

Public Service Company  
of New Mexico  
Alvarado Square MS 0408  
Albuquerque, NM 87158

March 4, 1998

Hand Delivered

Mr. Benito Garcia  
New Mexico Environment Department  
Hazardous and Radioactive Materials Bureau  
P.O. Box 26110  
Santa Fe, NM 87502

Dear Mr. Garcia:

Subject: RCRA Permit Renewal Application, Part A and  
Part B, PNM - Person Generating Station, NMT360010342

Enclosed please find two copies of the following documents:

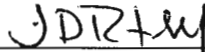
Hazardous Waste Permit Application, Part A, and

RCRA Permit Renewal Application, Person Generating Station, Public Service Company of  
New Mexico, RCRA Permit: NMT360010342, (Part B).

I have also enclosed 3.5 inch computer diskettes with files containing the text of the permit application in Word Perfect 5.2 format. Additionally, I am supplying you with a cross reference summary guide to the Part B permit utilized by our contractor for preparation of this document.

This submittal constitutes a "reapplication" pursuant to 40 CFR 270.10(h) of the existing Person Generating Station RCRA permit which was issued by the New Mexico Environmental Improvement Division on August 1, 1988. Mandatory attachments for the Part A application (map, photographs) are included in the Part B application package.

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 be 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.



Larry Ratliff

Vice President, Engineering and Technical Services


If you have any questions, please feel free to contact me at (505) 241-2998.



Ron Johnson  
Technical Group Leader

MAR 1998



For EPA Regional Use Only   Date Received Month    Day    Year _____	 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 style="font-size: small; margin: 0;">(Read the instructions before starting)</p>	
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 # _____
C. Installation's EPA ID Number		D. Secondary ID Number (if applicable)
N M T 3 6 0 0 1 0 3 4 2		_____
II. Name of Facility		
P N M - P E R S O N G E N E R A T I N G S T A T I O N		
III. Facility Location (Physical address not P.O. Box or Route Number)		
A. Street		
B R O A D W A Y & R I O B R A V O R O A D S		
Street (Continued)		
_____		
City or Town		State    Zip Code
A L B U Q U E R Q U E		N M 8 7 1 0 5 -
County Code (if known)	County Name	
_____	B E R N A L I L L O	
B. Land Type (Enter code)	C. Geographic Location LATITUDE (Degrees, minutes, & seconds)    LONGITUDE (Degrees, minutes, & seconds)	D. Facility Existence Date Month    Day    Year
C	3 5 0 1 5 0    1 0 6 3 8 4 5	0 7 - - 1 9 7 6
IV. Facility Mailing Address		
Street or P.O. Box		
A L V A R A D O S Q U A R E		
City or Town		State    Zip Code
A L B U Q U E R Q U E		N M 8 7 1 5 8 -
V. Facility Contact (Person to be contacted regarding waste activities at facility)		
Name (Last)		(First)
J O H N S O N		R O N
Job Title		Phone Number (Area Code and Number)
S R. E N V I R. S C I.		5 0 5 - 2 4 1 - 2 7 0 0
VI. Facility Contact Address (See Instructions)		
A. Contact Address Location Mailing Other		B. Street or P.O. Box
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		_____
City or Town		State    Zip Code
_____		_____

EPA I.D. Number (Enter from page 1)												Secondary ID Number (Enter from page 1)											
N	M	T	3	6	0	0	1	0	3	4	2												

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

Name of Operator  
 P U B L I C S E R V I C E C O M P A N Y O F N M

Street or P.O. Box  
 A L V A R A D O S Q U A R E

City or Town State ZIP Code  
 A L B U Q U E R Q U E N M 8 7 1 5 8 -

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

5 0 5 - 2 4 1 - 2 7 0 0 p Yes  No  Month Day Year

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

A. Name of Facility's Legal Owner  
 P U B L I C S E R V I C E C O M P A N Y O F N M

Street or P.O. Box  
 A L V A R A D O S Q U A R E

City or Town State ZIP Code  
 A L B U Q U E R Q U E N M 8 7 1 5 8 -

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

5 0 5 - 2 4 1 - 2 7 0 0 p Yes  No  Month Day Year

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

Primary		Secondary	
4	9 1 1 (Description) Electric Services		(Description)
	Secondary (Description)		Secondary (Description)

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

A. Permit Type (Enter code)	B. Permit Number	C. Description
E	3 5 3	Air stripping/vapor extraction and treatment system. Issued by City of Albuquerque Air Pollution Control Division.
E	D P - 1 0 0 6	Groundwater discharge plan approval. Issues by State of New Mexico Env. Dept., Groundwater Protection and Remediation Bureau.

<b>EPA I.D. Number (Enter from page 1)</b>	<b>Secondary ID Number (Enter from page 1)</b>
N M T 3 6 0 0 1 0 3 4 2	

**XI. Nature of Business (Provide a brief description)**

The generation and sale of electricity.

**XII. Process Codes and Design Capacities**

**A. PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Thirteen lines are provided for entering codes. If more lines are needed, attach a separate sheet of paper with the additional information. For "other" processes (i.e., D99, S99, T04 and X99), describe the process (including its design capacity) in the space provided in Item XIII.

**B. PROCESS DESIGN CAPACITY** - For each code entered in column A, enter the capacity of the process.

- AMOUNT** - Enter the amount. In a case where design capacity is not applicable (such as in a closure/post-closure or enforcement action) enter the total amount of waste for that process.
- UNIT OF MEASURE** - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

**C. PROCESS TOTAL NUMBER OF UNITS** - Enter the total number of units used with the corresponding process code.

PROCESS CODE	PROCESS	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS CODE	PROCESS	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	
	<u>Disposal:</u>		T87	Smelting, Melting, Or Refining Furnace	} Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Hour; or Btu's Per Hour	
D79	Underground Injection	Gallons; Liters; Gallons Per Day; or Liters Per Day	T88	Titanium Dioxide Chloride Process		
D80	Landfill	Acre-feet or Hectare-meter	T89	Methane Reforming Furnace		
D81	Land Treatment	Acres or Hectares	T90	Pulping Liquor Recovery Furnace		
D82	Ocean Disposal	Gallons Per Day or Liters Per Day	T91	Combustion Device Used In The Recovery Of Sulfur Values From Spent Sulfuric Acid		
D83	Surface Impoundment	Gallons or Liters	T92	Halogen Acid Furnaces		
D99	Other Storage	Any Unit of Measure Listed Below	T93	Other Industrial Furnaces Listed In 40 CFR §260.10		
	<u>Storage:</u>		T94	Containment Building		Cubic Yards or Cubic Meters
S01	Container (Barrel, Drum, Etc.)	Gallons or Liters	<u>Miscellaneous (Subpart X):</u>			
S02	Tank	Gallons or Liters	X01	Open Burning/Open Detonation		Any Unit of Measure Listed Below
S03	Waste Pile	Cubic Yards or Cubic Meters	X02	Mechanical Processing	Short Tons Per Hour; Metric Tons Per Hour; Short Tons Per Day; Metric Tons Per Day; Pounds Per Hour; or Kilograms Per Hour	
S04	Surface Impoundment	Gallons or Liters	X03	Thermal Unit	Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day; or Btu's Per Hour	
S05	Drip Pad	Gallons or Liters	X04	Geologic Repository	Cubic Yards or Cubic Meters	
S06	Containment Building	Cubic Yards or Cubic Meters	X99	Other Subpart X	Any Unit of Measure Listed Below	
S99	Other Disposal	Any Unit of Measure Listed Below				
	<u>Treatment:</u>					
T01	Tank	Gallons Per Day or Liters Per Day				
T02	Surface Impoundment	Gallons Per Day or Liters Per Day				
T03	Inclinerator	Short Tons Per Hour; Metric Tons Per Hour; Gallons Per Hour; Liters Per Hour; or Btu's Per Hour				
T04	Other Treatment	Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day; or Btu's Per Hour				
T80	Boller	Gallons or Liters				
T81	Cement Kiln	Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day; or Btu's Per Hour				
T82	Lime Kiln	Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day; or Btu's Per Hour				
T83	Aggregate Kiln	Per Hour; Kilograms Per Hour; Metric Tons Per Day; or Btu's Per Hour				
T84	Phosphate Kiln	Metric Tons Per Day; Metric Tons Per Hour; Short Tons Per Day; or Btu's Per Hour				
T85	Coke Oven	Tons Per Hour; Short Tons Per Day; or Btu's Per Hour				
T86	Blast Furnace	or Btu's Per Hour				

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
Gallons .....	G	Short Tons Per Hour .....	D
Gallons Per Hour .....	E	Metric Tons Per Hour .....	W
Gallons Per Day .....	U	Short Tons Per Day .....	N
Liters .....	L	Metric Tons Per Day .....	S
Liters Per Hour .....	H	Pounds Per Hour .....	J
Liters Per Day .....	V	Kilograms Per Hour .....	R
Cubic Yards .....	Y		
Cubic Meters .....	C		
Acres .....	B		
Acre-feet .....	A		
Hectares .....	Q		
Hectare-meter .....	F		
Btu's Per Hour .....	I		



EPA I.D. Number (Enter from page 1)										Secondary ID Number (Enter from page 1)													
N	M	T	3	6	0	0	1	0	3	4	2												

**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 <small>(ENTER CODE)</small>								
X 1	S	0	2	533,788	G	001					
1		N	A								
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											

*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 in seq. 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 <small>(Enter code)</small>				
X 1	T	D	4				In-situ Vitrification
1		N	A				
2							
3							
4							

EPA I.D. Number (Enter from page 1)										Secondary ID Number (Enter from page 1)													
N	M	T	3	6	0	0	1	0	3	4	2												

**XIV. Description of Hazardous Waste**

- 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 describe 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)						(2) PROCESS DESCRIPTION (If a code is not entered in D(1))								
X-1	1	K	0	5	A	900	P	T	0	3	D	8	0		
X-2	2	D	0	0	2	400	P	T	0	3	D	8	0		
X-3	3	D	0	0	1	100	P	T	0	3	D	8	0		
X-4	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>
N M T 3 6 0 0 1 0 3 4 2	

**XIV. Description of Hazardous Wastes (Continued)**

Line Number	A. EPA Hazardous Waste No. (Enter code)	B. Estimated Annual Quantity of Waste	C. Unit of Measure (Enter code)	D. PROCESSES	
				(1) PROCESS CODES (Enter code)	(2) PROCESS DESCRIPTION (If a code is not entered in D(1))
1	F 0 0 1	NA		N A	NA
2					
3					
4					
5					
6					
7					
8					
9					
1 0					
1 1					
1 2					
1 3					
1 4					
1 5					
1 6					
1 7					
1 8					
1 9					
2 0					
2 1					
2 2					
2 3					
2 4					
2 5					
2 6					
2 7					
2 8					
2 9					
3 0					
3 1					
3 2					
3 3					

EPA ID Number (Enter from page 1)										Secondary ID Number (Enter from page 1)													
N	M	T	3	6	0	0	1	0	3	4	2												

**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.*

**XVI. Facility Drawing**

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

**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).*

**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 <i>JDR</i>	Date Signed <i>3/3/98</i>
Name and Official Title (Type or print) Larry D. Ratliff, Vice President, Eng. and Technical Services	
Owner Signature	Date Signed
Name and Official Title (Type or print)	
Operator Signature	Date Signed
Name and Official Title (Type or print)	
Operator Signature	Date Signed
Name and Official Title (Type or print)	

**XIX. Comments**

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