



September 16, 2016

CERTIFIED MAIL RETURN RECEIPT REQUESTED 7015 1730 4065 0914

Mr. John E. Kieling
Chief
New Mexico Environment Department
Hazardous Waste Bureau
2905 Rodeo Park Drive East, Building 1
Santa Fe, NM 87505-6303

RE: Safety-Kleen Systems, Inc. (hereafter referred to as Safety-Kleen)
2720 Girard Blvd NE
Albuquerque, NM 87107
EPA ID # NMD000804294
Class 1 Modification to RCRA Part B Permit

Dear Mr. Kieling:

In accordance with New Mexico Hazardous Waste Regulations NMAC 20.44.1.900 (40 CFR 270 incorporated by reference), this letter notifies you of the proposed Class 1 Modification to the subject facility's Part B Permit, Attachment 7 Contingency Plan. This modification is necessary to update the Contingency Plan to update the emergency contact list with current information. In accordance with 40 CFR 270.42 Appendix I A.1, please confirm this modification is self-implementing. A more detailed explanation of the changes is given below.

The updated emergency contact information is being sent to the Fire Department, Police Department and the Presbyterian Hospital. Attached are both clean and MS Word Tracking Changes versions of the modified page. Please update your copies of the Contingency Plan with these changes.

Attachment 7.3 Emergency Contact List

The Emergency Contact List is updated to reflect a change in the Primary Emergency Coordinator. The former alternate Emergency Coordinator is now named as the primary Emergency Coordinator and another individual is assigned as the Alternate Emergency Coordinator.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision according to 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.

Mr. John E. Kieling
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In accordance with Class 1 permit modification procedures all parties on the facility mailing list will be notified of the modifications upon the Departments issuing the updated facility mailing list.

If you have any questions or require any additional information please contact me at (714) 429-4355.

Sincerely,



Nahid Toossi, C.S.P., C.H.M.M
Senior Environment, Health and Safety Manager
Safety-Kleen Systems Inc.
Nahid.toossi@safety-kleen.com

Enclosures

cc:

Cornelius Amindyas,
NMED, Hazardous Waste Bureau, 121 Tijeras Avenue NE
Suite 1000
Albuquerque, NM 87102-3400

Branch Files 1020 & 1440

Contingency Plan Attachment 7-3

Emergency Contacts

Safety-Kleen Systems, Inc.
2720 Girard Blvd. NE
Albuquerque, NM 87107
Phone (505) 884-2277
Fax (505) 884-3353

Facility Emergency Coordinators

Primary Alternate

Ruben Clemons

Branch Manager/Lead Material Handler

2720 Girard Blvd. NE

Albuquerque, NM 87108

Main (office) Phone (505) 884-2277

Cell Phone (505) ~~401-1060~~415-2010

Alternate Primary

Scott Dolk

Market Sales Specialist

2720 Girard Blvd. NE

Albuquerque, NM 87107

Main (office) Phone (505) 884-2277

Cell Phone (505) 506-6360

Additional Emergency Notification Phone Numbers

Internal (24-Hour) (800) 468-1760
Safety-Kleen

External

National Response Center (800) 424-8802
New Mexico Environment Dept. (505) 476-6000
(505) 827-9329 (24 Hour)

Designated Emergency Response Authorities

Albuquerque Fire Department (emergency) 911
Station #19 * (non-emergency) (505)888-8100

Albuquerque Police Department (emergency)* 911
(non-emergency) (505) 242-2677

Presbyterian Hospital * (emergency) (505) 222-2995
(non-emergency) (505) 841-1234

Clean-up contractor; 24-hour (800) 468-1760

Poison Control Center (505) 843-2551

Internal Branch Paging System

Intercoms are located on all telephones and are capable of paging all offices and warehouse areas to notify employees of an emergency.

*Modification to the Contingency Plan provided to these entities.

