TWP 2002

3-13-00

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<u>MAIL THE</u> <u>COMPLETED FORM</u> <u>TO:</u> The Appropriate EPA Regional or State Office	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM							
1. Reason for Submittal and Status of Information Supplied (see instructions on pages 10 and 11) CHECK CORRECT BOX(ES)	 A. Reason for Submittal: To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). To provide subsequent notification (to update site identification information). As a component of a First RCRA Hazardous Waste Part A Permit Application. As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #). As a component of the Hazardous Waste Report. 							
2. Site EPA ID Number (see instructions on page 11)	EPA ID Number: NMD000729053							
3. Site Name (see instructions on page 11)	Name: MOUNTAINAIR COMPRESSOR STATION							
4. Site Location Information (see instructions on page 11)	Street Address: REMOTE 12 MILES SOUTH OF MOUNTAINAIR ON HWY 55, THEN 11 City, Town, or Village: State:							
	MOUNTAINAIR NM County Name: Zip Code:							
5. Site Land Type (see instructions on page 11)	Site Land Type: APrivate (County DDistrict EFederal Dhdian Dunicipal Defitate Dotter							
6. North American Industry Classification , System (NAICS) Code(s) for the Site (see instructions on page 11)	A. B. 48621 C. D.							
7. Site Mailing Address (see instructions on page 12)	Street Address: City, Town, or Village: State: ROSWELL State: NM Country: Zip Code:							
8. Site Contact Person (see instructions on page 12)	First Name: MI: Last Name: LARRY T CAMPBELL Phone Number: Phone Number Extension:							
9. Legal Owner and Operator of the Site (see instructions on pages 12 and 13)	A. Name of Site's Legal Owner: 625 0022 Date Became Owner (mm/dd/yyyy): CWNer: TEPN PLPELINE OWNER: 0 CWNer: Tepn Plant 0 B. Name of Site's Operator: Date Became Operator (mm/dd/yyyy): TRANSWETERN PIPELINE COMPANY TRANSWETERN PIPELINE COMPANY Operator Type: Private							

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		Sugar-1			Er Er	PA ID No. NMDO	00729053	
		ity (Mark 'X' in the appro	priate boxes. See	instruction	ns on pages 13, 1	14, 15, and 16)		
. Hazardous	Waste Activities							
	or of Hazardous Wast only one of the follow	te ving thr ee categories)		For Item	ns 2 through 6, cl	heck all that appl	y:	
-	•	kg/mo (2,200 lbs.) of non-a	cute	_	ansporter of Haza			
hazardo	ous waste; or	•		_		•	rdous Waste (at your	
	G: 100 to 1,000 kg/mo lous waste; or	o (220 - 2,200 lbs.) of non-a	scute	ac	tivity		it is required for this	
🛿 c. CES	SQG: Less than 100 kg	g/mo of non-acute hazardo	us waste			ous Waste (at you mit may be require		
l= -dditiz		4		5. Exe	empt Boiler and/	or Industrial Furn	ace	
	on, indicate other gen (all that apply)	ierator activities		0 4	a. Small Quantity (On-site Burner Exe	emption	
🖥 d. Unite	ed States Importer of H	lazardous Waste		6 1	b. Smelting, Meltin	ng, Refining Furnad	e Exemption	
a. Mixe	d Waste (hazardous a	ind radioactive) Generator		6. Un	derground Inject	tion Control		
. Large Quant determine w	hat is regulated]. Indicated	al Waste [refer to your State cate types of universal wast (check all boxes that apply)	te generated	1. (a. Transporter	-	ype(s) of Activity(ies)	
	Illiated at your enter it.				b. Transfer Faci	-		
Dattariae		<u>Generated</u>	Accumulated	2. U	Used Oil Process of Activity(ies)	or and/or Re-refi	ner - Indicate Type(s)	
a. Batteries b. Pesticides				I ,	a. Processor			
c. Thermost	-				D. Re-refiner			
d. Lamps			8			Used Oil Burner		
	pecify)	0	Ō		-			
	ecify)		0 0 0	4. Used Oil Fuel Marketer - Indicate Type(s) of Activity(ies)				
g. Otner (sp	becify)		Q	a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner				
	on Facility for Universe azardous waste permit	may be required for this ac	ctivity.	b. Marketer Who First Claims the Used Oil Meets the Specifications			Used Oil Meets the	
1. Descriptio	n of Hazardous Wast	tes (see instructions on p	page 16)					
. Waste Code	es for Federally Regu	ulated Hazardous Wastes ted in the regulations (e.g.,	s. Please list				es handled at your site. are n ee ded.	
001	D004	D008	D018					

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OMB#: 2050-0175 Fapires 12/31/2003

EPA ID No. NMD000729053							
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 for waste codes.							
,,							
				1			
	47)						
12. Comments (see instructions on page	17)						
LARRY.CAMPBELL@	PENRON.COM						
	- native - 5.0						
42 Continue in the first		· · · · · · · · · · · · · · · · · · ·					
13. Certification. I certify under penalty of system designed to assure that qualified person	aw that this document and all attachments w	ere prepared under my direction on submitted. Based on my inquir	or supervision in accord	ance with a ne who			
manage the system or those persons directly res	ponsible for gethering the information, the init	formation submitted is to the bes	t of my knowledge and b	elief, true			
accurate and complete. I am aware that there are	a significant penalties for submitting false info	prmation, including the possibility	of fine and imprisonmer	nt for knowing			
violations. (see instructions on page 17)		,	•	U			
Signature of owner, operator, or an	Name and Official Title	type or print)		D. Date Signed			
authorized representative				(mm-dd-yyyy)			
$-\rho$							
Harry Campbell	LARRY T CAMPBELL			01/17/2002			
c jung campaie		- 261 - 1986 U					
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12 M	TAINAIR COMPRESSOR STATION		1 3	U.S. ENVIRONMENTAL PROTECTION AGENCY 2001 Hazardous Waste Report		
	ILES SOUTH OF MOUNTAINAIR TAINAIR, NM 87036 NO: NMD000729053	ON HWY	FORM WASTE GENERATI			
Sec. 1	A. Waste NATURAL GAS PIPEL Description	INE LIQUI	DS			
B. EPA Ha D004 D	azardous Waste Code 0001	C. State Hazardous Waste Code				
D. Source Code G09 E. Form Co Management Method Code for Source code G25 W219			F. RCRA radioactive mixed N	G. Quantity Gener	rated in 2001 8.300000	H.UOM2 Density 0.0 1b./gal
Sec.2 C	C. Was any of this waste managed on-site:	1	No			
ON-SITE	PROCESS SYSTEM 1		ON-SITE PRO	CESS SYSTEM 2		
ON-SITE PROCESS SYSTEM 1 On-site Management Quantity treated, disposed, or recycled Method code on-site in 2001		On-site Ma Method co	•	Quantity treated, disposed, or recycled on-site in 2001		
Sec. 3	A. Was any of this waste shipped off site in 2001 f	for treatment, disp	oosal, or recycli	ng?	Yes	
0.4. #	B. EPA ID No. of facility waste was shipped to	C. Off-site M Code shippe	lanagement Me ed to	thod D. To	tal quantity shippe	ed in 2001
Site #		1	040		8.300000	

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SITE NAME MOUNTAINAIR COMPRESSOR STATION				, F	U.S. ENVIRONMENTAL PROTECTION AGENCY 2001 Hazardous Waste Report		
	ILES SOUTH OF MOUNTAINAIR TAINAIR, NM 87036 DNO: NMD000729053	ON HWY	FORM WASTE GENERATION				
Sec. 1	A. Waste WASTE MERCURY Description						
B. EPA H D009	azardous Waste Code	C. St	ate Hazardous Was	te Code			
		E. Form Code W117	F. RCRA G. Quantity Ge radioactive mixed		rated in 2001 0.225000	H. UOM Density	2
Sec.2	C. Was any of this waste managed on-site:]	NO NO	<u> </u>		1b./c	gal.
ON-SITE	PROCESS SYSTEM 1		ON-SITE PRO	CESS SYSTEM 2	1		
On-site	site PROCESS SYSTEM 1 site Management Quantity treated, disposed, or recycled hod code on-site in 2001		ON-SITE PROCESS SYSTEM 2 On-site Management Method code		Quantity treated, disposed, or recycled on-site in 2001		
Sec. 3	A. Was any of this waste shipped off site in 2001	for treatment, disp	bosal, or recycli	ing?	Yes		
Site #	B. EPA ID No. of facility waste was shipped to	C. Off-site N Code shippe	lanagement Me ed to	thod D. To	otal quantity shippe	ed in 2001	
	AZD049318009	040			0.2200	00	

