



U.S. ENVIRONMENTAL PROTECTION AGENCY  
1999 Hazardous Waste Report

**SITE NAME**  
COMPRESSOR STATION NO. 9, ROSWELL  
6381 North Main Street  
Roswell, New Mexico NM 882010000  
EPA ID NO: NMD986676955



**IDENTIFICATION AND CERTIFICATION**

<b>Sec. I</b>				<b>Site name and location address</b>			
<b>A. EPA ID No.</b> NMD986676955		NMD986676955		<b>B. County</b> CHAVES			
<b>C. Site/company name</b> COMPRESSOR STATION NO. 9, ROSWELL				<b>D. Has the site name associated with this EPA ID changed ?</b>			
<b>E. Street name and number.</b> 6381 North Main Street							
<b>F. City, town, village, etc.</b> Roswell, New Mexico			<b>G. State</b> NM		<b>H. Zip Code</b> 88201-0000		

<b>Sec. II</b>				<b>Mailing address of the site.</b>			
<b>A. Is the mailing address the same as the location address?</b>							
<b>B. Number and street name of mailing address</b> 6381 North Main Street							
<b>C. City, town, village, etc.</b> Roswell, New Mexico			<b>D. State</b> NM		<b>E. Zip Code</b> 88201-0000		

<b>Sec. III</b>				<b>Name, title and telephone number of the person who should be contacted if questions arise regarding this report.</b>				
<b>A. Last Name</b> Campbell		<b>First Name</b> Larry T		<b>M.I.</b>	<b>B. Title</b> Env. Specialist		<b>C. Telephone</b> (625) 080-0022 Extension	

<b>Sec. IV</b>				I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations.			
<b>A. Last Name</b> Campbell		<b>First Name</b> LARRY T		<b>M.I.</b>	<b>B. Title</b> Env. Specialist		
<b>C. Signature</b>				<b>D. Date of signature</b>		01 28 2000 / / MO. DAY YEAR	

<b>Sec. V</b>		<b>Generator Status</b>	
<b>A. 1999 Generator Status</b>		<b>B. Reason for not generating</b>	
1 LQG	1	1. Never generated	5. Periodic or occasional generator
2 SQG		2. Out of business	6. Waste minimization activity
3 CESQG		3. Only excluded or delisted waste	7. Other (Specify in Comments)
4 Non generator (Continue to Box B)		4. Only non-hazardous waste	

<b>Sec. VI</b>			<b>On-Site Waste Management Status.</b>		
<b>A. Storage subject to RCRA permitting requirements</b>		<b>B. Treatment, disposal, or recycling subject to RCRA permitting requirements</b>		<b>C. RCRA exempt treatment, disposal, or recycling</b>	
1		1		1	

**Comments**