START

0016298

AMENDMENTS FOR THE NRDWL
MANIFEST RECORDS FOR YEAR
1983

BEST AVAILABLE COPY

SEP 1991
RECEIVED
EDMC

AMENDMENT PAGES FOR THE NONRADIOACTIVE DANGEROUS WASTE LANDFILL FOR YEAR 1983

1. These pages consist of the NRDWL internal shipping documents that were stored at the NRDWL caretaker trailer and the Seattle records center. The trailer is located at the Solid Waste Landfill, south and adjacent of the NRDWL.

2. These pages are duplicates of those stored at the NRDWL operations facility.

3. Insert these pages at the back of the binder of the initial submittal "Manifest Records Nonradioactive Dangerous Waste Landfill for year 1983", on February 14, 1991.

Tom Dillon

E 70934

REQUEST FOR DISPOSAL OF NONRADIOACTIVE HAZARDOUS MATERIAL

10 A 11

INSTRUCTIONS

Complete this request by providing all available information in the spaces provided. Fold, staple, and return completed form by plant mail to Environmental Protection.

I. CUSTODIAN

NAME Tom Dillon TELEPHONE 3-1744

BUILDING/AREA 202 A - 300 E

II. IDENTIFICATION OF MATERIAL

TRADE NAME Asbestos

CHEMICAL NAME Asbestos

STORAGE LOCATION outside 202 A Dock #3

CONTAMINATED WITH RADIOACTIVE MATERIAL? YES ____ NO X

III. PACKAGING

LIQUID ____ SOLID X GAS ____

NUMBER OF CONTAINERS ____ WEIGHT ____ EA. VOLUME 230 C.F. EA.

TYPE OF CONTAINER Dumpster AGE OF CONTAINER ____

IV. REASON FOR DISPOSAL

Removed insulation

V. DATE DISPOSAL REQUIRED

ASAP

VI. COMMENTS

Asbestos in plastic bags stored in Dumpster at Dock #3 202A Contact Bud Hall for key to unlock Dumpster 3-2675

APPROVED FOR DISPOSAL BY [illegible] DATE January 17, 1983

DISPOSAL LOCATION Land Fill Asbestos Trench BY D. E. [illegible] DATE 1-20-83

000188

Return to
M.H. Lizzinger
200 S/200 W
RHO

REQUEST FOR DISPOSAL OF NONRADIOACTIVE HAZARDOUS MATERIAL

INSTRUCTIONS

Complete this request by providing all available information in the spaces provided. Fold, staple, and return completed form by plant mail to Environmental Protection.

I. CUSTODIAN

NAME A. S. Barron TELEPHONE 3-1921

BUILDING/AREA 277W / 200W

II. IDENTIFICATION OF MATERIAL

TRADE NAME Asbestos

CHEMICAL NAME

STORAGE LOCATION 277W

CONTAMINATED WITH RADIOACTIVE MATERIAL? YES ____ NO X

III. PACKAGING

LIQUID ____ SOLID X GAS ____

NUMBER OF CONTAINERS 1 Load WEIGHT ____ EA. VOLUME 5 yards ~~EA.~~

TYPE OF CONTAINER Steel Lugger AGE OF CONTAINER ____

IV. REASON FOR DISPOSAL

V. DATE DISPOSAL REQUIRED

VI. COMMENTS

Asbestos must be wetted and double bagged before disposal will be made!

APPROVED FOR DISPOSAL
BY M. H. Lizzinger
DATE 1/12/83

DISPOSAL LOCATION Land Fill / ASBESTOS TRENCH
BY D. E. Kaplan
DATE 1-20-83

000189

3-30-83 4-5-83

REQUEST FOR DISPOSAL OF NONRADIOACTIVE HAZARDOUS MATERIAL

INSTRUCTIONS

Complete this request by providing all available information in the spaces provided. Fold, staple, and return completed form by plant mail to Environmental Protection.

I. CUSTODIAN

NAME B.H. Clark TELEPHONE 3-2355

BUILDING/AREA 284E - 200E

II. IDENTIFICATION OF MATERIAL

TRADE NAME Asbestos

CHEMICAL NAME "

STORAGE LOCATION 2101M

CONTAMINATED WITH RADIOACTIVE MATERIAL? YES ____ NO ✓

III. PACKAGING

LIQUID ____ SOLID ✓ GAS ____

NUMBER OF CONTAINERS ____ WEIGHT ____ EA. VOLUME 230 EA.

TYPE OF CONTAINER Dumpster AGE OF CONTAINER ____

IV. REASON FOR DISPOSAL

Removed Insulation

V. DATE DISPOSAL REQUIRED

ASAP

VI. COMMENTS

Asbestos is in Plastic bags Stored in Dumpster

APPROVED FOR DISPOSAL BY [illegible] R. Cox

DATE 4/4/83

DISPOSAL LOCATION Asbest Trench

BY D.E. Fletcher

DATE 4-4-83

000190

/3.0

REQUEST TO DISPOSE OF NONRADIOACTIVE HAZARDOUS WASTE

I. GENERATION: The Generator should complete Part I and forward this form to: WS&DT
202-S/200 West
Rockwell

A. Generator's Name: R.E. CALLAWAY Phone: 376-7110 Address: 1166/1100 Company: ROCKWELL

B. Custodian's Name: R.E. CALLAWAY Phone: 376-7110 Address: 1166/1100 Company: ROCKWELL

C. Waste Description: (If more than five items, attach additional sheets)

Generic Name	Total Quantity	Type of Container	Number of Containers	(Check One) Sol.	Liq.	Gas	Hazard
1. CLOTH, ASBESTOS	198 LYD	~~CARDBOARD~~		X			
2.		PLASTIC WRAPPED (4)					
3.		ROLLS/ 50/LYD/ROLL					
4.							
5.							

D. Have appropriate labels been affixed to containers? _____ Not required X

E. Have efforts been made to recycle (e.g., excess) waste? NO

F. Has waste been treated in any manner? NO If so, how? _____

G. Storage Location: BAY # 4 1166/1100

H. "I hereby certify that this material has been released by Radiation Monitoring (if applicable) and that Part One of this has been completed to the best of my knowledge." Survey Card Number: _____

Generator's Signature: R.E. CALLAWAY Date: 10-21-83

II. APPROVAL

A. Approved for disposal by Name: G.R. Cox Phone: 3-3679 Address 222-T/200-W. Rockwell
Date: 11/15/83 Signature: Gary R. Cox

B. Packaging Requirements (specify): _____

C. Disposal Location: _____ Chemical Trench, X Asbestos Trench,
(check one) _____ 212-P (Storage), _____ Other

III. TRANSPORTATION/DISPOSAL

A. Transporter(s) Name: [illegible] Phone: 6663-4 Address: 1121 Company KHO

B. Date Transported/Disposed: Nov 28 1983

C. Transporter(s) Signature: [illegible] 11-15-83

000191

HAZARDOUS WASTE MANIFEST

THIS SHIPPING ORDER must be legibly filled in, in ink, in indelible Pencil, or in Carbon, and returned by the Agent.

MANIFEST DOCUMENT NUMBER

TO: GARY COX	FROM: CD. HANSEN/R.E. CALLAWAY
T/S/D FACILITY ROCKWELL Hanford OPNS	Generator ROCKWELL HANFORD OPNS
E.P.A. ID Code No. WA-789-000-9967	E.P.A. ID Code No. WA-789-000-9967
Address HANFORD LANDFILL	Address Building 1166 / 1101 AREA
Destination ASBESTOS TRENCH	Origin RICHLAND, WA
Phone 373-3679	Phone 376-7444 376-7110

No. Shipping Units	D.O.T. PROPER SHIPPING NAME	HAZARD CLASS	Haz Mat I.D. No.	EPA Haz Waste No	WEIGHT	LABELS REQUIRED (or Exemption No.)
4 RL	ASBESTOS, CLOTH (196 LYDS Total)	ORM-C	(IN 2500 CUTIONS) NONE	NONE		NONE
	NOTHING FOLLOWS					

PLACARDS REQUIRED

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding $ _____ Per _____

Subject to Section 7 of the conditions, if any, printed on the reverse hereof, the carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor)

FREIGHT CHARGES PREPAID ☒ COLLECT ☐

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

ALTERNATE DESTINATION (EMERGENCY ONLY)

T/S/D FACILITY _____
E.P.A. ID Code No. _____
Address _____
Destination _____

EMERGENCY RESPONSE INFORMATION

CONTACT Name _____
Phone _____

National Response Center 1-800-424-8802
in D. C. 426-2675

CERTIFICATION

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the E.P.A.

Generator Signature CD Hansen Date 11-18-83

TRANSPORTER #1 Frank L Dam E.P.A. ID No. _____
Address 1251 RHO
City _____ State _____ Zip _____ Phone _____

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 1 Signature _____ Date _____

TRANSPORTER #2 _____ E.P.A. ID No. _____
Address _____
City _____ State _____ Zip _____ Phone _____

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 2 Signature _____ Date _____

TREATMENT/STORAGE/DISPOSAL FACILITY

This is to certify acceptance of the hazardous waste for treatment, storage, or disposal.

T/S/D FACILITY Signature O E Tilden Date 11-18-83

TRANSPORTER #1 COPY 000192

REQUEST TO DISPOSE OF NONRADIOACTIVE HAZARDOUS WASTE

4-39

I. GENERATION: The Generator should complete Part I and forward this form to: WS&DT 202-S/200 West Rockwell

A. Generator's Name: J.M. Bishop Phone: 6-3518 Address: 313 Bldg/300 Area Company: UNC

B. Custodian's Name: J.M. Bishop Phone: 6-3518 Address: 313 Bldg/300 Area Company: UNC

C. Waste Description: (If more than five items, attach additional sheets)

Generic Name	Total Quantity	Type of Container	Number of Containers	(Check One) Sol.	Liq.	Gas	Hazard Class
1 Asbestos Gloves	~ 240 pr	Double Bag	16	✓			
2 Asbestos Covered Pipes	~ 18 ea	Double Wrapped	18	✓			
3 Asbestos Gloves	~ 200 pr	Cardboard Box	19	✓			
4 Asbestos Insulation	~ 14 ea	Double Bag	14	✓			
5 Asbestos Coat	~ 8 ea	Double Bag	1	✓			

D. Have appropriate labels been affixed to containers? Yes Not required

E. Attempts been made to recycle (e.g., excess) waste? No

F. Has waste been treated in any manner? NO If so, how?

G. Storage Location: 313 Dock Load Jugger

H. "I hereby certify that this material has been released by Radiation Monitoring (if applicable) and that Part One of this form has been completed to the best of my knowledge." Survey Card Number: 07429 Jan Hinck

Generator's Signature: Jerry M. Bishop Date: 8-17-83

II. APPROVAL

A. Approved for disposal by Name: G.R. Cox Phone: 3-3679 Address: 222-T/200-W Co.: Rockwell

Date: August 24, 1983 Signature: Glenn R. Cox

B. Packaging Requirements (specify): Double Bagged and Wetted

C. Disposal Location: _____ Chemical Trench, X Asbestos Trench,

(check one) _____ 212-P (Storage), _____ Other

III. TRANSPORTATION/DISPOSAL

A. Transporter(s) Name: A.J. Mafey Phone: 66654 Address: 1171 Jorge Company R.H.O.

B. Date Transported/Disposed: 9-7-83

C. Transporter(s) Signature: A.J. Mafey 9-7-83 D.E. Phelps Asbestos Trench

RC-6700-174J (N-1-82)

HAZARDOUS WASTE MANIFEST

THIS SHIPPING ORDER must be legibly filled in, in ink, in indelible Pencil, or in Carbon, and retained by the Agent.

MANIFEST DOCUMENT NUMBER: 4-39

TO:		FROM:	
T/S/D FACILITY	ROCKWELL	Generator	J.M. Bishop
E.P.A. ID Code No.	WA-D290008967	E.P.A. ID Code No.	WA-TK900089617
Address	Central Abestos Landfill	Address	4 Mi 300 Area
Destination	Rockwell	Origin	3131 323 Rd.
Phone	3-3516	Phone	6-3518

No. Shipping Units	D.O.T. PROPER SHIPPING NAME	HAZARD CLASS	Haz. Mat. ID. No.	EPA Haz. Waste No.	WEIGHT	LABELS REQUIRED (or Exemption No.)
68	Asbestos (asbestos	ORM-C	None	None	800 lb	NONE
	material double wrapped					
	in Plastic)					

PLACARDS REQUIRED

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding $ _____ Per _____

FREIGHT CHARGES: PREPAID ☐ COLLECT ☐

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment. Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

ALTERNATE DESTINATION (EMERGENCY ONLY)

T/S/D FACILITY _____
E.P.A. ID Code No. _____
Address _____
Destination _____

EMERGENCY RESPONSE INFORMATION

CONTACT Name H. Boynton
Phone 3-3516

National Response Center 1-800-424-8802
in D. C. 426-2675

CERTIFICATION

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the E.P.A.

Generator Signature Jerry M. Bishop Date 9-7-83

TRANSPORTER #1 [illegible] E.P.A. ID No. _____
Address 1171 [illegible]
City [illegible] State WA Zip 99354 Phone 666541

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 1 Signature [illegible] Date 9-7-83

TRANSPORTER #2 [illegible] E.P.A. ID No. _____
Address 1171 [illegible]
City [illegible] State WA Zip 99354 Phone 666541

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 2 Signature [illegible] Date 9-7-83

TREATMENT/STORAGE/DISPOSAL FACILITY

This is to certify acceptance of the hazardous waste for treatment, storage, or disposal.

T/S/D FACILITY Signature [illegible] Date [illegible]

TRANSPORTER #1 COPY

000194

13.0

... IT --- Write it!

DATE May 20, 1983

Dutch Rutherford FROM Gary R. Cox (3-3679)

This consists of a 'blanket' approval for Timesa so that Jones can expedite this disposal. I have talk with Tom Hendrix on this and he sees no problems. Pleas have Gene at the Landfill Tally the trucks as they come in and check that they have a rad release. To get the end number we will then add the number of trucks and multiply by 250 ft³/truck. It should com close to his estimate of 3700 ft³.

Call me if you have any questions or perceive any problems.

... LAST PUT SAFETY FIRST

000195

J. A. JONES CONSTRUCTION SERVICES COMPANY

DON'T SAY IT — Write It!

DATE MAY 18, 1983

CARY R. COX (3-3619)

FROM W. A. BROWN

THE TOTAL QUANTITY OF ASBESTOS IS ESTIMATED AT 3700 FEET^3, A LOAD WILL BE RIGHT AT (250 ft.^{3}) 100 BAGS PER LOAD, WE WOULD LIKE TO GET TWO LOADS A DAY FOR 7 DAYS. LOAD TIME WILL BE 9:30, TRANSPORT TO CENTRAL LAND I WILL BE THERE AT 10:30, AFTER NOON LOAD OUT TIME 1:30 CENTRAL LAND FILL AT 2:30. AND EACH LOAD WILL HAVE ITS OWN RELEASE, IT CAN NOT BE SURVEIED UNTILL ITS BEING LOADED. The release numbers will be affixed to the Disposal request upon completion of disposal of all 3700 ft.^{3}.

"BE SAFE - BE WISE - ENJOY ANOTHER SAFETY PRIZE"

000196

REQUEST TO DISPOSE OF NONRADIOACTIVE HAZARDOUS WASTE

GENERATION: The Generator should complete Part I and forward this form to: WS&DT
202-S/200 West
Rockwell

Generator's Name: W. A. Brown Phone: 3-1732 Address: 100-N Company: J.A. Jones
Name: U.N.C. Phone: 3-1307 Address: 100-K West Company: UNC
Description: (If more than five items, attach additional sheets)

Name	Total Quantity	Type of Container	Number of Containers	(Check One) Sol.	Liq.	Gas	Hazard Class
Asbestos	3700 ft³	Plastic	2	✓			

Have labels been affixed to containers? YES Not required _____
Been made to recycle (e.g., excess) waste? No
Was treated in any manner? YES If so, how? WET down
Where 165 KW 100-K
"I certify that this material has been released by Radiation Monitoring (if applicable) and that Part One of this form has been to the best of my knowledge." Survey Card Number: (attach from all shipments)

Signature: W. A. Brown Date: 5/18/83

APPROVAL

Approved for disposal by Name: Gary R. Cox Phone: 3-3679 Address: 202-S/200-W Co.: Rockwell
Date: May 19, 1983 Signature: Gary R. Cox
Special Requirements (specify): This disposal will consist of approximately 15-20 truckloads of material over 7 days, count trucks as they enter and tally for end result.
Trench: _____ Chemical Trench, X Asbestos Trench.
Other: _____ 212-P (Storage), _____ Other

TRANSPORTATION/DISPOSAL

Transporter Name: _____ Phone: _____ Address: _____ Company _____
Transported/Disposed: _____
Transporter Signature: _____

000197

BC-6700-174.1 (N-1-82)

CENTRAL LANDFILL

BHW
UNC
RHO
JAJ

OTHERS

DATE: _____

CONTRACTORS Asbestos	VOLUME	CONTRACTORS	VOLU
MAY 26 - 1983			
JAT Flatbed	99 BAGS		
JAT Flatbed	130 BAGS		
JAT Flatbed	120 BAGS		
6 - 2 - 83			
JAT Flatbed	120 BAGS		
6 - 6 - 83			
JAT Flatbed	120 BAGS		
JAT Flatbed	130 BAGS		
6-8-83			
JAT Flatbed	133 BAGS		
JAT Flatbed	130 BAGS		
6-9-83			
JAT FLATBED TRUCK	140 BAGS		
6-10-83			
JAT FLATBED TRUCK	130 BAGS		
6-13-83			
JAT FLATBED TRUCK	130 BAGS		
6-14-83			
JAT - FLATBED TRUCK	130 BAGS		
6-15-83			
JAT FLATBED TRUCK	130 BAGS		
6-22-83			
JAT FLATBED TRUCK	125 BAGS		
6-30-83			
JAT FLATBED TRUCK	127 - BAGS		
8-15-83			
JAT FLATBED TRUCK	60 BAGS		

E 000 ~ ~ = 1.2

REQUEST FOR DISPOSAL OF NONRADIOACTIVE HAZARDOUS MATERIAL

INSTRUCTIONS

Complete this request by providing all available information in the spaces provided. Fold, staple, and return completed form by plant mail to Environmental Protection.

