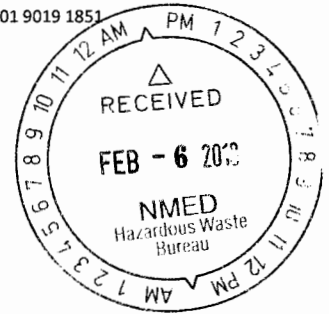




CERTIFIED MAIL RETURN RECEIPT REQUESTED 7015 1520 0001 9019 1851

January 30, 2019

Mr. John E. Keiling, 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. - Albuquerque  
EPA ID # NMD000804294  
Class 1 Modification Updated RCRA Part A

Dear Mr. Keiling:

In accordance with New Mexico Hazardous Waste Regulations NMAC 20.4.1.900 (40 CFR 270 incorporated by reference), this letter notifies you of the proposed Class 1 Modification to the subject facility's Part B Permit. In accordance with 40 CFR 270.42 Appendix I A.1, please confirm this modification is considered a self-implementing administrative and informational change. A more detailed explanation of the changes is given below:

This modification updates the Part A notification forms with the new Facility Permit Contact. Nick Cullan is replacing Nahid Toossi as the Environmental contact going forward.

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 (515) 266-0319


Sincerely,

Mori Sorenson  
Vice President Environmental Compliance  
Safety-Kleen Systems Inc.

Enclosures

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

Branch Files 1020 & 1050

<b>United States Environmental Protection Agency</b> <b>RCRA SUBTITLE C SITE IDENTIFICATION FORM</b>	
---	---

**1. Reason for Submittal** (Select only one.)

<input type="checkbox"/>	Obtaining or updating an EPA ID number for an on-going regulated activity that will continue for a period of time. (Includes HSM activity)
<input type="checkbox"/>	Submitting as a component of the Hazardous Waste Report for _____ (Reporting Year)
<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 <b>one or more months of the reporting year</b> (or State equivalent LQG regulations)
<input type="checkbox"/>	Notifying that regulated activity is no longer occurring at this Site
<input type="checkbox"/>	Obtaining or updating an EPA ID number for conducting Electronic Manifest Broker activities
<input checked="" type="checkbox"/>	Submitting a new or revised Part A Form

**2. Site EPA ID Number**

N	M	D	0	0	0	8	0	4	2	9	4
---	---	---	---	---	---	---	---	---	---	---	---

**3. Site Name**

<b>SAFETY-KLEEN SYSTEMS, INC.</b>
-----------------------------------

**4. Site Location Address**

Street Address	<b>2720 GIRARD AVENUE NE</b>		
City, Town, or Village	<b>ALBUQUERQUE</b>	County	<b>BERNALILLO</b>
State	<b>NM</b>	Country	<b>USA</b>
		Zip Code	<b>87107</b>

**5. Site Mailing Address**

Same as Location Address

Street Address			
City, Town, or Village			
State	Country	Zip Code	

**6. Site Land 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
---	---------------------------------	-----------------------------------	----------------------------------	---------------------------------	------------------------------------	--------------------------------	--------------------------------

**7. North American Industry Classification System (NAICS) Code(s) for the Site (at least 5-digit codes)**

A. (Primary) <b>562112</b>	C.
B.	D.

## 8. Site Contact Information

 Same as Location Address

First Name	<b>Scott</b>	MI	<b>R</b>	Last Name	<b>Dolk</b>
Title	<b>Branch Manager</b>				
Street Address	<b>2720 GIRARD AVENUE NE</b>				
City, Town, or Village	<b>ALBUQUERQUE</b>				
State	<b>NM</b>	Country	<b>USA</b>	Zip Code	<b>87107</b>
Email	<b>scott.dolk@safety-kleen.com</b>				
Phone	<b>505-346-2611</b>	Ext		Fax	<b>505-884-3353</b>

## 9. Legal Owner and Operator of the Site

## A. Name of Site's Legal Owner

 Same as Location Address

Full Name	<b>SAFETY-KLEEN SYSTEMS, INC.</b>	Date Became Owner (mm/dd/yyyy)	<b>3/1/1977</b>
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		
Street Address	<b>2700 N. CENTRAL EXPRESSWAY, Suite 200</b>		
City, Town, or Village	<b>RICHARDSON</b>		
State	<b>TX</b>	Country	<b>USA</b>
Zip Code	<b>75080</b>		
Email	<b>nick.culian@safety-kleen.com</b>		
Phone	<b>972-265-2000</b>	Ext	
Fax	<b>505-884-3353</b>		
Comments	<b>Contact Nick Culian at 530-363-2632 for Compliance Issues</b>		

## B. Name of Site's Legal Operator

 Same as Location Address

Full Name	<b>SAFETY-KLEEN SYSTEMS, INC.</b>	Date Became Operator (mm/dd/yyyy)	<b>3/1/1977</b>
Operator Type	<input 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		
Street Address	<b>2700 N. CENTRAL EXPRESSWAY, Suite 200</b>		
City, Town, or Village	<b>RICHARDSON</b>		
State	<b>TX</b>	Country	<b>USA</b>
Zip Code	<b>75080</b>		
Email	<b>nick.culian@safety-kleen.com</b>		
Phone	<b>972-265-2000</b>	Ext	
Fax	<b>505-884-3353</b>		
Comments	<b>Contact Nick Culian at 530-363-2632 for Compliance Issues</b>		

**10. Type of Regulated Waste Activity (at your site)**

Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

**A. Hazardous Waste Activities**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	1. Generator of Hazardous Waste—If "Yes", mark only one of the following—a, b, c	
<input checked="" type="checkbox"/>	a. LQG	-Generates, in any calendar month (includes quantities imported by importer site) 1,000 kg/mo (2,200 lb/mo) or more of non-acute hazardous waste; or - Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lb/mo) of acute hazardous waste; or - Generates, in any calendar month or accumulates at any time, more than 100 kg/mo (220 lb/mo) of acute hazardous spill cleanup material.
<input type="checkbox"/>	b. SQG	100 to 1,000 kg/mo (220-2,200 lb/mo) of non-acute hazardous waste and no more than 1 kg (2.2 lb) of acute hazardous waste and no more than 100 kg (220 lb) of any acute hazardous spill cleanup material.
<input type="checkbox"/>	c. VSQG	Less than or equal to 100 kg/mo (220 lb/mo) of non-acute hazardous waste.
If "Yes" above, indicate other generator activities in 2 and 3, as applicable.		
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Short-Term Generator (generates from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	3. Mixed Waste (hazardous and radioactive) Generator	
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	4. Treater, Storer or Disposer of Hazardous Waste—Note: A hazardous waste Part B permit is required for these activities.	
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	5. Receives Hazardous Waste from Off-site	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	6. Recycler of Hazardous Waste	
<input type="checkbox"/>	a.	Recycler who stores prior to recycling
<input type="checkbox"/>	b.	Recycler who does not store prior to recycling
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	7. Exempt Boiler and/or Industrial Furnace—If "Yes", mark all that apply.	
<input type="checkbox"/>	a.	Small Quantity On-site Burner Exemption
<input type="checkbox"/>	b.	Smelting, Melting, and Refining Furnace Exemption

**B. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g. D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D004	D005	D006	D007	D008	D009
D010	D011	D018	D019	D021	D022	D023
D024	D025	D026	D027	D028	D029	D030
D032	D033	D034	D035	D036	D037	D038
D039	D040	DO41	D042	D043	F002	F003

**C. Waste Codes for State Regulated (non-Federal) Hazardous Wastes.** Please list the waste codes of the State hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.


