

		WASHINGTON STATE DEPARTMENT OF ECOLOG Y		Dangerous Waste Permit Application Part A Form	
Date Received		Reviewed by: <i>JPD For Jean Vanni</i>		Date: 0 9 2 2 2 0 0 8	
Month Day Year		Approved by: <i>Shel P. Davis</i>		Date: 0 9 2 2 2 0 0 8	
0 9 1 9 2 0 0 8					
I. This form is submitted to: (place an "X" in the appropriate box)					
<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)	
		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	
F		Latitude (degrees, mins, secs) Longitude (degrees, mins, secs)		Month Day Year	
		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)																				
Brockman						David																				
Job Title						Phone Number (area code and number)																				
Manager						(509) 376-7395																				
Contact Address																										
Street or P.O. Box																										
P.O. Box 550																										
City or Town						State			ZIP Code																	
Richland						WA			99352																	
VII. Facility Operator Information																										
A. Name										Phone Number																
Department of Energy Owner/Operator										(509) 376-7395																
Street or P.O. Box																										
P.O. Box 550																										
City or Town						State			ZIP Code																	
Richland						WA			99352																	
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			Co-Operator* change														
If yes, provide the scheduled date for the change:						Month		Day		Year																
		1		0		0		1		2		0		0		8										
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)																
David A. Brockman, Operator/Facility-Property Owner										(509) 376-7395																
Street or P.O. Box																										
P.O. Box 550																										
City or Town						State			ZIP Code																	
Richland						WA			99352																	
B. Owner Type		F																								
C. Does the name in VII.A reflect a proposed change in operator?						<input type="checkbox"/> Yes			<input checked="" type="checkbox"/> No			Co-Operator* change														
If yes, provide the scheduled date for the change:						Month		Day		Year																
		1		0		0		1		2		0		0		8										
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
														None

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

The 183-H Solar Evaporation Basins were used for the storage and treatment of mixed waste generated in the N Reactor fuels fabrication facilities. In addition, nonradioactive dangerous waste was discharged to the basins on a nonroutine basis. These deactivated water treatment basins received a maximum of approximately 400,000 gallons (1,514,160 liters) of waste a year. The basins had a tank treatment design capacity of 700 gallons (2,650 liters) of waste a day treated by evaporation and a tank storage design capacity of 2,167,000 gallons (8,202,960 liters), a collective value representing all four basins. The basins have not received waste since November 1985. Closure activities have been completed and postclosure groundwater monitoring is being conducted.

The 183-H Solar Evaporation Basins received mixed waste that consisted primarily of neutralized acid process waste that was designated Extremely Hazardous Waste (EHW) because of toxicity (WT01). The basins also received various nonradioactive waste (listed discarded chemical products), resulting in designation for cyanides (P030), vanadium pentoxide (P120), and formic acid (U123). Approximately 3,600,000 pounds (1,632,000 kilograms) of waste a year was treated. Additionally, Basin No. 2 liquid was designated EP Toxic because of the presence of chromium (D007).

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	2	2,167,000	G	004	1								
2	T	0	1	700	G	004	2								
3							3								
4							4								
5							5								
6							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								
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2 0							2 0								
2 1							2 1								
2 2							2 2								
2 3							2 3								
2 4							2 4								
2 5							2 5								

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	W	T	0	1	3,600,000	P	S	0	2	T	0	1					Includes Debris
	2	D	0	0	7		P	S	0	2	T	0	1					Includes Debris
	3	U	1	2	3		P	S	0	2	T	0	1					Includes Debris
	4	P	0	2	9		P	S	0	2	T	0	1					Includes Debris
	5	P	0	3	0		P	S	0	2	T	0	1					Includes Debris
	6	P	0	9	8		P	S	0	2	T	0	1					Includes Debris
	7	P	1	0	6		P	S	0	2	T	0	1					Includes Debris
	8	P	1	2	0		P	S	0	2	T	0	1					Includes Debris
	9																	
	1 0																	
	1 1																	
	1 2																	
	1 3																	
	1 4																	
	1 5																	
	1 6																	
	1 7																	
	1 8																	
	1 9																	
	2 0																	
	2 1																	
	2 2																	
	2 3																	
	2 4																	
	2 5																	

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) David A. Brockman, Manager U.S. Department of Energy Richland Operations Office	Signature 	Date Signed 9/19/08
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Co-Operator* Name and Official Title (type or print)	Signature	Date Signed
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Co-Operator – Address and Telephone Number*

Facility-Property Owner Name and Official Title (type or print) David A. Brockman, Manager U.S. Department of Energy Richland Operations Office	Signature 	Date Signed 9/19/08
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Comments

In Section VII. Facility Operator Information, there is no change to DOE as the Facility Owner/Operator; only a change in Co-Operator*. The change in Co-Operator* will be effective October 1, 2008.

183-H Solar Evaporation Basins (100-H Area)



(Photo Taken 2002)

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