

	WASHINGTON STATE DEPARTMENT OF ECOLOGY	<h2 style="margin: 0;">Dangerous Waste Permit Application Part A Form</h2>
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Date Received	Reviewed by:	Date:
Month Day Year	Approved by:	Date:
0 9 1 2 2 0 0 8		

I. This form is submitted to: (place an "X" in the appropriate box)

<input 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 checked="" 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)
List waste codes: _____	

II. EPA/State ID Number

W A 7 8 9 0 0 0 8 9 6 7

III. Name of Facility

US Department of Energy - Hanford Facility

IV. Facility Location (Physical address not P.O. Box or Route Number)

A. Street
825 Jadwin

City or Town	State	ZIP Code
Richland	WA	99352

County Code (if known)	County Name
0 0 5	Benton

B. Land Type	C. Geographic Location	D. Facility Existence Date
	Latitude (degrees, mins, secs) Longitude (degrees, mins, secs)	Month Day Year
F	Refer to TOPO Map (Section XV.)	0 3 2 2 1 9 4 3

V. Facility Mailing Address

Street or P.O. Box
P.O. Box 550

City or Town	State	ZIP Code
Richland	WA	99352

VI. Facility contact (Person to be contacted regarding waste activities at facility)													
Name (last)						(first)							
Olinger						Shirley							
Job Title						Phone Number (area code and number)							
Manager						(509) 372-3062							
Contact Address													
Street or P.O. Box													
P.O. Box 450													
City or Town						State		ZIP Code					
Richland						WA		99352					
VII. Facility Operator Information													
A. Name						Phone Number (area code and number)							
Department of Energy Owner/Operator Bechtel National, Inc. Co-Operator for WTP*						(509) 372-3062 (509) 371-2335*							
Street or P.O. Box													
P.O. Box 450 2435 Stevens Center Place *													
City or Town						State		ZIP Code					
Richland						WA		99352 99354*					
B. Operator Type		F											
C. Does the name in VII.A reflect a proposed change in operator?						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
If yes, provide the scheduled date for the change:						Month		Day		Year			
D. Is the name listed in VII.A. also the owner? If yes, skip to Section VIII.C.						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
VIII. Facility Owner Information													
A. Name						Phone Number (area code and number)							
Shirley J. Olinger, Operator/Facility-Property Owner						(509) 372-3062							
Street or P.O. Box													
P.O. Box 450													
City or Town						State		ZIP Code					
Richland						WA		99352					
B. Owner Type		F											
C. Does the name in VIII.A reflect a proposed change in owner?						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
If yes, provide the scheduled date for the change:						Month		Day		Year			
IX. NAICS Codes (5/6 digit codes)													
A. First						B. Second							
5	6	2	2	1		Waste Treatment & Disposal	9	2	4	1	1	0	Administration of Air & Water Resource & Solid Waste Management Programs
C. Third						D. Fourth							
5	4	1	7	1		Research & Development in the Physical, Engineering, & Life Sciences							

X. Other Environmental Permits (see instructions)														
A. Permit Type		B. Permit Number										C. Description		
E		A	I	R	-	0	7	-	6	0	1		WAC 246-247, NOC Approval Radioactive Air	
E		A	I	R	-	0	6	-	4	0	1		WAC 246-247, NOC Approval Radioactive Air	
E		A	I	R	-	0	6	-	4	0	2		WAC 246-247, NOC Approval Radioactive Air	
E		A	I	R	-	0	6	-	4	0	4		WAC 246-247, NOC Approval Radioactive Air	
E		A	I	R	-	0	6	-	1	0	3	2	WAC 246-247, NOC Approval Radioactive Air	
E		E	P	A		A	p	p	r	o	v	a	l	40 CFR 61, NOC Approval Radioactive Air
E		D	E	0	1	N	W	P	-	0	0	3	WAC 173-400/-460, Non-Radioactive Air Approval	
E		D	E	0	2	N	W	P	-	0	0	2	WAC 173-400/-460, Non-Radioactive Air Approval	
E		D	E	0	7	N	W	P	-	0	0	4	WAC 173-400/-460, Non-Radioactive Air Approval	
P		P	S	D	-	0	2	-	0	1			WAC 173-400 Prevention of Significant Deterioration	
E		W	A	G	-	5	0	-	5	1	8	0	WAC 173-220/-216, Sand and Gravel General Permit	
E		W	A	G	-	5	0	-	5	1	8	1	WAC 173-220/-216, Sand and Gravel General Permit	
E		H	A	N	0	9	9						WAC 246-272, Large On-Site Sewage Systems	

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

Treatment by vitrification of radioactive dangerous waste.

Process Codes

- S01 = Storage in containers
- S02 = Tank storage
- S06 = Containment building storage
- T01 = Tank treatment
- T04 = Other treatment (vitrification)
- T94 = Containment Building Treatment

Footnotes From Section XIV

*Waste codes for ignitability (D001) and reactivity (D003) apply only to the waste while it is in the pretreatment facility LAW feed receipt FRP vessels and the HLW feed receipt vessel. Downstream of these vessels, the D001 and D003 waste codes are administratively removed from the project's waste streams.

** F039 is a multisource leachate included as a waste derived from non-specific source wastes F001 through F005

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.	2.	3.	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	1,089,000	G		1								
2	S	0	2	5,276,000	G		2								
3	T	0	1	9,000	U		3								
4	T	0	4	21,000	U		4								
5	T	9	4	1,000	U		5								
6	S	0	6	712	C		6								
7							7								
8							8								
9							9								
1 0							1 0								
1 1							1 1								
1 2							1 2								
1 3							1 3								
1 4							1 4								
1 5							1 5								
1 6							1 6								
1 7							1 7								
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								
2 5							2 5								
2 6							2 6								

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*		16,300	T	S	0	2							
	2	D	0	0	2			T	S	0	2	T	0	1				
	3	D	0	0	3*			T	S	0	2							
	4	D	0	0	4			T	S	0	2	T	0	1				
	5	D	0	0	5			T										Included with above
	6	D	0	0	6			T										Included with above
	7	D	0	0	7			T										Included with above
	8	D	0	0	8			T										Included with above
	9	D	0	0	9			T										Included with above
	1 0	D	0	1	0			T										Included with above
	1 1	D	0	1	1			T										Included with above
	1 2	D	0	1	8			T										Included with above
	1 3	D	0	1	9			T										Included with above
	1 4	D	0	2	2			T										Included with above
	1 5	D	0	2	8			T										Included with above
	1 6	D	0	2	9			T										Included with above
	1 7	D	0	3	0			T										Included with above
	1 8	D	0	3	3			T										Included with above
	1 9	D	0	3	4			T										Included with above
	2 0	D	0	3	5			T										Included with above
	2 1	D	0	3	6			T										Included with above
	2 2	D	0	3	8			T										Included with above
	2 3	D	0	3	9			T										Included with above
	2 4	D	0	4	0			T										Included with above
	2 5	D	0	4	1			T										Included with above

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.

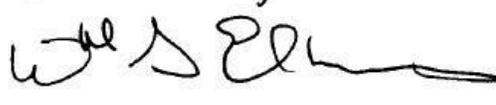
Topographic map is located in the Ecology Library.

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.

Operator Name and Official Title (type or print) Shirley J. Olinger, Manager U.S. Department of Energy Office of River Protection	Signature 	Date Signed 9/30/08
Co-Operator* Name and Official Title (type or print) W.S. Elkins Project Director Bechtel National, Inc.	Signature 	Date Signed 9/23/08

Co-Operator* – Address and Telephone Number
 2435 Stevens Center Place
 Richland, WA 99352
 (509) 371-2335

Facility-Property Owner Name and Official Title (type or print) Shirley J. Olinger, Manager U.S. Department of Energy Office of River Protection	Signature 	Date Signed 9/30/08
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Comments

Waste Treatment and Immobilization Plant



