

CIFI	END OMPLETED ORM TO: ne Appropriate tate or Regional ffice.			ental Protection Ager IDENTIFICATION F		San Principles				
1.	Reason for Submittal	Reason for Submittal:  To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)								
	MARK ALL BOX(ES) THAT APPLY	■ To provide a Subsequent Notification (to update site identification information for this location)								
		☐ As a component of the Hazardous Waste Report (If marked, see sub-bullet below)								
		☐ Site was a TSD facility and/or generator of ≥1,000 kg of hazardous waste, >1 kg of acute hazardo >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State LQG regulations)								
2.	Site EPA ID Number	EPA ID Number   N   M   D   0   0   0   3   3   3   2   1   1								
3.	Site Name	Name: Western Refining Southwest, Inc Gallup Refinery								
4.		Street Address: I-40 Exit 39, 17 miles Ea	ast of Gallu	ıp, NM						
	Information	City, Town, or Village: Jamestown			County: McKinley					
		State: New New Mexico	Country: US	A	Zip Code: 87347					
5.	Site Land Type	Private County District	t Fede	eral Tribal M	Iunicipal State	Other				
6.	NAICS Code(s) for the Site	A.   3   2   4   4   1	0	c						
	(at least 5-digit codes)	В.	D							
7.	Site Mailing	Street or P.O. Box: 92 Giant Crossing Road								
	Address	City, Town, or Village: 92 Giant Crossing	g Road							
		State: Gallup C	Country: US	A	Zip Code: 87301					
8.	Site Contact	First Name: Ed M	/II:	Last: Riege						
	Person	Title: Environmental Manager	1							
		Street or P.O. Box: 92 Giant Crossing Road								
		City, Town or Village: Gallup								
		7A 1	ountry: US	A	Zip Code: 87301					
		Email: ed.riege@wnr.com								
		Phone: (505) 722-0217	Ext.	:	Fax: (505) 863-0930					
9.	Legal Owner	A. Name of Site's Legal Owner: Western Refining Company, LP  Date Became Owner:  11/15/2007								
	and Operator of the Site	Owner Type: Private County District Federal Tribal Municipal State Other								
		Street or P.O. Box: 6500 Trowbridge Dri								
		City, Town, or Village: El Paso	Phone: (915) 534-1400							
		State: Texas Co	4	Zip Code: 79905						
		B. Name of Site's Operator: Western Ref	Date Became Operator: 11/15/2007							
		Operator Type:  Private  County	District [	Federal Tribal	Municipal State	Other				

<b>EPA ID Number</b>   N   M   D   0   0   0	3   3   3   2   1   1	OMB#: 2050-0024; Expires 12/31/2014						
10. Type of Regulated Waste Activity (at your site) Mark "Yes" or "No" for all <u>current</u> activities (as of the date submitting the form); complete any additional boxes as instructed.								
A. Hazardous Waste Activities; Complete all parts 1-10.								
Y N 1. Generator of Hazardous Wa If "Yes", mark only one of t		Y N 5. Transporter of Hazardous Waste If "Yes", mark all that apply.						
(2,200 lbs./mo.) Generates, in a accumulates at lbs./mo) of acut Generates, in a accumulates at	ny calendar month, 1,000 kg/mo or more of hazardous waste; or ny calendar month, or any time, more than 1 kg/mo (2.2 e hazardous waste; or ny calendar month, or any time, more than 100 kg/mo acute hazardous spill cleanup	a. Transporter  b. Transfer Facility (at your site)  Y N ✓ 6. Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous waste Part B permit is required for these activities.  Y N ✓ 7. Recycler of Hazardous Waste						
b. SQG: 100 to 1,000 kg.	/mo (220 – 2,200 lbs./mo) of non-	7. Recycler of Hazardous waste						
	g/mo (220 lbs./mo) of non-acute e.	Y N 8. Exempt Boiler and/or Industrial Furnace If "Yes", mark all that apply.  a. Small Quantity On-site Burner Exemption						
Y N 2. Short-Term Generator (general event and not from on-going proexplanation in the Comments se	b. Smelting, Melting, and Refining Furnace Exemption							
Y N ✓ 3. United States Importer of Haz	Y N ✓ 9. Underground Injection Control							
Y N 4. Mixed Waste (hazardous and	Y N 10. Receives Hazardous Waste from Offsite							
B. Universal Waste Activities; Complete all p	parts 1-2.	C. Used Oil Activities; Complete all parts 1-4.						
Y N 1. Large Quantity Handler of accumulate 5,000 kg or moregulations to determine types of universal wasted mark all that apply.	Y N 1. Used Oil Transporter If "Yes", mark all that apply.  a. Transporter  b. Transfer Facility (at your site)							
a. Batteries		Y N 2. Used Oil Processor and/or Re-refiner						
b. Pesticides		If "Yes", mark all that apply.						
c. Mercury containing equip	oment	a. Processor						
d. Lamps	b. Re-refiner							
e. Other (specify)		Y N ✓ 3. Off-Specification Used Oil Burner						
f. Other (specify) g. Other (specify)		Y N 4. Used Oil Fuel Marketer If "Yes", mark all that apply.						
Y N 2. Destination Facility for Un Note: A hazardous waste pactivity.	iversal Waste permit may be required for this	<ul> <li>a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner</li> <li>b. Marketer Who First Claims the Used Oil Meets the Specifications</li> </ul>						

EF	PA ID Numbe	er [N]	M D O	0   0	0 3	3 3	3 2 1	1	Ol	MB#: 2050-0024;	Expires 12/3	1/2014
D.	Eligible Aca	ademic E	ntities wit 10 CFR Pa	h Labo irt 262	oratorie: Subpar	s—Noti t K	ification f	or opting i	nto or withdrawir	g from managing	laboratory haz	ardous
	You come.	an <b>ONLY</b>	Opt into S	ubpart	K if:							
	ag	reement w	ast one of vith a colleq university;	ge or u	lowing: iniversity	a colleg /; or a n	ge or unive on-profit r	ersity; a tea esearch ins	ching hospital that stitute that is owne	is owned by or has d by or has a forma	s a formal affiliati Il affiliation agree	ion ement with
	• you	u have che	ecked with	your S	State to d	determi	ne if 40 CI	FR Part 262	2 Subpart K is effe	ctive in your state		
Y	<ul> <li>you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state</li> <li>1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:</li> </ul>									oratories		
	a. College or University											
		b. Teach	ing Hospit	al that	is owned	d by or	has a forn	nal written a	affiliation agreeme	nt with a college or	university	
		c. Non-p	rofit Institu	te that	is owne	d by or	has a forr	mal written	affiliation agreeme	nt with a college or	university	
Y N 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories												
11.	Description	of Hazard	dous Was	te								
A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.												
	D001											
	K049			-								
	K050											-
	K051											
					-							
			-									
								-				
				-								
			-									
Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.												
	J.											
ž												
	1			I								

3   3   3   2   1   1	OMB#: 2050-0024; Expires <u>12/31/2014</u>
erial (HSM) Activity	
0.42 that you will begin managing, are mana 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or	aging, or will stop managing hazardous · (25)?
dum to the Site Identification Form: Notificat	tion for Managing Hazardous Secondary
osure of the Land Treatment Unit at the	Western Refining, Gallup Refinery.
e Land Treatment Unit from 1990 to the	present.
fication of change of site mailing addres	s and for Authorized Representation for the
tely. The new General Manager is Willia	am Carl McClain Jr.
that qualified personnel properly gather and anage the system, or those persons directly wledge and belief, true, accurate, and comp ading the possibility of fines and imprisonme	nt for knowing violations. For the RCRA
Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
William Carl McClain Jr	09 104 12013
	at this document and all attachments were per that qualified personnel properly gather ancanage that qualified personnel properly gather ancanage that qualified personnel properly gather ancanage the system, or those persons directly will be directly and operator(s) must sign (see 4 Name and Official Title (type or print)