



**START**

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**Department of Energy**

Incoming 9404834

Richland Operations Office  
P.O. Box 550  
Richland, Washington 99352  
JUL 01 1994

94-RPS-260

Mr. Randall F. Smith, Director  
Hazardous Waste Division  
U.S. Environmental Protection Agency  
Region 10  
1200 Sixth Avenue  
Seattle, Washington 98101

Ms. Dru Butler, Program Manager  
Nuclear Waste Program  
State of Washington  
Department of Ecology  
P.O. Box 47600  
Olympia, Washington 98504



Dear Mr. Smith and Ms. Butler:

REVISED HANFORD FACILITY PART A, FORM 3s FOR SIXTEEN (16) TREATMENT, STORAGE, AND DISPOSAL UNITS BEING ASSIGNED TO BECHTEL HANFORD INC. (BHI) FOR MANAGEMENT AS CO-OPERATOR, AND SUPPLEMENTAL PART A, FORM 1 FOR BHI AS CO-OPERATOR

The U.S. Department of Energy (DOE), Richland Operations Office (RL) and its contractor, Bechtel Hanford, Inc. (BHI), are submitting the enclosed Hanford Facility Part A, Form 3 documents for sixteen units being assigned to BHI, as co-operator, for future management. BHI will assume responsibility for management of these units as a co-operator, effective July 1, 1994. Also enclosed is a Part A, Form 1 Permit application that designates BHI as a new co-operator at the Hanford Facility. This application supplements the two existing Part A, Form 1 applications that currently designate Westinghouse Hanford Company and Pacific Northwest Laboratories as co-operators. Each of these three companies has co-operator responsibilities for dangerous waste units, as specified in the individual Part A, Form 3 applications. DOE's Resource Conservation and Recovery Act (RCRA) responsibilities are for policy, programmatic, funding, and scheduling decisions, as well as general oversight. The contractor's RCRA responsibilities are for day-to-day operations, including but not limited to the following responsibilities: waste analyses and handling, monitoring, record keeping, reporting, and contingency planning.

The sixteen (16) units being transferred to BHI are:

- |                                       |   |
|---------------------------------------|---|
| 100-D Pond                            | 216-S-10 Pond and Ditch                 |
| 1324-N Surface Impoundment            | 216-A-29 Ditch                          |
| 183-H Solar Evaporation Basins        | 216-B-3 Main Pond                       |
| 1301-N Liquid Waste Disposal Facility | 216-A-10 Crib                           |
| 1325-N Liquid Waste Disposal Facility | 216-U-12 Crib                           |
| 1324-NA Percolation Pond              | 216-A-36B Crib                          |
| Hexone Storage and Treatment Facility | 216-A-37-1 Crib                         |
| 241-CX Tank System                    | Nonradioactive Dangerous Waste Landfill |

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7/23

Mr. Smith and Ms. Butler  
94-RPS-260

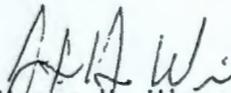
-2-

Consistent with the provisions of WAC 173-303-805(5)(c) and -805(7)(a)(iv), RL and BHI are requesting that the Hanford Facility Part A Interim Status Permit be modified to reflect the deletion of Westinghouse Hanford Company and the addition of BHI as co-operator for the identified sixteen (16) units. Based on the fact that the Washington State Department of Ecology (Ecology) has been aware of the planned change in DOE contractors for several months, and on recent discussions with Ecology regarding the imminent change, RL and BHI also request that Ecology waive the WAC 173-303-805(7)(a)(iv) requirement for 90 day notice prior to the change.

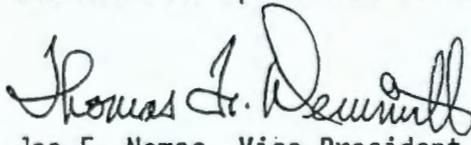
Additionally, RL and BHI request that Ecology add BHI to the draft Hanford Facility Part B Permit as co-operator for the 183-H Solar Evaporation Basins Unit prior to final issuance of the permit. With this addition, the permit will correctly reflect the management responsibility for the 183-H Unit and we will avoid the need to embark on a time-consuming and expensive permit modification immediately after issuance.

If you have any questions, please contact Mr. C. E. Clark of RL on (509) 376-9333 or Mr. S. R. Weil of BHI on (509) 375-4665.

Sincerely,

  
Steven H. Wisness, Acting Program Manager  
Office of Environmental Assurance,  
Permits, and Policy  
DOE Richland Operations Office

EAP:CEC

  
for Joe F. Nemecek, Vice President  
Bechtel Hanford, Incorporated

Enclosures

cc w/encl:

Administrative Records, H6-08  
J. Atwood, Ecology  
S. Alexander, Ecology  
D. Lundstrom, Ecology  
M. Jaraysi, Ecology  
D. Nylander, Ecology  
J. Stohr, Ecology  
D. Duncan, EPA  
D. Sherwood, EPA

cc w/o encl:

J. James, BHI  
S. Weil, BHI  
E. Keen, BHI  
S. Price, WHC  
R. Bowman, WHC  
W. Dixon, WHC  
R. Jim, YIN  
D. Powaukee, Nez Perce  
W. Burke, CTUIR

9413282.1577

001326

FORM <b>1</b>	State of Washington Department of Ecology	WASHINGTON STATE	I. EPA/STATE I.D. NUMBER
		DANGEROUS WASTE PERMIT GENERAL INFORMATION	WA 7890008967

(Read "Form 1 Instructions" before starting)

II. NAME OF FACILITY	US DEPARTMENT OF ENERGY - HANFORD FACILITY
----------------------	--

III. FACILITY CONTACT	A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
	WAGONER, JOHN D., MANAGER	509 376 7395

IV. FACILITY MAILING ADDRESS	A. STREET OR P.O. BOX	B. CITY OR TOWN	C. STATE	D. ZIP CODE
	PO BOX 550	RICHLAND	WA	99352

V. FACILITY LOCATION	A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	B. COUNTY NAME	C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
	HANFORD SITE	BENTON	RICHLAND	WA	99352	005

IV. SIC CODES (4-digit, in order of priority)	A. FIRST	B. SECOND	C. THIRD	D. FOURTH
	9999 (specify) NONCLASSIFIABLE	4953 (specify) REFUSE SYSTEMS	9511 (specify) AIR AND WATER RESOURCE AND SOLID WASTE MANAGEMENT	

VII. OPERATOR INFORMATION	A. NAME	B. Is the name listed in Item VII-A also the owner?	D. PHONE (area code & no.)
	DEPARTMENT OF ENERGY - RICHLAND OPERATIONS BECHTEL HANFORD, INC. (BHI)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO **	509 376 7395
	C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)		
	F = FEDERAL S = STATE P = PRIVATE M = PUBLIC (other than federal or state) O = OTHER (specify)	F (specify)	509 376 4645
	E. STREET OR P.O. BOX		
	PO BOX 550 / PO BOX 969		
	F. CITY OR TOWN	G. STATE	H. ZIP CODE
	RICHLAND	WA	99352
		VIII. INDIAN LAND	
		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

\*\* DOE-RL: OWNER/OPERATOR BHI: CO-OPERATOR FOR CERTAIN UNITS ON THE HANFORD FACILITY.  
COMPLETE BACK PAGE

**IX. MAP**

Attach to this application a topographic map of the area extending to at least one 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 hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

**X. NATURE OF BUSINESS** (provide a brief description)

- NONCLASSIFIABLE - GENERAL
- REFUSE SYSTEMS
- AIR AND WATER RESOURCE AND SOLID WASTE MANAGEMENT

9413282.1579  
6251-282116

**XI. CERTIFICATION** (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)

SEE ATTACHMENT

B. SIGNATURE

C. DATE SIGNED

FORM 1

DANGEROUS WASTE PERMIT GENERAL INFORMATION

XI. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

*John D. Wagoner*

Owner/Operator  
John D. Wagoner, Manager  
U.S. Department of Energy  
Richland Operations Office

*6/30/94*

Date

*Edward S. Keen*

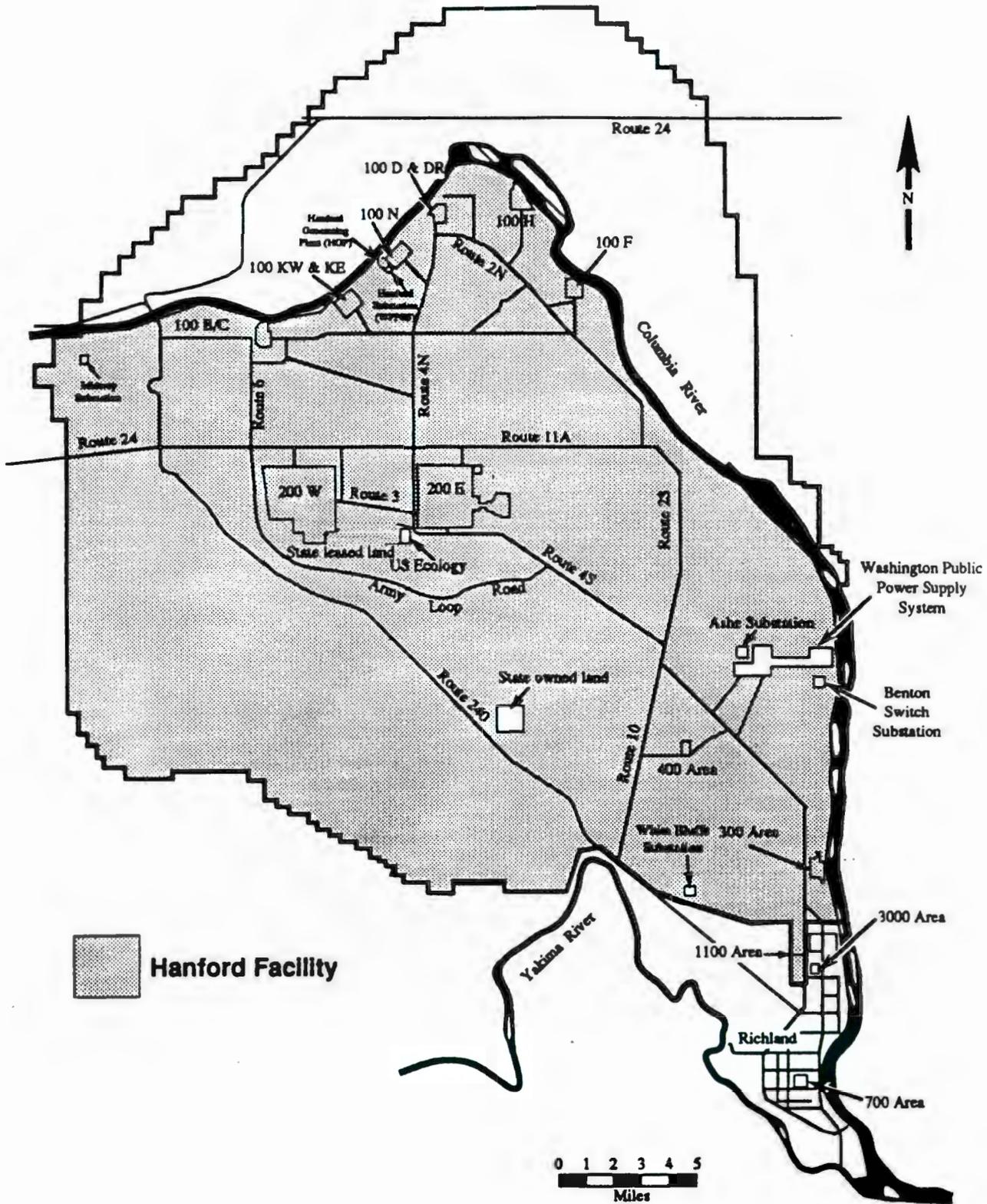
Co-operator  
Edward S. Keen, President  
Bechtel Hanford, Inc.

*6/30/94*

Date

947282.000

9413282-1581



Hanford Facility Map

Please print or type in the unshaded areas only  
(fill-in areas are spaced for elite type, i.e., 12 character/inch).

<b>FORM 3</b>	<b>DANGEROUS WASTE PERMIT APPLICATION</b>	1. EPA/STATE I.D. NUMBER
		W A 7 8 9 0 0 0 8 9 6 7

FOR OFFICIAL USE ONLY		COMMENTS
APPLICATION APPROVED	DATE RECEIVED <i>(mo., day, &amp; yr.)</i>	

**II. FIRST OR REVISED APPLICATION**  
Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA/STATE I.D. Number, or if this is a revised application, enter your facility's EPA/STATE I.D. Number in Section I above.

**A. FIRST APPLICATION** (place an "X" below and provide the appropriate date)

<input type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)  <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">MO.</td> <td style="border: 1px solid black; padding: 2px;">DAY</td> <td style="border: 1px solid black; padding: 2px;">YR.</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">01</td> <td style="border: 1px solid black; text-align: center;">01</td> <td style="border: 1px solid black; text-align: center;">77</td> </tr> </table> FOR EXISTING FACILITIES, PROVIDE THE DATE (mo., day, & yr.) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)	MO.	DAY	YR.	01	01	77	<input type="checkbox"/> 2. NEW FACILITY (Complete item below)  <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">MO.</td> <td style="border: 1px solid black; padding: 2px;">DAY</td> <td style="border: 1px solid black; padding: 2px;">YR.</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table> FOR NEW FACILITIES, PROVIDE THE DATE (mo., day, & yr.) OPERATION BEGAN OR IS EXPECTED TO BEGIN	MO.	DAY	YR.			
MO.	DAY	YR.											
01	01	77											
MO.	DAY	YR.											

