

		WASHINGTON STATE DEPARTMENT OF ECOLOGY	Dangerous Waste Permit Application Part A Form									
Date Received		Reviewed by: <i>YPD for Jean Vanni</i>	Date:	0 9 2 2 2 0 0 8								
Month	Day	Year	Approved by: <i>Arta 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 type="checkbox"/>	Request modification to a final status permit (commonly called a "Part B" permit)											
<input checked="" 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							
	Latitude (degrees, mins, secs)		Longitude (degrees, mins, secs)		Month	Day	Year					
F	Refer to TOPO Map (Section XV.)				0	3	0	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 CH2M HILL Plateau Remediation Company Co-Operator for 216-A-36B Crib*						(509) 376-7395 (509) 376-0556*							
Street or P.O. Box													
P.O. Box 550 P.O. Box 1600 *													
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 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

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

The 216-A-36 Crib was placed into operation in September 1965 and was divided into Section A and B. Section A is the first 100 feet (30.5 meters) on the north end of the crib and is bypassed by the process pipe. Section A was closed in 1966. Section B operated from March 1966 to October 1972, and was reactivated in November 1982 for the Plutonium-Uranium Extraction (PUREX) Plant restart. Discharges to Section B were stopped in September 1987. The mixed waste discharged to the 216-A-36B Crib came from the PUREX ammonia scrubber distillate stream. The process design capacity for the 216-A-36B Crib was 116,000 gallons (440,000 liters) per day.

The PUREX ammonia scrubber distillate waste stream is a basic byproduct waste stream generated by the ammonia scrubbers during decladding operations in the PUREX process. The waste stream came from the coating dissolution stage where ammonium fluoride and ammonium nitrate were used to dissolve the zirconium alloy cladding from fuel elements. Ammonia gas was produced as a byproduct during this reaction. The gas stream from the dissolver was scrubbed with water, which absorbed and reacted with most of the ammonia to form liquid ammonium hydroxide. This waste stream was sent to the 216-A-36B Crib for disposal.

This waste was determined to be toxic state-only (WT02) waste under the Washington State Department of Ecology's waste mixture rule because the concentrations of ammonium hydroxide were in excess of 1 percent by weight.

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)			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	D	8	0	116,000	U	001	1							
2							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							
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							

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.				B. Estimated Annual Quantity of Waste	C. Unit of Measure	D. Processes													
							(1) Process Codes						(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	2	265,000,000	P	D	8	0											
2																				
3																				
4																				
5																				
6																				
7																				
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25																				

<p>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.</p>
<p>Topographic map is located in the Ecology Library</p>
<p>XVI. Facility Drawing All existing facilities must include a scale drawing of the facility (refer to Instructions for more detail).</p>
<p>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).</p>

<p>XVIII. Certifications</p> <p>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>		
<p>Operator Name and Official Title (type or print) David A. Brockman, Manager U.S. Department of Energy Richland Operations Office</p>	<p>Signature </p>	<p>Date Signed 9/19/08</p>
<p>Co-Operator* Name and Official Title (type or print) John G. Lehew, III President and Chief Executive Officer CH2M HILL Plateau Remediation Company</p>	<p>Signature </p>	<p>Date Signed 9/2/08</p>
<p>Co-Operator – Address and Telephone Number* P.O. Box 1600 Richland, WA 99352 (509) 376-0556</p>		
<p>Facility-Property Owner Name and Official Title (type or print) David A. Brockman, Manager U.S. Department of Energy Richland Operations Office</p>	<p>Signature </p>	<p>Date Signed 9/19/08</p>

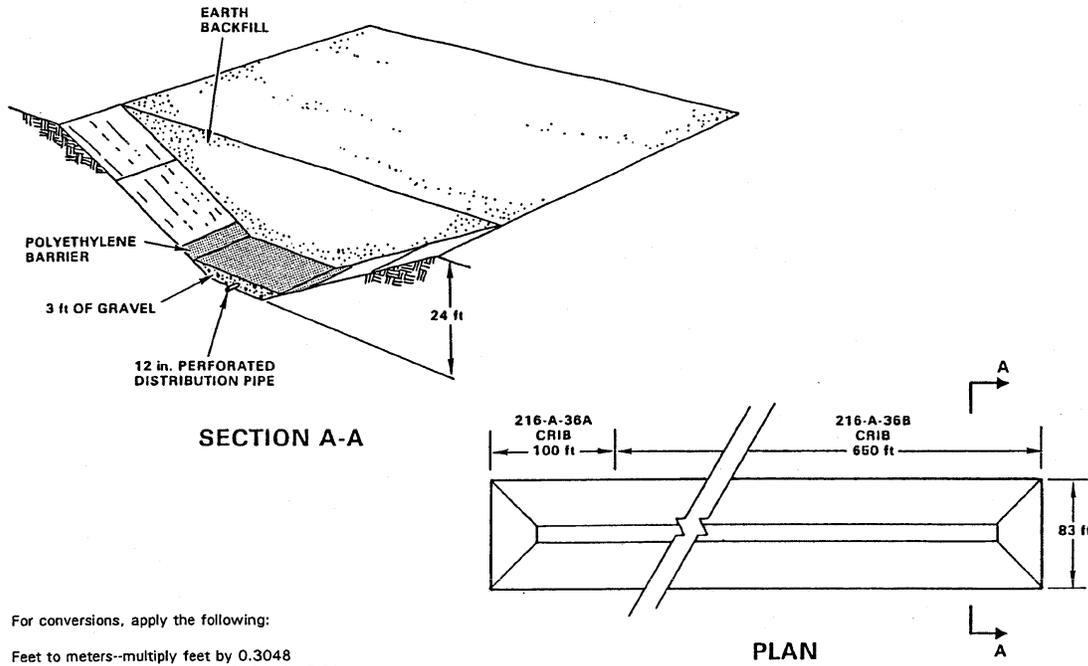
Comments

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.

216-A-36B Crib



216-A-36A & 216-A-36B Cribs



For conversions, apply the following:
Feet to meters--multiply feet by 0.3048
Inches to centimeters--multiply inches by 2.54.

28710-023.12

