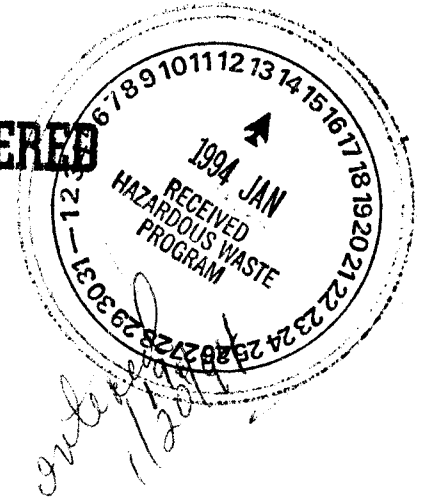


GRCB94



ENTERED



January 11, 1994

Ms. Anna Walker
New Mexico Environmental Department
Hazardous and Radioactive Materials Bureau
P.O. Box 26110
Santa Fe, New Mexico 87502-6110

RE: 1993 Hazardous Waste Report
NMD 089 416 416

Dear Ms. Walker:

Enclosed please find our 1993 Hazardous Waste Report. Please call me if there are any questions.

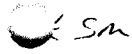
Sincerely,

Chris Hawley
Environmental Manager

CH/jm

Enclosure

cc: Dave Roderick
Joe Warr
John Goodrich

3/10/94 

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

1993 Hazardous Waste Report



IDENTIFICATION AND CERTIFICATION

INSTRUCTIONS: Read the detailed instructions beginning on page 9 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I Site name and location address. Complete 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 10.

A. EPA ID No. Same as label <input type="checkbox"/> or -- <u>NMD 089 416 416</u>	B. County <u>SAN JUAN</u> ✓
C. Site/company name Same as label <input type="checkbox"/> or -- <u>BLOOMFIELD REFINING COMPANY</u>	D. Has the site name associated with this EPA ID changed since 1991? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No
E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description. Same as label <input type="checkbox"/> or -- <u>#50 COUNTY ROAD 4990 (SULLIVAN ROAD)</u>	
F. City, town, village, etc. Same as label <input type="checkbox"/> or -- <u>BLOOMFIELD</u>	G. State Same as label <input type="checkbox"/> or -- <u>NM</u>
H. Zip Code Same as label <input type="checkbox"/> or -- <u>87413</u>	

Sec. II Mailing address of site. Instruction page 10.

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. <u>BLOOMFIELD</u>	D. State <u>NM</u>	E. Zip Code <u>87413</u>
---	-----------------------	-----------------------------

Sec. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 10.

A. Please print: Last Name First name M.I. <u>HAWLEY, CHRIS</u> ✓	B. Title <u>ENVIRONMENTAL MANAGER</u>	C. Telephone <u>505 632-8013</u> Extension _____
--	--	--

Sec. IV "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 First name M.I. <u>HAWLEY CHRIS</u>	B. Title <u>ENVIRONMENTAL MANAGER</u>
C. Signature 	D. Date of signature <u>01 11 94</u> MO. DAY YR.

3/10/94 OKS



U.S. ENVIRONMENTAL PROTECTION AGENCY

1993 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: BLOOMFIELD REFINING COMPANY

EPA ID NO: NMD 089 416 416

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste description - Instruction page 18.
WASTE PETROLEUM NAPHTHA COMBUSTIBLE LIQUID, N.O.S. NA 1993 PG III (D001); SOLVENT USED FOR PARTS CLEANING.

B. EPA hazardous waste code Page 19.
D001 D039
NA NA NA

C. State hazardous waste code Page 19.

D. SIC code Page 19. 2911 E. Origin code System Page 19. NA Type LM F. Source code Page 20. 119 G. Point of measurement Page 20. 3 H. Form code Page 20. B 204 I. RCRA - radioactive mixed Page 20. 2

Sec. II A. Quantity generated in 1992 Instruction Page 21. 2322.0 B. Quantity generated in 1993 Page 21. 2117.0 C. UOM Page 21. L Density _____ 1 lbs/gal 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 21. 1 Yes (CONTINUE TO SYSTEM 1) 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1
 On-site process system type Page 22. M Quantity treated, disposed, or recycled on site in 1993 _____

ON-SITE PROCESS SYSTEM 2
 On-site process system type Page 22. M Quantity treated, disposed, or recycled on site in 1993 _____

Sec. III A. Was any of this waste shipped off-site in 1993? 1 Yes (CONTINUE TO BOX B) 2 No (SKIP TO SEC IV) Instruction page 23.

