

ORCC 2000



Route 3, Box 7
Gallup, New Mexico
87301
505-722-3833
505-722-0210 FAX

February 25, 2000

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

**RE: 1999 Hazardous Waste Biennial Report
Giant Refining Co. - Ciniza Refinery
Permit No. NMD 0000333211**

Dear Mr. Bearzi:

Enclosed please find the 1999 Hazardous Waste Report for Giant's Ciniza Refinery. Both a diskette and a signed hard copy are being sent. We had some difficulties with the software and are unsure whether the diskette is sufficient, so we are including a hard copy.

Please feel free to contact me at (505) 722-0227 if you have any concerns or questions.

Sincerely,

A handwritten signature in cursive script that reads "Dorinda Mancini".

Dorinda Mancini
Environmental Manager, Ciniza Refinery

cc: w/o attachments
Matt Davis, General Manager
Dave Pavlich, Environmental Superintendent
Sarah Allen, Esq., Giant Industries, Inc.

C:\1999 HW Biennial Report

A handwritten signature in cursive script that reads "Cindy".



BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Cruz Refining Co - Cruz Refinery
 EPA ID NO: UMD 000 333 211



U.S. ENVIRONMENTAL PROTECTION AGENCY

1999 Hazardous Waste Report



IDENTIFICATION AND CERTIFICATION

Instructions: Please see the detailed instructions beginning on page 7 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each section is provided below.

Sec. I Site name and location address. Check the box in items A, B, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instructions page 7.

A. EPA ID No. Same as label <input type="checkbox"/> or → <u>UMD 000 333 211</u>		B. County Same as label <input type="checkbox"/> or → <u>McKinley</u>	
C. Site/company name Same as label <input type="checkbox"/> or → <u>Cruz Refining Co - Cruz Refinery</u>		D. Has the site name associated with this EPA ID changed since 1997? <input checked="" type="checkbox"/> 1 Yes <input 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 → <u>Interstate 40, Exit 39, 17 miles east of Gallup, NM</u>			
F. City, town, village Same as label <input type="checkbox"/> or → <u>Jamestown</u>		G. State Same as label <input type="checkbox"/> or → <u>NM</u>	H. Zip Code Same as label <input type="checkbox"/> or → <u>87347</u>

Sec. II Mailing address of site. Instructions page 7.

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 (CONTINUE TO BOX B)			
B. Number and street name of mailing address <u>Route 3, Box 7</u>			
C. City, town, village <u>Gallup</u>		D. State <u>NM</u>	E. Zip Code <u>87301</u>

Sec. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instructions page 7.

A. Last Name <u>Mancini</u>		First name <u>Donida</u>	M.I. <u></u>	B. Title <u>Env. Mgr.</u>	C. Telephone Number <u>505 722-3833</u> Extension <u>3227</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." Instructions page 8.

A. Last Name <u>Paulich</u>			First name <u>David</u>	M.I. <u>C.</u>	B. Title <u>Env. Superintendent</u>
C. Signature <u>David C. Paulich</u>					D. Date of signature <u>10 2 25 00</u> Month Day Year

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: GIANT Refining Co. Coker Refinery

EPA ID NO: NH0000333211



U.S. ENVIRONMENTAL PROTECTION AGENCY

1999 Hazardous Waste Report

WASTE GENERATION AND MANAGEMENT

FORM GM

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I					
A. Waste description (page 12) <u>Spent catalyst from the Reformer unit contaminated w/ Benzene; sent for regeneration</u>					
B. EPA hazardous waste code (page 12) <u>D018</u>			C. State hazardous waste code (page 13)		
D. SIC code (page 13) <u>2911</u>		E. Origin code (page 13) <u>1</u>	F. Source code (page 14) <u>36</u>	G. Point of measurement (p. 14) <u>1</u>	H. Form code (page 14) <u>403</u>
		System Type <u>M</u>	I. RCRA-radioactive mixed (page 14) <u>2</u>		

Sec. II		A. Quantity generated in 1999 (page 15) <u>59,840.9</u>		B. UOM (page 15) <u>L</u>	
		Density		C. 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 15)	
		<u> </u>		<input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)	
		<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		<input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)	

ON-SITE PROCESS SYSTEM		ON-SITE PROCESS SYSTEM 2	
On-site process system type (page 16)	Quantity treated, disposed, or recycled on site in 1999 (page 16)	On-site process system type (page 16)	Quantity treated, disposed, or recycled on site in 1999 (page 16)
<u>M</u>	<u> </u>	<u>M</u>	<u> </u>

Sec. III				
A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17)				
<input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>OKD 987 097 151</u>	C. System type shipped to (p. 17) <u>M 125</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) <u>59,840.9</u>
Site 2	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1999 (page 17)
Site 3	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1999 (page 17)

Comments: III.C. M 125 - Regeneration of catalyst by burning off coke.

