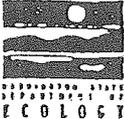


<b>FORM 1</b>	 <p><b>Washington State DANGEROUS WASTE PERMIT GENERAL INFORMATION</b></p> <p>(Read "Form 1 Instructions" before starting)</p>	I. EPA/State I.D. No. <table border="1" style="margin: auto;"> <tr> <td>W</td><td>A</td><td>2</td><td>1</td><td>7</td><td>0</td><td>0</td><td>2</td><td>3</td><td>4</td><td>1</td><td>8</td> </tr> </table>	W	A	2	1	7	0	0	2	3	4	1	8
W	A	2	1	7	0	0	2	3	4	1	8			

II. NAME OF FACILITY	(at Bremerton Naval Complex)
MIXED WASTE STORAGE FACILITY, BUILDING 1002	

III. FACILITY CONTACT	
A. Name and Title (last, first, & title)	B. Phone (area code & no.)
KOHLER JOE MGR MIXED WASTE PREM	360 476 2185

IV. FACILITY MAILING ADDRESS			
A. Street or P.O. Box			
1400 Farragut Ave, Code 105.7 Bldg 850A-3rd Flr			
B. City or Town		C. State	D. Zip Code
Bremerton		WA	98314-5001

V. FACILITY LOCATION			
A. Street, Route No., or Other Specific Identifier			
Section 22,23,24-T24N-R1F			
B. County Name			
Kitsap			
C. City or Town	D. State	E. Zip Code	F. County Code
Bremerton	WA	98314-5001	035

VI. SIC CODES (4-digit, in order of priority)			
A. First	B. Second	Ship Repair, Recycling, and Overhaul	
9711 (specify) National Security	3731 (specify)		
C. Third	D. Fourth	FISC General Warehousing	
4493 (specify) Homeporting of Naval Vessels/Inactive Fleet	4225 (specify)		

VII. OPERATOR INFORMATION		B. Is the name listed in item VII-A also the owner? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
A. Name		
US Department of the Navy		

C. Status of Operator (Enter the appropriate letter into the answer box if "Other" specify)		D. Phone (area code & no.)
F = Federal    M = Public (other than federal or state)    O = Other (specify) S = State    P = Private		360 476 2185
E. Street or P.O. Box		

1400 Farragut Ave, Code 105.7 Bldg 850A-3rd Flr			
---	--	--	--

F. City or Town	G. State	H. Zip Code	VIII. INDIAN LAND
Bremerton	WA	98314	Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

IX. MAP

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

X. NATURE OF BUSINESS (provide a brief description)

The Bremerton Naval Complex is composed of 3 major Naval Commands: Puget Sound Naval Shipyard (PSNS)<sup>1</sup>, Naval Station Bremerton (NSB), and the Fleet and Industrial Supply Center (FISC). Overall environmental responsibility for the Bremerton Naval Complex resides with Puget Sound Naval Shipyard<sup>1</sup>.

Puget Sound Naval Shipyard's main function is to perform work, on all types of naval ships, such as overhauls, repairs, conversions, refurbishment, refueling, recycling, manufacturing, research, development, and testing.

Naval Station Bremerton's main function is to support home ported naval ships, which includes housing, recreational and retail facilities for naval personnel. In addition to supporting home ported ships, NSB also hosts the Naval Inactive Ships Maintenance Facility.

Fleet Industrial Supply Center's main function is to purchase, store and distribute supplies to the fleet and naval bases.

The mixed waste storage facility, Building 1002, is located within the BNC.

<sup>1</sup> Full title is Puget Sound Naval Shipyard and Intermediate Maintenance Facility.

XI. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. Name & Official Title (Type or print)	B. Signature	C. Date Signed
T. B. BALTZ Director Radiological Control		6/29/2004

<b>FORM 3</b>	<b>DANGEROUS WASTE PERMIT APPLICATION</b>	I. EPA/State I.D. No. <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width:12.5%;">W</td><td style="width:12.5%;">A</td><td style="width:12.5%;">2</td><td style="width:12.5%;">1</td><td style="width:12.5%;">7</td><td style="width:12.5%;">0</td><td style="width:12.5%;">0</td><td style="width:12.5%;">2</td><td style="width:12.5%;">3</td><td style="width:12.5%;">4</td><td style="width:12.5%;">1</td><td style="width:12.5%;">8</td> </tr> </table>	W	A	2	1	7	0	0	2	3	4	1	8
W	A	2	1	7	0	0	2	3	4	1	8			

FOR OFFICIAL USE ONLY														
Application Approved	Date Received, (month/ day / year)	Comments												
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"> </td><td style="width:5%;"> </td> </tr> </table>													

**II. FIRST OR REVISED APPLICATION**

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA/STATE I.D. Number, or if this is a revised application, enter your facility's EPA/STATE I.D. Number in Section I below.

