

PERMIT ATTACHMENT B AUTHORIZED WASTES

B.1 AUTHORIZED WASTES

The hazardous waste process codes and estimated annual quantities that the Permittee was authorized to manage, treat and store at the facility are no longer required since the Facility is undergoing post-closure care. NMED collectively approved the closure of the surface impoundment (inclusive of the sump), old and new container storage areas in May 1987. However, NMED has included the Part A Permit Application in this Attachment (B), irrespective of the fact that the Facility is not actively managing hazardous waste. This is because the Part A still contains relevant information on Site Identification, Facility Contact person(s), and additional information on the Hazardous Waste Permit Information Forms.

New Mexico Environment Department
April 2026

Sparton Technology, Inc.
NMD083212332

B.2 PART A APPLICATION

The following updated RCRA Part A Application was submitted April 3, 2026.

United States Environmental Protection Agency
RCRA SUBTITLE C SITE IDENTIFICATION FORM



1. Reason for Submittal (Select only one.)

☐	Obtaining or updating an EPA ID number for on-going regulated activities (Items 10-17 below) that will continue for a period of time.
☐	Submitting as a component of the Hazardous Waste Report for _____ (Reporting Year)
☐	Site was a TSD facility, a reverse distributor, and/or generator of $\geq 1,000$ kg of non-acute hazardous waste, > 1 kg of acute hazardous waste, or > 100 kg of acute hazardous waste spill cleanup in one or more months of the reporting year (or State equivalent LQG regulations)
☐	Notifying that regulated activity is no longer occurring at this Site
☐	Obtaining or updating an EPA ID number for conducting Electronic Manifest Broker activities
☒	Submitting a new or revised Part A (permit) Form

2. Site EPA ID Number

N	M	D	0	8	3	2	1	2	3	3	2
---	---	---	---	---	---	---	---	---	---	---	---

3. Site Name

Sparton Technology, Inc.

4. Site Location Address

Street Address 9621 Coors Road NW		
City, Town, or Village Albuquerque	County Bernalillo	
State New Mexico	Country USA	Zip Code 87114
Latitude	Longitude	☐ Use Lat/Long as Primary Address

5. Site Mailing Address

☐ Same as Location Street Address

Street Address 4612 Johnson Lake Rd		
City, Town, or Village De Leon Springs		
State Florida	Country USA	Zip Code 32130-3657

6. Site Land Type

☒ Private	☐ County	☐ District	☐ Federal	☐ Tribal	☐ Municipal	☐ State	☐ Other
---	---------------------------------	-----------------------------------	----------------------------------	---------------------------------	------------------------------------	--------------------------------	--------------------------------

7. North American Industry Classification System (NAICS) Code(s) for the Site (at least 5-digit codes)

A. (Primary)	C.
B.	D.

8. Site Contact Person

Enter the primary site contact here and additional contacts in Appendix A.

First Name Joseph	MI S	Last Name Lerczak
Title Project Coordinator		
Email joe.lerczak@sparton.com		
Phone 517-262-8195	Ext	Fax
Preferred Language English		

A. Site Contact Address☐ Same as Location Address

Street Address 2944 Sheridan Circle		
City, Town, or Village Jackson		
State MI	Country USA	Zip Code 49201

9. Legal Owner and Operator of the Site**A. Name of Site's Legal Owner**☐ Same as Location Address

Full Name Sparton Corporation	Date Became Owner (mm/dd/yyyy) 07/01/1961
Owner Type ☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other	
Street Address 4612 Johnson Lake Rd	
City, Town, or Village De Leon Springs	
State Florida	Country USA Zip Code 32130-3657
Email	
Phone 800-772-7866	Ext Fax
Comments	

B. Name of Site's Legal Operator☒ Same as Location Address

Full Name Sparton Corporation	Date Became Operator (mm/dd/yyyy) 07/01/1961
Operator Type ☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other	
Street Address	
City, Town, or Village	
State	Country Zip Code
Email	
Phone	Ext Fax
Comments	