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BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: GIANT Refining Co. Cinniza Refinery

EPA ID NO: ND 000 333 211



U.S. ENVIRONMENTAL PROTECTION AGENCY

1999 Hazardous Waste Report

WASTE GENERATION AND MANAGEMENT

FORM GM

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I					
A. Waste description (page 12) <u>Oil Sludge from Refining Operations</u>					
B. EPA hazardous waste code (page 12) <u>F037</u> <u>K050</u> <u>K051</u>			C. State hazardous waste code (page 13) _____		
D. SIC code (page 13) <u>3911</u>	E. Origin code (page 13) <u>1</u>	F. Source code (page 14) <u>A 35</u>	G. Point of measurement (p. 14) <u>1</u>	H. Form code (page 14) <u>B 603</u>	I. RCRA-radioactive mixed (page 14) <u>2</u>

Sec. II	
A. Quantity generated in 1999 (page 15) <u>4000.0</u>	B. UOM (page 15) <u>1</u> Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
C. 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 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS 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 16) [M] _____	Quantity treated, disposed, or recycled on site in 1999 (page 16) _____	On-site process system type (page 16) [M] _____	Quantity treated, disposed, or recycled on site in 1999 (page 16) _____

Sec. III				
A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>ARD 069 748 192</u>	C. System type shipped to (p. 17) <u>M 042</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) <u>4000.0</u>
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) [M] _____	D. Off-site availability code (page 17) _____	E. Total quantity shipped in 1999 (page 17) _____
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) [M] _____	D. Off-site availability code (page 17) _____	E. Total quantity shipped in 1999 (page 17) _____

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:
 SITE NAME: GIANT Refining Co. Coniza Refinery
 EPA ID NO: NH0000333211



U.S. ENVIRONMENTAL PROTECTION AGENCY

1999 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I A. Waste description (page 12) <u>Fluorescent Light Bulbs (used)</u>					
B. EPA hazardous waste code (page 12) <u>D009</u>			C. State hazardous waste code (page 13)		
D. SIC code (page 13) <u>2911</u>	E. Origin code (page 13) <u>1</u>	F. Source code (page 14) <u>99</u>	G. Point of measurement (p. 14) <u>1</u>	H. Form code (page 14) <u>319</u>	I. RCRA-radioactive mixed (page 14)

Sec. II A. Quantity generated in 1999 (page 15) <u>475.0</u>		B. UOM (page 15) <u>1</u> Density <u>1</u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. 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 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1 On-site process system type Quantity treated, disposed, or recycled on site in 1999 (page 16) <u>1</u>		ON-SITE PROCESS SYSTEM 2 On-site process system type Quantity treated, disposed, or recycled on site in 1999 (page 16) <u>1</u>	

Sec. III A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>NH0000903468</u>	C. System type shipped to (p. 17) <u>012</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) <u>475.0</u>
Site 2	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1999 (page 17)
Site 3	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1999 (page 17)

Comments: I. F. Routine replacement of burned-out bulbs.
I. H. unbroken lamps containing mercury in enclosed ballasts
III. i.e. all the lamp parts are recycled and reused.

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: GIANT Refining Co. Linza Refinery

EPA ID NO: NH00003332111



U.S. ENVIRONMENTAL PROTECTION AGENCY

1999 Hazardous Waste Report

WASTE GENERATION AND MANAGEMENT

FORM GM

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) <u>Excess lab chemical containing chromate, dichromate, Barium Hydroxide, lead oxide, arsenite, chromium cmpds, iodate, persulfate, perchlorate, permanganate. see contract.</u>				
	B. EPA hazardous waste code (page 12) <u>LABP 0007</u> <u>D002 D045 D008</u>		C. State hazardous waste code (page 13) _____		
D. SIC code (page 13) <u>2911</u>	E. Origin code (page 13) System Type <u>I</u> [M] _____	F. Source code (page 14) <u>A 94</u>	G. Point of measurement (p. 14) <u>I</u>	H. Form code (page 14) <u>B 091</u>	I. RCRA-radioactive mixed (page 14) <u>2</u>

Sec. II	A. Quantity generated in 1999 (page 15) _____ <u>160.0</u>	B. UOM (page 15) Density <u>I</u> _____ <u>I</u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. 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 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
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ON-SITE PROCESS SYSTEM 1	ON-SITE PROCESS SYSTEM 2
On-site process system type (page 16) [M] _____	On-site process system type (page 16) [M] _____
Quantity treated, disposed, or recycled on site in 1999 (page 16) _____	Quantity treated, disposed, or recycled on site in 1999 (page 16) _____

Sec. III	A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)				
	Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>ARD 069 748 192</u>	C. System type shipped to (p. 17) <u>M 043</u>	D. Off-site availability code (page 17) <u>I</u>	E. Total quantity shipped in 1999 (page 17) _____ <u>160.0</u>
	Site 2	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) [M] _____	D. Off-site availability code (page 17) _____	E. Total quantity shipped in 1999 (page 17) _____
	Site 3	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) [M] _____	D. Off-site availability code (page 17) _____	E. Total quantity shipped in 1999 (page 17) _____

Comments: 1. A. continued - chlorate, lead nitrate, barium nitrate.
1. B. " " - D004, D006, D001
LAB PACKS

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: GIANT Refining Co. Linza Refinery

EPA ID NO: NH00003332111



U.S. ENVIRONMENTAL PROTECTION AGENCY

1999 Hazardous Waste Report

WASTE GENERATION AND MANAGEMENT

FORM GM

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I		A. Waste description (page 12) <u>Excess laboratory chemicals containing mercury.</u>						
B. EPA hazardous waste code (page 12) <u>D009</u>				C. State hazardous waste code (page 13)				
D. SIC code (page 13) <u>2911</u>	E. Origin code (page 13) <u>1</u>	F. Source code (page 14) <u>A94</u>		G. Point of measurement (p. 14) <u>1</u>	H. Form code (page 14) <u>B091</u>	I. RCRA-radioactive mixed (page 14) <u>2</u>		

Sec. II		A. Quantity generated in 1999 (page 15) <u>40.0</u>		B. UOM (page 15) <u>1</u> Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		C. 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 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS 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 16)		Quantity treated, disposed, or recycled on site in 1999 (page 16)		On-site process system type (page 16)		Quantity treated, disposed, or recycled on site in 1999 (page 16)	

Sec. III					A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>ARD069748192</u>		C. System type shipped to (p. 17) <u>M012</u>		D. Off-site availability code (page 17) <u>1</u>		E. Total quantity shipped in 1999 (page 17) <u>40.0</u>		
Site 2	B. EPA ID No. of facility waste was shipped to (page 17)		C. System type shipped to (p. 17)		D. Off-site availability code (page 17)		E. Total quantity shipped in 1999 (page 17)		
Site 3	B. EPA ID No. of facility waste was shipped to (page 17)		C. System type shipped to (p. 17)		D. Off-site availability code (page 17)		E. Total quantity shipped in 1999 (page 17)		

Comments: LAB PACK

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:
 SITE NAME: West Refining Co -
Centra Refinery
 EPA ID NO: NMD 000 333 211



U.S. ENVIRONMENTAL PROTECTION AGENCY

1999 Hazardous Waste Report

FORM OI

OFF-SITE IDENTIFICATION

Instructions: Please 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>AR 069 748 193</u>	B. Name of off-site installation or transporter <u>ENSCO - El Dorado</u>
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR facility	D. Address of off-site installation Street <u>American Oil Rd</u> City <u>El Dorado, AR</u> State <u>AR</u> Zip <u>71730</u>

Site 2	A. EPA ID No. of off-site installation or transporter <u>NMD 092 208 627</u>	B. Name of off-site installation or transporter <u>Ranchem Co. Inc.</u>
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street _____ City _____ State ____ Zip _____

Site 3	A. EPA ID No. of off-site installation or transporter <u>NMD 095 038 998</u>	B. Name of off-site installation or transporter <u>TRI STATE MOTOR TRANSIT CO.</u>
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street _____ City _____ State ____ Zip _____

Site 4	A. EPA ID No. of off-site installation or transporter <u>OKD 987 097 151</u>	B. Name of off-site installation or transporter <u>TRICAT, INC</u>
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR facility	D. Address of off-site installation Street <u>105 Taylor Blvd.</u> City <u>McAlester,</u> State <u>OK</u> Zip <u>74501</u>

Site 5	A. EPA ID No. of off-site installation or transporter <u>NMD 022 969 026</u>	B. Name of off-site installation or transporter <u>Dahlen</u>
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street _____ City _____ State ____ Zip _____

Comments:

INSTRUCTIONS FOR FILLING OUT FORM OI – OFF-SITE IDENTIFICATION

WHO MUST SUBMIT THIS FORM

Sites required to file the 1999 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 1999.

PURPOSE OF THIS FORM

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

HOW TO FILL OUT 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 to ship hazardous waste during 1999. If these off-site installations and transporters total more than five, you must photocopy and complete additional copies of the form. Prior to photocopying, place the pre-printed site identification label in the top left-hand corner of the form or, if you did not receive pre-printed labels, enter the site name and EPA Identification Number in this space.

Use the Comments section at the end of the form to clarify any entry (e.g., "Other" responses) or to continue any entry. When entering information in the Comments section, cross-reference the site number and box letter to which the comment refers.

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 1999. Complete Boxes A through C for each transporter you used during the year (address in Box D is not required for transporters).

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 Number should appear only once. If the off-site installation or transporter did not have an EPA ID number during 1999, enter "NA" in Box A and note the reason in the Comments section. For wastes shipped to or received from foreign countries, if the facility does not have an EPA Identification Number, enter "FC" followed by the name of the country for the EPA Identification Number.

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 the handler type (i.e., generator, transporter, or treatment, storage, or disposal (TSD) facility) 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.

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: West Lining Co -
Central Refinery

EPA ID NO: NH0000353211



U.S. ENVIRONMENTAL PROTECTION AGENCY

1999 Hazardous Waste Report

OFF-SITE IDENTIFICATION

Instructions: Please 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>NH0000903468</u>	B. Name of off-site installation or transporter <u>Recyclelights</u>
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR facility	D. Address of off-site installation Street <u>405 West 86th St.</u> City <u>Minneapolis</u> State <u>MN</u> Zip <u>55420</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 facility	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 facility	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 facility	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 facility	D. Address of off-site installation Street _____ City _____ State [] [] Zip [] [] [] [] - [] [] [] []

Comments:



U.S. ENVIRONMENTAL
PROTECTION AGENCY
1999 Hazardous Waste Report

SITE NAME
GIANT REFINING CO.-CINIZA REFINERY
INTERSTATE 40, EXIT 39, 17 MI.EAST OF GALLUP,
NM
JAMESTOWN, NM 873470000
EPA ID NO:
NMD000333211



**IDENTIFICATION
AND CERTIFICATION**

Sec. I	Site name and location address		
A. EPA ID No. NMD000333211	B. County MCKINLEY		
C. Site/company name GIANT REFINING CO.-CINIZA REFINERY	D. Has the site name associated with this EPA ID changed ?		
E. Street name and number. INTERSTATE 40, EXIT 39, 17 MI.EAST OF GALLUP, NM			
F. City, town, village, etc. JAMESTOWN,	G. State NM	H. Zip Code 87347-0000	

Sec. II	Mailing address of the site.		
A. Is the mailing address the same as the location address?			
B. Number and street name of mailing address RT 3, BOX 7 N			
C. City, town, village, etc. GALLUP	D. State NM	E. Zip Code 87301-0000	

Sec. III	Name, title and telephone number of the person who should be contacted if questions arise regarding this report.		
A. Last Name MANCINI	First Name DORINDA	M.I.	B. Title ENV. MANAGER
		C. Telephone (505) 722-3833 Extension 3227	

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. Last Name PAVLICH	First Name DAVID	M.I. C	B. Title ENV. SUPT.
C. Signature		D. Date of signature 02 / 24 / 2000 MO. DAY YEAR	

Sec. V Generator Status	
A. 1999 Generator Status	B. Reason for not generating
1 LQG 1 2 SQG 3 CESQG 4 Non generator (Continue to Box B)	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 in Comments)

Sec. VI On-Site Waste Management Status.		
A. Storage subject to RCRA permitting requirements	B. Treatment, disposal, or recycling subject to RCRA permitting requirements	C. RCRA exempt treatment, disposal, or recycling
1	1	1

Comments