**A. First Application (place an "X" below and provide the appropriate date)**

1. Existing Facility (See instructions for definition of "existing" facility. Complete item below.)
  2. New Facility (Complete item below.)

<p>For existing facilities, provide the date (mo/day/yr) operation began or the date construction commenced. (Use the boxes to the left.)</p> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width:12.5%;">MO</td><td style="width:12.5%;">DAY</td><td style="width:12.5%;">YR</td> </tr> <tr> <td style="height: 20px;"> </td><td style="height: 20px;"> </td><td style="height: 20px;"> </td> </tr> </table>	MO	DAY	YR				<p>For new facilities, provide the date (mo/day/yr) operation began or is expected to begin.</p> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width:12.5%;">MO</td><td style="width:12.5%;">DAY</td><td style="width:12.5%;">YR</td> </tr> <tr> <td style="text-align: center;">09</td><td style="text-align: center;">+</td><td style="text-align: center;">96</td> </tr> </table>	MO	DAY	YR	09	+	96
MO	DAY	YR											
MO	DAY	YR											
09	+	96											

**B. Revised Application (Place an "X" below and complete Section I above.)** Revised Application for Final Status

1. Facility has an interim Status Permit
  2. Facility has a Final Permit

**III. PROCESSES - CODES AND DESIGN CAPACITIES**

**A. Process Code** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the (Section III-C).

**B. Process Design Capacity** - For each code entered in column A, enter the capacity of the process.

1. Amount - Enter the amount.

2. Unit of Measure - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>STORAGE:</b>		
Container (barrel, drum, etc.)	S01	Gallons or liters
Tank	S02	Gallons or liters
Waste Pile	S03	Cubic yards or cubic meters
Surface Impoundment	S04	Gallons or liters
<b>DISPOSAL:</b>		
Injection Well	D80	Gallons or liters
Landfill	D81	Acre-feet (the volume that would cover one acre to a depth of one foot) or hectare-meter
Land Application	D82	Acres or hectares
Ocean Disposal	D83	Gallons per day or liters per day
Surface Impoundment	D84	Gallons or liters
<b>TREATMENT:</b>		
Tank	T01	Gallons per day or liters per day
Surface Impoundment	T02	Gallons per day or liters per day
Incinerator	T03	Tons per hour or metric tons per hour, gallons per hour or liters per hour
Other (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Section III-C)	T04	Gallons per day or liters per day

Units of Measure	Unit of Measure Code	Units of Measure	Unit of Measure Code	Units of Measure	Unit of Measure Code
Gallons	G	Liters Per Day	V	Acre-Feet	A
Liters	L	Tons Per Hour	D	Hectare-Meter	F
Cubic Yards	Y	Metric Tons Per Hour	W	Acres	B
Cubic Meters	C	Gallons Per Day	E	Hectares	Q
Gallons Per Day	U	Liters Per Hour	H		

III. PROCESSES — CODES AND DESIGN CAPACITIES (continued)

Example for Completing Section III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

Line No.	A. Process Code (from list above)			B. Process Design Capacity			For Official Use Only			
				1. Amount (specify)	2. Unit of Measure (enter code)					
X-1	S	0	2	600		G				
X-2	T	0	3	20		E				
1	S	0	1	33,000		G				
2										
3										
4										
5										
6										
7										
8										
9										
10										

C. Space for additional process codes or for describing other process (code "T04"). For each process entered here include design capacity.

IV. DESCRIPTION OF DANGEROUS WASTES

- A. Dangerous Waste Number – Enter the digit number from Chapter 173-303 WAC for each listed dangerous waste you will handle. If you handle dangerous wastes which are not listed in Chapter 173-303 WAC, enter the four-digit number(s) that describes the characteristics and/or the toxic contaminants of those dangerous wastes.
- B. Estimated Annual Quantity – For each listed waste entered in column A, estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A, estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.



Photocopy this page before completing if you have more than 26 wastes to list.

I.D. Number (enter from page 1)											
W	A	2	1	7	0	0	2	3	4	1	8

IV. DESCRIPTION OF DANGEROUS WASTES (continued)

Line No.	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	D	0	0	6		P	S	0	1				Included with above
2	D	0	0	7		P	S	0	1				Included with above
3	D	0	0	8		P	S	0	1				Included with above
4	D	0	1	1		P	S	0	1				Included with above
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26													

**IV. DESCRIPTION OF DANGEROUS WASTES (continued)**

E. Use this space to list additional process codes from Section D(1) on page 3.

**V. FACILITY DRAWING**

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

**VI. 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).

**VII. FACILITY GEOGRAPHIC LOCATION**

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

4	7	3	3	3	0
---	---	---	---	---	---

1	2	2	3	8	3	5
---	---	---	---	---	---	---

**VIII. FACILITY OWNER**

A. If the facility owner is also the facility operator as listed in Section VII on Form 1, "General Information," place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VII on Form 1, complete the following:

1. Name of Facility's Legal Owner

2. Phone Number (area code & no.)

3. Street or P.O. Box

4. City or Town

5. St

6. Zip Code

**IX. OWNER CERTIFICATION**

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

Name (print or type)  
T. B. BALTZ

Signature



Date Signed

6/29/2009

**X. OPERATOR CERTIFICATION**

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

Name (print or type)

Signature

Date Signed

Handwritten text, possibly a list or notes, located in the upper left quadrant of the page.

Handwritten text, possibly a list or notes, located in the middle left quadrant of the page.

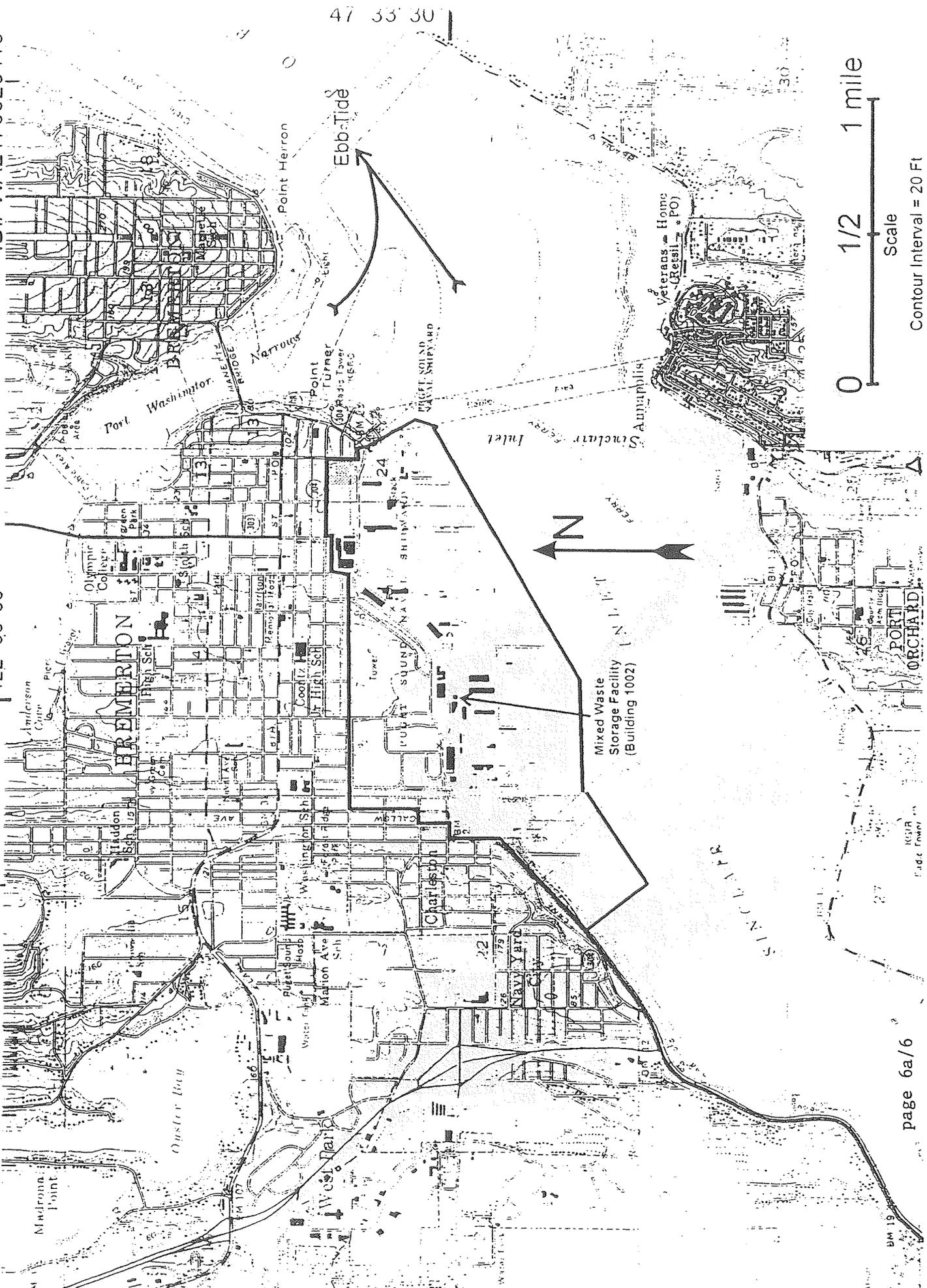
Handwritten text, possibly a list or notes, located in the lower left quadrant of the page.

Handwritten text, possibly a list or notes, located in the bottom left quadrant of the page.

# USN Bremerton Naval Complex

122° 38' 35"

ID# WA2170023418



47 33 30

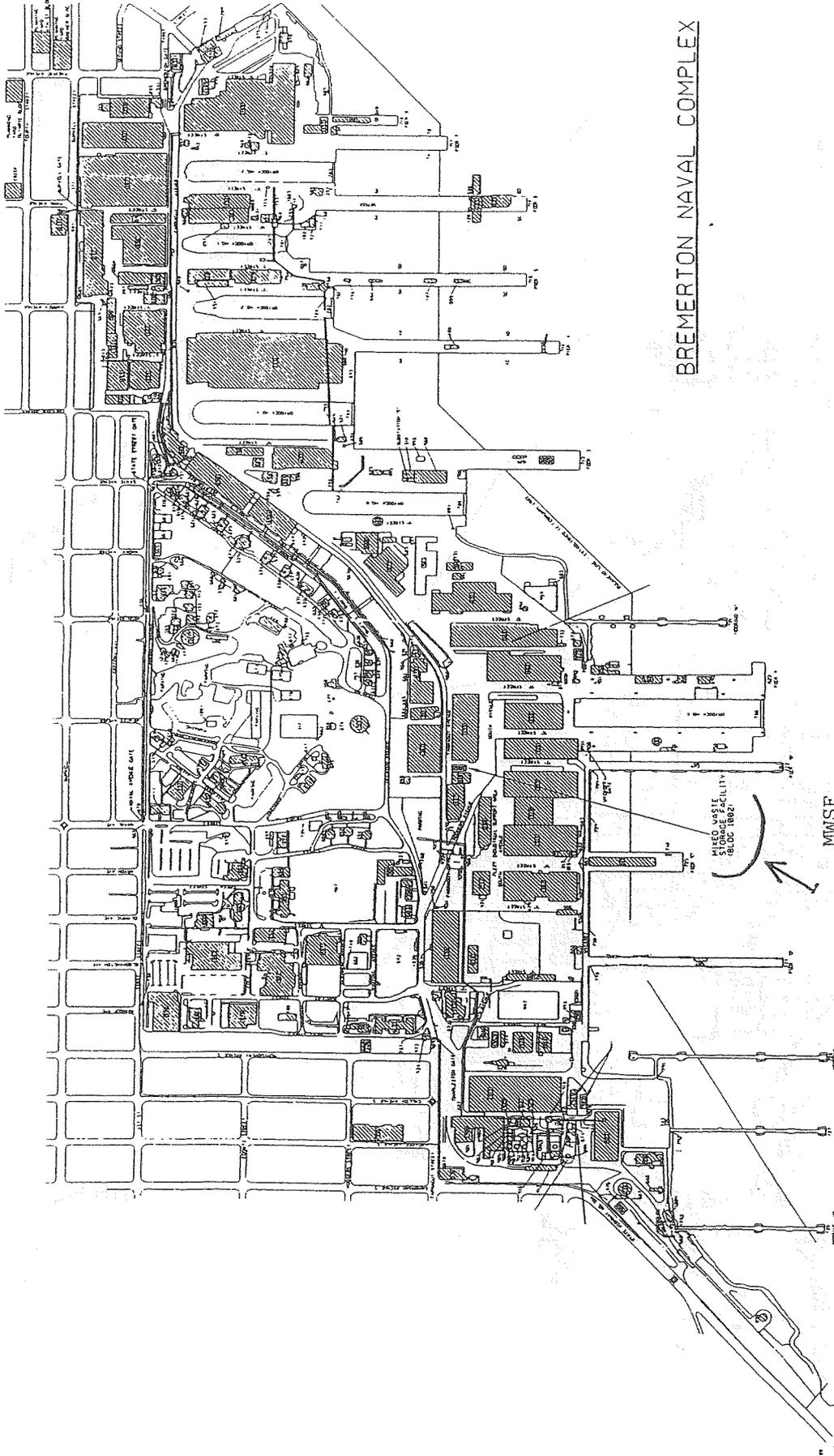


Scale

Contour Interval = 20 Ft



BREMERTON NAVAL COMPLEX

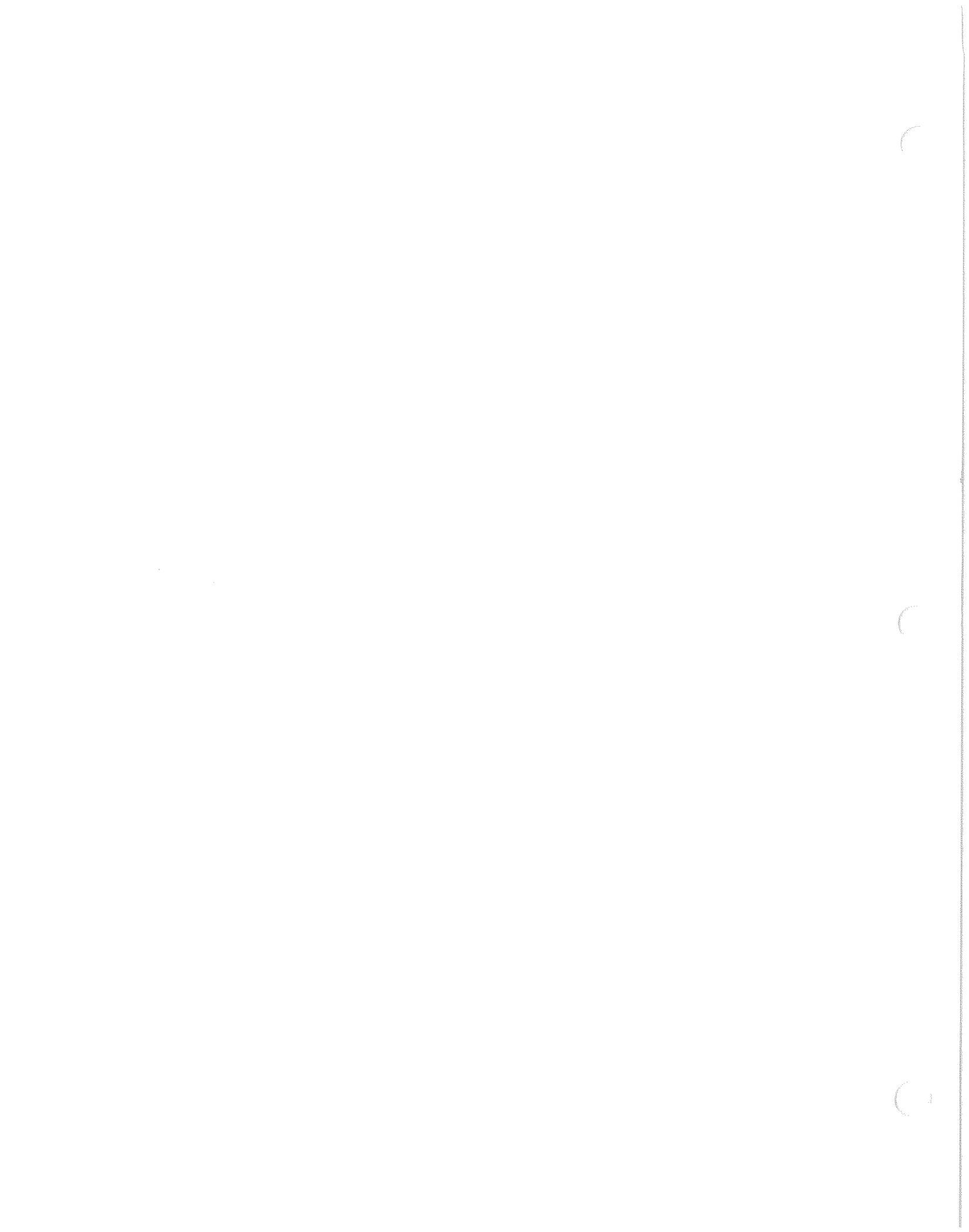


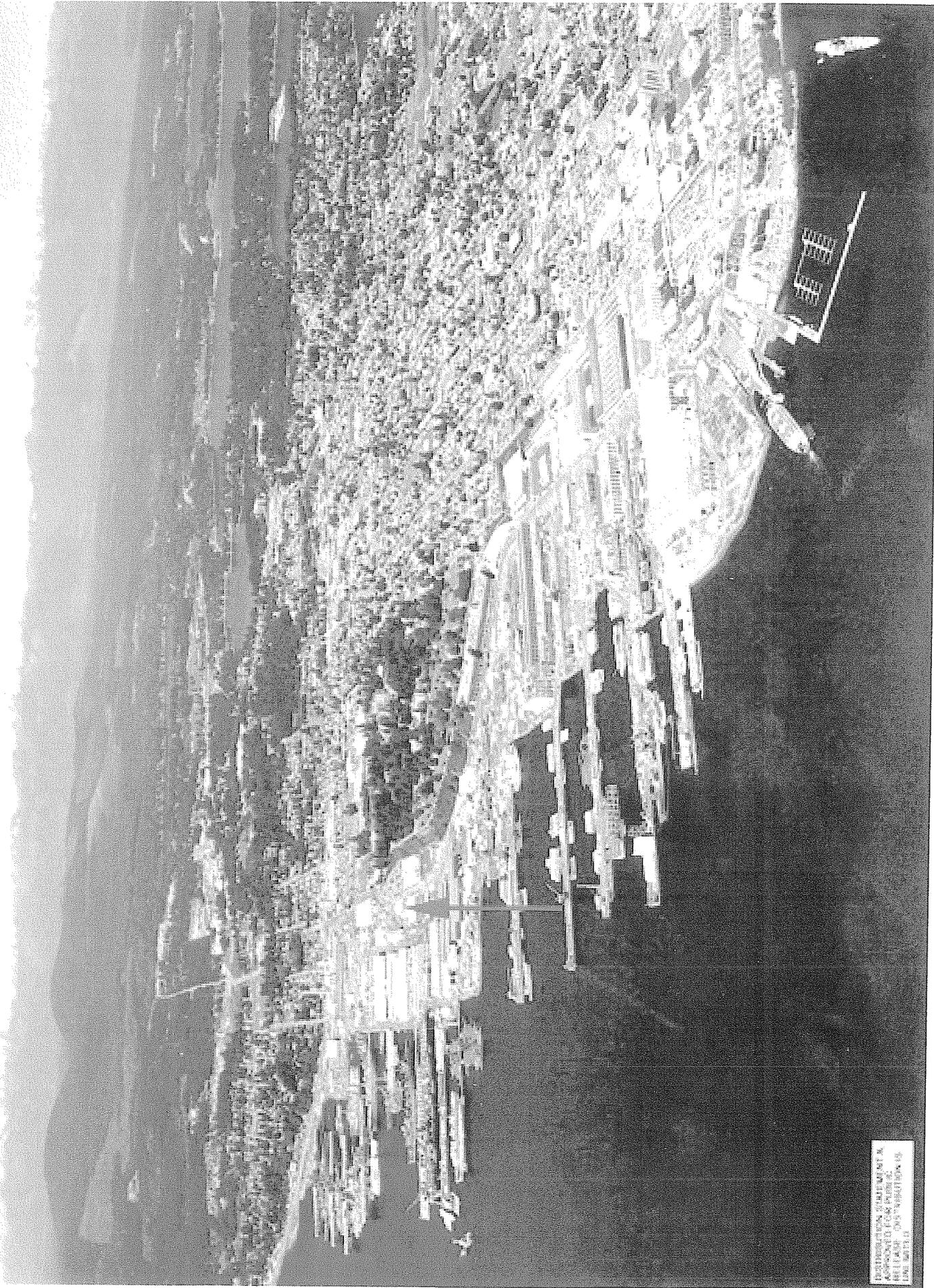
CITY OF BREMERTON

**Photo A-1**

Aerial photograph

MWSF at red arrow



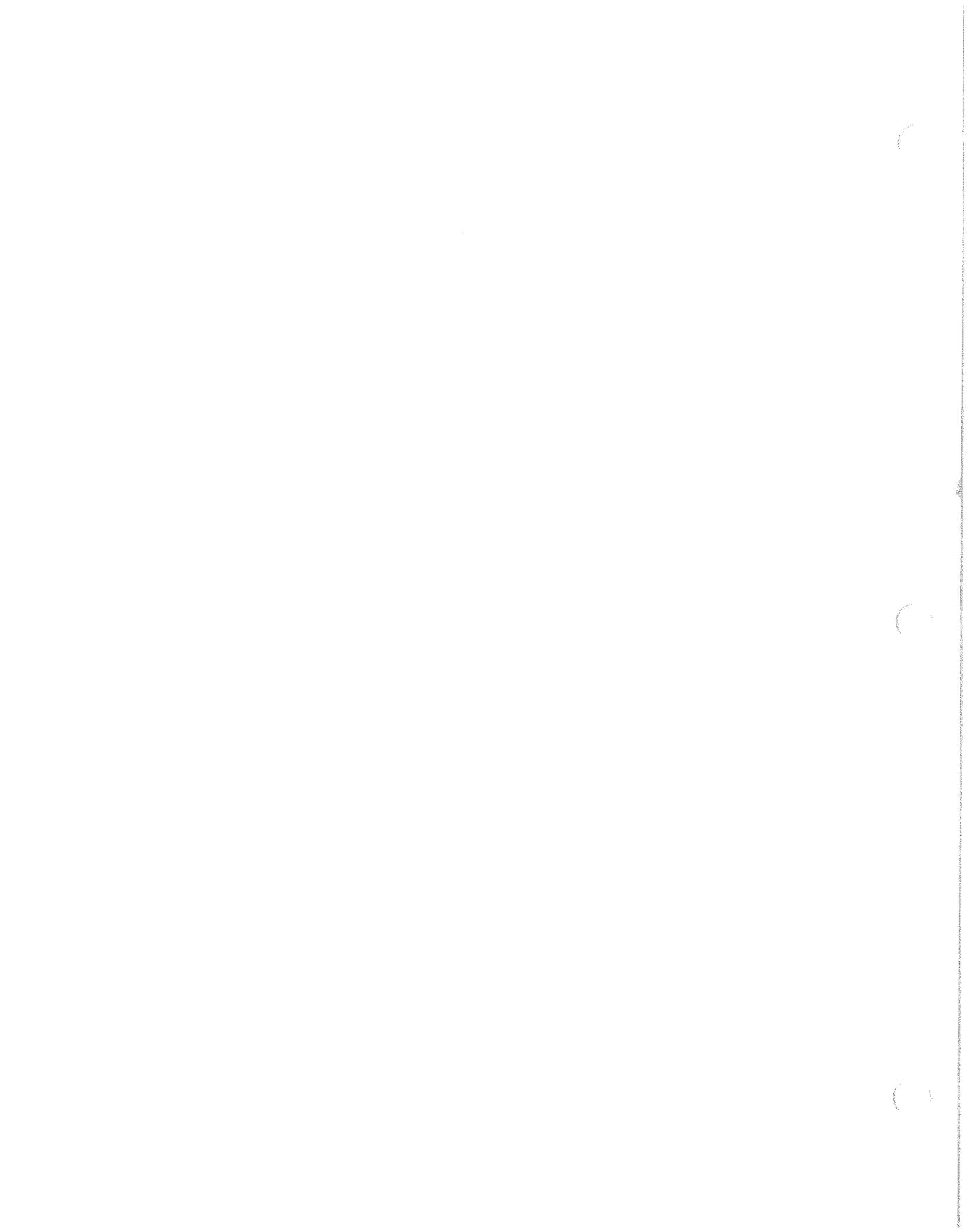


PHOTOGRAPH BY STRATFORD ST. M.  
1980. 00713.13



**Photo A-2**

**Photograph of MWSF (Building 1002)**





1002

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APPROVED FOR PUBLIC  
RELEASE; DISTRIBUTION IS  
UNLIMITED.