

GRCB92



Bloomfield Refining
Company

A Gary Energy Corporation Subsidiary



ENTERED

January 17, 1992

Ms. Anna Walker
New Mexico Environment Department
Hazardous and Radioactive Materials Bureau
525 Camino De Los Marquez
Santa Fe, New Mexico 87502

RE: 1991 Hazardous Waste Report
NMD 089 416 416

Dear Ms. Walker:

Please find our 1991 Hazardous Waste Report enclosed. Please call me if there are any questions.

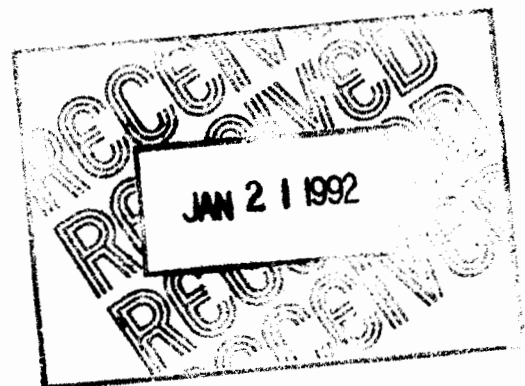
Sincerely,

Chris Hawley
Environmental Manager

CH/jm

Enclosures

cc: Dave Roderick
Joe Warr
John Goodrich



6/11/92 AW

OMB#: 2050-0024 Expires 9/30/92

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME BLOOMFIELD REFINING COMPANY

EPA ID NO. NM D 089 416 416

U.S. ENVIRONMENTAL PROTECTION AGENCY
1991 Hazardous Waste Report
IDENTIFICATION AND CERTIFICATION

RECEIVED HAZARDOUS WASTE PROGRAM
FORM IC

INSTRUCTIONS: Read the detailed instructions beginning on page 6 of the 1991 Hazardous Waste Report booklet before completing this form.

SEC. I Site name and location address. Complete items A through H. Check the box in items A, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instruction page 6

A. EPA ID No. Same as label or NM D 089 416 416 B. County SAN JUAN

C. Site/company name Same as label or BLOOMFIELD REFINING COMPANY D. Has the site name associated with this EPA ID changed since 1989? 1 Yes 2 No

E. Street name and number. If not applicable, enter industrial park, building name or other physical location description. Same as label or #50 COUNTY ROAD 4990 (SULLIVAN ROAD)

F. City, town, village, etc. Same as label or BLOOMFIELD G. State Same as label or NM H. Zip Code Same as label or 87413

SEC. II Mailing address of site. Instruction page 6

A. Is the mailing address the same as the location address? 1 Yes (SKIP TO SEC. III) 2 No (GO TO BOX B)

B. Number and street name of mailing address P.O. BOX 159

C. City, town, village, etc. BLOOMFIELD D. State NM E. Zip Code 87413

SEC. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 6

A. Please print: Last name HAWLEY First name CHRIS M.I. B. Title ENVIRONMENTAL MANAGER C. Telephone 505 632-8013
Extension

SEC. IV Enter the Standard Industrial Classification (SIC) Code that describes the principal products, group of products, produced or distributed, or the services rendered at the site's physical location. Enter more than one SIC Code only if no one industry description includes the combined activities of the site. Instruction page 7

A. 2911 B. NA C. NA D. NA

SEC. V "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."

A. Please print: Last name HAWLEY First name CHRIS M.I. B. Title ENVIRONMENTAL MANAGER

C. Signature Chris Hawley D. Date of signature 01/16/92
MO. DAY YR.

6/11/92 ✓

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME

BLOOMFIELD REFINING COMPANY

EPA ID NO.

NMD 089 416 416



U.S. ENVIRONMENTAL PROTECTION AGENCY

1991 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1991 Hazardous Waste Report booklet before completing this form.

