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STATE OF WASHINGTON  
DEPARTMENT OF ECOLOGY

EDMC

3100 Port of Benton Blvd • Richland, WA 99352 • (509) 372-7950

December 11, 2007

Mr. David A. Brockman, Manager  
Richland Operations Office  
United States Department of Energy  
P.O. Box 550, MSIN: A7-50  
Richland, Washington 99352

Ms. Shirley J. Olinger, Manager  
Office of River Protection  
United States Department of Energy  
P.O. Box 450, MSIN: H6-60  
Richland, Washington 99352

Ms. Jennifer L. Nuzum, Director  
Environmental Protection  
Fluor Hanford, Inc.  
P.O. Box 1000, MSIN: H8-12  
Richland, Washington 99352

Mr. William S. Elkins, Project Director  
Bechtel National, Inc.  
2435 Stevens Center Place, MSIN: H4-02  
Richland, Washington 99354

Mr. Moussa N. Jaraysi, Vice President  
Environmental Programs  
CH2M HILL Hanford Group, Inc.  
P.O. Box 1500, MSIN: H6-03  
Richland, Washington 99352

Mr. Charles G. Spencer, President  
Washington Closure Hanford, LLC  
2620 Fermi Avenue, MSIN: H4-24  
Richland, Washington 99354

Mr. Roby D. Enge, Director  
Environment, Safety, Health and Quality  
Pacific Northwest National Laboratory  
P.O. Box 999, MSIN: K1-38  
Richland, Washington 99352

Mr. Pete J. Garcia Jr., Director  
Safety and Engineering Division  
United States Department of Energy  
P.O. Box 550, MSIN: A5-17  
Richland, Washington 99352

Re: Transmittal (08-SED-0023), dated November 26, 2007, of the Hanford Facility Dangerous Waste Part A Permit Application for the Central Waste Complex (CWC), Revision 8; Waste Receiving and Processing Facility (WRAP), Revision 5; and T Plant Complex, Revision 11

0074558

Dear Ladies and Gentlemen:

The Department of Ecology has reviewed and concurs with the United States Department of Energy (USDOE) and its Contractor for the submittal of the proposed modifications to the Hanford Facility Dangerous Waste Part A Permit Application for the Central Waste Complex (CWC), Revision 8; Waste Receiving and Processing Facility (WRAP), Revision 5; and T Plant Complex, Revision 11 units.



Mr. David A. Brockman *et al.*  
December 11, 2007  
Page 2

The USDOE and contracting staff are encouraged to discuss proposed changes with Ecology's permit writers to clarify any questions or concerns before submitting Part A Applications for modification or concurrence.

If you have any questions, contact me at 509-372-7894.

Sincerely,



Greta P. Davis  
RCRA Permitting Coordinator  
Nuclear Waste Program

dbm  
Enclosures (3)

cc w/enc:

Nick Ceto, EPA  
Tony McKarns, USDOE  
Suzette Thompson, FH  
Harold Tilden, PNNL  
Stuart Harris, CTUIR  
Gabriel Bohnee, NPT  
Russell Jim, YN  
Susan Leckband, HAB  
Ken Niles, ODOE  
Administrative Record: HSWP 75-2-4, T-2-7  
Environmental Portal  
HF OR Gen File

	WASHINGTON STATE DEPARTMENT OF <b>E C O L O G Y</b>	<b>Dangerous Waste Permit Application Part A Form</b>
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Date Received	Reviewed by: <i>John Smith</i>	Date:	1	2	0	3	2	0	0	7
Month Day Year	Approved by: <i>J.P. Davis</i>	Date:	1	2	0	4	2	0	0	7

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

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

**II. EPA/State ID Number**

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

**III. Name of Facility**

US Department of Energy - Hanford Facility

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

**A. Street**

825 Jadwin

<b>City or Town</b>	<b>State</b>	<b>ZIP Code</b>
Richland	WA	99352

<b>County Code (if known)</b>	<b>County Name</b>
0 0 5	Benton

<b>B. Land Type</b>	<b>C. Geographic Location</b>	<b>D. Facility Existence Date</b>
	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

<b>City or Town</b>	<b>State</b>	<b>ZIP Code</b>
Richland	WA	99352

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



WASHINGTON STATE  
DEPARTMENT OF  
E C O L O G Y

**Dangerous Waste Permit Application  
Part A Form**

Date Received			Reviewed by: <i>Eric Yong Hansen</i>	Date:	1	2	0	4	2	0	0	7
Month	Day	Year	Approved by: <i>J.P. Davis</i>	Date:	1	2	0	4	2	0	0	7

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

<input type="checkbox"/>	Request modification to a final status permit (commonly called a "Part B" permit)
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<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**

Richland

**State**

WA

**ZIP Code**

99352

**County Code (if known)**

0 0 5

**County Name**

Benton

**B. Land Type**

F

**C. Geographic Location**

**Latitude (degrees, mins, secs)**

S E E T O P O

**Longitude (degrees, mins, secs)**

M A P

**D. Facility Existence Date**

**Month Day Year**

0 3 2 2 1 9 4 3

**V. Facility Mailing Address**

**Street or P.O. Box**

P.O. Box 550

**City or Town**

Richland

**State**

WA

**ZIP Code**

99352

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

	WASHINGTON STATE DEPARTMENT OF <b>ECOLOGY</b>	<b>Dangerous Waste Permit Application Part A Form</b>
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Date Received	Reviewed by: <i>[Signature]</i>	Date:	1   2   0   3   2   0   0   7
Month Day Year	Approved by: <i>[Signature]</i>	Date:	1   2   0   4   2   0   0   7

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	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

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P.O. Box 550													
<b>City or Town</b>						<b>State</b>		<b>ZIP Code</b>					
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<b>A. Name</b>						<b>Phone Number (area code and number)</b>							
Department of Energy Owner/Operator Fluor Hanford Co-Operator for T Plant Complex*						(509) 376-7395 (509) 375-3576*							
<b>Street or P.O. Box</b>													
P.O. Box 550 P.O. Box 1000*													
<b>City or Town</b>						<b>State</b>		<b>ZIP Code</b>					
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David A. Brockman, Operator/Facility-Property Owner						(509) 376-7395							
<b>Street or P.O. Box</b>													
P.O. Box 550													
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5	7	4	1	7	0	9	9	9	9	9	9	Unclassified Establishments	
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