Site 1	B. EPA ID No. of facility waste was shipped to Page 23. <u>NMD 980 698 849</u>	C. System type shipped to Page 23. <u>M 029</u>	D. Off-site availability code Page 23. <u>L</u>	E. Total quantity shipped in 1993 Page 23. <u>2117.0</u>
Site 2	B. EPA ID No. of facility waste was shipped to Page 23. _____	C. System type shipped to Page 23. <u>M</u>	D. Off-site availability code Page 23. _____	E. Total quantity shipped in 1993 Page 23. _____

Sec. IV A. Did new activities in 1993 result in minimization of this waste? 1 Yes (CONTINUE TO SYSTEM 1) 2 No (THIS FORM IS COMPLETE) Instruction page 24.

B. Activity Page 24. LM C. Other effects Page 24. 1 Yes 2 No D. Quantity recycled in 1993 due to new activities Page 25. NA E. Activity/production index Page 25. 1.0 F. 1993 source reduction quantity Page 26. 387.0

Comments: SEC. IV. B - CHANGED TO A NON-HAZARDOUS SOLVENT.
SEC. IV. F - STOPPED USING HAZ. SOLVENT LAST THREE MONTHS OF YEAR.

3/10/94 okon



U.S. ENVIRONMENTAL PROTECTION AGENCY

1993 Hazardous Waste Report



WASTE GENERATION AND MANAGEMENT

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: BLOOMFIELD REFINING COMPANY

EPA ID NO: NMD 089 416 416

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste description - Instruction page 18.
HAZARDOUS WASTE SLUDGE GENERATED FROM CLEANING THE FACILITY'S API SEPARATOR; TOXIC HAZARD BECAUSE OF HYDROCARBONS & METALS.

B. EPA hazardous waste code Page 19. K051 D018
D005 NA NA

C. State hazardous waste code Page 19. _____

D. SIC code Page 19. 2911

E. Origin code Page 19 System Type LM NA

F. Source code Page 20. A60

G. Point of measurement Page 20. 1

H. Form code Page 20. B1603

I. RCRA - radioactive mixed Page 20. 2

Sec. II A. Quantity generated in 1992 Instruction Page 21. 13,200.0

B. Quantity generated in 1993 Page 21. 358,406.0

C. UOM Page 21. 1 Density _____
 1 lbs/gal 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 21.
 1 Yes (CONTINUE TO SYSTEM 1)
 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type Page 22. LM Quantity treated, disposed, or recycled on site in 1993 _____

ON-SITE PROCESS SYSTEM 2

On-site process system type Page 22. LM Quantity treated, disposed, or recycled on site in 1993 _____

Sec. III A. Was any of this waste shipped off-site in 1993 1 Yes (CONTINUE TO BOX B) 2 No (SKIP TO SEC IV) Instruction page 23.

Site 1	B. EPA ID No. of facility waste was shipped to Page 23. <u>TXD 077 603 371</u>	C. System type shipped to Page 23. <u>LM052</u>	D. Off-site availability code Page 23. <u>1</u>	E. Total quantity shipped in 1993 Page 23. <u>131,819.0</u>
Site 2	B. EPA ID No. of facility waste was shipped to Page 23. <u>TXD 074 196 338</u>	C. System type shipped to Page 23. <u>LM052</u>	D. Off-site availability code Page 23. <u>1</u>	E. Total quantity shipped in 1993 Page 23. <u>226,587.0</u>

Sec. IV A. Did new activities in 1993 result in minimization of this waste? 1 Yes (CONTINUE TO SYSTEM 1) 2 No (THIS FORM IS COMPLETE) Instruction page 24.

B. Activity Page 24. <u>LW LW LW LW</u>	C. Other effects Page 24. <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	D. Quantity recycled in 1993 due to new activities Page 25. _____	E. Activity/production index Page 25. _____	F. 1993 source reduction quantity Page 28. _____
---	--	---	---	--

Comments: SEC. II, A & B.. 1992 QUANTITY WAS DEWATERED, 1993 QUANTITY WAS NOT.

3/10/94



U.S. ENVIRONMENTAL PROTECTION AGENCY

1993 Hazardous Waste Report



WASTE GENERATION AND MANAGEMENT

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: BLOOMFIELD REFINING COMPANY

EPA ID NO: NMD 089 416 416

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste description - Instruction page 18.
TOXIC HAZARDOUS WASTE SOLIDS GENERATED FROM CLEANING REFINERY HEAT EXCHANGERS

B. EPA hazardous waste code Page 19.
K050 D007
D004 D005 D006

C. State hazardous waste code Page 19.

D. SIC code Page 19. 29111 E. Origin code Page 19 System Type LM NA F. Source code Page 20. A60 G. Point of measurement Page 20. H. Form code Page 20. B409 I. RCRA - radioactive mixed Page 20.

Sec. II A. Quantity generated in 1992 Instruction Page 21. 0.0 B. Quantity generated in 1993 Page 21. 6700.0 C. UOM Page 21. Density _____ 1 lbs/gal 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 21. 1 Yes (CONTINUE TO SYSTEM 1) 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1 On-site process system type Page 22. LM Quantity treated, disposed, or recycled on site in 1993 _____

ON-SITE PROCESS SYSTEM 2 On-site process system type Page 22. LM Quantity treated, disposed, or recycled on site in 1993 _____

Sec. III A. Was any of this waste shipped off-site in 1993 1 Yes (CONTINUE TO BOX B) 2 No (SKIP TO SEC IV) Instruction page 23.

Site 1	B. EPA ID No. of facility waste was shipped to Page 23. <u>UTD 981 552 177</u>	C. System type shipped to Page 23. <u>LM 043</u>	D. Off-site availability code Page 23. <input type="checkbox"/>	E. Total quantity shipped in 1993 Page 23. <u>6700.0</u>
Site 2	B. EPA ID No. of facility waste was shipped to Page 23. _____	C. System type shipped to Page 23. <u>LM</u>	D. Off-site availability code Page 23. <input type="checkbox"/>	E. Total quantity shipped in 1993 Page 23. _____

Sec. IV A. Did new activities in 1993 result in minimization of this waste? 1 Yes (CONTINUE TO SYSTEM 1) 2 No (THIS FORM IS COMPLETE) Instruction page 24.

B. Activity Page 24. W W W W C. Other effects Page 24. 1 Yes 2 No D. Quantity recycled in 1993 due to new activities Page 25. _____ E. Activity/production index Page 25. _____ F. 1993 source reduction quantity Page 26. _____

Comments: SEC. I, B.. D008, D009, & D010
SEC. I, H.. SEE WASTE DESCRIPTION. I.A.

3/10/94 om



U.S. ENVIRONMENTAL PROTECTION AGENCY

1993 Hazardous Waste Report



WASTE GENERATION AND MANAGEMENT



BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: BLOOMFIELD REFINING COMPANY

EPA ID NO: NMD 089 416 416

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste description - Instruction page 18. <u>WASTEWATER STREAM CONSIDERED TOXIC BECAUSE OF BENZENE CONCENTRATIONS EXCEEDING 0.5 PPM.</u> ✓						
B. EPA hazardous waste code Page 19. <u>D018</u> <u>NA</u> <u>NA</u> <u>NA</u> <u>NA</u>			C. State hazardous waste code Page 19. _____			
D. SIC code Page 19. <u>2911</u> ✓	E. Origin code System Type Page 19 <u>LM</u> <u>NA</u>	F. Source code Page 20. <u>A75</u> ✓	G. Point of measurement Page 20. <u>H</u> ✓	H. Form code Page 20. <u>B102</u> ✓	I. RCRA - radioactive mixed Page 20. <u>2</u> ✓	

Sec. II A. Quantity generated in 1992 Instruction Page 21. <u>289,820,04.0</u> ✓		B. Quantity generated in 1993 Page 21. <u>331,504,992.0</u> ✓		C. UOM Density Page 21. <input checked="" 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 21. <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. III)	
ON-SITE PROCESS SYSTEM 1 On-site process system type Page 22. <u>LM081</u> ✓		Quantity treated, disposed, or recycled on site in 1993 <u>331,504,992.0</u> ✓		ON-SITE PROCESS SYSTEM 2 On-site process system type Page 22. <u>M083</u> ✓		Quantity treated, disposed, or recycled on site in 1993 <u>331,504,992.0</u> ✓	

Sec. III A. Was any of this waste shipped off-site in 1993 Instruction page 23. <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 23. _____	C. System type shipped to Page 23. <u>M</u>	D. Off-site availability code Page 23. _____	E. Total quantity shipped in 1993 Page 23. _____
Site 2	B. EPA ID No. of facility waste was shipped to Page 23. _____	C. System type shipped to Page 23. <u>M</u>	D. Off-site availability code Page 23. _____	E. Total quantity shipped in 1993 Page 23. _____

Sec. IV A. Did new activities in 1993 result in minimization of this waste? Instruction page 24. <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE)					
B. Activity Page 24. <u>LW</u> <u>LW</u> <u>LW</u> <u>LW</u>		C. Other effects Page 24. <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No		D. Quantity recycled in 1993 due to new activities Page 25. _____	
E. Activity/production index Page 25. _____		F. 1993 source reduction quantity Page 26. _____			

Comments: SEC II - ONSITE PROCESS SYSTEM 2
SEE PS form SEC I DESCRIPTION also pertains to M081
two treatments for the same unit.

FORM PS

3/10/94 OK SM



U.S. ENVIRONMENTAL PROTECTION AGENCY

1993 Hazardous Waste Report

FORM PS

WASTE TREATMENT, DISPOSAL, OR RECYCLING PROCESS SYSTEMS

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: BLOOMFIELD REFINING COMPANY

EPA ID NO: NMD 089 416 416

INSTRUCTIONS: Read the detailed instructions beginning on page 33 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste treatment, disposal or recycling system description BIOLOGICAL TREATMENT AND AIR STRIPPING OF THE REFINERY'S WASTEWATER STREAM, A D018 WASTE, UTILIZING HIGH RATE AERATION IN LINED SURFACE IMPOUNDMENTS.

B. System type M, O, B, I C. Regulatory status O, I D. Operational status O, I E. Unit types 09

Sec. II A. 1993 influent quantity 33,150,499.2 UOM l Density 1 B. Maximum operational capacity 438,350,400 RCRA 438,350,400

C. 1993 liquid effluent quantity 33,150,499.2 UOM l Density 1 D. 1993 solid/sludge residual quantity 0 UOM l Density 1 RCRA 0

E. Limitation on maximum operational capacity 08 F. Commercial capacity availability code 1 G. Percent capacity commercially available 0%

Comments: SEC. II. E.: CAPACITY IS LIMITED BY VOLUME OF TREATED WASTEWATER THAT CAN BE EVAPORATED. SEC. II. C.: THE EFFLUENT IS NON-HAZARDOUS. 1/14/94

3/10/94 OR SM

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

1993 Hazardous Waste Report



OFF-SITE IDENTIFICATION



INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID No. of off-site installation or transporter <u>I L D 9 8 4 9 0 8 2 0 2</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 generator Street _____ City _____ State _____ Zip _____
---	--

Site 2	A. EPA ID No. of off-site installation or transporter <u>I L D 0 5 1 0 6 0 4 0 8</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 generator Street _____ City _____ State _____ Zip _____
---	--

Site 3	A. EPA ID No. of off-site installation or transporter <u>N M D 9 8 0 6 9 8 8 4 9</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 generator Street <u>4200A HAWKINS RD.</u> City <u>FARMINGTON</u> State <u>NM</u> Zip <u>87401</u>
---	--

Site 4	A. EPA ID No. of off-site installation or transporter <u>N M D 0 0 2 2 0 8 6 2 7</u> ✓	B. Name of off-site installation or transporter <u>RINCHEM COMPANY, INC.</u> ✓
--------	---	---

C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter ✓ <input type="checkbox"/> TSDR	D. Address of generator Street _____ City _____ State _____ Zip _____
---	--

Site 5	A. EPA ID No. of off-site installation or transporter <u>U T D 9 8 1 5 5 2 1 7 7</u> ✓	B. Name of off-site installation or transporter <u>APTUS, 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 generator Street <u>11600 NORTH APTUS ROAD</u> City <u>ARAGONITE</u> State <u>UT</u> Zip <u>84029</u>
---	--

Comments:

3/10/94 OR SM



U.S. ENVIRONMENTAL PROTECTION AGENCY

1993 Hazardous Waste Report



OFF-SITE IDENTIFICATION

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: BLOOMFIELD REFINING COMPANY

EPA ID NO: NMD 089 416 416

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID No. of off-site installation or transporter <u>TXD 980 809 859</u> ✓	B. Name of off-site installation or transporter <u>BEALINE SERVICE CO., INC.</u> ✓
--------	---	---

C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter ✓ <input type="checkbox"/> TSDR	D. Address of generator Street _____ City _____ State _____ Zip _____
---	--

Site 2	A. EPA ID No. of off-site installation or transporter <u>TXD 077 603 371</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 checked="" type="checkbox"/> TSDR ✓	D. Address of generator Street <u>1722 COOPER CREEK</u> City <u>DENTON</u> State <u>TX</u> Zip <u>76201</u>
--	--

Site 3	A. EPA ID No. of off-site installation or transporter <u>TXD 980 796 338</u> ✓	B. Name of off-site installation or transporter <u>CACTUS VACUUM TRUCK SERVICE</u> ✓
--------	---	---

C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter ✓ <input type="checkbox"/> TSDR	D. Address of generator Street _____ City _____ State _____ Zip _____
---	--

Site 4	A. EPA ID No. of off-site installation or transporter <u>TXD 074 196 338</u> ✓	B. Name of off-site installation or transporter <u>ELTEX CHEMICAL</u> ✓
--------	---	--

C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter ✓ <input checked="" type="checkbox"/> TSDR ✓	D. Address of generator Street <u>4050 HOMESTEAD RD.</u> City <u>HOUSTON</u> State <u>TX</u> Zip <u>77028</u>
--	--

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 generator Street _____ City _____ State _____ Zip _____
--	--

Comments:

BLOOMFIELD REFINING COMPANY

P.O. Box 159
Bloomfield, New Mexico 87413

Phone No. (505) 632-8013
Fax No. (505) 632-3911

Date: 1-14-94
To: ANNA WALKER
Company: NEW MEXICO ENVIR. DEPT.
Fax Number: 1-827-4361
From: CHRIS HAWLEY
Bloomfield Refining Company

Page 1 of 2

Message: Correction to page 7 of our hazardous
waste report. The effluent from
our treatment process is not
hazardous.



January 14, 1994

Ms. Anna Walker
New Mexico Environmental Department
Hazardous and Radioactive Materials Bureau
P. O. Box 26110
Santa Fe, New Mexico 87502-6110

RE: 1993 Hazardous Waste Report
NMD 089 416 416

Dear Ms. Walker:

Enclosed please find a correction to Page 7 of our 1993 Hazardous Waste Report. Please call me if there are any questions.

Sincerely,



Chris Hawley
Environmental Manager

CH/jm

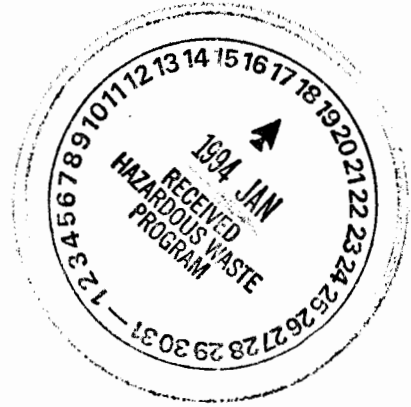
Enclosure

cc: Dave Roderick
Joe Warr
John Goodrich



Bloomfield Refining
Company

A Gary Energy Corporation Subsidiary



January 14, 1994

Ms. Anna Walker
New Mexico Environmental Department
Hazardous and Radioactive Materials Bureau
P. O. Box 26110
Santa Fe, New Mexico 87502-6110

RE: 1993 Hazardous Waste Report
NMD 089 416 416

Dear Ms. Walker:

Enclosed please find a correction to Page 7 of our 1993 Hazardous Waste Report. Please call me if there are any questions.

Sincerely,

Chris Hawley
Environmental Manager

CH/jm

Enclosure

cc: Dave Roderick
Joe Warr
John Goodrich

3/10/94 OK SM



U.S. ENVIRONMENTAL PROTECTION AGENCY

1993 Hazardous Waste Report

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: BLOOMFIELD REFINING COMPANY

EPA ID NO: NMD 089 416 416

FORM PS

WASTE TREATMENT, DISPOSAL, OR RECYCLING PROCESS SYSTEMS

INSTRUCTIONS: Read the detailed instructions beginning on page 33 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste treatment, disposal, or recycling system description BIOLOGICAL TREATMENT AND AIR STRIPPING OF THE REFINERY'S WASTEWATER STREAM, A D018 WASTE, UTILIZING HIGH-RATE AERATION IN LINED SURFACE IMPOUNDMENTS.
Instruction Page 38.

B. System type Page 38. <u>M 081</u>	C. Regulatory status Page 39. <u>01</u>	D. Operational status Page 39. <u>01</u>	E. Unit types Page 39. <u>09</u>
--	---	--	--

Sec. II A. 1993 influent quantity
Instruction page 40.

Total 33,150,499.2 UOM l Density _____
RCRA 33,150,499.2 1 lbs/gal 2 sg

B. Maximum operational capacity
Page 41.

Total 43,835,040.0
RCRA 43,835,040.0

C. 1993 liquid effluent quantity
Instruction page 42.

Total 33,150,499.2 UOM l Density _____
RCRA _____ 1 lbs/gal 2 sg

D. 1993 solid/sludge residual quantity
Page 42.

Total _____ UOM _____ Density _____
RCRA _____ 1 lbs/gal 2 sg

E. Limitation on maximum operational capacity
Page 43.
1. 03 2. _____ 3. _____

F. Commercial capacity availability code
Page 43.
1

G. Percent capacity commercially available
Page 43.
10%

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

SEC. II.C.: THE EFFLUENT IS NON-HAZARDOUS. CONFIDENTIAL
1/14/94