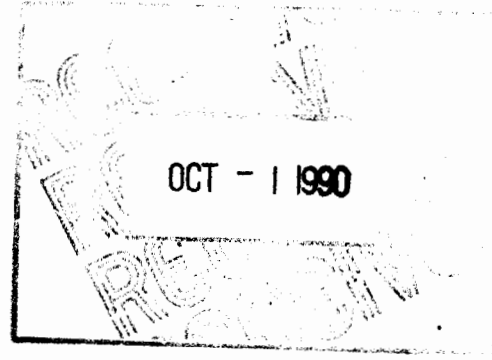




Elizabeth



Certified Mail - Return Receipt Requested

September 24, 1990

Mr. Robert Layton, Regional Administrator
U. S. EPA Region VI
First International Bldg.
1445 Ross Avenue
Dallas, TX 75202

Subject: Safety-Kleen Corp. Service Centers
Albuquerque, NM NMD 000804294
Farmington, NM NMD 980698849

Dear Mr. Layton:

This letter has been prepared in response to the introduction of the TCLP regulations which will take effect on September 25, 1990. In accordance with 40 CFR 270.72(a)(1), Safety-Kleen has enclosed Part A permit applications for the subject facilities, which are currently operating under interim status, to include the following waste codes:

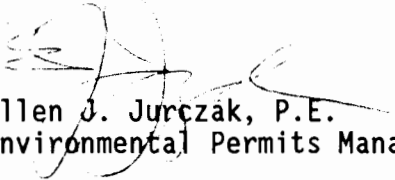
D004	D023	D034
D005	D024	D035
D007	D025	D036
D009	D026	D037
D010	D027	D038
D011	D028	D039
D018	D029	D040
D019	D030	D041
D021	D032	D042
D022	D033	D043

Mr. Robert Layton
September 24, 1990
Page TWO

The Part B permit applications for these facilities are in the process of being revised and will be submitted to the New Mexico Health and Environment Department upon completion.

If you have any questions or need further information, please contact Jay Lanahan at 713/261-0429 or me on extension 2246.


Sincerely,



Ellen J. Jurczak, P.E.
Environmental Permits Manager

EJJ/dfh

cc: New Mexico Health and Environment Department
Br. Mgrs. (7-008-01 and 7-008-21)
W. Johnson, Denver Reg. Mgr.
B. Wachsmuth

<p>For EPA Regional Use Only</p>	 United States Environmental Protection Agency Washington, DC 20460 <h1 style="margin: 0;">Hazardous Waste Permit Application</h1> <h2 style="margin: 0;">Part A</h2> <p><i>(Read the Instructions before starting)</i></p>	<p>For State Use Only</p>													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3">Date Received</td> </tr> <tr> <td style="width:33%;">Month</td> <td style="width:33%;">Day</td> <td style="width:33%;">Year</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			Date Received			Month	Day	Year							
Date Received															
Month	Day	Year													
<p>I. ID Number(s)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">A. EPA ID Number</td> <td style="width:50%;">B. Secondary ID Number (if applicable)</td> </tr> <tr> <td>N M D O 0 0 8 0 4 2 9 4</td> <td> </td> </tr> </table>			A. EPA ID Number	B. Secondary ID Number (if applicable)	N M D O 0 0 8 0 4 2 9 4										
A. EPA ID Number	B. Secondary ID Number (if applicable)														
N M D O 0 0 8 0 4 2 9 4															
<p>II. Name of Facility</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>S A F E T Y - K L E E N C O R P . (7 - 0 0 8 - 0 1)</td> </tr> </table>			S A F E T Y - K L E E N C O R P . (7 - 0 0 8 - 0 1)												
S A F E T Y - K L E E N C O R P . (7 - 0 0 8 - 0 1)															
<p>III. Facility Location (Physical address not P.O. Box or Route Number)</p> <p>A. Street</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>2 7 2 0 G I R A R D N E</td> </tr> <tr> <td>Street (continued)</td> </tr> <tr> <td> </td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">City or Town</td> <td style="width:10%;">State</td> <td style="width:30%;">ZIP Code</td> </tr> <tr> <td>A L B U Q U E R Q U E</td> <td>N M</td> <td>8 7 1 0 7 -</td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">County Code (if known)</td> <td>County Name</td> </tr> <tr> <td> </td> <td>B E R N A L I L L O</td> </tr> </table>			2 7 2 0 G I R A R D N E	Street (continued)		City or Town	State	ZIP Code	A L B U Q U E R Q U E	N M	8 7 1 0 7 -	County Code (if known)	County Name		B E R N A L I L L O
2 7 2 0 G I R A R D N E															
Street (continued)															
City or Town	State	ZIP Code													
A L B U Q U E R Q U E	N M	8 7 1 0 7 -													
County Code (if known)	County Name														
	B E R N A L I L L O														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">B. Land Type</td> <td style="width:45%;">C. Geographic Location</td> <td style="width:40%;">D. Facility Existence Date</td> </tr> <tr> <td>(enter code)</td> <td>LATITUDE (degrees, minutes, & seconds) LONGITUDE (degrees, minutes, & seconds)</td> <td>Month Day Year</td> </tr> <tr> <td>P</td> <td>3 5 0 6 4 4 N 1 0 6 3 6 4 6 W</td> <td>0 3 0 1 1 9 7 7</td> </tr> </table>			B. Land Type	C. Geographic Location	D. Facility Existence Date	(enter code)	LATITUDE (degrees, minutes, & seconds) LONGITUDE (degrees, minutes, & seconds)	Month Day Year	P	3 5 0 6 4 4 N 1 0 6 3 6 4 6 W	0 3 0 1 1 9 7 7				
B. Land Type	C. Geographic Location	D. Facility Existence Date													
(enter code)	LATITUDE (degrees, minutes, & seconds) LONGITUDE (degrees, minutes, & seconds)	Month Day Year													
P	3 5 0 6 4 4 N 1 0 6 3 6 4 6 W	0 3 0 1 1 9 7 7													
<p>IV. Facility Mailing Address</p> <p>Street or P.O. Box</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>7 7 7 B I G T I M B E R R O A D</td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">City or Town</td> <td style="width:10%;">State</td> <td style="width:30%;">ZIP Code</td> </tr> <tr> <td>E L G I N</td> <td>I L</td> <td>6 0 1 2 3 -</td> </tr> </table>			7 7 7 B I G T I M B E R R O A D	City or Town	State	ZIP Code	E L G I N	I L	6 0 1 2 3 -						
7 7 7 B I G T I M B E R R O A D															
City or Town	State	ZIP Code													
E L G I N	I L	6 0 1 2 3 -													
<p>V. Facility Contact (Person to be contacted regarding waste activities at facility)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Name (last)</td> <td style="width:50%;">(first)</td> </tr> <tr> <td>W A C H S M U T H</td> <td>R O B E R T</td> </tr> <tr> <td>Job Title</td> <td>Phone Number (area code and number)</td> </tr> <tr> <td>R E G . E N V . E N G R .</td> <td>7 0 8 - 6 9 7 - 8 4 6 0</td> </tr> </table>			Name (last)	(first)	W A C H S M U T H	R O B E R T	Job Title	Phone Number (area code and number)	R E G . E N V . E N G R .	7 0 8 - 6 9 7 - 8 4 6 0					
Name (last)	(first)														
W A C H S M U T H	R O B E R T														
Job Title	Phone Number (area code and number)														
R E G . E N V . E N G R .	7 0 8 - 6 9 7 - 8 4 6 0														
<p>VI. Facility Contact Address (See Instructions)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">A. Contact Address Location</td> <td style="width:80%;">B. Street or P.O. Box</td> </tr> <tr> <td> </td> <td>X</td> </tr> <tr> <td> </td> <td>7 7 7 B I G T I M B E R R O A D</td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">City or Town</td> <td style="width:10%;">State</td> <td style="width:30%;">ZIP Code</td> </tr> <tr> <td>E L G I N</td> <td>I L</td> <td>6 0 1 2 3 -</td> </tr> </table>			A. Contact Address Location	B. Street or P.O. Box		X		7 7 7 B I G T I M B E R R O A D	City or Town	State	ZIP Code	E L G I N	I L	6 0 1 2 3 -	
A. Contact Address Location	B. Street or P.O. Box														
	X														
	7 7 7 B I G T I M B E R R O A D														
City or Town	State	ZIP Code													
E L G I N	I L	6 0 1 2 3 -													

EPA I.D. Number (enter from page 1)

Secondary ID Number (enter from page 1)

NMD000804294

VII. Operator Information (see instructions)

Name of Operator

SAFETY - KLEEN CORP.

Street or P.O. Box

777 BIG TIMBER ROAD

City or Town

ELGIN

State

IL

ZIP Code

60123

Phone Number (area code and number)

708-697-8460

B. Operator Type

P

C. Change of Operator Indicator

Yes

No

X

Date Changed

Month Day Year

VIII. Facility Owner (see instructions)

A. Name of Facility's Legal Owner

SAFETY - KLEEN CORP.

Street or P.O. Box

777 BIG TIMBER ROAD

City or Town

ELGIN

State

IL

ZIP Code

60123

Phone Number (area code and number)

708-697-8460

B. Owner Type

P

C. Change of Owner Indicator

Yes

No

X

Date Changed

Month Day Year

122189

IX. SIC Codes (4-digit, in order of significance)

Primary

7389 (description) BUSINESS SERVICES, N.E.C.

Secondary

5172 (description) PETROLEUM PRODUCT WHOLESALERS

Secondary

5084 (description) INDUSTRIAL MACHINERY & EQUIPMENT

Secondary

5013 (description) AUTOMOTIVE PARTS & SUPPLIES

X. Other Environmental Permits (see instructions)

A. Permit Type (enter code)

B. Permit Number

C. Description

A. Permit Type (enter code)	B. Permit Number	C. Description

EPA I.D. Number (enter from page 1)

Secondary ID Number (enter from page 1)

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

XI. Nature of Business (provide a brief description)

THIS FACILITY INCLUDES A LOCAL SALES/SERVICE OFFICE AND ACCUMULATION/DISTRIBUTION WAREHOUSE AND TANKS FOR SPENT SOLVENTS AND ANTIFREEZE (WHICH ARE RECLAIMED BY SAFETY-KLEEN AT A DIFFERENT LOCATION) AND PRODUCTS (WHICH INCLUDE SMALL PARTS CLEANING EQUIPMENT, SOLVENTS, ANTIFREEZE, HAND CLEANER, FLOOR SOAP AND OTHER ALLIED PRODUCTS). SAFETY-KLEEN COLLECTS THE SPENT SOLVENT AND ANTIFREEZE FROM ITS CUSTOMERS ON A PERIODIC BASIS AND ACCUMULATES IT, EITHER IN A STORAGE TANK OR IN A CONTAINER STORAGE AREA. THE MAJORITY OF SAFETY-KLEEN'S CUSTOMERS ARE CONDITIONALLY EXEMPT SMALL QUANTITY GENERATORS. ONCE A SUFFICIENT QUANTITY OF SPENT MATERIAL IS COLLECTED, A TANKER TRUCK OR BOX TRAILER TRUCK IS DISPATCHED FROM A SAFETY-KLEEN RECLAMATION FACILITY TO COLLECT THE WASTE AND BRING IT TO THE RECLAMATION FACILITY FOR ITS MANAGEMENT.

XII. Process - Codes and Design Capacities

- A. **PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Twelve lines are provided for entering codes. If more lines are needed, attach a separate sheet of paper with the additional information. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided in item XIII.
- B. **PROCESS DESIGN CAPACITY** - For each code entered in column A, enter the capacity of the process.
 1. **AMOUNT** - Enter the amount. In a case where design capacity is not applicable (such as in a closure/post-closure or enforcement action) enter the total amount of waste for that process unit.
 2. **UNIT OF MEASURE** - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.
- C. **PROCESS TOTAL NUMBER OF UNITS** - Enter the total number of units used with the corresponding process code.

PROCESS CODE	PROCESS	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	UNIT OF MEASURE	UNIT OF MEASURE CODE
D79	<u>DISPOSAL:</u> INJECTION WELL	GALLONS; LITERS; GALLONS PER DAY; OR LITERS PER DAY	GALLONS	G
D80	LANDFILL	ACRE-FEET OR HECTARE-METER	GALLONS PER HOUR	E
D81	LAND APPLICATION	ACRES OR HECTARES	GALLONS PER DAY	U
D82	OCEAN DISPOSAL	GALLONS PER DAY OR LITERS PER DAY	LITERS	L
D83	SURFACE IMPOUNDMENT	GALLONS OR LITERS	LITERS PER HOUR	H
S01	<u>STORAGE:</u> CONTAINER (barrel, drum, etc.)	GALLONS OR LITERS	LITERS PER DAY	V
S02	TANK	GALLONS OR LITERS	SHORT TONS PER HOUR	D
S03	WASTE PILE	CUBIC YARDS OR CUBIC METERS	METRIC TONS PER HOUR	W
S04	SURFACE IMPOUNDMENT	GALLONS OR LITERS	SHORT TONS PER DAY	N
T01	<u>TREATMENT:</u> TANK	GALLONS PER DAY OR LITERS PER DAY	METRIC TONS PER DAY	S
T02	SURFACE IMPOUNDMENT	GALLONS PER DAY OR LITERS PER DAY	POUNDS PER HOUR	J
T03	INCINERATOR	SHORT TONS PER HOUR; METRIC TONS PER HOUR; GALLONS PER HOUR; LITERS PER HOUR; OR BTU'S PER HOUR	KILOGRAMS PER HOUR	R
T04	OTHER TREATMENT <small>(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundment or incinerators. Describe the processes in the space provided in item XIII.)</small>	GALLONS PER DAY; LITERS PER DAY; POUNDS PER HOUR; SHORT TONS PER HOUR; KILOGRAMS PER HOUR; METRIC TONS PER DAY; METRIC TONS PER HOUR; OR SHORT TONS PER DAY	CUBIC YARDS	Y
			CUBIC METERS	C
			ACRES	B
			ACRE-FEET	A
			HECTARES	Q
			HECTARE-METER	F
			BTU's PER HOUR	K

EPA I.D. Number (enter from page 1)	Secondary ID Number (enter from page 1)
NMD000804294	

XII. Process - Codes and Design Capacities (continued)

EXAMPLE FOR COMPLETING ITEM XII (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

Line Number	A. PROCESS CODE (from list above)			B. PROCESS DESIGN CAPACITY		C. PROCESS TOTAL NUMBER OF UNITS	FOR OFFICIAL USE ONLY					
				1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)							
X 1	S	0	2	600	G	0	0	2				
X 2	T	0	3	20	E	0	0	1				
1	S	0	1	7,140	G	0	0	2				
2	S	0	2	12,000	G	0	0	1				
3												
4												
5												
6												
7												
8												
9												
1 0												
1 1												
1 2												

NOTE: If you need to list more than 12 process codes, attach an additional sheet(s) with the information in the same format as above. Number the lines sequentially, taking into account any lines that will be used for additional treatment processes in item XIII.

XIII. Additional Treatment Processes (follow instructions from Item XII)

Line Number (enter numbers in sequence with item XII)	A. PROCESS CODE			B. TREATMENT PROCESS DESIGN CAPACITY		C. PROCESS TOTAL NUMBER OF UNITS	D. DESCRIPTION OF PROCESS
				1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)		
	T	0	4				
	T	0	4				
	T	0	4				
	T	0	4				
	T	0	4				

EPA I.D. Number (enter from page 1)	Secondary ID Number (enter from page 1)																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:12.5%;">N</td><td style="width:12.5%;">M</td><td style="width:12.5%;">D</td><td style="width:12.5%;">0</td><td style="width:12.5%;">0</td><td style="width:12.5%;">0</td><td style="width:12.5%;">8</td><td style="width:12.5%;">0</td><td style="width:12.5%;">4</td><td style="width:12.5%;">2</td><td style="width:12.5%;">9</td><td style="width:12.5%;">4</td> </tr> </table>	N	M	D	0	0	0	8	0	4	2	9	4	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:12.5%; height: 20px;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td> </tr> </table>												
N	M	D	0	0	0	8	0	4	2	9	4														

XIV. Description of Hazardous Wastes

- A. EPA HAZARDOUS WASTE NUMBER** - Enter the four-digit number from 40 CFR, Part 261 Subpart D of each listed hazardous waste you will handle. For hazardous wastes which are not listed in 40 CFR, Part 261 Subpart D, enter the four-digit number(s) from 40 CFR, Part 261 Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY** - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE** - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item XII A, on page 3 to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous waste: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item XII A, on page 3 to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that processes that characteristic or toxic contaminant.

NOTE: THREE SPACES ARE PROVIDED FOR ENTERING PROCESS CODES. IF MORE ARE NEEDED:

1. Enter the first two as described above.
2. Enter "000" in the extreme right box of item XIV-D(1).
3. Enter in the space provided on page 7, item XIV-E, the line number and the additional code(s).

2. PROCESS DESCRIPTION: if a code is not listed for a process that will be used, describe the process in the space provided on the form (D.(2)).

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER- Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "Included with above" and make no other entries on that line.
3. Repeat step 2 for each EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM XIV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

Line Number	A. EPA HAZARD WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESS														
							(1) PROCESS CODES (enter)					(2) PROCESS DESCRIPTION (if a code is not entered in D(1))									
X 1	K	0	5	4	900	P	T	0	3	D	8	0									
X 2	D	0	0	2	400	P	T	0	3	D	8	0									
X 3	D	0	0	1	100	P	T	0	3	D	8	0									
X 4	D	0	0	2																	Included With Above

EPA I.D. Number (enter from page 1)

Secondary ID Number (enter from page 1)

NMD0000804294

XIV. Description of Hazardous Wastes (continued)

Line Number	A. EPA HAZARDOUS WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES								
							(1) PROCESS CODES (enter)						(2) PROCESS DESCRIPTION (If a code is not entered in D(1))		
	1	D	0	0	1	6,100	T	S	0	1	S	0	2		
	2	D	0	0	4										INCLUDED WITH ABOVE
	3	D	0	0	5										INCLUDED WITH ABOVE
	4	D	0	0	6										INCLUDED WITH ABOVE
	5	D	0	0	7										INCLUDED WITH ABOVE
	6	D	0	0	8										INCLUDED WITH ABOVE
	7	D	0	0	9										INCLUDED WITH ABOVE
	8	D	0	1	0										INCLUDED WITH ABOVE
	9	D	0	1	1										INCLUDED WITH ABOVE
1	0	D	0	1	8										INCLUDED WITH ABOVE
1	1	D	0	1	9										INCLUDED WITH ABOVE
1	2	D	0	2	1										INCLUDED WITH ABOVE
1	3	D	0	2	2										INCLUDED WITH ABOVE
1	4	D	0	2	3										INCLUDED WITH ABOVE
1	5	D	0	2	4										INCLUDED WITH ABOVE
1	6	D	0	2	5										INCLUDED WITH ABOVE
1	7	D	0	2	6										INCLUDED WITH ABOVE
1	8	D	0	2	7										INCLUDED WITH ABOVE
1	9	D	0	2	8										INCLUDED WITH ABOVE
2	0	D	0	2	9										INCLUDED WITH ABOVE
2	1	D	0	3	0										INCLUDED WITH ABOVE
2	2	D	0	3	2										INCLUDED WITH ABOVE
2	3	D	0	3	3										INCLUDED WITH ABOVE
2	4	D	0	3	4										INCLUDED WITH ABOVE
2	5	D	0	3	5										INCLUDED WITH ABOVE
2	6	D	0	3	6										INCLUDED WITH ABOVE
2	7	D	0	3	7										INCLUDED WITH ABOVE
2	8	D	0	3	8										INCLUDED WITH ABOVE
2	9	D	0	3	9										INCLUDED WITH ABOVE
3	0	D	0	4	0										INCLUDED WITH ABOVE
3	1	D	0	4	1										INCLUDED WITH ABOVE
3	2	D	0	4	2										INCLUDED WITH ABOVE
3	3	D	0	4	3										INCLUDED WITH ABOVE

EPA I.D. Number (enter from page 1)	Secondary ID Number (enter from page 1)																								
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">N</td><td style="width: 20px;">M</td><td style="width: 20px;">D</td><td style="width: 20px;">0</td><td style="width: 20px;">0</td><td style="width: 20px;">0</td><td style="width: 20px;">8</td><td style="width: 20px;">0</td><td style="width: 20px;">4</td><td style="width: 20px;">2</td><td style="width: 20px;">9</td><td style="width: 20px;">4</td> </tr> </table>	N	M	D	0	0	0	8	0	4	2	9	4	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>												
N	M	D	0	0	0	8	0	4	2	9	4														

Description of Hazardous Wastes (continued)

Line Number	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES												
				(1) PROCESS CODES (enter)					(2) PROCESS DESCRIPTION (if a code is not entered in D(1))							
1	F 0 0 2	280	T	S	0	1										
2	F 0 0 3	80	T	S	0	1										
3	F 0 0 5															INCLUDED WITH ABOVE
4	F 0 0 2	70	T	S	0	1										
5	F 0 0 4															INCLUDED WITH ABOVE
6																
7																
8																
9																
1 0																
1 1																
1 2																
1 3																
1 4																
1 5																
1 6																
1 7																
1 8																
1 9																
2 0																
2 1																
2 2																
2 3																
2 4																
2 5																
2 6																
2 7																
2 8																
2 9																
0																
3 1																
3 2																
3 3																

EPA I.D. Number (enter from page 1)	Secondary ID Number (enter from page 1)
NMD000804294	

XIV. Description of Hazardous Waste (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 6.

Line Number	Additional Process Codes (enter)

XV. Map

Attach to this application a topographic 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 and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in this map area. See instructions for precise requirements.

XVI. Facility Drawing

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

XVII. 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).

XVIII. Certification(s)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Owner Signature: *Scott E. Fore* Date Signed: 9/3/99

Name and Official Title (type or print):
SCOTT E. FORE - VICE PRESIDENT, ENVIRONMENT, HEALTH AND SAFETY

Operator Signature: *Scott E. Fore* Date Signed: 9/3/99

Name and Official Title (type or print):
SCOTT E. FORE - VICE PRESIDENT, ENVIRONMENT, HEALTH AND SAFETY

XIX. Comments

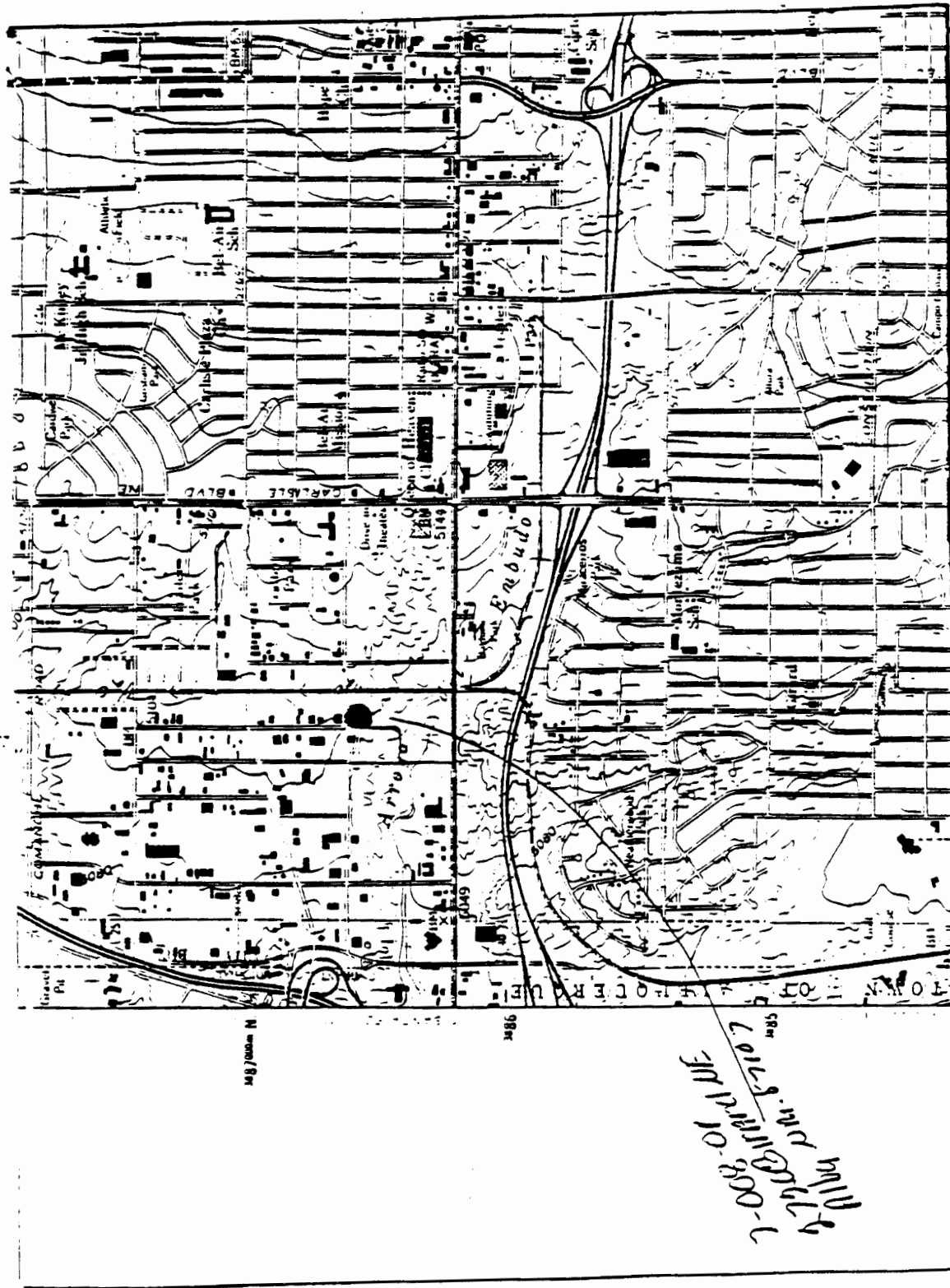
The "F" waste streams listed on lines 1, 2 and 4 of page 2 of 2 of Section XIV are also toxic characteristic. The waste codes listed on lines 2 through and including 33 on page 1 of 2 of Section XIV also apply to these wastes.

ALBUQUERQUE EAST, N. MEX.

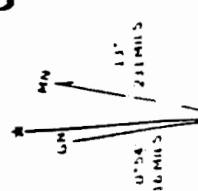
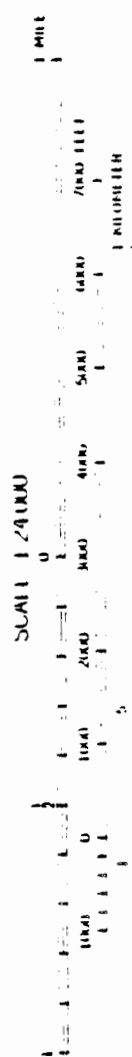
N3500-W10630/75

1960

PHOTOREVISED 1967 AND 1972
AMS 4654 I SE - SERIES 7881



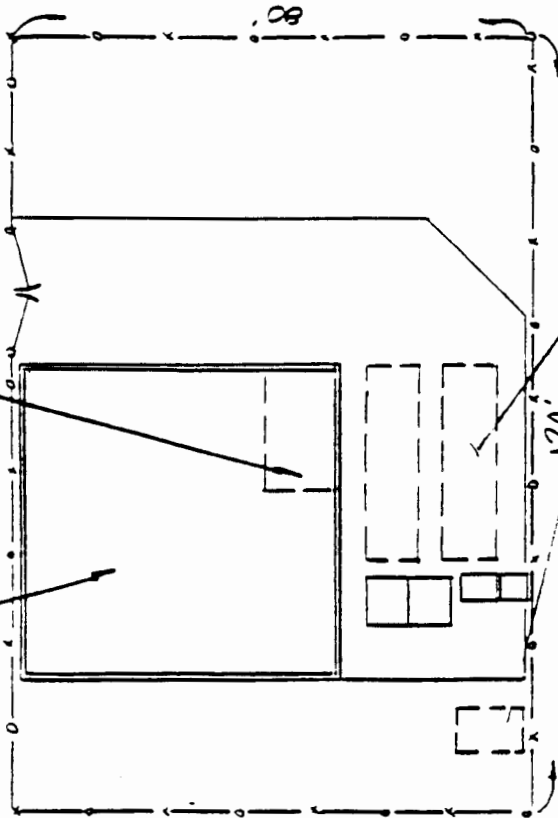
*580 m
College Blvd
1000-1000-1000
miles*



FACILITY DRAWING See page 4

SALES OFFICE AND WAREHOUSE 50'x50'

SPENT SOLVENT DRUM STORAGE



SPENT SOLVENT STORAGE (M.S.)

120'



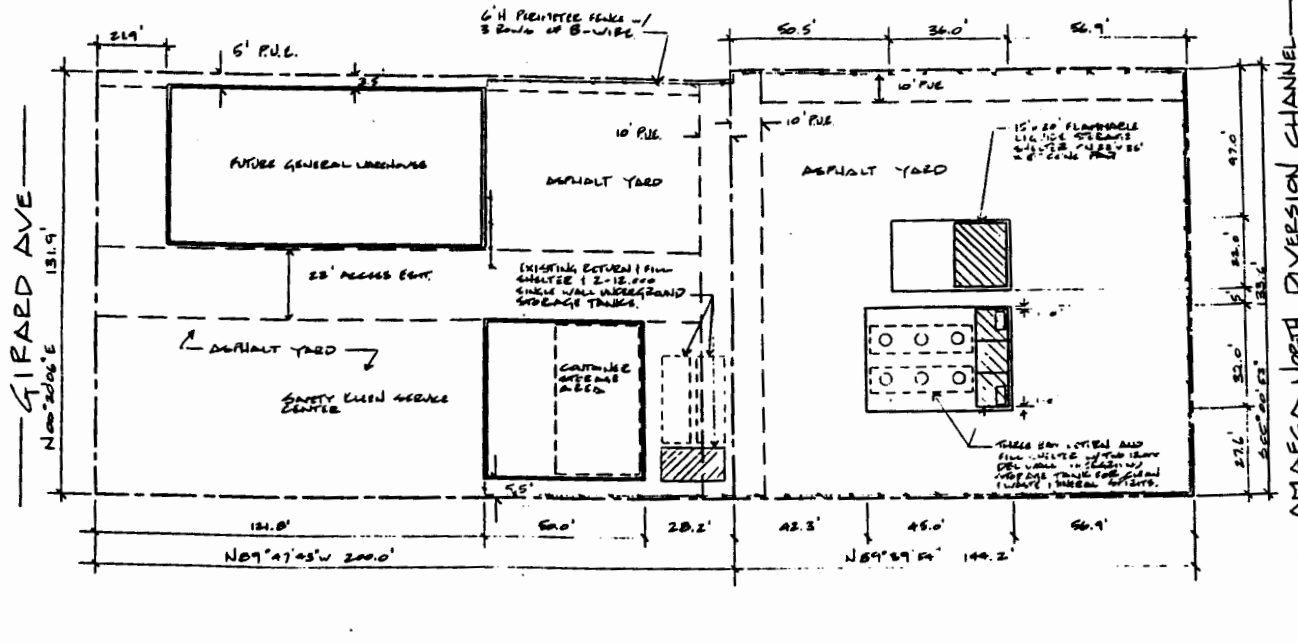
Safety-Kleen Corp.
 655 BIG TIMBER ROAD • ELGIN, ILLINOIS 60120

PHONE 312/697-8450

SCALE 1" = 30'-0"

OWN VILL 04 11 80

7770 GIRARD NE, ALBUQUERQUE
 N.M. 87107 (7-008-90)



SITE PLAN
SCALE: 1" = 20'

- LEGEND:
- ① - TELEPHONE
 - ② - JOINT DISTRIBUTION (TYPICAL 5" ABC CU)
 - ③ - POLE AND SECTION
 - ④ - TRUNK SIGN
 - ⑤ - "NO PARKING" SIGN
 - ⑥ - "ACCESSIBLE" SIGN

NDJ EXISTING

THIS DRAWING CONTAINS INFORMATION PROPRIETARY TO SAFETY KLEEN CORP. ANY REPRODUCTION, DISCLOSURE OR USE OF THIS DRAWING IS EXPRESSLY PROHIBITED EXCEPT BY SAFETY KLEEN OR AS SAFETY KLEEN MAY AGREE IN WRITING.

NO.	DATE	BY	CHKD.	DESCRIPTION	DATE	BY
3	10/20/07	WJY		REVISED SURVEY	10/20/07	WJY
				<p style="text-align: center;">SITE PLAN 2720 GIRARD AVE.</p> <p style="text-align: center;">SAFETY-KLEEN CORP. <small>17700 PARKWAY DRIVE - EL PASO, TX 75001-2222</small></p>		
				<p style="text-align: center;"><small>THIS DRAWING IS THE PROPERTY OF SAFETY-KLEEN CORP. IT IS TO BE USED ONLY FOR THE PROJECT AND SITE SPECIFICALLY IDENTIFIED THEREON. IT IS NOT TO BE REPRODUCED, COPIED, OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, WITHOUT THE EXPRESS WRITTEN PERMISSION OF SAFETY-KLEEN CORP.</small></p>		
				PROJECT NO.	D10485	
				DATE	7-02-01	
				SHEET NO.		3