| | | | | | |
|---|---|--|--------------------------------------|---------------------------|--|
| Sec. I | A. Waste description Instruction Page 15 | | | | |
| WASTE PETROLEUM NAPHTHA COMBUSTIBLE LIQUID UN1255 (D001) SOLVENT USED FOR PARTS CLEANING | | | | | |
| B. EPA hazardous waste code Page 15 | | D. SIC code Page 16 | | E. Origin code Page 16 | C. State hazardous waste code Page 15 |
| D001 D039 NA NA NA | | 2911 | L | M NA | |
| F. Source code Page 17 | G. Point of measurement Page 17 | H. Form code Page 17 | I. RCRA-radioactive mixed Page 17 | | |
| A 19 | 3 | B 204 | 2 | | |
| J. Reported TRI constituent Page 18 | | K. CAS numbers Page 18 | | | |
| 2 | | 1. _____ - _____ - _____ 2. _____ - _____ - _____ 3. _____ - _____ - _____ 4. _____ - _____ - _____ 5. _____ - _____ - _____ | | | |

| | | | | | |
|--------------------------------|--|--|--------------------------------|--|--|
| Sec. II | A. Quantity generated in 1990 Instruction Page 18 | B. Quantity generated in 1991 Page 18 | C. UOM Page 19 | Density Page 19 | D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 19 |
| | 2322.0 | 2150.0 | L | | <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III) |
| ON-SITE SYSTEM 1 | | | ON-SITE SYSTEM 2 | | |
| On-site system type Page 19 | Quantity treated, disposed or recycled on site in 1991 | | On-site system type Page 19 | Quantity treated, disposed or recycled on site in 1991 | |
| M | _____ . _____ | | M | _____ . _____ | |

| | | | | | |
|--|---|--------------------------------------|--|--|--|
| Sec. III | A. Was any of this waste shipped off site in 1991? Instruction Page 20 | | | | |
| <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (SKIP TO SEC. IV) | | | | | |
| Site 1 | B. EPA ID No. of facility waste was shipped to Page 20 | C. System type shipped to Page 20 | D. Off-site availability code Page 21 | E. Total quantity shipped in 1991 Page 21 | |
| | NMD 980 698 849 | M 029 | L | 2150.0 | |
| Site 2 | B. EPA ID No. of facility waste was shipped to Page 20 | C. System type shipped to Page 20 | D. Off-site availability code Page 21 | E. Total quantity shipped in 1991 Page 21 | |
| | _____ | M | | _____ . _____ | |

| | | | | | |
|--|--|---|---|--|--|
| Sec. IV | A. Did new activities in 1991 result in minimization of this waste? Instruction Page 22 | | | | |
| <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) | | | | | |
| B. Activity Page 22 | C. Other effects Page 22 | D. Quantity recycled in 1991 due to new activities Page 23 | E. Activity/production index Page 23 | F. 1991 Source reduction quantity Page 24 | |
| W | <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No | _____ . _____ | _____ . _____ | _____ . _____ | |

Comments:

6/11/92
AW

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SITE NAME BLOOMFIELD REFINING COMPANY

EPA ID NO. NMD 089 416 416



U.S. ENVIRONMENTAL PROTECTION AGENCY

1991 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1991 Hazardous Waste Report booklet before completing this form.

| | | | | | |
|---|---|---|---|--|--|
| Sec. I | A. Waste description Instruction Page 15 HAZARDOUS WASTE SOLIDS (FILTER CAKE) GENERATED FROM CLEANING THE FACILITY'S API SEPARATOR (TOXIC HAZARD). | | | | |
| B. EPA hazardous waste code Page 15 <u>K051 D018</u> <u>NA NA NA</u> | | | C. State hazardous waste code Page 15 _____ | | |
| D. SIC code Page 16 <u>29111</u> | E. Origin code Page 16 <u>L</u> System type <u>MI NA</u> | F. Source code Page 17 <u>A60</u> | G. Point of measurement Page 17 <u>L</u> | H. Form code Page 17 <u>B409</u> | I. RCRA-radioactive mixed Page 17 <u>2</u> |
| J. Reported TRI constituent Page 18 <u>3</u> | K. CAS numbers Page 18 1. <u>1330-20-7</u> 2. <u>108-88-3</u> 3. <u>110-82-7</u> 4. <u>71-43-2</u> 5. <u>100-41-4</u> | | | | |

| | | | | |
|--|---|---|---|--|
| Sec. II | A. Quantity generated in 1990 instruction Page 18 <u>NA</u> | B. Quantity generated in 1991 Page 18 <u>148340.0</u> | C. UOM Page 19 <u>L</u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg | D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POT? Page 19 <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III) |
| ON-SITE SYSTEM 1 On-site system type Page 19 <u>M</u> | | Quantity treated, disposed or recycled on site in 1991 _____ | | |
| ON-SITE SYSTEM 2 On-site system type Page 19 <u>M</u> | | Quantity treated, disposed or recycled on site in 1991 _____ | | |

| | | | | | |
|----------|---|---|--|---|--|
| Sec. III | A. Was any of this waste shipped off site in 1991? Instruction Page 20 <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (SKIP TO SEC. IV) | | | | |
| Site 1 | B. EPA ID No. of facility waste was shipped to Page 20 <u>LAD 981 057 706</u> | C. System type shipped to Page 20 <u>M043</u> | D. Off-site availability code Page 21 <u>L</u> | E. Total quantity shipped in 1991 Page 21 <u>148340.0</u> | |
| Site 2 | B. EPA ID No. of facility waste was shipped to Page 20 _____ | C. System type shipped to Page 20 <u>M</u> | D. Off-site availability code Page 21 _____ | E. Total quantity shipped in 1991 Page 21 _____ | |

| | | | | | |
|--|--|--|--|---|--|
| Sec. IV | A. Did new activities in 1991 result in minimization of this waste? Instruction Page 22 <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE) | | | | |
| B. Activity Page 22 <u>W</u> <u>W</u> <u>W</u> <u>W</u> | C. Other effects Page 22 <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No | D. Quantity recycled in 1991 due to new activities Page 23 _____ | E. Activity/production index Page 23 _____ | F. 1991 Source reduction quantity Page 24 _____ | |

Comments: I. H. NOT PUMPABLE, SIGNIFICANT PROPORTION OF THIS WASTE IS SAND & DIRT WASHED INTO THE API FROM THE SEWERS.

6/11/92 ✓ Au

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U.S. ENVIRONMENTAL PROTECTION AGENCY

1991 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1991 Hazardous Waste Report booklet before completing this form.

| | | | | | |
|---|--|--|---|--|--|
| Sec. I | A. Waste description Instruction Page 15 TOXIC HAZARDOUS WASTE SOLIDS AND SLUDGES GENERATED FROM CLEANING A LEADED GASOLINE TANK. | | | | |
| B. EPA hazardous waste code Page 15 <u>K052 D001</u> <u>NA NA NA</u> | | | C. State hazardous waste code Page 15 _____ | | |
| D. SIC code Page 16 <u>2911</u> | E. Origin code Page 16 <u>L</u> System type <u>NA</u> | F. Source code Page 17 <u>A60</u> | G. Point of measurement Page 17 <u>L</u> | H. Form code Page 17 <u>B319</u> | I. RCRA-radioactive mixed Page 17 <u>2</u> |
| J. Reported TRI constituent Page 18 <u>3</u> | | K. CAS numbers Page 18 1. <u>1330-20-7</u> 2. <u>108-88-3</u> 3. <u>110-82-7</u> 4. <u>71-43-2</u> 5. <u>100-41-4</u> | | | |

| | | | | | |
|--|---|--|--|---|---|
| Sec. II | A. Quantity generated in 1990 Instruction Page 18 <u>4200.0</u> | B. Quantity generated in 1991 Page 18 <u>700.0</u> | C. UOM Page 19 <u>L</u> | Density <u> </u> lbs/gal <input type="checkbox"/> <u> </u> sg <input type="checkbox"/> | D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 19 <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM I) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III) |
| ON-SITE SYSTEM 1 On-site system type Page 19 <u>M</u> | | | ON-SITE SYSTEM 2 On-site system type Page 19 <u>M</u> | | |

| | | | | | |
|----------|---|---|---|--|--|
| Sec. III | A. Was any of this waste shipped off site in 1991? Instruction Page 20 <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (SKIP TO SEC. IV) | | | | |
| Site 1 | B. EPA ID No. of facility waste was shipped to Page 20 <u>WTD 991 301 748</u> | C. System type shipped to Page 20 <u>M043</u> | D. Off-site availability code Page 21 <u>L</u> | E. Total quantity shipped in 1991 Page 21 <u>700.0</u> | |
| Site 2 | B. EPA ID No. of facility waste was shipped to Page 20 _____ | C. System type shipped to Page 20 <u>M</u> | D. Off-site availability code Page 21 <u> </u> | E. Total quantity shipped in 1991 Page 21 _____ | |

| | | | | | |
|--|--|--|--|---|--|
| Sec. IV | A. Did new activities in 1991 result in minimization of this waste? Instruction Page 22 <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE) | | | | |
| B. Activity Page 22 <u>W</u> <u>W</u> <u>W</u> <u>W</u> | C. Other effects Page 22 <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No | D. Quantity recycled in 1991 due to new activities Page 23 _____ | E. Activity/production index Page 23 _____ | F. 1991 Source reduction quantity Page 24 _____ | |

Comments: I.H. MOST OF THE SLUDGE IS RUST, SCALE, DIRT CONTAMINATED WITH GASOLINE SLUDGE, IS NOT PUMPABLE.

02/11/92 vll

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1991 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1991 Hazardous Waste Report booklet before completing this form.

| | | | | | |
|---|--|--|---|--|--|
| Sec. I | A. Waste description Instruction Page 15 TOXIC HAZARDOUS WASTE SOLIDS GENERATED FROM CLEANING REFINERY HEAT EXCHANGERS. | | | | |
| B. EPA hazardous waste code Page 15 K050 D004 D006 D008 D010 | | | C. State hazardous waste code Page 15 _____ | | |
| D. SIC code Page 16 2911 | E. Origin code Page 16 1 System type MI MA | F. Source code Page 17 A60 | G. Point of measurement Page 17 1 | H. Form code Page 17 B409 | I. RCRA-radioactive mixed Page 17 3 |
| J. Reported TRI constituent Page 18 3 | | K. CAS numbers Page 18 1. 1330-20-7 2. 108-88-3 3. 110-82-7 4. 71-43-2 5. 100-41-4 | | | |

| | | | | | |
|--|--|---|-------------------------------|---|---|
| Sec. II | A. Quantity generated in 1990 Instruction Page 18 0.0 | B. Quantity generated in 1991 Page 18 1400.0 | C. UOM Page 19 1 | Density 1 1 1 <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg | D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 19 <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM I) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III) |
| ON-SITE SYSTEM 1 On-site system type Page 19 M | | Quantity treated, disposed or recycled on site in 1991 _____ | | ON-SITE SYSTEM 2 On-site system type Page 19 M | |
| | | Quantity treated, disposed or recycled on site in 1991 _____ | | | |

| | | | | | |
|----------|---|---|--|---|--|
| Sec. III | A. Was any of this waste shipped off site in 1991? Instruction Page 20 <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (SKIP TO SEC. IV) | | | | |
| Site 1 | B. EPA ID No. of facility waste was shipped to Page 20 UTD 991 301 748 | C. System type shipped to Page 20 M043 | D. Off-site availability code Page 21 1 | E. Total quantity shipped in 1991 Page 21 1400.0 | |
| Site 2 | B. EPA ID No. of facility waste was shipped to Page 20 _____ | C. System type shipped to Page 20 M | D. Off-site availability code Page 21 _____ | E. Total quantity shipped in 1991 Page 21 _____ | |

| | | | | | |
|--|--|--|--|---|--|
| Sec. IV | A. Did new activities in 1991 result in minimization of this waste? Instruction Page 22 <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE) | | | | |
| B. Activity Page 22 W W W W | C. Other effects Page 22 <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No | D. Quantity recycled in 1991 due to new activities Page 23 _____ | E. Activity/production index Page 23 _____ | F. 1991 Source reduction quantity Page 24 _____ | |

Comments: **I. H. NOT PUMPABLE. MOSTLY ORGANIC AND NON-ORGANIC DEPOSITS CLEANED FROM HEAT EXCHANGERS.**

6/11/92 JAW

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EPA ID NO. NMD 089 416 416



U.S. ENVIRONMENTAL PROTECTION AGENCY

1991 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1991 Hazardous Waste Report booklet before completing this form.

| | | | | | | | | | |
|--|---|--|---|--|--|--|--|--|--|
| Sec. I | A. Waste description Instruction Page 15 <u>WASTEWATER STREAM CONSIDERED TOXIC BECAUSE OF BENZENE CONCENTRATIONS EXCEEDING 0.5 ppm.</u> | | | | | | | | |
| B. EPA hazardous waste code Page 15 <u>D018</u> <u>NA</u> <u>NA</u> <u>NA</u> <u>NA</u> | | | C. State hazardous waste code Page 15 _____ | | | | | | |
| D. SIC code Page 16 <u>2911</u> | E. Origin code Page 16 <u>1</u> System type <u>INA</u> | F. Source code Page 17 <u>A75</u> | G. Point of measurement Page 17 <u>H</u> | H. Form code Page 17 <u>B102</u> | I. RCRA-radioactive mixed Page 17 <u>2</u> | | | | |
| J. Reported TRI constituent Page 18 <u>3</u> | | K. CAS numbers Page 18 1. <u>1330-20-7</u> 2. <u>108-88-3</u> 3. <u>110-82-7</u> 4. <u>71-43-2</u> 5. <u>100-41-4</u> | | | | | | | |

