

**GM** inc.

**GM** inc.

**RCRA Permit Application  
for the  
Triassic Park Waste Disposal Facility**

**Revision Draft**

**March 14, 1996**

**Prepared For:**

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MAPS WITH THIS DOCUMENT,  
PLEASE CALL THE  
HAZARDOUS WASTE BUREAU  
AT 505-476-6000 TO MAKE AN  
APPOINTMENT**

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*Note: A, B, E, F, G, H removed from this revision; all now in "Appendix".  
A, B, G, H removed from this revision & placed in Rev. 92 "Appendix".*

## **List of Acronyms**

ALR	action leakage rate
ANOVA	analysis of variance
ASTM	American Society for Testing and Materials
AUY	animal unit year-long
BLM	Bureau of Land Management
CQA	Construction Quality Assurance
DOT	U.S. Department of Transportation
EC	emergency coordinator
EPA	U.S. Environmental Protection Agency
HAS	health and safety
HDPE	high-density polyethylene
HELP	Hydrological Evaluation of Landfill Performance
HSWA	Hazardous and Solid Waste Amendments
LCRS	leachate collection and removal system
LDR	Land Disposal Restrictions
LDS	leak detection system
MSDS	Material Safety Data Sheet
MTR	Minimum Technology Requirements
NFPA	National Fire Protection Association
NMED	New Mexico Environment Department
NOAA	National Oceanic and Atmospheric Administration
OCD	Oil Conservation Division
OJT	on-the-job training
ONA	Outstanding Natural Area
OSHA	Occupational Safety and Health Administration
PA	public address
PMO	preventive maintenance order
PPE	personal protective equipment
PQL	practical quantitation limit

QA/QC	quality assurance/quality control
RCRA	Resource Conservation and Recovery Act
SCBA	self-contained breathing apparatus
SWMU	Solid Waste Management Unit
TCE	trichloroethylene
TCLP	Toxicity Characteristic Leaching Procedure
TDS	total dissolved solid
TOC	total organic carbon
USGS	U.S. Geological Survey

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Washington, DC 20460

# Hazardous Waste Permit Application

## Part A

(Read the Instructions before starting)

**Date Received**  
Month Day Year**I. ID Number(s)****A. EPA ID Number****B. Secondary ID Number (if applicable)****II. Name of Facility**

T R I A S S I C P A R K W A S T E D I S P O S A L

**III. Facility Location (Physical address, not P.O. Box or Route Number)****A. Street**

U S H W Y 3 8 0

**Street (continued)**

3 6 M I L E S W O F T A T U M

**City or Town****State ZIP Code**

T A T U M

N M 8 8 2 6 7 -

**County Code  
(if known)****County Name**

C H A V E S

**B. Land Type****C. Geographic Location**

(Enter code)	LATITUDE (degrees)	LONGITUDE (degrees)	Month	Day	Year
P	3 3	2 2 0 0 0	1 0 3	5 1	0 0 0

**IV. Facility Mailing Address****Street or P.O. Box**

1 1 0 9 E A S T B R O A D W A Y

**City or Town****State ZIP Code**

T A T U M

N M 8 8 2 6 7 -

**V. Facility Contact Person (to be contacted regarding waste activities at facility)****Name (last)****(first)**

G A N D Y

L A R R Y

**Job Title****Phone Number (area code and number)**

V I C E P R E S I D E N T 5 0 5 - 3 9 8 - 4 9 6 0

**VI. Facility Contact Address (See Instructions)****Contact Address  
Location - Mailing****B. Street or P.O. Box**

X

**City or Town****State ZIP Code**