

PNM Resources
Alvarado Square
Albuquerque, NM 87158-2104
www.pnmresources.com
505.241.2031
Fax: 505.241.2384



January 26, 2010

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

James Valdez
New Mexico Environment Department
Hazardous Waste Bureau
2905 Rodeo Park Drive East, Bldg 1
Santa Fe, NM 87505

RE: Person Generating Station (NMT 360010342) – 2009 Biennial Hazardous Waste Report

Dear Mr. Valdez:

Enclosed please find one hard copy and a CD containing an electronic copy of the above referenced report.

If you have any questions, please contact me at (505) 241-2014.

Sincerely,

A handwritten signature in cursive script that reads "John Hale".

John Hale, P.E.
Technical Project Manager

Enclosures – Report and CD

10. Type of Regulated Waste Activity (at your site)

Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

A. Hazardous Waste Activities; Complete all parts for Items 1 through 7.

Y N **1. Generator of Hazardous Waste**

If "Yes" mark only one of the following - a, b, or c.

- a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.

- b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs.) of non-acute hazardous waste

- c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste

If "Yes" above, indicate other generator activities.

- Y N d. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.

- Y N e. United States Importer of Hazardous Waste

- Y N f. Mixed Waste (hazardous and radioactive) Generator

Y N **2. Transporter of Hazardous Waste**
If "Yes", mark all that apply.

- Transporter
- Transfer Facility

Y N **3. Treater, Storer, or Disposer of Hazardous Waste (at your site)** Note:

A hazardous waste permit is required for these activities

Y N **4. Recycler of Hazardous Waste (at your site)**

Note: A hazardous waste permit may be required for this activity.

Y N **5. Exempt Boiler and/or Industrial Furnace**

- a. Small Quantity On-site Burner Exemption
- b. Smelting, Melting, Refining Furnace Exemption

Y N **6. Underground Injection Control**

Y N **7. Receives Hazardous Waste from Off-site**

B. Universal Waste Activities Complete all parts 1 - 2.

Y N **1. Large Quantity Handler of Universal Waste (you accumulate 5,000 KG or more [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.**

Manage or Accumulate

- a. Batteries
- b. Pesticides
- c. Mercury containing equipment
- d. Lamps
- e. Other _____
- f. Other _____
- g. Other _____

Y N **2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities -Complete all parts 1-4.

Y N **1. Used Oil Transporter**
If "Yes", mark all that apply.

- a. Transporter
- b. Transfer Facility

Y N **2. Used Oil Processor and/or Re-refiner -**
If "Yes", mark all that apply.

- a. Processor
- b. Re-refiner

Y N **3. Off-Specification Used Oil Burner**

Y N **4. Used Oil Fuel Marketer**
If "Yes", mark all that apply.

- a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- b. Marketer Who First Claims the Used Oil Meets the Specifications

MAIL THE COMPLETED FORM TO: The Appropriate EPA Regional or State Office	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM			
1. Reason for Submittal MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). <input checked="" type="checkbox"/> To provide subsequent notification (to update site identification information). <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application. <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____). <input checked="" type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below) <input checked="" type="checkbox"/> Site was a TSD facility and/or generator of >1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)			
2. Site EPA ID Number	EPA ID Number: NMT360010342			
3. Site Name	Name: PERSON GENERATING STATION			
4. Site Location Information	Street Address: BROADWAY & RIO BRAVO ROADS SW			
	City, Town, or Village: ALBUQUERQUE	County: BERNALILLO		
	State: NM	Country: US	Zip Code: 87105-	
5. Site Land Type	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			
6. NAICS Code(s) for the Site (at least 5-digit codes)	A. 221112		B.	
	C.		D.	
7. Site Mailing Address	Street or P.O. Box: ALVARADO SQUARE 2104			
	City, Town, or Village: ALBUQUERQUE			
	State: NM	Country: US	Zip Code: 87158-	
8. Site Contact Person	First Name: JOHN		MI:	Last: HALE
	Title:			
	Street or P.O. Box: ALVARADO SQUARE 2104			
	City, Town, or Village: ALBUQUERQUE			
	State: NM	Country: US	Zip Code: 87158-	
	Email: john.hale@pnmresources.com			
9. Legal Owner and Operator of the Site	A. Name of Site's Legal Owner: PUBLIC SERVICE COMPANY OF NEW MEXICO			Date Became Owner: 01/01/1951
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			
	Street or P.O. Box: ALVARADO SQUARE 2104			
	City, Town, or Village: ALBUQUERQUE		Phone: (505) 241-2014	
	State: NM	Country: US	Zip Code: 87158-	
	B. Name of Site's Operator: PUBLIC SERVICE COMPANY OF NEW MEXICO			Date Became Operator: 01/01/1951
Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other				

D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

❖ You must check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

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:

a. College or University

b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university

c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

11. Description of Hazardous Wastes

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.

F001						

B. 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.

12. Notification of Hazardous Secondary Material (HSM) Activity

Y N Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

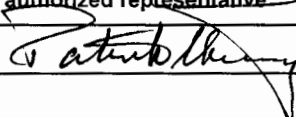
If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

Multiple empty horizontal lines for providing comments.

john.hale@pnmresources.com

14. Certification. 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. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	D. Date Signed (mm-dd-yyyy)
	PATRICK THEMIG VICE PRESIDENT, GENERATION	01/25/2010

Hazardous Waste Generation, Treatment, and Shipping Summary Report

01/26/2010

Biennial Hazardous Waste Report electronic data submission summary.

PERSON GENERATING STATION

BROADWAY & RIO BRAVO ROADS SW

ALBUQUERQUE, NM 87105

NAICS 221112

Fossil Fuel Electric Power Generation

Waste Generation and Management Information

Generated, Treated, Shipped Tons

NMT360010342

GM Page: 00001

GROUNDWATER CONTAMINATED WITH VOLATILE ORGANIC COMPOUNDS (VOCS) IS BEING REMEDIATED UNDER RCRA POST-CLOSURE CARE PERMIT NUMBER NMT360010342-

W202

Concentrated halogenated (E.G. chlorinated) solvent

0.00 Tons

G42

Corrective action at a solid waste management unit under RCRA

F001

This information has been reviewed by:

JOHN HALE

(505)241-2014 x

***TO VIEW THE VIDEO
THAT ACCOMPANIES
THIS DOCUMENT,
PLEASE CALL THE
HAZARDOUS WASTE
BUREAU AT 505-476-6000
TO MAKE AN
APPOINTMENT***