



STATE OF WASHINGTON

DEPARTMENT OF ECOLOGY

P.O. Box 47600 • Olympia, Washington 98504-7600  
(360) 407-6000 • TDD Only (Hearing Impaired) (360) 407-6006

TO: Applicant

FROM: Diane Hallisy  
Nuclear Waste Program

SUBJECT: Application for a Site Use Permit to Dispose of  
Low-Level Radioactive Waste in Washington State

Enclosed is an application form for a Generator Site Use Permit and a permit fee schedule to enable you to calculate the permit fee due in accordance with Chapter 173-326 WAC, Commercial Low-Level Radioactive Waste Disposal -- Site Use Permits, accessible online at <http://www.ecy.wa.gov/biblio/wac173326.html> .

**NOTE:** This application is for generators of low-level radioactive wastes within the Northwest Interstate and Rocky Mountain compacts only. If your waste stream contains N.A.R.M. (naturally occurring or accelerator produced radioactive material) or Exempt wastes, you must apply for a separate disposal permit for those portions of the waste.

All items on the application must be answered. Completed applications with full payment should be returned to the address listed on the application. Failure to provide complete information (including the 9-digit Zipcode) on the application form, or lack of accompanying payment, will delay processing your application. Please note that the permit period runs from March 1 through February 28 of the following year. Permit fees for permits issued for less than the twelve month period will not be pro-rated. **USE THIS LETTER AS AN ORIGINAL INVOICE.**

In accordance with Washington State's Dangerous Waste Regulations, accessible online at <http://www.ecy.wa.gov/biblio/wac173303.html> , neither chemically hazardous nor mixed wastes (both chemically hazardous and radioactive) are acceptable for disposal at the low-level radioactive waste disposal site. These include, but are not limited to, scintillation fluids containing organic solvents (benzene, toluene, etc.).

If you have any questions or require additional information, please contact me at (360) 407-7109, or via e-mail at [diha461@ecy.wa.gov](mailto:diha461@ecy.wa.gov).

DKH:dh  
Enclosures



**STATE OF WASHINGTON  
SITE USE PERMIT FEE SCHEDULE  
FOR THE  
COMMERCIAL LOW-LEVEL RADIOACTIVE WASTE  
DISPOSAL SITE,  
RICHLAND, WASHINGTON**

1. Generators, except nuclear utilities, who have previously held a site use permit for disposal of NARM, Exempt, or low-level radioactive wastes at the Richland site, must determine the amount of waste disposed by their organization in the most recent complete calendar year in which they held a permit. Using this volume figure, the Site Use Permit fee may be determined by referencing the table in paragraph 2.
2. Generators applying for a permit for the first time must estimate the volume of waste which they plan to dispose of during the period of March 1 through February 28 (low-level waste generators) or April 1 through March 31 (NARM and Exempt waste generators). Using this volume figure, the Site Use Permit fee may be determined by referencing the table below.

<b><u>CATEGORY</u></b>	<b><u>FEE</u></b>
Brokers	\$ 1,000
< 50 cubic feet	\$ 424
≥ 50 < 500 cubic feet	\$ 848
≥ 500 < 1000 cubic feet	\$ 2,120
≥ 1000 < 2500 cubic feet	\$ 4,240
≥ 2500 cubic feet	\$14,840
Nuclear Utilities	\$42,400



**STATE OF WASHINGTON**  
**200\_\_**  
**APPLICATION FOR A SITE USE PERMIT**  
**TO DISPOSE OF LOW-LEVEL RADIOACTIVE WASTE**  
**AT THE**  
**COMMERCIAL LOW-LEVEL RADIOACTIVE WASTE**  
**DISPOSAL SITE, RICHLAND, WASHINGTON**

A. Name of the company, organization, institution, etc., that is the original generator of the waste to be disposed of under this permit. (If the name changes, you must notify us by mail on the new letterhead.) Original generator means the last person who puts radioactive material to practical use. A broker may not list itself as the original generator of its client's radioactive material or waste, nor sign on behalf of the generator.

GENERATOR'S NAME: \_\_\_\_\_

B. Address where waste is generated. (YOU MUST INCLUDE THE 9-DIGIT ZIP-CODE OR PERMIT WILL NOT BE PROCESSED. Contact your local Post Office for further information.) Generators who own multiple facilities within the same state may apply for one permit if the same contact person within the generator's organization will be responsible for handling the waste shipments from the multiple facilities (attach a list of in-state facilities to the application). Otherwise, separate permits will be required. Facilities which are owned by the same generator but located in different states will require separate permits.

ADDRESS WHERE WASTE IS GENERATED \_\_\_\_\_

MAILING ADDRESS (OF CONTACT PERSON) \_\_\_\_\_

CITY STATE ZIP CODE (9 DIGITS) \_\_\_\_\_

CITY STATE ZIP CODE (9 DIGITS) \_\_\_\_\_

C. Name of contact person who will be able to provide answers to any questions we may have on your application, waste generating activities or shipments. (NOTE: PERMITS WILL BE MAILED ADDRESSED TO CONTACT PERSON; ENSURE MAILING ADDRESS AND CONTACT NAME AGREE.)

(First) (M.I.) (Last) TITLE ( ) PHONE - Ext \_\_\_\_\_

D. A Nuclear Regulatory Commission or agreement state license is required for activities involving the possession, use, ownership, or transfer of most radioactive materials. List all license numbers pertaining to materials to be disposed. If you do not have a license relating to the materials to be disposed, please explain fully in the space provided.

NRC LICENSE #(S): \_\_\_\_\_

OR AGREEMENT STATE LICENSE # \_\_\_\_\_

EXPIRATION DATE(S): \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

IF YOU DO NOT HAVE EITHER LICENSE PLEASE EXPLAIN. \_\_\_\_\_

E. Type of permit you are applying for. If you possess a current permit, or previously had a permit that expired, please state your permit number and volume of waste disposed of at the Richland site in the most recent calendar year in which you held a permit. First-time applicants should enter projected volume of waste to be disposed during the period March through February of the coming year.

RENEWAL - SITE USE PERMIT # \_\_\_\_\_ - VOLUME DISPOSED DURING PREVIOUS PERMIT \_\_\_\_\_ (CU FT) \_\_\_\_\_ (YEAR)

FIRST-TIME APPLICANT - VOLUME PROJECTION (March - February) \_\_\_\_\_ (CU FT)

F. Calculate the permit fee due using the enclosed fee schedule and indicate amount of fee enclosed.

AMOUNT ENCLOSED \$ \_\_\_\_\_

G. Do you use a broker's services? If yes, indicate your broker's name and its Washington State Broker Site Use Permit number. If you use more than one broker, list them all.

YES NO -- BROKER NAME(S) -- BROKER'S SITE USE PERMIT #(S)

H. Please indicate the one specific type which best describes your facility:

1. **FUEL CYCLE**

- a. NUCLEAR POWER REACTOR ( )
- b. REACTOR FUEL PRODUCTION ( )
- c. OTHER (NON-REACTOR) ( )

2. **MEDICAL**

- a. HOSPITAL/CLINIC ( )
- b. RESEARCH ( )
- c. LABORATORY ( )
- d. OTHER ( )

3. **GOVERNMENT (NON-MEDICAL)**

- a. MILITARY ( )
- b. RESEARCH ( )
- c. REGULATORY ( )
- d. OTHER ( )

4. **INDUSTRIAL**

- a. RESEARCH & DEVELOPMENT ( )
- b. MANUFACTURING ( )
- c. NUCLEAR PHARMACY ( )
- d. WASTE BROKER ( )
- e. OTHER ( )

5. **ACADEMIC (NON-MEDICAL)**

- a. RESEARCH ( )
- b. LABORATORY ( )
- c. REACTOR ( )
- d. OTHER ( )

I. Types of wastes (e.g. solidified liquids, ion exchange resins, activated components, pipe scale, building rubble, etc.), and all radionuclides (e.g. C-14, H-3) that you will be shipping for disposal in Washington State.

1. \_\_\_\_\_  
**TYPES OF WASTES**

2. \_\_\_\_\_  
**RADIONUCLIDES**

J. Estimated volume of waste in cubic feet, and amount of activity in millicuries (mCi) that you will dispose of in Washington State in the next calendar year. **DO NOT USE SCIENTIFIC NOTATION FOR ACTIVITY.**

\_\_\_\_\_ ft<sup>3</sup> \_\_\_\_\_ mCi

K. Estimated percentage of each class of waste. Total of percentage from all classes should equal 100%. (See WAC 246-249-040 online at <http://search.leg.wa.gov/wslwac/WAC%20246%20%20TITLE/WAC%20246%20-249%20%20CHAPTER/WAC%20246%20-249%20%20CHAPTER.htm>)

CLASS A (      %)	CLASS B (      %)	CLASS C (      %)
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L. The permit fee is required at the time of submitting an application (WAC 173-326-040(1)). Make check or money order payable to the State of Washington, with your Washington State site use permit number (if renewing) written on the check or money order. Please provide the following information:

_____	_____
<b>CHECK OR MONEY ORDER #</b>	<b>NAME OF COMPANY ISSUING CHECK OR MONEY ORDER</b>

M. I certify that I am fully authorized to enter into the terms and conditions of this permit and am legally authorized to bind the applicant thereto. I hereby agree to comply with all applicable state and federal regulations related to the safe management of low-level radioactive waste (including the assurance that the waste contains no hazardous components as defined in Washington Administrative Code, Chapter 173-303, Dangerous Waste Regulations, and complies with the site operator's Radioactive Materials License and with all Department of Transportation packaging and shipping requirements as defined in 49 CFR 170 through 179). I understand that the State of Washington reserves the right to suspend or revoke this permit. The information provided on this form is complete and true to the best of my knowledge.

**SIGNATURE OF PERSON AUTHORIZED TO SIGN THIS APPLICATION (IN BLUE INK)**

\_\_\_\_\_

**PRINTED NAME OF PERSON SIGNING**

\_\_\_\_\_

**TITLE**

\_\_\_\_\_

**DATE OF SIGNATURE**

\_\_\_\_\_

N. Mail check or money order and application form (with original ink signature) to:

Correspondence (other than application forms) may be addressed to [diha461@ecy.wa.gov](mailto:diha461@ecy.wa.gov) (e-mail), or:

Department of Ecology  
Cashiering Section  
PO Box 47611  
Olympia, WA 98504-7611

Department of Ecology  
Nuclear Waste Program  
PO Box 47600  
Olympia, WA 98504-7600

The Department of Ecology is an Equal Opportunity employer. If you need this document in an alternate format, please contact the Nuclear Waste Program at (360) 407-7109 (voice) or 1-800-833-6388 (TTY).

**PLEASE ALLOW A MINIMUM OF 5 WEEKS TO PROCESS AND ISSUE SITE USE PERMIT. INCOMPLETE APPLICATION OR LATE PAYMENT WILL CAUSE DELAY.**

