



ENTERED



SAFETY-KLEEN CORP.

Corp. Waste Compliance, 1502 E. Villa Street, 2nd Floor, Elgin, IL 60120

Certified Mail: 7009 1410 0000 4902 6955

March 16, 2010

NM Environmental Dept
Hazardous Waste Bureau Bldg 1
2905 Rodeo Pk Dr East Bldg 1
Santa Fe, NM 87505-6303

2009 NM Biennial Report

Dear Sir/Madam:

Please find enclosed the 2009 NM Biennial Report for the following Safety-Kleen Systems Inc locations:

NMD000804294
NMD980698849

ALBUQUERQUE
FARMINGTON

If you should have any questions regarding this submittal, please contact Linda Wierzbicki at 1-800-669-5840 extension 6727.

Sincerely,

Tonya Stetina
Corp Waste Compliance

Cc: file, branches (999 File 2000)

<p>MAIL THE COMPLETED FORM TO: The Appropriate EPA Regional or State Office</p>	<p>United States Environmental Protection Agency</p> <p>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 initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).</p> <p><input checked="" type="checkbox"/> To provide subsequent notification (to update site identification information).</p> <p><input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application.</p> <p><input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____).</p> <p><input checked="" type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below)</p> <p><input checked="" 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: NMD980698849</p>		
<p>3. Site Name</p>	<p>Name: SAFETY-KLEEN SYSTEMS INC</p>		
<p>4. Site Location Information</p>	<p>Street Address: 4201 A HAWKINS RD</p>		
	<p>City, Town, or Village: FARMINGTON</p>	<p>County: SAN JUAN</p>	
	<p>State: NM</p>	<p>Country: US</p>	<p>Zip Code: 87401-</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. 562112</p>		<p>B.</p>
	<p>C.</p>		<p>D.</p>
<p>7. Site Mailing Address</p>	<p>Street or P.O. Box: 1502 E VILLA STREET COMPLIANCE</p>		
	<p>City, Town, or Village: ELGIN</p>		
	<p>State: NM</p>	<p>Country: US</p>	<p>Zip Code: 60120-</p>
<p>8. Site Contact Person</p>	<p>First Name: RANDY</p>	<p>MI:</p>	<p>Last: SHANER</p>
	<p>Title: EHS MANAGER</p>		
	<p>Street or P.O. Box: 13915 A PLAZA</p>		
	<p>City, Town, or Village: OMAHA</p>		
	<p>State: NE</p>	<p>Country: US</p>	<p>Zip Code: 68144-</p>
	<p>Email: RANDY.SHANER@SAFETY-KLEEN.COM</p>		
	<p>Phone: (402) 630-4261</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: JD KINSEY</p>		<p>Date Became Owner: 12/29/1980</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: PO BOX 2158</p>		
	<p>City, Town, or Village: FARMINGTON</p>		<p>Phone: (000) 000-0000</p>
	<p>State: NM</p>	<p>Country: UNITED STATES</p>	<p>Zip Code: 87499-</p>
	<p>B. Name of Site's Operator: SAFETY-KLEEN SYSTEMS INC</p>		<p>Date Became Operator: 12/29/1980</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>		

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

❖ You must check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

a. College or University

b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university

c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

11. Description of Hazardous Wastes

A. 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	D041	D042	D043	F002	F003
F005						

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated 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.

OMB Number: Expiration Date

U.S. ENVIRONMENTAL PROTECTION AGENCY

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME SAFETY-KLEEN SYSTEMS INC
4201 A HAWKINS RD
FARMINGTON, NM 87401

EPA ID NO: NMD980698849

2009 Hazardous Waste Report

GM FORM

WASTE GENERATION AND MANAGEMENT

Sec. 1	A. Waste Description SPENT AQUEOUS BRAKE CLEANING SOLUTION		
B. EPA Hazardous Waste Code(s) <u>D039</u>		C. State Hazardous Waste Code(s)	
D. Source Code <u>G61</u> Management Method code for Source code G25	E. Form Code <u>W113</u>	F. Quantity Generated in 2009 <u>2,457.00</u> UOM <u>1</u> Density <u>0.00</u> lb./gal.	G. Waste minimization code <u>X</u>

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)		
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method code	Quantity treated, disposed, or recycled on-site in 2009	On-site Management Method code	Quantity treated, disposed, or recycled on-site in 2009

Sec. 3	A. Was any of this waste shipped off site in 2009 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped <u>TXD077603371</u>	C. Off-site Management Method code shipped to <u>H020</u>	D. Total quantity shipped in 2009 <u>2,374.00</u>
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2009
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2009

Comments Other aqueous waste or wastewaters (fluid, not sludgy) FROM: Hazardous waste received from off-site for storage/bulking and transfer off-site for treatment or disposal. (to match H141 form WR) Waste Min: No minimization

OMB Number: Expiration Date

U.S. ENVIRONMENTAL PROTECTION AGENCY

2009 Hazardous Waste Report

WASTE GENERATION AND MANAGEMENT

GM FORM

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME SAFETY-KLEEN SYSTEMS INC
4201 A HAWKINS RD
FARMINGTON, NM 87401

EPA ID NO: NMD980698849

Sec. 1	A. Waste Description IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		
B. EPA Hazardous Waste Code(s) D001 D018 D039 D040		C. State Hazardous Waste Code(s)	
D. Source Code G09 Management Method code for Source code G25	E. Form Code W203	F. Quantity Generated in 2009 2,733.00 UOM <u>1</u> Density <u>0.00</u> lb./gal.	G. Waste minimization code <u>X</u>

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)		
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method code	Quantity treated, disposed, or recycled on-site in 2009	On-site Management Method code	Quantity treated, disposed, or recycled on-site in 2009

Sec. 3	A. Was any of this waste shipped off site in 2009 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped <u>TXD077603371</u>	C. Off-site Management Method code shipped to <u>H020</u>	D. Total quantity shipped in 2009 <u>13,989.00</u>
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2009
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2009

Comments	D. - COMMINGLING OF HAZARDOUS AND NON HAZARDOUS SOLVENTS Concentrated non-halogenated (E.G. non-chlorinated) solvent FROM: Other production or service-related processes (where the waste is a direct outflow or result - specify in comments) Waste Min: No minimization
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OMB Number: Expiration Date

**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

2009 Hazardous Waste Report

**WASTE GENERATION
AND MANAGEMENT**

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME SAFETY-KLEEN SYSTEMS INC
4201 A HAWKINS RD
FARMINGTON, NM 87401

EPA ID NO: **NMD980698849**

**GM
FORM**

Sec. 1	A. Waste Description IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		
B. EPA Hazardous Waste Code(s) D001 D018 D039 D040		C. State Hazardous Waste Code(s)	
D. Source Code G61 Management Method code for Source code G25	E. Form Code W203	F. Quantity Generated in 2009 131,360.00 UOM <u>1</u> Density <u>0.00</u> lb./gal.	G. Waste minimization code <u>X</u>

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)		
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method code	Quantity treated, disposed, or recycled on-site in 2009	On-site Management Method code	Quantity treated, disposed, or recycled on-site in 2009

Sec. 3	A. Was any of this waste shipped off site in 2009 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped <u>TXD077603371</u>	C. Off-site Management Method code shipped to <u>H020</u>	D. Total quantity shipped in 2009 <u>131,360.00</u>
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2009
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2009

Comments Concentrated non-halogenated (E.G. non-chlorinated) solvent FROM: Hazardous waste received from off-site for storage/bulking and transfer off-site for treatment or disposal. (to match H141 form WR) Waste Min: No minimization

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME SAFETY-KLEEN SYSTEMS INC
4201 A HAWKINS RD
FARMINGTON, NM 87401

EPA ID NO: NMD980698849

2009 Hazardous Waste Report

**GM
FORM**

**WASTE GENERATION
AND MANAGEMENT**

Sec. 1	A. Waste Description COMPOUND CLEANING LIQUID FROM COLD PARTS CLEANER - MONOETHANOLAMINE		
B. EPA Hazardous Waste Code(s) D006 D018 D027 D039 D040		C. State Hazardous Waste Code(s)	
D. Source Code G61 Management Method code for Source code G25	E. Form Code W203	F. Quantity Generated in 2009 2,172.00 UOM <u>1</u> Density <u>0.00</u> lb./gal.	G. Waste minimization code <u>X</u>

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)		
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method code	Quantity treated, disposed, or recycled on-site in 2009	On-site Management Method code	Quantity treated, disposed, or recycled on-site in 2009

Sec. 3	A. Was any of this waste shipped off site in 2009 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped TXD077603371	C. Off-site Management Method code shipped to H020	D. Total quantity shipped in 2009 1,920.00
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2009
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2009

Comments Concentrated non-halogenated (E.G. non-chlorinated) solvent FROM: Hazardous waste received from off-site for storage/bulking and transfer off-site for treatment or disposal. (to match H141 form WR) Waste Min: No minimization

OMB Number: Expiration Date

**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

2009 Hazardous Waste Report

**WASTE GENERATION
AND MANAGEMENT**

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:

SITE NAME SAFETY-KLEEN SYSTEMS INC
4201 A HAWKINS RD
FARMINGTON, NM 87401

EPA ID NO: NMD980698849

**GM
FORM**

Sec. 1	A. Waste Description HAZARDOUS WASTE SOLID MIXTURE; CONTAMINATED DEBRIS		
B. EPA Hazardous Waste Code(s) <u>F002 F003 F005</u> <u>D004 D005 D006 D007 D008 D009 D010</u> <u>D011 D018 D019 D021 D022 D023 D024</u>		C. State Hazardous Waste Code(s)	
D. Source Code <u>G19</u> Management Method code for Source code G25	E. Form Code <u>W002</u>	F. Quantity Generated in 2009 <u>1,655.00</u> UOM <u>1</u> Density <u>0.00</u> lb./gal.	G. Waste minimization code <u>X</u>

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)			
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2		
On-site Management Method code	Quantity treated, disposed, or recycled on-site in 2009	On-site Management Method code	Quantity treated, disposed, or recycled on-site in 2009	

Sec. 3	A. Was any of this waste shipped off site in 2009 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped <u>TXD077603371</u>	C. Off-site Management Method code shipped to <u>H061</u>	D. Total quantity shipped in 2009 <u>1,655.00</u>
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2009
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2009

Comments D. - DISCARDING OF SAMPLING MATERIALS Contaminated debris: paper, clothing, rags, wood, empty fiber or plastic containers, glass, piping, othe FROM: Other one-time or intermittent processes (specify in comments) Waste Min: No minimization

D025 D026 D027 D028 D029 D030 D032 D033 D034 D035 D036 D037 D038 D039 D040 D041 D042 D043

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME SAFETY-KLEEN SYSTEMS, INC.
7-008-01

EPA ID Number N M D 9 8 0 6 9 8 8 4 9

U.S. ENVIRONMENTAL PROTECTION AGENCY

2009 HAZARDOUS WASTE REPORT

WR FORM

WASTE RECEIVED FROM OFF SITE

Waste 1	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS			
	B. EPA hazardous waste code(s) D 0 3 9 N / A N / A N / A	C. State hazardous waste code(s) 	D. Off-site handler EPA ID Number C O D 0 0 9 7 9 3 6 1 3 310606	
E. Quantity received in 2009 4 4 8 2		F. UOM 1 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code W 2 0 3	H. Management Method Code H 1 4 1

Waste 2	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS			
	B. EPA hazardous waste code(s) D 0 3 9 N / A N / A N / A	C. State hazardous waste code(s) 	D. Off-site handler EPA ID Number C O D 0 3 1 9 4 0 0 5 9 1839907	
E. Quantity received in 2009 7 9 0		F. UOM 1 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code W 2 0 3	H. Management Method Code H 1 4 1

Waste 3	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS			
	B. EPA hazardous waste code(s) D 0 3 9 N / A N / A N / A	C. State hazardous waste code(s) 	D. Off-site handler EPA ID Number C O D 0 5 4 9 3 6 2 2 4 310657	
E. Quantity received in 2009 9 3 8		F. UOM 1 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code W 2 0 3	H. Management Method Code H 1 4 1

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

7-008-01

EPA ID Number NMD980698849

U.S. ENVIRONMENTAL PROTECTION AGENCY

2009 HAZARDOUS WASTE REPORT

WR FORM

WASTE RECEIVED FROM OFF SITE

Waste 1	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		
	B. EPA hazardous waste code(s) D039 N/A N/A N/A	C. State hazardous waste code(s) _____ _____	D. Off-site handler EPA ID Number COD983767146 2034919
E. Quantity received in 2009 603	F. UOM <input checked="" type="checkbox"/> L Density _____ <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code W203	H. Management Method Code H141

Waste 2	A. Description of hazardous waste TOXIC SPENT SOLVENT USED IN DRY CLEANING; TETRACHLOROETHYLENE		
	B. EPA hazardous waste code(s) F002 D007 D029 D039	C. State hazardous waste code(s) _____ _____	D. Off-site handler EPA ID Number COD983802539 3092766
E. Quantity received in 2009 338	F. UOM <input checked="" type="checkbox"/> L Density _____ <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code W202	H. Management Method Code H141

Waste 3	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		
	B. EPA hazardous waste code(s) D039 N/A N/A N/A	C. State hazardous waste code(s) _____ _____	D. Off-site handler EPA ID Number COR000004747 310614
E. Quantity received in 2009 435	F. UOM <input checked="" type="checkbox"/> L Density _____ <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code W203	H. Management Method Code H141

Comments:

WASTE2B: D040

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.
7-008-01

2009 HAZARDOUS WASTE REPORT

EPA ID Number N M D 9 8 0 6 9 8 8 4 9

WR FORM

WASTE RECEIVED FROM OFF SITE

Waste 1	A. Description of hazardous waste IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		
	B. EPA hazardous waste code(s) <u>D 0 0 1</u> <u>D 0 1 8</u> <u>D 0 3 9</u> <u>D 0 4 0</u>	C. State hazardous waste code(s) _____	D. Off-site handler EPA ID Number <u>C O R 0 0 0 0 0 9 1 2 6</u> 1819472
E. Quantity received in 2009 <u>1 3 8 0</u>	F. UOM <input checked="" type="checkbox"/> <u>1</u> Density _____ <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code <u>W 2 0 3</u>	H. Management Method Code <u>H 1 4 1</u>

Waste 2	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		
	B. EPA hazardous waste code(s) <u>D 0 3 9</u> <u>N / A</u> <u>N / A</u> <u>N / A</u>	C. State hazardous waste code(s) _____	D. Off-site handler EPA ID Number <u>C O R 0 0 0 0 1 2 9 5 5</u> 9012782
E. Quantity received in 2009 <u>1 2 7 3</u>	F. UOM <input checked="" type="checkbox"/> <u>1</u> Density _____ <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code <u>W 2 0 3</u>	H. Management Method Code <u>H 1 4 1</u>

Waste 3	A. Description of hazardous waste SPENT AQUEOUS BRAKE CLEANING SOLUTION		
	B. EPA hazardous waste code(s) <u>D 0 3 9</u> <u>N / A</u> <u>N / A</u> <u>N / A</u>	C. State hazardous waste code(s) _____	D. Off-site handler EPA ID Number <u>C O R 0 0 0 0 1 2 9 5 5</u> 9012782
E. Quantity received in 2009 <u>1 2 4</u>	F. UOM <input checked="" type="checkbox"/> <u>1</u> Density _____ <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code <u>W 1 1 3</u>	H. Management Method Code <u>H 1 4 1</u>

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME SAFETY-KLEEN SYSTEMS, INC.
7-008-01

EPA ID Number N M D 9 8 0 6 9 8 8 4 9

U.S. ENVIRONMENTAL PROTECTION AGENCY

2009 HAZARDOUS WASTE REPORT

WR FORM

WASTE RECEIVED FROM OFF SITE

Waste 1	A. Description of hazardous waste COMPOUND CLEANING LIQUID FROM COLD PARTS CLEANER; MONOETHANOLAMINE		
	B. EPA hazardous waste code(s) D 0 0 6 D 0 1 8 D 0 2 7 D 0 3 9	C. State hazardous waste code(s) 	D. Off-site handler EPA ID Number C O R 0 0 0 0 1 2 9 5 5 9012782
E. Quantity received in 2009 1 2 6	F. UOM <input checked="" type="checkbox"/> L Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code W 2 0 3	H. Management Method Code H 1 4 1

Waste 2	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		
	B. EPA hazardous waste code(s) D 0 3 9 N / A N / A N / A	C. State hazardous waste code(s) 	D. Off-site handler EPA ID Number C O R 0 0 0 2 0 0 6 3 4 310881
E. Quantity received in 2009 3 0 1	F. UOM <input checked="" type="checkbox"/> L Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code W 2 0 3	H. Management Method Code H 1 4 1

Waste 3	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		
	B. EPA hazardous waste code(s) D 0 3 9 N / A N / A N / A	C. State hazardous waste code(s) 	D. Off-site handler EPA ID Number C O R 0 0 0 2 1 5 8 8 9 3116433
E. Quantity received in 2009 2 1 4	F. UOM <input checked="" type="checkbox"/> L Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code W 2 0 3	H. Management Method Code H 1 4 1

Comments:

WASTE1B: D040

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

U.S. ENVIRONMENTAL PROTECTION AGENCY

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

2009 HAZARDOUS WASTE REPORT

7-008-01

WR FORM

EPA ID Number N M D 9 8 0 6 9 8 8 4 9

WASTE RECEIVED FROM OFF SITE

Waste 1	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		
	B. EPA hazardous waste code(s) D 0 3 9 N / A N / A N / A	C. State hazardous waste code(s) 	D. Off-site handler EPA ID Number N M D 0 0 2 2 9 9 6 3 4 310634
E. Quantity received in 2009 7 3 7	F. UOM 1 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code W 2 0 3	H. Management Method Code H 1 4 1

Waste 2	A. Description of hazardous waste IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		
	B. EPA hazardous waste code(s) D 0 0 1 D 0 1 8 D 0 3 9 D 0 4 0	C. State hazardous waste code(s) 	D. Off-site handler EPA ID Number N M D 0 2 1 2 3 3 5 6 4 311332
E. Quantity received in 2009 3 5 5 1	F. UOM 1 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code W 2 0 3	H. Management Method Code H 1 4 1

Waste 3	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		
	B. EPA hazardous waste code(s) D 0 3 9 N / A N / A N / A	C. State hazardous waste code(s) 	D. Off-site handler EPA ID Number N M D 0 3 5 7 4 0 7 9 4 311093
E. Quantity received in 2009 4 6	F. UOM 1 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code W 2 0 3	H. Management Method Code H 1 4 1

Comments:

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2009 HAZARDOUS WASTE REPORT

WR FORM

WASTE RECEIVED FROM OFF SITE

Waste 1	A. Description of hazardous waste COMPOUND CLEANING LIQUID FROM COLD PARTS CLEANER; MONOETHANOLAMINE		
	B. EPA hazardous waste code(s) D 0 0 6 D 0 1 8 D 0 2 7 D 0 3 9	C. State hazardous waste code(s) 	D. Off-site handler EPA ID Number N M D 0 3 5 7 4 0 7 9 4 311093
E. Quantity received in 2009 1 8 9	F. UOM <input checked="" type="checkbox"/> L Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code W 2 0 3	H. Management Method Code H 1 4 1

Waste 2	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		
	B. EPA hazardous waste code(s) D 0 3 9 N / A N / A N / A	C. State hazardous waste code(s) 	D. Off-site handler EPA ID Number N M D 0 3 5 7 4 0 9 5 0 311172
E. Quantity received in 2009 1 4 3 5	F. UOM <input checked="" type="checkbox"/> L Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code W 2 0 3	H. Management Method Code H 1 4 1

Waste 3	A. Description of hazardous waste COMPOUND CLEANING LIQUID FROM COLD PARTS CLEANER; MONOETHANOLAMINE		
	B. EPA hazardous waste code(s) D 0 0 6 D 0 1 8 D 0 2 7 D 0 3 9	C. State hazardous waste code(s) 	D. Off-site handler EPA ID Number N M D 0 3 5 7 4 0 9 5 0 311172
E. Quantity received in 2009 1 1 0	F. UOM <input checked="" type="checkbox"/> L Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code W 2 0 3	H. Management Method Code H 1 4 1

Comments:

WASTE1B: D040
 WASTE3B: D040

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2009 HAZARDOUS WASTE REPORT

WR FORM

WASTE RECEIVED FROM OFF SITE

Waste 1	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		
	B. EPA hazardous waste code(s) <u>D 0 3 9</u> <u>N / A</u> <u>N / A</u> <u>N / A</u>	C. State hazardous waste code(s) _____ _____	D. Off-site handler EPA ID Number <u>N M D 0 3 5 7 4 3 4 6 7</u> 310723
E. Quantity received in 2009 <u>8 4 1 5</u>	F. UOM <input checked="" type="checkbox"/> L Density _____ <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code <u>W 2 0 3</u>	H. Management Method Code <u>H 1 4 1</u>

Waste 2	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		
	B. EPA hazardous waste code(s) <u>D 0 3 9</u> <u>N / A</u> <u>N / A</u> <u>N / A</u>	C. State hazardous waste code(s) _____ _____	D. Off-site handler EPA ID Number <u>N M D 0 3 5 7 4 6 5 1 0</u> 2758619
E. Quantity received in 2009 <u>7 0 3</u>	F. UOM <input checked="" type="checkbox"/> L Density _____ <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code <u>W 2 0 3</u>	H. Management Method Code <u>H 1 4 1</u>

Waste 3	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		
	B. EPA hazardous waste code(s) <u>D 0 3 9</u> <u>N / A</u> <u>N / A</u> <u>N / A</u>	C. State hazardous waste code(s) _____ _____	D. Off-site handler EPA ID Number <u>N M D 0 6 9 4 2 2 2 1 0</u> 311906
E. Quantity received in 2009 <u>7 3 0</u>	F. UOM <input checked="" type="checkbox"/> L Density _____ <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code <u>W 2 0 3</u>	H. Management Method Code <u>H 1 4 1</u>

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2009 HAZARDOUS WASTE REPORT

WR FORM

WASTE RECEIVED FROM OFF SITE

Waste 1	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		
	B. EPA hazardous waste code(s) <u>D 0 3 9</u> <u>N / A</u> <u>N / A</u> <u>N / A</u>	C. State hazardous waste code(s) _____	D. Off-site handler EPA ID Number <u>N M D 0 8 0 3 7 6 3 4 6</u> 971100
E. Quantity received in 2009 <u>2 7 4</u>	F. UOM <u>1</u> Density _____ <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code <u>W 2 0 3</u>	H. Management Method Code <u>H 1 4 1</u>

Waste 2	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		
	B. EPA hazardous waste code(s) <u>D 0 3 9</u> <u>N / A</u> <u>N / A</u> <u>N / A</u>	C. State hazardous waste code(s) _____	D. Off-site handler EPA ID Number <u>N M D 1 0 6 6 0 6 4 7 8</u> 310560
E. Quantity received in 2009 <u>4 4 2</u>	F. UOM <u>1</u> Density _____ <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code <u>W 2 0 3</u>	H. Management Method Code <u>H 1 4 1</u>

Waste 3	A. Description of hazardous waste SPENT AQUEOUS BRAKE CLEANING SOLUTION		
	B. EPA hazardous waste code(s) <u>D 0 3 9</u> <u>N / A</u> <u>N / A</u> <u>N / A</u>	C. State hazardous waste code(s) _____	D. Off-site handler EPA ID Number <u>N M D 1 0 6 6 0 6 4 7 8</u> 310560
E. Quantity received in 2009 <u>2 9 0</u>	F. UOM <u>1</u> Density _____ <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code <u>W 1 1 3</u>	H. Management Method Code <u>H 1 4 1</u>

Comments:

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EPA ID Number N M D 9 8 0 6 9 8 8 4 9

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2009 HAZARDOUS WASTE REPORT

WR FORM

WASTE RECEIVED FROM OFF SITE

Waste 1	A. Description of hazardous waste TOXIC SPENT SOLVENT USED IN DRY CLEANING; TETRACHLOROETHYLENE			
	B. EPA hazardous waste code(s) F 0 0 2 D 0 0 7 D 0 2 9 D 0 3 9	C. State hazardous waste code(s) 	D. Off-site handler EPA ID Number N M D 1 1 6 2 4 7 9 8 2 828489	
E. Quantity received in 2009 6 7 6		F. UOM 1 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code W 2 0 2	H. Management Method Code H 1 4 1

Waste 2	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS			
	B. EPA hazardous waste code(s) D 0 3 9 N / A N / A N / A	C. State hazardous waste code(s) 	D. Off-site handler EPA ID Number N M D 9 8 1 5 9 7 1 2 3 310908	
E. Quantity received in 2009 6 1 3 7		F. UOM 1 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code W 2 0 3	H. Management Method Code H 1 4 1

Waste 3	A. Description of hazardous waste TOXIC SPENT SOLVENT USED IN DRY CLEANING; TETRACHLOROETHYLENE			
	B. EPA hazardous waste code(s) F 0 0 2 D 0 0 7 D 0 2 9 D 0 3 9	C. State hazardous waste code(s) 	D. Off-site handler EPA ID Number N M D 9 8 1 8 9 9 1 5 6 828482	
E. Quantity received in 2009 1 0 0		F. UOM 1 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code W 2 0 2	H. Management Method Code H 1 4 1

Comments:

WASTE1B: D040
WASTE3B: D040

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2009 HAZARDOUS WASTE REPORT

WR FORM

WASTE RECEIVED FROM OFF SITE

Waste 1	A. Description of hazardous waste COMPOUND CLEANING LIQUID FROM COLD PARTS CLEANER; MONOETHANOLAMINE		
	B. EPA hazardous waste code(s) D 0 0 6 D 0 1 8 D 0 2 7 D 0 3 9	C. State hazardous waste code(s) 	D. Off-site handler EPA ID Number N M D 9 8 6 6 7 5 3 5 3 310775
E. Quantity received in 2009 1 4 2	F. UOM <input checked="" type="checkbox"/> L Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code W 2 0 3	H. Management Method Code H 1 4 1

Waste 2	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		
	B. EPA hazardous waste code(s) D 0 3 9 N / A N / A N / A	C. State hazardous waste code(s) 	D. Off-site handler EPA ID Number N M D 9 8 6 6 7 6 2 2 9 311101
E. Quantity received in 2009 1 0 2 5	F. UOM <input checked="" type="checkbox"/> L Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code W 2 0 3	H. Management Method Code H 1 4 1

Waste 3	A. Description of hazardous waste COMPOUND CLEANING LIQUID FROM COLD PARTS CLEANER; MONOETHANOLAMINE		
	B. EPA hazardous waste code(s) D 0 0 6 D 0 1 8 D 0 2 7 D 0 3 9	C. State hazardous waste code(s) 	D. Off-site handler EPA ID Number N M D 9 8 6 6 7 6 2 2 9 311101
E. Quantity received in 2009 2 3 7	F. UOM <input checked="" type="checkbox"/> L Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code W 2 0 3	H. Management Method Code H 1 4 1

Comments:

WASTE1B: D040
WASTE3B: D040

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2009 HAZARDOUS WASTE REPORT

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WASTE RECEIVED FROM OFF SITE

Waste 1	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		
	B. EPA hazardous waste code(s) D 0 3 9 N / A N / A N / A	C. State hazardous waste code(s) 	D. Off-site handler EPA ID Number N M D 9 8 6 6 8 2 9 2 0 311932
E. Quantity received in 2009 9 4 4	F. UOM <input checked="" type="checkbox"/> Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code W 2 0 3	H. Management Method Code H 1 4 1

Waste 2	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		
	B. EPA hazardous waste code(s) D 0 3 9 N / A N / A N / A	C. State hazardous waste code(s) 	D. Off-site handler EPA ID Number N M D 9 8 6 6 8 3 5 8 9 1821154
E. Quantity received in 2009 3 0 1	F. UOM <input checked="" type="checkbox"/> Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code W 2 0 3	H. Management Method Code H 1 4 1

Waste 3	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		
	B. EPA hazardous waste code(s) D 0 3 9 N / A N / A N / A	C. State hazardous waste code(s) 	D. Off-site handler EPA ID Number N M D 9 8 6 6 8 3 7 9 5 3047081
E. Quantity received in 2009 2 3 7 8	F. UOM <input checked="" type="checkbox"/> Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code W 2 0 3	H. Management Method Code H 1 4 1

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EPA ID Number N M D 9 8 0 6 9 8 8 4 9

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2009 HAZARDOUS WASTE REPORT

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WASTE RECEIVED FROM OFF SITE

Waste 1	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		
	B. EPA hazardous waste code(s) D 0 3 9 N / A N / A N / A	C. State hazardous waste code(s) 	D. Off-site handler EPA ID Number N M R 0 0 0 0 0 1 2 0 6 311697
E. Quantity received in 2009 9 5 8	F. UOM <input checked="" type="checkbox"/> L Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code W 2 0 3	H. Management Method Code H 1 4 1

Waste 2	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		
	B. EPA hazardous waste code(s) D 0 3 9 N / A N / A N / A	C. State hazardous waste code(s) 	D. Off-site handler EPA ID Number N M R 0 0 0 0 0 1 9 9 0 310667
E. Quantity received in 2009 1 1 0 5	F. UOM <input checked="" type="checkbox"/> L Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code W 2 0 3	H. Management Method Code H 1 4 1

Waste 3	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		
	B. EPA hazardous waste code(s) D 0 3 9 N / A N / A N / A	C. State hazardous waste code(s) 	D. Off-site handler EPA ID Number N M R 0 0 0 0 0 2 6 5 9 740927
E. Quantity received in 2009 5 2 9	F. UOM <input checked="" type="checkbox"/> L Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code W 2 0 3	H. Management Method Code H 1 4 1

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2009 HAZARDOUS WASTE REPORT

WR FORM

WASTE RECEIVED FROM OFF SITE

Waste 1	A. Description of hazardous waste TOXIC SPENT SOLVENT USED IN DRY CLEANING; TETRACHLOROETHYLENE			
	B. EPA hazardous waste code(s) F 0 0 2 D 0 0 7 D 0 2 9 D 0 3 9	C. State hazardous waste code(s) 	D. Off-site handler EPA ID Number N M R 0 0 0 0 1 1 0 8 0 828508	
E. Quantity received in 2009 1 6 9	F. UOM 1 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code W 2 0 2	H. Management Method Code H 1 4 1	

Waste 2	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS			
	B. EPA hazardous waste code(s) D 0 3 9 N / A N / A N / A	C. State hazardous waste code(s) 	D. Off-site handler EPA ID Number N M R 0 0 0 0 1 2 9 9 7 310860	
E. Quantity received in 2009 1 3 4	F. UOM 1 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code W 2 0 3	H. Management Method Code H 1 4 1	

Waste 3	A. Description of hazardous waste IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS			
	B. EPA hazardous waste code(s) D 0 0 1 D 0 1 8 D 0 3 9 D 0 4 0	C. State hazardous waste code(s) 	D. Off-site handler EPA ID Number N M R 0 0 0 0 1 2 9 9 7 310860	
E. Quantity received in 2009 3 6 8	F. UOM 1 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code W 2 0 3	H. Management Method Code H 1 4 1	

Comments:

WASTE1B: D040

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EPA ID Number N M D 9 8 0 6 9 8 8 4 9

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2009 HAZARDOUS WASTE REPORT

WR FORM

WASTE RECEIVED FROM OFF SITE

Waste 1	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		
	B. EPA hazardous waste code(s) <u>D 0 3 9</u> <u>N / A</u> <u>N / A</u> <u>N / A</u>	C. State hazardous waste code(s) _____	D. Off-site handler EPA ID Number <u>N M 0 0 0 0 1 0 8 2 4 1</u> 311995
E. Quantity received in 2009 <u>4 0 2</u>	F. UOM <u>l</u> Density _____ <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code <u>W 2 0 3</u>	H. Management Method Code <u>H 1 4 1</u>

Waste 2	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		
	B. EPA hazardous waste code(s) <u>D 0 3 9</u> <u>N / A</u> <u>N / A</u> <u>N / A</u>	C. State hazardous waste code(s) _____	D. Off-site handler EPA ID Number <u>N M 0 0 0 1 0 1 0 8 2 6</u> 311978
E. Quantity received in 2009 <u>1 2 3 9</u>	F. UOM <u>l</u> Density _____ <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code <u>W 2 0 3</u>	H. Management Method Code <u>H 1 4 1</u>

Waste 3	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		
	B. EPA hazardous waste code(s) <u>D 0 3 9</u> <u>N / A</u> <u>N / A</u> <u>N / A</u>	C. State hazardous waste code(s) _____	D. Off-site handler EPA ID Number <u>N N D 1 0 4 1 5 0 0 2 4</u> 311280
E. Quantity received in 2009 <u>1 3 2 6</u>	F. UOM <u>l</u> Density _____ <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code <u>W 2 0 3</u>	H. Management Method Code <u>H 1 4 1</u>

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2009 HAZARDOUS WASTE REPORT

WR FORM

WASTE RECEIVED FROM OFF SITE

Waste 1	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		
	B. EPA hazardous waste code(s) D 0 3 9 N / A N / A N / A	C. State hazardous waste code(s) 	D. Off-site handler EPA ID Number N N D 9 8 2 5 1 6 3 9 5 310736
E. Quantity received in 2009 6 5 6	F. UOM 1 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code W 2 0 3	H. Management Method Code H 1 4 1

Waste 2	A. Description of hazardous waste SPENT AQUEOUS BRAKE CLEANING SOLUTION		
	B. EPA hazardous waste code(s) D 0 3 9 N / A N / A N / A	C. State hazardous waste code(s) 	D. Off-site handler EPA ID Number N N D 9 8 2 5 1 6 3 9 5 310736
E. Quantity received in 2009 1 6 6	F. UOM 1 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code W 1 1 3	H. Management Method Code H 1 4 1

Waste 3	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		
	B. EPA hazardous waste code(s) D 0 3 9 N / A N / A N / A	C. State hazardous waste code(s) 	D. Off-site handler EPA ID Number N N D 9 8 6 6 7 3 5 0 7 311319
E. Quantity received in 2009 3 6 1	F. UOM 1 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code W 2 0 3	H. Management Method Code H 1 4 1

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2009 HAZARDOUS WASTE REPORT

WR FORM

WASTE RECEIVED FROM OFF SITE

Waste 1	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS			
	B. EPA hazardous waste code(s) D039 N/A N/A N/A	C. State hazardous waste code(s) 	D. Off-site handler EPA ID Number NN0000591222 311457	
E. Quantity received in 2009 1386	F. UOM 1 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code W203	H. Management Method Code H141	

Waste 2	A. Description of hazardous waste COMPOUND CLEANING LIQUID FROM COLD PARTS CLEANER; MONOETHANOLAMINE			
	B. EPA hazardous waste code(s) D006 D018 D027 D039	C. State hazardous waste code(s) 	D. Off-site handler EPA ID Number NN0000591222 311457	
E. Quantity received in 2009 189	F. UOM 1 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code W203	H. Management Method Code H141	

Waste 3	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS			
	B. EPA hazardous waste code(s) D039 N/A N/A N/A	C. State hazardous waste code(s) 	D. Off-site handler EPA ID Number NN0000978395 311398	
E. Quantity received in 2009 804	F. UOM 1 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code W203	H. Management Method Code H141	

Comments:

WASTE2B: D040

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EPA ID Number N M D 9 8 0 6 9 8 8 4 9

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2009 HAZARDOUS WASTE REPORT

WR FORM

WASTE RECEIVED FROM OFF SITE

Waste 1	A. Description of hazardous waste SPENT AQUEOUS BRAKE CLEANING SOLUTION		
	B. EPA hazardous waste code(s) D 0 3 9 N / A N / A N / A	C. State hazardous waste code(s) 	D. Off-site handler EPA ID Number N N 0 0 0 0 9 7 8 3 9 5 311398
E. Quantity received in 2009 1 6 6	F. UOM 1 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code W 1 1 3	H. Management Method Code H 1 4 1

Waste 2	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		
	B. EPA hazardous waste code(s) D 0 3 9 N / A N / A N / A	C. State hazardous waste code(s) 	D. Off-site handler EPA ID Number N N 2 1 4 0 9 0 9 1 0 0 311543
E. Quantity received in 2009 2 3 4	F. UOM 1 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code W 2 0 3	H. Management Method Code H 1 4 1

Waste 3	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		
	B. EPA hazardous waste code(s) D 0 3 9 N / A N / A N / A	C. State hazardous waste code(s) 	D. Off-site handler EPA ID Number N N 7 1 4 0 9 9 0 0 3 0 1994966
E. Quantity received in 2009 7 2 3	F. UOM 1 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code W 2 0 3	H. Management Method Code H 1 4 1

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2009 HAZARDOUS WASTE REPORT

WR FORM

WASTE RECEIVED FROM OFF SITE

Waste 1	A. Description of hazardous waste SPENT AQUEOUS BRAKE CLEANING SOLUTION		
	B. EPA hazardous waste code(s) D 0 3 9 N / A N / A N / A	C. State hazardous waste code(s) 	D. Off-site handler EPA ID Number N N 7 1 4 0 9 9 0 0 3 0 1994966
E. Quantity received in 2009 2 9 0	F. UOM 1 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code W 1 1 3	H. Management Method Code H 1 4 1

Waste 2	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		
	B. EPA hazardous waste code(s) D 0 3 9 N / A N / A N / A	C. State hazardous waste code(s) 	D. Off-site handler EPA ID Number A Z C E S Q G
E. Quantity received in 2009 5 9 9 7	F. UOM 1 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code W 2 0 3	H. Management Method Code H 1 4 1

Waste 3	A. Description of hazardous waste IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		
	B. EPA hazardous waste code(s) D 0 0 1 D 0 1 8 D 0 3 9 D 0 4 0	C. State hazardous waste code(s) 	D. Off-site handler EPA ID Number A Z C E S Q G
E. Quantity received in 2009 1 1 3	F. UOM 1 Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code W 2 0 3	H. Management Method Code H 1 4 1

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME SAFETY-KLEEN SYSTEMS, INC.
7-008-01

EPA ID Number N M D 9 8 0 6 9 8 8 4 9

U.S. ENVIRONMENTAL PROTECTION AGENCY

2009 HAZARDOUS WASTE REPORT

WR FORM

WASTE RECEIVED FROM OFF SITE

Waste 1	A. Description of hazardous waste SPENT AQUEOUS BRAKE CLEANING SOLUTION			
	B. EPA hazardous waste code(s) D 0 3 9 N / A N / A N / A	C. State hazardous waste code(s) 	D. Off-site handler EPA ID Number A Z C E S Q G	
E. Quantity received in 2009 3 3 2		F. UOM Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code W 1 1 3	H. Management Method Code H 1 4 1

Waste 2	A. Description of hazardous waste IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS			
	B. EPA hazardous waste code(s) D 0 0 1 D 0 1 8 D 0 3 9 D 0 4 0	C. State hazardous waste code(s) 	D. Off-site handler EPA ID Number C O C E S Q G	
E. Quantity received in 2009 5 2 9		F. UOM Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code W 2 0 3	H. Management Method Code H 1 4 1

Waste 3	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS			
	B. EPA hazardous waste code(s) D 0 3 9 N / A N / A N / A	C. State hazardous waste code(s) 	D. Off-site handler EPA ID Number C O C E S Q G	
E. Quantity received in 2009 2 2 0 6 0		F. UOM Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code W 2 0 3	H. Management Method Code H 1 4 1

Comments:

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.
7-008-01

EPA ID Number N M D 9 8 0 6 9 8 8 4 9

U.S. ENVIRONMENTAL PROTECTION AGENCY

2009 HAZARDOUS WASTE REPORT

WR FORM

WASTE RECEIVED FROM OFF SITE

Waste 1	A. Description of hazardous waste IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		
	B. EPA hazardous waste code(s) D 0 0 1 D 0 1 8 D 0 3 9 D 0 4 0	C. State hazardous waste code(s) 	D. Off-site handler EPA ID Number C O C E S Q G
E. Quantity received in 2009 2 6 0 6	F. UOM <input checked="" type="checkbox"/> L Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code W 2 0 3	H. Management Method Code H 1 4 1

Waste 2	A. Description of hazardous waste SPENT AQUEOUS BRAKE CLEANING SOLUTION		
	B. EPA hazardous waste code(s) D 0 3 9 N / A N / A N / A	C. State hazardous waste code(s) 	D. Off-site handler EPA ID Number C O C E S Q G
E. Quantity received in 2009 1 2 4	F. UOM <input checked="" type="checkbox"/> L Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code W 1 1 3	H. Management Method Code H 1 4 1

Waste 3	A. Description of hazardous waste IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS		
	B. EPA hazardous waste code(s) D 0 0 1 D 0 1 8 D 0 3 9 D 0 4 0	C. State hazardous waste code(s) 	D. Off-site handler EPA ID Number N M C E S Q G
E. Quantity received in 2009 2 0 7 8	F. UOM <input checked="" type="checkbox"/> L Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code W 2 0 3	H. Management Method Code H 1 4 1

Comments:

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.
7-008-01

EPA ID Number N M D 9 8 0 6 9 8 8 4 9

U.S. ENVIRONMENTAL PROTECTION AGENCY

2009 HAZARDOUS WASTE REPORT

WR FORM

WASTE RECEIVED FROM OFF SITE

Waste 1	A. Description of hazardous waste SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS			
	B. EPA hazardous waste code(s) D 0 3 9 N / A N / A N / A	C. State hazardous waste code(s) 	D. Off-site handler EPA ID Number N M C E S Q G	
E. Quantity received in 2009 4 2 9 8 0	F. UOM <input checked="" type="checkbox"/> L Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code W 2 0 3	H. Management Method Code H 1 4 1	

Waste 2	A. Description of hazardous waste IGNITABLE SPENT SOLVENT USED IN METAL PARTS CLEANING; MINERAL SPIRITS			
	B. EPA hazardous waste code(s) D 0 0 1 D 0 1 8 D 0 3 9 D 0 4 0	C. State hazardous waste code(s) 	D. Off-site handler EPA ID Number N M C E S Q G	
E. Quantity received in 2009 7 2 2 2	F. UOM <input checked="" type="checkbox"/> L Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code W 2 0 3	H. Management Method Code H 1 4 1	

Waste 3	A. Description of hazardous waste SPENT AQUEOUS BRAKE CLEANING SOLUTION			
	B. EPA hazardous waste code(s) D 0 3 9 N / A N / A N / A	C. State hazardous waste code(s) 	D. Off-site handler EPA ID Number N M C E S Q G	
E. Quantity received in 2009 9 6 2	F. UOM <input checked="" type="checkbox"/> L Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code W 1 1 3	H. Management Method Code H 1 4 1	

Comments:

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7-008-01

EPA ID Number N M D 9 8 0 6 9 8 8 4 9

U.S. ENVIRONMENTAL PROTECTION AGENCY

2009 HAZARDOUS WASTE REPORT

WR FORM

WASTE RECEIVED FROM OFF SITE

Waste 1	A. Description of hazardous waste TOXIC SPENT SOLVENT AND FILTERS USED IN DRY CLEANING: TETRACHLOROETHYLENE		
	B. EPA hazardous waste code(s) F 0 0 2 D 0 0 7 D 0 3 9 D 0 4 0	C. State hazardous waste code(s) 	D. Off-site handler EPA ID Number N M C E S Q G
E. Quantity received in 2009 6 5	F. UOM <input checked="" type="checkbox"/> L Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code W 3 1 0	H. Management Method Code H 1 4 1

Waste 2	A. Description of hazardous waste TOXIC SPENT SOLVENT USED IN DRY CLEANING; TETRACHLOROETHYLENE		
	B. EPA hazardous waste code(s) F 0 0 2 D 0 0 7 D 0 2 9 D 0 3 9	C. State hazardous waste code(s) 	D. Off-site handler EPA ID Number N M C E S Q G
E. Quantity received in 2009 6 7 6	F. UOM <input checked="" type="checkbox"/> L Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code W 2 0 2	H. Management Method Code H 1 4 1

Waste 3	A. Description of hazardous waste COMPOUND CLEANING LIQUID FROM COLD PARTS CLEANER; MONOETHANOLAMINE		
	B. EPA hazardous waste code(s) D 0 0 6 D 0 1 8 D 0 2 7 D 0 3 9	C. State hazardous waste code(s) 	D. Off-site handler EPA ID Number N M C E S Q G
E. Quantity received in 2009 1 0 1 9	F. UOM <input checked="" type="checkbox"/> L Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code W 2 0 3	H. Management Method Code H 1 4 1

Comments:

WASTE2B: D040
WASTE3B: D040



U.S. ENVIRONMENTAL
PROTECTION AGENCY
2009 Hazardous Waste Report

SITE NAME
SAFETY-KLEEN SYSTEMS INC
A HAWKINS RD
FARMINGTON NM 87401

EPA ID NO: **NMD980698849**

**FORM
OI**

**OFF-SITE
IDENTIFICATION**

Form 1	A. EPA ID No. of off-site installation or transporter TXD077603371	B. Name of off-site installation or transporter SAFETY-KLEEN SYSTEMS INC
C. Handler Type <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR		D. Address of off-site installation Street 1722 COOPER CREEK RD City DENTON State TX Zip 76208-

Form 2	A. EPA ID No. of off-site installation or transporter TXR000050930	B. Name of off-site installation or transporter SAFETY-KLEEN SYSTEMS INC.
C. Handler Type <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of off-site installation Street City State Zip -

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

7-008-01

EPA ID NO NMD980698849

U.S. ENVIRONMENTAL PROTECTION AGENCY

2009 HAZARDOUS WASTE REPORT

OI FORM

OFF-SITE IDENTIFICATION

Site 1	A. EPA ID number of off-site installation or transporter COD009793613	B. Name of off-site installation or transporter NIELSONS SKANSKA, INC. 310606
C. Handler type (MARK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		D. Address of off-site installation Street 22419 COUNTY RD. G. PO BOX 1660 City CORTEZ State CO Zip 81321
Site 2	A. EPA ID number of off-site installation or transporter COD031940059	B. Name of off-site installation or transporter SOUTHWEST AUTO CENTER 1839907
C. Handler type (MARK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		D. Address of off-site installation Street 333 S. BROADWAY City CORTEZ State CO Zip 81321
Site 3	A. EPA ID number of off-site installation or transporter COD054936224	B. Name of off-site installation or transporter KEESEE MOTORS 310657
C. Handler type (MARK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		D. Address of off-site installation Street 111 SOUTH BROADWAY City CORTEZ State CO Zip 81321
Site 4	A. EPA ID number of off-site installation or transporter COD983767146	B. Name of off-site installation or transporter LAPLATA ELECTRIC 2034919
C. Handler type (MARK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		D. Address of off-site installation Street 45 STEWART RD City DURANGO State CO Zip 81303

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME SAFETY-KLEEN SYSTEMS, INC.

7-008-01

EPA ID NO NMD980698849

U.S. ENVIRONMENTAL PROTECTION AGENCY

2009 HAZARDOUS WASTE REPORT

OI FORM

OFF-SITE IDENTIFICATION

Site 1	A. EPA ID number of off-site installation or transporter <u>COD983802539</u>	B. Name of off-site installation or transporter BODO CLEANERS OF CO INC 3092766
C. Handler type (MARK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		D. Address of off-site installation Street <u>303 SAWYER DR</u> City <u>DURANGO</u> State <u>CO</u> Zip <u>81301</u>
Site 2	A. EPA ID number of off-site installation or transporter <u>COR000004747</u>	B. Name of off-site installation or transporter PAT MURPHY MOTORS 310614
C. Handler type (MARK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		D. Address of off-site installation Street <u>30 PARKER AVE</u> City <u>DURANGO</u> State <u>CO</u> Zip <u>81302</u>
Site 3	A. EPA ID number of off-site installation or transporter <u>COR000009126</u>	B. Name of off-site installation or transporter NEW COUNTRY AUTO 1819472
C. Handler type (MARK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		D. Address of off-site installation Street <u>1200 CARBON JUNCTION</u> City <u>DURANGO</u> State <u>CO</u> Zip <u>81301</u>
Site 4	A. EPA ID number of off-site installation or transporter <u>COR000012955</u>	B. Name of off-site installation or transporter COLORADO DEPT OF TRANSPORT 9012782
C. Handler type (MARK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		D. Address of off-site installation Street <u>26524 HWY 160 EAST</u> City <u>DURANGO</u> State <u>CO</u> Zip <u>81301</u>

Comments:

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.
7-008-01

EPA ID NO NMD980698849

U.S. ENVIRONMENTAL PROTECTION AGENCY

2009 HAZARDOUS WASTE REPORT

OI FORM

OFF-SITE IDENTIFICATION

Site 1	A. EPA ID number of off-site installation or transporter COR000200634	B. Name of off-site installation or transporter STEVE KEETCH MOTORS INC 310881
C. Handler type (MARK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		D. Address of off-site installation Street 127 N BROADWAY City CORTEZ State CO Zip 81321
Site 2	A. EPA ID number of off-site installation or transporter COR000215889	B. Name of off-site installation or transporter HOLLEYWOOD FINISHES, LLC 3116433
C. Handler type (MARK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		D. Address of off-site installation Street 1166 S SKYLANE DR UNIT 3 City DURANGO State CO Zip 81303
Site 3	A. EPA ID number of off-site installation or transporter NMD002299634	B. Name of off-site installation or transporter AMIGO CHEVROLET 310634
C. Handler type (MARK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		D. Address of off-site installation Street 1900 S 2ND City GALLUP State NM Zip 87301
Site 4	A. EPA ID number of off-site installation or transporter NMD021233564	B. Name of off-site installation or transporter DAWN TRUCKING 311332
C. Handler type (MARK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		D. Address of off-site installation Street 16 C R 5860 City FARMINGTON State NM Zip 87401

Comments:

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.

7-008-01

EPA ID NO N M D 9 8 0 6 9 8 8 4 9

U.S. ENVIRONMENTAL PROTECTION AGENCY

2009 HAZARDOUS WASTE REPORT

OI FORM

OFF-SITE IDENTIFICATION

Site 1	A. EPA ID number of off-site installation or transporter N M D 0 3 5 7 4 0 7 9 4	B. Name of off-site installation or transporter WAGNER EQUIPMENT 311093
C. Handler type (MARK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		D. Address of off-site installation Street 1000 TROY KING RD City FARMINGTON State N M Zip 8 7 4 0 1 1
Site 2	A. EPA ID number of off-site installation or transporter N M D 0 3 5 7 4 0 9 5 0	B. Name of off-site installation or transporter SAN JUAN SPRING CO 311172
C. Handler type (MARK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		D. Address of off-site installation Street 409 EAST BROADWAY City FARMINGTON State N M Zip 8 7 4 0 1 1
Site 3	A. EPA ID number of off-site installation or transporter N M D 0 3 5 7 4 3 4 6 7	B. Name of off-site installation or transporter GURLEY MTRS 310723
C. Handler type (MARK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		D. Address of off-site installation Street 701 W COAL City GALLIIP State N M Zip 8 7 3 0 1 1
Site 4	A. EPA ID number of off-site installation or transporter N M D 0 3 5 7 4 6 5 1 0	B. Name of off-site installation or transporter NAVAJO SHOPPING CNTR 2758619
C. Handler type (MARK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		D. Address of off-site installation Street CHINO LOOP 1/2M W OF HWY 6 City GAMERCO State N M Zip 8 7 3 1 7 1

Comments:

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.

7-008-01

EPA ID NO NMD980698849

U.S. ENVIRONMENTAL PROTECTION AGENCY

2009 HAZARDOUS WASTE REPORT

OI FORM

OFF-SITE IDENTIFICATION

Site 1	A. EPA ID number of off-site installation or transporter NMD069422210	B. Name of off-site installation or transporter NAVAJO AGRIC PROD IND 311906
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C. Handler type (MARK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility	D. Address of off-site installation Street 10086 NM HWY 371 City FARMINGTON State NM Zip 87401
---	---

Site 2	A. EPA ID number of off-site installation or transporter NMD080376346	B. Name of off-site installation or transporter CITY OF FARMINGTON 971100
--------	--	--

C. Handler type (MARK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility	D. Address of off-site installation Street 101 BROWNING PARKWAY City FARMINGTON State NM Zip 87401
---	---

Site 3	A. EPA ID number of off-site installation or transporter NMD106606478	B. Name of off-site installation or transporter GOODYEAR 9124 310560
--------	--	---

C. Handler type (MARK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility	D. Address of off-site installation Street 307 W COAL AVE City GALLUP State NM Zip 87301
---	---

Site 4	A. EPA ID number of off-site installation or transporter NMD116247982	B. Name of off-site installation or transporter HUTTON PLAZA DRY CLNRS 828489
--------	--	--

C. Handler type (MARK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility	D. Address of off-site installation Street 2501 E 20TH STE 15 City FARMINGTON State NM Zip 87401
---	---

Comments:

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.
 7-008-01
EPA ID NO NMD980698849

U.S. ENVIRONMENTAL PROTECTION AGENCY

2009 HAZARDOUS WASTE REPORT

OI FORM

OFF-SITE IDENTIFICATION

Site 1	A. EPA ID number of off-site installation or transporter NMD981597123	B. Name of off-site installation or transporter BHP MINERALS INTL INC 310908
C. Handler type (MARK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		D. Address of off-site installation Street SAN JUAN COAL MINE 16 MI W OF FARMINGTON City WATERFLOW State NM Zip 87421
Site 2	A. EPA ID number of off-site installation or transporter NMD981899156	B. Name of off-site installation or transporter HOLIDAY LNDRY & CLNRS 828482
C. Handler type (MARK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		D. Address of off-site installation Street 715 N FIRST ST City GRANTS State NM Zip 87020
Site 3	A. EPA ID number of off-site installation or transporter NMD986675353	B. Name of off-site installation or transporter PROCESS EQUIPMENT & SERVIC 310775
C. Handler type (MARK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		D. Address of off-site installation Street 5680 IIS HWY 64 City FARMINGTON State NM Zip 87401
Site 4	A. EPA ID number of off-site installation or transporter NMD986676229	B. Name of off-site installation or transporter NAVAJO ENG & CONST AUTH SH 311101
C. Handler type (MARK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		D. Address of off-site installation Street #1 URANIUM BLVD PO BOX 969 BLUE BILLD E OF HWY 6 City SHIPROCK State NM Zip 87420

Comments:

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 7-008-01

EPA ID NO NMD980698849

U.S. ENVIRONMENTAL PROTECTION AGENCY

2009 HAZARDOUS WASTE REPORT

OI FORM

OFF-SITE IDENTIFICATION

Site 1	A. EPA ID number of off-site installation or transporter NMD986682920	B. Name of off-site installation or transporter LEE RANCH COAL COMPANY 311932
C. Handler type (MARK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		D. Address of off-site installation Street HWY 605 N 10MI City GRANTS State NM Zip 87020
Site 2	A. EPA ID number of off-site installation or transporter NMD986683589	B. Name of off-site installation or transporter MIDAS MUFFLER 1821154
C. Handler type (MARK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		D. Address of off-site installation Street 501 N HWY 666 City GALLUP State NM Zip 87301
Site 3	A. EPA ID number of off-site installation or transporter NMD986683795	B. Name of off-site installation or transporter ROBINSON TUBULAR SERVICES 3047081
C. Handler type (MARK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		D. Address of off-site installation Street #3 CR 5860 ATTN RANDY FETEL City FARMINGTON State NM Zip 87401
Site 4	A. EPA ID number of off-site installation or transporter NMR000001206	B. Name of off-site installation or transporter SAN JUAN COUNTY PUBLIC WOR 311697
C. Handler type (MARK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		D. Address of off-site installation Street ROAD DEPT 305 S OLIVER City AZTEC State NM Zip 87410

Comments:

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.

