

SKFA0000

10/10/00



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



RE: 1999 ANNUAL REPORT

Dear Sir / Madam:

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

7-008-21 FARMINGTON NMD980698849

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

Sincerely,

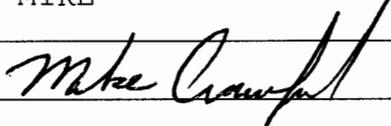
Mike Crawford
Branch Manager

cc: file
Manifest Dept.

enc: disk
Form IC

1999 Hazardous Waste Report Electronic Data Transfer

Site Submittal Form

FOR:	EPA ID Number: NMD980698849
Site/Company name: Location Address:	SAFETY-KLEEN SYSTEMS 4210 A HAWKINS RD
Location City: Location County: Location State/ZIP CODE:	FARMINGTON SAN JUAN NM 87401 - 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	State/EPA only.
FORM IC	1	Receive Transfer By
FORM GM	7	
FORM WR	0	
FORM OI	5	
FORM WM	0	

Site Name: SAFETY-KLEEN SYSTEMS
INC - FARMINGTON, NM
EPA ID Number: NMD980698849

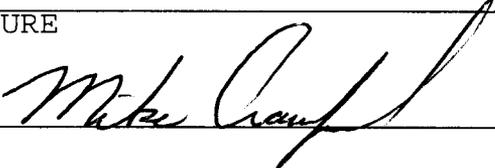
FORM
IC

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:	NMD980698849	B.County:	SAN JUAN
C.Site/Company name:	SAFETY-KLEEN SYSTEMS		
E.Address:	4210 A HAWKINS RD		
F.City:	FARMINGTON	G.State:	NM H.ZIP CODE: 87401 - 0000

Sec. II	Mailing address of this site:	A.Same as location?	<input type="checkbox"/>
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.		
A.Contact Name:	Last Name RODERICK	First Name KENT	M.I.
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."		
A.Name:	Last Name CRAWFORD	First Name MIKE	M.I.
B.Title:	BRANCH MANAGER		
C. SIGNATURE			D. DATE OF SIGNATURE
			03 01 2000
			MO. / DAY /19 YR.

EPA ID Number: NMD980698849

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

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

Comments:

SITE NAME
 SAFETY-KLEEN SYSTEMS
 4210 A HAWKINS RD
 FARMINGTON NM 874010000
 EPA ID NO: NMD980698849



**FORM
IC**

U.S. ENVIRONMENTAL
 PROTECTION AGENCY
 1999 Hazardous Waste Report

**IDENTIFICATION
AND CERTIFICATION**

Sec. I Site name and location address		
A. EPA ID No. NMD980698849	B. County SAN JUAN	
C. Site/company name SAFETY-KLEEN SYSTEMS	D. Has the site name associated with this EPA ID changed ?	
E. Street name and number. 4210 A HAWKINS RD		
F. City, town, village, etc. FARMINGTON	G. State NM	H. Zip Code 87401-0000

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	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.			
A. Last Name CRAWFORD	First Name MIKE	M.I.	B. Title BRANCH MANAGER	
C. Signature			D. Date of signature 03 01 2000 _____ MO. DAY YEAR	

