



**FAX TRANSMISSION SHEET**

**U.S. EPA, REGION 6  
 ENFORCEMENT DIVISION  
 HAZARDOUS WASTE ENFORCEMENT BRANCH  
 TECHNICAL SECTION**

**TRANSMISSION DATE: February 4, 1997**

<b>TO:</b> Rob Pine Groundwater Quality Bureau, NMED	<b>Phone #:</b> 505-827-0178	<b>FAX #:</b> 505-827-2965
<b>FROM:</b> Vincent Malott (6EN-HX)	<b>Phone #:</b> 214-665-8313	<b>FAX #:</b> 214-665-7446
<b>CC:</b>	<b>Phone #:</b>	<b>FAX #:</b>

Total Number of Pages: \_\_\_ If all pages were not received, please contact the sender.

# SPARTON

## SPARTON TECHNOLOGY

January 30, 1997

Jackie Greensage  
U.S. Environmental Protection Agency  
Mail Stop 6WQ-0  
1445 Ross Avenue  
Dallas, TX 75202

Re: Application for NPDES Permit

*Industrial Permit Application*  
FEB 03 1997

Dear Ms. Greensage:

Enclosed is an NPDES permit application to authorize discharges to Calabacillas Arroyo at two different points. The application includes general form 1 and form 2D.

We have been advised by our attorney that we do not need an NPDES permit for discharges to the arroyo when it is dry. I understand that EPA does not share our attorney's position.

Without waiving our position that a permit is not necessary, Sparton is submitting this application in order to ensure that we could discharge to the arroyo when water is flowing in it.

A copy of our application is being simultaneously submitted to the New Mexico Environment Division, Surface Water Bureau.

We hope you find our application complete and sufficient for your needs.

Yours very truly,

SPARTON TECHNOLOGY, INC.

*Arthur Green*

*for*

Richard D. Mico  
Vice President and General Manager

encl.

FORM 1  
GENERAL



ENVIRONMENTAL PROTECTION AGENCY  
GENERAL INFORMATION  
Consolidated Permits Program  
(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER  
F NM D 08 3 21 2 33 2

LABEL ITEMS  
I. EPA I.D. NUMBER  
III. FACILITY NAME  
V. FACILITY MAILING ADDRESS  
VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS  
If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)				B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)			
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)				J. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)			
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)				F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)			
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)				H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)			
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)				J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			

III. NAME OF FACILITY

1 SKIP SPAR ON TECHNOLOGY INC. COORS ROAD PLANT

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title) RICHARD D MICO  
B. PHONE (area code & no.) 505 892 5300

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX 4901 ROCKAWAY BLVD SE  
B. CITY OR TOWN RIO RANCHO  
C. STATE NM  
D. ZIP CODE 87124

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER 9621 COORS ROAD NW  
B. COUNTY NAME BERNALILLO COUNTY  
C. CITY OR TOWN ALBUQUERQUE  
D. STATE NM  
E. ZIP CODE 87114

FEB 03 1997

A. FIRST				B. SECOND			
7	3	6	9	9	7		NA
C. THIRD				D. FOURTH			
7				7			NA

VIII. OPERATOR INFORMATION

A. NAME: SPARTON TECHNOLOGY, INC.

B. Is the name listed in item VIII-A also the owner?  YES  NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other", specify.)

F - FEDERAL    M - PUBLIC (other than federal or state)  
 S - STATE      O - OTHER (specify)  
 P - PRIVATE

P

D. PHONE (area code & no.)

505 892 5300

E. STREET OR P.O. BOX

4901 ROCKAWAY BLVD SE

F. CITY OR TOWN: RIO RANCHO

G. STATE: NM

H. ZIP CODE: 87124

IX. INDIAN LAND: Is the facility located on Indian lands?  YES  NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)		D. PSD (Air Emissions from Proposed Sources)	
9	NA	9	NA
B. UIC (Underground Injection of Fluids)		E. OTHER (specify) NPDES Storm Water Permit	
9	NA	9	NMRDOA 453 NPDES Storm Water Permit
C. RCRA (Hazardous Wastes)		E. OTHER (specify)	
9	NA	9	NA

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements. FIGURES 1, 2 and 3

XII. NATURE OF BUSINESS (provide a brief description)

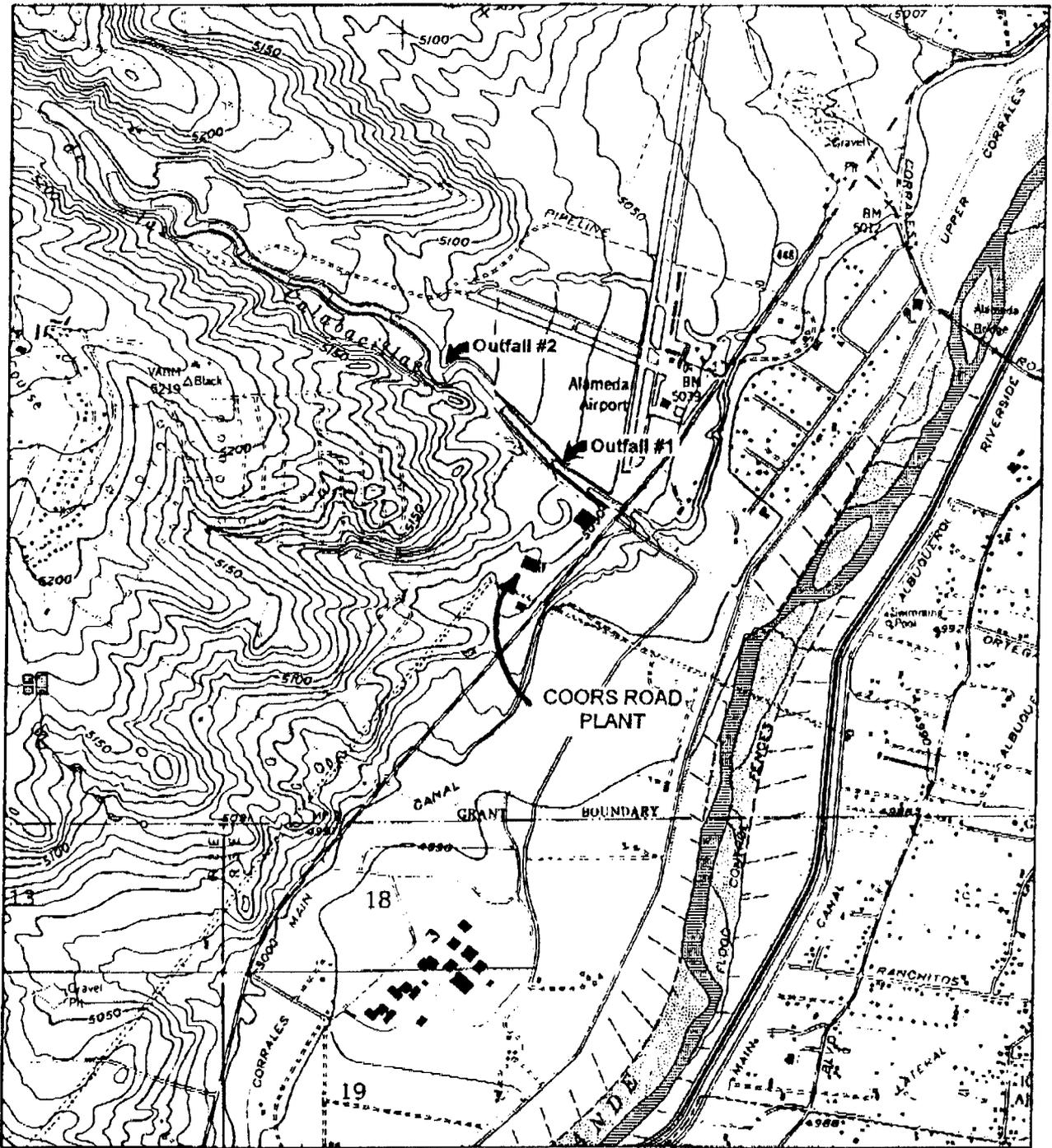
Sparton Technology, Inc., operates two facilities in the Albuquerque, New Mexico area where manufactured products have been commercial, industrial, and military electronics. The Coors Road Plant is a machine shop supporting Sparton's manufacturing activities.