7-008-01

EPA ID NO N M D 9 8 0 6 9 8 8 4 9

U.S. ENVIRONMENTAL PROTECTION AGENCY

2009 **HAZARDOUS WASTE REPORT**

OI FORM

OFF-SITE IDENTIFICATION

Site 1	A. EPA ID number of off-site installation or transporter <u>N M R 0 0 0 0 0 1 9 9 0</u>	B. Name of off-site installation or transporter EQUIPMENT MAINTENANCE SVC 310667
C. Handler type (MARK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		D. Address of off-site installation Street <u>1025 TROY KING RD</u> City <u>FARMINGTON</u> State <u>N M</u> Zip <u>8 7 4 0 1</u>
Site 2	A. EPA ID number of off-site installation or transporter <u>N M R 0 0 0 0 0 2 6 5 9</u>	B. Name of off-site installation or transporter EXTERRAN 740927
C. Handler type (MARK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		D. Address of off-site installation Street <u>1280 TROY KING ROAD</u> City <u>FARMINGTON</u> State <u>N M</u> Zip <u>8 7 4 0 1</u>
Site 3	A. EPA ID number of off-site installation or transporter <u>N M R 0 0 0 0 1 1 0 8 0</u>	B. Name of off-site installation or transporter CROWN CLEANERS 828508
C. Handler type (MARK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		D. Address of off-site installation Street <u>2025 N SULLIVAN</u> City <u>FARMINGTON</u> State <u>N M</u> Zip <u>8 7 4 0 1</u>
Site 4	A. EPA ID number of off-site installation or transporter <u>N M R 0 0 0 0 1 2 9 9 7</u>	B. Name of off-site installation or transporter GENES ALIGNMENT 310860
C. Handler type (MARK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		D. Address of off-site installation Street <u>1213 ACACIA</u> City <u>FARMINGTON</u> State <u>N M</u> Zip <u>8 7 4 0 1</u>

Comments:

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SITE NAME SAFETY-KLEEN SYSTEMS, INC.

7-008-01

EPA ID NO N M D 9 8 0 6 9 8 8 4 9

U.S. ENVIRONMENTAL PROTECTION AGENCY

2009 HAZARDOUS WASTE REPORT

OI FORM

OFF-SITE IDENTIFICATION

Site 1	A. EPA ID number of off-site installation or transporter <u>N M 0 0 0 0 1 0 8 2 4 1</u>	B. Name of off-site installation or transporter FLINT ENERGY CONSTRUCTION 311995
C. Handler type (MARK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		D. Address of off-site installation Street <u># 2 CR 5569</u> City <u>FARMINGTON</u> State <u>N M</u> Zip <u>8 7 4 0 1</u>
Site 2	A. EPA ID number of off-site installation or transporter <u>N M 0 0 0 1 0 1 0 8 2 6</u>	B. Name of off-site installation or transporter TURBO CARE 311978
C. Handler type (MARK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		D. Address of off-site installation Street <u>1113 CAMINA ENTRADA</u> City <u>FARMINGTON</u> State <u>N M</u> Zip <u>8 7 4 0 1</u>
Site 3	A. EPA ID number of off-site installation or transporter <u>N N D 1 0 4 1 5 0 0 2 4</u>	B. Name of off-site installation or transporter PEABODY COAL CO 311280
C. Handler type (MARK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		D. Address of off-site installation Street <u>KAYENTA MINE OFF HWY 160 PO BOX 650</u> City <u>KAYENTA</u> State <u>A Z</u> Zip <u>8 6 0 3 3</u>
Site 4	A. EPA ID number of off-site installation or transporter <u>N N D 9 8 2 5 1 6 3 9 5</u>	B. Name of off-site installation or transporter THE NAVAJO NATION (ATTN: 310736
C. Handler type (MARK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		D. Address of off-site installation Street <u>WINDOW ROCK MTR POOL PO BOX 608</u> City <u>WINDOW ROCK</u> State <u>A Z</u> Zip <u>8 6 5 1 5</u>

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME SAFETY-KLEEN SYSTEMS, INC.
7-008-01

EPA ID NO N M D 9 8 0 6 9 8 8 4 9

U.S. ENVIRONMENTAL PROTECTION AGENCY

2009 HAZARDOUS WASTE REPORT

OI FORM

OFF-SITE IDENTIFICATION

Site 1	A. EPA ID number of off-site installation or transporter <u>N N D 9 8 6 6 7 3 5 0 7</u>	B. Name of off-site installation or transporter NAVAJO TRIBE FLEET MANGEME 311319
C. Handler type (MARK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		D. Address of off-site installation Street <u>CROWNPOINT FLEET MANAGEMEN PO BOX 1658</u> City <u>CROWNPOINT</u> State <u>N M</u> Zip <u>18 7 3 1 3</u>
Site 2	A. EPA ID number of off-site installation or transporter <u>N N 0 0 0 0 5 9 1 2 2 2</u>	B. Name of off-site installation or transporter CHINLE UNIFIED SCHL DIST 2 311457
C. Handler type (MARK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		D. Address of off-site installation Street <u>PO BOX 587 191 & RT 7</u> City <u>CHINLE</u> State <u>A Z</u> Zip <u>18 6 5 0 3</u>
Site 3	A. EPA ID number of off-site installation or transporter <u>N N 0 0 0 0 9 7 8 3 9 5</u>	B. Name of off-site installation or transporter NAVAJO NATION CHINLE FLEET 311398
C. Handler type (MARK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		D. Address of off-site installation Street <u>FIRE DEPARTMENT AND MOTOR PO BOX 1930</u> City <u>CHINLE</u> State <u>A Z</u> Zip <u>18 6 5 0 3</u>
Site 4	A. EPA ID number of off-site installation or transporter <u>N N 2 1 4 0 9 0 9 1 0 0</u>	B. Name of off-site installation or transporter US DEPT INT BIA BRCH OF RD 311543
C. Handler type (MARK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		D. Address of off-site installation Street <u>9 MI S OF FARMINGTON/3 BIA</u> City <u>FARMINGTON</u> State <u>N M</u> Zip <u>18 7 4 0 1</u>

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME SAFETY-KLEEN SYSTEMS, INC.
7-008-01

EPA ID NO NMD980698849

U.S. ENVIRONMENTAL PROTECTION AGENCY

2009 HAZARDOUS WASTE REPORT

OI FORM

OFF-SITE IDENTIFICATION

Site 1	A. EPA ID number of off-site installation or transporter <u>NN7140990030</u>	B. Name of off-site installation or transporter NAVAJO TRIBAL UTILITY AUTH 311116
C. Handler type (MARK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		D. Address of off-site installation Street <u>HWY 12 7 MI N OF WINDOW RO</u> City <u>FORT DEFIANCE</u> State <u>AZ</u> Zip <u>86504</u>
Site 2	A. EPA ID number of off-site installation or transporter <u>AZCESQG</u>	B. Name of off-site installation or transporter CESQG TOTALS
C. Handler type (MARK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		D. Address of off-site installation Street _____ City _____ State _____ Zip _____
Site 3	A. EPA ID number of off-site installation or transporter <u>COCESQG</u>	B. Name of off-site installation or transporter CESQG TOTALS
C. Handler type (MARK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		D. Address of off-site installation Street _____ City _____ State _____ Zip _____
Site 4	A. EPA ID number of off-site installation or transporter <u>NMCESQG</u>	B. Name of off-site installation or transporter CESQG TOTALS
C. Handler type (MARK ALL THAT APPLY) <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		D. Address of off-site installation Street _____ City _____ State _____ Zip _____

Comments: