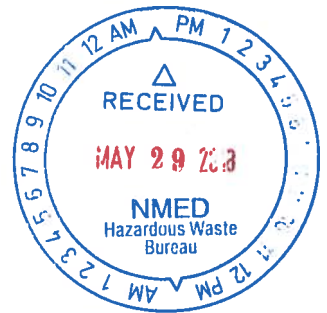


 ENTERED



May 22, 2018

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

RE: Part A Hazardous Waste Facility Permit
Safety-Kleen Systems, Inc. NMD980698849

Dear Mr. Kieling:

Enclosed, please find a copy of the Part A Hazardous Waste Facility Permit, using Form "OMB# 2050-0024, Expire 05/31/2020", for Safety-Kleen Systems Inc., facility located at 4210A Hawkins Road, Farmington, New Mexico, NM 87401. This submittal is per Mr. Amindyas's request in his e-mail on March 6, 2018. One paper copy and an electronic copy of the form is being sent to you, and another copy is being mailed to Mr. Cornelius Amindyas at the NMED's Albuquerque office.

If you have questions or require additional information, please contact me at 714.429.4355, or via email at nahid.toossi@safety-kleen.com.


Sincerely,

Nahid Toossi
Senior Environmental Compliance Manager, C.H.M.M., C.S.P.
Safety-Kleen Systems, Inc.

CC: Mr. Cornelius Amindyas
NMED
121 Tijeras Avenue, NE, Suite 1000
Albuquerque, NM 87102-3400

Mr. Mori Sorenson, EHS Director Safety-Kleen
Branch File 1000

RCRA SUBTITLE C ACTIVITIES FORMS

United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM	
---	---

1. Reason for Submittal (Select only one.)

<input type="checkbox"/>	Obtaining or updating an EPA ID number for an on-going regulated activity that will continue for a period of time. (Includes HSM activity)
<input type="checkbox"/>	Submitting as a component of the Hazardous Waste Report for _____ (Reporting Year)
<input type="checkbox"/>	<input type="checkbox"/> Site was a TSD facility and/or generator of > 1,000 kg of hazardous waste, > 1 kg of acute hazardous waste, or > 100 kg of acute hazardous waste spill cleanup in one or more months of the reporting year (or State equivalent LQG regulations)
<input type="checkbox"/>	Notifying that regulated activity is no longer occurring at this Site
<input type="checkbox"/>	Obtaining or updating an EPA ID number for conducting Electronic Manifest Broker activities
<input checked="" type="checkbox"/>	Submitting a new or revised Part A Form

2. Site EPA ID Number

N	M	D	9	8	0	6	9	8	8	4	9
---	---	---	---	---	---	---	---	---	---	---	---

3. Site Name

SAFETY-KLEEN SYSTEMS, INC.

4. Site Location Address

Street Address	4210A HAWKINS ROAD		
City, Town, or Village	FARMINGTON	County	SAN JUAN
State	NM	Country	USA
		Zip Code	87401

5. Site Mailing Address

Same as Location Address

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

6. Site Land Type

Private
 County
 District
 Federal
 Tribal
 Municipal
 State
 Other

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

A. (Primary) 562112	C.
B.	D.

8. Site Contact Information

Same as Location Address

First Name BRIAN	MI	Last Name COCHRAN
Title BRANCH GENERAL MANAGER		
Street Address		
City, Town, or Village		
State	Country	Zip Code
Email		
Phone 505-386-9666	Ext	Fax

9. Legal Owner and Operator of the Site

A. Name of Site's Legal Owner

Same as Location Address

Full Name J.D. KINSEY & JOY M. KINSEY REVOCABLE TRUST	Date Became Owner (mm/dd/yyyy)
Owner Type <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other	
Street Address 100 Olde Oak	
City, Town, or Village GEORGETOWN	
State TX	Country USA Zip Code 78633
Email Davekinsey515@gmail.com	
Phone 505-320-0121	Ext Fax
Comments	

B. Name of Site's Legal Operator

Same as Location Address

Full Name Safety-Kleen System's Inc.	Date Became Operator (mm/dd/yyyy) 1/1/1981
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	
Street Address 2600 NORTH CENTRAL EXPRESSWAY	
City, Town, or Village RICHARDSON	
State TX	Country USA Zip Code 75080
Email mori.sorenson@safety-kleen.com	
Phone 515-802-3440	Ext Fax
Comments	

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

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

A. Hazardous Waste Activities

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

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

D001	D002	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

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

NA						

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

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

B. Universal Waste Activities

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

C. Used Oil Activities

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

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

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

13. Episodic Generation

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

14. LQG Consolidation of VSQG Hazardous Waste

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

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

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

16. Notification of Hazardous Secondary Material (HSM) Activity

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

17. Electronic Manifest Broker

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

18. Comments (include item number for each comment)

19. Certification 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 for submitting false information, including the possibility of fines and imprisonment for knowing violations. Note: For the RCRA Hazardous Waste Part A permit Application, all owners and operators must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator or authorized representative <i>Mori Sorenson</i>	Date (mm/dd/yyyy) 5/15/2018
Printed Name (First, Middle Initial Last) Mori Sorenson	Title Environmental Director
Email mori.sorenson@safety-kleen.com	
Signature of legal owner, operator or authorized representative <i>DK</i>	Date (mm/dd/yyyy) 5/12/2018
Printed Name (First, Middle Initial Last) DAVE KINSEY	Title Trustee
Email Davekinsey515@gmail.com	

FARMINGTON, NM PART A
ADDITIONAL WASTE CODES
PAGE 4 OF 7

F003	F004	F005
------	------	------