

TWP 2002

3-13-02

<p>MAIL THE COMPLETED FORM TO: The Appropriate EPA Regional or State Office</p>	<p>United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM</p>		<p><i>Done</i></p>	
<p>1. Reason for Submittal and Status of Information Supplied (see instructions on pages 10 and 11)</p> <p>CHECK CORRECT BOX(ES)</p>	<p>A. Reason for Submittal:</p> <p><input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).</p> <p><input type="checkbox"/> To provide subsequent notification (to update site identification information).</p> <p><input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application.</p> <p><input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____).</p> <p><input checked="" type="checkbox"/> As a component of the Hazardous Waste Report.</p>			
<p>2. Site EPA ID Number (see instructions on page 11)</p>	<p>EPA ID Number: NMD000729053</p>			
<p>3. Site Name (see instructions on page 11)</p>	<p>Name: MOUNTAINAIR COMPRESSOR STATION</p>			
<p>4. Site Location Information (see instructions on page 11)</p>	<p>Street Address: REMOTE 12 MILES SOUTH OF MOUNTAINAIR ON HWY 55, THEN 11 MILES WEST</p> <p>City, Town, or Village: MOUNTAINAIR State: NM</p> <p>County Name: TORRANCE Zip Code: 87036</p>			
<p>5. Site Land Type (see instructions on page 11)</p>	<p>Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>			
<p>6. North American Industry Classification System (NAICS) Code(s) for the Site (see instructions on page 11)</p>	<p>A. 48621</p>	<p>B.</p>	<p>C.</p>	<p>D.</p>
<p>7. Site Mailing Address (see instructions on page 12)</p>	<p>Street Address: 6381 NORTH MAIN STREET</p> <p>City, Town, or Village: ROSWELL State: NM</p> <p>Country: NM Zip Code:</p>			
<p>8. Site Contact Person (see instructions on page 12)</p>	<p>First Name: LARRY MI: T</p>	<p>Last Name: CAMPBELL 88201-</p>	<p>Phone Number: (505) 625-0022 Phone Number Extension:</p>	
<p>9. Legal Owner and Operator of the Site (see instructions on pages 12 and 13)</p>	<p>A. Name of Site's Legal Owner: TRANSWETERN PIPELINE COMPANY</p>		<p>Date Became Owner (mm/dd/yyyy): 01/01/1959</p>	
<p>Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>				
<p>B. Name of Site's Operator: TRANSWETERN PIPELINE COMPANY</p>			<p>Date Became Operator (mm/dd/yyyy): 01/01/1959</p>	
<p>Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>				

10. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. See instructions on pages 13, 14, 15, and 16)

A. Hazardous Waste Activities

1. Generator of Hazardous Waste

(choose only one of the following three categories)

- a. LQG: Greater than 1,000 kg/mo (2,200 lbs.) of non-acute hazardous waste; or
- b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs.) of non-acute hazardous waste; or
- c. CESQG: Less than 100 kg/mo of non-acute hazardous waste

In addition, indicate other generator activities (check all that apply)

- d. United States Importer of Hazardous Waste
- e. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 6, check all that apply:

- 2. Transporter of Hazardous Waste
- 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity
- 4. Recycler of Hazardous Waste (at your site) Note: A hazardous waste permit may be required for this activity.
- 5. Exempt Boiler and/or Industrial Furnace
 - a. Small Quantity On-site Burner Exemption
 - b. Smelting, Melting, Refining Furnace Exemption
- 6. Underground Injection Control

B. Universal Waste Activities

1. Large Quantity Handler of Universal Waste [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. (check all boxes that apply):

	Generated	Accumulated
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

2. Destination Facility for Universal Waste
 Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

- 1. Used Oil Transporter - Indicate Type(s) of Activity(ies)**
 - a. Transporter
 - b. Transfer Facility
- 2. Used Oil Processor and/or Re-refiner - Indicate Type(s) of Activity(ies)**
 - a. Processor
 - b. Re-refiner
- 3. Off-Specification Used Oil Burner
- 4. Used Oil Fuel Marketer - Indicate Type(s) of Activity(ies)**
 - 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

11. Description of Hazardous Wastes (see instructions on page 16)

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	D004	D008	D018			

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 for waste codes.

12. Comments (see instructions on page 17)

LARRY.CAMPBELL@ENRON.COM

13. 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. (see instructions on page 17)

Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	D. Date Signed (mm-dd-yyyy)
<i>Larry Campbell</i>	LARRY T CAMPBELL DES	01/17/2002



U.S. ENVIRONMENTAL PROTECTION AGENCY
2001 Hazardous Waste Report

SITE NAME
MOUNTAINAIR COMPRESSOR STATION
12 MILES SOUTH OF MOUNTAINAIR ON HWY
MOUNTAINAIR, NM 87036

EPA ID NO: NMD000729053

**FORM
GM**

**WASTE GENERATION
AND MANAGEMENT**

Sec. 1	A. Waste Description NATURAL GAS PIPELINE LIQUIDS				
B. EPA Hazardous Waste Code D004 D001			C. State Hazardous Waste Code		
D. Source Code G09 Management Method Code for Source code G25		E. Form Code W219	F. RCRA radioactive mixed N	G. Quantity Generated in 2001 8.300000	H. UOM 2 Density 0.00 lb./gal.

Sec. 2	C. Was any of this waste managed on-site: NO				
ON-SITE PROCESS SYSTEM 1			ON-SITE PROCESS SYSTEM 2		
On-site Management Method code		Quantity treated, disposed, or recycled on-site in 2001		On-site Management Method code	
				Quantity treated, disposed, or recycled on-site in 2001	

Sec. 3	A. Was any of this waste shipped off site in 2001 for treatment, disposal, or recycling? Yes				
Site #	B. EPA ID No. of facility waste was shipped to	C. Off-site Management Method Code shipped to	D. Total quantity shipped in 2001		
1	UTD981552177	H040	8.300000		

Comments					
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U.S. ENVIRONMENTAL PROTECTION AGENCY
2001 Hazardous Waste Report

WASTE GENERATION AND MANAGEMENT

FORM GM

SITE NAME
MOUNTAINAIR COMPRESSOR STATION
12 MILES SOUTH OF MOUNTAINAIR ON HWY
MOUNTAINAIR, NM 87036
EPA ID NO: NMD000729053

Sec. 1	A. Waste Description WASTE MERCURY				
B. EPA Hazardous Waste Code D009			C. State Hazardous Waste Code		
D. Source Code G32 Management Method Code for Source code G25		E. Form Code W117	F. RCRA radioactive mixed N	G. Quantity Generated in 2001 0.225000	H. UOM 2 Density 0.00 lb./gal.

Sec. 2	C. Was any of this waste managed on-site: NO				
ON-SITE PROCESS SYSTEM 1			ON-SITE PROCESS SYSTEM 2		
On-site Management Method code		Quantity treated, disposed, or recycled on-site in 2001		On-site Management Method code	
				Quantity treated, disposed, or recycled on-site in 2001	

Sec. 3	A. Was any of this waste shipped off site in 2001 for treatment, disposal, or recycling? Yes				
Site # 1	B. EPA ID No. of facility waste was shipped to AZD049318009	C. Off-site Management Method Code shipped to H040	D. Total quantity shipped in 2001 0.220000		

Comments

.ERROR LISTING FOR MOUNTAINAIR COMPRESSOR STATION
02/19/2002

RUN ON

. ERRORS are listed by form AND page number
. A form heading does not necessarily indicate ERRORS.
. FORM GM ERRORS LIST

page#	error message
00001	WARN: G105 DENSITY NUMBER RE-FORMATTED
00001	WARN: G105 GENERATED QTY NUMBER RE-FORMATTED
00002	WARN: G105 DENSITY NUMBER RE-FORMATTED
00002	WARN: G105 GENERATED QTY NUMBER RE-FORMATTED
00001	WARN: G405 SHIP QTY NUMBER RE-FORMATTED
00002	WARN: G405 SHIP QTY NUMBER RE-FORMATTED

. FORM IC ERROR LIST
CHECK: NO G3 FILE FOUND - NO STATE WASTE CODES?
CHECK: NO G5 FILE FOUND - NO ONSITE TREATMENT OR DISPOSAL?

CHECK: NO FORM(S) WR FOUND - NO WASTE RECEIVED FROM OFF-SITE

. FORM GM DETAILS LIST
. FORM OI ERROR LIST

00001 EPA ID NOT IN GM OR WR: OKD981588791
00003 EPA ID NOT IN GM OR WR: SCRO00074591

. REPORT TOTALS FOR MOUNTAINAIR COMPRESSOR STATION IN TONS

TOTAL GENERATED (GM)	=	8.53
TOTAL RECEIVED (WR)	=	0.00
TOTAL RECEIVED (GM)	=	0.00
TOTAL SHIPPED (GM)	=	8.52
TOTAL TREATED (GM)	=	0.00
TOTAL UI, POTW, & NPDES	=	0.00
TOTAL RCRA GENERATION	=	8.53

. RCRA WASTE TONS GENERATED ON-SITE BY WASTE FORM (TYPE)

FORM CODE	TONS GENERATED
W117 Waste liquid mercury (metallic)	0.23
W219 Other organic liquid (specify in comments)	8.30

. RCRA WASTE TONS GENERATED ON-SITE BY WASTE SOURCE

SOURCE CODE	TONS GENERATED
G09 Other production or service-related processes(wher	8.30
G32 Cleanup of spill residues	0.23

. RCRA WASTE TONS SHIPPED TO OFFSITE TREATMENT SYSTEMS

SYSTEM	TONS SHIPPED
H040 Incineration - thermal destruction other than use	8.52

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 and Status of Information Supplied (see instructions on pages 10 and 11) CHECK CORRECT BOX(ES)	A. 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 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.		
2. Site EPA ID Number (see instructions on page 11)	EPA ID Number: NMD986667186		
3. Site Name (see instructions on page 11)	Name: THOREAU COMPRESSOR STATION		
4. Site Location Information (see instructions on page 11)	Street Address: 174 CASTLEROCK		
	City, Town, or Village: THOREAU	State: NM	
	County Name: MCKINLEY	Zip Code: 87323-	
5. Site Land Type (see instructions on page 11)	Site Land Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. North American Industry Classification System (NAICS) Code(s) for the Site (see instructions on page 11)	A. 48621		B.
	C.		D.
7. Site Mailing Address (see instructions on page 12)	Street Address: 6381 NORTH MAIN STREET		
	City, Town, or Village: ROSWELL		
	State: NM		
	Country:	Zip Code: 88201-	
8. Site Contact Person (see instructions on page 12)	First Name: LARRY	MI: T	Last Name: CAMPBELL
	Phone Number: (505) 625-8022		Phone Number Extension:
9. Legal Owner and Operator of the Site (see instructions on pages 12 and 13)	A. Name of Site's Legal Owner: TRANSWESTERN PIPELINE COMPANY		Date Became Owner (mm/dd/yyyy): 01/01/1959
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	B. Name of Site's Operator: TRANSWESTERN PIPELINE COMPANY		Date Became Operator (mm/dd/yyyy): 01/01/1959
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

10. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. See instructions on pages 13, 14, 15, and 16)

A. Hazardous Waste Activities

1. Generator of Hazardous Waste
(choose only one of the following three categories)

- a. LQG: Greater than 1,000 kg/mo (2,200 lbs.) of non-acute hazardous waste; or
- b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs.) of non-acute hazardous waste; or
- c. CESQG: Less than 100 kg/mo of non-acute hazardous waste

In addition, indicate other generator activities
(check all that apply)

- d. United States Importer of Hazardous Waste
- e. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 6, check all that apply:

- 2. Transporter of Hazardous Waste
- 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity
- 4. Recycler of Hazardous Waste (at your site) Note: A hazardous waste permit may be required for this activity.
- 5. Exempt Boiler and/or Industrial Furnace
 - a. Small Quantity On-site Burner Exemption
 - b. Smelting, Melting, Refining Furnace Exemption
- 6. Underground Injection Control

B. Universal Waste Activities

1. Large Quantity Handler of Universal Waste [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. (check all boxes that apply):

	Generated	Accumulated
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

2. Destination Facility for Universal Waste
Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

1. Used Oil Transporter - Indicate Type(s) of Activity(ies)

- a. Transporter
- b. Transfer Facility

2. Used Oil Processor and/or Re-refiner - Indicate Type(s) of Activity(ies)

- a. Processor
- b. Re-refiner

3. Off-Specification Used Oil Burner

4. Used Oil Fuel Marketer - Indicate Type(s) of Activity(ies)

- 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

11. Description of Hazardous Wastes (see instructions on page 16)

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.

D018	D001	D004	D018	D008		



**FORM
GM**

**WASTE GENERATION
AND MANAGEMENT**

SITE NAME
THOREAU COMPRESSOR STATION
CASTLEROCK
THOREAU, NM 87323
EPA ID NO: NMD986667186

Sec. 1	A. Waste Description PIPELINE SOLIDS AND SLUDGE GENERATED FROM TRANSPORTATION OF NATURAL GAS				
B. EPA Hazardous Waste Code D004 D008			C. State Hazardous Waste Code		
D. Source Code G13 Management Method Code for Source code G25		E. Form Code W409	F. RCRA radioactive mixed N	G. Quantity Generated in 2001 0.025000	H. UOM 2 Density 0.00 lb./gal.

Sec. 2	C. Was any of this waste managed on-site: No				
ON-SITE PROCESS SYSTEM 1			ON-SITE PROCESS SYSTEM 2		
On-site Management Method code		Quantity treated, disposed, or recycled on-site in 2001		On-site Management Method code	
				Quantity treated, disposed, or recycled on-site in 2001	

Sec. 3	A. Was any of this waste shipped off site in 2001 for treatment, disposal, or recycling? Yes				
Site #	B. EPA ID No. of facility waste was shipped to	C. Off-site Management Method Code shipped to	D. Total quantity shipped in 2001		
1	AZD049318009	H040	0.170000		

Comments



U.S. ENVIRONMENTAL PROTECTION AGENCY
2001 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

SITE NAME
THOREAU COMPRESSOR STATION
CASTLEROCK
THOREAU, NM 87323
EPA ID NO: NMD986667186

Sec. 1	A. Waste Description NATURAL GAS PIPELINE LIQUIDS				
B. EPA Hazardous Waste Code D001 D004 D008 D018			C. State Hazardous Waste Code		
D. Source Code G09 Management Method Code for Source code G25	E. Form Code W219	F. RCRA radioactive mixed N	G. Quantity Generated in 2001 2.380000	H. UOM 2 Density 0.00 lb./gal.	

Sec. 2	C. Was any of this waste managed on-site: No				
ON-SITE PROCESS SYSTEM 1			ON-SITE PROCESS SYSTEM 2		
On-site Management Method code	Quantity treated, disposed, or recycled on-site in 2001		On-site Management Method code	Quantity treated, disposed, or recycled on-site in 2001	

Sec. 3	A. Was any of this waste shipped off site in 2001 for treatment, disposal, or recycling? Yes				
Site # 1	B. EPA ID No. of facility waste was shipped to UTD981552177	C. Off-site Management Method Code shipped to H040	D. Total quantity shipped in 2001 2.380000		

Comments

.ERROR LISTING FOR THOREAU COMPRESSOR STATION
02/19/2002

RUN ON

. ERRORS are listed by form AND page number
. A form heading does not necessarily indicate ERRORS.
. FORM GM ERRORS LIST

page# error message

. FORM IC ERROR LIST

CHECK: NO G3 FILE FOUND - NO STATE WASTE CODES?

CHECK: NO G5 FILE FOUND - NO ONSITE TREATMENT OR DISPOSAL?

CHECK: NO FORM(S) WR FOUND - NO WASTE RECEIVED FROM OFF-SITE

. FORM GM DETAILS LIST

. FORM OI ERROR LIST

00003 EPA ID NOT IN GM OR WR: OKD981588791

00005 EPA ID NOT IN GM OR WR: SCR000074591

. REPORT TOTALS FOR THOREAU COMPRESSOR STATION

IN TONS

TOTAL GENERATED (GM)	=	2.41
TOTAL RECEIVED (WR)	=	0.00
TOTAL RECEIVED (GM)	=	0.00
TOTAL SHIPPED (GM)	=	2.55
TOTAL TREATED (GM)	=	0.00
TOTAL UI, POTW, & NPDES	=	0.00
TOTAL RCRA GENERATION	=	2.41

. RCRA WASTE TONS GENERATED ON-SITE BY WASTE FORM (TYPE)

FORM CODE	TONS GENERATED
W219 Other organic liquid (specify in comments)	2.38
W409 Other organic solids (specify in comments)	0.03

. RCRA WASTE TONS GENERATED ON-SITE BY WASTE SOURCE

SOURCE CODE	TONS GENERATED
G09 Other production or service-related processes (wher	2.38
G13 Cleaning out process equipment (periodic sludge or	0.03

. RCRA WASTE TONS SHIPPED TO OFFSITE TREATMENT SYSTEMS

SYSTEM	TONS SHIPPED
H040 Incineration - thermal destruction other than use	2.55

<p>MAIL THE COMPLETED FORM TO: The Appropriate EPA Regional or State Office</p>	<p>United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM</p>		
<p>1. Reason for Submittal and Status of Information Supplied (see instructions on pages 10 and 11)</p> <p>CHECK CORRECT BOX(ES)</p>	<p>A. Reason for Submittal:</p> <p><input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).</p> <p><input type="checkbox"/> To provide subsequent notification (to update site identification information).</p> <p><input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application.</p> <p><input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____).</p> <p><input checked="" type="checkbox"/> As a component of the Hazardous Waste Report.</p>		
<p>2. Site EPA ID Number (see instructions on page 11)</p>	<p>EPA ID Number: NMD000729004</p>		
<p>3. Site Name (see instructions on page 11)</p>	<p>Name: LAGUNA COMPRESSOR STATION</p>		
<p>4. Site Location Information (see instructions on page 11)</p>	<p>Street Address: REMOTE 1 MILE SOUTH OF LAGUNA UNDER I-40</p> <p>City, Town, or Village: LAGUNA State: NM</p> <p>County Name: VALENCIA Zip Code: 8700-2 -</p>		
<p>5. Site Land Type (see instructions on page 11)</p>	<p>Site Land Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>		
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<p>8. Site Contact Person (see instructions on page 12)</p>	<p>First Name: LARRY</p>	<p>MI: T</p>	<p>Last Name: CAMPBELL</p>
	<p>Phone Number: (505) 625-8022</p>		<p>Phone Number Extension:</p>
<p>9. Legal Owner and Operator of the Site (see instructions on pages 12 and 13)</p>	<p>A. Name of Site's Legal Owner: TRANSWESTERN PIPELINE COMPANY</p>		<p>Date Became Owner (mm/dd/yyyy): 01/01/1959</p>
	<p>Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>		
	<p>B. Name of Site's Operator: TRANSWESTERN PIPELINE COMPANY</p>		<p>Date Became Operator (mm/dd/yyyy): 01/01/1959</p>
	<p>Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>		

10. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. See instructions on pages 13, 14, 15, and 16)

A. Hazardous Waste Activities

1. Generator of Hazardous Waste
(choose only one of the following three categories)

- a. LQG: Greater than 1,000 kg/mo (2,200 lbs.) of non-acute hazardous waste; or
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In addition, indicate other generator activities (check all that apply)

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- e. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 6, check all that apply:

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- 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity
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 - a. Small Quantity On-site Burner Exemption
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- 6. Underground Injection Control

B. Universal Waste Activities

1. Large Quantity Handler of Universal Waste [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. (check all boxes that apply):

	<u>Generated</u>	<u>Accumulated</u>
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

2. Destination Facility for Universal Waste
Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

- 1. Used Oil Transporter - Indicate Type(s) of Activity(ies)
 - a. Transporter
 - b. Transfer Facility
- 2. Used Oil Processor and/or Re-refiner - Indicate Type(s) of Activity(ies)
 - a. Processor
 - b. Re-refiner
- 3. Off-Specification Used Oil Burner
- 4. Used Oil Fuel Marketer - Indicate Type(s) of Activity(ies)
 - 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

11. Description of Hazardous Wastes (see instructions on page 16)

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.

D018	D001	D004	D018	D008		



U.S. ENVIRONMENTAL PROTECTION AGENCY
2001 Hazardous Waste Report

SITE NAME
LAGUNA COMPRESSOR STATION
1 MILE SOUTH OF LAGUNA UNDER I-40
LAGUNA, NM 87002

EPA ID NO: NMD000729004

FORM GM

WASTE GENERATION AND MANAGEMENT

Sec. 1	A. Waste Description PIPELINE SOLIDS GENERATED FROM TRANSPORTATION OF NATURAL GAS				
B. EPA Hazardous Waste Code D004 D008			C. State Hazardous Waste Code		
D. Source Code G13 Management Method Code for Source code G25		E. Form Code W609	F. RCRA radioactive mixed N	G. Quantity Generated in 2001 0.170000	H. UOM 2 Density 0.00 lb./gal.

Sec. 2	C. Was any of this waste managed on-site: NO				
ON-SITE PROCESS SYSTEM 1			ON-SITE PROCESS SYSTEM 2		
On-site Management Method code		Quantity treated, disposed, or recycled on-site in 2001		On-site Management Method code	
				Quantity treated, disposed, or recycled on-site in 2001	

Sec. 3	A. Was any of this waste shipped off site in 2001 for treatment, disposal, or recycling? Yes				
Site #	B. EPA ID No. of facility waste was shipped to	C. Off-site Management Method Code shipped to	D. Total quantity shipped in 2001		
1	UTD981552177	H040	0.170000		

Comments					
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U.S. ENVIRONMENTAL
PROTECTION AGENCY
2001 Hazardous Waste Report

**WASTE GENERATION
AND MANAGEMENT**

**FORM
GM**

SITE NAME
LAGUNA COMPRESSOR STATION
1 MILE SOUTH OF LAGUNA UNDER I-40
LAGUNA, NM 87002
EPA ID NO: **NMD000729004**

Sec. 1	A. Waste Description NATURAL GAS PIPELINE LIQUIDS				
B. EPA Hazardous Waste Code D004 D008			C. State Hazardous Waste Code		
D. Source Code G09 Management Method Code for Source code G25		E. Form Code W219	F. RCRA radioactive mixed N	G. Quantity Generated in 2001 14.160000	H. UOM 2 Density 0.00 lb./gal.

Sec. 2	C. Was any of this waste managed on-site: NO				
ON-SITE PROCESS SYSTEM 1			ON-SITE PROCESS SYSTEM 2		
On-site Management Method code		Quantity treated, disposed, or recycled on-site in 2001		On-site Management Method code	
				Quantity treated, disposed, or recycled on-site in 2001	

Sec. 3	A. Was any of this waste shipped off site in 2001 for treatment, disposal, or recycling? YES			
Site #	B. EPA ID No. of facility waste was shipped to	C. Off-site Management Method Code shipped to	D. Total quantity shipped in 2001	
1	UTD981552177	H040	14.160000	

Comments

.ERROR LISTING FOR LAGUNA COMPRESSOR STATION
02/19/2002

RUN ON

. ERRORS are listed by form AND page number
. A form heading does not necessarily indicate ERRORS.
. FORM GM ERRORS LIST

page#	error message
00001	WARN: G105 DENSITY NUMBER RE-FORMATTED
00001	WARN: G105 GENERATED QTY NUMBER RE-FORMATTED
00002	WARN: G105 DENSITY NUMBER RE-FORMATTED
00002	WARN: G105 GENERATED QTY NUMBER RE-FORMATTED
00003	WARN: G105 DENSITY NUMBER RE-FORMATTED
00003	WARN: G105 GENERATED QTY NUMBER RE-FORMATTED
00003	WARN: Possible duplicate GM page: 00001
00001	WARN: G405 SHIP QTY NUMBER RE-FORMATTED
00002	WARN: G405 SHIP QTY NUMBER RE-FORMATTED
00003	WARN: G405 SHIP QTY NUMBER RE-FORMATTED

. FORM IC ERROR LIST

CHECK: NO G3 FILE FOUND - NO STATE WASTE CODES?
CHECK: NO G5 FILE FOUND - NO ONSITE TREATMENT OR DISPOSAL?

CHECK: NO FORM(S) WR FOUND - NO WASTE RECEIVED FROM OFF-SITE

. FORM GM DETAILS LIST

. FORM OI ERROR LIST

00003 EPA ID NOT IN GM OR WR: SCR000074591
00004 EPA ID NOT IN GM OR WR: OKD981588791

. REPORT TOTALS FOR LAGUNA COMPRESSOR STATION

IN TONS

TOTAL GENERATED (GM)	=	14.50
TOTAL RECEIVED (WR)	=	0.00
TOTAL RECEIVED (GM)	=	0.00
TOTAL SHIPPED (GM)	=	14.50
TOTAL TREATED (GM)	=	0.00
TOTAL UI, POTW, & NPDES	=	0.00
TOTAL RCRA GENERATION	=	14.50

. RCRA WASTE TONS GENERATED ON-SITE BY WASTE FORM (TYPE)

FORM CODE	TONS GENERATED
W219 Other organic liquid (specify in comments)	14.16
W609 Other organic sludge (specify in comments)	0.34

. RCRA WASTE TONS GENERATED ON-SITE BY WASTE SOURCE

SOURCE CODE	TONS GENERATED
G09 Other production or service-related processes(wher	14.16
G13 Cleaning out process equipment (periodic sludge or	0.34

. RCRA WASTE TONS SHIPPED TO OFFSITE TREATMENT SYSTEMS

SYSTEM	TONS SHIPPED
H040 Incineration - thermal destruction other than use	14.50

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 and Status of Information Supplied (see instructions on pages 10 and 11) CHECK CORRECT BOX(ES)	A. 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 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.		
2. Site EPA ID Number (see instructions on page 11)	EPA ID Number: NMR000004572		
3. Site Name (see instructions on page 11)	Name: GALLUP COMPRESSOR STATION		
4. Site Location Information (see instructions on page 11)	Street Address: 21 SPEEDWAY		
	City, Town, or Village: GALLUP	State: NM	
	County Name: MCKINLEY	Zip Code: 87301- -	
5. Site Land Type (see instructions on page 11)	Site Land Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. North American Industry Classification System (NAICS) Code(s) for the Site (see instructions on page 11)	A. 48621		B.
	C.		D.
7. Site Mailing Address (see instructions on page 12)	Street Address: 6381 NORTH MAIN STREET		
	City, Town, or Village: ROSWELL		
	State: NM		
	Country:		Zip Code: 88201- -
8. Site Contact Person (see instructions on page 12)	First Name: LARRY		MI: T Last Name: CAMPBELL
	Phone Number: (505) 625-8022		Phone Number Extension: 8022
9. Legal Owner and Operator of the Site (see instructions on pages 12 and 13)	A. Name of Site's Legal Owner: TRANSWESTERN PIPELINE COMPANY		Date Became Owner (mm/dd/yyyy): 01/01/1959
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	B. Name of Site's Operator: TRANSWESTERN PIPELINE COMPANY		Date Became Operator (mm/dd/yyyy): 01/01/1959
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

10. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. See instructions on pages 13, 14, 15, and 16)

A. Hazardous Waste Activities

1. Generator of Hazardous Waste
(choose only one of the following three categories)

- a. LQG: Greater than 1,000 kg/mo (2,200 lbs.) of non-acute hazardous waste; or
- b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs.) of non-acute hazardous waste; or
- c. CESQG: Less than 100 kg/mo of non-acute hazardous waste

In addition, indicate other generator activities
(check all that apply)

- d. United States Importer of Hazardous Waste
- e. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 6, check all that apply:

- 2. Transporter of Hazardous Waste
- 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity
- 4. Recycler of Hazardous Waste (at your site) Note: A hazardous waste permit may be required for this activity.
- 5. Exempt Boiler and/or Industrial Furnace
 - a. Small Quantity On-site Burner Exemption
 - b. Smelting, Melting, Refining Furnace Exemption
- 6. Underground Injection Control

B. Universal Waste Activities

1. Large Quantity Handler of Universal Waste [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. (check all boxes that apply):

	Generated	Accumulated
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

2. Destination Facility for Universal Waste
Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

1. Used Oil Transporter - Indicate Type(s) of Activity(ies)

- a. Transporter
- b. Transfer Facility

2. Used Oil Processor and/or Re-refiner - Indicate Type(s) of Activity(ies)

- a. Processor
- b. Re-refiner

3. Off-Specification Used Oil Burner

4. Used Oil Fuel Marketer - Indicate Type(s) of Activity(ies)

- 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

11. Description of Hazardous Wastes (see instructions on page 16)

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	D004	D008	D018			



U.S. ENVIRONMENTAL
PROTECTION AGENCY
2001 Hazardous Waste Report

**FORM
GM**

**WASTE GENERATION
AND MANAGEMENT**

SITE NAME
GALLUP COMPRESSOR STATION
SPEEDWAY
GALLUP, NM 87301
EPA ID NO: NMR000004572

Sec. 1	A. Waste Description WASTE METHANOL USED FOR PIPELINE CLEANING				
B. EPA Hazardous Waste Code F003 D001 D018			C. State Hazardous Waste Code		
D. Source Code G13 Management Method Code for Source code G25		E. Form Code W203	F. RCRA radioactive mixed N	G. Quantity Generated in 2001 18.240000	H. UOM 2 Density 0.00 lb./gal.

Sec. 2	C. Was any of this waste managed on-site: No				
ON-SITE PROCESS SYSTEM 1			ON-SITE PROCESS SYSTEM 2		
On-site Management Method code		Quantity treated, disposed, or recycled on-site in 2001		On-site Management Method code	
				Quantity treated, disposed, or recycled on-site in 2001	

Sec. 3	A. Was any of this waste shipped off site in 2001 for treatment, disposal, or recycling? Yes			
Site # 1	B. EPA ID No. of facility waste was shipped to UTD981552177	C. Off-site Management Method Code shipped to H040	D. Total quantity shipped in 2001 5.360000	

Comments



U.S. ENVIRONMENTAL
PROTECTION AGENCY
2001 Hazardous Waste Report

**FORM
GM**

**WASTE GENERATION
AND MANAGEMENT**

SITE NAME
GALLUP COMPRESSOR STAION
SPEEDWAY
GALLUP, NM 87301
EPA ID NO: **NMR000004572**

Sec. 1	A. Waste Description WASTE METHANOL USED FOR PIPELINE CLEANING				
B. EPA Hazardous Waste Code F003 D001 D018			C. State Hazardous Waste Code		
D. Source Code G13 Management Method Code for Source code G25		E. Form Code W203	F. RCRA radioactive mixed N	G. Quantity Generated in 2001 18.240000	H. UOM 2 Density 0.00 lb./gal.

Sec. 2	C. Was any of this waste managed on-site: NO				
ON-SITE PROCESS SYSTEM 1			ON-SITE PROCESS SYSTEM 2		
On-site Management Method code		Quantity treated, disposed, or recycled on-site in 2001	On-site Management Method code		Quantity treated, disposed, or recycled on-site in 2001

Sec. 3	A. Was any of this waste shipped off site in 2001 for treatment, disposal, or recycling? Yes				
Site # 1	B. EPA ID No. of facility waste was shipped to UTD981552177	C. Off-site Management Method Code shipped to H040	D. Total quantity shipped in 2001 5.360000		

Comments

.ERROR LISTING FOR GALLUP COMPRESSOR STATION RUN ON
02/19/2002

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00001	WARN: G105 GENERATED QTY NUMBER RE-FORMATTED
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. FORM IC ERROR LIST
CHECK: NO G3 FILE FOUND - NO STATE WASTE CODES?
CHECK: NO G5 FILE FOUND - NO ONSITE TREATMENT OR DISPOSAL?

CHECK: NO FORM(S) WR FOUND - NO WASTE RECEIVED FROM OFF-SITE

. FORM GM DETAILS LIST
. FORM OI ERROR LIST

00002 EPA ID NOT IN GM OR WR: OKD981588791
. REPORT TOTALS FOR GALLUP COMPRESSOR STATION IN TONS

TOTAL GENERATED (GM)	=	18.24
TOTAL RECEIVED (WR)	=	0.00
TOTAL RECEIVED (GM)	=	0.00
TOTAL SHIPPED (GM)	=	5.36
TOTAL TREATED (GM)	=	0.00
TOTAL UI, POTW, & NPDES	=	0.00
TOTAL RCRA GENERATION	=	18.24

. RCRA WASTE TONS GENERATED ON-SITE BY WASTE FORM (TYPE)

FORM CODE	TONS GENERATED
W203 Concentrated non-halogenated (E.G. chlorinated) so	18.24

. RCRA WASTE TONS GENERATED ON-SITE BY WASTE SOURCE

SOURCE CODE	TONS GENERATED
G13 Cleaning out process equipment (periodic sludge or	18.24

. RCRA WASTE TONS SHIPPED TO OFFSITE TREATMENT SYSTEMS

SYSTEM	TONS SHIPPED
H040 Incineration - thermal destruction other than use	5.36