-site for recycling	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	k. Unable to identify a market for recycled materials
<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	l. Recycling previously implemented - additional recycling does not appear to be technically feasible
			<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	m. Recycling previously implemented - additional recycling does not appear to be economically feasible
			<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	n. Recycling previously implemented - additional recycling does not appear to be feasible due to permitting requirements
					o. Other (SPECIFY COMMENTS IN BOX BELOW)

Comments: This facility accepts waste from customers that generate waste from different operations, including parts cleaning, paint gun cleaner, and dry cleaning services. Waste is received at the site, placed into storage in bulk or container form and re-manifested to a facility off-site for recycling. Safety-Kleen recycles the majority of the hazardous waste for reuse or energy recovery.