F004	F005					

**11. Additional Regulated Waste Activities (NOTE: Refer to your State regulations to determine if a separate permit is required.)****A. Other Waste Activities**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	1. Transporter of Hazardous Waste—If “Yes”, mark all that apply.
<input checked="" type="checkbox"/>	a. Transporter
<input checked="" type="checkbox"/>	b. Transfer Facility (at your site)
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Underground Injection Control
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	3. United States Importer of Hazardous Waste
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	4. Recognized Trader—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Importer
<input type="checkbox"/>	b. Exporter
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	5. Importer/Exporter of Spent Lead-Acid Batteries (SLABs) under 40 CFR 266 Subpart G—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Importer
<input type="checkbox"/>	b. Exporter

**B. Universal Waste Activities**

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) - If “Yes” mark all that apply. Note: Refer to your State regulations to determine what is regulated.
<input type="checkbox"/>	a. Batteries
<input type="checkbox"/>	b. Pesticides
<input type="checkbox"/>	c. Mercury containing equipment
<input type="checkbox"/>	d. Lamps
<input type="checkbox"/>	e. Other (specify) _____
<input type="checkbox"/>	f. Other (specify) _____
<input type="checkbox"/>	g. Other (specify) _____
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity.

**C. Used Oil Activities**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	1. Used Oil Transporter—If “Yes”, mark all that apply.
<input checked="" type="checkbox"/>	a. Transporter
<input type="checkbox"/>	b. Transfer Facility (at your site)
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Used Oil Processor and/or Re-refiner—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Processor
<input type="checkbox"/>	b. Re-refiner
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	3. Off-Specification Used Oil Burner
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	4. Used Oil Fuel Marketer—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
<input type="checkbox"/>	b. Marketer Who First Claims the Used Oil Meets the Specifications

**12. Eligible Academic Entities with Laboratories**—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR 262 Subpart K.

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	A. Opting into or currently operating under 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories—If “Yes”, mark all that apply. Note: See the item-by-item instructions for definitions of types of eligible academic entities.
<input type="checkbox"/>	1. College or University
<input type="checkbox"/>	2. Teaching Hospital that is owned by or has a formal written affiliation with a college or university
<input type="checkbox"/>	3. Non-profit Institute that is owned by or has a formal written affiliation with a college or univer-
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	B. Withdrawing from 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories.

**13. Episodic Generation**

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Are you an SQG or VSQG generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, that moves you to a higher generator category. If “Yes”, you must fill out the Addendum for Episodic Generator.
--	---

**14. LQG Consolidation of VSQG Hazardous Waste**

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Are you an LQG notifying of consolidating VSQG Hazardous Waste Under the Control of the Same Person pursuant to 40 CFR 262.17(f)? If “Yes”, you must fill out the Addendum for LQG Consolidation of VSQGs hazardous waste.
--	--

**15. Notification of LQG Site Closure for a Central Accumulation Area (CAA) (optional) OR Entire Facility (required)**

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	LQG Site Closure of a Central Accumulation Area (CAA) or Entire Facility.
<input type="checkbox"/>	A. <input type="checkbox"/> Central Accumulation Area (CAA) <input type="checkbox"/> Entire Facility
	B. Expected closure date: _____ mm/dd/yyyy
	C. Requesting new closure date: _____ mm/dd/yyyy
	D. Date closed : _____ mm/dd/yyyy
<input type="checkbox"/>	1. In compliance with the closure performance standards 40 CFR 262.17(a)(8)
<input type="checkbox"/>	2. Not in compliance with the closure performance standards 40 CFR 262.17(a)(8)

**16. Notification of Hazardous Secondary Material (HSM) Activity**


<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	A. Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), or (27)? If “Yes”, you must fill out the Addendum to the Site Identification Form for Managing Hazardous Secondary Material.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	B. Are you notifying under 40 CFR 260.43(a)(4)(iii) that the product of your recycling process has levels of hazardous constituents that are not comparable to or unable to be compared to a legitimate product or intermediate but that the recycling is still legitimate? If “Yes”, you may provide explanation in Comments section. You must also document that your recycling is still legitimate and maintain that documentation on site.

