

Unit Name Mixed Waste Facility

Rev. 5.0, Date: March 5, 2013

		WASHINGTON STATE DEPARTMENT OF E C O L O G Y		<b>Dangerous Waste Permit Application Part A Form</b>																								
Date Received				Reviewed by:								Date:																
Month	Day	Year		Approved by:								Date:																
Please refer to instructions for completing this form.																												
<b>I. This form is submitted to: (place an "X" in the appropriate box)</b>																												
<input checked="" type="checkbox"/>	Request modification to a final status permit (commonly called a "Part B" permit)																											
<input type="checkbox"/>	Request a change under interim status																											
<input type="checkbox"/>	Apply for a final status permit. This includes the application for the initial final status permit for a site or for a permit renewal (i.e., a new permit to replace an expiring permit).																											
<input type="checkbox"/>	Establish interim status because of the wastes newly regulated on:												(Date)															
<input type="checkbox"/>	List waste codes:																											
<b>II. EPA/State ID Number</b>																												
W	A	R	0	0	0	0	1	0	3	5	5																	
<b>III. Name of Facility</b>																												
Perma-Fix Northwest Richland, Inc.																												
<b>IV. Facility Location (Physical address not P.O. Box or Route Number)</b>																												
<b>A. Street</b>																												
2025 Battelle Boulevard																												
<b>City or Town</b>												<b>State</b>		<b>ZIP Code</b>														
Richland												WA		99354														
<b>County Code (if known)</b>		<b>County Name</b>																										
		Benton																										
<b>B. Land Type</b>	<b>C. Geographic Location</b>												<b>D. Facility Existence Date</b>															
	<b>Latitude (degrees, mins, secs)</b>								<b>Longitude (degrees, mins, secs)</b>				<b>Month</b>		<b>Day</b>		<b>Year</b>											
P	4	6		2	0		3	2	N	11	9		1	7		5	2	W	0	7		0	7		1	9	9	9
<b>V. Facility Mailing Address</b>																												
<b>Street or P.O. Box</b>																												
2025 Battelle Boulevard																												
<b>City or Town</b>												<b>State</b>		<b>ZIP Code</b>														
Richland												WA		99354														

USE THE TAB KEY TO MOVE FROM CELL TO CELL IN THE ELECTRONIC VERSION OF THIS FORM.  
Please enter information only in unshaded areas

<b>VI. Facility contact (Person to be contacted regarding waste activities at facility)</b>												
<b>Name (last)</b>						<b>(first)</b>						
Grondin						Richard						
<b>Job Title</b>						<b>Phone Number (area code and number)</b>						
Vice President and General Manager						(509) 375-7026						
<b>Contact Address</b>												
<b>Street or P.O. Box</b>												
2025 Battelle Boulevard												
<b>City or Town</b>						<b>State</b>			<b>ZIP Code</b>			
Richland						WA			99354			
<b>VII. Facility Operator Information</b>												
<b>A. Name</b>						<b>Phone Number (area code and number)</b>						
Perma-Fix Northwest Richland, Inc.						(509) 375-5160						
<b>Street or P.O. Box</b>												
2025 Battelle Boulevard												
<b>City or Town</b>						<b>State</b>			<b>ZIP Code</b>			
Richland						WA			99354			
<b>B. Operator Type</b>		P										
<b>C. Does the name in VII.A reflect a proposed change in operator?</b>						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
If yes, provide the scheduled date for the change:						<b>Month</b>		<b>Day</b>		<b>Year</b>		
<b>D. Is the name listed in VII.A. also the owner? If yes, skip to Section IX.</b>						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
<b>VIII. Facility Owner Information</b>												
<b>A. Name</b>						<b>Phone Number (area code and number)</b>						
<b>Street or P.O. Box</b>												
<b>City or Town</b>						<b>State</b>			<b>ZIP Code</b>			
<b>B. Operator Type</b>												
<b>C. Does the name in VIII.A reflect a proposed change in owner?</b>						<input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, provide the scheduled date for the change:						<b>Month</b>		<b>Day</b>		<b>Year</b>		
<b>IX. NAICS Codes (5/6 digit codes)</b>												
<b>A. First</b>						<b>B. Second</b>						
5 6 2 2 1 1												
<b>C. Third</b>						<b>D. Fourth</b>						

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<b>X. Other Environmental Permits (see instructions)</b>														
<b>A. Permit Type</b>			<b>B. Permit Number</b>										<b>C. Description</b>	
	E		U	N	K	N	O	W	N					City of Richland substantial development permit
	E		W	N	1	0	5	0	8	1				Washington Department of Health Radioactive Materials License
	E		N	O	C	2	0	0	5	0	0	2		Benton Clean Air Authority Notice of Construction Approval
	E		N	O	C	2	0	0	7	0	0	9		Benton Clean Air Authority Notice of Construction Approval
	E		N	O	C	2	0	0	8	0	0	9		Benton Clean Air Authority Notice of Construction Approval

**XI. Nature of Business (provide a brief description that includes both dangerous waste and non-dangerous waste)**

Storage and treatment of waste (hazardous, dangerous, low-level radioactive, and/or PCB-contaminated).

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**EXAMPLE FOR COMPLETING ITEMS XII and XIII (shown in lines numbered X-1, X-2, and X-3 below):** A facility has two storage tanks that hold 1200 gallons and 400 gallons respectively. There is also treatment in tanks at 20 gallons/hr. Finally, a one-quarter acre area that is two meters deep will undergo *in situ vitrification*.

Section XII. Process Codes and Design Capacities							Section XIII. Other Process Codes							
Line Number	A. Process Codes (enter code)			B. Process Design Capacity		C. Process Total Number of Units	Line Number	A. Process Codes (enter code)			B. Process Design Capacity		C. Process Total Number of Units	D. Process Description
				1. Amount	2. Unit of Measure (enter code)						1. Amount	2. Unit of Measure (enter code)		
X 1	S	0	2	1,600	G	002	X 1	T	0	4	700	C	001	In situ vitrification
X 2	T	0	3	20	E	001								
X 3	T	0	4	700	C	001								
1	S	0	1	264,186	G	015	1	T	0	4	1	D	001	Size Reduc.
2	S	0	2	8,000	G	008	2	T	0	4	0.5	D	001	Cut/Shear
3	T	0	1	8,000	U	008	3	T	0	4	0.5	D	001	Sorting
4	T	0	4	8.2	D	018	4	T	0	4	0.6	D	001	Liq Holdng
5							5	T	0	4	0.5	D	002	Compact.
6							6	T	0	4	0.0125	D	001	Dryer
7							7	T	0	4	0.05	D	001	Liq Consol
8							1 8	T	0	4	1.25	D	001	Hi Cap Mi
9							1 9	T	0	4	1.05	D	001	Lo Cap Mix
1 0							1 0	T	0	4	0.5	D	001	In-Contain
1 1							1 1	T	0	4	0.3	D	001	Polymer
1 2							1 2	T	0	4	0.38	D	001	Phys Extr
1 3							1 3	T	0	4	0.2	D	002	Container
1 4							1 4	T	0	4	0.35	D	001	GASVIT
1 5							1 5	T	0	4	1.0	D	002	Extraction Mixer
1 6							1 6							
1 7							1 7	Please see Pg. 15 Comments for full Description.						
1 8							1 8							
1 9							1 9							
2 0							2 0							
2 1							2 1							
2 2							2 2							
2 3							2 3							
2 4							2 4							

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**XIV. Description of Dangerous Wastes**

**Example for completing this section:** A facility will receive three non-listed wastes, then store and treat them on-site. Two wastes are corrosive only, with the facility receiving and storing the wastes in containers. There will be about 200 pounds per year of each of these two wastes, which will be neutralized in a tank. The other waste is corrosive and ignitable and will be neutralized then blended into hazardous waste fuel. There will be about 100 pounds per year of that waste, which will be received in bulk and put into tanks.

Line Number	A. Dangerous Waste No. (enter code)				B. Estimated Annual Quantity of Waste	C. Unit of Measure (enter code)	D. Processes									
							(1) Process Codes (enter)				(2) Process Description [If a code is not entered in D (1)]					
X 1	D	0	0	2	400	P	S	0	1	T	0	1				
X 2	D	0	0	1	100	P	S	0	2	T	0	1				
X 3	D	0	0	2												Included with above
	1	D	0	0	1	11	M	S	0	1	T	0	1	0	0	0
								S	0	2	T	0	4			
	2	D	0	0	2	973	M	S	0	1	T	0	1	0	0	0
								S	0	2	T	0	4			
	3	D	0	0	3	69	M	S	0	1	T	0	1	0	0	0
								S	0	2	T	0	4			
	4	D	0	0	4	254	M	S	0	1	T	0	1	0	0	0
								S	0	2	T	0	4			
	5	D	0	0	5	805	M	S	0	1	T	0	1	0	0	0
								S	0	2	T	0	4			
	6	D	0	0	6	869	M	S	0	1	T	0	1	0	0	0
								S	0	2	T	0	4			
	7	D	0	0	7	902	M	S	0	1	T	0	1	0	0	0
								S	0	2	T	0	4			
	8	D	0	0	8	857	M	S	0	1	T	0	1	0	0	0
								S	0	2	T	0	4			
	9	D	0	0	9	838	M	S	0	1	T	0	1	0	0	0
								S	0	2	T	0	4			
	1 0	D	0	1	0	815	M	S	0	1	T	0	1	0	0	0
								S	0	2	T	0	4			
	1 1	D	0	1	1	820	M	S	0	1	T	0	1	0	0	0
								S	0	2	T	0	4			
	1 2	D	0	1	2	1	M	S	0	1	T	0	1	0	0	0
								S	0	2	T	0	4			
	1 3	D	0	1	3	1	M	S	0	1	T	0	1	0	0	0
								S	0	2	T	0	4			
	1 4	D	0	1	4	1	M	S	0	1	T	0	1	0	0	0
								S	0	2	T	0	4			
	1 5	D	0	1	5	1	M	S	0	1	T	0	1	0	0	0
								S	0	2	T	0	4			
	1 6	D	0	1	6	1	M	S	0	1	T	0	1	0	0	0
								S	0	2	T	0	4			
	1 7	D	0	1	7	1	M	S	0	1	T	0	1	0	0	0
								S	0	2	T	0	4			

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EPA/State ID Number	W	A	R	0	0	0	0	1	0	3	5	5
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**Continuation of Section XIV. Description of Dangerous Waste**

Line Number	A. Dangerous Waste No. (enter code)				B. Estimated Annual Quantity of Waste	C. Unit of Measure (enter code)	D. Process										
	(1) Process Codes (enter)							(2) Process Description [If a code is not entered in D (1)]									
1	8	D	0	1	8	5	M	S	0	1	T	0	1	0	0	0	
								S	0	2	T	0	4				
1	9	D	0	1	9	9	M	S	0	1	T	0	1	0	0	0	
								S	0	2	T	0	4				
2	0	D	0	2	0	1	M	S	0	1	T	0	1	0	0	0	
								S	0	2	T	0	4				
2	1	D	0	2	1	2	M	S	0	1	T	0	1	0	0	0	
								S	0	2	T	0	4				
2	2	D	0	2	2	1	M	S	0	1	T	0	1	0	0	0	
								S	0	2	T	0	4				
2	3	D	0	2	3	1	M	S	0	1	T	0	1	0	0	0	
								S	0	2	T	0	4				
2	4	D	0	2	4	1	M	S	0	1	T	0	1	0	0	0	
								S	0	2	T	0	4				
2	5	D	0	2	5	1	M	S	0	1	T	0	1	0	0	0	
								S	0	2	T	0	4				
2	6	D	0	2	6	1	M	S	0	1	T	0	1	0	0	0	
								S	0	2	T	0	4				
2	7	D	0	2	7	1	M	S	0	1	T	0	1	0	0	0	
								S	0	2	T	0	4				
2	8	D	0	2	8	5	M	S	0	1	T	0	1	0	0	0	
								S	0	2	T	0	4				
2	9	D	0	2	9	4	M	S	0	1	T	0	1	0	0	0	
								S	0	2	T	0	4				
3	0	D	0	3	0	1	M	S	0	1	T	0	1	0	0	0	
								S	0	2	T	0	4				
3	1	D	0	3	1	1	M	S	0	1	T	0	1	0	0	0	
								S	0	2	T	0	4				
3	2	D	0	3	2	1	M	S	0	1	T	0	1	0	0	0	
								S	0	2	T	0	4				
3	3	D	0	3	3	1	M	S	0	1	T	0	1	0	0	0	
								S	0	2	T	0	4				
3	4	D	0	3	4	1	M	S	0	1	T	0	1	0	0	0	
								S	0	2	T	0	4				
3	5	D	0	3	5	5	M	S	0	1	T	0	1	0	0	0	
								S	0	2	T	0	4				
3	6	D	0	3	6	1	M	S	0	1	T	0	1	0	0	0	
								S	0	2	T	0	4				
3	7	D	0	3	7	1	M	S	0	1	T	0	1	0	0	0	
								S	0	2	T	0	4				

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Line Number	A. Dangerous Waste No. (enter code)				B. Estimated Annual Quantity of Waste	C. Unit of Measure (enter code)	D. Process										
							(1) Process Codes (enter)				(2) Process Description [If a code is not entered in D (1)]						
3	8	D	0	3	8	4	M	S	0	1	T	0	1	0	0	0	
								S	0	2	T	0	4				
3	9	D	0	3	9	4	M	S	0	1	T	0	1	0	0	0	
								S	0	2	T	0	4				
4	0	D	0	4	0	6	M	S	0	1	T	0	1	0	0	0	
								S	0	2	T	0	4				
4	1	D	0	4	1	1	M	S	0	1	T	0	1	0	0	0	
								S	0	2	T	0	4				
4	2	D	0	4	2	2	M	S	0	1	T	0	1	0	0	0	
								S	0	2	T	0	4				
4	3	D	0	4	3	4	M	S	0	1	T	0	1	0	0	0	
								S	0	2	T	0	4				
4	4	F	0	0	1	77	M	S	0	1	T	0	1	0	0	0	
								S	0	2	T	0	4				
4	5	F	0	0	2	106	M	S	0	1	T	0	1	0	0	0	
								S	0	2	T	0	4				
4	6	F	0	0	3	836	M	S	0	1	T	0	1	0	0	0	
								S	0	2	T	0	4				
4	7	F	0	0	4	2	M	S	0	1	T	0	1	0	0	0	
								S	0	2	T	0	4				
4	8	F	0	0	5	855	M	S	0	1	T	0	1	0	0	0	
								S	0	2	T	0	4				
4	9	F	0	0	6	43	M	S	0	1	T	0	1	0	0	0	
								S	0	2	T	0	4				
5	0	F	0	0	7	44	M	S	0	1	T	0	1	0	0	0	
								S	0	2	T	0	4				
5	1	F	0	0	8	1	M	S	0	1	T	0	1	0	0	0	
								S	0	2	T	0	4				
5	2	F	0	0	9	44	M	S	0	1	T	0	1	0	0	0	
								S	0	2	T	0	4				
5	3	F	0	1	0	87	M	S	0	1	T	0	1	0	0	0	
								S	0	2	T	0	4				
5	4	F	0	1	1	29	M	S	0	1	T	0	1	0	0	0	
								S	0	2	T	0	4				
5	5	F	0	1	2	1	M	S	0	1	T	0	1	0	0	0	
								S	0	2	T	0	4				
5	6	F	0	1	9	1	M	S	0	1	T	0	1	0	0	0	
								S	0	2	T	0	4				
5	7	Left Intentionally Blank															
5	8	Left Intentionally Blank															
5	9	Left Intentionally Blank															
6	0	Left Intentionally Blank															
6	1	F	0	2	4	1	M	S	0	1	T	0	1	0	0	0	
								S	0	2	T	0	4				

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							(1) Process Codes (enter)				(2) Process Description [If a code is not entered in D (1)]					
6 2	F	0	2	5	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
6 3	Left Intentionally Blank															
6 4	Left Intentionally Blank															
6 5	Left Intentionally Blank															
6 6	F	0	3	2	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
6 7	F	0	3	4	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
6 8	F	0	3	5	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
6 9	F	0	3	7	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
7 0	F	0	3	8	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
7 1	F	0	3	9	42	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
7 2	K	0	0	1	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
7 3	Through						S	0	1	S	0	2	T	0	4	
7 4	K	0	1	1												
7 5	K	0	1	3	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
7 6	Through						S	0	2	T	0	4				
7 7	K	0	5	2												
7 8	K	0	6	0	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
7 9	K	0	6	1	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
8 0	K	0	6	2	1	M	S	0	2	T	0	4				
							S	0	1	T	0	1	0	0	0	
8 1	K	0	6	9	1	M	S	0	2	T	0	4				
							S	0	1	T	0	1	0	0	0	
8 2	K	0	7	1	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
8 3	K	0	7	3	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
8 4	K	0	8	3	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
8 5	Through						S	0	2	T	0	4				
8 6	K	0	8	8												
8 7	K	0	9	3	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
8 8	Through						S	0	2	T	0	4				
8 9	K	1	1	8												
9 0	K	1	2	3	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				

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							(1) Process Codes (enter)				(2) Process Description [If a code is not entered in D (1)]					
9 1	K	1	2	4	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
9 2	K	1	2	5	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
9 3	K	1	2	6	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
9 4	K	1	3	1	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
9 5	K	1	3	2	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
9 6	K	1	3	6	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
9 7	K	1	4	1	1	M	S	0	1	T	0	1	0	0	0	
9 8	Through						S	0	2	T	0	4				
9 9	K	1	4	5												
1 0 0	K	1	4	7	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
1 0 1	K	1	4	8	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
1 0 2	K	1	4	9	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
1 0 3	K	1	5	0	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
1 0 4	K	1	5	1	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
1 0 5	K	1	5	6	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
1 0 6	K	1	5	7	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
1 0 7	K	1	5	8	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
1 0 8	K	1	5	9	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
1 0 9	K	1	6	1	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
1 1 0	K	1	6	9	1	M	S	0	1	T	0	1	0	0	0	
1 1 1	Through						S	0	2	T	0	4				
1 1 2	K	1	7	2												
1 1 3	P	0	0	1	1	M	S	0	1	T	0	1	0	0	0	
1 1 4	Through						S	0	2	T	0	4				
1 1 5	P	0	1	8												

USE THE TAB KEY TO MOVE FROM CELL TO CELL IN THE ELECTRONIC VERSION OF THIS FORM.  
Please enter information only in unshaded areas

Line Number	A. Dangerous Waste No. (enter code)			B. Estimated Annual Quantity of Waste	C. Unit of Measure (enter code)	D. Processes										
						(1) Process Codes (enter)				(2) Process Description [If a code is not entered in D (1)]						
1 1 6	P	0	2	0	1	M	S	0	1	T	0	1	0	0	0	
1 1 7	Through						S	0	2	T	0	4				
1 1 8	P	0	2	4												
1 1 9	P	0	2	6	1	M	S	0	1	T	0	1	0	0	0	
1 2 0	Through						S	0	2	T	0	4				
1 2 1	P	0	3	1												
1 2 2	P	0	3	3	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
1 2 3	P	0	3	4	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
1 2 4	P	0	3	6	1	M	S	0	1	T	0	1	0	0	0	
1 2 5	Through						S	0	2	T	0	4				
1 2 6	P	0	5	1												
1 2 7	P	0	5	4	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
1 2 8	P	0	5	6	1	M	S	0	1	T	0	1	0	0	0	
1 2 9	Through						S	0	2	T	0	4				
1 3 0	P	0	6	0												
1 3 1	P	0	6	2	1	M	S	0	1	T	0	1	0	0	0	
1 3 2	Through						S	0	2	T	0	4				
1 3 3	P	0	7	8												
1 3 4	P	0	8	1	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
1 3 5	P	0	8	2	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
1 3 6	P	0	8	4	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
1 3 7	P	0	8	5	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
1 3 8	P	0	8	7	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
1 3 9	P	0	8	8	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
1 4 0	P	0	8	9	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
1 4 1	P	0	9	2	1	M	S	0	1	T	0	1	0	0	0	
1 4 2	Through						S	0	2	T	0	4				
1 4 3	P	0	9	9												
1 4 4	P	1	0	1	1	M	S	0	1	T	0	1	0	0	0	
1 4 5	Through						S	0	2	T	0	4				
1 4 6	P	1	0	6												
1 4 7	P	1	0	8	1	M	S	0	1	T	0	1	0	0	0	
1 4 8	Through						S	0	2	T	0	4				
1 4 9	P	1	1	6												

USE THE TAB KEY TO MOVE FROM CELL TO CELL IN THE ELECTRONIC VERSION OF THIS FORM.  
Please enter information only in unshaded areas

Line Number	A. Dangerous Waste No. (enter code)				B. Estimated Annual Quantity of Waste	C. Unit of Measure (enter code)	D. Processes									
	(1) Process Codes (enter)							(2) Process Description [If a code is not entered in D (1)]								
1 5 0	P	1	1	8	1	M	S	0	1	T	0	1	0	0	0	
1 5 1	Through						S	0	2	T	0	4				
1 5 2	P	1	2	3												
1 5 3	P	1	2	7	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
1 5 4	P	1	2	8	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
1 5 5	P	1	8	5	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
1 5 6	P	1	8	8	1	M	S	0	1	T	0	1	0	0	0	
1 5 7	Through						S	0	2	T	0	4				
1 5 8	P	1	9	2												
1 5 9	P	1	9	4	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
1 6 0	P	1	9	6	1	M	S	0	1	T	0	1	0	0	0	
1 6 1	Through						S	0	2	T	0	4				
1 6 2	P	1	9	9												
1 6 3	P	2	0	1	1	M	S	0	1	T	0	1	0	0	0	
1 6 4	Through						S	0	2	T	0	4				
1 6 5	P	2	0	5												
1 6 6	U	0	0	1	1	M	S	0	1	T	0	1	0	0	0	
1 6 7	Through						S	0	2	T	0	4				
1 6 8	U	0	1	2												
1 6 9	U	0	1	4	1	M	S	0	1	T	0	1	0	0	0	
1 7 0	Through						S	0	2	T	0	4				
1 7 1	U	0	3	9												
1 7 2	U	0	4	1	1	M	S	0	1	T	0	1	0	0	0	
1 7 3	Through						S	0	2	T	0	4				
1 7 4	U	0	5	3												
1 7 5	U	0	5	5	1	M	S	0	1	T	0	1	0	0	0	
1 7 6	Through						S	0	2	T	0	4				
1 7 7	U	0	6	4												
1 7 8	U	0	6	6	1	M	S	0	1	T	0	1	0	0	0	
1 7 9	Through						S	0	2	T	0	4				
1 8 0	U	0	9	9												
1 8 1	U	1	0	1	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
1 8 2	U	1	0	2	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
1 8 3	U	1	0	3	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
1 8 4	U	1	0	5	1	M	S	0	1	T	0	1	0	0	0	
1 8 5	Through						S	0	2	T	0	4				
1 8 6	U	1	3	8												

USE THE TAB KEY TO MOVE FROM CELL TO CELL IN THE ELECTRONIC VERSION OF THIS FORM.  
Please enter information only in unshaded areas

Line Number	A. Dangerous Waste No. (enter code)				B. Estimated Annual Quantity of Waste	C. Unit of Measure (enter code)	D. Processes									
	(1) Process Codes (enter)							(2) Process Description [If a code is not entered in D (1)]								
1 8 7	U	1	4	0	1	M	S	0	1	T	0	1	0	0	0	
1 8 8	Through						S	0	2	T	0	4				
1 8 9	U	1	7	4												
1 9 0	U	1	7	6	1	M	S	0	1	T	0	1	0	0	0	
1 9 1	Through						S	0	2	T	0	4				
1 9 2	U	1	9	4												
1 9 3	U	1	9	6	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
1 9 4	U	1	9	7	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
1 9 5	U	2	0	0	1	M	S	0	1	T	0	1	0	0	0	
1 9 6	Through						S	0	2	T	0	4				
1 9 7	U	2	1	1												
1 9 8	U	2	1	3	1	M	S	0	1	T	0	1	0	0	0	
1 9 9	Through						S	0	2	T	0	4				
2 0 0	U	2	2	3												
2 0 1	U	2	2	5	1	M	S	0	1	T	0	1	0	0	0	
2 0 2	Through						S	0	2	T	0	4				
2 0 3	U	2	2	8												
2 0 4	U	2	3	4	1	M	S	0	1	T	0	1	0	0	0	
2 0 5	Through						S	0	2	T	0	4				
2 0 6	U	2	4	0												
2 0 7	U	2	4	3	1	M	S	0	1	T	0	1	0	0	0	
2 0 8	Through						S	0	2	T	0	4				
2 0 9	U	2	4	9												
2 1 0	U	2	7	1	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
2 1 1	U	2	7	8	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
2 1 2	U	2	7	9	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
2 1 3	U	2	8	0	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
2 1 4	U	3	2	8	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
2 1 5	U	3	5	3	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
2 1 6	U	3	5	9	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
2 1 7	U	3	6	4	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
2 1 8	U	3	6	7	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
2 1 9	U	3	7	2	1	M	S	0	1	T	0	1	0	0	0	

USE THE TAB KEY TO MOVE FROM CELL TO CELL IN THE ELECTRONIC VERSION OF THIS FORM.  
Please enter information only in unshaded areas

Line Number	A. Dangerous Waste No. (enter code)				B. Estimated Annual Quantity of Waste	C. Unit of Measure (enter code)	D. Processes									
							(1) Process Codes (enter)						(2) Process Description [If a code is not entered in D (1)]			
2 2 0	U	3	7	3	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
2 2 1	U	3	8	7	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
2 2 2	U	3	8	9	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
2 2 3	U	3	9	4	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
2 2 4	U	3	9	5	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
2 2 5	U	4	0	4	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
2 2 6	U	4	0	9	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
2 2 7	U	4	1	0	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
2 2 8	U	4	1	1	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
2 2 9	Left Intentionally Blank															
2 3 0	W	L	0	1	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
2 3 1	W	L	0	2	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
2 3 2	W	P	0	1	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
2 3 3	W	P	0	2	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
2 3 4	W	P	0	3	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
2 3 5	W	S	C	2	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
2 3 6	W	T	0	1	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
2 3 7	W	T	0	2	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				
2 3 8	W	P	C	B	1	M	S	0	1	T	0	1	0	0	0	
							S	0	2	T	0	4				

**NOTES:**

- Hazardous waste debris carrying one or more of the above-listed dangerous wastes will be stored and/or treated at the facility.
- A waste stream may have a combination of waste codes listed above.

USE THE TAB KEY TO MOVE FROM CELL TO CELL IN THE ELECTRONIC VERSION OF THIS FORM.  
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**XV. Map**

Attach to this application a topographic map of the area extending to at least one (1) mile beyond property boundaries. The map must show the outline of the facility; the location of each of its existing and proposed intake and discharge structures; each of its dangerous waste treatment, storage, recycling, or disposal units; and each well where fluids are injected underground. Include all springs, rivers, and other surface water bodies in this map area, plus drinking water wells listed in public records or otherwise known to the applicant within ¼ mile of the facility property boundary. The instructions provide additional information on meeting these requirements.

**XVI. Facility Drawing**

All existing facilities must include a scale drawing of the facility (refer to Instructions for more detail).

**XVII. Photographs**

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment, recycling, and disposal areas; and sites of future storage, treatment, recycling, or disposal areas (refer to Instructions for more detail).

**XVIII. Certifications**

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.

<p><b>Operator</b> Name and Official Title (type or print) <b>Richard Grondin</b> <b>Vice President/General Manager</b></p>	<p><b>Signature</b></p>	<p><b>Date Signed</b></p>
<p><b>Facility/Property Owner</b> Name and Official Title (type or print) Richard Grondin Vice President/General Manager</p>	<p><b>Signature</b></p>	<p><b>Date Signed</b></p>

**Comments**

Complete descriptions from Page 4:

Process Code	Description	Design Capacity	Unit of Measure
T04	Size Reduction and Screening (TP-01)	1	D
T04	Cutting/Shearing (TP-02)	0.5	D
T04	Sorting (TP-03)	0.5	D
T04	Liquid Holding (TP-06)	0.6	D
T04	Compaction & Macro-Encapsulation (TP-07)	0.5	D
T04	Dryer (TP-08)	0.0125	D
T04	Liquid Consolidation (TP-09)	0.05	D
T04	High-Capacity Mixing (TT-01)	1.25	D
T04	Low-Capacity Mixing (TT-02)	1.05	D
T04	In-Container Mixing (TT-03)	0.5	D
T04	Polymer Mixing (TT-04)	0.3	D
T04	Physical Extraction (TT-05)	0.38	D
T04	Container Rinse (TT-06)	0.2	D
T04	GASVIT™ System	0.35	D
T04	Two Extraction Mixers	1	D
T04	Aerosol Can Puncturing Device	1	D

<b>Comments and Additional Information Relevant to Section XV Map</b>	
<b>Information Requested in Instructions</b>	<b>Information Provided in this Revised Part A Permit Application to address instructions</b>
Provide a topographic map or maps of the area extending at least to one (1) mile beyond the property boundaries of the facility that clearly show the following:	Topographic map has been provided on which the approximate site boundary and some features of the mixed waste facilities have been superimposed near the center of the map. This map extends more than one mile beyond the property boundaries.
Legal boundaries of the facility;	The approximate legal boundary is shown as the outer line of the facility near the center of the topographic map. This outer line also represents the boundary security fence.
Location and serial number of each of the existing and proposed intake and discharge structures;	It is presumed this instruction pertains to water intakes or discharges. The facilities are supplied with Richland city water at several locations, but these connections are not shown on the map. Sewage from bathrooms and lunch room sinks are connected to the Richland City sanitary sewer at several locations, but these connections are not shown on the map. There are no connections to the Richland city sanitary sewer from operating areas. There are no dangerous waste disposal sites associated with the facility. There are no storm water catch basins and no connections to the Richland city storm water system at the site.

