



SKAL 2000

SAFETY-KLEEN CORP.

One Brinckman Way, Elgin, IL 60123

March 1, 2000

State of New Mexico
Environment Department
2044 Galisteo Street
P. O. Box 26110
Santa Fe, NM 87502

▲
FEB 2000
RECEIVED

RE: 1999 ANNUAL REPORT

Dear Sir / Madam:

Enclosed you will find the report (on disk) covering the following Safety-Kleen Corp. location:

7-008-01 ALBUQUERQUE NMD000804294

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

Sincerely,

Mike Crawford
Branch Manager

cc: file
Manifest Dept.

enc: disk
Form IC

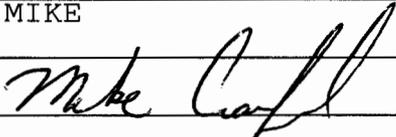
1999 Hazardous Waste Report Electronic Data Transfer

Site Submittal Form

FOR: EPA ID Number: NMD000804294

Site/Company name: Location Address:	SAFETY-KLEEN SYSTEMS 2720 GIRARD NE
Location City: Location County: Location State/ZIP CODE:	ALBUQUERQUE BERNALILLO NM 87107 - 0000

Contact name: Contact Address:	KENT RODERICK ONE BRINCKMAN WAY N
Contact City: Contact State/ZIP CODE:	ELGIN IL 60123 - 0000
Contact Phone:	602 / 961 - 0285 ext:

Certification name:	MIKE CRAWFORD
Certification Signature-Date:	 03 / 01 / 2000

FORMS SUBMITTED:		N/A
FORM IC	1	✓
FORM GM	13	
FORM WR	0	<input type="checkbox"/>
FORM OI	7	<input type="checkbox"/>
FORM WM	0	<input type="checkbox"/>

State/EPA only.		
Receive	Transfer	By

Site Name: SAFETY-KLEEN SYSTEMS
- ALBUQUERQUE 01-31
EPA ID Number: NMD000804294

FORM
IC

U.S. ENVIRONMENTAL
PROTECTION AGENCY
1999 Hazardous Waste Report
IDENTIFICATION
AND CERTIFICATION

Sec. I Site/Company name and location address information.

A.EPA ID number: NMD000804294 B.County: BERNALILLO

C.Site/Company name: SAFETY-KLEEN SYSTEMS

E.Address: 2720 GIRARD NE

F.City: ALBUQUERQUE G.State: NM H.ZIP CODE: 87107 - 0000

Sec. II Mailing address of this site: A.Same as location?

B.Address: ONE BRINCKMAN WAY N

C.City: ELGIN D.State: IL E.ZIP CODE: 60123 - 0000

Sec. III Name title and phone number of the person who should be contacted if questions arise regarding this report.

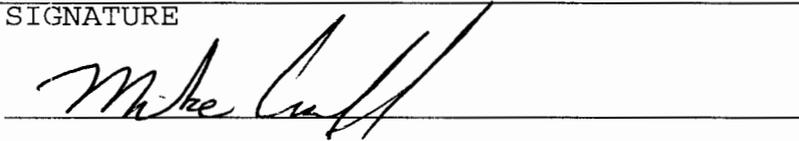
	Last Name	First Name	M.I.
A.Contact Name:	RODERICK	KENT	
B.Contact Title:	ENVIRON MGR	C.Phone: 602 / 961 - 0285	ext:

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."

Last Name	First Name	M.I.
A.Name: CRAWFORD	MIKE	

B.Title: BRANCH MANAGER

C. SIGNATURE



D. DATE OF SIGNATURE
03 01 2000

_____/_____/19_____
MO. DAY YR.

EPA ID Number: NMD000804294

Sec. V	GENERATOR STATUS:	B. Reason for not generating
A. RCRA Generator status.		
1. LQG	1	1. Never Generated
2. SQG		2. Out of business
3. CESQG		3. Only Excluded/delisted
4. Non Generator		4. Only Non-hazardous
		5. Periodic/occasional
		6. Waste Min.
		7. Other

Sec. VI	ON-SITE MANAGEMENT STATUS		
A. RCRA Permitted storage	B. RCRA Permitted TDR	C. RCRA Exempt TDR	
4	1		

Comments:



U.S. ENVIRONMENTAL
PROTECTION AGENCY
1999 Hazardous Waste Report

SITE NAME

SAFETY-KLEEN SYSTEMS
2720 GIRARD NE
ALBUQUERQUE NM 871070000

EPA ID NO: NMD000804294

**FORM
IC**

**IDENTIFICATION
AND CERTIFICATION**

--

Sec. I Site name and location address		
A. EPA ID No. NMD000804294	B. County BERNALILLO	
C. Site/company name SAFETY-KLEEN SYSTEMS	D. Has the site name associated with this EPA ID changed ?	
E. Street name and number. 2720 GIRARD NE		
F. City, town, village, etc. ALBUQUERQUE	G. State NM	H. Zip Code 87107-0000

Sec. II Mailing address of the site.		
A. Is the mailing address the same as the location address?		
B. Number and street name of mailing address ONE BRINCKMAN WAY N		
C. City, town, village, etc. ELGIN	D. State IL	E. Zip Code 60123-0000

Sec. III Name, title and telephone number of the person who should be contacted if questions arise regarding this report.				
A. Last Name RODERICK	First Name KENT	M.I.	B. Title ENVIRON MGR	C. Telephone (602) 961-0285 Extension

Sec. IV	<p>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.</p> <p>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.</p>			
A. Last Name CRAWFORD	First Name MIKE	M.I.	B. Title BRANCH MANAGER	
C. Signature			D. Date of signature 03 01 2000 <hr style="width:100%; border: 0.5px solid black;"/> <div style="display: flex; justify-content: space-around; width: 100%;"> MO. DAY YEAR </div>	