I. CUSTODIAN

NAME Stan Jones TELEPHONE 373-2456

BUILDING/AREA 271B 200E

II. IDENTIFICATION OF MATERIAL

TRADE NAME Asbestos

CHEMICAL NAME

STORAGE LOCATION North of 272BB

CONTAMINATED WITH RADIOACTIVE MATERIAL? YES ____ NO X

III. PACKAGING

LIQUID ____ SOLID X GAS ____

NUMBER OF CONTAINERS 1 WEIGHT ____ EA. VOLUME ____ EA.

TYPE OF CONTAINER Load Lugger AGE OF CONTAINER ____

IV. REASON FOR DISPOSAL

Waste

V. DATE DISPOSAL REQUIRED

Soon

VI. COMMENTS

Wet down and double plastic bagged.

APPROVED FOR DISPOSAL
BY [illegible] R. Cox
DATE 4/28/83

DISPOSAL LOCATION Asbestos Pit
Central Landfill Field Inspection
BY D E Fisher
DATE 5-4/8.3

000199

REQUEST TO DISPOSE OF NONRADIOACTIVE HAZARDOUS WASTE

I. GENERATION: The Generator should complete Part I and forward this form to: WS&DT
202-S/200 West
Rockwell

A. Generator's Name: Mike Malarch Phone: 66654 Address: 1100 Room Company: Rockwell

B. Custodian's Name: Mike Malarche Phone: 66654 Address: 1100 Room Company: Rockwell

C. Waste Description: (If more than five items, attach additional sheets)

Generic Name	Total Quantity	Type of Container	Number of Containers	(Check One) Sol.	Liq.	Gas	Hazard Class
1. Empty Pesticide Containers	103	Paper					N.A.
2.							
3.							
4.							
5.							

D. Have appropriate labels been affixed to containers? _____ Not required ✓

E. Have efforts been made to recycle (e.g., excess) waste? N.A.

F. Has waste been treated in any manner? NO If so, how? N.A.

G. Storage Location: 4 Barrel Cadu Chemical Storage Shed.

H. "I hereby certify that this material has been released by Radiation Monitoring (if applicable) and that Part One of this form has been completed to the best of my knowledge." Survey Card Number: _____

Generator's Signature: M Malarch Date: 3/29/83

II. APPROVAL

A. Approved for disposal by Name: G.R. Cox Phone: 3-3679 Address: 202-S/200-W Co.: Rockwell
Date: 2/25/83 Signature: Gary R. Cox

B. Packaging Requirements (specify): N/A

C. Disposal Location: X Chemical Trench, _____ Asbestos Trench,
(check one) _____ 212-P (Storage), _____ Other

D E Phelps Chemical Trench 3-29-83

III. TRANSPORTATION/DISPOSAL

A. Transporter(s) Name: John W. Cox Phone: 66634 Address: 1101 Company RHO

B. Date Transported/Disposed: 3/29/83

C. Transporter(s) Signature: John Wayne Cox

1.1 (N-1-82)

000200

13.0

REQUEST TO DISPOSE OF NONRADIOACTIVE HAZARDOUS WASTE

I. GENERATION: The Generator should complete Part I and forward this form to: WS&DT, 202-S/200 West, Rockwell

A. Generator's Name: E.L. SEELY Phone: 6-6493 Address: 1171 BLDG Company: RHO.

B. Custodian's Name: E.L. SEELY Phone: 6-6493 Address: 1171 Bldg-1100 Company: RHO

C. Waste Description: (If more than five items, attach additional sheets)

	Generic Name	Total Quantity	Type of Container	Number of Containers	Check One: Sol.	Liq.	Gas	Hazard Class
1.	Asbestos	2 cu ft		1				
2.								
3.								
4.								
5.								

D. Have appropriate labels been affixed to containers? YES Not required _____

E. Have efforts been made to recycle (e.g., excess) waste? NO

F. Has waste been treated in any manner? YES If so, how? WATER ADDED

G. Storage Location LIGHT EQUIPMENT SHOP - 1171 Bldg 1100 AREA

H. "I hereby certify that this material has been released by Radiation Monitoring (if applicable) and that Part One of this form has been completed to the best of my knowledge." Survey Card Number: _____

Generator's Signature: E.L. Seely Date: 2-1-83

II. APPROVAL

A. Approved for disposal by Name: E.R. Cox Phone: 3-3679 Address: 202-S/200 W Co. Rockwell

Date: 1/28/83 Signature: E.R. Cox

B. Packaging Requirements (specify): Double bagged and wetted

C. Disposal Location: Land Fill Chemical Trench Asbestos Trench Asbestos X Other

(check one) _____ 212-P (Storage) _____ Other

III. TRANSPORTATION/DISPOSAL

A. Transporter(s) Name: HIMAXEX Phone: 6665 Address: 1171 1100 AREA Company: RHO

B. Date Transported/Disposed: 2-2-83

C. Transporter(s) Signature: H. Humphrey 66654.

1 (N-1-82)

000201

1-21-83

REQUEST FOR DISPOSAL OF NONRADIOACTIVE HAZARDOUS MATERIAL

INSTRUCTIONS

Complete this request by providing all available information in the spaces provided. Fold, staple, and return completed form by plant mail to Environmental Protection.

I. CUSTODIAN

NAME Don Brotherton TELEPHONE 3-2385

BUILDING/AREA 271U - 200W

II. IDENTIFICATION OF MATERIAL

TRADE NAME Asbestos

CHEMICAL NAME "

STORAGE LOCATION 284 W

CONTAMINATED WITH RADIOACTIVE MATERIAL? YES ____ NO ✓

III. PACKAGING

LIQUID ____ SOLID ✓ GAS ____

NUMBER OF CONTAINERS ____ WEIGHT ____ EA. VOLUME 230^3 EA.

TYPE OF CONTAINER ____ AGE OF CONTAINER ____

IV. REASON FOR DISPOSAL

Removed Insulation

V. DATE DISPOSAL REQUIRED

ASAP

VI. COMMENTS

Asbestos in plastic bags - stored in Dumpster.

APPROVED FOR DISPOSAL BY [illegible]

DATE January 26, 1983

DISPOSAL LOCATION asbestos Trench Land Fill

BY D E Phelps

DATE 1-31-83

18

000202

1-31-83

REQUEST FOR DISPOSAL OF NONRADIOACTIVE HAZARDOUS MATERIAL

INSTRUCTIONS

Complete this request by providing all available information in the spaces provided. Fold, staple, and return completed form by plant mail to Environmental Protection.

I. CUSTODIAN

NAME Don Brotherton TELEPHONE 3-2385

BUILDING/AREA 271 U - 200 W

II. IDENTIFICATION OF MATERIAL

TRADE NAME Asbestos

CHEMICAL NAME "

STORAGE LOCATION 210 M

CONTAMINATED WITH RADIOACTIVE MATERIAL? YES ____ NO ✓

III. PACKAGING

LIQUID ____ SOLID ✓ GAS ____

NUMBER OF CONTAINERS ____ WEIGHT ____ EA. VOLUME 230³ EA.

TYPE OF CONTAINER Dumpster AGE OF CONTAINER ____

IV. REASON FOR DISPOSAL

Removed Insulation

V. DATE DISPOSAL REQUIRED

ASAP

VI. COMMENTS

Asbestos in plastic bag stored in Dumpster

APPROVED FOR DISPOSAL
BY [illegible]
DATE January 26, 1983

DISPOSAL LOCATION Land Fill
Asbestos Trench
BY D E Pugar
DATE 1-31-83

000203

HAZARDOUS WASTE MANIFEST

THIS SHIPPING ORDER must be legibly filled in, in Ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

MANIFEST DOCUMENT NUMBER

TO:		FROM:	
T/S/D FACILITY	Central Land Fill	Generator	DOE-RL
E.P.A. ID Code No.		E.P.A. ID Code No.	WA7890008767
Address	Rockwell Hanford Operations	Address	Federal Bldg.
Destination	Central Land Fill	Origin	Richland, WA
Phone	373-3679	Phone	376-6731

No. Shipping Units	D.O.T. PROPER SHIPPING NAME	HAZARD CLASS	Haz Mat ID. No.	EPA Haz Waste No	WEIGHT	LABELS REQUIRED (or Exemption No.)
3	Sulfuric Acid	Corrosive	UN1830	--	24 oz.	Corrosive
1	Potassium Hydroxide Solution	Corrosive	UN1814	--	8 oz.	Corrosive
1	Sodium Hydrogen Sulfate Solution	Corrosive	UN2837	--	8 oz.	Corrosive

PLACARDS REQUIRED

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding

$ _____ Per _____

(Signature of Consignor)

FREIGHT CHARGES PREPAID ☐ COLLECT ☐

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destinated as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

ALTERNATE DESTINATION (EMERGENCY ONLY)

T/S/D FACILITY _____
E.P.A. ID Code No. _____
Address _____
Destination _____

EMERGENCY RESPONSE INFORMATION

CONTACT Name Patrol Emergency
Phone 811

National Response Center 1-800-424-8802
in D. C. 426-2675

CERTIFICATION

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the E.P.A.

Generator Signature Ann M. Peterson Date 6/15/83

TRANSPORTER #1 H.J. Lindsey E.P.A. ID No. _____
Address H.J. Lindsey
City Richland State Wa Zip 99352 Phone 376-6622

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 1 Signature H.J. Lindsey Date 6-22-83

TRANSPORTER #2 _____ E.P.A. ID No. _____
Address _____
City _____ State _____ Zip _____ Phone _____

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 2 Signature _____ Date _____

REATMENT/STORAGE/DISPOSAL FACILITY

This is to certify acceptance of the hazardous waste for treatment, storage, or disposal.

T/S/D FACILITY Signature NE Dalton Chemical Trench Date 6-22-83

TRANSPORTER #1 COPY

000004

HAZARDOUS WASTE MANIFEST

THIS SHIPPING ORDER must be legibly filled in, in Ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

MANIFEST DOCUMENT NUMBER PNL-M-83-030

This document corresponds to disposal request numbered PNL-83-016.

TO:	FROM:
T/S/D FACILITY Rockwell Hanford Operations	Generator Battelle PNL
E.P.A. ID Code No. WA7-89-~~8987~~ 000-8967	E.P.A. ID Code No. WA7-89-000-8967
Address Richland, Wa 99352	Address Richland, Wa 99352
Destination Central Landfill - Chemical trench	Origin 324/300 Area & JAJones Warehouse/3000 Ar
Phone Gary Cox 37373679	Phone Jeene Hobbs 376-1631

No Shipping Units	D.O.T. PROPER SHIPPING NAME	HAZARD CLASS	Haz Mat ID No	EPA Haz Waste No	WEIGHT	LABELS REQUIRED (or Exemption No.)
1	Waste cupric nitrate	oxidizer	NA1479		1 DRUM 110 kg	oxidizer controlled
~~8~~ 8	Floor Sweepings ($CaCO_3$, LiOH, silica)	none	none	none	3 pallets 2370	none
~~13~~ 2	Waste Ferric Hydroxide	none	none	none	5220	none
		4 pallets	3 plastic DRUMS		1200	
			9 Fiber DRUMS		4020	
					5220	

PLACARDS REQUIRED none

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding

$_____ Per_____

(Signature of Consignor)

FREIGHT CHARGES PREPAID ☐ COLLECT ☐

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

ALTERNATE DESTINATION (EMERGENCY ONLY)

T/S/D FACILITY none
E.P.A. ID Code No.
Address
Destination

EMERGENCY RESPONSE INFORMATION

CONTACT Name Battelle Industrial Safety
Phone JM Hobbs 376-1631

National Response Center 1-800-424-8802
in D. C. 426-2675

CERTIFICATION

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the E.P.A.

Generator Signature Jeene Hobbs Jeene M Hobbs Date 9 June 83

TRANSPORTER #1 _____ E.P.A. ID No. _____
Address _____
City _____ State _____ Zip _____ Phone _____

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 1 Signature _____ Date _____

TRANSPORTER #2 _____ E.P.A. ID No. _____
Address _____
City _____ State _____ Zip _____ Phone _____

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 2 Signature [illegible] Date 7/17/83

TREATMENT/STORAGE/DISPOSAL FACILITY

This is to certify acceptance of the hazardous waste for treatment, storage, or disposal.

T/S/D FACILITY Signature [illegible] Chemical Trench Date 7-17-83

TRANSPORTER #1 COPY

000205

REQUEST TO DISPOSE OF NONRADIOACTIVE HAZARDOUS WASTE

I. **GENERATION:** The Generator should complete Part I and forward this form to: WS&DT, 202-S/200 West, Rockwell

A. Generator's Name: RW Higbee Phone: 32950 Address: WESF Company: Rockwell

B. Custodian's Name: J C Fulton Phone: 32924 Address: WESF Company: Rockwell

C. Waste Description: (If more than five items, attach additional sheets)

Generic Name	Total Quantity	Type of Container	Number of Containers	(Check One) Sol.	Liq.	Gas	Hazard Class
1. Turco 4502	125 lb	55 gal drum	1	X			Oxidizer
2.							Corrosive Mtl
3.							
4.							
5.							

D. Have appropriate labels been affixed to containers? yes Not required _____

E. Have efforts been made to recycle (e.g., excess) waste? yes

F. Has waste been treated in any manner? yes If so, how? wrapped in plastic (steel drum)

G. Storage Location: 225-B HVAC room

H. "I hereby certify that this material has been released by Radiation Monitoring (if applicable) and that Part One of this form has been completed to the best of my knowledge." Survey Card Number: 68303004

Generator's Signature: RW Higbee Date: 3/17/83

II. **APPROVAL**

A. Approved for disposal by Name: G.R. Cox Phone: 3-3679 Address 202-S/200-W Co.: Rockwell

Date: 3/24/83 Signature: G R Cox

B. Packaging Requirements (specify): As is

C. Disposal Location: X Chemical Trench, _____ Asbestos Trench,

(check one) _____ 212-P (Storage), _____ Other

III. **TRANSPORTATION/DISPOSAL**

A. Transporter(s) Name: H J Murphy Phone: 6605 Address: 1171 Company PHO

B. Date Transported/Disposed: 6/2/83 Chemical Trench

C. Transporter(s) Signature: H J Murphy D E Philpe

= 75892

000206

BC-6700-174.1 (N-1-82)

13.0 PNL-83-016

REQUEST TO DISPOSE OF NONRADIOACTIVE HAZARDOUS WASTE

3-31

I. GENERATION: The Generator should complete Part I and forward this form to: WS&DT, 202-S/200 West, Rockwell

A. Generator's Name: Jeene Hobbs Phone: 6-1631 Address: 3762/300 Company: PNL

B. Custodian's Name: Bill Rossitor Phone: 6-5946 Address: 324/300 Company: PNL

C. Waste Description: (If more than five items, attach additional sheets)

Generic Name	Total Quantity	Type of Container	Number of Containers	(Check One) Sol.	Liq.	Gas	Hazard Class
1. FeOH	735 gal	fiberboard plastic	13	X			
2. floor sweepings	230 gal	metal	6	X			
3. (contains $CaCO_3$, silica, LiOH) in 2 - 55 gal drums & 4 - 30 gal drums							
4. 75# cupric nitrate	75#	metal	2	X			oxidizer
5. (metal cans packed in double plastic bags in a 30 gal drum)							

D. Have appropriate labels been affixed to containers? _____ Not required _____ They will be

E. Have efforts been made to recycle (e.g., excess) waste? no

F. Has waste been treated in any manner? no If so, how? _____

G. Storage Location: 324/300 Area and JAJones warehouse/3000 area

Contact Bill Rossitor for exact location before picking up for disposal

H. "I hereby certify that this material has been released by Radiation Monitoring (if applicable) and that Part One of this form has been completed to the best of my knowledge." Survey Card Number: _____

Generator's Signature: Jeene Hobbs Jeene M Hobbs Date: 26 May 83

II. APPROVAL

A. Approved for disposal by Name: G.R.Cox Phone: 3-3679 Address: 202-S/200-W Co.: Rockwell

Date: June 6, 1983 Signature: Gary R. Cox

B. Packaging Requirements (specify): As noted above is acceptable

C. Disposal Location: X Chemical Trench, _____ Asbestos Trench,

(check one) _____ 212-P (Storage), _____ Other

III. TRANSPORTATION/DISPOSAL

A. Transporter(s) Name: Thompson Phone: 66654 Address: 2171 Company RHO

B. Date Transported/Disposed: D. E. Phelps 7-27-83

C. Transporter(s) Signature: [illegible]

000207

BC-6700-174.1 (N-1-82)

TSD FACILITY [illegible] for treatment, storage, or disposal.

