

GREC 94



Route 3, Box 7
Gallup, New Mexico
87301

ANN #

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entered
4/21/94

February 10, 1994



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

Re: 1993 RCRA Biennial Report - Ciniza Refinery

Dear Mr. Horst:

Pursuant to 40 CFR 262.41, 264.75, and 265.75, Giant Industries Arizona, Inc. is submitting the attached RCRA Biennial Report for its Ciniza refinery for the 1993 reporting year.

If you have any questions regarding the report, please do not hesitate to contact me at (505) 722-0217.

Sincerely,

David C. Pavlich

David C. Pavlich
Manager - Health, Safety, & Environment

DCP:sp

PAV\NMED0210

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: GIANT REFINING COMPANY
Ciniza Refinery

EPA ID NO: 11111111111111111111



U.S. ENVIRONMENTAL PROTECTION AGENCY
1993 Hazardous Waste Report
IDENTIFICATION AND CERTIFICATION

see entered 4/20/96

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 checked="" type="checkbox"/> or →	B. County Mc Kinley
C. Site/company name Same as label <input checked="" type="checkbox"/> or →	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 → Interstate 40, Exit 39, 17 miles East of Gallup, NM	
F. City, town, village, etc. Same as label <input type="checkbox"/> or → Jamestown	G. State Same as label <input type="checkbox"/> or → NM
H. Zip Code Same as label <input type="checkbox"/> or → 87131-47	

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
Route 3, Box 7

C. City, town, village, etc. Gallup	D. State NM	E. Zip Code 87131-11
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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. Pavlich David C	B. Title MANAGER-HEALTH Safety, <u>Environment</u>	C. Telephone 505-722-0217 Extension <u>wouldn't fit</u>
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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. Pavlich David C	B. Title Manager-Health, Safety, & Environment
C. Signature <i>David C. Pavlich</i>	D. Date of signature 02 16 94 MO. DAY YR.

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Entered 4/20/94

Sec.V - Generator Status

EPA ID NO. [NM 10] [00 10] [3 3 3] [2 1 1]

A. 1993 RCRA generator status
 Instruction page 10.
 (CHECK ONE BOX BELOW)

- 1 LQG
 - 2 SQG
 - 3 CESQG
 - 4 Non generator (Continue to Box B)
- SKIP TO SEC. VI

B. Reason for not generating
 Page 12.
 (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.VI - On-Site Waste Management Status

A. Storage subject to RCRA permitting requirements Page 13.
[1]

B. Treatment, disposal, or recycling subject to RCRA permitting requirements Page 13.
[3]

C. RCRA-exempt treatment, disposal, or recycling Page 13.
[1]

Sec.VII - Waste Minimization Activity during 1992 or 1993

A. Did this site begin or expand a source reduction activity during 1992 or 1993? Page 14.

- 1 Yes
- 2 No

B. Did this site begin or expand a recycling activity during 1992 or 1993? Page 15.

- 1 Yes
- 2 No

C. Did this site systematically investigate opportunities for source reduction or recycling during 1992 or 1993? Page 15.

- 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 1992 or 1993? Page 15
 (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 the site's ability to initiate new or additional on-site or off-site recycling activities during 1992 or 1993? Page 15.
 (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	g. Technical limitations of production processes inhibit shipments off-site for 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 process	<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	c. Recycling is not economically feasible: cost savings in waste management will not recover the capital investment	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	i. Permitting burdens inhibit recycling
<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	j. Lack of permitted off-site recycling facilities
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	e. Requirements to manifest wastes inhibit shipments of off-site for recycling	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	k. Unable to identify a market for recycled materials
<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	l. Recycling previously implemented - additional recycling does not appear to be technically feasible
			<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	n. Recycling previously implemented - additional recycling does not appear to be feasible due to permitting requirements
			<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	o. Other (SPECIFY COMMENTS IN BOX BELOW)

Comments:



U.S. ENVIRONMENTAL PROTECTION AGENCY

1993 Hazardous Waste Report

WASTE GENERATION AND MANAGEMENT

AW entered 4/20/94

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Giant Refining Company
Ciniza Refinery

