

ENTERED

GIANT
REFINING CO.

11/5/96
JW

December 20, 1995



50 Road 4990
P.O. Box 159
Bloomfield, New Mexico 87413
505
632-8013

CERTIFIED MAIL NO. P 478 605 027
RETURN RECEIPT REQUESTED

Anna Walker
Management Analyst
Hazardous & Radioactive Materials Bureau
New Mexico Environment Department
P.O. Box 26110
Santa Fe, New Mexico 87502

Re: **EPA Notification of Regulated Waste Activity**

Dear Ms. Walker:

Giant Refining Company - Bloomfield submits the updated EPA Notification of Regulated Waste Activity for this facility. This revision is necessary because of the change in ownership/operation.

If you require additional information, please do not hesitate to contact me at (505) 632 8013.

Sincerely:

Tyson L. Shelton
Environmental Manager
Giant Refining Company - Bloomfield

TLS/tls

Enclosure

cc: John Stokes, Refinery Manager, Giant Refining Company - Bloomfield
Kim Bullerdick, Corporate Counsel, Giant Industries Arizona, Inc.
Kathleen Shildmyer, Regulatory Affairs Coordinator, Giant Industries Arizona, Inc.

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

RECEIVED
EPA
JWH 2/20/96
FEB 20 1996

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

A. First Notification **B. Subsequent Notification (Complete Item C)**

C. Installation's EPA ID Number

N M D O 8 9 4 1 6 4 1 6

II. Name of Installation (Include company and specific site name)

G I A N T R E F I N I N G C O - B L O O M F I E L D

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

5 0 C O U N T Y R O A D 4 9 9 0

Street (Continued)

City or Town

State

Zip Code

B L O O M F I E L D

N M

8 7 4 1 3 -

County Code

County Name

S A N J U A N

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

P . O . B O X 1 5 9

City or Town

State

Zip Code

B L O O M F I E L D

N M

8 7 4 1 3 -

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

S H E L T O N

T Y S O N

Job Title

Phone Number (Area Code and Number)

E N V I R . M A N A G E R

5 0 5 - 6 3 2 - 8 0 1 3

VI. Installation Contact Address (See Instructions)

A. Contract Address Location Mailing Other

B. Street or P.O. Box

P O B O X ! % (

City or Town

State

Zip Code

B L O O M F I E L D

N M

8 7 4 1 3 -

VII. Ownership (See Instructions)

A. Name of installation's Legal Owner

S A N J U A N R E F I N I N G C O .

Street, P.O. Box, or Route Number

2 3 7 3 3 N O R T H S C O T T S D A L E R O A D

City or Town

State

Zip Code

S C O T T S D A L E

A Z

8 5 2 5 5 -

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

6 0 2 - 5 8 5 - 8 8 8 8

P

P

Yes

X

No

Month

Day

Year

1 0 1 4 9 5

Head gaged 2/29/96

ID - For Official Use Only									

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity		B. Used Oil Recycling Activities
<p>1. Generator (See Instructions)</p> <p><input checked="" type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input type="checkbox"/> b. 100 to 1000 kg/mo (200-2,200 lbs.)</p> <p><input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)</p> <p>2. Transporter (Indicate Mode in boxes 1-5 below)</p> <p><input type="checkbox"/> a. For own waste only</p> <p><input type="checkbox"/> b. For commercial purposes</p> <p>Mode of Transportation</p> <p><input type="checkbox"/> 1. Air</p> <p><input type="checkbox"/> 2. Rail</p> <p><input type="checkbox"/> 3. Highway</p> <p><input type="checkbox"/> 4. Water</p> <p><input type="checkbox"/> 5. Other - specify</p> <p>_____</p>	<p><input checked="" type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.</p> <p>4. Hazardous Waste Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketers</p> <p><input type="checkbox"/> c. Boiler and/or Industrial Furnace</p> <p><input type="checkbox"/> 1. Smelter Deferral</p> <p><input type="checkbox"/> 2. Small Quantity Exemption</p> <p>Indicate Type of Combustion Device(s)</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 5. Underground Injection Control</p>	<p>1. Used Oil Fuel Marketer</p> <p><input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner</p> <p><input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications</p> <p>2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)</p> <p><input type="checkbox"/> a. Utility Boiler</p> <p><input type="checkbox"/> b. Industrial Boiler</p> <p><input type="checkbox"/> c. Industrial Furnace</p> <p>3. Used Oil Transporter - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Transporter</p> <p><input type="checkbox"/> b. Transfer Facility</p> <p>4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Process</p> <p><input type="checkbox"/> b. Re-refine</p>

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)


1 K 0 5 1	2 K 0 5 0	3 K 0 5 2	4 F 0 3 7	5	6
7 D 0 1 8	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

1	2	3	4	5	6

X. Certification

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 for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature 	Name and Official Title (Type or print) JOHN STOKES, REFINERY MANAGER	Date Signed 12-21-95
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XI. Comments

Installation was known previously as Bloomfield Refining Co., ~~Chris Hawley (Contact)~~.

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

EPA I.D. Number (Enter from page 1)										Secondary ID Number (Enter from page 1)													
N	M	D	0	8	9	4	1	6	4	1	6												

XV. Map

Attach to this application a topographic map, or other equivalent map, of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in this map area. See instructions for precise requirements.

XVI. Facility Drawing

All existing facilities must include a scale drawing of the facility (see instructions for more detail).

XVII. Photographs

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

XVIII. Certification(s)

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 for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Owner Signature	<i>A. Wayne Davenport</i>	Date Signed	12-20-95
Name and Official Title (Type or print)	Wayne Davenport Chief Financial Officer		
Owner Signature		Date Signed	
Name and Official Title (Type or print)			
Operator Signature	<i>John Stokes</i>	Date Signed	12/20/95
Name and Official Title (Type or print)	John Stokes Refinery Manager		
Operator Signature		Date Signed	
Name and Official Title (Type or print)			

XIX. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (Refer to instructions for more information)