XIII. CERTIFICATION (see instructions)

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

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
Richard D. Mico, Vice President and General Manager	<i>Richard D. Mico</i>	31 Jan 1997

COMMENTS FOR OFFICIAL USE ONLY



Ref.: USGS 7.5 minute Quadrangle Map  
Los Griegos, New Mexico



**FIGURE 1**  
**SITE LOCATION MAP**  
**SPARTON TECHNOLOGY, INC.**  
**COORS ROAD PLANT, ALBUQUERQUE, NEW MEXICO**

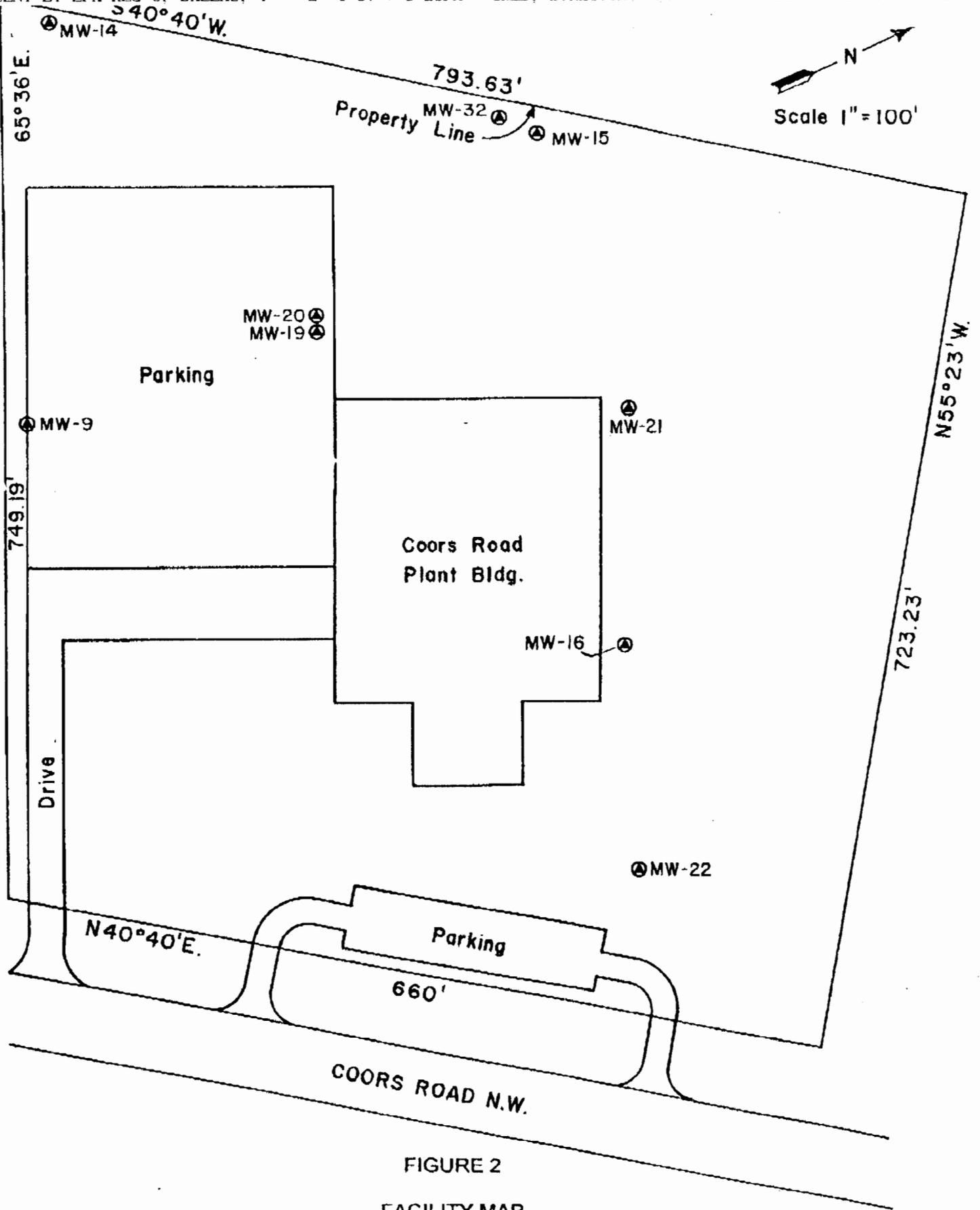
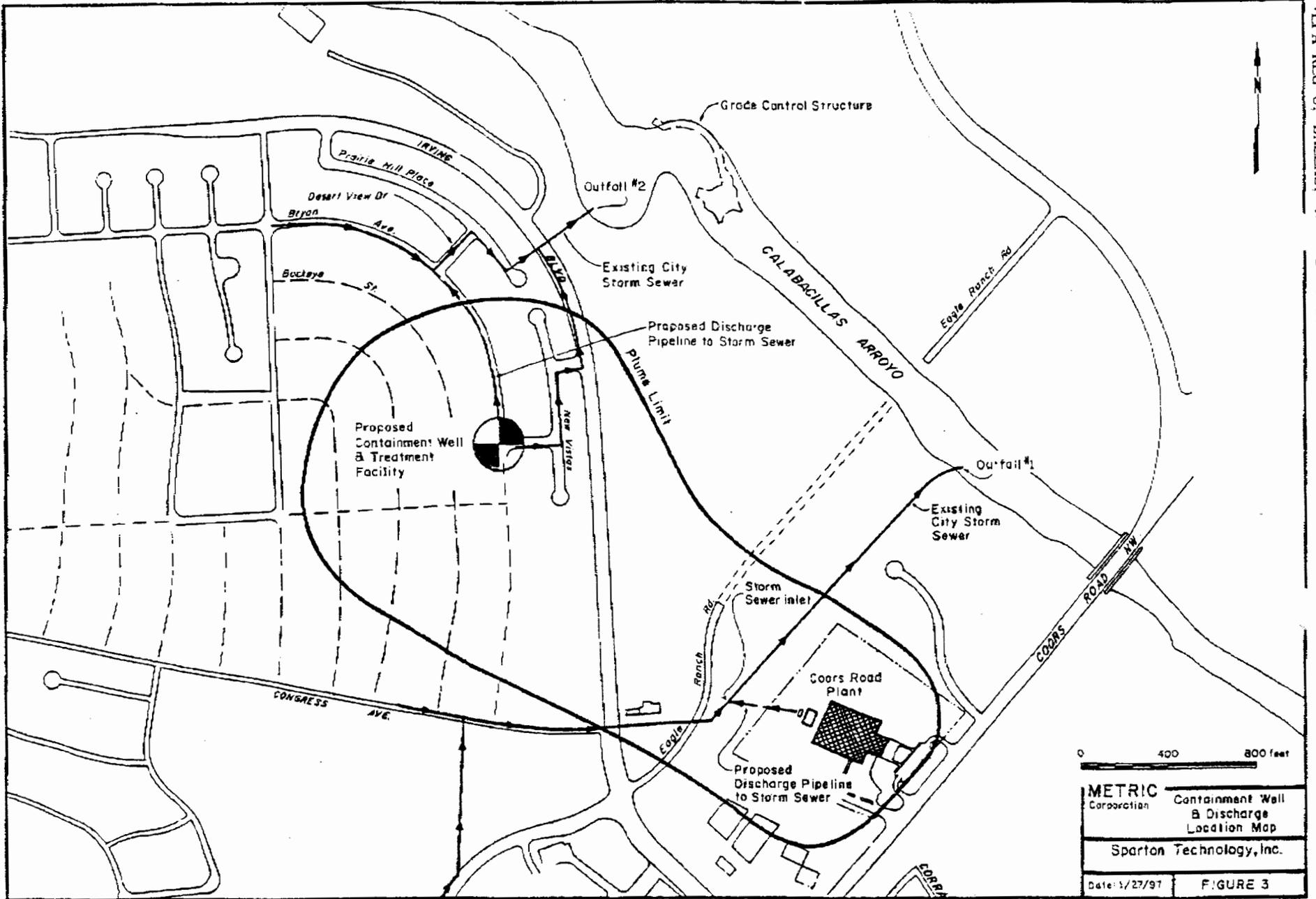


FIGURE 2

FACILITY MAP  
SPARTON TECHNOLOGY, INC.  
COORS ROAD PLANT, ALBUQUERQUE, NEW MEXICO



<p>0 400 800 feet</p>	
<p><b>METRIC</b> Corporation</p>	<p>Containment Well &amp; Discharge Location Map</p>
<p>Sparton Technology, Inc.</p>	
<p>Date: 1/27/97</p>	<p>FIGURE 3</p>



B. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item III-A. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures. **Figure 1 attached**

C. Except for storm runoff, leaks, or spills, will any of the discharges described in item III-A be intermittent or seasonal?

Yes (complete the following table)  No (go to item IV)

Outfall Number	1. Frequency		2. Flow		
	a. Days Per Week (specify average)	b. Months Per Year (specify average)	a. Maximum Daily Flow Rate (in mgd)	b. Maximum Total Volume (specify with units)	c. Duration (in days)
1	7	12	.3888	388,800* gpd	≈365
2	7	12	.360	360,000* gpd	≈365

\* Estimated daily flow of 388,800 gallons at Outfall #1 will occur under a plan option for containment well water to be treated at the Coors Road Plant instead of at the containment well.

**IV. Production**

If there is an applicable production-based effluent guideline or NSPS, for each outfall list the estimated level of production (projection of actual production level, not design), expressed in the terms and units used in the applicable effluent guideline or NSPS, for each of the first 3 years of operation. If production is likely to vary, you may also submit alternative estimates (attach a separate sheet).

Year	a. Quantity Per Day	b. Units of Measure	c. Operation, Product, Material, etc (specify)
Not Applicable			

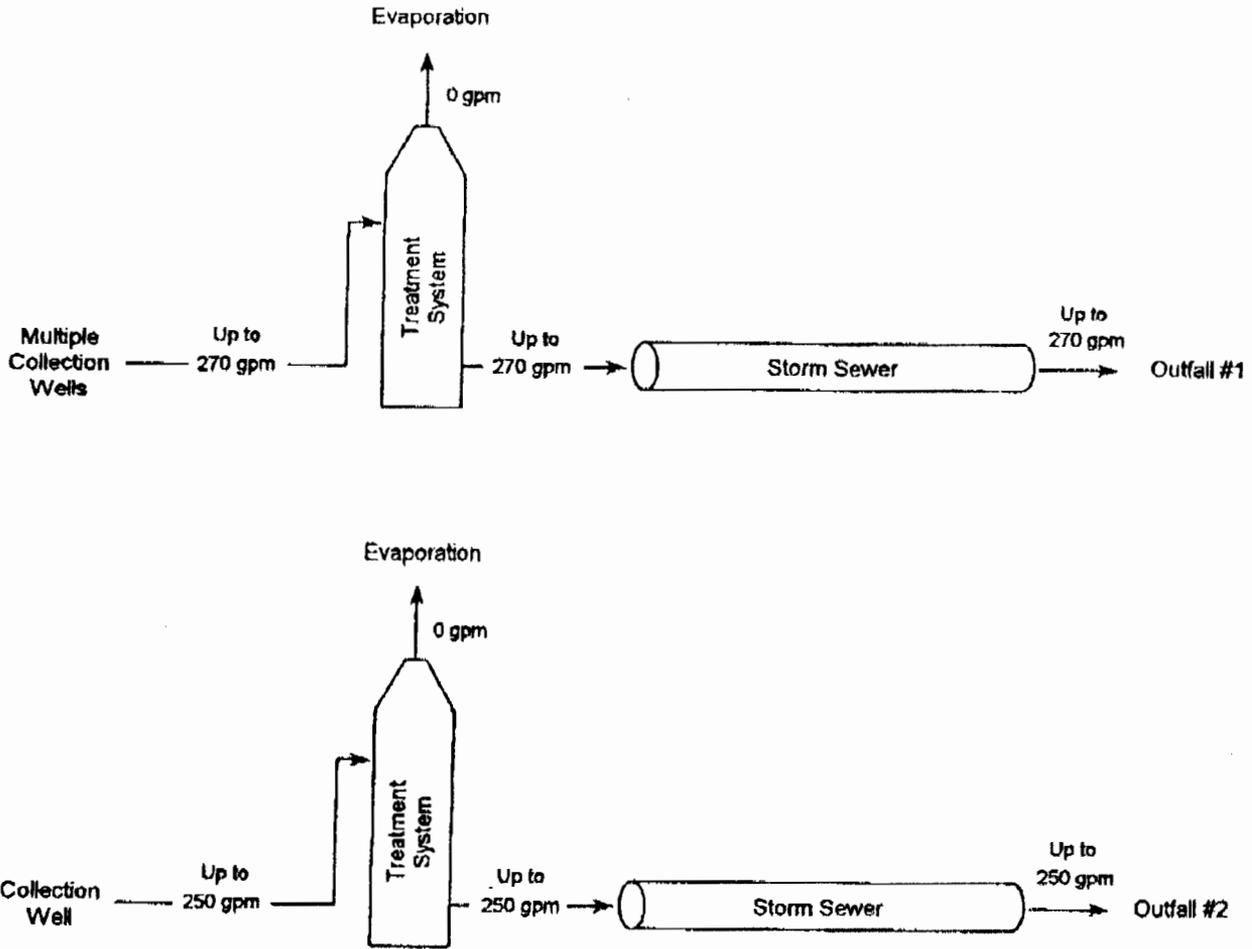


FIGURE 1

WATER FLOW FROM COLLECTION WELL,  
THROUGH TREATMENT FACILITY TO OUTFALL  
SPARTON TECHNOLOGY, INC.  
COORS ROAD PLANT VICINITY, ALBUQUERQUE, NEW MEXICO

CONTINUED FROM THE FRONT

EPA ID Number (copy from Item 1 of Form 1)  
NMD083212332

fall Number  
1

**V. Effluent Characteristics**

A, and B: These items require you to report estimated amounts (both concentration and mass) of the pollutants to be discharged from each of your outfalls. Each part of this item addresses a different set of pollutants and should be completed in accordance with the specific instructions for that part. Data for each outfall should be on a separate page. Attach additional sheets of paper if necessary.

**General Instructions (See table 2D-2 for Pollutants)**

Each part of this item requests you to provide an estimated daily maximum and average for certain pollutants and the source of information. Data for all pollutants in Group A, for all outfalls, must be submitted unless waived by the permitting authority. For all outfalls, data for pollutants in Group B should be reported only for pollutants which you believe will be present or are limited directly by an effluent limitations guideline or NSPS or indirectly through limitations on an indicator pollutant.

1. Pollutant	2. Maximum Daily Value (include units)	3. Average Daily Value (include units)	4. Source (see instructions)
Group A			
Group A parameters are typical of background groundwater in the plant vicinity and are not pollutants of concern.			
Group B			
Trichloroethylene (TCE)	5.0 ppb 53.7 gm	2.5 ppb 26.85 gm	1
1,1,1-Trichloroethane (TCA)	60.0 ppb 653.59 gm	30 ppb 326.80 gm	1
1,1-Dichloroethylene (DCE)	5.0 ppb 39.63 gm	2.5 ppb 19.82 gm	1
Methylene Chloride	100.0 ppb 694.44 gm	50 ppb 347.22 gm	1
Chromium, total	50.0 ppb 212.57 gm	50 ppb 212.57 gm	1

CONTINUED FROM THE FRONT

EPA ID Number (copy from Item 1 of Form 1)  
 NMDD083212332

Outfall Number

2

**V. Effluent Characteristics**

**A, and B:** These items require you to report estimated amounts (*both concentration and mass*) of the pollutants to be discharged from each of your outfalls. Each part of this item addresses a different set of pollutants and should be completed in accordance with the specific instructions for that part. Data for each outfall should be on a separate page. Attach additional sheets of paper if necessary.

**General Instructions (See table 2D 2 for Pollutants)**

Each part of this item requests you to provide an estimated daily maximum and average for certain pollutants and the source of information. Data for all pollutants in Group A, for all outfalls, must be submitted unless waived by the permitting authority. For all outfalls, data for pollutants in Group B should be reported only for pollutants which you believe will be present or are limited directly by an effluent limitations guideline or NSPS or indirectly through limitations on an indicator pollutant.

1. Pollutant	2. Maximum Daily Value (include units)	3. Average Daily Value (include units)	4. Source (see instructions)
Group A			
Group A parameters are typical of background groundwater in the plant vicinity and are not pollutants of concern.			
Group B			
Trichloroethylene (TCE)	5.0 ppb 49.73 gm	2.5 ppb 24.87 gm	2
1,1,1-Trichloroethane(TCA)	60.0 ppb 605.18 gm	30 ppb 302.59 gm	2
1,1-Dichloroethylene(DCE)	5.0 ppb 36.70 gm	2.5 ppb 18.35 gm	2
Methylene Chloride	100.0 ppb 643.0 gm	50 ppb 321.5 gm	2
Chromium, total	50.0 ppb 196.82 gm	50 ppb 196.82 gm	2

CONTINUED FROM THE FRONT	EPA ID Number (copy from Item 1 of Form 1) <b>NMD083212332</b>	
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C. Use the space below to list any of the pollutants listed in Table 2D-3 of the instructions which you know or have reason to believe will be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it will be present.

1. Pollutant	2. Reason for Discharge
Trichloroethylene (TCE)	Residual concentration of TCE following air stripper treatment of recovered groundwater.

**VI. Engineering Report on Wastewater Treatment**

A. If there is any technical evaluation concerning your wastewater treatment, including engineering reports or pilot plant studies, check the appropriate box below.  
 Report Available       No Report

B. Provide the name and location of any existing plant(s) which, to the best of your knowledge, resembles this production facility with respect to production processes, wastewater constituents, or wastewater treatments.

Name Sparton Technology, Inc.	Location 9621 Coors Road NW, Albuquerque, NM *
* An air stripper facility at this location has been in operation by Sparton since 1988 and represents the treatment facility to produce discharge at Outfall #1. It also typifies the treatment facility to produce discharge at Outfall #2.	

... ID Number (copy from item one of Form 1)  
 NMD083212332

**VII. Other Information (Optional)**

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations for the proposed facility. Attach additional sheets if necessary.

TABLE 1 indicates the influent and effluent concentrations for organic parameters of concern and the percent reduction of concentration following treatment at the existing on site air stripper.

Maximum flow of 250 gpm is planned at Outfall #2, depending upon the yield of the proposed containment well.

Flow of 20 gpm is planned at Outfall #1, but may reach a maximum of 270 gpm, depending on location of proposed air stripper facility

**VIII. 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 fine and imprisonment for knowing violations.*

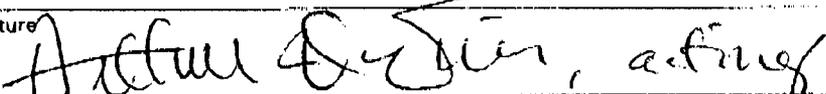
A. Name and Official Title (type or print) Richard D. Mico, Vice President and General Manager	B. Phone No. (505) 892-5300
C. Signature 	D. Date Signed 31 Jan 1997

TABLE 1

EXISTING AIR STRIPPER PERFORMANCE  
 SPARTON TECHNOLOGY, INC.  
 ALBUQUERQUE, NEW MEXICO

[all concentrations in micrograms per liter (ppb)]

DATE SAMPLED	1,1-Dichloroethylene			Methylene Chloride			1,1,1-Trichloroethane			Trichloroethylene		
	INFLUENT	EFFLUENT	PERCENT REDUCTION	INFLUENT	EFFLUENT	PERCENT REDUCTION	INFLUENT	EFFLUENT	PERCENT REDUCTION	INFLUENT	EFFLUENT	PERCENT REDUCTION
01/02/96	22.0	1.0	95.5	8.9B	1.4B	84.2	60.0	1.0	98.3	520.0	1.0	99.8
02/01/96	18.0	1.0	94.4	1.0	1.0	—	52.0	1.0	98.1	520.0	1.0	99.8
03/04/96	15.0	1.0	93.3	11B	1.0B	90.9	40.0	1.0	97.5	390.0	1.0	99.7
04/02/96	14.0	1.0	92.9	7.2	1.0	86.1	34.0	1.0	97.1	320.0	1.0	99.7
05/01/96	12.0	1.0	91.7	1.0	1.0	—	27.0	1.0	96.3	250.0	1.0	99.6
06/03/96	10.0	1.0	90.0	1.0	1.0	—	25.0	1.0	96.0	210.0	1.0	99.5
07/02/96	11.0	1.0	90.9	1.0	1.0	—	21.0	1.0	95.2	210.0	1.0	99.5
08/02/96	1.8	1.0	44.4	5.8	1.0	82.8	10.0	1.0	90.0	120.0	1.0	99.2
09/03/96	5.2	1.0	80.8	2.0B	1.9B	5.0	13.0	1.0	92.3	120.0	1.0	99.2
10/07/96	7.3	1.0	86.3	1.2	1.0	16.7	15.0	1.0	93.3	160.0	1.0	99.4
11/04/96	7.9	1.0	87.3	6.8	1.0	85.3	16.0	1.0	93.8	160.0	1.0	99.4
12/03/96	7.7	1.0	87.0	1.3	1.0	23.1	19.0	1.0	94.7	200.0	1.2	99.4

B indicates analyte was detected in laboratory blank.