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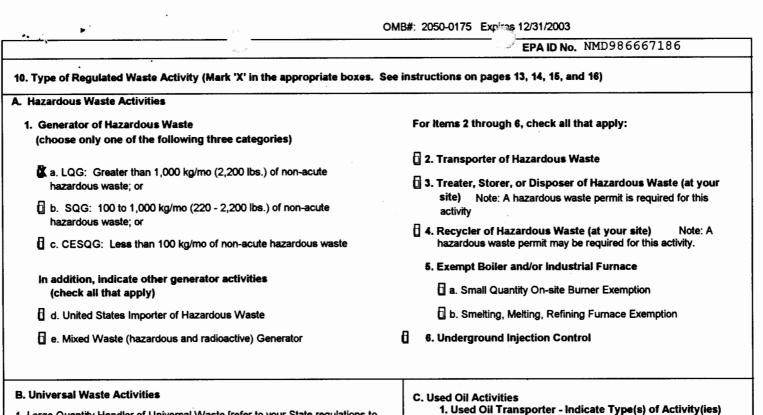
.ERROR LISTING FOR MOUNTAINAIR COMPRESSOR STATION RUN ON 02/19/2002 . ERRORS are listed by form AND page number . A form heading does not neccessarily indicate ERRORS. . FORM GM ERRORS LIST page# error message 00001 WARN: G105 DENSITY NUMBER RE-FORMATTED 00001 WARN: G105 GENERATED QTY NUMBER RE-FORMATTED 00002 WARN: G105 DENSITY NUMBER RE-FORMATTED 00002 WARN: G105 GENERATED QTY NUMBER RE-FORMATTED 00001 WARN: G405 SHIP QTY NUMBER RE-FORMATTED 00002 WARN: G405 SHIP QTY NUMBER RE-FORMATTED . FORM IC ERROR LIST CHECK: NO G3 FILE FOUND - NO STATE WASTE CODES? CHECK: NO G5 FILE FOUND - NO ONSITE TREATMENT OR DISPOSAL? CHECK: NO FORM(S) WR FOUND - NO WASTE RECEIVED FROM OFF-SITE . FORM GM DETAILS LIST . FORM OI ERROR LIST 00001 EPA ID NOT IN GM OR WR: OKD981588791 00003 EPA ID NOT IN GM OR WR: SCR000074591 IN TONS . REPORT TOTALS FOR MOUNTAINAIR COMPRESSOR STATION TOTAL GENERATED (GM) = 8.53 TOTAL RECEIVED (WR) = TOTAL RECEIVED (GM) = TOTAL SHIPPED (GM) = TOTAL TREATED (GM) = 0.00 0.00 8.52 0.00 TOTAL UI, POTW, & NPDES = 0.00 TOTAL RCRA GENERATION = 8.53 . RCRA WASTE TONS GENERATED ON-SITE BY WASTE FORM (TYPE) TONS GENERATED FORM CODE 0.23 W117 Waste liquid mercury (metallic) 8.30 W219 Other organic liquid (specify in comments) . RCRA WASTE TONS GENERATED ON-SITE BY WASTE SOURCE TONS GENERATED SOURCE CODE G09 Other production or service-related processes(wher 8.30 0.23 G32 Cleanup of spill residues . RCRA WASTE TONS SHIPPED TO OFFSITE TREATMENT SYSTEMS TONS SHIPPED SYSTEM H040 Incineration - thermal destruction other than use 8.52

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MAIL THE COMPLETED FORM TO: The Appropriate EPA Regional or State Office	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM						
1. Reason for Submittal and Status of Information Supplied (see instructions on pages 10 and 11) CHECK CORRECT BOX(ES)	A. Reason for Submittal: To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). To provide subsequent notification (to update site identification information). As a component of a First RCRA Hazardous Waste Part A Permit Application. As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #). As a component of the Hazardous Waste Report.						
2. Site EPA ID Number (see instructions on page 11)	EPA ID Number: NMD986667186						
3. Site Name (see instructions on page 11)	Name: THOREAU COMPRESSOR STATION						
4. Site Location Information (see	Street Address: 174 CASTLEROCK						
instructions on page 11)	City, Town, or Village: THOREAU State: NM						
	County Name: MCKINLEY Zip Code:	87323-					
 5. Site Land Type (see instructions on page 11) 	Site Land Type:] Private] County] District] Federal . Modian] [Junicipal] St	ate 🗆 Øthei					
6. North American Industry Classification System (NAICS) Code(s) for the Site (see instructions on page 11)	A. 48621 B. C. D.	*****					
7. Site Mailing Address (see instructions on page 12)	Street Address: 6381 NORTH MAIN STREET City, Town, or Village: ROSWELL State: NM Country: Zip Code: 88.	201-					
8. Site Contact Person (see instructions on page 12)	First Name: LARRY MI: T Last Name: CAMPBEI	LL					
matriciona on page 12)	Phone Number: (505) 625–8022 Phone Number Extension	:					
9. Legal Owner and Operator of the Site (see instructions on pages 12 and 13)	A. Name of Site's Legal Owner: Date Became Owner (mm/of transferred						
and 13)	B. Name of Site's Operator: Date Became Operator (mn	n/dd/y					
	TRANSWESTERN PIPELINE COMPANY 01/01/1959						
	Operator Type: RPrivate DCounty District Defederal Dindian Municipal State	e []					

e., 15.



 Large Quantity Handler of Universal Waste [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. (check all boxes that apply):

	Generated	Accumulated					
a. Batteries	0	۵					
b. Pesticides	Ē	Ē					
c. Thermostats	8	ă					
d. Lamps	Ä	Ā					
e. Other (specify)	ă	ă					
f. Other (specify)	Ō	Ē					
g. Other (specify)	Ō	Ō					
2. Destination Facility for Universal Waste							
Note: A hazardous waste permit may be	required for this	activity.					

11. Description of Hazardous Wastes (see instructions on page 16)

 Image: Second system
 4. Used Oil Fuel Marketer - Indicate Type(s) of Activity(ies)

 Image: Second system
 Image: Second system

 Image: Second system
 Specification

 Image: Second system
 Specification

 Image: Second system
 Specification

 Image: Second system
 Specification

 Image: Second system
 Specification

3. Off-Specification Used Oil Burner

a. Transporter

b. Transfer Facility

of Activity(ies)

2. Used Oil Processor and/or Re-refiner - Indicate Type(s)

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.						
0018	D001	D004	D018	D008		

OMB#	2050-0175	Expires	12/31/2003
	2000-0170		1201/2000

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					A ID No. NMD9866	
B. Waste Codes to	or State-Regulated (i.e	, non-Federal) Hazardo are presented in the regula	tions Use an additional i	Please list the waste code: page if more spaces are r		azardous wastes
nandiou or your one.		p				
12. Comments (se	e instructions on page	e 17)				
·		-				
		· · · · · · · · · · · · · · · · · · ·				
			. <u></u>			
LARRY	.CAMPBELL	@ENRON.CO	M			
		-				
		. <u></u>	- <u></u>			
13. Certification.		f law that this document and				
		nnel properly gather and eva esponsible for gathering the				
		are signifigant penalties for a				
violations. (see in	structions on page 17)				
Signature of a	nor operator or co	Name	nd Official Title //www	or print)		D. Date Signed
	ner, operator, or an representative	Native at	nd Official Title (type			(mm-dd-yyyy)
Larry Co	makel	LARRY T CAM	PBELL			01/17/2002
	,	DES				
	<u></u>					

FORM C	6M ;						
SITE NAME THOREAU COMPRESSOR STATION CASTLEROCK THOREAU, NM 87323				P 200	U.S. ENVIRONMENTAL PROTECTION AGENCY 2001 Hazardous Waste Report		
EPA II			GM	-	VASTE GEN AND MANAC		
Sec. 1 A. Waste PIPELINE SOLIDS AND SLUDGE GENERATED FROM TRANSPORTATION OF Description NATURAL GAS							
B. EPA Hazardous Waste Code C. State Hazardous Waste Code D004 D008							
D. Source Code G13 Management Method Code for Source code G25			F. RCRA radioactive mixed N	Density		H.UOM 2 Density 0.00 1b./gal.	
Sec.2	C. Was any of this waste managed on-site:	1	No				
ON-SITE PROCESS SYSTEM 1 On-site Management Quantity treated, disposed, or recycled Method code on-site in 2001			ON-SITE PROCESS SYSTEM 2 On-site Management Method code		Quantity treated, disposed, or recycled on-site in 2001		
Sec. 3	A. Was any of this waste shipped off site in 2001	for treatment, disp	osal, or recycli	ng?	Yes		
Site #	B. EPA ID No. of facility waste was shipped to	Code shippe		thod D. To	tal quantity shippe		
1	AZD049318009	НС)40			0.170000	
Comme	ents						

FORM G	SM ·						
CAST	EAU COMPRESSOR STATION LEROCK EAU, NM 87323		FORM W		U.S. ENVIRONMENTAL PROTECTION AGENCY 01 Hazardous Waste Report WASTE GENERATION AND MANAGEMENT		
Sec. 1	A. Waste NATURAL GAS PIPEL Description	INE LIQUI	DS				
	azardous Waste Code D004 D008 D018	C. State Hazardous Waste Code					
D. Sour	D. Source Code G09 E. Form Code Management Method Code for Source code G25 W219			G. Quantity Gener	ated in 2001 2.380000	H.UOM 2 Density 0.00 1b./gal.	
Sec.2	C. Was any of this waste managed on-site:	1	ŃO				
ON-SITE PROCESS SYSTEM 1 On-site Management Quantity treated, disposed, or recycled Method code on-site in 2001			On-site Ma	ON-SITE PROCESS SYSTEM 2 On-site Management Method code		Quantity treated, disposed, or recycled on-site in 2001	
Sec. 3	A. Was any of this waste shipped off site in 2001	for treatment, disp	oosal, or recycli	ing?	Yes		
Site #	B. EPA ID No. of facility waste was shipped to	C. Off-site M Code shippe	lanagement Me ed to	thod D. To	tal quantity shippo		
1	UTD981552177	НС	040			2.380000	
Comm	ents						

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.ERROR LISTING FOR THOREAU COMPRESSOR STATION RUN ON 02/19/2002 . ERRORS are listed by form AND page number . A form heading does not neccessarily indicate ERRORS. . FORM GM ERRORS LIST page# error message FORM IC ERROR LIST CHECK: NO G3 FILE FOUND - NO STATE WASTE CODES? CHECK: NO G5 FILE FOUND - NO ONSITE TREATMENT OR DISPOSAL? CHECK: NO FORM(S) WR FOUND - NO WASTE RECEIVED FROM OFF-SITE . FORM GM DETAILS LIST . FORM OI ERROR LIST 00003 EPA ID NOT IN GM OR WR: OKD981588791 00005 EPA ID NOT IN GM OR WR: SCR000074591 . REPORT TOTALS FOR THOREAU COMPRESSOR STATION IN TONS TOTAL GENERATED (GM) = 2.41 TOTAL RECEIVED (WR) = 0.00 TOTAL RECEIVED (GM) = 0.00 TOTAL SHIPPED (GM) = TOTAL TREATED (GM) = 2.55 0.00 TOTAL UI, POTW, & NPDES = 0.00 TOTAL RCRA GENERATION = 2.41 . RCRA WASTE TONS GENERATED ON-SITE BY WASTE FORM (TYPE) FORM CODE TONS GENERATED W219 Other organic liquid (specify in comments) 2.38 0.03 W409 Other organic solids (specify in comments) . RCRA WASTE TONS GENERATED ON-SITE BY WASTE SOURCE SOURCE CODE TONS GENERATED 2.38 G09 Other production or service-related processes (wher G13 Cleaning out process equipment (periodic sludge or 0.03 . RCRA WASTE TONS SHIPPED TO OFFSITE TREATMENT SYSTEMS TONS SHIPPED SYSTEM H040 Incineration - thermal destruction other than use 2.55

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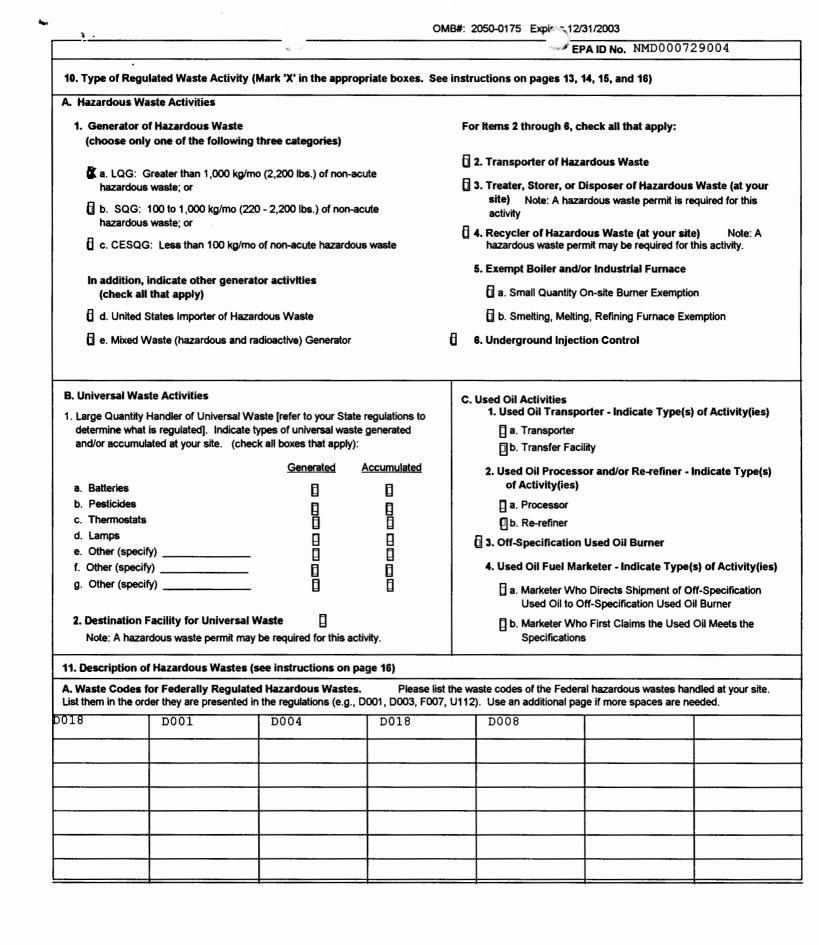
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MAIL THE									
COMPLETED FORM TO:	United States Environmental Protection Ag	United States Environmental Protection Agency							
The Appropriate EPA Regional or State Office	RCRA SUBTITLE C SITE IDENTIFICATION FORM								
1. Reason for Submittal and Status of Information	A. Reason for Submittal:								
Supplied (see instructions	To provide initial notification (to obtain an EPA ID Number for haz								
on pages 10 and 11)	To provide subsequent notification (to update site identification i	As a component of a First RCRA Hazardous Waste Part A Permit Application.							
CHECK CORRECT		-							
BOX(ES)	As a component of the Hazardous Waste Report.								
	2								
2. Site EPA ID Number (see instructions on page 11)	EPA ID Number: NMD000729004								
3. Site Name (see instructions on page 11)	Name: LAGUNA COMPRESSOR STATION								
4. Site Location Information (see	Street Address: REMOTE 1 MILE SOUTH OF LA	AGUNA UNDER I-40							
instructions on page 11)	City, Town, or Village: LAGUNA	State: NM							
	County Name: VALENCIA	Zip Code: 8700-2 -							
5. Site Land Type (see instructions on page 11)	Site Land Type: ☐ Private ☐ County ☐ District □ Fede	eral 🛛 🕅 dian 🗆 🚺 unicipal 🗆 🖥 tate 🗆 🖗 ther							
6. North American Industry Classification	A. 48621 B.								
System (NAICS) Code(s) for the Site (see instructions on page 11)	C. D.								
7. Site Mailing Address	Street Address: 6381 NORTH MAIN STREET								
(see instructions on page 12)	City, Town, or Village: ROSWELL								
	State: NM								
	Country:	Zip Code: 8700-2 -							
8. Site Contact Person (see instructions on page 12)	First Name: LARRY MI	I: T Last Name: CAMPBELL							
	Phone Number: (505) 625-8022	Phone Number Extension:							
9. Legal Owner and	A. Name of Site's Legal Owner:	Date Became Owner (mm/dd/yyyy):							
Operator of the Site (see	TRANSWESTERN PIPELINE COMPANY								
instructions on pages 12 and 13)	Owner Type: Trivate [] County []District []Federal B. Name of Site's Operator:	II □[]hdian □[]/Iunicipal □ []tate □ []ther Date Became Operator (mm/dd/yyyy):							
	B. Name of Site's Operator: TRANSWESTERN PIPELINE COMPANY	01/01/1959							
	Operator Type: RPrivate Dounty District Federa	al ⊡∏hdian ⊡[Municipal ⊡ State ⊡ Ø]her							

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u .	OMB#: 2050-0175 Families 12/31/2003						
	EPA ID No. NMD000729004						
B. Waste Codes for State-Regulated (i.e., no			the State-regulated hazardous wastes				
handled at your site. List them in the order they are	presented in the regulations. Use an ad	nitional page il more spaces are need	ad for waste codes.				
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· · · · · · · · · · · · · · · · · · ·							
12. Comments (see instructions on page 17)						
· · · · · · · · · · · · · · · · · · ·							
LARRY.CAMPBELL@I							
	that this document and all attachments						
system designed to assure that qualified personnel manage the system or those persons directly respo							
accurate and complete. I am aware that there are si	gnifigant penalties for submitting false in	formation, including the possibility of	fine and imprisonment for knowing				
violations. (see instructions on page 17)							
Signature of owner, operator, or an authorized representative	Name and Official Title	(type or print)	D. Date Signed (mm-dd-yyyy)				
Sarry Campbell	LARRY T CAMPBELL		01/17/2002	;			
c , c , c , c , c , c , c , c , c , c ,	DES						

	GM				····		
SITE NAME LAGUNA COMPRESSOR STATION				2	U.S. ENVIRONMENTAL PROTECTION AGENCY 2001 Hazardous Waste Report		
1 MILE SOUTH OF LAGUNA UNDER I-40 LAGUNA, NM 87002 EPAID NO: NMD000729004			FORM GM		WASTE GENERATION AND MANAGEMENT		
Sec. 1	Sec. 1 A. Waste PIPELINE SOLIDS GENERATED FROM TRANSPORTATION OF NATURAL GAS Description						
в. ера н D004	Hazardous Waste Code D008	C. State Hazardous Waste Code					
D. Source Code G13 E. Form Code Management Method Code for Source code G25		E. Form Code W609	F. RCRA radioactive mixed N	G. Quantity Ge	enerated in 2001 0.170000	H.UOM2 Density 0.0 1b./gal	
Sec.2	C. Was any of this waste managed on-site:	1	10				
ON-SIT	E PROCESS SYSTEM 1		ON-SITE PRO	CESS SYSTEM	2		
On-site Management Quantity treated, disposed, or recycled Method code on-site in 2001		or recycled	On-site Management Method code			Quantity treated, disposed, or recycled on-site in 2001	
Sec. 3	A. Was any of this waste shipped off site in 2001	for treatment, disp	osal, or recycli	ng?	Yes		
	B. EPA ID No. of facility waste was shipped to	C. Off-site M Code shippe	Management Method D. Total quantity shipped in 2001 bed to			ed in 2001	
Site #			040 0.170000				

	**************************************			\$ _{1×2} 3		.S. ENVIRON		
LAGU	SITE NAME LAGUNA COMPRESSOR STATION 1 MILE SOUTH OF LAGUNA UNDER I-40				Р	ROTECTION	AGENCY	
1 MILE SOUTH OF LAGUNA UNDER I-40 LAGUNA, NM 87002 EPAIDNO: NMD000729004			FORI GM			ASTE GENI		
Sec. 1	Sec. 1 A. Waste NATURAL GAS PIPELINE LIQUIDS Description							
B. EPA Hazardous Waste Code C. State Hazardous Waste Code D004 D008								
D. Sour	rce Code G09	E. Form Code	F. RCRA radioactive	G. Quar	ntity Genera	ated in 2001	H. UOM 2	
W219 Code G25			radioactive mixed N		14.160000		Density 0.00 lb./gal.	
Sec.2	C. Was any of this waste managed on-site:	1	No					
	E PROCESS SYSTEM 1	· · · · · · · · · · · · · · · · · · ·	ON-SITE PRO	CESS SY	YSTEM 2			
	On-site Management Quantity treated, disposed, or recycled On-site Management Quantity treated, disposed, or Method code on-site in 2001 Method code recycled on-site in 2001					•		
Sec. 3	A. Was any of this waste shipped off site in 2001	for treatment, disp	osal, or recycli	ing?		Yes		
Site #	B. EPA ID No. of facility waste was shipped to	C. Off-site M Code shippe	lanagement Me ed to	thod	D. Tota	al quantity shippe	d in 2001	
1	UTD981552177	нс	H040 14.16000			4.160000		
Comm	ents							

FORM GM

.ERROR LISTING FOR LAGUNA COMPRESSOR STATION RUN ON 02/19/2002 . ERRORS are listed by form AND page number . A form heading does not neccessarily indicate ERRORS. . FORM GM ERRORS LIST page# error message 00001 WARN: G105 DENSITY NUMBER RE-FORMATTED 00001 WARN: G105 GENERATED QTY NUMBER RE-FORMATTED 00002 WARN: G105 DENSITY NUMBER RE-FORMATTED 00002 WARN: G105 GENERATED QTY NUMBER RE-FORMATTED 00003 WARN: G105 DENSITY NUMBER RE-FORMATTED 00003 WARN: G105 GENERATED QTY NUMBER RE-FORMATTED 00003 WARN: Possible duplicate GM page: 00001 00001 WARN: G405 SHIP QTY NUMBER RE-FORMATTED 00002 WARN: G405 SHIP QTY NUMBER RE-FORMATTED 00003 WARN: G405 SHIP QTY NUMBER RE-FORMATTED . FORM IC ERROR LIST CHECK: NO G3 FILE FOUND - NO STATE WASTE CODES? CHECK: NO G5 FILE FOUND - NO ONSITE TREATMENT OR DISPOSAL? CHECK: NO FORM(S) WR FOUND - NO WASTE RECEIVED FROM OFF-SITE . FORM GM DETAILS LIST . FORM OI ERROR LIST 00003 EPA ID NOT IN GM OR WR: SCR000074591 00004 EPA ID NOT IN GM OR WR: OKD981588791 . REPORT TOTALS FOR LAGUNA COMPRESSOR STATION IN TONS TOTAL GENERATED (GM) = TOTAL RECEIVED (WR) = TOTAL RECEIVED (GM) = TOTAL SHIPPED (GM) = TOTAL TREATED (GM) = TOTAL UI, POTW, & NPDES = TOTAL RCRA GENERATION = 14.50 0.00 0.00 14.50 0.00 0.00 14.50 . RCRA WASTE TONS GENERATED ON-SITE BY WASTE FORM (TYPE) FORM CODE TONS GENERATED 14.16 W219 Other organic liquid (specify in comments) 0.34 W609 Other organic sludge (specify in comments) . RCRA WASTE TONS GENERATED ON-SITE BY WASTE SOURCE SOURCE CODE TONS GENERATED G09 Other production or service-related processes (wher 14.16 G13 Cleaning out process equipment (periodic sludge or 0.34 . RCRA WASTE TONS SHIPPED TO OFFSITE TREATMENT SYSTEMS SYSTEM TONS SHIPPED H040 Incineration - thermal destruction other than use 14.50

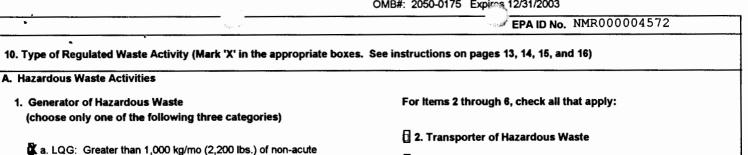
Sec. State

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•	 A specific state of the specifi				
MAIL THE COMPLETED FORM TO: The Appropriate EPA Regional or State Office	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM				
1. Reason for Submittal and Status of Information Supplied (see instructions on pages 10 and 11) CHECK CORRECT BOX(ES)	A. Reason for Submittal: To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). To provide subsequent notification (to update site identification information). As a component of a First RCRA Hazardous Waste Part A Permit Application. As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #). As a component of the Hazardous Waste Report.				
2. Site EPA ID Number (see instructions on page 11)	EPA ID Number: NMR000004572				
3. Site Name (see instructions on page 11)	Name: GALLUP COMPRESSOR STATION				
4. Site Location Information (see instructions on page 11)	Street Address: 21 SPEEDWAY				
manucions on page 11	City, Town, or Village: GALLUP State: NM				
	County Name: MCKINLEY Zip Code: 87301-	-			
5. Site Land Type (see instructions on page 11)	Site Land Type:] Private] County] District] Federal] Sidian] Municipal] State] Other				
6. North American Industry Classification System (NAICS) Code(s)	A. 48621 B.				
for the Site (see instructions on page 11)	C. D.				
7. Site Mailing Address	Street Address: 6381 NORTH MAIN STREET				
(see instructions on page 12)	City, Town, or Village: ROSWELL				
	State: NM				
	Country: Zip Code: 88201				
8. Site Contact Person (see instructions on page 12)	First Name: LARRY MI: T Last Name: CAMPBELL				
	Phone Number: (505) 625-8022 Phone Number Extension: 8022				
9. Legal Owner and	A. Name of Site's Legal Owner: Date Became Owner (mm/dd/yyyy): TRANSWESTERN PIPELINE COMPANY 01/01/1959				
Operator of the Site (see instructions on pages 12	Owner Type:) Private [] County [] District [] Federal [] [] hdian [] [Municipal] [] tate [] [] ther				
and 13)	B. Name of Site's Operator: Date Became Operator (mm/dd/yyyy):				
	TRANSWESTERNPIPELINE COMPANY 01/01/1959				
	Operator Type: ∭CPrivate @County []District □[Federat □ []hdian □ []Municipal □ §tate □ Φther				

OMB#: 2050-0175 Expires 12/31/2003



- 1 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity
- Note: A 4. Recycler of Hazardous Waste (at your site) hazardous waste permit may be required for this activity.
 - 5. Exempt Boiler and/or Industrial Furnace
 - a. Small Quantity On-site Burner Exemption
 - b. Smelting, Melting, Refining Furnace Exemption

1. Used Oil Transporter - Indicate Type(s) of Activity(ies)

6. Underground Injection Control

C. Used Oil Activities

B. Universal Waste Activities

hazardous waste; or

hazardous waste; or

(check all that apply)

1. Large Quantity Handler of Universal Waste [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. (check all boxes that apply):

b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs.) of non-acute

In addition, indicate other generator activities

d. United States Importer of Hazardous Waste

a. Mixed Waste (hazardous and radioactive) Generator

C. CESQG: Less than 100 kg/mo of non-acute hazardous waste

	Generated	Accumulated
a. Batteries		0
b. Pesticides	- П	- f1
c. Thermostats	日	ā
d. Lamps	Ā	Ā
e. Other (specify)	ă	ă
f. Other (specify)	គី	Ē
g. Other (specify)	Ō	Ō
2. Destination Facility for Universal Was	ste 🛛	
Note: A hazardous waste permit may be	required for this	activity.

11. Description of Hazardous Wastes (see instructions on page 16)

a. Transporter D. Transfer Facility 2. Used Oil Processor and/or Re-refiner - Indicate Type(s) of Activity(ies) a. Processor D. Re-refiner 3. Off-Specification Used Oil Burner 4. Used Oil Fuel Marketer - Indicate Type(s) of Activity(ies) a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner D. Marketer Who First Claims the Used Oil Meets the Specifications

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	D008	D018					

EPA ID No. NMR000004572								
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 for waste codes.								
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12. Comments (see instructions on page 1)	/)							
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LARRY.CAMPBELL@	ENRON COM							
		- Terrer						
13. Certification. I certify under penalty of lav	that this document and all attachments w	ere prepared under my direction	or supervision in accord	lance with a				
system designed to assure that qualified personnel manage the system or those persons directly respo	property gather and evaluate the information nsible for gathering the information, the in	on submitted. Based on my inqu formation submitted is, to the be	iry of the person of person ist of my knowledge and	bns who belief, true,				
accurate and complete. I am aware that there are s	ignifigant penalties for submitting false inf	ormation, including the possibilit	y of fine and imprisonme	nt for knowing				
violations. (see instructions on page 17)			r					
Signature of owner, operator, or an	Name and Official Title	(type or print)		D. Date Signed				
authorized representative				(mm-dd-yyyy)				
Larry Compbell	LARRY T CAMPBELL			01/17/2002				
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FORM	GM			arabie 1844			
SITE NAME GALLUP COMPRESSOR STATION				, F	J.S. ENVIRON PROTECTION 1 Hazardous V	AGENCY	
SPEEDWAY GALLUP, NM 87301 EPAIDNO: NMR000004572			FOR GM	" V	VASTE GEN AND MANAC		
Sec. 1 A. Waste WASTE METHANOL USED FOR PIPELINE CLEANING Description							
B. EPA Hazardous Waste Code C. State Hazardous Waste Code F003 D001 D018 Image: Code							
D. Source Code G13 E. Form Code Management Method Code for Source code G25 W203			F. RCRA radioactive mixed N	G. Quantity Generated in 2001 H. UOM 18.240000 (1b./g			
Sec.2	C. Was any of this waste managed on-site:	1	10				
ON-SIT	E PROCESS SYSTEM 1		ON-SITE PRO	CESS SYSTEM 2			
•	On-site Management Quantity treated, disposed, or recycled Method code on-site in 2001			On-site Management Quantity treated, disposed Method code recycled on-site in 2001			
Sec. 3	A. Was any of this waste shipped off site in 2001	for treatment, disp	osal, or recycli	ing?	Yes		
Site #	B. EPA ID No. of facility waste was shipped to	C. Off-site M Code shippe	-	anagement Method D. Total quantity shipped in 2001 d to		ed in 2001	
1	UTD981552177	но	40			5.360000	
Comm	Comments						

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SITE N GALLU SPEEI	JP COMPRESSOR STAION			**************************************	U.S. ENVIRON PROTECTION 2001 Hazardous V	AGENCY	
GALLUP, NM 87301 EPA ID NO: NMR000004572				M	WASTE GEN AND MANAG		
Sec. 1 A. Waste WASTE METHANOL USED FOR PIPELINE CLEANING Description							
B. EPA Hazardous Waste Code F003 D001 D018				ate Hazardou	s Waste Code		
D. Source Code G13 E. Form Code Management Method Code for Source code G25			F. RCRA radioactive mixed N	G. Quantity	Quantity Generated in 2001 H. UOM 2 Density 18.240000 0. 1b./ga		
Sec.2 C	. Was any of this waste managed on-site:	1	10				
ON-SITE PROCESS SYSTEM 1 On-site Management Quantity treated, disposed, or recycled Method code on-site in 2001		ON-SITE PROCESS SYSTEM 2 On-site Management Method code Quantity treated, disposed recycled on-site in 2001					
Sec. 3 A. Was any of this waste shipped off site in 2001 for treatment, disposal, or recycling? Yes							
Site #	B. EPA ID No. of facility waste was shipped to	C. Off-site M Code shippe	Management Method D. Total quantity shipped in 2001 ed to			ed in 2001	
1	UTD981552177	нс	040			5.360000	
Commer	its				, <u></u>		

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