

GREC 92

**GIANT**  
REFINING CO.

NMS 9/6  
AW

March 4, 1992

Route 3, Box 7  
Gallup, New Mexico  
87301

505  
722-3833

Ed Horst  
Program Manager  
Hazardous and Radioactive Materials Bureau  
New Mexico Environment Department  
P.O. Box 26110  
Santa Fe, New Mexico 87502-6110

Re: RCRA Biennial Report  
Ciniza Refinery  
I-40, Exit 39  
17 miles east of Gallup, NM  
Jamestown, New Mexico 87347

Dear Mr. Horst:

Pursuant to 40 CFR 262.41, 264.75 and 265.75, Giant Industries Arizona, Inc. submits the attached RCRA Biennial Report for its Ciniza Refinery.

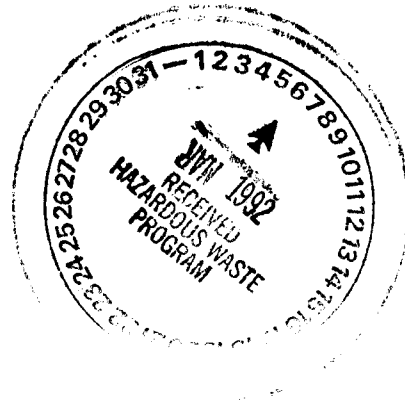
If you have any questions or require additional information, please contact me at (505) 722-0227.

Sincerely,

Lynn Shelton  
Environmental Assistant  
Ciniza Refinery

TLS:sp

cc: Zeke Sherman  
Environmental Manager  
Ciniza Refinery



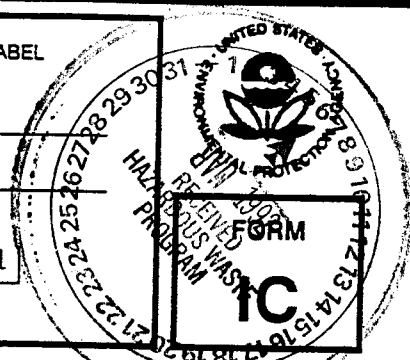
6/11/92 ✓ NMB 91  
AW

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME Giant Refining Company  
Ciniza Refinery

EPA ID NO. N M D | 0 0 0 | 3 3 3 | 2 1 1

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



**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            B. County McKinley

C. Site/company name Same as label  or            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 part, building name or other physical location description. Same as label  or Interstate 40, Exit 39, 17 miles east of Gallup, New Mexico

F. City, town, village, etc. Same as label  or Jamestown G. State Same as label  or N M H. Zip Code Same as label  or 8 7 3 4 7 -

**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 Route 3 Box 7

C. City, town, village, etc. Gallup D. State N M E. Zip Code 8 7 3 4 7 -

**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 Sherman First name Zeke M.I.  B. Title Environmental Manager C. Telephone 5015 | 722- | 02117  
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.     N/A C.     N/A D.     N/A

**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 Stokes First name John M.I. J. B. Title Refinery Manager

C. Signature John J. Stokes D. Date of signature 03 | 04 | 92  
MO. DAY YR.

6/11/92 AW

FORM IC

Sec. VI - Generator Status

EPA ID NO.

N M D | 0 0 0 | 3 3 3 | 2 1 1

A. 1991 RCRA generator status

Instruction page 7

(CHECK ONE BOX BELOW)

- 1 LOG
- 2 SQG (SKIP TO SEC. VII)
- 3 CESQG
- 4 Non generator (CONTINUE TO BOX B)

B. Reason for not generating

Page 9

(CHECK ALL THAT APPLY)

- 1 Never generated
- 2 Out of business
- 3 Only excluded or delisted waste
- 4 Only non-hazardous waste
- 5 Periodic or occasional generator
- 6 Waste minimization activity
- 7 Other (SPECIFY COMMENTS IN BOX BELOW)

Sec. VII - On-Site Waste Management Status

A. RCRA permitted or interim status storage

Instruction page 10

1

B. RCRA permitted or interim status treatment, disposal, or recycling

Page 10

3

C. RCRA-exempt treatment, disposal, or recycling

Page 11

1

Sec. VIII - Waste Minimization Activity during 1990 or 1991

A. Did this site begin or expand a source reduction activity during 1990 or 1991?

Instruction page 11

- 1 Yes
- 2 No

B. Did this site begin or expand a recycling activity during 1990 or 1991?

Page 12

- 1 Yes
- 2 No

C. Did this site systematically investigate opportunities for source reduction or recycling during 1990 or 1991?

Page 12

- 1 Yes
- 2 No

D. Did any of the factors listed below delay or limit this site's ability to initiate new or additional source reduction activities in 1990 or 1991? Page 12

(CHECK YES OR NO FOR EACH ITEM)

- | Yes                                   | No                                    |  |
|---------------------------------------|---------------------------------------|--|
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2            | a. Insufficient capital to install new source reduction equipment or implement new source reduction practices                            |
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2            | b. Lack of technical information on source reduction techniques applicable to the specific production processes                          |
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2            | c. Source reduction is not economically feasible: cost savings in waste management or production will not recover the capital investment |
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | d. Concern that product quality may decline as a result of source reduction  |
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | e. Technical limitations of the production processes   |
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | f. Permitting burdens  |
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | g. Source reduction previously implemented - additional reduction does not appear to be technically feasible                             |
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | h. Source reduction previously implemented - additional reduction does not appear to be economically feasible                            |
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | i. Source reduction previously implemented - additional reduction does not appear to be feasible due to permitting requirements          |
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | j. Other (SPECIFY COMMENTS IN BOX BELOW)   |

E. Did any of the factors listed below delay or limit this site's ability to initiate new or additional on-site or off-site recycling activities during 1990 or 1991? Page 12

(CHECK YES OR NO FOR EACH ITEM)

- | Yes                                   | No                                    |   | Yes                        | No                                    |  |
|---------------------------------------|---------------------------------------|---|----------------------------|---------------------------------------|--|
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2            | a. Insufficient capital to install new recycling equipment or implement new recycling practice                                    | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | h. Technical limitations of production processes inhibit on-site recycling   |
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2            | b. Lack of technical information on recycling techniques applicable to this site's specific production processes                  | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | i. Permitting burdens inhibit recycling  |
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2            | c. Recycling is not economically feasible: cost savings in waste management or production will not recover the capital investment | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | j. Lack of permitted off-site recycling facilities   |
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | d. Concern that product quality may decline as a result of recycling  | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | k. Unable to identify a market for recyclable materials  |
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | e. Requirements to manifest wastes inhibit shipments off site for recycling   | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | l. Recycling previously implemented - additional recycling does not appear to be technically feasible                    |
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | f. Financial liability provisions inhibit shipments off site for recycling  | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | m. Recycling previously implemented - additional recycling does not appear to be economically feasible                   |
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | g. Technical limitations of production processes inhibit shipments off site for recycling   | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | n. Recycling previously implemented - additional recycling does not appear to be feasible due to permitting requirements |
|                                       |                                       |   |                            |                                       | o. Other (SPECIFY COMMENTS IN BOX BELOW)   |

Comments:

6/11/92 VAW

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME Giant Refining Company  
Ciniza Refinery

EPA ID NO. N, M, D | 0, 0, 0 | 3, 3, 3 | 2, 1, 1



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>Ignitable spent solvent from degreasing, toxic, 1-1-1 Trichloroethane</u>				
B. EPA hazardous waste code Page 15 <u>D, 0, 0, 1</u>   <u>F, 0, 0, 1</u>		C. State hazardous waste code Page 15 <u>N, A</u>   <u>N, A</u>   <u>N, A</u>			
D. SIC code Page 16 <u>2, 9, 1, 1, 1</u>	E. Origin code Page 16 <u>1</u> System type <u>M, N, A</u>	F. Source code Page 17 <u>A, 1, 0, 4</u>	G. Point of measurement Page 17 <u>1</u>	H. Form code Page 17 <u>B, 2, 0, 2</u>	I. RCRA-radioactive mixed Page 17 <u>2</u>
J. Reported TR constituent Page 18 <u>8</u>	K. CAS numbers Page 18 1. <u>N, A</u> 2. <u>N, A</u> 3. <u>N, A</u> 4. <u>N, A</u> 5. <u>N, A</u>				

Sec. II	A. Quantity generated in 1990 Instruction Page 18 <u>3, 3, 5, 8, 0</u>	B. Quantity generated in 1991 Page 18 <u>5, 1, 6, 0</u>	C. UOM Page 19 <u>1</u> Density <u>N, A</u> <input type="checkbox"/> 1 lb/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 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE SYSTEM 1 On-site system type Page 19 <u>M, N, A</u>		Quantity treated, disposed or recycled on site in 1991 <u>N, A</u>		
ON-SITE SYSTEM 2 On-site system type Page 19 <u>M, N, A</u>		Quantity treated, disposed or recycled on site in 1991 <u>N, A</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 III) <input type="checkbox"/> 2 No (SKIP TO SEC. IV)			
Site 1	B. EPA ID No. of facility waste was shipped to Page 20 <u>N, M, D</u>   <u>0, 0, 0</u>   <u>8, 0, 4</u>   <u>2, 9, 4</u>	C. System type shipped to Page 20 <u>M, 0, 2, 9</u>	D. Off-site availability code Page 21 <u>1</u>	E. Total quantity shipped in 1991 Page 21 <u>5, 1, 6, 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 checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX III) <input type="checkbox"/> 2 No (THIS FORM IS COMPLETE)				
B. Activity Page 22 <u>W, 7, 1</u>   <u>W</u>   <u>W</u>	C. Other effects Page 22 <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	D. Quantity recycled in 1991 due to new activities Page 23 <u>N, A</u>	E. Activity/production index Page 23 <u>N, A</u>	F. 1991 Source reduction quantity Page 24 <u>5, 1, 6, 0</u>	

Comments:  
Sec IV, Box B - Discontinued use of solvent that contains hazardous constituents.

6/11/82 Au

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME Giant Refining Company  
Ciniza Refinery

EPA ID NO. N M D 0 0 0 3 3 3 2 1 1



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  
Slop oil emulsion solids from tank cleaning, contains hydrocarbon.

B. EPA hazardous waste code Page 15 K 0 4 9 D 0 0  
C. State hazardous waste code Page 15 N A N A N A N A N A

D. SIC code Page 16 2 9 1 1  
E. Origin code Page 16 1  
System type M N A  
F. Source code Page 17 A 3 8  
G. Point of measurement Page 17 1  
H. Form code Page 17 B 6 0 3  
I. RCRA-radioactive mixed Page 17 1

J. Reported TRI constituent Page 18 8  
K. CAS numbers Page 18 1. N A 2. N A 3. N A 4. N A 5. N A

Sec. II A. Quantity generated in 1990 Instruction Page 18 1 0 4 0  
B. Quantity generated in 1991 Page 18 N A  
C. UOM Density Page 19 2 N A  
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  
 1 Yes (CONTINUE TO SYSTEM 1)  
 2 No (SKIP TO SEC. III)

ON-SITE SYSTEM 1 On-site system type Page 19 M 1 3 1  
Quantity treated, disposed or recycled on site in 1991 N A  
ON-SITE SYSTEM 2 On-site system type Page 19 M  
Quantity treated, disposed or recycled on site in 1991 N A

Sec. III A. Was any of this waste shipped off site in 1991?  1 Yes (CONTINUE TO BOX B)  2 No (SKIP TO SEC. IV) Instruction Page 20

Site 1 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

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?  1 Yes (CONTINUE TO BOX B)  2 No (THIS FORM IS COMPLETE) Instruction Page 22

B. Activity Page 22 W W  
C. Other effects Page 22  1 Yes  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:

AW 6/11/92 ✓

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME Giant Refining Company  
Ciniza Refinery