**17. Electronic Manifest Broker**

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Are you notifying as a person, as defined in 40 CFR 260.10, electing to use the EPA electronic manifest system to obtain, complete, and transmit an electronic manifest under a contractual relationship with a hazardous waste generator?
--	--





<p><b>United States Environmental Protection Agency</b></p> <p><b>HAZARDOUS WASTE PERMIT PART A FORM</b></p>	
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**1. Facility Permit Contact**

First Name <b>Nicholas</b>	MI <b>T</b>	Last Name <b>Culian Jr.</b>
Title <b>Senior Environmental Compliance Manager</b>		
Email <b>nick.culian@safety-kleen.com</b>		
Phone <b>530-363-2632</b>	Ext	Fax

**2. Facility Permit Contact Mailing Address**

Street Address <b>2720 GIRARD AVENUE NE</b>		
City, Town, or Village <b>ALBUQUERQUE</b>		
State <b>NM</b>	Country <b>U.S.A</b>	Zip Code <b>87107</b>

**3. Facility Existence Date (mm/dd/yyyy)**

<b>3/1/1977</b>
-----------------

**4. Other Environmental Permits**

A. Permit Type	B. Permit Number	C. Description
N	N M R 0 5 3 0 7 9	NPDS MSGP for Storm Water Discharges
R	N M D 0 0 0 8 0 4 2 9 4	RCRA Part B Permit

**5. Nature of Business**

<p><b>Safety-Kleen is an international, service-oriented company whose customers are primarily engaged in automotive repair, industrial maintenance, and dry cleaning.</b></p>

**6. Process Codes and Design Capacities**

Line Number		A. Process Code			B. Process Design Capacity		C. Process Total Number of Units	D. Unit Name
					(1) Amount	(2) Unit of Measure		
0	1	S	0	1	16,640	G	3	Container Storage Areas A
0	2	S	0	2	12,000	G	1	Underground Storage Tanl

**7. Description of Hazardous Wastes** (Enter codes for Items 7.A, 7.C and 7.D(1) )

Line No.		A. EPA Hazardous Waste No.				B. Estimated Annual Qty of Waste	C. Unit of Measure	D. Processes													
								(1) Process Codes					(2) Process Description (if code is not entered in 7.D1))								
0	1	D	0	0	1	20	T	S	0	1	S	0	2								
0	2	D	0	0	2																Included above
0	3	D	0	0	4																Included above
0	4	D	0	0	5																Included above
0	5	D	0	0	6																Included above
0	6	D	0	0	7																Included above
0	7	D	0	0	8																Included above
0	8	D	0	0	9																Included above
0	9	D	0	1	0																Included above
1	0	D	0	1	1																Included above
1	1	D	0	1	8																Included above

**8. Map**

Attach to this application a topographical map, or other equivalent map, of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all spring, rivers, and other surface water bodies in this map area. See instructions for precise requirements.

**9. Facility Drawing**

All existing facilities must include a scale drawing of the facility. See instructions for more detail.

**10. Photographs**

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment, and disposal areas; and sites of future storage, treatment, or disposal areas. See instructions for more detail.

**11. Comments**


7. Description of Hazardous Wastes (Enter codes for Items 7.A, 7.C and 7.D (1))

Line No.		A. EPA Hazardous Waste No.				B. Estimated Annual Qty of Waste	C. Unit of Measure	D. Processes										
								(1) Process Codes					(2) Process Description (if code is not entered in 7.D1))					
1	2	D	0	1	9													Included above
1	3	D	0	2	1													Included above
1	4	D	0	2	2													Included above
1	5	D	0	2	3													Included above
1	6	D	0	2	4													Included above
1	7	D	0	2	5													Included above
1	8	D	0	2	6													Included above
1	9	D	0	2	7													Included above
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2	8	D	0	3	7													Included above
2	9	D	0	3	8													Included above
3	0	D	0	3	9													Included above
3	1	D	0	4	0													Included above
3	2	D	0	4	1													Included above
3	3	D	0	4	2													Included above
3	4	D	0	4	3													Included above
3	5	F	0	0	2	2	T	S	0	1								
3	6	F	0	0	3	4	T	S	0	1								
3	7	F	0	0	4													Included above
3	8	F	0	0	5													Included above

