Please print or type in the unshaded areas only
(fill—in areas are spaced for elite type, i.e., 12 characters/inch). GROUT TREATMENT FACILITY 4.2.1.5 9/1/87 REV. 0.

FORM **3**

DANGEROUS WASTE PERMIT APPLICATION

I. EPA/STATE I.D. NUMBER W A 7 9 0 0 0 8 9 6 7

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (mo., day & yr.)	COMMENTS

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 above.

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.)*

FOR EXISTING FACILITIES, PROVIDE THE DATE *(mo., day, & yr.)* OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*

MO.	DAY	YR.

☐ 2. NEW FACILITY *(Complete item below.)*

FOR NEW FACILITIES, PROVIDE THE DATE *(mo., day, & yr.)* OPERATION BEGAN OR IS EXPECTED TO BEGIN

MO.	DAY	YR.
1 0	0 1	9 9

B. REVISED APPLICATION *(place an "X" below and complete Section I above)*

☒ 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
Storage:		
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
Disposal:		
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

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Treatment:		
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

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H
ACRE-FEET	A
HECTARE-METER	F
ACRES	S
HECTARES	Q

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 NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	T 0 4	101,000	U		7				
2	T 0 2	101,000	U		8				
3	D 8 1	350	A		9				
4					10				

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESS (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

`4, T02, D81

The Grout Treatment Facility (GTF) treats Radioactive Mixed liquid waste by mixing it with grou forming solids in an in-line mixer, part of a unit called the Transportable Grout Equipment (TGE). The process forms a slurry which is then pumped to a concrete disposal vault. The vault is operated as a surface impoundment. After the grouted waste slurry hardens, the surface impoundment is closed as a landfill.

The facility has the capacity to treat (T04-T02) 101,000 gallons of waste per day. The landfill has the capacity to dispose of 350 acre-feet of grouted waste slurry.

The facility will treat and dispose of an undesignated waste starting 6/22/88. Treatment and disposal of wastes designated as dangerous may start as early as 10/1/89.

The GTF will operate as an interim status expansion.

IV. DESCRIPTION OF DANGEROUS WASTES

A. **DANGEROUS WASTE NUMBER** — Enter the four 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.

C. **UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. **PROCESSES**

1. PROCESS CODES:

For listed dangerous waste: For each listed dangerous waste entered in column A select the code(s) from the list of process codes contained in Section III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non—listed dangerous wastes: For each characteristic or toxic contaminant entered in Column A, select the code(s) from the list of process codes contained in Section III to indicate all the processes that will be used to store, treat, and/or dispose of all the non—listed dangerous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: DANGEROUS WASTES DESCRIBED BY MORE THAN ONE DANGEROUS WASTE NUMBER — Dangerous wastes that can be described by more than one Waste Number shall be described on the form as follows:

1. Select one of the Dangerous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other Dangerous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other Dangerous Waste Number that can be used to describe the dangerous waste.

EXAMPLE FOR COMPLETING SECTION IV *(shown in line numbers X-1, X-2, X-3, and X-4 below)* — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

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)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2			T 0 3 D 8 0	included with above

Continued from page 2.

GROUT TREATMENT FACILITY

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

I.D. NUMBER (enter from page 1): W A 7 8 9 0 0 0 8 9 6 7

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)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	D002	100,000,000	P	T04 T02	Solidification/Disposal in Landfil
2	D006			T04 T02	Included with above
3	D007			T04 T02	Included with above
4	D008			T04 T02	Included with above
5	D011			T04 T02	Included with above
6	WT01			T04 T02	Included with above
7	WT02		P	D81	
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

CONTINUE ON REVERS

IV. DESCRIPTION OF DANGEROUS WASTES *(continued)*

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM SECTION D(1) ON PAGE 3.

The radioactive mixed wastes managed in the Grout Treatment Facility are generated from two ma activities at the Hanford site:

1. Research and development of four advanced reactor concepts and a nuclear waste disposa system; and
2. Recovery and purification of special nuclear materials from reactor fuel elements.

These wastes are characteristically corrosive (pH 12.5), EP Toxic (lead, chromium, cadmium, an silver), and EHW toxic under the state mixtures rule prior to treatment. Following treatment, t wastes disposed of in the vaults are considered a toxic dangerous waste.

The list of dangerous wastes under item IV.A includes the EP toxic constituents of cadmium and silver. These constituents have not yet been detected in the wastes, but knowledge of the process providing wastes to the GTF indicate the strong possibility that these constituents wil be in the wastes. All other wastes listed on this form are based upon actual analytical data.

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)*
46 32 058	119 30 031

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 items:

1. NAME OF FACILITY'S LEGAL OWNER	2. PHONE NO. *(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.

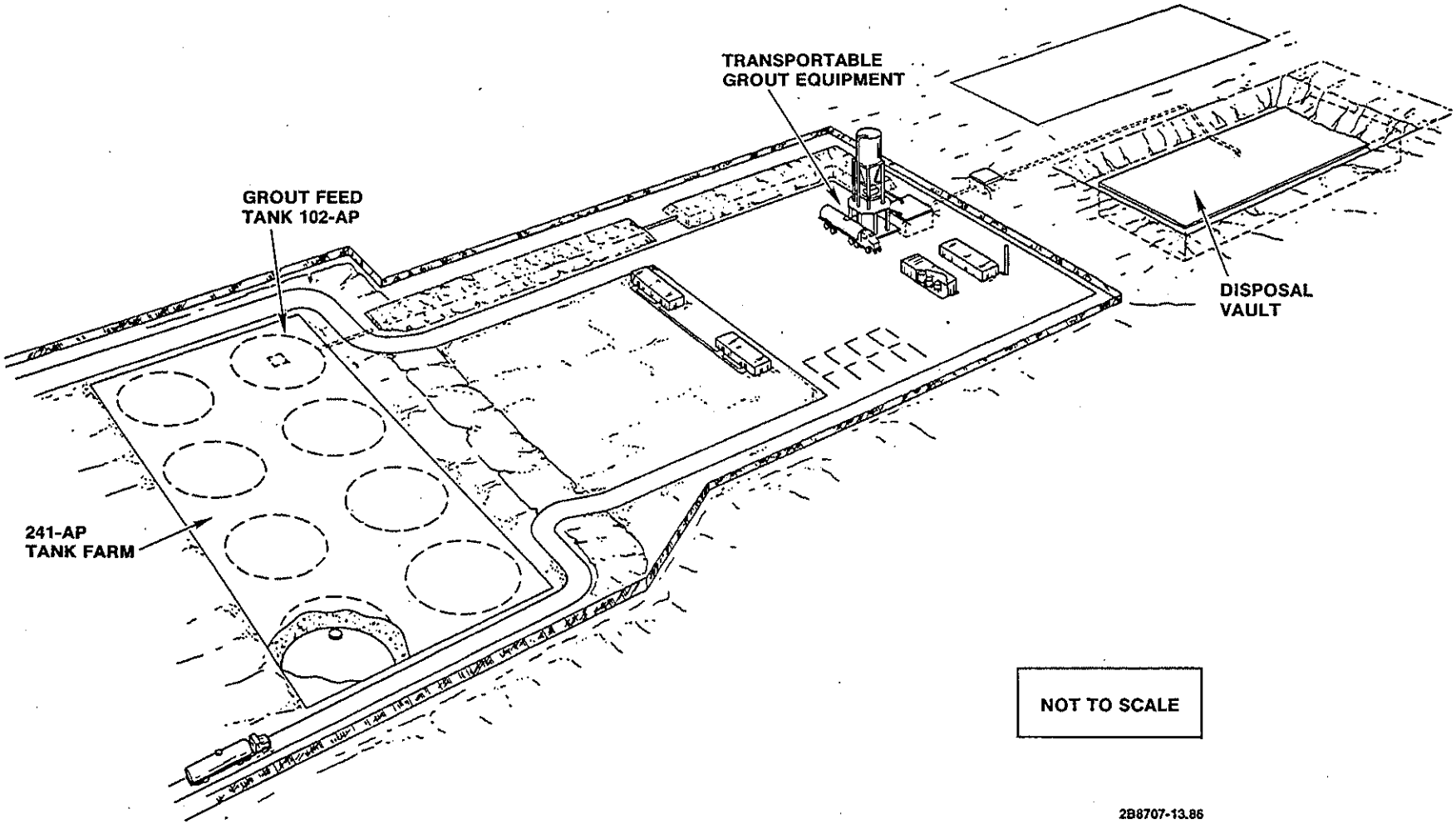
NAME *(print or type)*	SIGNATURE	DATE SIGNED
JJ Keating, Assistant Manager Safety, Environment and Security		

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

GROUT TREATMENT FACILITY
FACILITY LAYOUT



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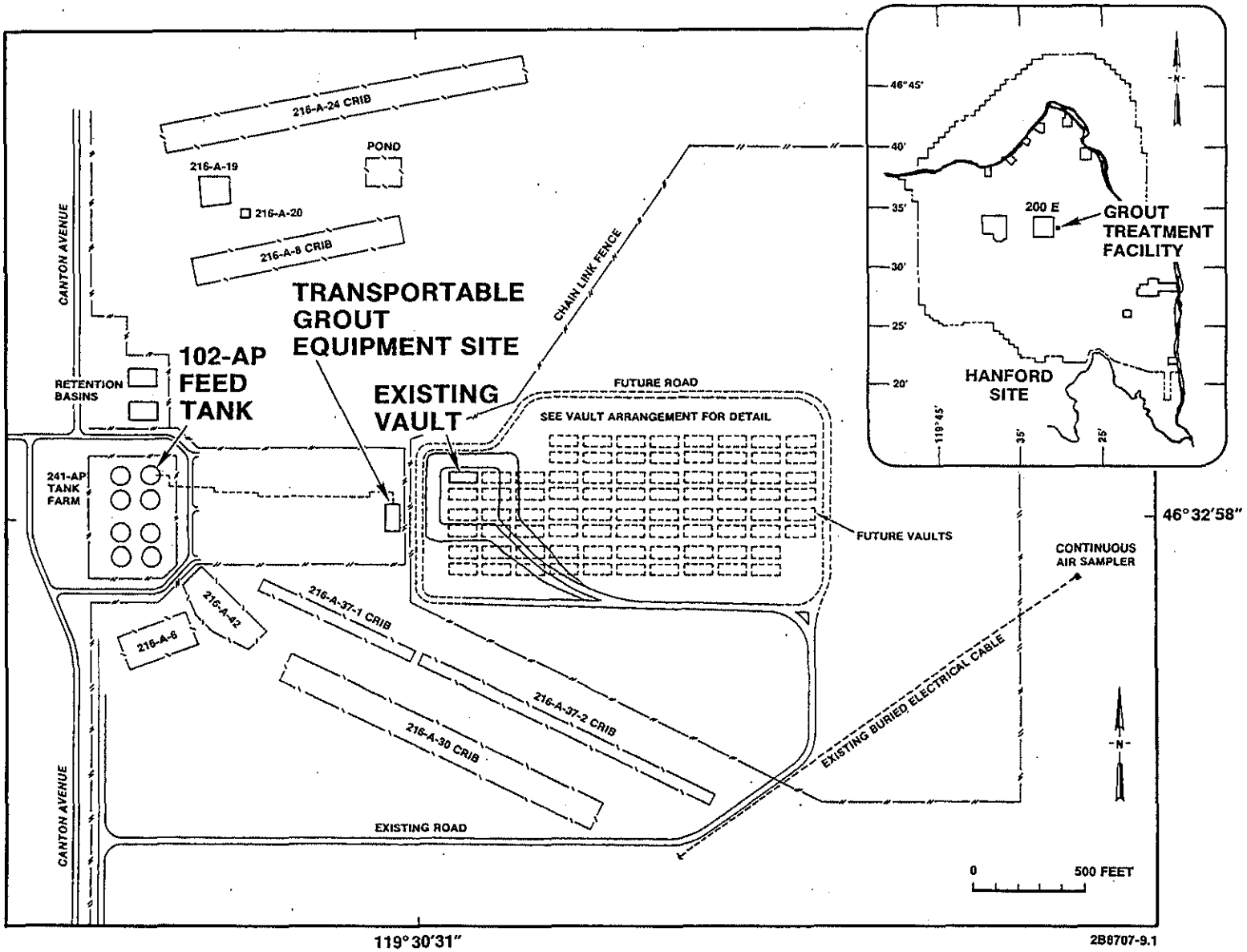
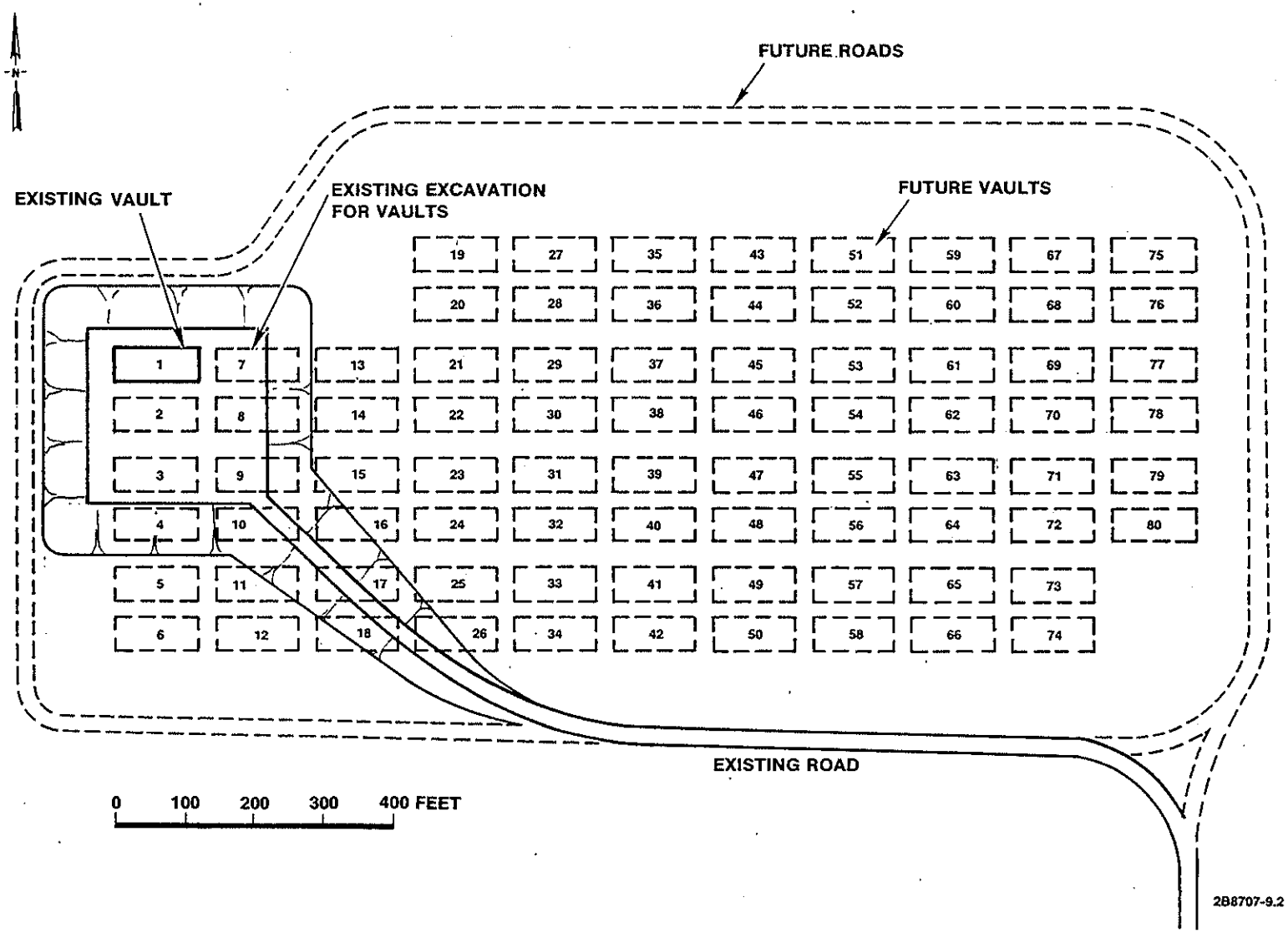
GROUT TREATMENT FACILITY
SITE PLAN



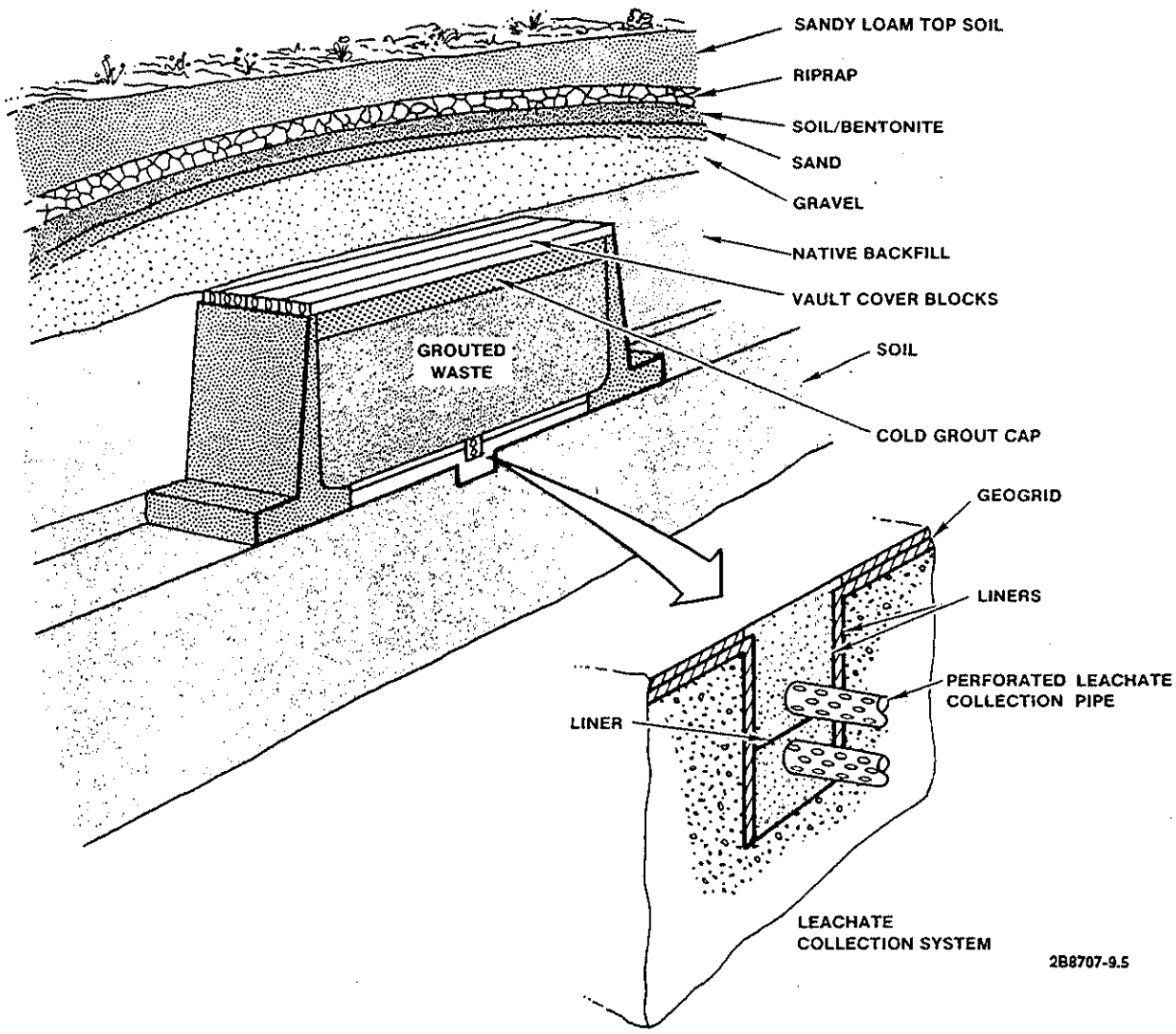
WA7890008967

GROUT TREATMENT FACILITY
VAULT ARRANGEMENT



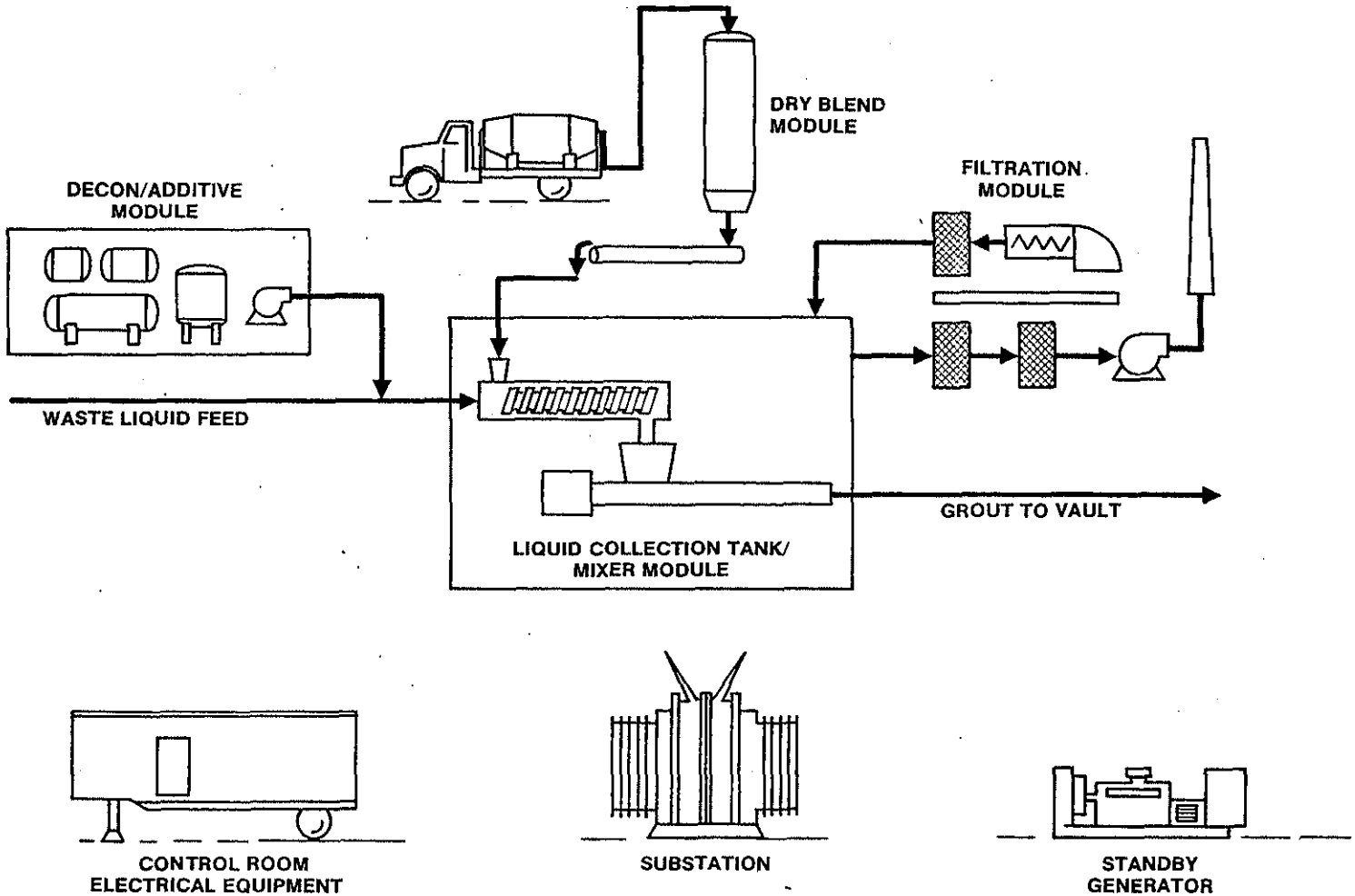
WA7890008967

GROUT TREATMENT FACILITY
GROUTED WASTE DISPOSAL VAULT



WA7890008967

GROUT TREATMENT FACILITY
TRANSPORTABLE GROUT EQUIPMENT



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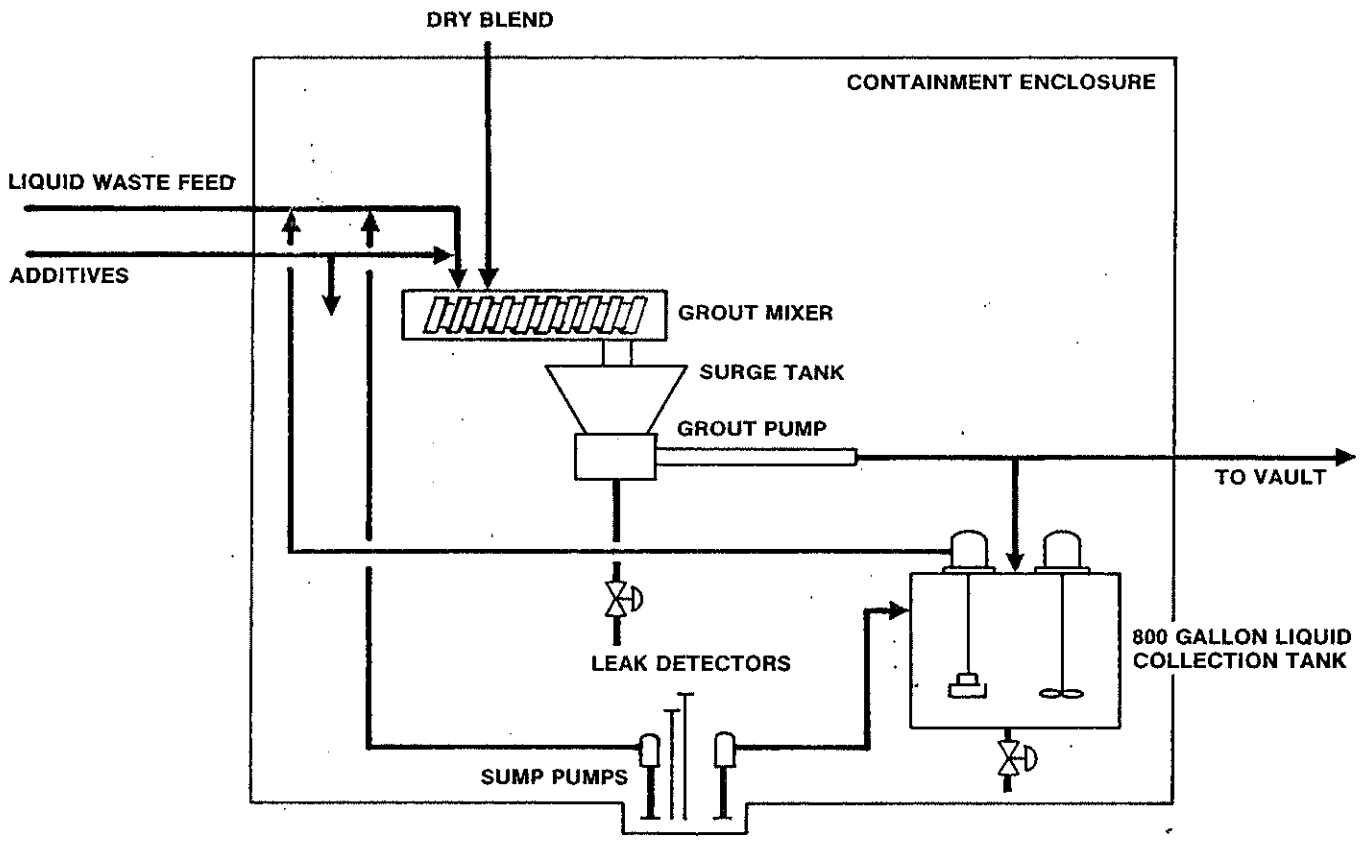
GROUT TREATMENT FACILITY
LIQUID COLLECTION TANK/MIXER MODULE



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WA7890008967