| | | | | | | |
|---|---|--|---|---|---|--|
| Sec. II | A. Quantity generated in 1990 Instruction Page 18 <u>78354300.0</u> | B. Quantity generated in 1991 Page 18 <u>297589548.0</u> | C. UOM Page 19 <u>L</u> | Density Page 19 _____._____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg | D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 19 <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM I) <input type="checkbox"/> 2 No (SKIP TO SEC. III) | |
| ON-SITE SYSTEM 1 On-site system type Page 19 <u>M081</u> Quantity treated, disposed or recycled on site in 1991 <u>297589548.0</u> | | | ON-SITE SYSTEM 2 On-site system type Page 19 <u>M083</u> Quantity treated, disposed or recycled on site in 1991 <u>297589548.0</u> | | | |

| | | | | | |
|----------|---|--|---|---|--|
| Sec. III | A. Was any of this waste shipped off site in 1991? Instruction Page 20 <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. IV) | | | | |
| Site 1 | B. EPA ID No. of facility waste was shipped to Page 20 _____ | C. System type shipped to Page 20 <u>M</u> | D. Off-site availability code Page 21 _____ | E. Total quantity shipped in 1991 Page 21 _____ | |
| Site 2 | B. EPA ID No. of facility waste was shipped to Page 20 _____ | C. System type shipped to Page 20 <u>M</u> | D. Off-site availability code Page 21 _____ | E. Total quantity shipped in 1991 Page 21 _____ | |

| | | | | | |
|--|--|--|--|---|--|
| Sec. IV | A. Did new activities in 1991 result in minimization of this waste? Instruction Page 22 <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE) | | | | |
| B. Activity Page 22 <u>W</u> <u>W</u> <u>W</u> <u>W</u> | C. Other effects Page 22 <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No | D. Quantity recycled in 1991 due to new activities Page 23 _____ | E. Activity/production index Page 23 _____ | F. 1991 Source reduction quantity Page 24 _____ | |

Comments:

08/11/92 Aw

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME BLOOMFIELD REFINING COMPANY

EPA ID NO. WMD 089 416 416



U.S. ENVIRONMENTAL PROTECTION AGENCY

1991 Hazardous Waste Report

FORM PS

WASTE TREATMENT, DISPOSAL, OR RECYCLING PROCESS SYSTEMS

INSTRUCTIONS: Read the detailed instructions beginning on page 32 of the 1991 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste treatment, disposal or recycling system description Instruction Page 38

BIOLOGICAL TREATMENT AND AIR STRIPPING OF THE REFINERY'S WASTE-WATER STREAM, A DOIB WASTE, UTILIZING HIGH-RATE AERATION IN LINED SURFACE IMPOUNDMENTS.

B. System type Page 38

M081

C. Regulatory status Page 38

01

D. Operational status Page 39

01

E. Unit types Page 39

09

Sec. II A. 1991 influent quantity Instruction Page 40

Total 297,589,548.0 UOM 1 Density

RCRA 297,589,548.0 1 lbs/gal 2 sg

B. Maximum operational capacity Page 41

Total 43,835,040.0 UOM Density

RCRA 43,835,040.0 1 lbs/gal 2 sg

C. 1991 liquid effluent quantity Page 42

Total 297,589,548.0 UOM 1 Density

RCRA 297,589,548.0 1 lbs/gal 2 sg

D. 1991 solid/sludge residual quantity Page 43

Total UOM 1 Density

RCRA 1 lbs/gal 2 sg

E. Limitations on maximum operational capacity Page 44

1. 08 2. 3.

F. Commercial capacity availability code Page 44

1

G. Percent capacity commercially available Page 45

 0 %

Sec. III A. Planned change in maximum operational capacity Instruction Page 45

- 1 Yes (CONTINUE TO BOX B)
- 2 No (THIS FORM IS COMPLETE)

B. New maximum operational capacity Page 45

Total UOM

RCRA 1 lbs/gal 2 sg

C. Planned year of change Page 46

19

D. Future commercial capacity availability code Page 46

E. Percent future capacity commercially available Page 46

 %

Comments: Sec. II.F.: CAPACITY IS LIMITED BY VOLUME OF TREATED WASTEWATER THAT CAN BE EVAPORATED.

6/11/92 ✓
AW

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U.S. ENVIRONMENTAL PROTECTION AGENCY

1991 Hazardous Waste Report

OFF-SITE IDENTIFICATION

FORM
OI

INSTRUCTIONS: Read the detailed instructions on the back of this page before completing this form.

| | | |
|--------|---|--|
| Site 1 | A. EPA ID No. of off-site installation or transporter <u>ILD 051 060 408</u> | B. Name of off-site installation or transporter <u>SAFETY-KLEEN CORP.</u> |
|--------|---|--|

| | |
|---|--|
| C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR | D. Address of off-site installation Street <u>NA</u> City _____ State _____ Zip Code _____ |
|---|--|

| | | |
|--------|---|--|
| Site 2 | A. EPA ID No. of off-site installation or transporter <u>NMD 980 698 849</u> | B. Name of off-site installation or transporter <u>SAFETY-KLEEN CORP.</u> |
|--------|---|--|

| | |
|---|---|
| C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR | D. Address of off-site installation Street <u>4210A. HAWKINS RD.</u> City <u>FARMINGTON</u> State <u>NM</u> Zip Code <u>87401</u> |
|---|---|

| | | |
|--------|---|---|
| Site 3 | A. EPA ID No. of off-site installation or transporter <u>OKD 981 514 474</u> | B. Name of off-site installation or transporter <u>USPCI</u> |
|--------|---|---|

| | |
|---|--|
| C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR | D. Address of off-site installation Street <u>NA</u> City _____ State _____ Zip Code _____ |
|---|--|

| | | |
|--------|---|---|
| Site 4 | A. EPA ID No. of off-site installation or transporter <u>UTD 991 301 748</u> | B. Name of off-site installation or transporter <u>USPCI, GRASSY MOUNTAIN FACILITY</u> |
|--------|---|---|

| | |
|---|--|
| C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR | D. Address of off-site installation Street <u>3 MILES EAST & 7 MILES NORTH OF KNOLL, EXIT 41 ON I-80.</u> City <u>CLIVE</u> State <u>UT</u> Zip Code <u>NA</u> |
|---|--|

| | | |
|--------|---|--|
| Site 5 | A. EPA ID No. of off-site installation or transporter <u>TXD 050 641 463</u> | B. Name of off-site installation or transporter <u>WPI TRANSPORTATION</u> |
|--------|---|--|

| | |
|---|--|
| C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR | D. Address of off-site installation Street <u>NA</u> City _____ State _____ Zip Code _____ |
|---|--|

Comments:

6/11/82 ✓
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BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME BLOOMFIELD REFINING COMPANY

EPA ID NO. WMD 089 416 416



U.S. ENVIRONMENTAL PROTECTION AGENCY

1991 Hazardous Waste Report

OFF-SITE IDENTIFICATION

FORM

OI

INSTRUCTIONS: Read the detailed instructions on the back of this page before completing this form.

| | | |
|--------|--|---|
| Site 1 | A. EPA ID No. of off-site installation or transporter <u>LAD 981 957 706</u> | B. Name of off-site installation or transporter <u>MARINE SHALE PROCESSORS, INC.</u> |
| | C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR | D. Address of off-site installation Street <u>HIGHWAY 90 EAST</u> City <u>MORGAN CITY</u> State <u>LA</u> Zip Code <u>70380</u> |

| | | |
|--------|---|--|
| Site 2 | A. EPA ID No. of off-site installation or transporter | B. Name of off-site installation or transporter |
| | C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR | D. Address of off-site installation Street _____ City _____ State _____ Zip Code _____ |

| | | |
|--------|---|--|
| Site 3 | A. EPA ID No. of off-site installation or transporter | B. Name of off-site installation or transporter |
| | C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR | D. Address of off-site installation Street _____ City _____ State _____ Zip Code _____ |

| | | |
|--------|---|--|
| Site 4 | A. EPA ID No. of off-site installation or transporter | B. Name of off-site installation or transporter |
| | C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR | D. Address of off-site installation Street _____ City _____ State _____ Zip Code _____ |

| | | |
|--------|---|--|
| Site 5 | A. EPA ID No. of off-site installation or transporter | B. Name of off-site installation or transporter |
| | C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR | D. Address of off-site installation Street _____ City _____ State _____ Zip Code _____ |

Comments: