



Route 3, Box 7  
Gallup, New Mexico  
87301

GTRF

March 31, 1993

Ms. Barbara Hoditschek  
Permit Program Manager  
Hazardous and Radioactive Materials Bureau  
New Mexico Environment Department  
525 Camino De Los Marquez  
P.O. Box 26110  
Santa Fe, NM 87502



RE: Part A Revision, NMD000333211

Dear Ms. Hoditschek:

Enclosed, you will find a revised Part A for Giant Refining Company. This should address your 9 February comments. Please note that Giant is showing an increase in the daily throughput for its API separator and air stripper (Process codes T01 & T04, Section XII).

Giant has begun drafting the permit modifications required by your 25 January letter. We expect to transmit those to you by 28 April, as requested.

Should you have any questions, please contact me at 1-722-3833.


Respectfully yours,

Zeke Sherman  
Environmental Manager  
Ciniza Refinery  
Giant Industries Arizona, Inc.

cc: Mr. John Stokes  
Mr. Lynn Shelton

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0034 Expires 6-30-82  
GSA No. 0246-EPA-07

<b>For EPA Regional Use Only</b>  <b>Date Received</b> Month    Day    Year <input type="text"/> / <input type="text"/> / <input type="text"/>	 United States Environmental Protection Agency Washington, DC 20460 <h2 style="margin: 0;">Hazardous Waste Permit Application</h2> <h3 style="margin: 0;">Part A</h3> <p><i>(Read the Instructions before starting)</i></p>	<b>For State Use Only</b>
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**I. Installation's EPA ID Number (Mark 'X' in the appropriate box)**

<input type="checkbox"/> <b>A. First Part A Submission</b>	<input checked="" type="checkbox"/> <b>B. Part A Amendment # No. 1</b>
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**C. Installation's EPA ID Number      D. Secondary ID Number (if applicable)**

N M D O O O 3 3 3 2 I 1	G W - 3 2
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**II. Name of Facility**

G I A N T R E F I N G C O M P A N Y
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**III. Facility Location (Physical address not P.O. Box or Route Number)**

**A. Street**

I - 4 0 E X I T 3 9
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**Street (continued)**

N A
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**City or Town      State      ZIP Code**

J A M E S T O W N	N M	8 7 3 4 7 -
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**County Code (if known)      County Name**

	M C K I N L E Y
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**B. Land Type      C. Geographic Location      D. Facility Existence Date**

<b>(enter code)</b>	<b>LATITUDE (degrees, minutes, &amp; seconds)</b>	<b>LONGITUDE (degrees, minutes, &amp; seconds)</b>	<b>Month    Day    Year</b>
P	3 5 2 9 0 2 0	1 0 8 2 5 0 4 2	1 0 1 8 1 9 8 0

**IV. Facility Mailing Address**

**Street or P.O. Box**

R O U T E 3 B O X 7
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**City or Town      State      ZIP Code**

G A L L U P	N M	8 7 3 0 1 -
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**V. Facility Contact (Person to be contacted regarding waste activities at facility)**

**Name (last)      (first)**

S H E R M A N	Z E K E
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**Job Title      Phone Number (area code and number)**

E N V. M G R.	5 0 5 - 7 2 2 - 3 8 3 3
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**VI. Facility Contact Address (See Instructions)**

**A. Contact Address Location      B. Street or P.O. Box**

	<input checked="" type="checkbox"/>	
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**City or Town      State      ZIP Code**

EPA ID Number (enter from page 1)										Secondary ID Number (enter from page 1)													
N	M	0	0	0	0	3	3	3	2	1	1	G	W	-	3	2							

**XIV. Description of Hazardous Wastes**

- A. WASTE STREAM NUMBER - Enter sequential waste stream number. A waste stream may be composed of one or more waste codes.
- B. ESTIMATED ANNUAL QUANTITY OF WASTE STREAM - For each waste stream estimate the quantity of that waste that will be handled on an annual basis.
- C. UNIT OF MEASURE - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

- D. WASTE CODES - Enter the waste code for every waste in this waste stream.

**E. PROCESSES**

**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste stream entered in column A select the code(s) from the list of process codes contained in item XII A. on page 3 to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous waste: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in item XII A. on page 3 to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

List all process codes that apply to this waste stream.

**2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form (E(2)).**

**EXAMPLE FOR COMPLETING ITEM XIV (shown in line numbers X-1, X-2, and X-3 below) - A facility will store and treat three waste streams. Waste stream 1 contains 550.10 tons of toxaphene which the facility intends to store in a tank. The facility estimates that waste stream 2 contains 2020.5 tons of hydrogen sulfide, lead, and wastewater treatment sludges generated in the production of creosote. These wastes will be held in storage containers and tanks, and then incinerated. The third waste stream (3) at the facility comprises an estimated 10,557 pounds of silver which will be stored in storage containers prior to being shipped off-site.**

A. Waste Stream Number	B. Estimated Annual Quantity Of Waste	C. Unit Of Measure (enter code)	D. Waste Codes (for this waste stream)		E. Processes	
					(1). Process Codes (for this waste stream)	(2). Process Description (if a code is not entered in E(1))
X-1	550.10	T	D015		S02	
X-2	2020.5	T	U135	D008	S01	T02
			K035		S02	
X-3	10,557	P	D011		S01	

EPA I.D. Number (enter from page 1)										Secondary ID Number (enter from page 1)													
N	M	D	O	O	O	3	3	3	2	1	1	G	W	-	3	2							

**XI. Nature of Business (provide a brief description)**

This facility refines crude oil and markets gasoline, diesel, kerosene, and residual fuel oil.

**XII. Process - Codes and Design Capacities**

**A. PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Twelve lines are provided for entering codes. If more lines are needed, attach a separate sheet of paper with the additional information. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided in Item XIII.

**B. PROCESS DESIGN CAPACITY** - For each code entered in column A, enter the capacity of the process.

1. **AMOUNT** - Enter the amount. In a case where design capacity is not applicable (such as in a closure/post-closure or enforcement action) enter the total amount of waste for that process unit.

2. **UNIT OF MEASURE** - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

**C. PROCESS TOTAL NUMBER OF UNITS** - Enter the total number of units used with the corresponding process code.

PROCESS CODE	PROCESS	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS CODE	PROCESS	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	
<b>Disposal:</b>			<b>Boilers And Industrial Furnaces:</b>			
D79	Injection Well	Gallons; Liters; Gallons Per Day; Or Liters Per Day	T80	Boller	Gallons Or Liters	
D80	Landfill	Acre-foot Or Hectare-meter	T81	Cement Klin	Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per	
D81	Land Application	Acres Or Hectares	T82	Lime Klin		
D82	Ocean Disposal	Gallons Per Day Or Liters Per Day	T83	Aggregate Klin		
D83	Surface Impoundment	Gallons Or Liters	T84	Phosphate Klin		
<b>Storage:</b>			T85	Coke Oven		
S01	Container (Barrel, Drum, Etc.)	Gallons Or Liters	T86	Blast Furnace		
S02	Tank	Gallons Or Liters	T87	Smelting, Melting, Or Refining Furnace		
S03	Waste Pile	Cubic Yards Or Cubic Meters	T88	Titanium Dioxide Chloride Process		
S04	Surface Impoundment	Gallons Or Liters	T89	Oxidation Reactor		
				Methane Reforming		
			T90	Pulping Liquor Recovery Furnace		Or Short Tons Per Day
<b>Treatment:</b>			T91	Combustion Device Used In The Recovery Of Sulfur Values From Spent Sulfuric Acid		
T01	Tank	Gallons Per Day Or Liters Per Day	T92	Halogen Acid Furnaces		
T02	Surface Impoundment	Gallons Per Day Or Liters Per Day	T93	Other Industrial Furnaces Listed In 40 CFR §260.10		
T03	Incinerator	Short Tons Per Hour; Metric Tons Per Hour; Gallons Per Hour; Liters Per Hour; Or Btu's Per Hour	T94	Containment Building		
T04	Other Treatment	Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day; Metric Tons Per Hour; Or Short Tons Per Day				

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
Gallons	G	Short Tons Per Hour	D
Gallons Per Hour	E	Metric Tons Per Hour	W
Gallons Per Day	U	Short Tons Per Day	N
Liters	L	Metric Tons Per Day	S
Liters Per Hour	H	Pounds Per Hour	J
Liters Per Day	V	Kilograms Per Hour	R
		Cubic Yards	Y
		Cubic Meters	C
		Acres	B
		Acre-foot	A
		Hectares	Q
		Hectare-meter	F
		Btu's Per Hour	K

<b>EPA I.D. Number (enter from page 1)</b>										<b>Secondary ID Number (enter from page 1)</b>													
N	M	D	0	0	0	3	3	3	2	1	1	G	W	-	3	2							

**XV. Map**

*Attach to this application a topographic 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 	Date Signed 3-31-93
Name and Official Title (type or print) Carl D. Shook, Vice President Refining	
Owner Signature	Date Signed
Name and Official Title (type or print)	
Operator Signature	Date Signed
Name and Official Title (type or print)	
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)**