

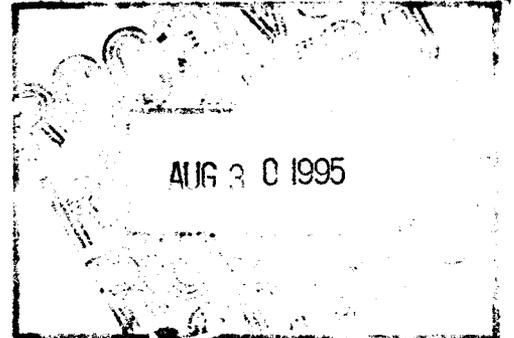


Route 3, Box 7  
Gallup, New Mexico  
87301

505  
722-3833

August 25, 1995

Mr. Benito J. Garcia, Chief  
Hazardous & Radioactive Materials Bureau  
New Mexico Environment Department  
525 Camino De Los Marquez  
Santa Fe, New Mexico 87502



**Via: CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

**Re: Giant Refining - Ciniza Refinery  
RCRA Operating Permit NMD000333211-2  
Class I Permit Modification Request**

Dear Mr. Garcia:

Giant Refining Company currently operates its Ciniza refinery under the RCRA Hazardous Waste Facility Permit referenced above (last revision approved via EPA correspondence dated August 16, 1991). During recent discussions with the staff members of the Hazardous & Radioactive Materials Bureau (HRMB), it was discovered that several items currently listed in this facility's RCRA Part A permit have either never been constructed or fall under the jurisdiction of the New Mexico Oil Conservation Division (OCD) and are regulated under this facility's OCD Discharge Plan (GW-032).

In subsequent correspondence, HRMB directed Giant to contact Mr. Ed Kelley, Director of the NMED's Water and Waste Management Division (WWD) to request approval for the removal of these inappropriately listed items from this facility's Part A permit. This request was complied with in correspondence submitted to Mr. Kelley's office on July 24 and July 28, 1995. On August 21, 1995, Giant received WWD's approval of this deletion request in a letter from Mr. Kelley dated August 14, 1995 (copy enclosed).

Therefore, Giant Refining hereby requests a Class I modification to its RCRA Part A Permit #NMD000333211-2 deleting the following items:

- the API separator
- the benzene strippers
- the hazardous waste drum storage area

The first two items are being requested for deletion from the permit due to the fact that they are already regulated under this facility's OCD discharge plan. The third item is being proposed for deletion because it was never constructed, and Giant has no plans for its construction in the future.

Enclosed with this letter are a completed Part A Hazardous Waste Permit Application reflecting the above modifications, a location map, a facility site plan, and a photocopy of an aerial view of the facility site.

Should you or your staff have any questions regarding the above, please do not hesitate to contact me or Lynn Shelton at (505) 722-3833.

Sincerely,

*David C. Pavlich*

David C. Pavlich  
Health, Safety, and Environmental Manager

cc: Kim Bullerdick, Corporate Counsel  
Giant Industries Arizona, Inc.

Lynn Shelton, Senior Environmental Coordinator  
Giant Refining Company

WWT File

RCRA Permit Binder

<p><b>For EPA Regional Use Only</b></p>	 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>						
<p>Date Received</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">Month</th> <th style="width:33%;">Day</th> <th style="width:33%;">Year</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Month	Day	Year				
Month	Day	Year					

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

<input type="checkbox"/> A. First Part A Submission	<input checked="" type="checkbox"/> B. Part A Amendment # _____
---	---

<b>C. Installation's EPA ID Number</b>	<b>D. Secondary ID Number (if applicable)</b>
N M D O O O 3 3 3 2 1 1	

**II. Name of Facility**

G I A N T R E F I N I N G C O M P A N Y C I N I Z A
---

**III. Facility Location (Physical address not P.O. Box or Route Number)**

**A. Street**

I N T E R S T A T E 4 0
-------------------------

**Street (Continued)**

E X I T 3 9
-------------

<b>City or Town</b>	<b>State</b>	<b>Zip Code</b>
J A M E S T O W N	N M	8 7 3 4 7 -

<b>County Code (if known)</b>	<b>County Name</b>
	M C K I N L E Y

<b>B. Land Type</b>	<b>C. Geographic Location</b>		<b>D. Facility Existence Date</b>
(Enter code)	<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
---------------------

<b>City or Town</b>	<b>State</b>	<b>Zip Code</b>
G A L L U P	N M	8 7 3 0 1 -

**V. Facility Contact (Person to be contacted regarding waste activities at facility)**

<b>Name (Last)</b>	<b>(First)</b>
P A V L I C H	D A V I D
<b>Job Title</b>	<b>Phone Number (Area Code and Number)</b>
M A N A G E R H / S / E	5 0 5 - 7 2 2 - 3 8 3 3

**VI. Facility Contact Address (See instructions)**

<b>A. Contact Address</b>	<b>B. Street or P.O. Box</b>		
Location Mailing Other			
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>			
<b>City or Town</b>	<b>State</b>	<b>Zip Code</b>	

<b>EPA ID 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	

**VII. Operator Information (See instructions)**

**Name of Operator**  
G I A N T R E F I N I N G C O M P A N Y C I N I Z A

**Street or P.O. Box**  
R O U T E 3 B O X 7

**City or Town**      **State**      **ZIP Code**  
G A L L U P      N M      8 7 3 0 1 -

**Phone Number (Area Code and Number)**      **B. Operator Type**      **C. Change of Operator Indicator**      **Date Changed**

5 0 5 - 7 2 2 - 3 8 3 3      P      Yes  No       Month Day Year

**VIII. Facility Owner (See instructions)**

**A. Name of Facility's Legal Owner**  
G I A N T I N D U S T R I E S A R I Z O N A I N C

**Street or P.O. Box**  
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. Owner Type**      **C. Change of Owner Indicator**      **Date Changed**

6 0 2 - 5 8 5 - 8 8 8 8      P      Yes  No       Month Day Year

**IX. SIC Codes (4-digit, In order of significance)**

Primary	Secondary
2 9 1 1 (Description) PETROLEUM REFINING	(Description)
Secondary	Secondary
(Description)	(Description)

**X. Other Environmental Permits (See instructions)**

A. Permit Type (Enter code)	B. Permit Number	C. Description
R	N M D 0 0 0 3 3 3 2 1 1	RCRA PART B PERMIT
E	A Q P 6 3 3 - M - 2	NM AIR QUALITY PERMIT
N	N M R 0 0 A 1 7 2	GENERAL NPDES STORMWATER
E	G W - 3 2	NMOCD DISCHARGE PLAN



<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												

**XII. Process Codes and Design Capabilities (Continued)**

**EXAMPLE FOR COMPLETING ITEM XII (Shown in line number X-1 below): A facility has a storage tank, which can hold 533.788 gallons.**

Line Number	A. Process Code <small>(From list above)</small>			B. PROCESS DESIGN CAPACITY		C. Process Total Number Of Units	For Official Use Only			
				1. Amount (Specify)	2. Unit Of Measure (Enter code)					
X 1	S	0	2	533.788	G	001				
1	D	8	1	15.0	B	001				
2	T	0	4	300.0	U	001				
3				.						
4				.						
5				.						
6				.						
7				.						
8				.						
9				.						
1 0				.						
1 1				.						
1 2				.						
1 3				.						

**NOTE: If you need to list more than 13 process codes, attach an additional sheet(s) with the information in the same format as above. Number the lines sequentially, taking into account any lines that will be used for "other" processes (i.e., D99, S99, T04 and X99) in Item XIII.**

**XIII. Other Processes (Follow instructions from Item XII for D99, S99, T04 and X99 process codes)**

Line Number <small>(Enter #s in seg w/XII)</small>	A. Process Code <small>(From list above)</small>			B. PROCESS DESIGN CAPACITY		C. Process Total Number Of Units	D. Description Of Process
				1. Amount (Specify)	2. Unit Of Measure (Enter code)		
X 1	T	0	4				In-situ Vitrification
1	T	0	4	300.0	U	001	FILTER PRESS
2							
3							
4							

EPA I.D. Number (Enter from page 1)

Secondary ID Number (Enter from page 1)

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

**XIV. Description of Hazardous Wastes**

- A. EPA HAZARDOUS WASTE NUMBER** - Enter the four-digit number from 40 CFR, Part 261 Subpart D of each listed hazardous waste you will handle. For hazardous wastes which are not listed in 40 CFR, Part 261 Subpart D, enter the four-digit number(s) from 40 CFR, Part 261 Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY** - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- 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. PROCESSES**

**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste 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.

**NOTE: THREE SPACES ARE PROVIDED FOR ENTERING PROCESS CODES. IF MORE ARE NEEDED:**

1. Enter the first two as described above.
2. Enter "000" in the extreme right box of Item XIV-D(1).
3. Enter in the space provided on page 7, Item XIV-E, the line number and the additional code(s).

**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 (D.(2)).

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "Included with above" and make no other entries on that line.
3. Repeat step 2 for each EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM XIV (shown in line numbers X-1, X-2, X-3, and X-4 below)** - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

Line Number	A. EPA HAZARD WASTE NO. (Enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (Enter code)	D. PROCESS									
				(1) PROCESS CODES (Enter code)				(2) PROCESS DESCRIPTION (if a code is not entered in D(1))					
X 1	K 0 5 4	900	P	T	0	3	D	8	0				
X 2	D 0 0 2	400	P	T	0	3	D	8	0				
X 3	D 0 0 1	100	P	T	0	3	D	8	0				
X 4	D 0 0 2												Included With Above



<b>EPA I.D. Number (Enter from page 1)</b>	<b>Secondary ID Number (Enter from page 1)</b>																								
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width:12.5%;">N</td><td style="width:12.5%;">M</td><td style="width:12.5%;">D</td><td style="width:12.5%;">0</td><td style="width:12.5%;">0</td><td style="width:12.5%;">0</td><td style="width:12.5%;">3</td><td style="width:12.5%;">3</td><td style="width:12.5%;">3</td><td style="width:12.5%;">2</td><td style="width:12.5%;">1</td><td style="width:12.5%;">1</td> </tr> </table>	N	M	D	0	0	0	3	3	3	2	1	1	<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width:12.5%; height: 20px;"> </td><td style="width:12.5%;"> </td> </tr> </table>												
N	M	D	0	0	0	3	3	3	2	1	1														

**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.*

\* **SEE ATTACHMENT A**

**XVI. Facility Drawing**

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

\* **SEE ATTACHMENT B**

**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).*

\* **SEE ATTACHMENT C**

**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
Name and Official Title (Type or print) <b>JOHN STOKES, REFINERY MANAGER</b>	8/25/95
Owner Signature	Date Signed
Name and Official Title (Type or print)	
Operator Signature	Date Signed
Name and Official Title (Type or print) <b>JOHN STOKES, REFINERY MANAGER</b>	8/25/95
Operator Signature	Date Signed
Name and Official Title (Type or print)	

**XIX. Comments**

**Giant requests a Class I RCRA Part A permit modification based on the provisions of 40 CFR 270.42.**

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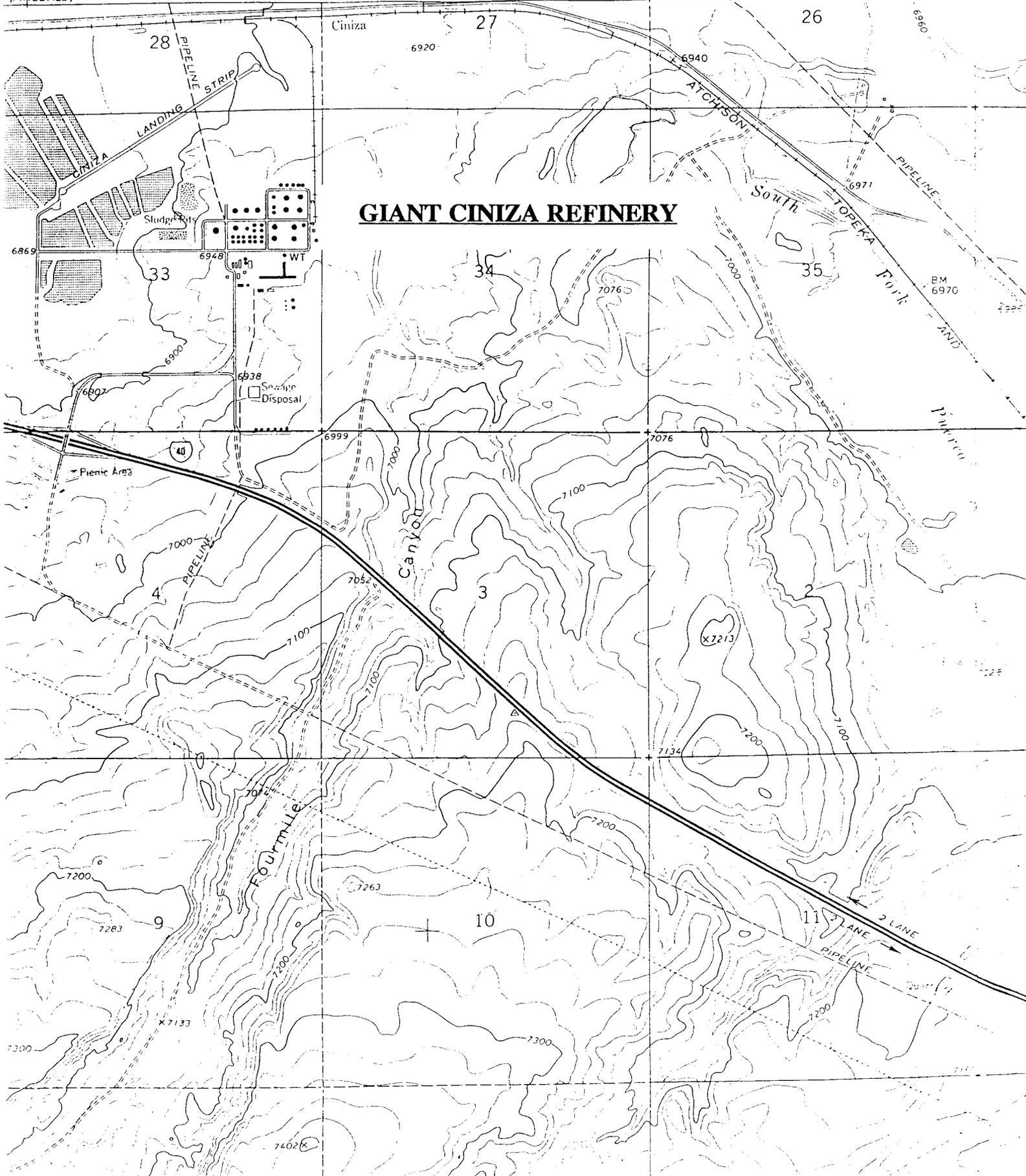
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*Note: Mail completed form to the appropriate EPA Regional or State Office. (Refer to instructions for more information)*

**ATTACHMENT A**

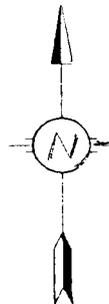
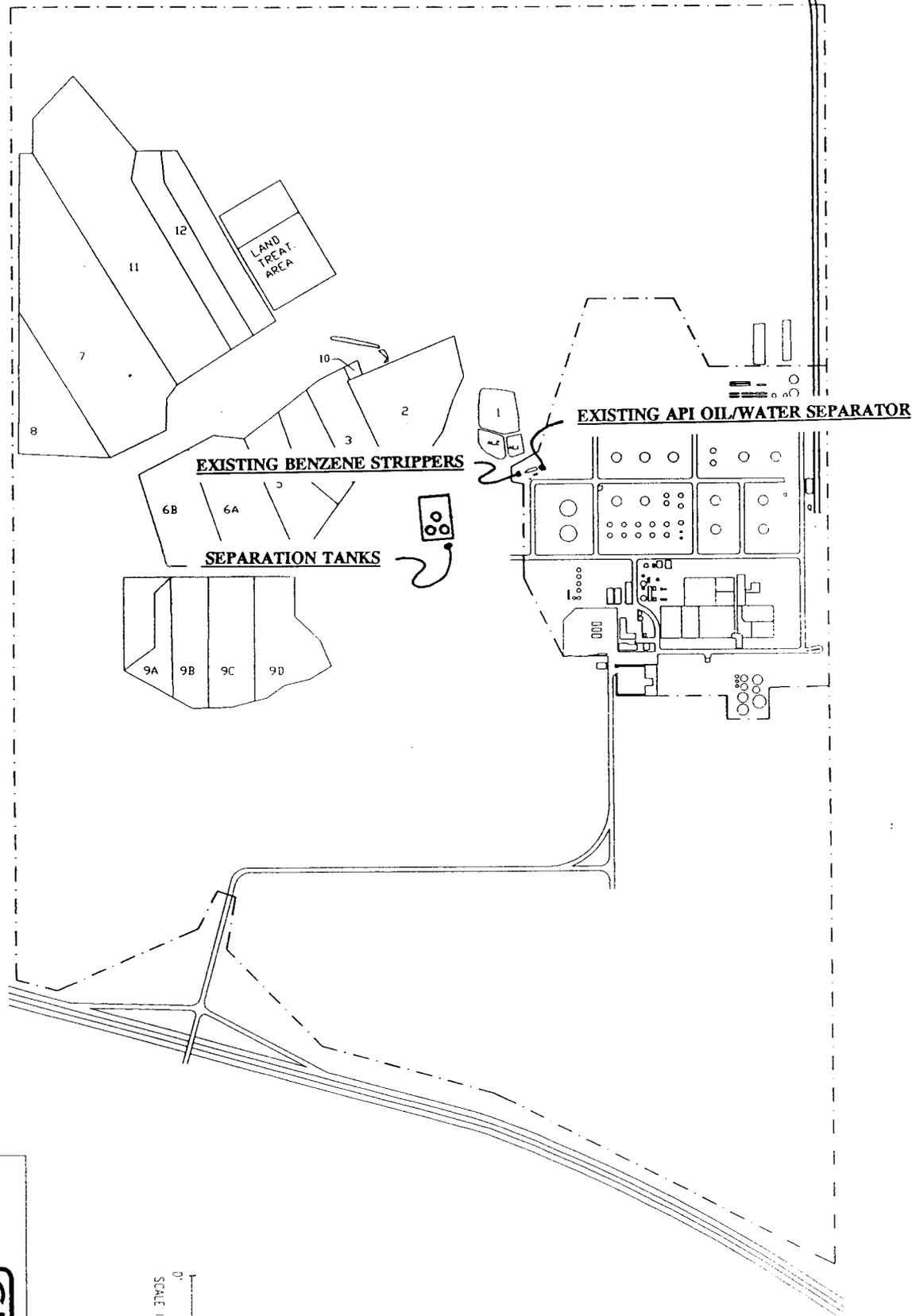
**USGS Quadrangle**

4355 III SW (PINEDALE) 733 734 25' R 15 W 735 330 000 FEET 736 737



**ATTACHMENT B**

**Facility Plan**



0' 500'  
SCALE IN FEET

SITE  
A

DWG. NO.



SITE PLAN

**ATTACHMENT C**

**Aerial Photograph**

