



STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY

3100 Port of Benton Blvd • Richland, WA 99354 • (509) 372-7950

November 29, 2006

Mr. Keith A. Klein, Manager
Richland Operations Office
United States Department of Energy
P. O. Box 550, MSIN: A7-50
Richland, WA 99352

Re: Transmittal of the *Hanford Facility Dangerous Waste Part A Permit Application for the 400 Area Waste Management Unit, Revision 0*, dated October 2006 (TSD: S-4-2), and Transmittal of *Official Use Only Topographic Map for the 400 Area Waste Management Unit*, dated October 2006

Dear Mr. Klein:

The Department of Ecology reviewed and approves the *Hanford Facility Dangerous Waste Part A Permit Application for the 400 Area Waste Management Unit, Revision 0*, dated October 2006 (TSD: S-4-2).

The United States Department of Energy 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 Ecology acceptance.

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

Sincerely,

Greta P. Davis
Sitewide Permit Coordinator
Nuclear Waste Program

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EDMC

ss/pll
Enclosure
cc: See next page



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cc: Nick Ceto, EPA
Doug Chapin, USDOE
Al Farabee, USDOE
Tony McKarns, USDOE
Roy Schepens, USDOE
Richard Engelmann, FH
Tony Miskho, FH
Suzette Thompson, FH
Stuart Harris, CTUIR
Gabriel Bohnee, NPT
Russell Jim, YN
Todd Martin, HAB
Ken Niles, ODOE
Administrative Record: TSD: S-4-2
Environmental Portal

WASHINGTON STATE DEPARTMENT OF ECOLOGY
Dangerous Waste Permit Application Part A Form

Date Received	Reviewed by: <i>Matt Mills</i>	Date: 11/14/2006
Month Day Year	Approved by: <i>Paul P. Davis</i>	Date: 11/20/2006

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

Request modification to a final status permit (commonly called a "Part B" permit)

Request a change under interim status

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).

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

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 400 Area Waste Management Unit						(509) 376-3576**						
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		9	2	4	1	1	0	Administration of Air & Water Resource & Solid Waste Management Programs
C. Third						D. Fourth						
5	4	1	7	1	0	9	9	9	9	9	9	Unclassified Establishments
Waste Treatment & Disposal						Research & Development in the Physical, Engineering, & Life Sciences						