Revised
2/12/169/16/16

Contingency Plan Attachment 7-3

Emergency Contacts

Safety-Kleen Systems, Inc.
2720 Girard Blvd. NE
Albuquerque, NM 87107
Phone (505) 884-2277
Fax (505) 884-3353

Facility Emergency Coordinators

Primary

Scott Dolk
Market Sales Specialist
2720 Girard Blvd. NE
Albuquerque, NM 87108
Main (office) Phone (505) 884-2277
Cell Phone (505) 506-6360

Alternate

Angel Chavez
Lead Material Handler
2720 Girard Blvd. NE
Albuquerque, NM 87108
Main (office) Phone (505) 884-2277
Cell Phone (505) 415-2010

Additional Emergency Notification Phone Numbers

Internal (24-Hour) (800) 468-1760
Safety-Kleen

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Revised: 9/16/16

<p>SEND COMPLETED FORM TO: The Appropriate State or Regional Office.</p>	<p>United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM</p>		
<p>1. Reason for Submittal</p> <p>MARK ALL BOX(ES) THAT APPLY</p>	<p>Reason for Submittal:</p> <p><input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)</p> <p><input type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location)</p> <p><input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application</p> <p><input checked="" type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)</p> <p><input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below)</p> <p><input type="checkbox"/> Site was a TSD facility and/or generator of >1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)</p>		
<p>2. Site EPA ID Number</p>	<p>EPA ID Number <input type="text" value="N"/> <input type="text" value="M"/> <input type="text" value="D"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="2"/> <input type="text" value="9"/> <input type="text" value="4"/></p>		
<p>3. Site Name</p>	<p>Name: SAFETY-KLEEN SYSTEMS, INC.</p>		
<p>4. Site Location Information</p>	<p>Street Address: 2720 GIRARD AVENUE NE</p>		<p>County: BERNALILLO</p>
	<p>City, Town, or Village: ALBUQUERQUE</p>		
	<p>State: NM</p>	<p>Country: USA</p>	<p>Zip Code: 87107</p>
<p>5. Site Land Type</p>	<p><input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>		
<p>6. NAICS Code(s) for the Site (at least 5-digit codes)</p>	<p>A. <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="2"/></p>	<p>C. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
	<p>B. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>D. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
<p>7. Site Mailing Address</p>	<p>Street or P.O. Box: 2720 GIRARD AVENUE NE</p>		<p>Zip Code: 87107</p>
	<p>City, Town, or Village: ALBUQUERQUE</p>		
	<p>State: NM</p>	<p>Country: USA</p>	
<p>8. Site Contact Person</p>	<p>First Name: ANTONIO</p>	<p>MI:</p>	<p>Last: JARAMILLO</p>
	<p>Title: AREA MANAGER</p>		
	<p>Street or P.O. Box: 2720 GIRARD AVENUE NE</p>		
	<p>City, Town or Village: ALBUQUERQUE</p>		
	<p>State: NM</p>	<p>Country: USA</p>	<p>Zip Code: 87107</p>
	<p>Email: tony.jaramillo@safety-kleen.com</p>		
	<p>Phone: 505-346-4125</p>	<p>Ext.:</p>	<p>Fax:</p>
<p>9. Legal Owner and Operator of the Site</p>	<p>A. Name of Site's Legal Owner: SAFETY-KLEEN SYSTEMS, INC</p>		<p>Date Became Owner: 3/01/1977</p>
	<p>Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>		
	<p>Street or P.O. Box: 2700 N. CENTRAL EXPRESSWAY</p>		
	<p>City, Town, or Village: RICHARDSON</p>		<p>Phone: 972-265-2000</p>
	<p>State: TX</p>	<p>Country: USA</p>	<p>Zip Code: 75080</p>
	<p>B. Name of Site's Operator: SAFETY-KLEEN SYSTEMS, INC.</p>		<p>Date Became Operator: 3/01/1977</p>
	<p>Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>		