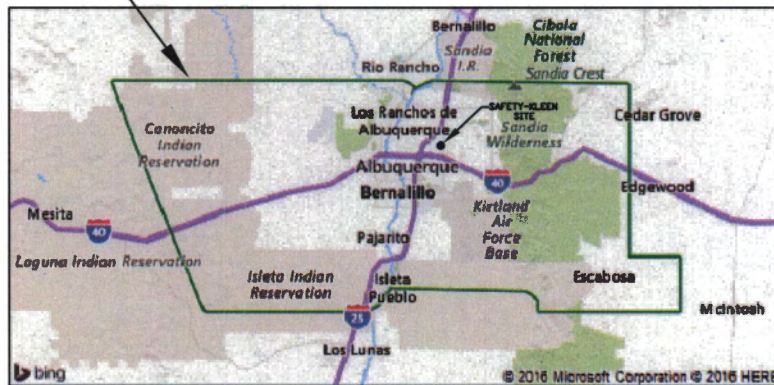
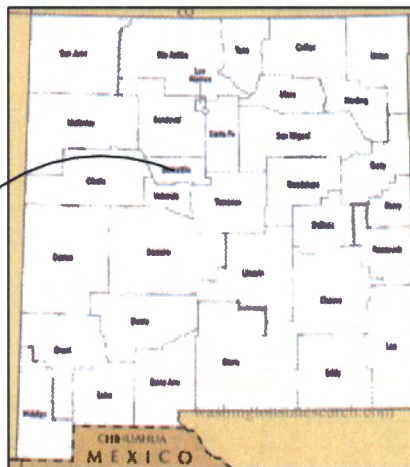
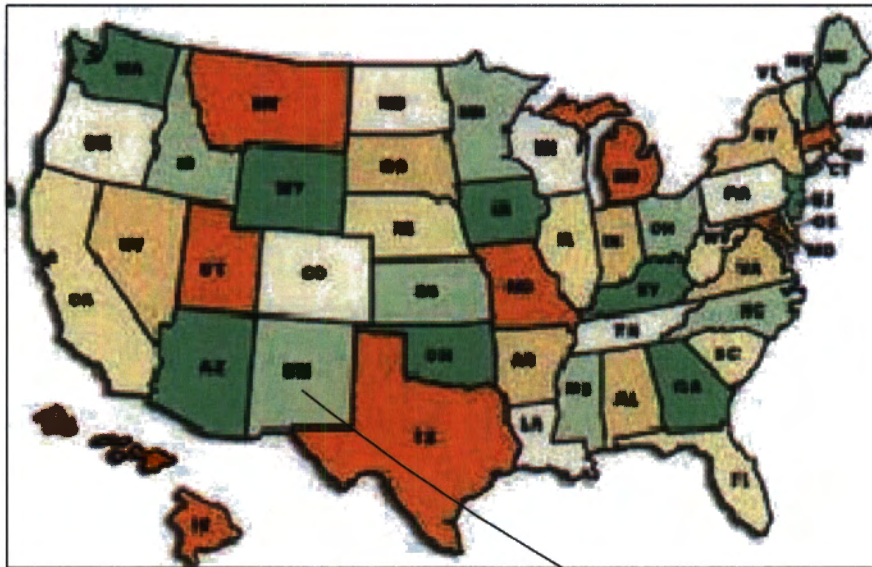


EXHIBIT A-6

PROPRIETARY STATEMENT

THIS DRAWING IS THE EXCLUSIVE PROPERTY OF SAFETY-KLEEN CORP. AND IS PROPRIETARY AND CONFIDENTIAL INFORMATION. THIS DRAWING AND THE INFORMATION CONTAINED THEREIN MUST NOT BE DUPLICATED, USED, DIVULGED, REPRODUCED, COPIED, DISCLOSED OR APPROPRIATED IN WHOLE OR IN PART FOR ANY PURPOSE OTHER THAN AS EXPRESSLY AUTHORIZED BY SAFETY-KLEEN CORP. THIS DRAWING MUST BE RETURNED PROMPTLY UPON REQUEST.

SAFETY-KLEEN SITE LOCATION MAP  
 2720 GIRARD BLVD. N.E..  
 ALBUQUERQUE, N.M. 87107

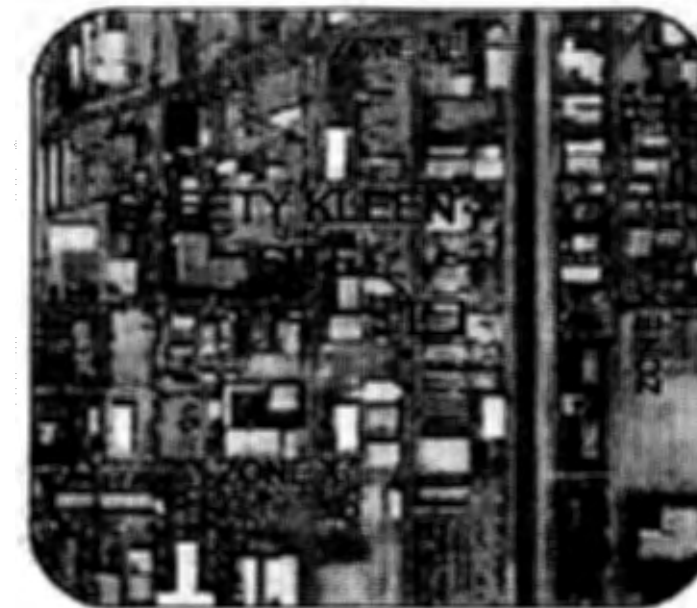
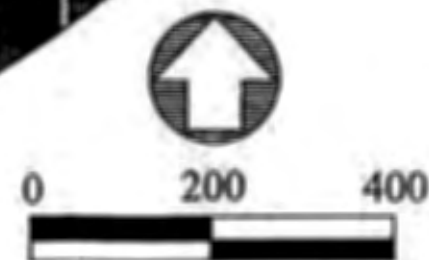
**SAFETY-KLEEN SYSTEMS, INC.**  
 2800 N. CENT. EXPRESSWAY STE 400 RICHARDSON, TX. 75080  
 PHONE 800-669-5740

SCALE NONE	BY JEK	CHKD NT	APPR NT	OP. APPR NT	DATE 9/14/16
STANDARD BRANCH FARMINGTON, N.M.			SC-DWG NUMBER 7133-SP00-035		REV. NO. 0





**EXISTING TOPOGRAPHY MAP**

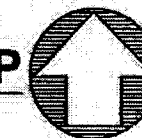


Reference Layers	
	NFHL Data Available
	FIRM Panel Boundary
Flood Risk Areas	
	High Risk Area - Floodway
	High Risk Area
	Moderate Risk Area
	Low to Moderate Risk Area (produced due to terrain)
	Low to Moderate Risk Area
	Undetermined Risk Area

FEMA DATA:  
 PANEL 35001C0351H  
 EFFECTIVE DATE: 8/15/2012  
 SITE FLOOD ZONE: X

**FEMA OVERLAY MAP**

NOT TO SCALE



**SITE LOCATION MAP**

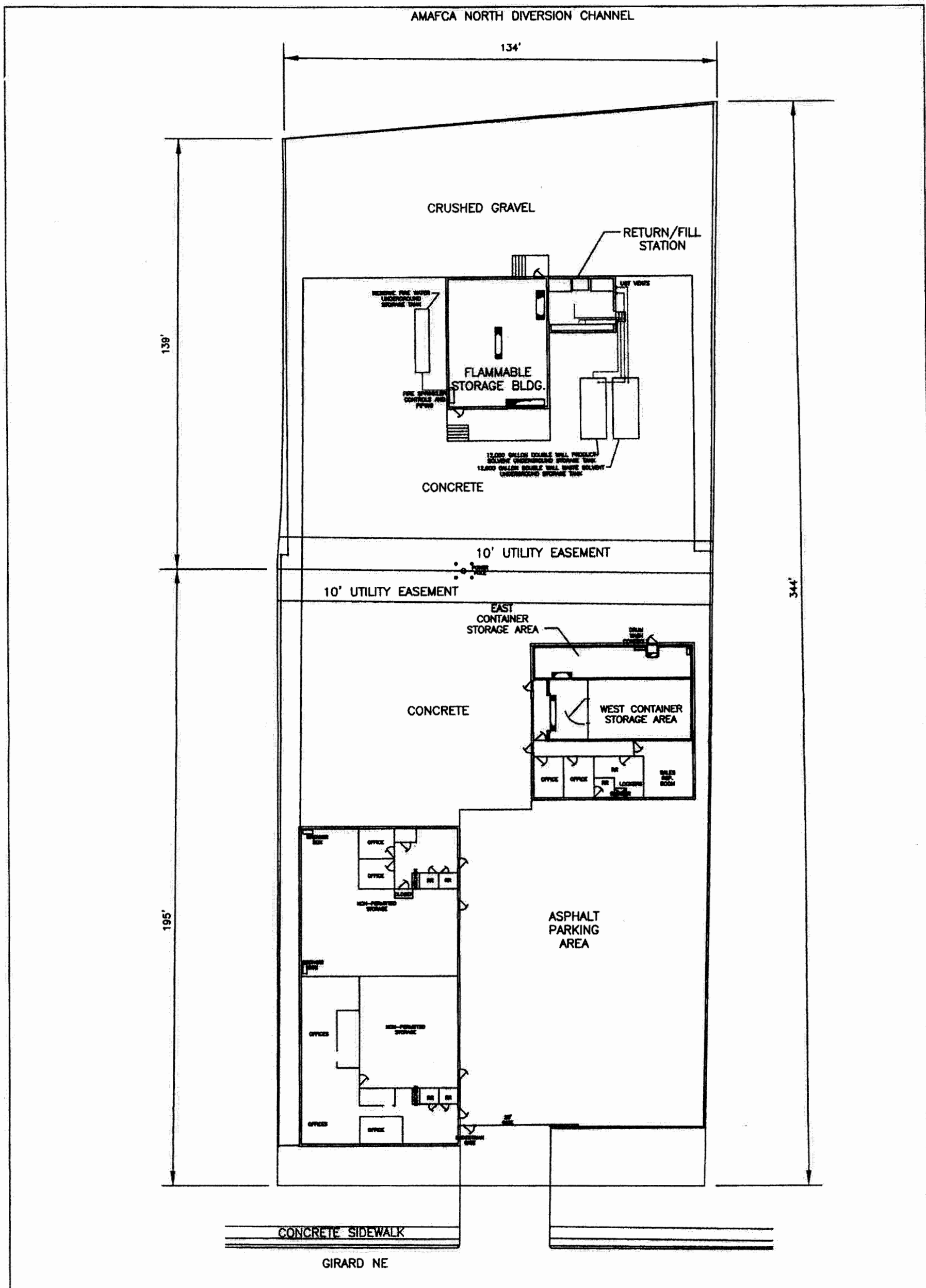
NOT TO SCALE



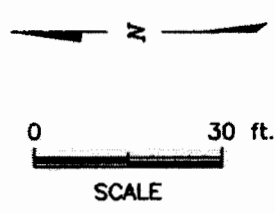
**NOTES:**

1. ALL DATUM SHOWN BASED ON USGS NAVD 1988
2. SUBJECT PROPERTY IS WITHIN FEMA ZONE "X"
3. THERE ARE NO RECREATION AREAS OR INTERNAL ROADS
4. THERE ARE NO BARRIERS FOR DRAINAGE OR FLOOD CONTROL ON THIS SITE.

FIGURE A-7



A Trihydro Corporation representative conducted a field inspection to verify construction, equipment, components, dimensions and existing conditions on June 26, 2001. Items inaccessible to visual observation were not field verified during inspection. Notes have been added to document results and/or observed modifications (as appropriate) during the June 25, 2001 inspection.



REVISIONS	
Date	By

**TRIHYDRO**  
corporation  
920 Sheridan Street  
Laramie, Wyoming 82070

**FIGURE**xxxk  
**SITE PLAN**  
2720 GIRARD NE  
ALBUQUERQUE, N.M.

**SAFETY-KLEEN SYSTEMS, INC.**  
1301 Camino Blvd., Suite 200, Colorado, South Carolina, 29504,  
Phone (803) 922-2828

Drawn By: DJR    Checked By: BC    Scale: SHOWN    Date: 7/02/01    Reference: 023SITE