WESTINGHOUSE HANFORD COMPANY

NAME OF CONTRACTOR

CONTROL NO. WRC-83-541

CROSS CONTROL NO.

PROPERTY DISPOSAL REQUEST

PART I — DESCRIPTION OF PROPERTY AND REASON FOR DISPOSAL

ITEM NO	QTY	UNIT	INCLUDE IDENTIFICATION NUMBERS, SUCH AS NEW EQUIPMENT PIECE, SERIAL NOS. OR CONTROL NO. FOR REMOVED PROJECT PIECE OF EQUIPMENT	ACCOUNTING USE ONLY	PROPERTY MGT. USE ONLY DISPOSE OF AS *
1	1	LOT	DRUMS, 55 GAL. (EMPTY)		#3 4 4

BEST AVAILABLE COPY

* DISPOSITION SYMBOLS: 1. — EXCESS 2. — SALVAGE 3. — SCRAP 4. — DESTROY

REASON FOR DISPOSAL: (IF CONTAMINATED, ATTACH RADIATION SURVEY)

BARRELS WERE UTILIZED FOR STORAGE OF GLYCOL AND BURIED PER RHO PROCEDURES.

Central landfill burial

RADIATION RELEASE

BUILDING 301 DATE 2-28-83

RELEASED BY [signature] RADIATION MONITORING

Hanford Engineering Development Laboratory

BD-7200-051 (1-72)

THE PROPERTY LISTED ABOVE — [ ] IS [X] IS NOT — TOXIC OR HAZARDOUS TO HUMANS, ANIMALS OR THE ENVIRONS.

COMPONENT		DATE	LOCATION OF MATERIAL
MATERIAL CONTROL		JULY 11, 1983	325
ORIGINATOR	BUILDING	PHONE	LOCATION OF BURIAL
MW BRYANT	301/300	376-9884	
RM CLEARANCE FOR PUBLIC SALE	SURVEY NO.	DATE	
[signature]	830567	2-28-83	
SIGNATURE OF REQUESTING AUTHORITY			
T. S. MANN [signature]			

PART II — INVESTIGATION

AN INVESTIGATION HAS BEEN MADE AND DISPOSITION INSTRUCTIONS HAVE BEEN NOTED IN PART I ABOVE.

BY [signature] DATE 7/18/83

PART IV — APPROVAL

DISPOSITION OF PROPERTY TO BE MADE AS IN ACCORDANCE WITH THE ABOVE RECOMMENDATIONS APPROVED.

SIGNATURE OF APPROVING OFFICIAL DATE

PART III — DISPOSITION RECEIPT

BY [signature] DATE 7/28/83

DISPOSED OF PER INSTRUCTIONS IN PART I BY DATE

PART V — INVENTORY CONTROL

ADDITIONAL ITEM NUMBER ABOVE TO BE CHARGED TO ACCOUNT TO BE CHARGED.

CREDIT ACCOUNT

NOTE THE SIGNATURE FOR RM CLEARANCE AND DISPOSAL NUMBER MUST BE OBTAINED THE SAME DAY AS THE ARRIVAL OF THE PROPERTY AT THE STORES SALE YARD.

*4-3000-217 (4-78)

INVENTORY OR PROPERTY ACCOUNTING

000208

REQUEST TO DISPOSE OF NONRADIOACTIVE HAZARDOUS WASTE

PNL - 83 - 007

I. GENERATION: The Generator should complete Part I and forward this form to: WS&DT
202-S/200 West
Rockwell

A. Generator's Name: Jeene Hobbs Phone: 6-1631 Address: 3752/300Area Company: PNL

B. Custodian's Name: Janet Russel Phone: 5-2545 Address: PSL/300 Area Company: PNL

C. Waste Description: (If more than five items, attach additional sheets)

Generic Name	Total Quantity	Type of Container	Number of Containers	(Check One) Sol.	Liq.	Gas	Hazard Class
1. Mixture: 50% acetone	7 gal	glass	7		X		Flammable (D001)
2. 10% THF, 15% methylene chloride, 25% methanol.							
3.							
4.							
5. Picked up waste at end of May total 10 gal in 1 cont							

D. Have appropriate labels been affixed to containers? _____ Not required _____ Drums will be labeled as required.

E. Have efforts been made to recycle (e.g., excess) waste? no

F. Has waste been treated in any manner? no If so, how? _____

G. Storage Location: 332 Building/300 Area

H. "I hereby certify that this material has been released by Radiation Monitoring (if applicable) and that Part One of this form has been completed to the best of my knowledge." Survey Card Number: _____

Generator's Signature: Jeene Hobbs Jeene M Hobbs Date: 20 April 1983

II. APPROVAL

A. Approved for disposal by Name: _____ Phone: _____ Address _____ Co.: _____

Date: _____ Signature: _____

B. Packaging Requirements (specify): _____

C. Disposal Location: ✓ Chemical Trench, _____ Asbestos Trench,
(check one) _____ 212-P (Storage), _____ Other

III. TRANSPORTATION/DISPOSAL

A. Transporter(s) Name: L. D. Pollock Phone: 6-6654 Address: 1171 Company: R 440

B. Date Transported/Disposed: _____

C. Transporter(s) Signature: _____

RECEIVED
SEP 8 1983

000209

SC-6700-174.1 (N-1-82)

13.0

PNL-83-003

REQUEST TO DISPOSE OF NONRADIOACTIVE HAZARDOUS WASTE

I. GENERATION: The Generator should complete Part I and forward this form to: WS&DT 202-S/200 West Rockwell

A. Generator's Name: Jeene Hobbs Phone: 6-1631 Address: 3762/300 Area Company: PNL

B. Custodian's Name: Russ Barrows Phone: 5-3792 Address: PSL/3000 Area Company: PNL

C. Waste Description: (If more than five items, attach additional sheets)

Generic Name	Total Quantity	Type of Container	Number of Containers	(Check One) Sol.	Liq.	Gas	Hazard Class
1Hi temp oil	14gal	2 metal 4 glass	6		X		Combustible liq
2Hexane w/.7% THF (EHN)	4 gal	glass	4		X		Flammable liq
3Iso-octane w/1% THF (EHN)	4 gal	glass	4		X		Flammable liq
4Ammonium fluoride	3 lb	glass	3	X			ORM-B
5Alumina chloride	1 & 1b	glass	2	X			

D. Have appropriate labels been affixed to containers? _____ Not required _____ Lab packs will be labeled as required.

E. Have efforts been made to recycle (e.g., excess) waste? no

F. Has waste been treated in any manner? no If so, how? _____

G. Storage Location: PSL/3000 Area; chemicals will be moved for packaging (contact Hobbs for location)

H. "I hereby certify that this material has been released by Radiation Monitoring (if applicable) and that Part One of this form has been completed to the best of my knowledge." Survey Card Number: _____

Generator's Signature: Jeene Hobbs Jeene M Hobbs Date: 25 Feb 83

II. APPROVAL

A. Approved for disposal by Name: Gary R. Cox Phone: 3-3679 Address 202-S/200W Co.: Rockwell

Date: March 3, 1983 Signature: Gary R. Cox

B. Packaging Requirements (specify): Package #2&3 for offsite shipment (may include with PNL-83-002 offsite); #1,4&5 package for Central Landfill

C. Disposal Location: X Chemical Trench, _____ Asbestos Trench,

(check one) _____ 212-P (Storage), X Other

III. TRANSPORTATION/DISPOSAL

A. Transporter(s) Name: [illegible] Phone: 6-6659 Address: 1171 Company KHO

B. Date Transported/Disposed: 9-8-83

C. Transporter(s) Signature: [illegible] Chemical Trench

RECEIVED SEP 8 1983

000210

BC-6700-174.1 (N-1-82)

REQUEST TO DISPOSE OF NONRADIOACTIVE HAZARDOUS WASTE

PNL-83-014

GENERATION: The Generator should complete Part I and forward this form to: WS&DT
202-S/200 West
Rockwell

A. Generator's Name: Jeene Hobbs Phone: 6-1631 Address: 3762 Company: PNL

B. Custodian's Name: Jack McCarthy Phone: Address: 326 Company: HEDL

C. Waste Description: (If more than five items, attach additional sheets)

Generic Name	Total Quantity	Type of Container	Number of Containers	(Check One) Sol.	Liq.	Gas	Hazard Class
1. 1,4-dioxane	3 pt	1 pt glass	3		X		flammable liq
2. nitromethane	1 pt	glass	1		X		flammable
3. methylene chloride	2 pt	1 pt glass	2		X		ORM-A
4. Anhydrone	1#	glass	1		X		
5. 2 butoxyethanol (ethylene glycol monobutyl ether)	4500 ml	500ml glass	9		X		Combustible

D. Have appropriate labels been affixed to containers? Not required They will be.

E. Have efforts been made to recycle (e.g., excess) waste? no

F. Has waste been treated in any manner? no If so, how?

G. Storage Location: 332/300 Area

H. "I hereby certify that this material has been released by Radiation Monitoring (if applicable) and that Part One of this form has been completed to the best of my knowledge." Survey Card Number:

Generator's Signature: Jeene Hobbs Jeene M Hobbs Date: 25 May 83

APPROVAL

A. Approved for disposal by Name: Phone: Address Co.:

Date: Signature:

B. Packaging Requirements (specify):

C. Disposal Location: Chemical Trench, Asbestos Trench,
(check one) 212-P (Storage), Other

I. TRANSPORTATION/DISPOSAL

A. Transporter(s) Name: Phone: Address: Company

B. Date Transported/Disposed:

C. Transporter(s) Signature:

000211 RECEIVED
SEP 8 1983

BC 6700-174.1 (N.1.82)

6. Micro-Neg resist thinner	2 qt	glass	2		X		combustible
7. (contains xylene)							
8. tetrachloroethylene	2 gal	glass	2		X		DRH-A
9. ethylene dichloride	2 gal	glass	2		X		flammable liq
10. 1,1,2,2 tetrabromomethane	5 kg	glass	1		X		
11. micro resist rinse	1 gal	glass	1		X		combustible
(contains n-butyl acetate 12.							
13. micro resist developer	1 gal	glass	L		X		combustible
(contains petroleum distillates) 14.							
15.							
16.							
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33.							
34.							

BC-6700-174.2 (N-1-92)

REQUEST TO DISPOSE OF NONRADIOACTIVE HAZARDOUS WASTE

PNL-83-015

GENERATION: The Generator should complete Part I and forward this form to: WS&DT
202-S/200 West
Rockwell

A. Generator's Name: Jeene Hobbs Phone: 6-1631 Address: 3762/300 Area Company: PNL

B. Custodian's Name: _____ Phone: _____ Address: _____ Company: _____

C. Waste Description: (If more than five items, attach additional sheets)

Generic Name	Total Quantity	Type of Container	Number of Containers	(Check One) Sol.	Liq.	Gas	Hazard Class
1. n-Hexane	5 gal	metal	1		X		flammable
2. heptane	1 pt	glass	1		X		flammable
3. formaldehyde	1 1/2pt	glass	2		X		combustible
4. 1 - butanol	1 pt	glass	1		X		flammable
5. ditridecyl amine	1/2 pt	glass	1		X		

D. Have appropriate labels been affixed to containers? _____ Not required _____ Lab packs will be labe as required.

E. Have efforts been made to recycle (e.g., excess) waste? no

F. Has waste been treated in any manner? no If so, how? _____

G. Storage Location: 332/300 Area

H. "I hereby certify that this material has been released by Radiation Monitoring (if applicable) and that Part One of this form has been completed to the best of my knowledge." Survey Card Number: _____

Generator's Signature: Jeene Hobbs Jeene M Hobbs Date: 26 May 83

APPROVAL

A. Approved for disposal by Name: _____ Phone: _____ Address _____ Co.: _____

Date: _____ Signature: _____

B. Packaging Requirements (specify): _____

C. Disposal Location: _____ Chemical Trench, _____ Asbestos Trench,
(check one) _____ 212-P (Storage), _____ Other

I. TRANSPORTATION/DISPOSAL

A. Transporter(s) Name: W. Pell Phone: 16654 Address: 1171 Company R HO

B. Date Transported/Disposed: _____

C. Transporter(s) Signature: R E Pell Clerk

RECEIVED
000213
8 1983

BC-6700-1 (4.1 (N-1-82)

Generic Name	Total Quantity	Type of Container	Number of Containers	(Check One) Sol.	L.q.	Gas	Hazard Class
6. alamine 7D	1#	glass	1	X			
7. alamine 4D	1#	glass	1	X			
8. malachite green	1/2 pt	glass	1		X		
9. hydrochloride							
10. 1M $Co(NO_3)$	1/4 pt	glass	1		X		
11. 1M $CuSO_4$	1/4 pt	glass	1		X		ORM-E (RQ)
12. sodium amide	2 1	metal	4	X			Flammable solid
13. saturated quinalizarin in 15% EtOH	1 pt	glass	1		X		
14. 6% copper oleate	1/2 pt	glass	1		X		
15. ethoxyquin	1 pt	glass	1		X		
16. chloroform	1 gal	glass	1		X		ORM-A (RQ)
17. carbon tetrachloride	1 gal	glass	1		X		ORM-A (RQ)
18. aluminum cleaner (chromic & sulfuric acid mix)	1 pt	glass	1		X		Corrosive
19. formaldehyde	1 gal	glass	1		X		combustible
20. HNO_3 (con)	1 gal	glass	1		x		Corrosive
21. $CHCl_3$	1 pt	glass	1		X		
22. dipentamethylene thiuram hexasulfide	1 #	glass	1	X			
23. ethylene glycol	1/2 pt	glass	1		X		
24. tetramethylthiuram disulfide	500 g	glass	1	X			toxic
25. tetrahydrofuran	1 gal	glass	1		X		flammable
26. ethanolamine	1500 g	glass	3		X		Combustible
27. guaiacol 98%	1 1/2 kg	plastic	2		X		
28. aniline	5 pt	glass	5	X			Combustible Poison
29. crotonaldehyde	1 kg	glass in metal	1		X		flammable
30. citric acid crystals	1#	glass	1	X			
31. sorbitan momooleate	1/2 gal	metal glass X	1				
32. acrylonitrile 99%	1 kg	glass in metal	1		X		flammable (RQ)
33. benzaldehyde	1/4 pt	glass	1		X		Combustible
34. 2,4-dinitrophenol	1#	glass	1		X		

000214B

may be quinizarin

SC-6700-174.2 (N-1-82)

Generic Name	Total Quantity	Type of Container	Number of Containers	(Check One) Sol.	Liq.	Gas	Hazard Class
✓ 6. diphenyl-phosphic sulfide	1/2#	glass	2	X			
✓ 7. hydroxylamine hydrochloride	3#	glass	3	X			irritant
✓ 8. N,N-dimethyl-p-phenylene diamine sulfate	1/4 pt	glass	1	X			
9.							
✓ 10. sulfamic acid crystals	2#	fiberboard	1	X			combustible
11. copper sulfate crystals	160#	bags	2	X			ORM-E (RQ)
12.							
13.							
14.							
15.							
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BC-6700-174.2, (N-1-82)

HAZARDOUS WASTE MANIFEST

THIS SHIPPING ORDER must be legibly filled in, in Ink, in Indelible Pencil, or in Carbon. This document corresponds to disposal requests numbered PNL-83-008.

MANIFEST DOCUMENT NUMBER: PNL-M-83-002

TO:	FROM:
T/S/D FACILITY Rockwell Hanford Operations	Generator Battelle PNL
E.P.A. ID Code No. WA7-89-000-8967	E.P.A. ID Code No. WA7-89-000-3967
Address Richland, Wa 99352	Address Richland, Wa 99352
Destination Central Landfill - Chemical Trench	Origin 332/300 Area
Phone Harlan Boynto 373-3516	Phone Jeene Hobbs 376-1631

No Shipping Units	D.O.T. PROPER SHIPPING NAME	HAZARD CLASS	Haz Mat ID. No	EPA Haz Waste No	WEIGHT	LABELS REQUIRED (or Exemption No.)
1	Hazardous waste solid, n.o.s.	ORM-E	NA9189		300#	controlled
	(This is a lab pack of small quantity solids. A copy of the contents list is attached.)					

PLACARDS REQUIRED none

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding $ _____ Per _____

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Signature of Consignor

FREIGHT CHARGES: PREPAID ☐ COLLECT ☐

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

ALTERNATE DESTINATION (EMERGENCY ONLY)

T/S/D FACILITY _____
E.P.A. ID Code No. _____
Address _____
Destination _____

EMERGENCY RESPONSE INFORMATION

CONTACT Name Jeene Hobbs
Phone 376-1631

National Response Center 1-800-424-8802
in D. C. 426-2675

CERTIFICATION

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the E.P.A.

Generator Signature Jeene M Hobbs *Jeene M Hobbs* Date *8 Sept 83*

TRANSPORTER #1 _____ E.P.A. ID No. _____
Address _____
City _____ State _____ Zip _____ Phone _____

This is to certify acceptance of the hazardous waste shipment.
Transporter No. 1 Signature *L A Pedl* Date *9-8-83*

TRANSPORTER #2 _____ E.P.A. ID No. _____
Address _____
City _____ State _____ Zip _____ Phone _____

This is to certify acceptance of the hazardous waste shipment.
Transporter No. 2 Signature *L A Pedl* Date *9-8-83*

TREATMENT/STORAGE/DISPOSAL FACILITY

This is to certify acceptance of the hazardous waste for treatment, storage, or disposal.
T/S/D FACILITY Signature *D E Thaler Chemical Trench* *9-8-83*

000216

TRANSPORTER #1 COPY

HAZARDOUS WASTE MANIFEST

THIS SHIPPING ORDER must be legibly filled in, in ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

MANIFEST DOCUMENT NUMBER: PNL-M-83-006

This document corresponds to disposal requests numbered PNL-003,007, 010,013, & 014 (or parts thereof) also 015 and 013

TO:	FROM:
T/S/D FACILITY Rockwell Hanford operations	Generator Battelle - PNL
E.P.A. ID Code No. WA-39-000-8967	E.P.A. ID Code No. WA7-89-000-8967
Address Richland, Wa 99352	Address Richland, Wa 99352
Destination Central Landfill Chemical trench	Origin 332 Building 300 Area
Phone Harlan Boynton 373-3516	Phone Jeene Hobbs ~~37611131~~ 376-1631

No Shipping Units	D.O.T. PROPER SHIPPING NAME	HAZARD CLASS	Haz Mat ID No.	EPA Haz Waste No.	WEIGHT	LABELS REQUIRED (or Exemption No.)
#1	Waste combustible lab pack	Combustible lid			400 #	combustible controlled
#4	Waste flammable liquid lab pack	flammable liq			400#	flammable controlled
#5	Waste flammable liquid lab pack	flammable liq			400#	flammable controlled
#6	Waste flammable liquid	flammable liq			200#	flammable hazardous
#7	Hazardous waste liq & solid nos	ORM-E			400#	hazardous waste
#3	Waste bromine	Corrosive			60#	corrosive hazardous

PLACARDS REQUIRED

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding $ _____ Per _____

Subject to Section 7 of the conditions, if any, hereof, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor)

FREIGHT CHARGES: PREPAID ☐ COLLECT ☐

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

ALTERNATE DESTINATION (EMERGENCY ONLY)

T/S/D FACILITY none
E.P.A. ID Code No. _____
Address _____
Destination _____

EMERGENCY RESPONSE INFORMATION

CONTACT Name Battelle Industrial Safety
Phone JN Hobbs 37611631

National Response Center 1-800-424-8802
in D. C. 426-2675

CERTIFICATION

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the E.P.A.

Generator Signature Jeene Hobbs Jeene M Hobbs Date 8 Sept 83

TRANSPORTER #1 _____ E.P.A. ID No. _____
Address _____
City _____ State _____ Zip _____ Phone _____

This is to certify acceptance of the hazardous waste shipment.
Transporter No. 1 Signature L. A. Padilla Date 9-9-83

TRANSPORTER #2 _____ E.P.A. ID No. _____
Address _____
City _____ State _____ Zip _____ Phone _____

This is to certify acceptance of the hazardous waste shipment.
Transporter No. 2 Signature L. A. Padilla Date 9-8-83

TREATMENT/STORAGE/DISPOSAL FACILITY

This is to certify acceptance of the hazardous waste for treatment, storage, or disposal.
T/S/D FACILITY Signature D E Hobbs Chemical Trench Date 9-8-83

TRANSPORTER #1 COPY

000217

REQUEST TO DISPOSE OF NONRADIOACTIVE HAZARDOUS WASTE

I. GENERATION: The Generator should complete Part I and forward this form to: WS&DT
202-S/200 West
Rockwell

BEST AVAILABLE COPY

A. Generator's Name: N Harden Phone: 6-3866 Address: 300/328 Bldg Company: WHC

B. Generator's Name: JC Crume Phone: 6-3325 Address: 300/328 Bldg Company: WHC

C. Waste Description: (If more than five items, attach additional sheets)

Generic Name	Total Quantity	Type of Container	Number of Containers	(Check One) Sol.	Liq.	Gas	Hazard Class
PCB	10.2 gal	Capacitor	17		X		-

Appropriate labels been affixed to containers? Yes Not required

Has been made to recycle (e.g., excess) waste? No

Has been treated in any manner? No If so, how?

Location: 300 Area, 335 Building

"I certify that this material has been released by Radiation Monitoring (if applicable) and that Part One of this form has been completed to the best of my knowledge." Survey Card Number: 830767 - 10-3-83

D. Signature: N. Harden Date: 9-29-83

II. APPROVAL

A. Approved for disposal by Name: Phone: Address Co.:

Date: Signature:

B. Special Requirements (specify):

C. Disposal Location: Chemical Trench, Asbestos Trench,
(Check one) 212-P (Storage), Other

III. TRANSPORTATION/DISPOSAL

A. Transporter(s) Name: J.H. Armstrong Phone: 66654 Address: 1171 Bldg Company RHO

B. Date Transported/Disposed: 10-3-83

C. Transporter(s) Signature:
D E Pikolos 10-3-83 Chemical Trench

BC-6700-174.1 (N-1-82)

000218

HAZARDOUS WASTE MANIFEST

STRAIGHT BILL OF LADING

ORIGINAL - NOT NEGOTIABLE

MANIFEST DOCUMENT NUMBER

TO:		FROM:	
T/S/D FACILITY	RHO	Generator	WHC
E.P.A. ID Code No.	WA 7890008967	E.P.A. ID Code No.	WA 7890008967
Address	P.O. Box 800, Richland, WA	Address	P.O. Box 1970 Richland, WA
Destination	212P 200N Area	Origin	335 300 Area
Phone	373-3679	Phone	376-3866

No. Shipping Units	D.O.T. PROPER SHIPPING NAME	HAZARD CLASS	Haz. Mat. ID No.	EPA Haz. Waste No.	WEIGHT	LABELS REQUIRED (or Exemption No.)
6	Polychlorinated Biphenal	-	-	-	1209 Gross	Yes PCB

J. McCoy 3-2077

PLACARDS REQUIRED Yes PCB

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding

$ _____ Per _____

FREIGHT CHARGES PREPAID ☐ COLLECT ☐

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

ALTERNATE DESTINATION (EMERGENCY ONLY)

T/S/D FACILITY _____
E.P.A. ID Code No. _____
Address _____
Destination _____

EMERGENCY RESPONSE INFORMATION

CONTACT Name RHO Hanford Patrol
Phone 811

National Response Center 1-800-424-8802
in D. C. 426-2675

CERTIFICATION

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the E.P.A.

Generator Signature [signature] Date 9-29-83

TRANSPORTER #1 JOHN H. ARMSTRONG 62328 E.P.A. ID No. _____
Address 1218 1100 A
City RICHLAND WA RHO State _____ Zip _____ Phone 3766654

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 1 Signature [signature] Date 10-3-83

TRANSPORTER #2 _____ E.P.A. ID No. _____
Address _____
City _____ State _____ Zip _____ Phone _____

This is to certify acceptance of the hazardous waste shipment.

Signature _____ Date _____

TREATMENT STORAGE DISPOSAL FACILITY

This is to certify acceptance of the hazardous waste for treatment, storage, or disposal

Date _____

000219

ORIGINAL - RETURN TO GENERATOR

HAZARDOUS WASTE MANIFEST

THIS SHIPPING ORDER must be legibly filled in, in ink, in indelible Pencil, or in Carbon, and retained by the Agent.

MANIFEST DOCUMENT NUMBER

3294-2

TO: T/S/D FACILITY	H. C. BOYNTON CHEMICAL TRENCH	FROM: Generator	R. CALLAWAY/C.D. HANSEN ROCKWELL MATERIAL FUNCTION
E.P.A. ID Code No.	789-000-8967	E.P.A. ID Code No.	WA 789-000-8967
Address	HANFORD LANDFILL	Address	BLDG. 1166/1100 AREA
Destination		Origin	RICHLAND WA
Phone		Phone	6-7494

No. Shipping Units	D.O.T. PROPER SHIPPING NAME	HAZARD CLASS	Haz Mat ID No	EPA Haz Waste No	WEIGHT	LABELS REQUIRED (or Exemption No.)
1	TRICHLOROACETIC ACID SOLUTION	CORROSIVE	UN-2564	D002	1 lb	CORROSIVE
1	METHY ALCOHOL	FLAMMABLE LIQUID	UN-1230	U154	9 lbs	FLAMMABLE LIQUID

PLACARDS REQUIRED

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding $_____ Per _____

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor)

FREIGHT CHARGES PREPAID ☐ COLLECT ☐

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

ALTERNATE DESTINATION (EMERGENCY ONLY)

T/S/D FACILITY _____
E.P.A. ID Code No. _____
Address _____
Destination _____

EMERGENCY RESPONSE INFORMATION

CONTACT Name R. CALLAWAY
Phone 6-7110
National Response Center 1-800-424-8802
in D. C. 426-2675

CERTIFICATION

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the E.P.A.

Generator Signature [signature] Date 10-24-83

TRANSPORTER #1 _____ E.P.A. ID No. _____
Address _____
City _____ State _____ Zip _____ Phone _____

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 1 Signature _____ Date _____

TRANSPORTER #2 _____ E.P.A. ID No. _____
Address _____
City _____ State _____ Zip _____ Phone _____

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 2 Signature _____ Date _____

TREATMENT/STORAGE/DISPOSAL FACILITY

This is to certify acceptance of the hazardous waste for treatment, storage, or disposal.

T/S/D FACILITY Signature _____ Date _____

TRANSPORTER #1 COPY

000220

ROCKWELL HANFORD OPERATIONS
NAME OF CONTRACTOR

PROPERTY DISPOSAL REQUEST

CONTROL NO. RHO-83-427
CROSS CONTROL NO.

PART I — DESCRIPTION OF PROPERTY AND REASON FOR DISPOSAL

ITEM NO	QTY	UNIT	INCLUDE IDENTIFICATION NUMBERS, SUCH AS: HEW, EQUIPMENT PIECE, SERIAL NOS, BUILDING FROM WHICH REMOVED, PROJECT AFFECTED, ETC.	UNIT ACQ. VALUE	ACCOUNTING USE ONLY TOTAL VALUE	PROPERTY MGT. USE ONLY DISPOSE OF AS *
1	9	PT	~~[illegible]~~ METHANOL/ ALCOHOL			
2	2	PT	~~[illegible]~~ TRICHLOROACETIC ACID			
3	6	PT	~~[illegible]~~ CHLOROFORM			

Miscellaneous Material Not In Stock

* DISPOSITION SYMBOLS: 1. — EXCESS 2. — SALVAGE 3. — SCRAP 4. — BURY 5. — DESTROY 6. — OTHER (EXPLAIN)

REASON FOR DISPOSAL: (IF CONTAMINATED, ATTACH RADIATION SURVEY REPORT.)
1. INFERIOR CHEMICALS
2. INFERIOR CHEMICALS
3. INFERIOR CHEMICALS

THE PROPERTY LISTED ABOVE — [ ] IS [X] IS NOT — TOXIC OR HAZARDOUS TO HUMANS, ANIMALS OR THE ENVIRONS.

COMPONENT		DATE	LOCATION OF MATERIAL
MATERIAL - WAREHOUSE OPERATIONS		7-26-83	
ORIGINATOR: W.W. TAYLOR	BUILDING: 1166	PHONE: 376-1514	LOCATION OF BURIAL
RM CLEARANCE FOR PUBLIC SALE: R E Tallman	SURVEY NO.: 4K	DATE: 10/20/83	
SIGNATURE OF REQUESTING AUTHORITY: W.W. TAYLOR — W W Taylor			

PART II — INVESTIGATION

AN INVESTIGATION HAS BEEN MADE AND DISPOSITION INSTRUCTIONS HAVE BEEN NOTED IN PART I ABOVE.

BY | DATE

PART III — DISPOSITION RECEIPT

BY | DATE

DISPOSED OF PER INSTRUCTIONS IN PART I (BY) | DATE

NOTE: THE SIGNATURE FOR RM CLEARANCE AND THE SURVEY NUMBER MUST BE OBTAINED THE SAME DAY AS THE ARRIVAL OF THE PROPERTY AT THE STORES SALE YARD.

PART IV — APPROVAL

DISPOSITION OF THE ABOVE PROPERTY OR MATERIALS IN ACCORDANCE WITH THE ABOVE RECOMMENDATIONS IS APPROVED

SIGNATURE OF APPROVING OFFICIAL | DATE

PART V — INVENTORY CONTROL

IN THE CASE OF INVENTORY MATERIALS DESIGNATE BY ITEM NUMBER ABOVE ACCOUNT TO BE RELIEVED AND OFFSETTING ACCOUNT TO BE CHARGED

ITEM NO.	DEBIT ACCOUNT	CREDIT ACCOUNT

000221

INVENTORY OR PROPERTY ACCOUNTING

Rockwell Hanford Operations
NAME OF CONTRACTOR

PROPERTY DISPOSAL REQUEST

CONTROL NO. RHO-83-281
CROSS CONTROL NO.

PART I — DESCRIPTION OF PROPERTY AND REASON FOR DISPOSAL

ITEM NO	QTY.	UNIT	INCLUDE IDENTIFICATION NUMBERS, SUCH AS: HEW, EQUIPMENT PIECE, SERIAL NOS. BUILDING FROM WHICH REMOVED, PROJECT AFFECTED, ETC.	UNIT ACQ. VALUE	ACCOUNTING USE ONLY TOTAL VALUE	PROPERTY MGT. USE ONLY DISPOSE OF AS *
			SEE ATTACHED			#4

* DISPOSITION SYMBOLS: 1. — EXCESS 2. — SALVAGE 3. — SCRAP 4. — BURY 5. — DESTROY 6. — OTHER (EXPLAIN)

REASON FOR DISPOSAL: (IF CONTAMINATED, ATTACH RADIATION SURVEY REPORT.)

Per directive dated April 8, 1982 from R.J. McDermott to J.J. Fuquay:

Bury per instructions of Environmental Surveillance Team.

THE PROPERTY LISTED ABOVE — [XX] IS [ ] IS NOT — TOXIC OR HAZARDOUS TO HUMANS, ANIMALS OR THE ENVIRONS.

COMPONENT		DATE	LOCATION OF MATERIAL
chemicals		4/19/83	1166 Bldg
ORIGINATOR	BUILDING	PHONE	LOCATION OF BURIAL
JK Gustafson	1166 Bldg.	6-6055	
RM CLEARANCE FOR PUBLIC SALE	SURVEY NO.	DATE	

SIGNATURE OF REQUESTING AUTHORITY
L.S. Olsen

PART II — INVESTIGATION

AN INVESTIGATION HAS BEEN MADE AND DISPOSITION INSTRUCTIONS HAVE BEEN NOTED IN PART I ABOVE.

BY J F Burke DATE 4/20/83

PART III — DISPOSITION RECEIPT

BY DATE

DISPOSED OF PER INSTRUCTIONS IN PART I (BY) DATE

NOTE: THE SIGNATURE FOR RM CLEARANCE AND THE SURVEY NUMBER MUST BE OBTAINED THE SAME DAY AS THE ARRIVAL OF THE PROPERTY AT THE STORES SALE YARD.

PART IV — APPROVAL

DISPOSITION OF THE ABOVE PROPERTY OR MATERIALS IN ACCORDANCE WITH THE ABOVE RECOMMENDATIONS IS APPROVED

SIGNATURE OF APPROVING OFFICIAL DATE

PART V — INVENTORY CONTROL

IN THE CASE OF INVENTORY MATERIALS DESIGNATE BY ITEM NUMBER ABOVE ACCOUNT TO BE RELIEVED AND OFFSETTING ACCOUNT TO BE CHARGED

ITEM NO.	DEBIT ACCOUNT	CREDIT ACCOUNT

000222

45-2.30-217 4-78)

INVENTORY OR PROPERTY ACCOUNTING

HAZARDOUS WASTE MANIFEST

THIS SHIPPING ORDER must be legibly filled in, in ink, in indelible Pencil, or in Carbon, and retained by the Agent.

MANIFEST DOCUMENT NUMBER

3294-1

TO:	H. C. BOYNTON	FROM:	R. CALLAWAY/C.D. HANSEN
T/S/D FACILITY	WASTE STORAGE	Generator	ROCKWELL MATERIAL FUNCTION
E.P.A. ID Code No.	WA 789-000-3967	E.P.A. ID Code No.	WA 789-000-3967
Address	BLDG. 2727-S	Address	BLDG. 1166/1100 AREA
Destination	HANFORD PLANT	Origin	RICHLAND, WA
Phone	3-3616	Phone	376-7494

No. Shipping Units	D.O.T. PROPER SHIPPING NAME	HAZARD CLASS	Haz Mat ID No.	EPA Haz Waste No	WEIGHT	LABELS REQUIRED (or Exemption No.)
1	CHLOROFORM	ORM-A	UN1888	U044	6 lbs	NONE

PLACARDS REQUIRED

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding

$_____ Per _____

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor)

FREIGHT CHARGES PREPAID ☐ COLLECT ☐

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

ALTERNATE DESTINATION (EMERGENCY ONLY)

T/S/D FACILITY _____
E.P.A. ID Code No. _____
Address _____
Destination _____

EMERGENCY RESPONSE INFORMATION

CONTACT Name R. CALLAWAY
Phone 6-7110

National Response Center 1-800-424-8802
in D. C. 426-2675

CERTIFICATION

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the E.P.A.

Generator Signature C. D. Hansen Date 10-24-83

TRANSPORTER #1 _____ E.P.A. ID No. _____
Address _____
City _____ State ____ Zip ____ Phone ____

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 1 Signature _____ Date ____

TRANSPORTER #2 _____ E.P.A. ID No. _____
Address _____
City _____ State ____ Zip ____ Phone ____

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 2 Signature _____ Date ____

TREATMENT/STORAGE/DISPOSAL FACILITY

This is to certify acceptance of the hazardous waste for treatment, storage, or disposal.

T/S/D FACILITY Signature _____

TRANSPORTER #1 COPY

000223

E-8741

REQUEST TO DISPOSE OF NONRADIOACTIVE HAZARDOUS WASTE

I. GENERATION: The Generator should complete Part I and forward this form to: WS&DT, 202-S/200 West, Rockwell

A. Generator's Name: W. R. Buchanan Phone: 3-2181 Address: 234-5/200 W Company: RHO

B. Custodian's Name: B. R. Fitzpatrick Phone: 3-2283 Address: 234-5/200 W Company: RHO

C. Waste Description: (If more than five items, attach additional sheets)

Generic Name	Total Quantity	Type of Container	Number of Containers	(Check One) Sol.	Liq.	Gas	Hazard Class
1. SEE ATTACHED SHEETS							
2.							
3.							
4.							
5.							

D. Have appropriate labels been affixed to containers? YES Not required

E. Have efforts been made to recycle (e.g., excess) waste? WASTE OF NO USE

F. Has waste been treated in any manner? NO If so, how?

G. Storage Location: 234-5 LAB/200W RHO

H. "I hereby certify that this material has been released by Radiation Monitoring (if applicable) and that Part One of this form has been completed to the best of my knowledge." Survey Card Number: HAS BEEN SURVEYED

Generator's Signature: W R Buchanan Date: 12-3-82

II. APPROVAL

A. Approved for disposal by Name: G. R. Cox Phone: 3-3679 Address: 202-S/200-W Co.: Rockwell

Date: 2/16/83 Signature: G. R. Cox

B. Packaging Requirements (specify): As specified on attached sheets; EHW will go to the new storage facility in 200-West area until disposed of offsite.

C. Disposal Location (check one): X Chemical Trench, ___ Asbestos Trench, ___ 212-P (Storage), as specified Other

III. TRANSPORTATION/DISPOSAL

A. Transporter(s) Name: L. D. Dow Phone: 6-6654 Address: 1171 Company: RHO

B. Date Transported/Disposed: Chemical Trench 6-1-83

C. Transporter(s) Signature: L. D. Dow, D. E. Pheifer

000224 700-174.1 (N

Offsite Disposal

Extremely Hazardous Waste

To be packaged separate from other columns

Rm. 134 - tetrachloroethylene - 1 pint

Rm. 141A - 5 amino-2 naphtalene Sulfonic Acid - 250 grams
Phenol Red Sodium Salt - 15 gram
.5 m TTA in Xylene - 1 quart
Nitrobenzene - 1 pint
Xylene - 1 pint
Toluene - 1 pint
Hydrazine in H_2O - 125 ml.
1-Naphthylamine-7-Sulfonic Acid - 1 pint

Rm. 143 Trioctylphosphine - 25 gram
Benzion Anti Oxime - 25 gram
P-(Dimethylamino) Benzaldehyde - 300 gram

Rm. 141-A Amadac-F - 50 grams
N-Phenylbenzohydroamic Acid - 25 grams
1,10-Phenonthroline - 120 grams
Hydrazine 35% - 500 ml.
Carbon tetrachloride - 50 ml.
Nitrobenzene - 1 Kg.
Hydrazine 65% - 500 ml.
.5 TTA in xylene - 1 gallon
Tetrachloroethylene - 1 pint

Rm. 151 - Nitrobenzene - 6 pints
2-Ethylhexyl hydrogen Phosphite - 125 ml.
Tetrachloroethylene - 1 pint

Package as is (separate other co

Rm 141-A - Silver Nitrate - 4 oz.
Rm 143 - Mercuric Chloride - 1/4 lb.
Rm. 143 - Silver Peroxide - 100 gra
Rm 141-A - Hydroxylamine Nitrate 15% Aq Solution
Rm. 155 - Silver Nitrate - 1/4 lb.
.25 m Lead Nitrate - 1 quart

#4 Organic Chemicals for Disposal
Central Landfill

Rm.154 Ascarite-3%

Rm.141-A Sulfamic Acid- 100 grams (top of drum)
Hydroxylamine Hydrochloride-115 grams
Dibutyl Butylphosphonate- 125ml.
Collodion - 250ml.
Methyl Isobutyl Ketone- 1pint
Agle Sulanilic Acid in Acetic Acid - 1pint
Li-70-Phenanthroline Ferrous Sulfate-125ml.

Rm.143 Sulfamic Acid- 5lbs (top of drum)
O-tolidine Dihydrochloride - 1lb.
Ascarite - 12 lbs.
Glycolic Acid - ¼ lb. (top of drum)
Hydroxylamine Hydrochloride- 8 lbs.
Diethylene Triamine Penta acetic Acid - ¼ lb.

Rm141-A Hydroxylamine Hydrochloride- 1lb.
Dibutyl Butyl phosphonate- 200ml., 500ml.
Dichloridimethylsilane-200ml.
N-Tridecane — 125ml.
Formic Acid- 250ml., 250ml. (bottom of barrel)
I- So Amyl Alcohol - 1 pint
Amyl Acetate - 1 pint
Methy methocylate - 1 gallon
Tributyl phosphate- 1 gallon
Butyl steorate - 2 gallons

Rm139 ISO Amyl Alcohol- 1 pint
Methylisobutyl Ketone- 5 pints

000226

Chemicals Requiring Separate Packaging (Onsite Disposal)
Central Landfill

Rm. 135 Oxalic Acid - 1lb.
Sodium Hydroxide - 1lb.
Rm 141-A Aluminum Chloride - 1lb.
Aluminum Nitrate - 1lb.
Hypo-phosphorus Acid - 3 pints
Rm. 143 Magnesium Perchlorate - 1 lb.
Acid Arsenious - 1lb.
Rm. 141-A Petroleum Ether - 25ml.
Rm. 154 Magnesium Perchlorate - 3lb.
Rm 134 Hydroiodic Acid - 10 pints
Rm. 154 Hydroiodic Acid - 20 pints

E-87412

REQUEST TO DISPOSE OF NONRADIOACTIVE HAZARDOUS WASTE.

I. **GENERATION:** The Generator should complete Part I and forward this form to: WS&DT, 202-S/200 West, Rockwell

A. Generator's Name: W. R. Buchanan Phone: 3-2181 Address: 234-5/200 W Company: RHO

B. Custodian's Name: B. R. Fitzpatrick Phone: 3-2283 Address: 234-5/200 W Company: RHO

C. Waste Description: (If more than five items, attach additional sheets)

Generic Name	Total Quantity	Type of Container	Number of Containers	(Check One) Sol.	Liq.	Gas	Hazard Class
1. SEE ATTACHED SHEETS							
2.							
3.							
4.							
5.							

D. Have appropriate labels been affixed to containers? YES Not required _____

E. Have efforts been made to recycle (e.g., excess) waste? WASTE OF NO USE

F. Has waste been treated in any manner? NO If so, how? _____

G. Storage Location: 234-5 LAB/200 W RHO

H. "I hereby certify that this material has been released by Radiation Monitoring (if applicable) and that Part One of this form has been completed to the best of my knowledge." Survey Card Number: HAS BEEN SURVEYED

Generator's Signature: W R Buchanan Date: 12-3-82

II. **APPROVAL**

A. Approved for disposal by Name: G. R. Cox Phone: 3-3679 Address: 202-S/200-W Co.: Rockwell

Date: 2/16/83 Signature: G. R. Cox

B. Packaging Requirements (specify): As specified on attached sheets; EHW will go to the new storage facility in 200-West area until disposed of offsite.

C. Disposal Location (check one): X Chemical Trench, _____ Asbestos Trench, _____ 212-P (Storage), as specified Other

III. **TRANSPORTATION/DISPOSAL**

A. Transporter(s) Name: L. A. Dow Phone: 6-6654 Address: 1171 Company: RHO

B. Date Transported/Disposed: Chemical Trench 6-1-85

C. Transporter(s) Signature: Lance A. Dow, D. E. Phelps

000228 SC-6700-174.1 (N

Offsite Disposal
Extremely Hazardous Waste

To be packaged separate from other colum

Rm. 134 - tetrachloroethylene - 1 pint
Rm. 141A - 5 amino-2 naphtalene Sulfonic Acid - 250 grams
Phenol Red Sodium Salt - 15 gram
.5 m TTA in Xylene - 1 quart
Nitrobenzene - 1 pint
Xylene - 1 pint
Toluene - 1 pint
Hydrazine in H_2O - 125 ml.
1-Naphthylamine-7-Sulfonic Acid - 1 pint
Rm. 143 Trioctyl phosphine - 25 gram
Benzion Anti Oxime - 25 gram
P-(Dimethylamino) Benzaldehyde - 300 gram
Rm. 141-A Amadac-F - 50 grams
N-Phenylbenzohydroamic Acid - 25 grams
1, 10-Phenon throline - 120 grams
Hydrazine 35% - 500 ml.
Carbon tetrachloride - 50 ml.
Nitro benzene - 1 Kg.
Hydrazine 65% - 500 ml.
.5 TTA in xylene - 1 gallon
Tetrachloroethylene - 1 pint
Rm. 151 - Nitrobenzene - 6 pints
2-Ethylhexyl hydrogen Phosphite - 125 ml.
Tetrachloroethylene - 1 pint

Package as is (separa other co

Rm 141-A - Silver Nitrate - 4 oz.
Rm 143 - Mercuric Chloride - 1/4 lb.
Rm. 143 - Silver Peroxide - 100 gra
Rm 141-A - Hydroxylamine Nitrate 15% Aq. Solutio
Rm. 155 - Silver Nitrate - 1/4 lb.
.25 m Lead Nitrate - 1 quart

#4 Organic Chemicals for Disposal
Central Landfill

Rm.154 Ascarite-3lb.

Rm.141-A Sulfamic Acid- 100 grams (top of drum)
Hydroxylamine Hydrochloride-115 grams
Dibutyl Butylphosphonate- 125ml.
Collodion - 250ml.
Methyl Isobutyl Ketone- 1pint
Agle Sulanilic Acid in Acetic Acid - 1pint
Li-O-Phenanthroline Ferrous Sulfate-125ml.

Rm.143 Sulfamic Acid - 5lbs (top of drum)
O-tolidine Dihydrochloride - 1lb.
Ascarite - 12lbs.
Glycolic Acid - ¼lb. (top of drum)
Hydroxylamine Hydrochloride-8lbs.
Diethylene Triamine Penta acetic Acid-¼lb.

Rm141-A Hydroxylamine Hydrochloride- 1lb.
Dibutyl Butyl phosphonate- 200ml., 500ml.
Dichloridimethyl silane-200ml.
N-Tridecane — 125ml.
Formic Acid - 250ml., 250ml. (bottom of barrel)
i- So Amyl Alcohol - 1pint
Amyl Acetate - 1pint
Methy methocylate - 1 gallon
Tributyl phosphate- 1 gallon
Butyl steorate - 2 gallons

Rm139 50% Amyl Alcohol- 1pint
Methylisobutyl Ketone- 5pints

000230

Chemicals Requiring Separate Packaging (Onsite Disposal)
Central Landfill

Rm. 135	Oxalic Acid - 1lb.
	Sodium Hydroxide - 1lb.
Rm 141-A	Aluminum Chloride - 1lb.
	Aluminum Nitrate - 1lb.
	Hypo-phosphorus Acid - 3 pints
Rm. 143	Magnesium Perchlorate - 1 lb.
	Acid Arsenious - 1lb.
Rm. 141-A	Petroleum Ether - 25ml.
Rm. 154	Magnesium Perchlorate - 3lb.
Rm 134	Hydroiodic Acid - 10 pints
Rm. 154	Hydroiodic Acid - 20 pints

13.0

REQUEST TO DISPOSE OF NONRADIOACTIVE HAZARDOUS WASTE

I. GENERATION: The Generator should complete Part I and forward this form to: WS&DT 202-S/200 West Rockwell

A. Generator's Name: Mike Malachek Phone: 6654 Address: 1171 Bldg Company: Rockwell

B. Custodian's Name: Mike Malachek Phone: 6654 Address: 1171 Bldg Company: Rockwell

C. Waste Description: (If more than five items, attach additional sheets)

Generic Name	Total Quantity	Type of Container	Number of Containers	(Check One) Sol.	Liq.	Gas	Hazard Class
1. Asphalt	8#	Can	8	Empty			Non Hazardous
2. Asphalt	55gal	Drum	2	Empty			" "
3. Poly mon	55gal	Drum	2	Empty			" "
4.							
5.							

D. Have appropriate labels been affixed to containers? _____ Not required ✓

E. Have efforts been made to recycle (e.g., excess) waste? NA

F. Has waste been treated in any manner? NA If so, how? _____

G. Storage Location: V Bldg.

H. "I hereby certify that this material has been released by Radiation Monitoring (if applicable) and that Part One of this form has been completed to the best of my knowledge." Survey Card Number: _____

Generator's Signature: Mike Malachek Date: 5/16/83

II. APPROVAL

A. Approved for disposal by Name: G.R. Cox Phone: 3-3679 Address 202-S/200 West Co.: Rockwell

Date: May 12, 1983 Signature: G.R. Cox

B. Packaging Requirements (specify): Empty herbicide containers

C. Disposal Location: X Chemical Trench, _____ Asbestos Trench,

(check one) _____ 212-P (Storage), _____ Other

III. TRANSPORTATION/DISPOSAL

A. Transporter(s) Name: _____ Phone: _____ Address: _____ Company _____

B. Date Transported/Disposed: _____

C. Transporter(s) Signature: _____

5-23-83 R.E. Parker Chemical Trench

9C-6700-174.1 (N-1-82)

REQUEST TO DISPOSE OF NONRADIOACTIVE HAZARDOUS WASTE

4-17

I. GENERATION: The Generator should complete Part I and forward this form to: WS&DT, 202-S/200 West, Rockwell

S Stock 2757

A. Generator's Name: J. A. Compton Phone: 3-2296 Address: 234-5/2-W Company: Rockwell

B. Custodian's Name: T. A. Lane Phone: 3-2426 Address: 234-5/2-W Company: Rockwell

C. Waste Description: (If more than five items, attach additional sheets)

Generic Name	Total Quantity	Type of Container	Number of Containers	(Check One) Sol.	Liq.	Gas	Hazard Class
1. Ceric Oxide	315 kg	Metal Cans	18	X			
2. Cerous Oxalate	54 ft^3	Metal can & Cardd Drums	10	X			Corrosive, Oxidizer
3.							
4.							
5.							

D. Have appropriate labels been affixed to containers? Yes Not required

E. Have efforts been made to recycle (e.g., excess) waste? Yes

F. Has waste been treated in any manner? Yes If so, how? Item 1 has been heated to about 400°C.

G. Storage Location: 234-5 Building outside of front delivery dock

H. "I hereby certify that this material has been released by Radiation Monitoring (if applicable) and that Part One of this form has been completed to the best of my knowledge." Survey Card Number: Will be surveyed before pick-up.

Generator's Signature: James A. Compton Date: 6-22-83

II. APPROVAL

A. Approved for disposal by Name: H.C. BOYNTON Phone: 3-3516 Address 2750E Co.: Rockwell

Date: November 16, 1983 Signature: [illegible]

B. Packaging Requirements (specify): As Per Disposal Analysis 4-17 same date. 11-23-83

C. Disposal Location: X Chemical Trench, Asbestos Trench,
(check one) 212-P (Storage), Other

III. TRANSPORTATION/DISPOSAL

A. Transporter(s) Name: John H. Armstrong Phone: 126654 Address: 1171 Company RHO

B. Date Transported (Disposed) [illegible]

C. Transporter(s) Signature: [illegible]

000233

BC-6700-174.1 (N-1-82)

Internal Letter **Rockwell International**

Date November 23, 1983 No. 65950-83-1640

TO: (Name, Organization, Internal Address)
J. A. Compton
Advanced Engineer
234-5/205/200W

FROM: (Name, Organization, Internal Address, Phone)
H.C. Boynton
Solid Waste Processing
& Disposal Unit
3-3516

Subject: APPROVED DISPOSAL REQUEST 4-17 (Rockwell)

Reference: Application To Dispose of Non-radioactive Waste, June 22, 1983, J. A. Compton

The disposal method for chemical reagents listed in the referenced application is prescribed on the attached Disposal Request Analysis.

All packaging, labeling and marking of waste reagents shall be completed in accordance with the prescribed instructions which are based on Department of Transportation (DOT) regulations (49 CFR 171-179). A Hazardous Waste Manifest is required to accompany all waste shipments in accordance with 40 CFR 263.

Arrangements for transporting waste materials directly to the Hanford Non-radioactive Hazardous Waste Disposal Trench is a generator responsibility and may be implemented upon compliance with the stated disposal request instructions and Hazardous Waste Manifest requirements.

Inspections by Rockwell of package content and integrity will be made as required to certify waste is disposed of in the manner designated in the burial analysis. Failure to package in the manner described in the burial analysis will result in suspension of disposal privileges for the offending facility.

Should you require further assistance regarding the disposition of wastes listed on Disposal Request 4-17, please contact the following Rockwell personnel:

H. C. Boynton	Solid Waste Processing & Disposal (3-3516)
G. R. Cox	Industrial Hygiene & Safety (2727-S Offsite Shipment Coordinator) (3-3679)

Rockwell International

D. L. McCall	Material (6-1651)
A. D. Poor	Transportation (6-1452)

H.C. Boynton, Engineer
Solid Waste Processing & Disposal Unit

HCB:bjb

attachment

cc: J. F. Albaugh LAV
G. R. Cox GRC by telecon 11-29-83
D. R. Groth DRG
D. L. McCall
A. D. Poor

ONSITE DISPOSAL - Waste reagents listed below are to be properly package and Manifested for disposal at the Hanford Non-radioactive Hazardous Waste Chemical Trench.

Instruction for Packaging, Labeling and Marking:

- o Reagents may be shipped for disposal in their original containers except as specified below.
- o A DOT Hazard class label must be applied to each container.
- o Each container must be labeled with the reagents shipping name and EPA identification number, as listed on the Disposal Analysis chart.
- o Mark an identification number on each container which correlates with the Hazardous Waste Manifest.
- o Mark on the drum lid, "THIS SIDE UP".
- o Mark the weight of the drum if weight exceeds 110 pounds.

HAZARD CLASS	DISPOSAL ITEM NO.	SHIPPING NAME	EPA NO.	ID. NO.	LABEL	NO. OF CONTAINERS	CONTAINER TYPE	QUANTITY TOTAL
ORM-A	1.	ORM-A n.o.s. (Ceric Oxide)	NA	NA 1693	None	18	Metal Cans	315 Kg.
ORM-A	2.	ORM-A n.o.s. (Cerous Oxalate)	NA	NA 1693	None	10	Metal Cans & Cardboard drums	54 $ft.^3$

000237

2583

REQUEST TO DISPOSE OF NONRADIOACTIVE HAZARDOUS WASTE

I. GENERATION: The Generator should complete Part I and forward this form to: WS&DT, 202-S/200 West, Rockwell

A. Generator's Name: G.L. Gurwell Phone: 3-3490 Address: 2704-S, 200W Company: RHO

B. Custodian's Name: T.A. Lane Phone: 3-2426 Address: 234-5Z, 200W Company: RHO

C. Waste Description: (If more than five items, attach additional sheets)

Generic Name	Total Quantity	Type of Container	Number of Containers	(Check One) Sol.	Liq.	Gas	Hazard Class
1. BENZENE EHW reactive	7 pts.	GLASS	7		X		
2. P-DIOXANE reacts w oxidizer	2 gal.	GLASS	4-½ gal.		X		
3. 1-OCTANOL reactive oxidizer	3½ gal	GLASS	5-½ GAL		X		
4. TOLUENE EHW reactive oxidizer	6 pts	GLASS	6		X		
5. THERMITE Exp'l.	~70 lbs	METAL CANS	~7	X			

D. Have appropriate labels been affixed to containers? _____ Not required Containers labelled.

E. Have efforts been made to recycle (e.g., excess) waste? Yes.

F. Has waste been treated in any manner? N/A. If so, how? _____

G. Storage Location: Rm 174-B + Dock #5 234-5Z Facility.

H. "I hereby certify that this material has been released by Radiation Monitoring (if applicable) and that Part One of this form has been completed to the best of my knowledge." Survey Card Number: Will be Surveyed.

Generator's Signature: G.L. Gurwell Date: February 1, 1983

II. APPROVAL

A. Approved for disposal by Name: G.R. Cox Phone: 3-3679 Address 202-S/200W Co.: RHO

Date: 2/10/83 Signature: Gary R. Cox

B. Packaging Requirements (specify): The Extremely Hazardous Waste must be packaged in one container for offsite shipment (#1,4,7); #2,3,6,8 may be packaged together for burial at the Central Landfill; #5 hold separate and obtain the Manufacturers Data Sheet for.

C. Disposal Location: _____ Chemical Trench, _____ Asbestos Trench,

(check one) _____ 212-P (Storage), Offsite-Arlington, OR Other

III. TRANSPORTATION/DISPOSAL

A. Transporter(s) Name L. D. Davis Phone 66554 Address: 1121 Company Rocky

B. Date Transported/Disposed: 5-5-83

C. Transporter(s) Signature: D E Phelps Chemical Trench

3-6700-174.1 (N-1-82)

Generic Name	Total Quantity	Type of Container	Number of Containers	(Check One) Sol.	Liq.	Gas	Hazard Class
6. TRITONX-100 ★	2 qts	glass	2		X		
7. TETRO Chloro ETHYLENE EHW	10 pts	Glass	10		X		
8. 1,2,4 TRICHLORO BENZENE reacts w/oxidizer	~20 kgs	Glass	19		X		
9.							
10.							
11. ★ alkylaryl polyether alcohol							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							
21.							
22.							
23.							
24.							
25.							
26.							
27.							
28.							
29.							
30.							
31.							
32.							
33.							
34.							

BC-6700-174.2 (N-1 82)

DRUM #- 2 - Lab. Pfiles

Generic Name	Total Quantity	Type of Container	Number of Containers	(Check One) Sol.	Liq.	Gas	Hazard Class
1. 1,2,4 TRICHLORO-BENZENE	19 Kgs	QUART GLASS	19		X		
2. TRITON X-100	2 qts.	QUART GLASS	2		X		
3. P-DIOXANE	2 gal.	1/2 gal JUG.	4		X		
9. 1-OCTANOL	4 Kg's	1/2 Gal. JUG	4		X		
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
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20.							
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23.							
24.							
25.							
26.							
27.							
28.							
29.							
30.							
31.							
32.							
33.							
34.							

BC-6700-174.2 (N-1-82)

000240

13.0

REQUEST TO DISPOSE OF NONRADIOACTIVE HAZARDOUS WASTE

I. **GENERATION:** The Generator should complete Part I and forward this form to: WS&DT 202-S/200 West Rockwell

A. Generator's Name: Mike Malaechy Phone 66654 Address: 1171 Bldg Company: Rockwell

B. Custodian's Name: Mike Malaechy Phone 66654 Address: 1171 Bldg Company: Rockwell

C. Waste Description: (If more than five items, attach additional sheets)

Generic Name	Total Quantity	Type of Container	Number of Containers	(Check One) Sol.	Liq.	Gas	Hazard Class
1. Assault	8 gal	Can	8	Empty	-		Non Hazardous
2. Assault	55 gal	Drum	2	Empty			" "
3. Poly motor	55 gal	Drum	2	Empty	-		" "
4.							
5.							

D. Have appropriate labels been affixed to containers? _____ Not required ✓

E. Have efforts been made to recycle (e.g., excess) waste? N A

F. Has waste been treated in any manner? NA If so, how? _____

G. Storage Location: Y Bldg.

H. "I hereby certify that this material has been released by Radiation Monitoring (if applicable) and that Part One of this form has been completed to the best of my knowledge." Survey Card Number: _____

Generator's Signature: Mike Malaechy Date: 5/16/83

II. **APPROVAL**

A. Approved for disposal by Name: G.R. Cox Phone: 3-3679 Address 202-S/200W Co.: Rockwell

Date: May 12, 1983 Signature: Dan R. Cox

B. Packaging Requirements (specify): Empty herbicide containers

C. Disposal Location: X Chemical Trench, _____ Asbestos Trench,

(check one) _____ 212-P (Storage), _____ Other

III. **TRANSPORTATION/DISPOSAL**

A. Transporter(s) Name: _____ Phone: _____ Address: _____ Company _____

B. Date Transported/Disposed: _____

C. Transporter(s) Signature: _____

5-24-83 DE Phelps Chemical Trench

BC-6700-174.1 (N-1-8')

000241

13.0

REQUEST TO DISPOSE OF NONRADIOACTIVE HAZARDOUS WASTE

I. GENERATION: The Generator should complete Part I and forward this form to: WS&DT, 202-S/200 West, Rockwell

A. Generator's Name: M.C. THOMPSON Phone: 376-1073 Address: 1166/1100 Company: ROCKWELL

B. Custodian's Name: J.T. FOSS Phone: 376-6764 Address: 1169/1100 Company: ROCKWELL

C. Waste Description (If more than five items, attach additional sheets)

Chemical Name	Total Quantity	Type of Container	Number of Containers	(Check One) Sol.	Liq.	Gas	Hazard Class
1. MURIATIC ACID	5 GAL	PLASTIC	1		X		
2. HYDRAFLURORIC ACID	1 GAL	PLASTIC	1		X		
3.							
4.							
5.							

D. Have appropriate labels been affixed to containers? YES Not required ____

E. Have efforts been made to recycle (e.g., excess) waste? YES

F. Has waste been treated in any manner? NO If so, how? ____

G. Storage Location: 1169 BUILDING (ACID STORAGE WAREHOUSE)

H. "I hereby certify that this material has been released by Radiation Monitoring (if applicable) and that Part One of this form has been completed to the best of my knowledge." Survey Card Number: ____

Generator's Signature: M.C. Thompson M.C. THOMPSON Date: 4-4-83

II. APPROVAL

A. Approved for Disposal by Name: Gary R. Cox Phone: 3-3679 Address: 202-S/200 W Co.: Rockwell

Date: April 5, 1983 Signature: Gary R. Cox

B. Packaging Requirements (specify): Pack in absorbent

C. Disposal Location (check one): X Chemical Trench, ____ Asbestos Trench, ____ 212-P (Storage), ____ Other

III. TRANSPORTATION/DISPOSAL

A. Transporter(s) Name: W J. Mosley Phone: 66654 Address: 1171 Bldg. Company: P.H.O.

B. Date Transported/Disposed: 5-4-83

C. Transporter(s) Signature: W J. Mosley D E Fisher Chemical Trench

BC-6700-174.1 (N-1-82)

00024

HAZARDOUS WASTE MANIFEST

THIS SHIPPING ORDER must be legibly filled in, in ink, in indelible Pencil, or in Carbon, and retained by the Agent.

MANIFEST DOCUMENT NUMBER: ONSITE 4097-1

TO: HANFORD CENTRAL LANDFILL T/S/D FACILITY	FROM: ROCKWELL MATERIAL Generator
E.P.A. ID Code No. WA-789-000-8967	E.P.A. ID Code No. WA-789-000-8967
Address	Address 3166 BUILDING/1100 AREA
Destination CHEMICAL TRENCH	Origin RICHLAND
Phone N/A	Phone 376-7110

No. Shipping Units	D.O.T. PROPER SHIPPING NAME	HAZARD CLASS	Haz Mat ID No	EPA Haz Waste No	WEIGHT	LABELS REQUIRED (or Exemption No.)
1	ACID HYDROCHLOR TECH (PLASTIC)	CORROSIVE MATL	UN1789	5GAL	6 GAL/ 10 LBS	CORROSIVE
1	ACID HYDROFLU TECH (PLASTIC)	CORROSIVE MATL	UN1790		1 GAL/ 10 LBS	CORROSIVE

PLACARDS REQUIRED NONE

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding
$ _____ Per _____

FREIGHT CHARGES: PREPAID [XXX] COLLECT [ ]

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

ALTERNATE DESTINATION (EMERGENCY ONLY)

T/S/D FACILITY N/A
E.P.A. ID Code No. _____
Address _____
Destination _____

EMERGENCY RESPONSE INFORMATION

CONTACT Name GARY R. COX
Phone 373-3679

National Response Center 1-800-424-8802
in D. C. 426-2675

CERTIFICATION

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the E.P.A.

Generator Signature X M.C. THOMPSON MC Thompson Date 4-7-83

TRANSPORTER #1 [illegible] E.P.A. ID No. WA-789-000-8967
Address [illegible]
City Richland State Wa Zip [illegible] Phone [illegible]

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 1 Signature [illegible] Date [illegible]

TRANSPORTER #2 _____ E.P.A. ID No. _____
Address _____
City _____ State _____ Zip _____ Phone _____

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 2 Signature _____ Date _____

TREATMENT/STORAGE/DISPOSAL FACILITY

This is to certify acceptance of the hazardous waste for treatment, storage, or disposal.

T/S/D FACILITY Signature DE Fitzpatrick Chemical Trench Date 5-4-83

TRANSPORTER #1 COPY

000243

13.0

REQUEST FOR DISPOSAL OF NONRADIOACTIVE HAZARDOUS MATERIAL

INSTRUCTIONS

Complete this request by providing all available information in the spaces provided. Fold, staple, and return completed form by plant mail to Environmental Protection.

I. CUSTODIAN M.L. McCollom

NAME M.L. McCollom TELEPHONE 376-6706

BUILDING/AREA 1167-A 1100

II. IDENTIFICATION OF MATERIAL

TRADE NAME See Attached List

CHEMICAL NAME

STORAGE LOCATION 1167- (#723)

CONTAMINATED WITH RADIOACTIVE MATERIAL? YES ____ NO X

III. PACKAGING

LIQUID ____ SOLID ____ GAS ____

NUMBER OF CONTAINERS ____ WEIGHT ____ EA. VOLUME ____ EA.

TYPE OF CONTAINER ____ AGE OF CONTAINER ____

IV. REASON FOR DISPOSAL

Not usable - No interest shown by other agencys, nor any public sale interest

V. DATE DISPOSAL REQUIRED

8-1-83

VI. COMMENTS

See attached list for disposition.

APPROVED FOR DISPOSAL BY Larry R. Cox

DATE March 28, 1983

DISPOSAL LOCATION Land fill DE Fluor Chemical Trench

BY

DATE 5-12-83

000244

CHEMICALS IN METAL BUILDING

DOE #	CHEMICAL	QUANTITY
1 * 5432-02	AMMONIA SOL. STRONG reacts with oxidizer	60 - 48 LB GL JR
- 5432-03	AMMONIUM BIFLUORIDE reacts w/acid = toxic	2
- 5432-04	CALCIUM FLUORIDE reacts w/acids = toxic	1 - 25 LB JAR
- 5432-06	CHEL DTPA 41 (SODIUM SALT)	1 - 55 GAL DRM (600 LB)
- 5432-07	SODIUM SALT	1 - FIB DRM (200 LB)
2 * 5432-08	MAGNESIUM NITRATE CRYSTAL oxidizer	9 - FIB DRM (100 LB)
2 * 5432-09	NITRILOTRIACETIC ACID very toxic	4 - 55 GAL DRM
- 5432-10	RARE EARTH CARBONATE	8 - FIB DRM (150 LB)
1 * 5432-11	NALCO 5 - SODIUM ALUMINATE	26 - 55 GAL. DRM
- 5432-13	SODIUM SULFATE	reacts w/oxidizer 1 - FIB DRM (250 LB)
- 5432-14	STRONTIUM CARBONATE 99.7%	3 - FIB DRM (100 LB)
- 5432-24	FLOCULANT } TOTAL →	3 - FIB DRM (100 LB)
- 5432-25	FLOCULANT }	
- 5432-27	TOLFLOC COAG. FLOCULANT } TOTAL →	3 - 5 GAL BKTS
- 5432 28	" " " }	
2 * 5778-31	NICKELOUS NITRATE oxidizer	1 - FIB DRM

PDR #		
- N/A	CALCIUM reacts with oxidizers	11 - SHORT MTL DRM
1 * RHO-81-526	AEROSOL OT	18 - 1 GAL GL JG

* To 2727-S Building for storage while awaiting offsite shipment.
- To Central Landfill for disposal

HAZARDOUS WASTE MANIFEST

THIS SHIPPING ORDER Must be legibly filled in, in ink, in indelible Pencil, or in Carbon, and retained by the Agent.

MANIFEST DOCUMENT NUMBER

TO:		FROM:	
T/S/D FACILITY	CENTRAL LANDFILL	Generator	ROCKWELL HANFORD OPERATIONS
E.P.A. ID Code No.	WA 789-000-8967	E.P.A. ID Code No.	WA 789-000-8967
Address	HANFORD OPERATIONS	Address	BLDG. 1167, 1100 AREA
Destination	RICHLAND, WA 99352	Origin	EXCESS PROPERTY ACTIVITY
Phone	373-3679	Phone	376-6706

No Shipping Units	D.O.T. PROPER SHIPPING NAME	HAZARD CLASS	Haz Mat ID No	EPA Haz Waste No	WEIGHT	LABELS REQUIRED (or Exemption No.)
3	TOLFLOC COAGULANT FLOCULANT (ORGANIC)	NONE	NONE		100 lbs	NONE
1	SODIUM SALT	NONE	NONE		600 lbs	NONE
1	SODIUM SALT	NONE	NONE		200 lbs	NONE
1	CALCIUM FLUORIDE	NONE	NONE		25 lbs	NONE
8	RARE EARTH CARBONATE	NONE	NONE		1200 lbs	NONE
1	SODIUM SULFATE	NONE	NONE		250 lbs	NONE

PLACARDS REQUIRED NONE

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding
$_____ Per _____

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
_____ Shipper of Consignor

FREIGHT CHARGES PREPAID ☐ COLLECT ☐

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

ALTERNATE DESTINATION (EMERGENCY ONLY)

T/S/D FACILITY _____
E.P.A. ID Code No. _____
Address _____
Destination _____

EMERGENCY RESPONSE INFORMATION

CONTACT Name _____
Phone _____

National Response Center 1-800-424-8802
in D. C. 426-2675

CERTIFICATION

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the E.P.A.

Generator Signature C.D. Hansen C.D. HANSEN Date 5-10-83

TRANSPORTER #1 ROCKWELL HANFORD OPERATIONS E.P.A. ID No. WA 789-000-8967
Address P.O. BOX 800, BLDG. 1171
City RICHLAND, WA State WA Zip 99352 Phone 376-6178

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 1 Signature _____ Date _____

TRANSPORTER #2 _____ E.P.A. ID No. _____
Address _____
City _____ State _____ Zip _____ Phone _____

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 2 Signature _____ Date _____

TREATMENT/STORAGE/DISPOSAL FACILITY

This is to certify acceptance of the hazardous waste for treatment, storage, or disposal.

T/S/D FACILITY Signature N E Chemical Trench Date 5-10-83

TRANSPORTER #1 COPY 000246

HAZARDOUS WASTE MANIFEST

THIS SHIPPING ORDER must be legibly filled in, in ink, in indelible Pencil, or in Carbon, and retained by the Agent.

MANIFEST DOCUMENT NUMBER

TO:	FROM:
T/S/D FACILITY CENTRAL LANDFILL	Generator ROCKWELL HANFORD OPERATIONS
E.P.A. ID Code No. WA 789-000-8967	E.P.A. ID Code No. WA 789-000-8967
Address HANFORD RESERVATION	Address BLDG. 1167, 1100 AREA
Destination RICHLAND, WA 99352	Origin EXCESS PROPERTY ACTIVITY
Phone 373-3679	Phone 376-6706

No. Shipping Units	D.O.T. PROPER SHIPPING NAME	HAZARD CLASS	Haz. Mat. ID No.	EPA Haz Waste No	WEIGHT	LABELS REQUIRED (or Exemption No.)
3	STRONTIUM CARBONATE	NONE	NONE	NONE	300 lbs	NONE
3	FLOCULANT	NONE	NONE	NONE	300 lbs	NONE

PLACARDS REQUIRED NONE

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding $_____ Per _____

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
(Signature of Consignor)

FREIGHT CHARGES PREPAID ☐ COLLECT ☐

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

ALTERNATE DESTINATION (EMERGENCY ONLY)

T/S/D FACILITY _____
E.P.A. ID Code No. _____
Address _____
Destination _____

EMERGENCY RESPONSE INFORMATION

CONTACT Name _____
Phone _____

National Response Center 1-800-424-8802
in D. C. 426-2675

CERTIFICATION

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the E.P.A.

Generator Signature C.D. Hansen C.D. HANSEN Date 5-10-83

TRANSPORTER #1 ROCKWELL HANFORD OPERATIONS E.P.A. ID No. WA 789-000-8967
Address PO BOX 800, BLDG. 1171
City RICHLAND, WA State WA Zip 99352 Phone 376-6178

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 1 Signature _____ Date _____

TRANSPORTER #2 _____ E.P.A. ID No. _____
Address _____
City _____ State ____ Zip ____ Phone ____

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 2 Signature _____ Date _____

TREATMENT/STORAGE/DISPOSAL FACILITY

This is to certify acceptance of the hazardous waste for treatment, storage, or disposal.

T/S/D FACILITY Signature D.E. Shaber Chemical Trench Date 5 12 83

TRANSPORTER #1 COPY 000247 –

13.0

REQUEST FOR DISPOSAL OF NONRADIOACTIVE HAZARDOUS MATERIAL

INSTRUCTIONS

Complete this request by providing all available information in the spaces provided. Fold, staple, and return completed form by plant mail to Environmental Protection.

I. CUSTODIAN M L McCollom

NAME M. L. McCollom TELEPHONE 376-6706

BUILDING/AREA 1167-A 1100

II. IDENTIFICATION OF MATERIAL

TRADE NAME See Attached List

CHEMICAL NAME

STORAGE LOCATION 1167-(#723)

CONTAMINATED WITH RADIOACTIVE MATERIAL? YES ____ NO X

III. PACKAGING

LIQUID SOLID GAS

NUMBER OF CONTAINERS ____ WEIGHT ____ EA. VOLUME ____ EA.

TYPE OF CONTAINER ____ AGE OF CONTAINER ____

IV. REASON FOR DISPOSAL

Not usable - No interest shown by other agencys, nor any public sale interest

V. DATE DISPOSAL REQUIRED

4-1-83

VI. COMMENTS

For Disposal at Central Landfill.

APPROVED FOR DISPOSAL

Gary R. Cox

DATE March 24, 1983

DISPOSAL LOCATION Land Fill Chemical Trench

BY D. E. Phelps

DATE 5-12-83

000248

CHEMICALS IN METAL BUILDING

DOE #	CHEMICAL	QUANTITY
5432-12	SILICA GEL-ACTIVATED DESSICANT	10 FIB DRM
5432-17	SILICA GEL	4 DRM (100 LB)
5432-21	POWDERED CLAY	25 - 50 LB BAG
5432-23	OLIN 5004 COAGULANT AID	7 - 50 LB BAG

HAZARDOUS WASTE MANIFEST

THIS SHIPPING ORDER must be legibly filled in, in ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

MANIFEST DOCUMENT NUMBER

TO:		FROM:	
T/S/D FACILITY	CENTRAL LANDFILL	Generator	ROCKWELL HANFORD OPERATIONS
E.P.A. ID Code No.	WA 789-000-8967	E.P.A. ID Code No.	789-000-8967
Address	HANFORD RESERVATION	Address	BLDG. 1167, 1100 AREA
Destination	RICHLAND, WA 99352	Origin	EXCESS PROPERTY ACTIVITY
Phone	376-3679	Phone	376-6706

No Shipping Units	D.O.T. PROPER SHIPPING NAME	HAZARD CLASS	Haz Mat I.D. No	EPA Haz Waste No	WEIGHT	LABELS REQUIRED (or Exemption No.)
1	AMMONIUM HYDROGEN FLUORIDE, SOLID	CORROSIVE	UN-1727			CORROSIVE
11	CALCIUM, METAL	~~Dangerous when wet~~ FLAMMABLE SOLID	UN-1404		1000 lbs	FLAMMABLE SO & DANGEROU WHEN WET
3	SILICA GEL	NONE	NONE		300 lbs	NONE
25	POWDERED CLAY	NONE	NONE		1250 lbs	NONE
7	OLIN 5004 COAGULANT AID	NONE	NONE		350 lbs	NONE
10	SILICA GEL-ACTUATED DESSICANT	NONE	NONE		1000 lbs	NONE

PLACARDS REQUIRED FLAMMABLE SOLID ~~X CORROSIVE~~

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding
$ _____ Per _____

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor)

FREIGHT CHARGES
PREPAID ☐ COLLECT ☐

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

ALTERNATE DESTINATION (EMERGENCY ONLY)

T/S/D FACILITY NONE
E.P.A. ID Code No. _____
Address _____
Destination _____

EMERGENCY RESPONSE INFORMATION

CONTACT Name _____
Phone _____
National Response Center 1-800-424-8802
in D. C. 426-2675

CERTIFICATION

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the E.P.A.

Generator Signature C. D. Hansen G.D. HANSEN Date 5-12-83

TRANSPORTER #1 ~~ROCKWELL HANFORD OPERATIONS~~ E.P.A. ID No. ~~WA 789-000-8967~~
Address ~~PO BOX 800, BLDG. 1171~~
City ~~RICHLAND, WA~~ State ~~WA~~ Zip ~~99352~~ Phone ~~376-6178~~

This is to certify acceptance of the hazardous waste shipment.
Transporter No. 1 Signature _____ Date _____

TRANSPORTER #2 _____ E.P.A. ID No. _____
Address _____
City _____ State _____ Zip _____ Phone _____

This is to certify acceptance of the hazardous waste shipment.
Transporter No. 2 Signature _____ Date _____

TREATMENT/STORAGE/DISPOSAL FACILITY

This is to certify acceptance of the hazardous waste for treatment, storage, or disposal.
T/S/D FACILITY Signature D E Phelps Chemical Treat Date 5-12-83

TRANSPORTER #1 COPY 000250

13.0 E 6 1 1 1 - 1 - - -

REQUEST TO DISPOSE OF NONRADIOACTIVE HAZARDOUS WASTE

I. **GENERATION:** The Generator should complete Part I and forward this form to: WS&DT
202-S/200 West
Rockwell

A. Generator's Name: G. Burch Phone: 3-2484 Address: 222 S 200W Company: Rockwell

B. Custodian's Name: _____ Phone: _____ Address: _____ Company: _____

C. Waste Description: (If more than five items, attach additional sheets)

	Generic Name	Total Quantity	Type of Container	Number of Containers	(Check One) Sol.	Liq.	Gas	Hazard Class
± 2	1. gasoline	170 ml	glass	2		✓		
X	2. xylene	4800 ml	glass	12		✓		
X	3. toluene	1000 ml	glass	3		✓		
+	4. cyclohexane	1000 ml	glass	2		✓		
	5. ~~[illegible]~~	~~400 ml~~	~~glass~~	~~[illegible]~~		✓		

D. Have appropriate labels been affixed to containers? _____ Not required _____

E. Have efforts been made to recycle (e.g., excess) waste? _____

F. Has waste been treated in any manner? _____ If so, how? _____

G. Storage Location: _____

H. "I hereby certify that this material has been released by Radiation Monitoring (if applicable) and that Part One of this form has been completed to the best of my knowledge." Survey Card Number: _____

Generator's Signature: Gayle Burch Date: 12-6-82

II. **APPROVAL**

A. Approved for disposal by Name: Gary R. Cox Phone: 3-3679 Address: 202-S/200-W Co.: Rockwell
Date: March 3, 1983 Signature: Gary R. Cox

B. Packaging Requirements (specify): Already in storage at 2727-S Bldg. (Offsite Shipment Bldg.)

C. Disposal Location: X Chemical Trench, _____ Asbestos Trench,
(check one) _____ 212-P (Storage), _____ Other

III. **TRANSPORTATION/DISPOSAL**

A. Transporter(s) Name: John W. Carr Phone: 86654 Address: 1171 Company RHO

B. Date Transported/Disposed: 3/21/83

C. Transporter(s) Signature: John Wayne Carr

D E Phelps Chemical Trench 3-21-83

BC-6700-174.1 (N-1-82)

	Generic Name	Total Quantity	Type of Container	Number of Containers	(Check One) Sol.	Liq.	Gas	Hazard Class
#1	8. tetra-n-propyl ammonium hydroxide	40 ml	poly bottle	1		✓		
1	7. Di-n-butyl sulfoxide	400 ml	glass	4		✓		
X	8. 2,4,5-D-amine	100 ml	poly	1		✓		
X	9. Dicamba	200 ml	poly	1		✓		
X	10. Treflan	200 ml	poly	1		✓		
	11. ~~30% Hydrogen peroxide~~	~~200 ml~~	~~glass~~	1		✓		
X	12. Tordon	200 ml	poly	1		✓		
	13. 50% Hydrogen peroxide	500 ml	poly	1		✓		
#3	14. Type B Polymer holdup	200 ml	poly	1		✓		
	15. Type A Polymer	200 ml	poly	1		✓		
	16.							
	17.							
	18.							
	19.							
	20.							
	21.							
	22.							
	23.							
	24.							
	25.							
	26.							
	27.							
	28.							
	29.							
	30.							
	31.							
	32.							
	33.							
	34.							

BC-6700-174.2 (N-1-82)

13.0 EW 1111-1000

REQUEST TO DISPOSE OF NONRADIOACTIVE HAZARDOUS WASTE

I. **GENERATION:** The Generator should complete Part I and forward this form to: WS&DT, 202-S/200 West, Rockwell

A. Generator's Name: G. Burch Phone: 3-2484 Address: 222 S 200W Company: Rockwell

B. Custodian's Name: _____ Phone: _____ Address: _____ Company: _____

C. Waste Description: (If more than five items, attach additional sheets)

	Generic Name	Total Quantity	Type of Container	Number of Containers	(Check One) Sol.	Liq.	Gas	Hazard Class
#2	1. gasoline	170 ml	glass	2		✓		
X	2. xylene	4800 ml	glass	12		✓		
X	3. toluene	1800 ml	glass	3		✓		
+	4. cyclohexane	1000 ml	glass	2		✓		
	5. ~~3-methylpentane~~	~~400 ml~~	~~glass~~	~~2~~		✓		

D. Have appropriate labels been affixed to containers? _____ Not required _____

E. Have efforts been made to recycle (e.g., excess) waste? _____

F. Has waste been treated in any manner? _____ If so, how? _____

G. Storage Location: _____

H. "I hereby certify that this material has been released by Radiation Monitoring (if applicable) and that Part One of this form has been completed to the best of my knowledge." Survey Card Number: _____

Generator's Signature: Gayle Burch Date: 12-6-82

II. **APPROVAL**

A. Approved for disposal by Name: Gary R. Cox Phone: 3-3679 Address: 202-S/200-W Co.: Rockwell

Date: March 3, 1983 Signature: Gary R. Cox

B. Packaging Requirements (specify): Already in storage at 212-S Bldg. (Offsite Shipment (Bldg.)

C. Disposal Location: X Chemical Trench, _____ Asbestos Trench,

(check one) _____ 212-P (Storage), _____ Other

III. **TRANSPORTATION/DISPOSAL**

A. Transporter(s) Name: John W. Cace Phone: 86654 Address: 1171 Company RHO

B. Date Transported/Disposed: 3/21/83

C. Transporter(s) Signature: John Wayne Cace

OE Pheifer Chemical Trench 3-21-83

C-6700-174.1 (N-1-82)

000253

	Generic Name	Total Quantity	Type of Container	Number of Containers	(Check One) Sol.	Liq.	Gas	Hazard Class
#1	tetra-n-propyl ammonium hydroxide	40 ml	poly bottle	1		✓		
-1	7. Di-n-butyl sulfoxide	400 ml	glass	4		✓		
X	8. 2,4-D-amine	100 ml	poly	1		✓		
X	9. Dicamba	200 ml	poly	1		✓		
X	10. Treflan	200 ml	poly	1		✓		
	11. ~~[illegible]~~	~~[illegible]~~	~~[illegible]~~	1		✓		
X	12. Tordon	200 ml	poly	1		✓		
	13. 50% Hydrogen Peroxide	500 ml	poly	1		✓		
#3	14. Type B Polymer holdup	200 ml	poly	1		✓		
	15. Type A Polymer	200 ml	poly	1		✓		
	16.							
	17.							
	18.							
	19.							
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	33.							
	34.							

8C

13.0

REQUEST FOR DISPOSAL OF NONRADIOACTIVE HAZARDOUS MATERIAL

INSTRUCTIONS

Complete this request by providing all available information in the spaces provided. Fold, staple, and return completed form by plant mail to Environmental Protection.

I. CUSTODIAN

NAME Jim Kneiszel TELEPHONE 6-6764

BUILDING/AREA 1169 Bldg. / 1100 Area

II. IDENTIFICATION OF MATERIAL

TRADE NAME Phosphoric Acid

CHEMICAL NAME Same.

STORAGE LOCATION 1169 Bldg. (Acid House)

CONTAMINATED WITH RADIOACTIVE MATERIAL? YES ____ NO ✓

III. PACKAGING

LIQUID ____ SOLID ____ GAS ____

NUMBER OF CONTAINERS 1 WEIGHT ____ EA. VOLUME ____ EA.

TYPE OF CONTAINER ____ AGE OF CONTAINER ____

IV. REASON FOR DISPOSAL

Old - Crystallized

V. DATE DISPOSAL REQUIRED

ASAP

VI. COMMENTS

Attached PDR # RHO-82-270.

APPROVED FOR DISPOSAL BY Ron R. Cox

DATE January 21, 1983

DISPOSAL LOCATION Chemical Trench

BY D E Shelton

DATE 3-21-83

000255

13.0

REQUEST TO DISPOSE OF NONRADIOACTIVE HAZARDOUS WASTE

I. GENERATION: The Generator should complete Part I and forward this form to: WS&DT, 202-S/200 West, Rockwell

A. Generator's Name: W.W. TAYLOR Phone: 6-1514 Address: 1166/1100 Company: ROCKWELL

B. Custodian's Name: J.F. KNEISZEL Phone: 6-1514 Address: 1169 Company: ROCKWELL

C. Waste Description: (If more than five items, attach additional sheets)

Generic Name	Total Quantity	Type of Container	Number of Containers	(Check One) Sol.	Liq.	Gas	Hazard Class
1. AMMONIUM FLUORIDE	2 GAL	PLASTIC	2		X		UNKNOWN
2.							
3.							
4.							
5.							

D. Have appropriate labels been affixed to containers? _____ Not required X

E. Have efforts been made to recycle (e.g., excess) waste? NO

F. Has waste been treated in any manner? NO If so, how? N/A

G. Storage Location: 1169 /1100 ACID STORAGE BUILDING

H. "I hereby certify that this material has been released by Radiation Monitoring (if applicable) and that Part One of this form has been completed to the best of my knowledge." Survey Card Number: _____

Generator's Signature: W.W. TAYLOR W W Taylor Date: 3-10-83

II. APPROVAL

A. Approved for disposal by Name: G.R. Cox Phone: 3-3679 Address 202-S/200-W Co.: Rockwell

Date: March 14, 1983 Signature: G R Cox

B. Packaging Requirements (specify): None

C. Disposal Location: X Chemical Trench, _____ Asbestos Trench,

(check one) _____ 212-P (Storage), _____ Other

III. TRANSPORTATION/DISPOSAL

A. Transporter(s) Name: John W Cox Phone: 66654 Address: 1171 Company RHO

B. Date Transported/Disposed: 3/21/83

C. Transporter(s) Signature: John Wayne Cox

D E Thelps Chemical Trench 3-21-83

SC-6700-174.1 (N-1-82)

000256

HAZARDOUS WASTE MANIFEST

THIS SHIPPING ORDER (Must be legibly filled in, in ink, in indelible Pencil, or in Carbon, and retained by the Agent.)