EPA ID NO: N M D 00 0 3 3 3 2 1 1



INSTRUCTIONS: Read the detailed instructions beginning on page 18 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste description - Instruction page 18. Residue from bundle cleaning. May contain hydrocarbon, lead, or chrome.						
B. EPA hazardous waste code Page 19. <u>K 0 5 0</u> <u>D 0 0 7</u> <u>D 0 0 8</u> <u>NA</u> <u>NA</u>			C. State hazardous waste code Page 19. <u>NA</u> <u>NA</u>			
D. SIC code Page 19. <u>2 9 1 1</u>	E. Origin code <input type="checkbox"/> Page 19 System Type <u>M</u> <u>NA</u>	F. Source code Page 20. <u>A 0 6</u>	G. Point of measurement Page 20. <u>1</u>	H. Form code Page 20. <u>B 5 0 4</u>	I. RCRA - radioactive mixed Page 20. <u>2</u>	

Sec. II A. Quantity generated in 1992 Instruction Page 21. <u>2 2 9 2 0 5</u>	B. Quantity generated in 1993 Page 21. <u>3 0 4 5 0 0</u>	C. UOM Page 21. <input type="checkbox"/> <u>NA</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/POTW? Page 21. <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)			
ON-SITE PROCESS SYSTEM 1 On-site process system type Page 22. <u>M</u> Quantity treated, disposed, or recycled on site in 1993. _____		ON-SITE PROCESS SYSTEM 2 On-site process system type Page 22. <u>M</u> Quantity treated, disposed, or recycled on site in 1993. _____				

Sec. III A. Was any of this waste shipped off-site in 1993 Instruction page 23. <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 23. <u>T X D 0 7 7 6 0 3 3 7 1</u>	C. System type shipped to Page 23. <u>M 0 4 9</u>	D. Off-site availability code Page 23. <u>1</u>	E. Total quantity shipped in 1993 Page 23. <u>3 0 4 5 0 0</u>	
Site 2	B. EPA ID No. of facility waste was shipped to Page 23. <u>NA</u>	C. System type shipped to Page 23. <u>M</u>	D. Off-site availability code Page 23. <u>1</u>	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>W</u> <u>W</u> <u>W</u> <u>W</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:



U.S. ENVIRONMENTAL PROTECTION AGENCY

1993 Hazardous Waste Report

WASTE GENERATION AND MANAGEMENT

Handwritten: 4/20/94

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Giant Refining Company
Ciniza Refinery

EPA ID NO: NM D 000 333 211



INSTRUCTIONS: Read the detailed instructions beginning on page 18 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste description - Instruction page 18. Primary oil/ water separation sludge. May contain hydrocarbons, lead, or chrome		
B. EPA hazardous waste code Page 19. <u>F 03 7</u> <u>D 00 7</u> <u>D 00 8</u> <u>NA</u> <u>NA</u>		C. State hazardous waste code Page 19. <u>NA</u>
D. SIC code Page 19. <u>29 11</u>	E. Origin code <input checked="" type="checkbox"/> Page 19 System Type <u>M NA</u>	F. Source code Page 20. <u>A 60</u>
G. Point of measurement Page 20. <input checked="" type="checkbox"/>		H. Form code Page 20. <u>B 5 04</u>
I. RCRA - radioactive mixed Page 20. <u>2</u>		

Sec. II A. Quantity generated in 1992 Instruction Page 21. <u>NA</u>	B. Quantity generated in 1993 Page 21. <u>44 73 0</u>	C. UOM Page 21. <input checked="" type="checkbox"/> <u>NA</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/POTW? Page 21. <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM I) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1 On-site process system type Page 22. <u>M</u> Quantity treated, disposed, or recycled on site in 1993		ON-SITE PROCESS SYSTEM 2 On-site process system type Page 22. <u>M</u> Quantity treated, disposed, or recycled on site in 1993	

Sec. III A. Was any of this waste shipped off-site in 1993 Instruction page 23. <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 23. <u>A R D 06 9 7 48 1 92</u>	C. System type shipped to Page 23. <u>M 049</u>	D. Off-site availability code Page 23. <input checked="" type="checkbox"/>	E. Total quantity shipped in 1993 Page 23. <u>44 73 0</u>
Site 2 B. EPA ID No. of facility waste was shipped to Page 23. <u>NA</u>	C. System type shipped to Page 23. <u>M</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? Instruction page 24. <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM I) <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE)				
B. Activity Page 24. <u>W</u> <u>W</u> <u>W</u> <u>W</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:



U.S. ENVIRONMENTAL PROTECTION AGENCY

1993 Hazardous Waste Report

WASTE GENERATION AND MANAGEMENT

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4/20/94

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Giant Refining Company
Ciniza Refinery

EPA ID NO: N1MD 0000 333 211



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 flammable liquid (Gasoline). Toxic, contains benzene.

B. EPA hazardous waste code Page 19.
D001 D018
NA NA NA

C. State hazardous waste code Page 19.
NA

D. SIC code Page 19. 2911

E. Origin code 1 Page 19
System NA
Type M NA

F. Source code Page 20. A49

G. Point of measurement Page 20. 1

H. Form code Page 20. B211

I. RCRA - radioactive mixed Page 20. 2

Sec. II A. Quantity generated in 1992 Instruction Page 21. NA

B. Quantity generated in 1993 Page 21. 4260

C. UOM Page 21. 1 Density NA
 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 0

ON-SITE PROCESS SYSTEM 2

On-site process system type Page 22. M

Quantity treated, disposed, or recycled on site in 1993 0

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</u> <u>077</u> <u>603</u> <u>371</u>	C. System type shipped to Page 23. <u>M049</u>	D. Off-site availability code Page 23. <u>1</u>	E. Total quantity shipped in 1993 Page 23. <u>4260</u>
Site 2	B. EPA ID No. of facility waste was shipped to Page 23. <u>NA</u>	C. System type shipped to Page 23. <u>M</u>	D. Off-site availability code Page 23. <u>1</u>	E. Total quantity shipped in 1993 Page 23. <u>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. W W W W

C. Other effects Page 24. 1 Yes 2 No

D. Quantity recycled in 1993 due to new activities Page 25. 0

E. Activity/production index Page 25. 0

F. 1993 source reduction quantity Page 26. 0

Comments: Waste was a residue from tank cleaning.

5/10/95

enter again ✓
AW
4/21/94

U.S. ENVIRONMENTAL PROTECTION AGENCY

1993 Hazardous Waste Report

WASTE TREATMENT, DISPOSAL, OR RECYCLING PROCESS SYSTEMS



ok

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

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
Instruction Page 38. Land treatment/application/farming area for hazardous wastes

B. System type Page 38. <u>M 1 3 1</u>	C. Regulatory status Page 39. <u>0 1</u>	D. Operational status Page 39. <u>0 1</u>	E. Unit types Page 39. <u>0 8 N A</u>
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Sec. II A. 1993 influent quantity
Instruction page 40.

Total <u>2 4 5 . 9</u> UOM <u>2</u> Density <u>N A</u>	B. Maximum operational capacity Page 41. Total <u>N A</u>
RCRA <u>0 . 0</u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	RCRA <u>N A</u>

C. 1993 liquid effluent quantity
Instruction page 42.

Total <u>N A .</u> UOM <u></u> Density <u>N A</u>	D. 1993 solid/sludge residual quantity Page 42. <u>?</u>
RCRA <u>N A .</u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	Total <u>0 . 0</u> UOM <u>2</u> Density <u>N A</u>
	RCRA <u>0 . 0</u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg

E. Limitation on maximum operational capacity Page 43. 1. <u>0 1</u> 2. <u>0 2</u> 3. <u>N A</u>	F. Commercial capacity availability code Page 43. <u>2</u>	G. Percent capacity commercially available Page 43. <u>N A</u> %
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Comments:

D. The land treatment unit is not currently scheduled for closure, but it no longer receives hazardous wastes.

This comment reflects accurate info. to match IC form Sec. VI:B

AW entered 4/21/94

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 1



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>A R D 0 6 9 7 4 8 1 9 2</u>	B. Name of off-site installation or transporter ENSCO
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 - TSDR Street <u>American Oil Road</u> City <u>El Dorado</u> State <u>A R K</u> Zip <u>7 1 1 7 3 1</u>	

Site 2	A. EPA ID No. of off-site installation or transporter <u>T X D 0 7 7 6 0 3 3 7 1</u>	B. Name of off-site installation or transporter Safety-Kleen Corp.
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR	D. Address of generator - TSDR Street <u>1722 Cooper Creek Road</u> City <u>Denton</u> State <u>T E X</u> Zip <u>7 6 2 0 8</u>	

Site 3	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 Safety-Kleen Corp.
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 _____	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 _____	

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: