



0065106

Department of Energy
Richland Operations Office
P.O. Box 550
Richland, Washington 99352

05-AMCP-0246

MAY 2 2005

Mr. Michael A. Wilson, Program Manager
Nuclear Waste Program
State of Washington
Department of Ecology
3100 Port of Benton Boulevard
Richland, Washington 99354

RECEIVED
MAY 10 2005
EDMC

Dear Mr. Wilson:

SUBMITTAL OF THE CERTIFIED HANFORD FACILITY DANGEROUS WASTE PERMIT APPLICATION PART A FORM, REVISION 5 FOR THE 216-U-12 CRIB IN SUPPORT OF THE UPCOMING PLANNED PUBLIC COMMENT PERIOD (TSD: D-2-8)

On April 1, 2005, the State of Washington Department of Ecology (Ecology) requested via electronic mail that the U.S. Department of Energy, Richland Operations Office (RL) submit a certified Revision 5 of the Hanford Facility Dangerous Waste Permit Application Part A Form (Part A) for the 216-U-12 Crib, treatment, storage, and/or disposal unit. Revision 5 of the 216-U-12 Crib Part A will support the upcoming planned public comment period and was prepared consistent with the agreement reached at the Hanford Facility Resource Conservation and Recovery Act Permit board meeting on February 8, 2005, for preparation with Ecology's new Part A.

In addition to this Part A being used to support the upcoming public involvement period, RL is requesting Ecology to approve this Part A independently of the public involvement period. RL would like to request approval of this Part A revision at Ecology's earliest convenience.

If there are any questions, please contact me, or your staff may contact, Matt McCormick, Assistant Manager for the Central Plateau, on (509) 373-9971.

Sincerely,

Keith A. Klein
Manager

AMCP:KDL

Enclosure

cc: (See Page 2)

Mr. Michael A. Wilson
05-AMCP-0246

-2-

MAY 02 2005

cc w/enclosure pages 1-9 only:

K. B. Allison, FFS
B. L. Becker-Khaleel, Ecology
R. C. Brunke, FHI
N. Ceto, EPA
G. P. Davis, Ecology
G. Bohnee, NPT
R. H. Gurske, DFSH
C. R. Haas, POLES
S. Harris, CTUIR
A. A. Hamar, Ecology
R. Jim, YN
T. Martin, HAB
K. Niles, ODOE
J. B. Price, Ecology
V. L. Peery, Ecology
L. Vigue, WDFW
J. F. Williams, FHI
Administrative Record
Environmental Portal, LMSI

USE THE TAB KEY TO MOVE FROM CELL TO CELL IN THE ELECTRONIC VERSION OF THIS FORM.

Please enter information only in unshaded areas

Unit Name: 216-U-12 Crib
 Revision: 5 Date: 04/2005

	WASHINGTON STATE DEPARTMENT OF E C O L O G Y	<h2 style="margin: 0;">Dangerous Waste Permit Application</h2> <h3 style="margin: 0;">Part A Form</h3>
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Date Received	Reviewed by:	Date:							
Month Day Year	Approved by:	Date:							

Please refer to instructions for completing this form.

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

<input checked="" type="checkbox"/>	Request modification to a final status permit (commonly called a "Part B" permit)
<input type="checkbox"/>	Request a change under interim status
<input type="checkbox"/>	Apply for a final status permit. This includes the application for the initial final status permit for a site or for a permit renewal (i.e., a new permit to replace an expiring permit).
<input type="checkbox"/>	Establish interim status because of the wastes newly regulated on: _____ (Date)
List waste codes: _____	

II. EPA/State ID Number

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

III. Name of Facility

US Department of Energy - Hanford Facility

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

A. Street

825 Jadwin

City or Town	State	ZIP Code
Richland	WA	99352

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

B. Land Type	C. Geographic Location	D. Facility Existence Date
	Latitude (degrees, mins, secs) Longitude (degrees, mins, secs)	Month Day Year
F	S E E T O P O M A P	0 3 2 2 1 9 4 3

V. Facility Mailing Address

Street or P.O. Box

P.O. Box 550

City or Town	State	ZIP Code
Richland	WA	99352

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VI. Facility contact (Person to be contacted regarding waste activities at facility)													
Name (last)						(first)							
Klein						Keith							
Job Title						Phone Number (area code and number)							
Manager						(509) 376-7395*							
Contact Address													
Street or P.O. Box													
P.O. Box 550													
City or Town						State		ZIP Code					
Richland						WA		99352					
VII. Facility Operator Information													
A. Name						Phone Number (area code and number)							
Department of Energy * Owner/Operator						(509) 376-7395*							
Fluor Hanford** Co-Operator for 216-U-12 Crib						(509) 375-3576 **							
Street or P.O. Box													
P.O. Box 550 *													
P.O. Box 1000 **													
City or Town						State		ZIP Code					
Richland						WA		99352					
B. Operator Type		F											
C. Does the name in VII.A reflect a proposed change in operator?						<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No					
If yes, provide the scheduled date for the change:						Month		Day			Year		
D. Is the name listed in VII.A. also the owner? If yes, skip to Section VIII.C.						<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No					
VIII. Facility Owner Information													
A. Name						Phone Number (area code and number)							
Keith A. Klein, Operator/Facility-Property Owner						(509) 376-7395*							
Street or P.O. Box													
P.O. Box 550													
City or Town						State		ZIP Code					
Richland						WA		99352					
B. Operator Type		F											
C. Does the name in VII.A reflect a proposed change in operator?						<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No					
If yes, provide the scheduled date for the change:						Month		Day			Year		
IX. NAICS Codes (5/6 digit codes)													
A. First						B. Second							
5	6	2	2	1	0	Waste Treatment & Disposal	9	2	4	1	1	0	Administration of Air & Water Resource & Solid Waste Management Programs
C. Third						D. Fourth							
5	4	1	7	1		Research & Development in the Physical, Engineering, & Life Sciences	9	9	9	9	9	9	Unclassified Establishments

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EXAMPLE FOR COMPLETING ITEMS XII and XIII (shown in lines numbered X-1, X-2, and X-3 below): A facility has two storage tanks that hold 1200 gallons and 400 gallons respectively. There is also treatment in tanks at 20 gallons/hr. Finally, a one-quarter acre area that is two meters deep will undergo *in situ* vitrification.

Section XII. Process Codes and Design Capacities							Section XIII. Other Process Codes									
Line Number	A. Process Codes (enter code)			B. Process Design Capacity		C. Process Total Number of Units	Line Number	A. Process Codes (enter code)			B. Process Design Capacity		C. Process Total Number of Units	D. Process Description		
				1. Amount	2. Unit of Measure (enter code)							1. Amount			2. Unit of Measure (enter code)	
X	1	S	0	2	1,600	G	002	X	1	T	0	4	700	C	001	In situ vitrification
X	2	T	0	3	20	E	001									
X	3	T	0	4	700	C	001									
	1	D	8	0	50,000	U	001		1							
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2	4							2	4							
2	5							2	5							

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XIV. Description of Dangerous Wastes

Example for completing this section: A facility will receive three non-listed wastes, then store and treat them on-site. Two wastes are corrosive only, with the facility receiving and storing the wastes in containers. There will be about 200 pounds per year of each of these two wastes, which will be neutralized in a tank. The other waste is corrosive and ignitable and will be neutralized then blended into hazardous waste fuel. There will be about 100 pounds per year of that waste, which will be received in bulk and put into tanks.

Line Number	A. Dangerous Waste No. (enter code)				B. Estimated Annual Quantity of Waste	C. Unit of Measure (enter code)	D. Processes											
	(1) Process Codes (enter)						(2) Process Description [If a code is not entered in D (1)]											
X 1	D	0	0	2	400	P	S	0	1	T	0	1						
X 2	D	0	0	1	100	P	S	0	2	T	0	1						
X 3	D	0	0	2														Included with above
	1	D	0	0	2	4,454,000	P	D	8	1								Percolation
	2																	
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XV. Map

Attach to this application a topographic map of the area extending to at least one (1) mile beyond property boundaries. The map must show the outline of the facility; the location of each of its existing and proposed intake and discharge structures; each of its dangerous waste treatment, storage, recycling, or disposal units; and each well where fluids are injected underground. Include all springs, rivers, and other surface water bodies in this map area, plus drinking water wells listed in public records or otherwise known to the applicant within 1/4 mile of the facility property boundary. The instructions provide additional information on meeting these requirements.

XVI. Facility Drawing

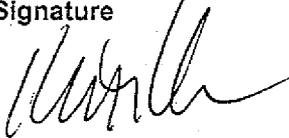
All existing facilities must include a scale drawing of the facility (refer to instructions for more detail).

XVII. Photographs

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment, recycling, and disposal areas; and sites of future storage, treatment, recycling, or disposal areas (refer to instructions for more detail).

XVIII. Certifications

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

<p>Operator* Name and Official Title (type or print) Keith A. Klein, Manager U.S. Department of Energy Richland Operations Office</p>	<p>Signature </p>	<p>Date Signed 5/2/05</p>
<p>Co-Operator** Name and Official Title (type or print) Ronald G. Gallagher President and Chief Executive Officer Fluor Hanford</p>	<p>Signature </p>	<p>Date Signed 4/20/05</p>
<p>Co-Operator** — Address and Telephone Number 2420 Stevens Center P.O. Box 1000 Richland, WA 99352 (509) 376-3576</p>		
<p>Facility-Property Owner* Name and Official Title (type or print) Keith A. Klein, Manager U.S. Department of Energy Richland Operations Office</p>	<p>Signature </p>	<p>Date Signed 5/2/05</p>

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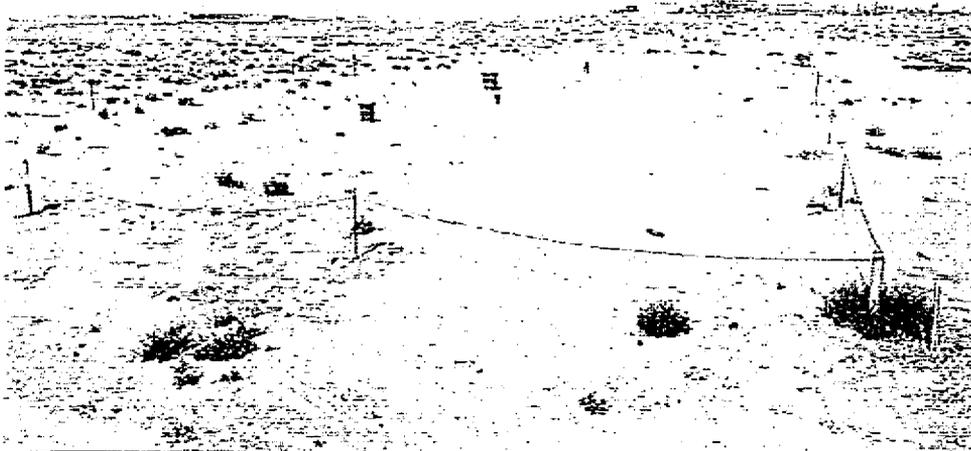
Comments

[Empty comment box]

Please enter information only in unshaded areas

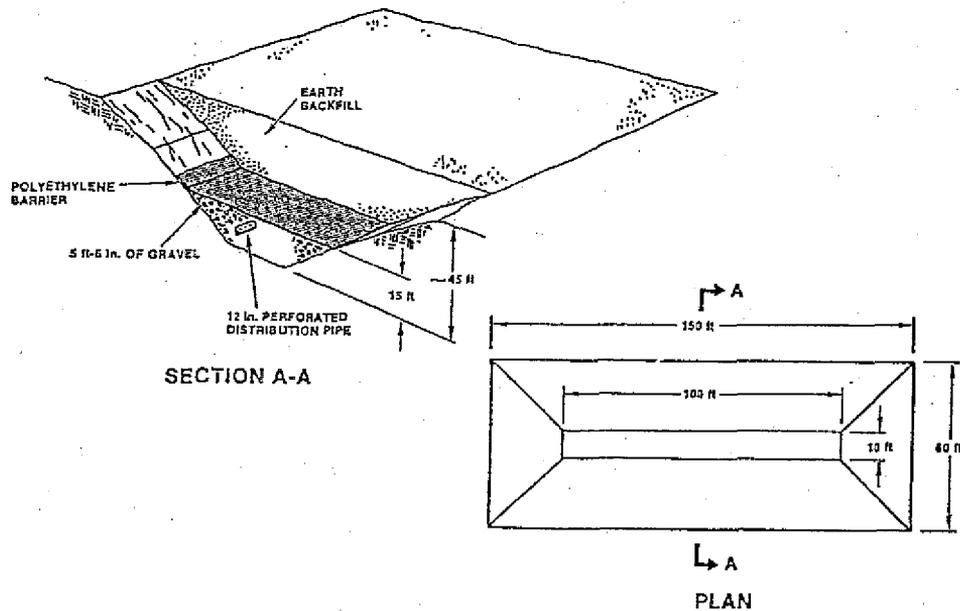
Unit Name: 216-U-12 Crib
Revision: 5 Date: 04/2005

216-U-12 Crib



8704509-1CN

(PHOTO TAKEN 1987)



For conversions, apply the following:

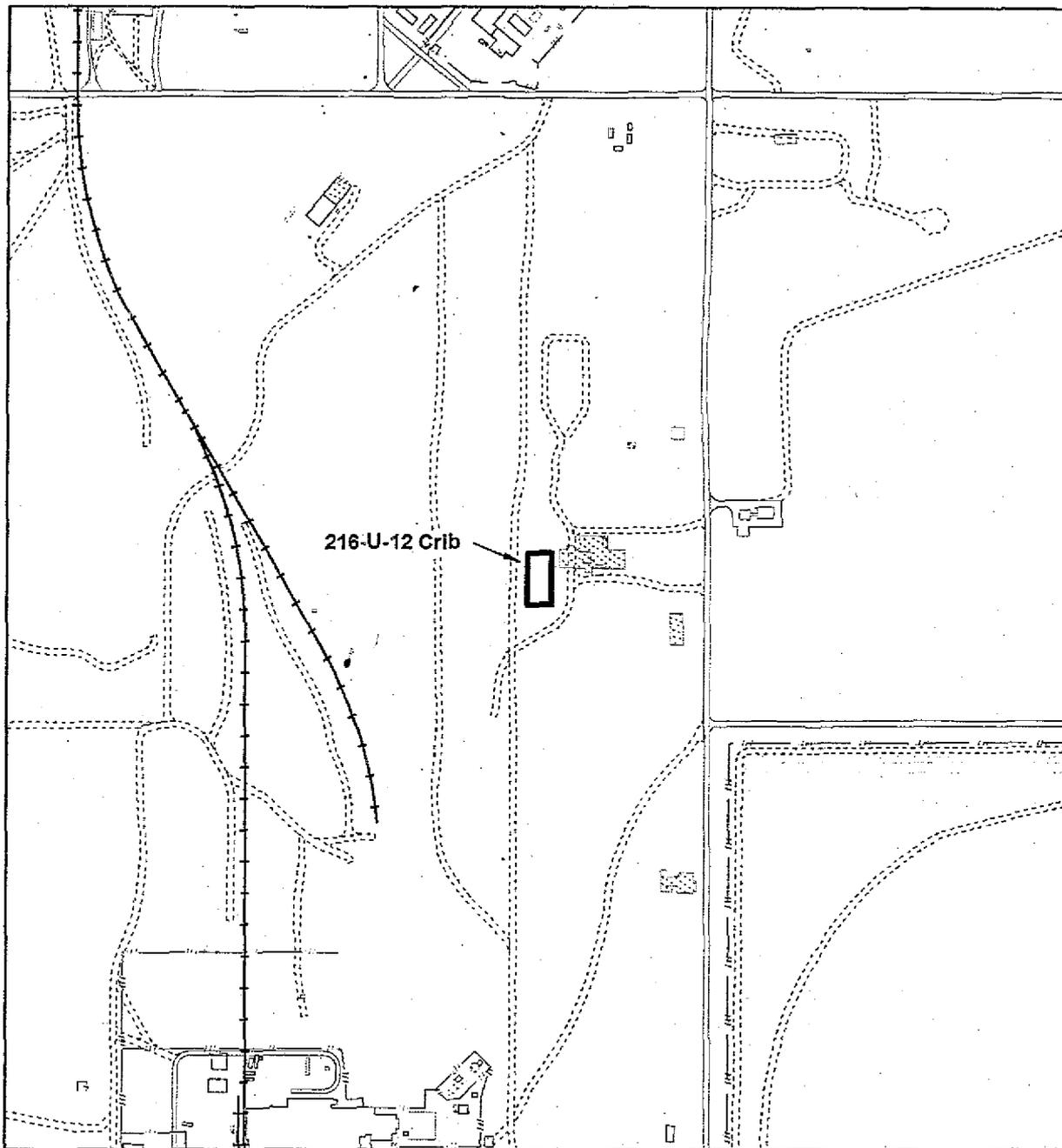
Feet to meters—multiply feet by 0.3048

Inches to centimeters—multiply inches by 2.54.

216U12-12.05

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216-U-12 Crib

Prepared for:
 US DEPARTMENT OF ENERGY
 RICHLAND OPERATIONS OFFICE



Created and Published by: Central Mapping Services
 Fluor Hanford, Richland, WA (509) 376-8759

INTENDED USE: REFERENCE ONLY

- | | |
|---------------------|-----------------------|
| TSD Unit Boundary | Buildings and Mobiles |
| DOE Operating Areas | Major Hanford Routes |
| Hanford Facility | Local Hanford Roads |
| Structures | Minor Roads |
| Concrete | Railroads |
| | Fences |