EPA ID NO. N M D | 0 0 0 | 3 3 3 | 2 1 1



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 Residue from bundle cleaning, toxic, may contain hydrocarbon, lead or chrome.				
B. EPA hazardous waste code Page 15 K 0 5 0   D 0 0 7 D 0 0 8     N A     N A		C. State hazardous waste code Page 15         N A         N A			
D. SIC code Page 16 2 9 1 1	E. Origin code Page 18 System type   M   N   A   1	F. Source code Page 17 A 0 6	G. Point of measurement Page 17 1	H. Form code Page 17 B 5 0 4	I. RCRA-radioactive mixed Page 17 2
J. Reported TRI constituent Page 18 8	K. CAS numbers Page 18 1.           -   N   A   2.           -   N   A   3.           -   N   A   4.           -   N   A   5.           -   N   A				

Sec. II	A. Quantity generated in 1990 Instruction Page 18           2 0	B. Quantity generated in 1991 Page 18           N A	C. UOM Density Page 19 2           N A <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 kg	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 1) <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           N A		
ON-SITE SYSTEM 2 On-site system type Page 19 M		Quantity treated, disposed or recycled on site in 1991           N A		

Sec. III	A. Was any of this waste shipped off site in 1991? Instruction Page 20 <input type="checkbox"/> 1 Yes (CONTINUE TO BOX III) <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 M	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 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 III) <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE)				
B. Activity Page 22 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:

6/11/92 ✓ AW

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME Giant Refining Company  
Ciniza Refinery

EPA ID NO. N, M, D | 0, 0, 0 | 3, 3, 3 | 2, 1, 1



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 <p>Residue from cleaning API separator, toxic, contains hydrocarbon.</p>					
B. EPA hazardous waste code Page 15 <u>K, 0, 5, 1</u>   <u>D, 0, 1, 8</u> <u>NA</u>   <u>NA</u>   <u>NA</u>			C. State hazardous waste code Page 15 <u>NA</u>   <u>NA</u>		
D. SIC code Page 16 <u>2, 9, 1, 1</u>	E. Origin code Page 18 <u>1</u> System type <u>M</u>   <u>NA</u>	F. Source code Page 17 <u>A, 3, 8</u>	G. Point of measurement Page 17 <u>4</u>	H. Form code Page 17 <u>B, 6, 0, 3</u>	I. RCRA-radioactive mixed Page 17 <u>2</u>
J. Reported TRI constituent Page 18 <u>8</u>	K. CAS numbers Page 18 1. <u>NA</u> 2. <u>NA</u> 3. <u>NA</u> 4. <u>NA</u> 5. <u>NA</u>				

Sec. II A. Quantity generated in 1990 Instruction Page 18 <u>469.0</u>		B. Quantity generated in 1991 Page 18 <u>NA</u>	C. UOM Page 19 <u>2</u>   <u>NA</u> <input type="checkbox"/> 1 lb/gal <input type="checkbox"/> 2 kg	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 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)	
ON-SITE SYSTEM 1 On-site system type Page 19 <u>M, 1, 3, 1</u> Quantity treated, disposed or recycled on site in 1991 <u>NA</u>			ON-SITE SYSTEM 2 On-site system type Page 19 <u>M</u>   <u>NA</u> Quantity treated, disposed or recycled on site in 1991 <u>NA</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 <u>NA</u>	E. Activity/production index Page 23 <u>NA</u>	F. 1991 Source reduction quantity Page 24 <u>NA</u>

Comments:

6/11/92 JW

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME Giant Refining Company  
Ciniza Refinery

EPA ID NO. N,M,D0,0,03,3,32,1,1



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  
Leaded tank bottoms from tank cleaning, toxic, may contain lead or hydrocarbon.

