

GRCC 96

Received

February
28, 1996

GIANT
REFINING CO.

AW
4/22/96
mth

February 27, 1996

Route 3, Box 7
Gallup, New Mexico
87301

505
722-3833

Ms. Anna Walker

New Mexico Environment Department
Hazardous and Radioactive Materials Bureau
2044 Galisteo
P. O. Box 26110
Santa Fe, New Mexico 87502

Dear Ms. Walker:

SUBJECT: 1995 BIENNIAL REPORTING SYSTEM (BRS)

Enclosed is Giant Refining Company's 1995 Biennial Report for the CINIZA Refinery. You will notice that there was an increase in the amount of K050, D007, D008, and D018 generated at our facility in 1994. This increase was due to a major "turnaround" or "major overhaul" of one of our systems.

If there are any questions please contact me at (505) 722-0227 .

Sincerely,



Edward L. Horst
Environmental Manager
Giant Refining Company
CINIZA Refinery

QA/QC

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Giant Refining Company
Ciniza Refinery

EPA ID NO: NM 0003332111



U.S. ENVIRONMENTAL PROTECTION AGENCY

1995 Hazardous Waste Report

FORM IC

IDENTIFICATION AND CERTIFICATION

INSTRUCTIONS: Read the detailed instructions beginning on page 9 of the 1995 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 McKinley	
C. Site/company name Same as label <input checked="" type="checkbox"/> or →		D. Has the site name associated with this EPA ID changed since 1993? <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 → 87347

Sec. II Mailing address of site. Instruction page 10.

A. Is the mailing address the same as the location address? <input type="checkbox"/> 1 Yes (SKIP TO SEC. III) <input checked="" type="checkbox"/> 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 87301

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. Horst, Edward L.		B. Title Environ. Manager	C. Telephone 505 722-0217 Extension
---	--	-------------------------------------	--

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 23 96 MO. DAY YR.	

HW 4/22/96 env QA/QC

Sec.V - Generator Status. Instruction pages 10, 12.

A. 1995 RCRA generator status

(CHECK ONE BOX BELOW)

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

B. Reason for not generating

(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. Instruction pages 13, 14.

A. Storage subject to RCRA permitting requirements

1

B. Treatment, disposal, or recycling subject to RCRA permitting requirements

3

C. RCRA-exempt treatment, disposal, or recycling

1

Sec.VII - Waste Minimization Activity during 1994 or 1995. Instruction pages 14, 15:

A. Did this site begin or expand a source reduction activity during 1994 or 1995?

- 1 Yes
- 2 No

B. Did this site begin or expand a recycling activity during 1994 or 1995?

- 1 Yes
- 2 No

C. Did this site systematically investigate opportunities for source reduction or recycling during 1994 or 1995?

- 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 1994 or 1995? (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 1994 or 1995? (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:

dw
4/22/96
QA/QC
ent

U.S. ENVIRONMENTAL PROTECTION AGENCY

1995 Hazardous Waste Report

WASTE GENERATION AND MANAGEMENT



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

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

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

Sec. II	A. Quantity generated in 1994 Instruction Page 21.	B. Quantity generated in 1995 Page 21.	C. UOM Page 21.	Density	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.	
	<u>7 5 8 0</u> <u>0</u>	<u>3 6 6 4</u> <u>0</u>	<u>1</u>	<u>NA</u>	<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 2			
On-site process system type Page 22.	Quantity treated, disposed, or recycled on site in 1995	On-site process system type Page 22.	Quantity treated, disposed, or recycled on site in 1995			
<u>LM</u>		<u>LM</u>				

Sec. III	A. Was any of this waste shipped off-site in 1995 Instruction page 22.				
	<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.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. Total quantity shipped in 1995 Page 23.	
	<u>T X D 0 7 7 6 0 3 3 7 1</u>	<u>M 0 4 9</u>	<u>1</u>	<u>3 6 6 4</u> <u>0</u>	
Site 2	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. Total quantity shipped in 1995 Page 23.	
	<u>NA</u>	<u>LM</u>			

Sec. IV	A. Did new activities in 1995 result in minimization of this waste? Instruction page 24.				
	<input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE)				
B. Activity Page 24.	C. Other effects Page 25.	D. Quantity recycled in 1995 due to new activities Page 25.	E. Activity/production index Page 25.	F. 1995 source reduction quantity Page 26.	
<u>W</u> <u>W</u>	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No				

Comments:

4/22/96 *AW*
DO NOT NEED TO enter. NO waste was treated during 95

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

1995 Hazardous Waste Report

FORM PS

WASTE TREATMENT, DISPOSAL, OR RECYCLING PROCESS SYSTEMS

INSTRUCTIONS: Read the detailed instructions beginning on page 33 of the 1995 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 1 3 1</u>	C. Regulatory status Page 39. <u>0 1</u>	D. Operational status Page 39. <u>0 6</u>	E. Unit types Page 39. <u>0 8 NA</u>
--	--	---	--

Sec. II A. 1995 influent quantity
Instruction page 40.

Total 0 0 UOM Density
RCRA 1 lbs/gal 2 sg

B. Maximum operational capacity
Page 41.

Total _____ UOM Density
RCRA _____ 1 lbs/gal 2 sg

C. 1995 liquid effluent quantity
Instruction page 42.

Total 0 0 UOM Density
RCRA 1 lbs/gal 2 sg

D. 1995 solid/sludge residual quantity
Page 43.

Total 0 0 UOM Density
RCRA _____ 1 lbs/gal 2 sg

E. Limitation on maximum operational capacity
Page 43.
1. 0 1 2. 0 2 3. NA

F. Commercial capacity availability code
Page 43. 1

G. Percent capacity commercially available
Page 43. NA %

Comments:
D. The ~~Land~~ Treatment Unit is scheduled for closure.
Hazardous Waste is no longer received.

Al-entek

AW
er't 4/22/96

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: GIANT REFINING COMPANY
CINIZA REFINERY

EPA ID NO: NMD 000 333 211



U.S. ENVIRONMENTAL PROTECTION AGENCY

1995 Hazardous Waste Report

FORM 01

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>T X D 0 7 7 6 0 3 3 7 1</u>	B. Name of off-site installation or transporter <u>Safety- Kleen Corp</u>
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR	D. Address of off-site installation Street <u>1722 Copper Creek Road</u> City <u>Denton</u> State <u>T E X</u> Zip <u>7 6 2 0 1 8</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 _____ - _____

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 _____ - _____

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 _____ - _____

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 _____ - _____

Comments:

INSTRUCTIONS FOR FILLING OUT
FORM OI - OFF-SITE IDENTIFICATION

WHO MUST COMPLETE THIS FORM?

Sites required to file the 1995 Hazardous Waste Report must submit Form OI if:

- Form OI is required by your State AND
- The site received hazardous waste from off site or sent hazardous waste off site during 1995.

PURPOSE OF THIS FORM

Form OI documents the names and addresses of off-site installations and transporters.

HOW TO COMPLETE THIS FORM

Form OI is divided into five identical parts. You must fill out one part for each off-site installation to which you shipped hazardous waste, each off-site installation from which you received hazardous waste, and each transporter you used during 1995. If these off-site installations and transporters total more than five, you must photocopy and complete additional copies of the form. You do not need to report the address, Box D, for transporters.

Throughout the form, enter "NA" if the information requested is not applicable. Use the Comments section at the bottom of the form to clarify or continue any entry. Reference the comment by entering the site number and box letter.

ITEM-BY-ITEM INSTRUCTIONS

Complete Boxes A through D for each off-site installation to which you shipped hazardous waste and each off-site installation from which you received hazardous waste during 1995.

Complete Boxes A through C for each transporter you used during the year. (The transporter address is not required in Box D).

Box A: EPA ID No. of off-site installation or transporter

Enter the 12-digit EPA ID number of the off-site installation to which you shipped hazardous waste or from which you received hazardous waste. Or, enter the EPA ID number of the transporter who shipped hazardous waste to or from your site. Each EPA ID should appear only once. If the off-site installation or transporter did not have an EPA ID number during 1995, enter "NA" in Box A.

Box B: Name of off-site installation or transporter

Enter the name of the off-site installation or transporter reported in Box A.

Box C: Handler Type

Check all boxes that apply to describe the handler type of the off-site installation or transporter reported in Box A.

Box D: Address of off-site installation

Enter the address of the off-site installation reported in Box A. If the EPA ID number reported in Box A refers to a transporter, enter "NA" in Box D.