MANIFEST DOCUMENT NUMBER: ONSITE 3075-1

TO: HANFORD CENTRAL LANDFILL T/S/D FACILITY	FROM: ROCKWELL MATERIAL Generator
E.P.A. ID Code No. WA-789-000-8967	E.P.A. ID Code No. WA-789-000-8967
Address	Address 1166 BUILDING/1100 AREA
Destination CHEMICAL TRENCH	Origin NOT STORES STOCK
Phone N/A	Phone 376-7110

No. Shipping Units	D.O.T. PROPER SHIPPING NAME	HAZARD CLASS	Haz Mat ID No.	EPA Haz Waste No.	WEIGHT	LABELS REQUIRED (or Exemption No.)
2	AMMONIUM FLUORIDE 2 EACH 1 GAL. PLASTIC JUG	ORM-B	UN2505		14 LBS	POISON

PLACARDS REQUIRED NONE

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding
$_____ Per _____

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
Signature of Consignor

FREIGHT CHARGES PREPAID ☐ COLLECT ☐

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

ALTERNATE DESTINATION (EMERGENCY ONLY)

T/S/D FACILITY N/A
E.P.A. ID Code No. _____
Address _____
Destination _____

EMERGENCY RESPONSE INFORMATION

CONTACT Name GARY COX
Phone 373-3679

National Response Center 1-800-424-8802
in D. C. 426-2675

CERTIFICATION

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the E.P.A.

Generator Signature W.W. TAYLOR W W Taylor Date 3-16-88

TRANSPORTER #1 John Wayne Cass E.P.A. ID No. WA-789-000-8967
Address 1171
City _____ State _____ Zip _____ Phone 3766654

This is to certify acceptance of the hazardous waste shipment.
Transporter No. 1 Signature _____ Date _____

TRANSPORTER #2 _____ E.P.A. ID No. _____
Address _____
City _____ State _____ Zip _____ Phone _____

This is to certify acceptance of the hazardous waste shipment.
Transporter No. 2 Signature _____ Date _____

TREATMENT/STORAGE/DISPOSAL FACILITY

This is to certify acceptance of the hazardous waste for treatment, storage, or disposal.

T/S/D FACILITY Signature [illegible] Date [illegible]

TRANSPORTER #1 COPY

000257

HAZARDOUS WASTE MANIFEST

THIS SHIPPING ORDER must be legibly filled in, in Ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

MANIFEST DOCUMENT NUMBER: ONSITE 3063-1

TO:		FROM:	
T/S/D FACILITY	Hanford Central Landfill	Generator	Rockwell Material
E.P.A. ID Code No.	WA 789-000-8967	E.P.A. ID Code No.	WA-789-000-8967
Address		Address	Bldg 1166, Stores 1
Destination	Chemical Trench	Origin	Store Stock
Phone	N/A	Phone	6-7110

No. Shipping Units	DOT PROPER SHIPPING NAME	HAZARD CLASS	Haz. Mat. ID No.	E.P.A. Haz. Waste No.	WEIGHT	LABELS REQUIRED (or Exemption No.)
1	Phosphoric Acid, Waste Leach Spilled Glass Beaker	Corrosive Material	UN 1805		<10lbs	Corrosive

PLACARDS REQUIRED: None

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding $ _____ Per _____

FREIGHT CHARGES: PREPAID ☒ COLLECT ☐

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

ALTERNATE DESTINATION (EMERGENCY ONLY)

T/S/D FACILITY: N/A
E.P.A. ID Code No. _____
Address _____
Destination _____

EMERGENCY RESPONSE INFORMATION

CONTACT Name: Sandy Cox
Phone: 3-3679

National Response Center: 1-800-424-8802
in D. C. 426-2675

CERTIFICATION

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the E.P.A.

Generator Signature: [signature] Date: 3-9-83

TRANSPORTER #1: John Wayne Cass E.P.A. ID No. WA-769-000-8967
Address: 1171
City _____ State _____ Zip _____ Phone: 376-6657

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 1 Signature _____ Date _____

TRANSPORTER #2 _____ E.P.A. ID No. _____
Address _____
City _____ State _____ Zip _____ Phone _____

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 2 Signature _____ Date: 3-21-83

TREATMENT/STORAGE/DISPOSAL FACILITY

This is to certify acceptance of the hazardous waste for treatment, storage, or disposal.

T/S/D FACILITY Signature: DE Phipps Chemical Trench Date: 3-21-83

TRANSPORTER #1 COPY 000258

HAZARDOUS WASTE MANIFEST

THIS SHIPPING ORDER must be legibly filled in, in ink, in indelible Pencil, or in Carbon, and retained by the Agent.

MANIFEST DOCUMENT NUMBER: PPD-84-001

TO:	FROM:
T/S/D FACILITY ~~XXXXXXXX~~ 2727-S	Generator Pu Process Developement Unit
E.P.A. ID Code No. WA7890008967	E.P.A. ID Code No. WA7890008967
Address	Address 234-5/200 West
Destination	Origin
Phone	Phone

No. Shipping Units	D.O.T. PROPER SHIPPING NAME	HAZARD CLASS	Haz Mat ID No	EPA Haz Waste No	WEIGHT	LABELS REQUIRED (or Exemption No.)
1	Sodium Nitrite	~~XXXXXXXX~~Oxidizer	UN1500	D003	300	None
1	Sodium Nitrite	Oxidizer	UN1500	D003	300	None
1	Activated Alumina	None	Non-reg	NA	30pd	None
9	ORM-AN.O.S.(Ceric Oxide)	ORM-A	NA1693	NA	315Kg	None
10	ORM-A N.O.S. (Cerous Oxalate)	ORM-A	NA1693	NA	54ft^3	None

PLACARDS REQUIRED

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding

$ _____ Per _____

FREIGHT CHARGES PREPAID ☐ COLLECT ☐

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

ALTERNATE DESTINATION (EMERGENCY ONLY)

T/S/D FACILITY N/A
E.P.A. ID Code No. _____
Address _____
Destination _____

EMERGENCY RESPONSE INFORMATION

CONTACT Name D. G. Bouse
Phone 373-2419

National Response Center 1-800-424-8802
in D. C. 426-2675

CERTIFICATION

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the E.P.A.

Generator Signature D. G. Bouse Date 2-17-84

TRANSPORTER #1 ~~RHO Transportation~~ E.P.A. ID No. WA7890008967
Address 1171
City Richland State WA Zip 99352 Phone 66654

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 1 Signature [illegible] Date 3/16/84

TRANSPORTER #2 _____ E.P.A. ID No. _____
Address _____
City _____ State _____ Zip _____ Phone _____

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 2 Signature _____ Date _____

TREATMENT/STORAGE/DISPOSAL FACILITY

This is to certify acceptance of the hazardous waste for treatment, storage, or disposal.

T/S/D FACILITY Signature D E Phelps Date 3-16-1984

TRANSPORTER #1 COPY

000259

13.0

REQUEST TO DISPOSE OF NONRADIOACTIVE HAZARDOUS WASTE

I. **GENERATION:** The Generator should complete Part I and forward this form to: WS&DT, 202-S/200 West, Rockwell

A. Generator's Name: C S Hofmeister Phone: 6-3462 Address: 3710/300 Company: HEDL

B. Custodian's Name: SAME Phone: SAME Address: HEDL Boneyard Company: HEDL

C. Waste Description: (If more than five items, attach additional sheets)

Generic Name	Total Quantity	Type of Container	Number of Containers	Check One: Sol.	Liq.	Gas	Hazard Class
1. Hydroxide Liquid Caustic	17	55-gallon drum	17	Drums rinsed-empty			
2.							
3.							
4.							
5.							

D. Have appropriate labels been affixed to containers? _____ Not required X

E. Have efforts been made to recycle (e.g., excess waste? Yes

F. Has waste been treated in any manner? No If so, how? (Caustic emptied; drums rinsed)

G. Storage Location: Currently at HEDL Boneyard Awaiting disposal

H. "I hereby certify that this material has been released by Radiation Monitoring (if applicable) and that Part One of this form has been completed to the best of my knowledge." Survey Card Number: _____

Generator's Signature: C S Hofmeister Date: 2-10-83

II. **APPROVAL**

A. Approved for disposal by Name: M H Litzinger Phone: 3-2662 Address: 202-S Co. RHO

Date: 1/12/83 Signature: M H Litzinger

B. Packaging Requirements (specify): Empty Caustic Drum - This request is not such for any other waste

C. Disposal Location: Chemical Trench (Chemical Trench) _____ Asbestos Trench,

(check one) _____ 212-P (Storage), _____ Other

D E Fehr

III. **TRANSPORTATION/DISPOSAL**

A. Transporter(s) Name: Lance Davis Phone: 66654 Address: 1171 Company: PHO

B. Date Transported/Disposed: 2-10-83

C. Transporter(s) Signature: Lance Davis

BC-6700-174.1 (N-1-82)

REQUEST TO DISPOSE OF NONRADIOACTIVE HAZARDOUS WASTE

I. GENERATION: The Generator should complete Part I and forward this form to: WS&DT, 202-S/200 West, Rockwell

A. Generator's Name: [illegible] Phone: 373-2323 Address: 202A 200E Company: Rockwell

B. Custodian's Name: _____ Phone: _____ Address: _____ Company: _____

C. Waste Description: (If more than five items, attach additional sheets)

Generic Name	Total Quantity	Type of Container	Number of Containers	(Check One) Sol.	Liq.	Gas	Hazard Class
1. EMPTY 55 GAL. DRUMS	26						
2.							
3.							
4.							
5.							

D. Have appropriate labels been affixed to containers? _____ Not required ✓

E. Have efforts been made to recycle (e.g., excess) waste? YES

F. Has waste been treated in any manner? Flushed If so, how? Flushed

G. Storage Location: 211-A

H. "I hereby certify that this material has been released by Radiation Monitoring (if applicable), and that Part One of this form has been completed to the best of my knowledge." Survey Card Number: A053 0305

Generator's Signature: [illegible] Date: 1/31/83

II. APPROVAL

A. Approved for disposal by Name: G.R. Cox Phone: 3-3679 Address 202-S/2-W Co.: RHO

Date: February 2, 1983 Signature: Gary R. Cox

B. Packaging Requirements (specify): N/A

C. Disposal Location: Chemical Trench (check one) Chemical Trench, _____ Asbestos Trench, _____ 212-P (Storage), _____ Other

D. E. Thelen

III. TRANSPORTATION/DISPOSAL

A. Transporter(s) Name: Scott Eans Phone: 66654 Address: 1171 Company RHO

B. Date Transported/Disposed: 2-9-83

C. Transporter(s) Signature: [illegible]

BC-6700-174.1 (N-1-82)

000261

F. Litzinger
12-T/209W
110

Vmgw

2-4-83

REQUEST FOR DISPOSAL OF NONRADIOACTIVE HAZARDOUS MATERIAL

INSTRUCTIONS

Complete this request by providing all available information in the spaces provided. Fold, staple, and return completed form by plant mail to Environmental Protection.

I. CUSTODIAN

NAME WV COOK TELEPHONE 3-1420

BUILDING/AREA 105DR / 100D

II. IDENTIFICATION OF MATERIAL

TRADE NAME

CHEMICAL NAME Lithium Nitrite & Reaction Debris

STORAGE LOCATION 105DR

CONTAMINATED WITH RADIOACTIVE MATERIAL? YES ____ NO X

III. PACKAGING

1. 390 #
2. 400 #
3. 350 #

LIQUID ____ SOLID X GAS ____

NUMBER OF CONTAINERS 3 WEIGHT ____ EA. VOLUME 55gal EA.

TYPE OF CONTAINER Steel Drum AGE OF CONTAINER New

IV. REASON FOR DISPOSAL

By-product waste

V. DATE DISPOSAL REQUIRED

2/15/83

VI. COMMENTS

Material has already been reacted and absorbed.

APPROVED FOR DISPOSAL
BY Tom R. Cox
DATE January 28, 1983

DISPOSAL LOCATION Land Fill
Chemical Trench
BY J. E. Fisher
DATE 2-3-83

000262

Stephens

REQUEST TO DISPOSE OF NONRADIOACTIVE HAZARDOUS WASTE

I. GENERATION: The Generator should complete Part I and forward this form to: WS&DT, 202-S/200 West, Rockwell

A. Generator's Name G.L. Gurwell Phone: 3-3490 Address: 2704-S 2W Company: R.H.C

B. Custodian's Name J.S. Buckingham Phone: 3-2487 Address: Mo-037 2W Company: R.H.O.

C. Waste Description: (If more than five items, attach additional sheets)

Generic Name	Total Quantity	Type of Container	Number of Containers	(Check One) Sol.	Liq.	Gas	Hazard Class
1. METAL DRUMS (Chem)		55 GAL	31				EMPTY
2. PLASTIC DRUM (chem)		55 GAL	1				EMPTY
3. METAL DRUMS (chem)		30 GAL	2				EMPTY
4. METAL TANK ON LEGS (chem)		55 GAL	1				EMPTY
5.		Total	3955 +	3-30 gal			OTR copper Cu

D. Have appropriate labels been affixed to containers? YES - ~~Not required~~ EMPTY TAGS

E. Have efforts been made to recycle (e.g., excess) waste? N/A

F. Has waste been treated in any manner? N/A If so, how? —

G. Storage Location: WEST END of 202-S Building

H. "I hereby certify that this material has been released by Radiation Monitoring (if applicable) and that Part One of this form has been completed to the best of my knowledge." Survey Card Number: WILL BE SURVEYED 5-83-0124 R.C. Crawford,

Generator's Signature: G. L. Gurwell Date: January 19, 1983

II. APPROVAL

A. Approved for disposal by Name: G.R. Cox Phone: 3-3679 Address 202-S/200-W Co.: Rockwell

Date: 1/28/83 Signature: Doug R. Cox

B. Packaging Requirements (specify): None

Land Fill Chemical Trench 2-3-83 D E Phelps

C. Disposal Location: X Chemical Trench, ____ Asbestos Trench,

(check one) ____ 212-P (Storage), ____ Other

III. TRANSPORTATION/DISPOSAL

A. Transporter(s) Name: W.A. Stephens Jr. Phone: 66654 Address: 1171 Company R.H.O

B. Date Transported/Disposed: 2/3/83

C. Transporter(s) Signature: W.A. Stephens Jr.

E 87510

(1-82)

000263

REQUEST TO DISPOSE OF NONRADIOACTIVE HAZARDOUS WASTE

I. GENERATION. The Generator should complete Part I and forward this form to:

BEST AVAILABLE COPY

WLRDF
202-S 300 West
Richland

A. Generator's Name: Jeene Hobbs Phone: 6-1631 Address: 3762/300 Area Company: PNL

B. Custodian's Name: Mark Engelhard Phone: 5-2719 Address: PSL/3000Area Company: PNL

C. Waste Description: (If more than five items, attach additional sheets)

Generic Name	Total Quantity	Type of Container	Number of Containers	(Check One) Sol.	Liq.	Gas	Hazard Class
1. Nitric Acid 90%	3#	glass in foam	3		X		Oxidizer
2. Phosphoric Acid 85%	30 pt	glass	6		X		corrosive material
3. Hydrochloric Acid 37%	66#	glass	11		X		corrosive material
4. Glacial Acetic Acid	25#	glass	5		X		corrosive material
5. Nitric Acid	15#	glass	3		X		corrosive/oxidizer

D. Have appropriate labels been affixed to containers? _____ Not required _____ They will be.

E. Have efforts been made to recycle (e.g., excess) waste? no

F. Has waste been treated in any manner? no If so, how?

G. Storage Location: PSL/3000Area will be transferred to 332 for disposal

H. "I hereby certify that this material has been released by Radiation Monitoring (if applicable) and that Part One of this form has been completed to the best of my knowledge." Survey Card Number:

Generator Signature: Jeene Hobbs *Jeene M Hobbs* Date: 2 June 83

II. APPROVAL

A. Approved for disposal by Name: _____ Phone: _____ Address _____ Co.: _____

Date: _____ Signature: _____

B. Packaging Requirements (specify): _____

C. Disposal Location: _____ Chemical Trench, _____ Asbestos Trench,

_____ 212-P (Storage), _____ Other

[illegible] 4654 Address: 1111 Company: RHO

000264

Generic Name	Total Quantity	Type of Container	Number of Containers	(Check One) Sol.	Liq.	Gas	Hazard Class
6. Magnesium Oxide	1#	glass	1	X			
7. Hydrofloric Acid 52%	20#	plastic	2		X		corrosive material
8. Bromine	1#	glass in cardboard(?)	1	X			corrosive material
9. Sulfuric Acid	9#	glass	1	X			corrosive material
10. Mixture: 7% HF, 20% HNO_3	1/2 gal	plastic	1	X			corrosive material
11. 5% HCl, 68% water							
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000265

BC-8700-174.3 (N-1-82)