

TWP 04

Transwestern Pipeline

6381 North Main Street
Roswell, NM 88201

505.625.8022 Fax: 505.627.8172

Larry Campbell
Division Environmental Specialist

February 13, 2006

UPS Confirmation No. 1Z8755250344845922

Mr. James Valdez
NMED
Hazardous Waste Bureau
2905 Rodeo Park Drive East, Bldg 1
Santa Fe, NM 87505-6303

Re: 2005 Biennial Hazardous Waste Reports, Transwestern Pipeline Company

Dear Mr. Valdez:

Attached with this cover letter find four (4) Biennial Hazardous Waste Reports for the following facilities owned and operated by Transwestern Pipeline Company:

Facility
P-1 Compressor Station
Roswell Compressor Station No. 9
Wt-1 Compressor Station
Corona Compressor Station No. 8

Please note that only the Roswell facility generated hazardous waste in 2005. Should your agency require additional information concerning this submittal, contact the undersigned at our Roswell Technical Operations office at (505) 625-8022.

Sincerely,



Larry Campbell
Division Environmental Specialist

Attachments: Hazardous Waste Reports

xc: envisions file no. 209.2.30
P-1 Compressor Station
Corona Compressor Station

Roswell Compressor Station
Wt-1 Compressor Station

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 page 9) MARK ALL BOX(ES) THAT APPLY	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 10)	EPA ID Number: NMD986676955		
3. Site Name (see instructions on page 10)	Name: ROSWELL COMPRESSOR STATION, NO. 9		
4. Site Location Information (see instructions on page 10)	Street Address: 6381 NORTH MAIN STREET		
	City, Town, or Village: ROSWELL	State: NM	
	County Name: CHAVES	Zip Code: 88201-	
5. Site Land Type (see instructions on page 10)	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		
6. North American Industry Classification System (NAICS) Code(s) for the Site (see instructions on page 10)	A. 486210	B.	
	C.	D.	
7. Site Mailing Address (see instructions on page 11)	Street or P.O. Box: 6381 NORTH MAIN STREET		
	City, Town, or Village: ROSWELL		State: NM
	Country:		Zip Code: 88201-
8. Site Contact Person (see instructions on page 11)	First Name: LARRY	MI: T	Last Name: CAMPBELL
	Phone Number: (505) 625-8022 Extension:		Email: larry.campbell@panhandleenergy.com
9. Legal Owner and Operator of the Site (see instructions on pages 11 and 12)	A. 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		
	B. 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			

9. Legal Owner (Continued) Address	Street or P.O. Box: 6381 NORTH MAIN STREET		
	City, Town, or Village: ROSWELL		
	State: NM	Zip Code: 88201-	Country:

10. Type of Regulated Waste Activity
 Mark 'X' in the appropriate boxes. Mark "Yes" or "No" for each choice. (See instructions on pages 13 to 16)

A. Hazardous Waste Activities
 Complete all parts for Items 1 through 6.

For Items 2 through 6, check all that apply:

- Y N **1. Generator of Hazardous Waste**
 If "Yes" choose only one of the following - a,b, or c.
- 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

- Y N **2. Transporter of Hazardous Waste**
- Y N **3. Treater, Storer, or Disposer of Hazardous Waste (at your site)** Note: A hazardous waste permit is required for this activity
- Y N **4. Recycler of Hazardous Waste (at your site)**
 Note: A hazardous waste permit may be required for this activity.

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

5. Exempt Boiler and/or Industrial Furnace

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

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

- Y N **6. Underground Injection Control**

B. Universal Waste Activities

1. Large Quantity Handler of Universal Waste (accumulate 5,000 KG or more) [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 _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other _____	<input type="checkbox"/>	<input type="checkbox"/>

C. Used Oil Activities - Mark all boxes that apply

- Y N **1. Used Oil Transporter**
 If "Yes", mark each that applies.
 - a. Transporter
 - b. Transfer Facility
- Y N **2. Used Oil Processor and/or Re-refiner -**
 If "Yes", mark each that applies.
 - a. Processor
 - b. Re-refiner
- Y N **3. Off-Specification Used Oil Burner**
- Y N **4. Used Oil Fuel Marketer**
 If "Yes", mark each that applies.
 - 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

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

11. Description of Hazardous Wastes (see instructions on page 17)

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.

U151						

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@panhandleenergy.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>Lawrence T. Campbell</i>	LARRY T CAMPBELL DIVISION ENV SP	01/24/2006



U.S. ENVIRONMENTAL PROTECTION AGENCY
2005 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

SITE NAME
 ROSWELL COMPRESSOR STATION, NO. 9
 6381 NORTH MAIN STREET
 ROSWELL, NM 88201
 EPA ID NO: NMD986676955

Sec. 1	A. Waste Description WASTE MERCURY COMPOUNDS, LIQUID		
B. EPA Hazardous Waste Code U151		C. State Hazardous Waste Code	
D. Source Code G11 Management Method code for Source code G25	E. Form Code W117	F. Quantity Generated in 2005 6.00	G. UOM 1 Density 8.34 spec.grav.

Sec. 2	Was any of this waste managed on-site? No		
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type	Quantity treated, disposed, or recycled on-site in 2005	On-site process system type	Quantity treated, disposed, or recycled on-site in 2005

Sec. 3	A. Was any of this waste shipped off site in 2005 for treatment, disposal, or recycling? Yes		
Site #	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2005
1	NED981723513	H010	6.00

Comments



U.S. ENVIRONMENTAL
PROTECTION AGENCY
2005 Hazardous Waste Report



**OFF-SITE
IDENTIFICATION**

SITE NAME	
ROSWELL COMPRESSOR STATION, NO. 9	
NORTH MAIN STREET	
ROSWELL	NM 88201
EPA ID NO: NMD986676955	

Form 1	A. EPA ID No. of off-site installation or transporter NED981723513	B. Name of off-site installation or transporter CLEAN HARBOERS ENV. SERVICES, INC.
C. Handler Type		D. Address of off-site installation
N Generator N Transporter Y TSDR		Street 2247 SOUTH HIGHWAY 71 City KIMBALL, State NE Zip 69145-

Form 2	A. EPA ID No. of off-site installation or transporter MAD039322250	B. Name of off-site installation or transporter CLEAN HARBOERS ENV. SERVICES, INC.
C. Handler Type		D. Address of off-site installation
N Generator Y Transporter N TSDR		Street City State Zip -

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 page 9) MARK ALL BOX(ES) THAT APPLY	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 10)	EPA ID Number: NM0000196519		
3. Site Name (see instructions on page 10)	Name: P-1 COMPRESSOR STATION		
4. Site Location Information (see instructions on page 10)	Street Address: REMOTE 4 MILES WEST OF PORTALES		
	City, Town, or Village: NEAR PORTALES	State: NM	
	County Name: ROOSEVELT	Zip Code: 88130-	
5. Site Land Type (see instructions on page 10)	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		
6. North American Industry Classification System (NAICS) Code(s) for the Site (see instructions on page 10)	A. 486210	B.	
	C.	D.	
7. Site Mailing Address (see instructions on page 11)	Street or P.O. Box: 6381 NORTH MAIN STREET		
	City, Town, or Village: ROSWELL		State: NM
	Country:		Zip Code: 88210-
8. Site Contact Person (see instructions on page 11)	First Name: LARRY	MI: T	Last Name: CAMPBELL
	Phone Number: (505) 625-8022 Extension:		Email: larry.campbell@panhandleenergy.com
9. Legal Owner and Operator of the Site (see instructions on pages 11 and 12)	A. 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		
	B. 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		

9. Legal Owner (Continued) Address	Street or P.O. Box: 6381 NORTH MAIN STREET		
	City, Town, or Village: ROSWELL		
	State: NM	Zip Code: 88130-	Country:

10. Type of Regulated Waste Activity
 Mark 'X' in the appropriate boxes. Mark "Yes" or "No" for each choice. (See instructions on pages 13 to 16)

A. Hazardous Waste Activities
 Complete all parts for Items 1 through 6.

For Items 2 through 6, check all that apply:

Y N **1. Generator of Hazardous Waste**
 If "Yes" choose only one of the following - a,b, or c.

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)

Y N d. United States Importer of Hazardous Waste

Y N e. Mixed Waste (hazardous and radioactive) Generator

Y N **2. Transporter of Hazardous Waste**

Y N **3. Treater, Storer, or Disposer of
 Hazardous Waste (at your site) Note:**
 A hazardous waste permit is required for
 this activity

Y N **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

Y N a. Small Quantity On-site Burner Exemption

Y N b. Smelting, Melting, Refining Furnace Exemption

Y N **6. Underground Injection Control**

B. Universal Waste Activities

1. Large Quantity Handler of Universal Waste (accumulate 5,000 KG or more)
 [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 _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other _____	<input type="checkbox"/>	<input type="checkbox"/>

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

C. Used Oil Activities - Mark all boxes that apply

Y N **1. Used Oil Transporter**
 If "Yes", mark each that applies.
 a. Transporter
 b. Transfer Facility

Y N **2. Used Oil Processor and/or Re-refiner -**
 If "Yes", mark each that applies.
 a. Processor
 b. Re-refiner

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

Y N **4. Used Oil Fuel Marketer**
 If "Yes", mark each that applies.
 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 and Status of Information Supplied (see instructions on page 9) MARK ALL BOX(ES) THAT APPLY	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 10)	EPA ID Number: NMD360010573			
3. Site Name (see instructions on page 10)	Name: CORONA COMPRESSOR STATION NO. 8			
4. Site Location Information (see instructions on page 10)	Street Address: REMOTE 43 SOUTHEAST OF CORONA			
	City, Town, or Village: NEAR CORONA	State: NM		
	County Name: LINCOLN	Zip Code: 88318-		
5. Site Land Type (see instructions on page 10)	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			
6. North American Industry Classification System (NAICS) Code(s) for the Site (see instructions on page 10)	A. 486210		B.	
	C.		D.	
7. Site Mailing Address (see instructions on page 11)	Street or P.O. Box: 6381 NORTH MAIN STREET			
	City, Town, or Village: ROSWELL		State: NM	
	Country:		Zip Code: 88210-	
8. Site Contact Person (see instructions on page 11)	First Name: LARRY	MI: T	Last Name: CAMPBELL	
	Phone Number: (505) 625-8022 Extension:		Email: larry.campbell@panhandleenergy.com	
9. Legal Owner and Operator of the Site (see instructions on pages 11 and 12)	A. Name of Site's Operator: TRANSWESTERN PIPELINE COMPANY		Date Became Operator (mm/dd/yyyy): 10/11/1959	
	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			
	B. Name of Site's Legal Owner: TRANSWESTERN PIPEINE 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			

9. Legal Owner (Continued) Address	Street or P.O. Box: 6381 NORTH MAIN STREET		
	City, Town, or Village: ROSWELL		
	State: NM	Zip Code: 88210-	Country:

10. Type of Regulated Waste Activity
 Mark 'X' in the appropriate boxes. Mark "Yes" or "No" for each choice. (See instructions on pages 13 to 16)

A. Hazardous Waste Activities
 Complete all parts for Items 1 through 6.

For Items 2 through 6, check all that apply:

Y N **1. Generator of Hazardous Waste**
 If "Yes" choose only one of the following - a,b, or c.

Y N **2. Transporter of Hazardous Waste**

a. LQG: Greater than 1,000 kg/mo (2,200 lbs.) of non-acute hazardous waste; or

Y N **3. Treater, Storer, or Disposer of Hazardous Waste (at your site)** Note: A hazardous waste permit is required for this activity

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

Y N **4. Recycler of Hazardous Waste (at your site)**
 Note: A hazardous waste permit may be required for this activity.

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

5. Exempt Boiler and/or Industrial Furnace

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

Y N a. Small Quantity On-site Burner Exemption

Y N d. United States Importer of Hazardous Waste

Y N b. Smelting, Melting, Refining Furnace Exemption

Y N e. Mixed Waste (hazardous and radioactive) Generator

Y N **6. Underground Injection Control**

B. Universal Waste Activities

1. Large Quantity Handler of Universal Waste (accumulate 5,000 KG or more) [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)

C. Used Oil Activities - Mark all boxes that apply

Y N **1. Used Oil Transporter**
 If "Yes", mark each that applies.
 a. Transporter
 b. Transfer Facility

Y N **2. Used Oil Processor and/or Re-refiner -**
 If "Yes", mark each that applies.
 a. Processor
 b. Re-refiner

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

Y N **4. Used Oil Fuel Marketer**
 If "Yes", mark each that applies.

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

	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 _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other _____	<input type="checkbox"/>	<input type="checkbox"/>

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

11. Description of Hazardous Wastes (see instructions on page 17)

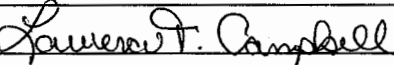
A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

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@panhandleenergy.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)
	LARRY T CAMPBELL DIVISION ENV SP	01/25/2006

<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 page 9)</p> <p>MARK ALL BOX(ES) THAT APPLY</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 10)</p>	<p>EPA ID Number: NMD986676922</p>		
<p>3. Site Name (see instructions on page 10)</p>	<p>Name: WT-1 COMPRESSOR STATION</p>		
<p>4. Site Location Information (see instructions on page 10)</p>	<p>Street Address: REMOTE 29 MILES EAST ON HWY 62-180</p>		
	<p>City, Town, or Village: NEAR CARLSBAD</p>	<p>State: NM</p>	
	<p>County Name: LEA</p>	<p>Zip Code: 88220-</p>	
<p>5. Site Land Type (see instructions on page 10)</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 10)</p>	<p>A. 486210</p>	<p>B.</p>	
	<p>C.</p>	<p>D.</p>	
<p>7. Site Mailing Address (see instructions on page 11)</p>	<p>Street or P.O. Box: 6381 NORTH MAIN STREET</p>		
	<p>City, Town, or Village: ROSWELL</p>	<p>State: NM</p>	
	<p>Country:</p>	<p>Zip Code: 88210-</p>	
<p>8. Site Contact Person (see instructions on page 11)</p>	<p>First Name: LARRY</p>	<p>MI: T</p>	<p>Last Name: CAMPBELL</p>
	<p>Phone Number: (505) 625-8022 Extension:</p>		<p>Email: larry.campbell@panhandleenergy.com</p>
<p>9. Legal Owner and Operator of the Site (see instructions on pages 11 and 12)</p>	<p>A. 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>		
	<p>B. Name of Site's Legal Owner: TRANSWESTERN PIPELINE COMAPNY</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>		

9. Legal Owner (Continued) Address	Street or P.O. Box: 6381 NORTH MAIN STREET		
	City, Town, or Village: ROSWELL		
	State: NM	Zip Code: 88220-	Country:

10. Type of Regulated Waste Activity
 Mark 'X' in the appropriate boxes. Mark "Yes" or "No" for each choice. (See instructions on pages 13 to 16)

A. Hazardous Waste Activities
 Complete all parts for Items 1 through 6.

For Items 2 through 6, check all that apply:

1. Generator of Hazardous Waste
 If "Yes" choose only one of the following - a,b, or c.

2. Transporter of Hazardous Waste

a. LQG: Greater than 1,000 kg/mo (2,200 lbs.)
 of non-acute hazardous waste; or

3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note:
 A hazardous waste permit is required for this activity

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

4. Recycler of Hazardous Waste (at your site)
 Note: A hazardous waste permit may be required for this activity.

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

5. Exempt Boiler and/or Industrial Furnace

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

a. Small Quantity On-site Burner Exemption

d. United States Importer of Hazardous Waste

b. Smelting, Melting, Refining Furnace Exemption

e. Mixed Waste (hazardous and radioactive) Generator

6. Underground Injection Control

B. Universal Waste Activities

1. Large Quantity Handler of Universal Waste (accumulate 5,000 KG or more)
 [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 _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other _____	<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 - Mark all boxes that apply

1. Used Oil Transporter
 If "Yes", mark each that applies.
 a. Transporter
 b. Transfer Facility

2. Used Oil Processor and/or Re-refiner -
 If "Yes", mark each that applies.
 a. Processor
 b. Re-refiner

3. Off-Specification Used Oil Burner

4. Used Oil Fuel Marketer
 If "Yes", mark each that applies.
 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