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

☐ Y ☒ N	1. Generator of Hazardous Waste—If "Yes", mark only one of the following—a, b, c	
☐	a. LQG	-Generates, in any calendar month, 1,000 kg/mo (2,200 lb/mo) or more of non-acute hazardous waste (includes quantities imported by importer site); or - Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lb/mo) of acute hazardous waste; or - Generates, in any calendar month or accumulates at any time, more than 100 kg/mo (220 lb/mo) of acute hazardous spill cleanup material.
☐	b. SQG	100 to 1,000 kg/mo (220-2,200 lb/mo) of non-acute hazardous waste and no more than 1 kg (2.2 lb) of acute hazardous waste and no more than 100 kg (220 lb) of any acute hazardous spill cleanup material.
☐	c. VSQG	Less than or equal to 100 kg/mo (220 lb/mo) of non-acute hazardous waste.
☒ Y ☐ N	Is State Generator of Hazardous Waste the same as Federal— If "No", indicate State Generator Category in the space provided.	
☐ Y ☒ N	2. Short-Term Generator (generates from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section. <i>Note: If "Yes", you MUST indicate that you are a Generator of Hazardous Waste in Item 10.A.1 above.</i>	
☐ Y ☒ N	3. Treater, Storer or Disposer of Hazardous Waste—Note: Part B of a hazardous waste permit is required for these activities.	
☐ Y ☒ N	4. Receives Hazardous Waste from Off-site	
☐ Y ☒ N	5 Recycler of Hazardous Waste	
☐	a. Recycler who stores prior to recycling	
☐	b. Recycler who does not store prior to recycling	
☐ Y ☒ N	6. Exempt Boiler and/or Industrial Furnace—If "Yes", mark all that apply.	
☐	a. Small Quantity On-site Burner Exemption	
☐	b. Smelting, Melting, and Refining Furnace Exemption	

B. 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.

C. Waste Codes for State Regulated (non-Federal) Hazardous Wastes. Please list the waste codes of the State 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.

--	--	--	--	--	--	--

11. Additional Regulated Waste Activities (NOTE: Refer to your State regulations to determine if a separate permit is required.)**A. Other Waste Activities**

☐ Y ☒ N	1. Transporter of Hazardous Waste—If “Yes”, mark all that apply.
☐	a. Transporter
☐	b. Transfer Facility (at your site)
☐ Y ☒ N	2. Underground Injection Control
☐ Y ☒ N	3. United States Importer of Hazardous Waste
☐ Y ☒ N	4. Recognized Trader—If “Yes”, mark all that apply.
☐	a. Importer
☐	b. Exporter
☐ Y ☒ N	5. Importer/Exporter of Spent Lead-Acid Batteries (SLABs) under 40 CFR 266 Subpart G—If “Yes”, mark all that apply.
☐	a. Importer
☐	b. Exporter

B. Universal Waste Activities

☐ Y ☒ N	1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) - If “Yes” mark all that apply. Note: Refer to your State regulations to determine what is regulated.
☐	a. Batteries
☐	b. Pesticides
☐	c. Mercury containing equipment
☐	d. Lamps
☐	e. Aerosol Cans
☐	f. Other (specify) _____
☐	g. Other (specify) _____
☐ Y ☒ N	2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

☐ Y ☒ N	1. Used Oil Transporter—If “Yes”, mark all that apply.
☐	a. Transporter
☐	b. Transfer Facility (at your site)
☐ 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

D. Pharmaceutical Activities

☐ Y ☒ N	1. Operating under 40 CFR Part 266, Subpart P for the management of hazardous waste pharmaceuticals—if “Yes”, mark only one. Note: See the item-by-item instructions for definitions of healthcare facility and reverse distributor.
☐	a. Healthcare Facility
☐	b. Reverse Distributor
☐ Y ☒ N	2. Withdrawing from operating under 40 CFR Part 266, Subpart P for the management of hazardous waste pharmaceuticals. Note: You may only withdraw if you are a healthcare facility that is a VSQG for all of your hazardous waste, including hazardous waste pharmaceuticals.

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

☐ Y ☒ N	A. Opting into or currently operating under 40 CFR Part 262, Subpart K for the management of hazardous wastes in laboratories— If “Yes”, mark all that apply. Note: See the item-by-item instructions for definitions of types of eligible academic entities.
☐	1. College or University
☐	2. Teaching Hospital that is owned by or has a formal written affiliation with a college or university
☐	3. Non-profit Institute that is owned by or has a formal written affiliation with a college or university
☐ Y ☒ N	B. Withdrawing from 40 CFR Part 262, Subpart K for the management of hazardous wastes in laboratories.

13. Episodic Generation

☐ Y ☒ N	Are you an SQG or VSQG generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, that moves you to a higher generator category. If “Yes”, you must fill out the Addendum for Episodic Generator.
--	---

14. LQG Consolidation of VSQG Hazardous Waste

☐ Y ☒ N	Are you an LQG notifying of consolidating VSQG Hazardous Waste Under the Control of the Same Person pursuant to 40 CFR 262.17(f)? If “Yes”, you must fill out the Addendum for LQG Consolidation of VSQG hazardous waste.
--	---

15. Notification of LQG Site Closure for a Central Accumulation Area (CAA) (optional) OR Entire Facility (required)

☐ Y ☒ N	LQG Site Closure of a Central Accumulation Area (CAA) or Entire Facility.
A. ☐ Central Accumulation Area (CAA) or ☐ Entire Facility	
B. Expected closure date: _____ mm/dd/yyyy	
C. Requesting new closure date: _____ mm/dd/yyyy	
D. Date closed : _____ mm/dd/yyyy	
☐	1. In compliance with the closure performance standards 40 CFR 262.17(a)(8)
☐	2. Not in compliance with the closure performance standards 40 CFR 262.17(a)(8)

16. 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 260.30, 40 CFR 261.4(a)(23), (24), (25), or (27)? If "Yes", you must fill out the Addendum to the Site Identification Form for Managing Hazardous Secondary Material.
--	---

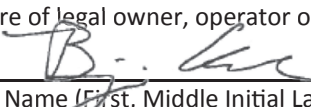
17. Electronic Manifest Broker

☐ Y ☒ N	Are you notifying as a person, as defined in 40 CFR 260.10, electing to use the EPA electronic manifest system to obtain, complete, and transmit an electronic manifest under a contractual relationship with a hazardous waste generator?
--	--

18. Comments (include item number for each comment)

It is unclear what code to enter in Section #7. The current activity at the facility is a car dealership (NAICS 441110). The immediate preceeding activity was a machine shop (NAICS 332710). When the surface impoundment was in operation, the facility was a printed circuit electronic assembly manufacturing facility (NAICS 334418).

19. 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 fines and imprisonment for knowing violations. **Note: For the RCRA Hazardous Waste Part A permit Application, all owners and operators must sign (see 40 CFR 270.10(b) and 270.11).**

Signature of legal owner, operator or authorized representative 	Date (mm/dd/yyyy) 4/2/2026
Printed Name (First, Middle Initial Last) Benjamin Kohr	Title Corporate Secretary, Sparton Corp.
Email Benjamin.Kohr@elbitsystems-us.com	
Signature of legal owner, operator or authorized representative	Date (mm/dd/yyyy)
Printed Name (First, Middle Initial Last)	Title
Email	

Appendix A: Additional Contacts

1. Contact Name

Contact Type	Preferred Language	
First Name Joseph	MI S	Last Name Lerczak
Title Project Coordinator		
Email joe.lerczak@sparton.com		
Phone 517-262-8195	Ext	Fax

A. Contact Address

☐ Same as Location Address

Street Address		
City, Town, or Village		
State	Country	Zip Code

2. Contact Name

Contact Type	Preferred Language	
First Name	MI	Last Name
Title		
Email		
Phone	Ext	Fax

A. Contact Address

☐ Same as Location Address

Street Address		
City, Town, or Village		
State	Country	Zip Code

3. Contact Name

Contact Type	Preferred Language	
First Name	MI	Last Name
Title		
Email		
Phone	Ext	Fax

A. Contact Address

☐ Same as Location Address

Street Address		
City, Town, or Village		
State	Country	Zip Code

United States Environmental Protection Agency

HAZARDOUS WASTE PERMIT PART A FORM



1. Facility Permit Contact

First Name	Joseph	MI	S	Last Name	Lerczak
Title	Project Coordinator				
Email	joe.lerczak@sparton.com				
Phone	517-262-8195	Ext		Fax	

2. Facility Permit Contact Mailing Address

Street Address	2944 Sheridan Circle				
City, Town, or Village	Jackson				
State	MI	Country	USA	Zip Code	49201

3. Facility Existence Date (mm/dd/yyyy)

7/1/1961

4. Other Environmental Permits

A. Permit Type	B. Permit Number												C. Description
N	N	M	R	0	0	A	4	5	3				NPDES Storm Water Permit
E	1	2	0	3									City of Albuquerque Authority-to-Construct
E	0	0	4	4	2								City of Albuquerque Air Quality Source Re
E	D	P	1	1	8	4							New Mexico Environment Department Dis

5. Nature of Business

When the surface impoundment was in operation, the facility was a printed circuit electronic assembly manufacturing facility (NAICS-334418). Currently, corrective action is being performed under a Consent Decree dated March 3, 2000.
--

6. Process Codes and Design Capacities

Line Number		A. Process Code			B. Process Design Capacity		C. Process Total Number of Units	D. Unit Name
					(1) Amount	(2) Unit of Measure		
					N/A			

7. Description of Hazardous Wastes (Enter codes for Items 7.A, 7.C and 7.D(1))

Line No.		A. EPA Hazardous Waste No.				B. Estimated Annual Qty of Waste	C. Unit of Measure	D. Processes											
								(1) Process Codes								(2) Process Description (if code is not entered in 7.D1))			
						N/A													

8. Map

Attach to this application a topographical 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 intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all spring, rivers, and other surface water bodies in this map area. See instructions for precise requirements.

9. Facility Drawing

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

10. 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.

11. Comments

Sparton Pictures taken on March 6, 2026



CW-1 Pump house Exterior Front/Back



CW-1 wellhead in front of CW-1 pump house



CW-1 Pump house interior with aquamag drums

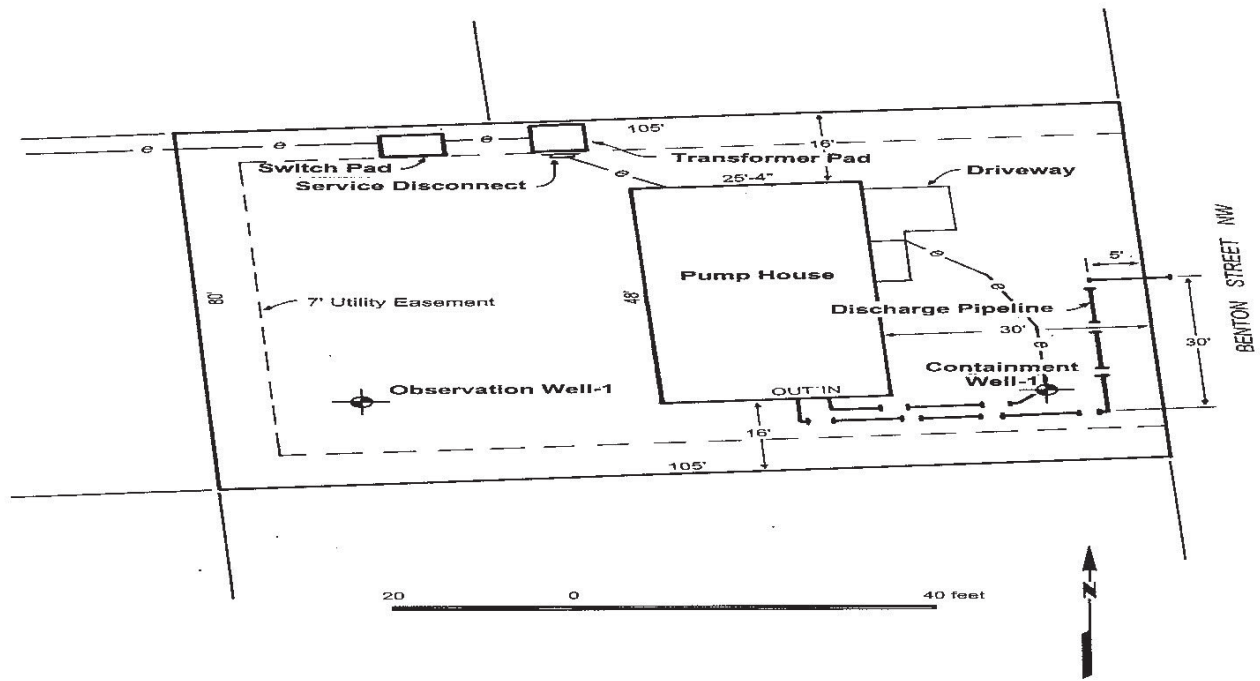


FIGURE 3
UTILITY PLAN
LOT 9, BLOCK 2, THE KNOLLS OF PARADISE HILLS, UNIT 2
SPARTON TECHNOLOGY, INC.



CW-1 aquamag tank



CW-1 Air Stripper



CW-1 Sump



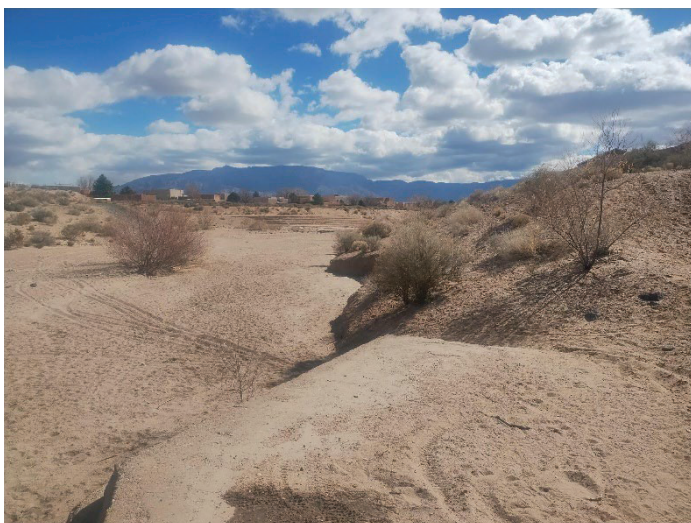
CW-1 Air Stripper



PZG-1 gauged monthly



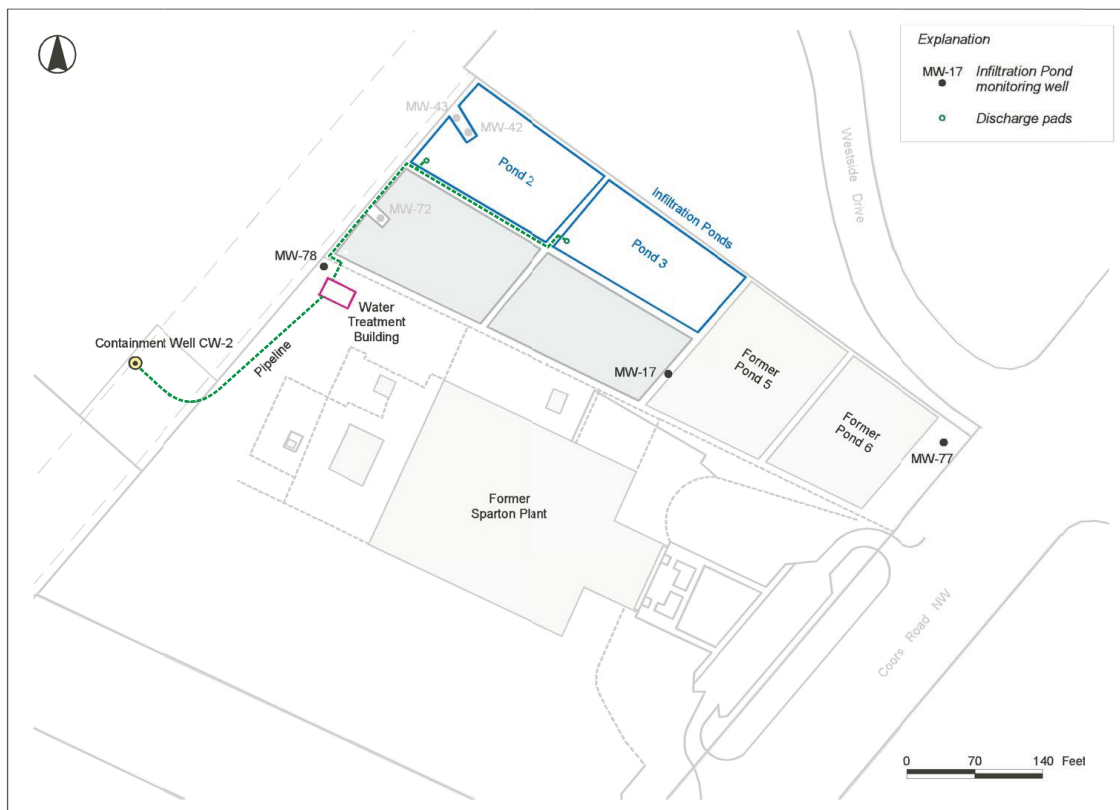
CW-1 Infiltration Gallery Looking South



CW-1 Infiltration Gallery looking East



CW-1 Infiltration Gallery looking West



CW-2 Site Map



CW-2 Pump house and storage building



CW-2 settling ponds



CW-2 pump house and storage



CW-2 Aquamag tank, sump and air stripper

CW-2 Air Stripper



CW-2 Aquamag Tank

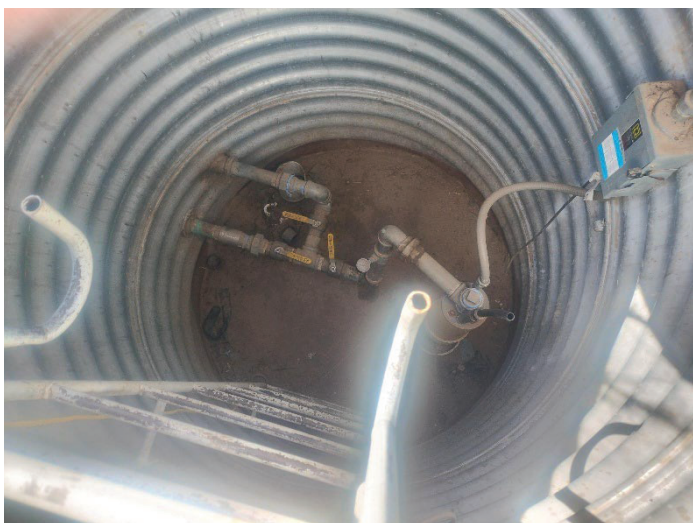
CW-2 Storage building



CW-2 Storage Building



CW-2 Well vault



CW-2 Wellhead



CW-2 Pond 3



CW-2 Pond 3 with Pond 2 in the background



CW-2 Former Pond 1

Sparton Pictures taken on February 2, 2026



Looking Northwest



Looking East

Source Containment Cap after pouring 25 gallons of water to test the drainage



Looking Northeast



Looking South

Source Containment Cap after pouring 25 gallons of water to test the drainage