



GARY E. JOHNSON
GOVERNOR

June 4, 1996

State of New Mexico
ENVIRONMENT DEPARTMENT
Hazardous & Radioactive Materials Bureau
2044 Galisteo
P.O. Box 26110
Santa Fe, New Mexico 87502
(505) 827-1557
Fax (505) 827-1544



MARK E. WEIDLER
SECRETARY

EDGAR T. THORNTON, III
DEPUTY SECRETARY

Mrs. Cathy Carter
RCRA Info. Mngt. Sec.
U.S. EPA-Region VI (6PD-1)
1445 Ross Avenue
Dallas, TX 75202-2733

Dear Cathy,

Enclosed, please find the following subsequent notification forms from:

1. TRANSMISSION HEADQUARTERS - Farmington, NM
2. RICHARD'S PRINTING - Albuquerque, NM
3. SOUTHWEST SPECIALTY SHOP - Hobbs, NM
4. MINING TECHNOLOGIES INTL. - Milan, NM

Also included are subsequent notification forms from:

5. APPROVED OIL SERVICE - Albuquerque, NM (NMD 981 152 028, change in Name of Installation and a correction in the address).
6. SAFETY-KLEEN - Albuquerque, NM (NMD 000 804 294, Addition in Sec.VIII Type of Regulated Waste Activity, new Used Oil Recycling Activities at site.
7. ENERGY PRODUCTION SYSTEMS INC. (NMD 986 682 219 , change in Name of Installation; Installation Mailing Address and Ownership.

Please enter these new additions and changes in your database to reflect this information, and keep all copies of the subsequent notifications for your files. If you have any questions, please contact me at (505) 827-1558.

Sincerely,


Anna Walker
Management Analyst
Administrative and Special Projects
NMED/HRMB

cc: Norma Silva, Program Manager
Administrative and Special Projects, NMED/HRMB

| | | | | | | | | | |
|----------------------------|--|--|--|--|--|--|--|--|--|
| ID - For Official Use Only | | | | | | | | | |
| | | | | | | | | | |

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

| A. Hazardous Waste Activity | | B. Used Oil Recycling Activities |
|---|--|---|
| <p>1. Generator (See Instructions)</p> <p><input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input type="checkbox"/> b. 100 to 1000 kg/mo (200-2,200 lbs.)</p> <p><input type="checkbox"/> c. Less than 100 kg/mo (220 lbs)</p> <p>2. Transporter (Indicate Mode in boxes 1-5 below)</p> <p><input type="checkbox"/> a. For own waste only</p> <p><input type="checkbox"/> b. For commercial purposes</p> <p>Mode of Transportation</p> <p><input type="checkbox"/> 1. Air</p> <p><input type="checkbox"/> 2. Rail</p> <p><input type="checkbox"/> 3. Highway</p> <p><input type="checkbox"/> 4. Water</p> <p><input type="checkbox"/> 5. Other - specify</p> <p>_____</p> | <p><input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.</p> <p>4. Hazardous Waste Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketers</p> <p><input type="checkbox"/> c. Boiler and/or Industrial Furnace</p> <p><input type="checkbox"/> 1. Smelter Deferral</p> <p><input type="checkbox"/> 2. Small Quantity Exemption</p> <p>Indicate Type of Combustion Device(s)</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 5. Underground Injection Control</p> | <p>1. Used Oil Fuel Marketer</p> <p><input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner</p> <p><input checked="" type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications</p> <p>2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)</p> <p><input type="checkbox"/> a. Utility Boiler</p> <p><input type="checkbox"/> b. Industrial Boiler</p> <p><input type="checkbox"/> c. Industrial Furnace</p> <p>3. Used Oil Transporter - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Transporter</p> <p><input checked="" type="checkbox"/> b. Transfer Facility</p> <p>4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Process</p> <p><input type="checkbox"/> b. Re-refine</p> |

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

| | | | | |
|--------------------------|--------------------------|--------------------------|----------------------------|--|
| 1. Ignitable (D001) | 2. Corrosive (D002) | 3. Reactive (D003) | 4. Toxicity Characteristic | (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s)) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

| | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | 2 | 3 | 4 | 5 | 6 |
| <input type="checkbox"/> |
| 7 | 8 | 9 | 10 | 11 | 12 |
| <input type="checkbox"/> |

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

| | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | 2 | 3 | 4 | 5 | 6 |
| <input type="checkbox"/> |

X. 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 fine and imprisonment for knowing violations.

| | | |
|--|--|------------------------|
| Signature  | Name and Official Title (Type or print) MIKE FREIRICH, BRANCH MANAGER | Date Signed 5-23-96 |
|--|--|------------------------|

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)