B. EPA hazardous waste code Page 15 K,0,5,2 D,0,0,8  
C. State hazardous waste code Page 15  
NA NA NA NA NA NA

D. SIC code Page 16 2,9,1,1 E. Origin code Page 18 1 F. Source code Page 17 A,3,8  
System type M,NA G. Point of measurement Page 17 1 H. Form code Page 17 B,6,0,3 I. RCRA-radioactive mixed Page 17 2

J. Reported TRU constituent Page 18 8 K. CAS numbers Page 18  
1. NA 2. NA  
3. NA 4. NA 5. NA

Sec. II A. Quantity generated in 1990  
Instruction Page 18 1,0  
B. Quantity generated in 1991  
Page 18 NA  
C. UOM Page 19 2 Density NA  
 1 lbs/gal  2 kg

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  
 1 Yes (CONTINUE TO SYSTEM 1)  
 2 No (SKIP TO SEC. III)

ON-SITE SYSTEM 1  
On-site system type Page 19 M,1,3,1 Quantity treated, disposed or recycled on site in 1991 NA

ON-SITE SYSTEM 2  
On-site system type Page 19 M,NA Quantity treated, disposed or recycled on site in 1991 NA

Sec. III A. Was any of this waste shipped off site in 1991?  
Instruction Page 20  
 1 Yes (CONTINUE TO BOX 8)  
 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 M 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 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  
 1 Yes (CONTINUE TO BOX 8)  
 2 No (THIS FORM IS COMPLETE)

B. Activity Page 22 C. Other effects Page 22  1 Yes  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:



ce/1/92

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME Giant Refining Company

Ciniza Refinery

EPA ID NO. N,M,D 0,0,0 3,3,3 2,1,1



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

Land treatment/application/farming area for hazardous waste.

B. System type Page 38 <u>M</u> <u>1</u> <u>3</u> <u>1</u>	C. Regulatory status Page 38 <u>0</u> <u>1</u>	D. Operational status Page 38 <u>0</u> <u>3</u>	E. Unit types Page 39 <u>0</u> <u>8</u> <u>N</u> <u>A</u>
--	--	---	---

Sec. II

A. 1991 influent quantity Instruction Page 40

Total	<u>8</u> <u>0</u> <u>4</u> <u>0</u>	UOM	<u>2</u>	Density	<u>N</u> <u>A</u>
RCRA	<u>N</u> <u>A</u>		<input type="checkbox"/>	1 lbs/gal	<input type="checkbox"/>

B. Maximum operational capacity Page 41

Total	<u>N</u> <u>A</u>
RCRA	<u>N</u> <u>A</u>

C. 1991 liquid effluent quantity Page 42

Total	<u>N</u> <u>A</u>	UOM		Density	<u>N</u> <u>A</u>
RCRA	<u>N</u> <u>A</u>		<input type="checkbox"/>	1 lbs/gal	<input type="checkbox"/>

D. 1991 solid/sludge residual quantity Page 43

Total	<u>8</u> <u>0</u> <u>4</u> <u>0</u>	UOM	<u>2</u>	Density	<u>N</u> <u>A</u>
RCRA	<u>N</u> <u>A</u>		<input type="checkbox"/>	1 lbs/gal	<input type="checkbox"/>

E. Limitations on maximum operational capacity Page 44 1. <u>0</u> <u>1</u> 2. <u>0</u> <u>2</u> 3. <u>N</u> <u>A</u>	F. Commercial capacity availability code Page 44 <u>1</u>	G. Percent capacity commercially available Page 45 <u>N</u> <u>A</u> %
--	--	---

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	<u>N</u> <u>A</u>	UOM	
RCRA	<u>N</u> <u>A</u>		

C. Planned year of change Page 46 <u>1</u> <u>9</u> <u>N</u> <u>A</u>	D. Future commercial capacity availability code Page 46 <u></u>	E. Percent future capacity commercially available Page 46 <u>N</u> <u>A</u> %
--	--	--

Comments:

*AW 6/11/92*

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME Giant Refining Company  
Ciniza Refinery

EPA ID NO. N M D 0 0 0 3 3 3 2 1 1



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>N M D</u> <u>0 0 0</u> <u>8 0 4</u> <u>2 9 4</u>	B. Name of off-site installation or transporter <u>Safety-Kleen Corporation</u>
--------	--	--

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 <u>2720 Girard NE</u> City <u>Albuquerque</u> State <u>N M</u> Zip Code <u>8 7 1 0 7</u> - <u>    </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: