



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS 49TH FIGHTER WING (ACC)
HOLLOMAN AIR FORCE BASE, NEW MEXICO

Received Feb. 27, 1996

HAFB 96

22 FEB 1996

MEMORANDUM FOR NEW MEXICO ENVIRONMENT DEPARTMENT
Hazardous & Radioactive Materials Bureau
Attn: Ms. Anna Walker
2044 Galisteo
P.O. Box 26110
Sante Fe New Mexico 87502

LIBRARY COPY

FROM: 49 CES/CC
550 Tabosa Ave
Holloman AFB NM 88330-8458

SUBJECT: 1995 Hazardous Waste Report

1. As required by your offices, attached please find the 1995 Hazardous Waste Report for Holloman AFB.
2. If you have any questions regarding this matter, contact Mr. Billy Claxton at (505) 475-3931.


HOWARD E. MOFFITT
Deputy Base Civil Engineer

Attachment:
1995 Hazardous Waste Report

YMS 95A

Ent 4-17-96 sm

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Holloman Air Force Base
New Mexico

EPA ID NO: N M 6 5 7 2 1 2 4 4 2 2



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 OTERO
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 → 6 Miles West of Alamogordo, NM on U.S. Highway 70.	
F. City, town, village, etc. Same as label <input checked="" type="checkbox"/> or →	G. State Same as label <u>N</u> <u>M</u>
	H. Zip Code Same as label <u>8</u> <u>8</u> <u>3</u> <u>3</u> <u>0</u> - <u>8</u> <u>2</u> <u>7</u> <u>7</u>

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
49 FW/CC, 490 First Street, Suite 1700

C. City, town, village, etc. Holloman AFB	D. State <u>N</u> <u>M</u>	E. Zip Code <u>8</u> <u>8</u> <u>3</u> <u>3</u> <u>0</u> - <u>8</u> <u>2</u> <u>7</u> <u>7</u>
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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. Claxton, Billy W.	B. Title Environmental Engineer	C. Telephone <u>5</u> <u>0</u> <u>5</u> <u>4</u> <u>7</u> <u>5</u> - <u>3</u> <u>9</u> <u>3</u> <u>1</u> Extension
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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. McGoldrick TIMOTHY J	B. Title SUPPORT GROUP COMMANDER
C. Signature <i>Timothy J. McGoldrick</i>	D. Date of signature <u>02</u> <u>14</u> <u>96</u> MO. DAY YR.

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

3

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

3

C. RCRA-exempt treatment, disposal, or recycling

3

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 type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | a. Insufficient capital to install new source reduction equipment or implement new source reduction practices |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | b. Lack of technical information on source reduction techniques applicable to the specific production processes |
| <input type="checkbox"/> 1 | <input checked="" 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 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 type="checkbox"/> 1 | <input checked="" 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 type="checkbox"/> 1 | <input checked="" 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 type="checkbox"/> 1 | <input checked="" 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:

Ent. 4-17-96 am



U.S. ENVIRONMENTAL PROTECTION AGENCY

1995 Hazardous Waste Report



WASTE GENERATION AND MANAGEMENT

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Holloman Air Force Base
New Mexico

EPA ID NO: NM1615171211214141212

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. <u>Reactivity characteristic munitions from material to waste processing.</u>				
B. EPA hazardous waste code Page 19. <u>D003</u> <u>NA</u> <u>NA</u> <u>NA</u> <u>NA</u>			C. State hazardous waste code Page 19. _____		
D. SIC code Page 19. <u>9711</u>	E. Origin code <u>L</u> Page 19 System Type <u>NA</u>	F. Source code Page 20. <u>89</u>	G. Point of measurement Page 20. <u>L</u>	H. Form code Page 20. <u>405</u>	I. RCRA - radioactive mixed Page 20. <u>2</u>

Sec. II	A. Quantity generated in 1994 Instruction Page 21. <u>NA</u>	B. Quantity generated in 1995 Page 21. <u>473.2</u>	C. UDM Page 21. <u>L</u>	Density <u>_____</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 checked="" type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input 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. <u>L125</u>	Quantity treated, disposed, or recycled on site in 1995 <u>4713.8</u>		On-site process system type Page 22. <u>NA</u>	Quantity treated, disposed, or recycled on site in 1995 <u>NA</u>	

Sec. III	A. Was any of this waste shipped off-site in 1995 <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (SKIP TO SEC IV) Instruction page 22.				
Site 1	B. EPA ID No. of facility waste was shipped to Page 23. <u>AZ4570024139</u>	C. System type shipped to Page 23. <u>L043</u>	D. Off-site availability code Page 23. <u>2</u>	E. Total quantity shipped in 1995 Page 23. <u>473.2</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>L</u>	D. Off-site availability code Page 23. <u>_____</u>	E. Total quantity shipped in 1995 Page 23. <u>_____</u>	

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

Comments: Section II, Box D: Treatment consists of detonation of D003 waste munitions.