USE THE TAB KEY TO MOVE FROM CELL TO CELL IN THE ELECTRONIC VERSION OF THIS FORM.  
Please enter information only in unshaded areas

<b><i>Comments and Additional Information Relevant to Section XV Map</i></b>	
<b>Information Requested in Instructions</b>	<b>Information Provided in this Revised Part A Permit Application to address instructions</b>
All dangerous waste management units. Identify the location of each tank;	Buildings and other structures on the site which are related to mixed waste and/or PCB operations are shown. Buildings and other structures (except for some security fences and gates) on the site which are not related to mixed waste operations are not shown. Waste tanks are not shown due to the map scale but are shown on the Section XVI Facility Drawing.
Location of all dangerous waste management processes (those listed in Sections XII and XIII);	Location of all dangerous waste management processes are not shown due to the map scale but are shown on the Section XVI Facility Drawing.
Each well where you inject fluids underground; and	One monitoring well (used for radiological monitoring) is located near the north property boundary and is shown on the Section XVI Facility Drawing. There is one "subsurface fluid distribution system" (a type of underground injection control well) that manages stormwater from the roof of the mixed waste building.
All springs and surface water bodies in the area, plus all drinking water wells within ¼ mile of the facility that are identified in the public record or otherwise known to you.	No springs are known within one mile. A man-made pond is shown on the map about 0.6 mile to the east northeast and the Columbia River is farther east.
If an intake or discharge structure, dangerous waste disposal site, or injection well associated with the facility is located more than one (1) mile from the facility, include it on the map, if possible. If not, attach additional sheets describing the location of the structure, disposal site, or well, and identify the U.S. Geological Survey (or other) map corresponding to the location.	No other intake or discharge structure, dangerous waste disposal site, or injection well associated with the facility is located more than one mile from the facility.
On each map, include the map scale, a meridian arrow showing north, and latitude and longitude at the nearest whole second. On all maps with rivers, show the direction of the currents; and in tidal waters, show the directions of the ebb and flow tides.	The map scale and a meridian arrow showing north are provided on the map. The latitude and longitude are provided as degrees with minutes to three decimal places rather than seconds to the nearest whole second. The Columbia River flows to the south but this flow direction is not shown on the map. This is not an area of tidal waters.
Comment and other information (information not requested in the Instructions)	The topography at the facility is believed not to be accurate as shown on the USGS map due to elevation changes during facility construction.

USE THE TAB KEY TO MOVE FROM CELL TO CELL IN THE ELECTRONIC VERSION OF THIS FORM.  
Please enter information only in unshaded areas

<b><i>Comments and Additional Information Relevant to Section XVI Facility Drawing</i></b>	
<b>Information Requested in Instructions</b>	<b>Information Provided in this Revised Part A Permit Application to address instructions</b>
Property boundaries of the facility	Property boundaries are shown on the drawing. Security fences with guarded or locked access gates are also located along the property boundary.
Areas occupied by all storage, treatment, or disposal operations that are in use	Areas occupied by all storage and treatment operations that are in use are shown on the drawing. These areas include Building 13.
Name of each operation (example: multiple hearth incinerators, drum storage area, etc.)	LLMW Storage (Low Level Mixed Waste Storage), LLMW Stabilization (Low Level Mixed Waste Stabilization) and LLMW GasVit (Low Level Mixed Waste GasVit) are shown on the drawing as separate portions of Building 13. Reference to LLMW herein also includes PCB-contaminated waste.
Areas of past storage, treatment, recycling, or disposal operations	All of the areas of facility shown on the drawing had past storage and treatment but not recycling or disposal operations by ATG (the original owner and operator) and PEcoS (operator of the storage and treatment facilities since 2003).
Areas of future storage, treatment, recycling, or disposal operations	Areas of future storage and treatment operations are shown on the drawing as Building 13.
Approximate dimensions of the property boundaries and all storage, treatment, and disposal areas. <i>(Where applicable, use the process codes listed in Items XII and XIII to indicate the location of all storage, treatment, and disposal areas.)</i> Include other major structures/operations even if not used for dangerous waste management	Approximate dimensions of the property boundaries and other selected facility features are shown on the drawing. Individual rooms in Building 13 (WSB-01, WSB-02, WSB-03, WSB-04, and Truck Bay in the LLMW Storage section; SB-02, SB-03, SB-04, SB-05, SB-06, SB-07, SB-08, SB-09, SB-10, and SB-11 in the LLMW Stabilization section; and GV-01, GV-02, GV-03, GV-04, GV-05, GV-06, GV-07, GV-11, GV-19, GV-20, and GV-22 in the LLMW GasVit section) are not shown on the drawing. Note that structures which process low level waste only are not shown.

Section XVII. Photographs



Southwest corner of Building 13; Photograph date: 12/14/04

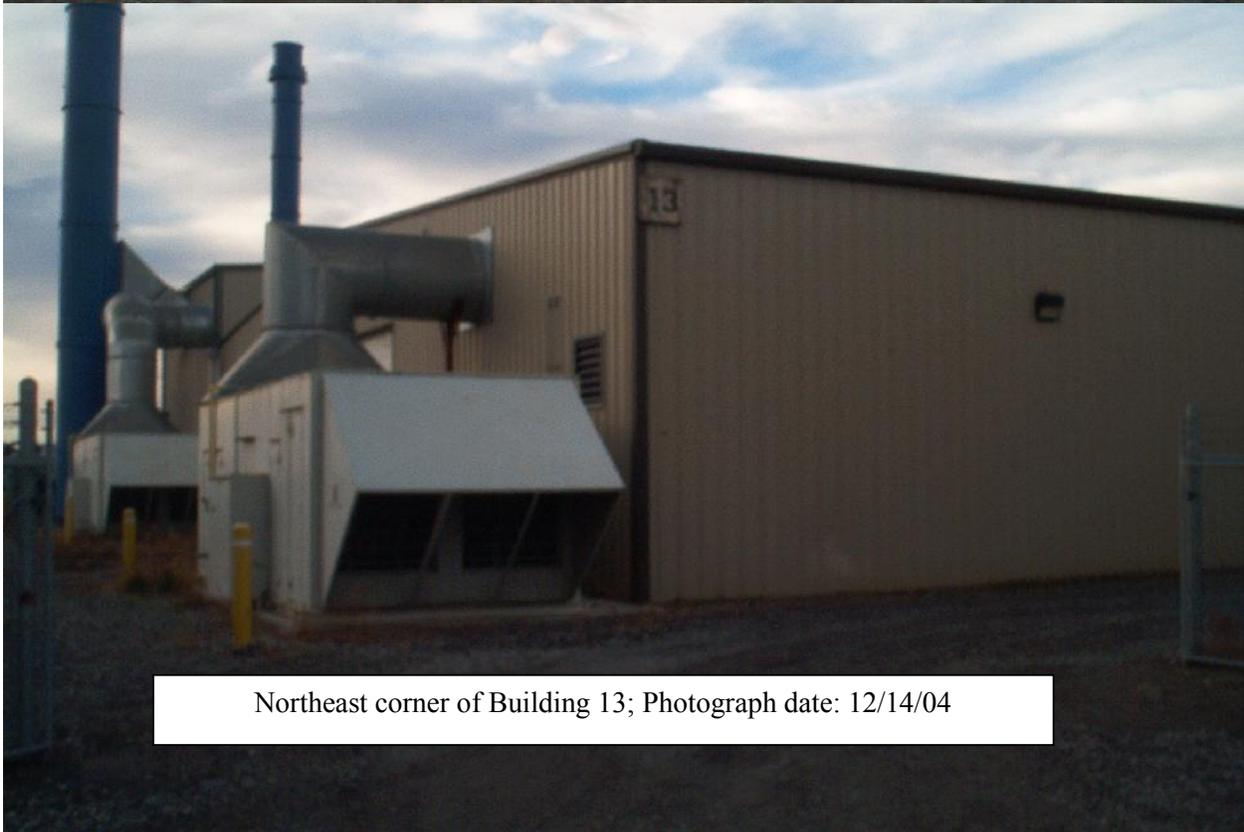


South end of Building 13; Photograph date: 12/14/04

Section XVII. Photographs

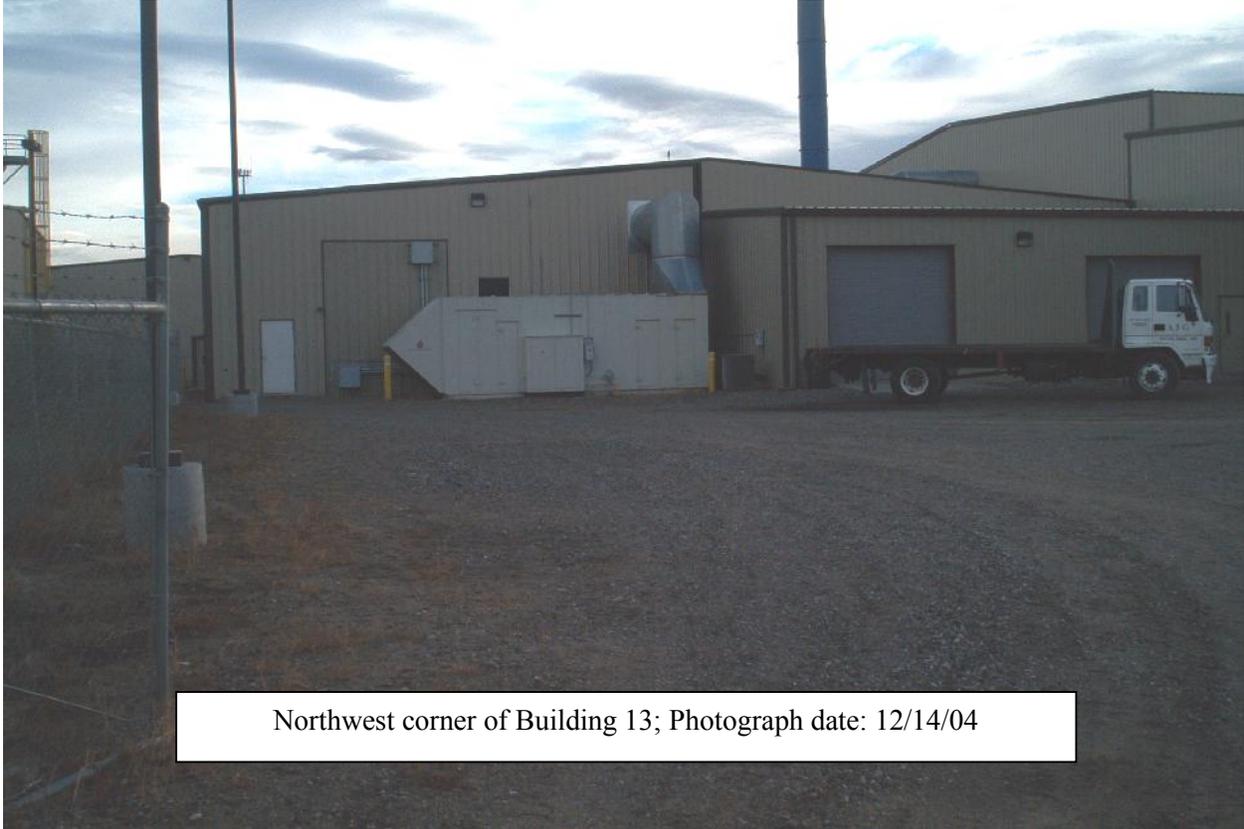


Southeast corner of Building 13; Photograph date: 12/14/04



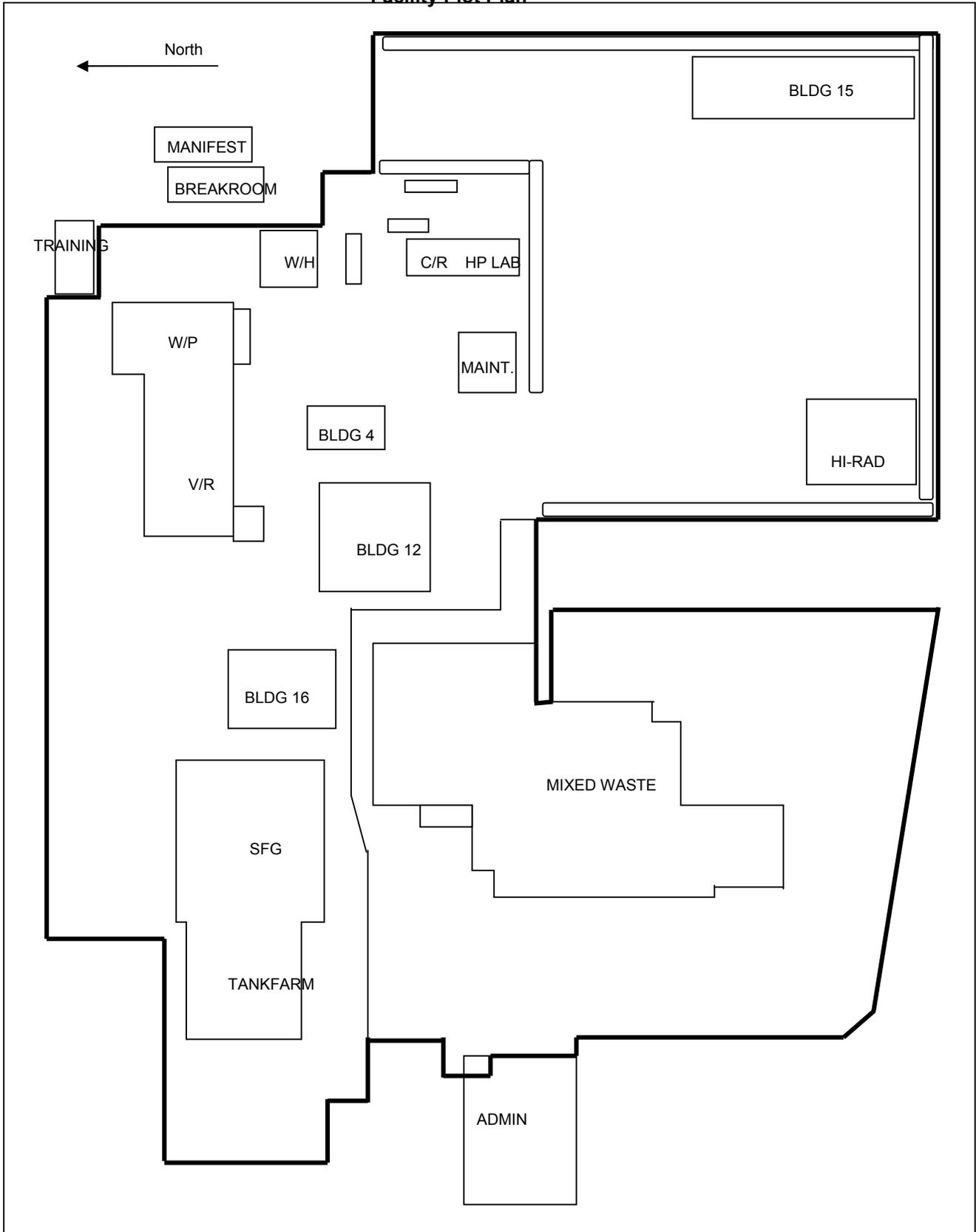
Northeast corner of Building 13; Photograph date: 12/14/04

Section XVII. Photographs

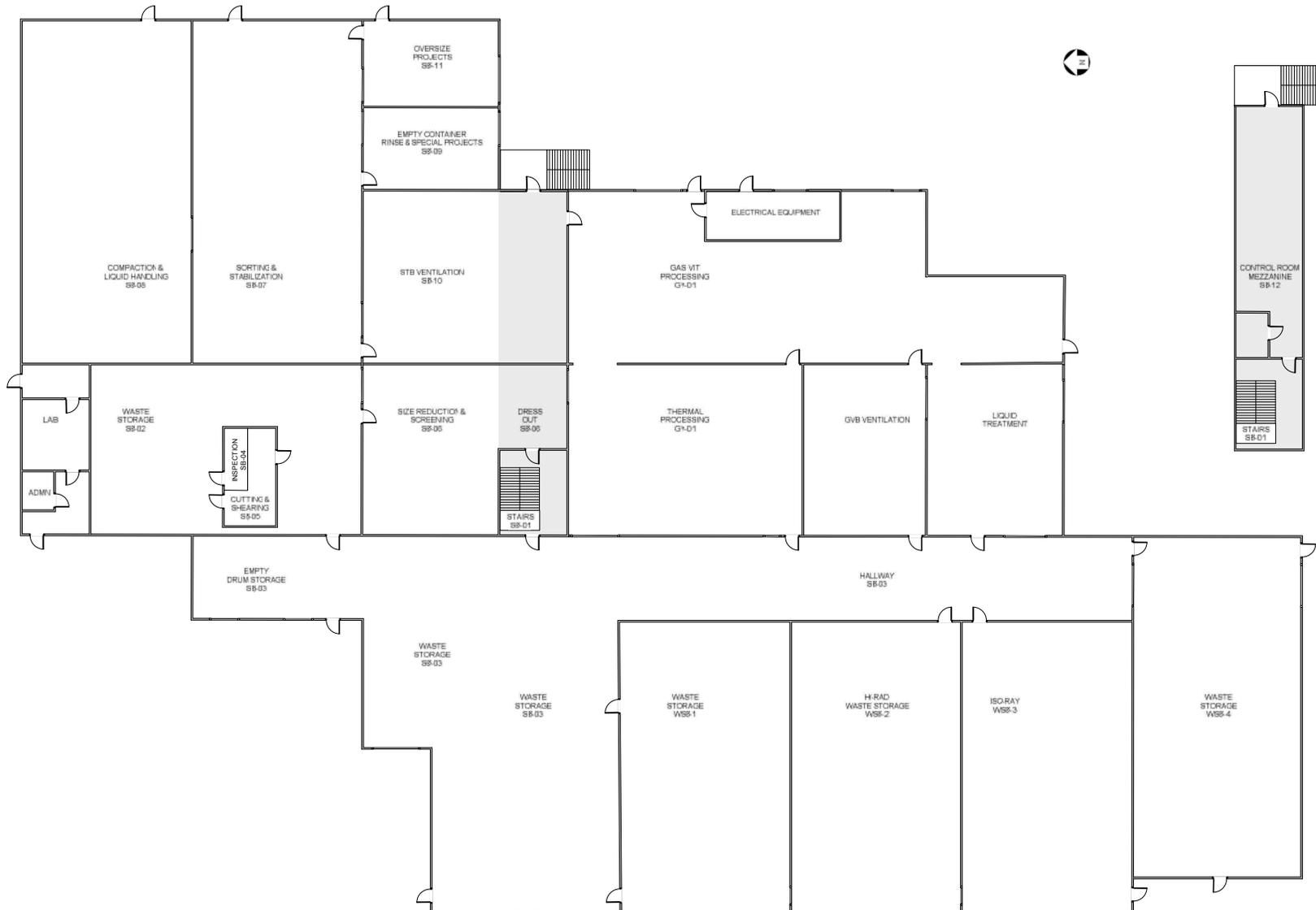


Northwest corner of Building 13; Photograph date: 12/14/04

# Facility Plot Plan



# Mixed Waste Facility



# Topographic Map