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

<input checked="" type="checkbox"/> 1. FACILITY HAS AN INTERIM STATUS PERMIT	<input type="checkbox"/> 2. FACILITY HAS A FINAL PERMIT
--	---

**III. PROCESSES - CODES AND CAPACITIES**

**A. PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the (Section III-C).

**B. PROCESS DESIGN CAPACITY** - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Section III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
<b>Disposal:</b>					
INJECTION WELL	D80	GALLONS OR LITERS			
LANDFILL	D81	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D82	ACRES OR HECTARES			
OCEAN DISPOSAL	D83	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D84	GALLONS OR LITERS			

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

EXAMPLE FOR COMPLETING SECTION III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PRDCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)	
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	T 0 4	45,000	U		7				
2	D 8 4	19,600,000	G		8				
3					9				

9413282-1582

Continued from the front.

III. PROCESSES (continued)

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

T04, D84

The 100-D Ponds historically received corrosive dangerous waste from the regeneration of three ion exchange columns located in the Thermal Hydraulics Test Facility and the Mechanical Development Laboratory of the combined 185-D/189-D Building, and nonregulated process water generated from the 183-D Filter Water Plant (183-D), a sanitary water treatment facility. Treatment of the waste occurred by the successive discharge to the ponds of acidic waste and caustic waste (T04). This treatment served to neutralize the waste in the ponds. Any acidic or caustic waste that reached the soil was likely buffered by the calcareous constituents of the soil. Approximately 45,000 gallons (170,000 liters) per day were treated in the 100-D Ponds; a fraction of this was the corrosive dangerous waste. This unit has not received dangerous waste since January 1986. The 100-D Ponds also received 720,000 gallons (2,730,000 liters) of nonregulated process water twice a year when the 183-D Settling Basins were washed down, and 140,000 gallons (530,000 liters) monthly when the 183-D sandfilters were backwashed. 100-D Ponds last received a discharge of nonregulated process water on May 27, 1994 and will be closed under interim status. The process design capacity for disposal reflects the maximum volume of waste/process water discharged to the 100-D Ponds annually before January 1986, rather than the physical capacity of the unit (D84).

9413282-1583

IV. DESCRIPTION OF DANGEROUS WASTES

- A. DANGEROUS WASTE NUMBER - Enter the four digit number from Chapter 173-303 WAC for each listed dangerous waste you will handle. If you handle dangerous wastes which are not listed in Chapter 173-303 WAC, enter the four digit number(s) that describes the characteristics and/or the toxic contaminants of those dangerous wastes.
- B. ESTIMATED ANNUAL QUANTITY - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

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

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

D. PROCESSES

1. PROCESS CODES:

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

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

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

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

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

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

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

LINE	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	K	0	5	4	900	P	T 0 3 D 8 0	
X-2	D	0	0	2	400	P	T 0 3 D 8 0	
X-3	D	0	0	1	100	P	T 0 3 D 8 0	
							T 0 3 D 8 0	included with above

Continued from page 2.  
 NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

I.D. NUMBER (entered from page 1)  
 WA 7890008987

IV. DESCRIPTION OF DANGEROUS WASTES (continued)

LINE NO.	A. DANGEROUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES				
				1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	D 0 0 2	163,600,000	P	T04	D84			Neutralization/Percolation
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								

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Continued from the front.

IV. DESCRIPTION OF DANGEROUS WASTES (continued)

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

The 100-D Ponds historically received corrosive dangerous waste from the 185-D/189-D Building and nonregulated process water from the 183-D. The waste consisted of the acidic and caustic backwashes (D002) from the regeneration of ion exchange columns in the 185-D/189-D Building. The actual annual volume of corrosive waste discharged to the 100-D Ponds is not known, although approximately 19,600,000 gallons (74,200,000 liters) of waste/process water was discharged annually to the ponds before January 1986.

94-13282-1585

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

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

VII. FACILITY GEOGRAPHIC LOCATION

This information is provided on the attached drawings and photos.

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

VIII. FACILITY OWNER

A. If the facility owner is also the facility operator as listed in Section VII on Form 1, "General information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

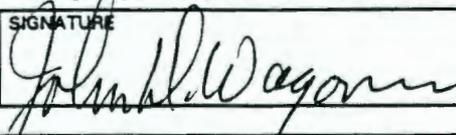
6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type)  
 John D. Wagoner, Manager  
 U.S. Department of Energy  
 Richland Operations Office

SIGNATURE



DATE SIGNED

06/30/94

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type)

SIGNATURE

DATE SIGNED

SEE ATTACHMENT

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

*John D. Wagoner*

Owner/Operator  
John D. Wagoner, Manager  
U.S. Department of Energy  
Richland Operations Office

*6/30/94*  
Date

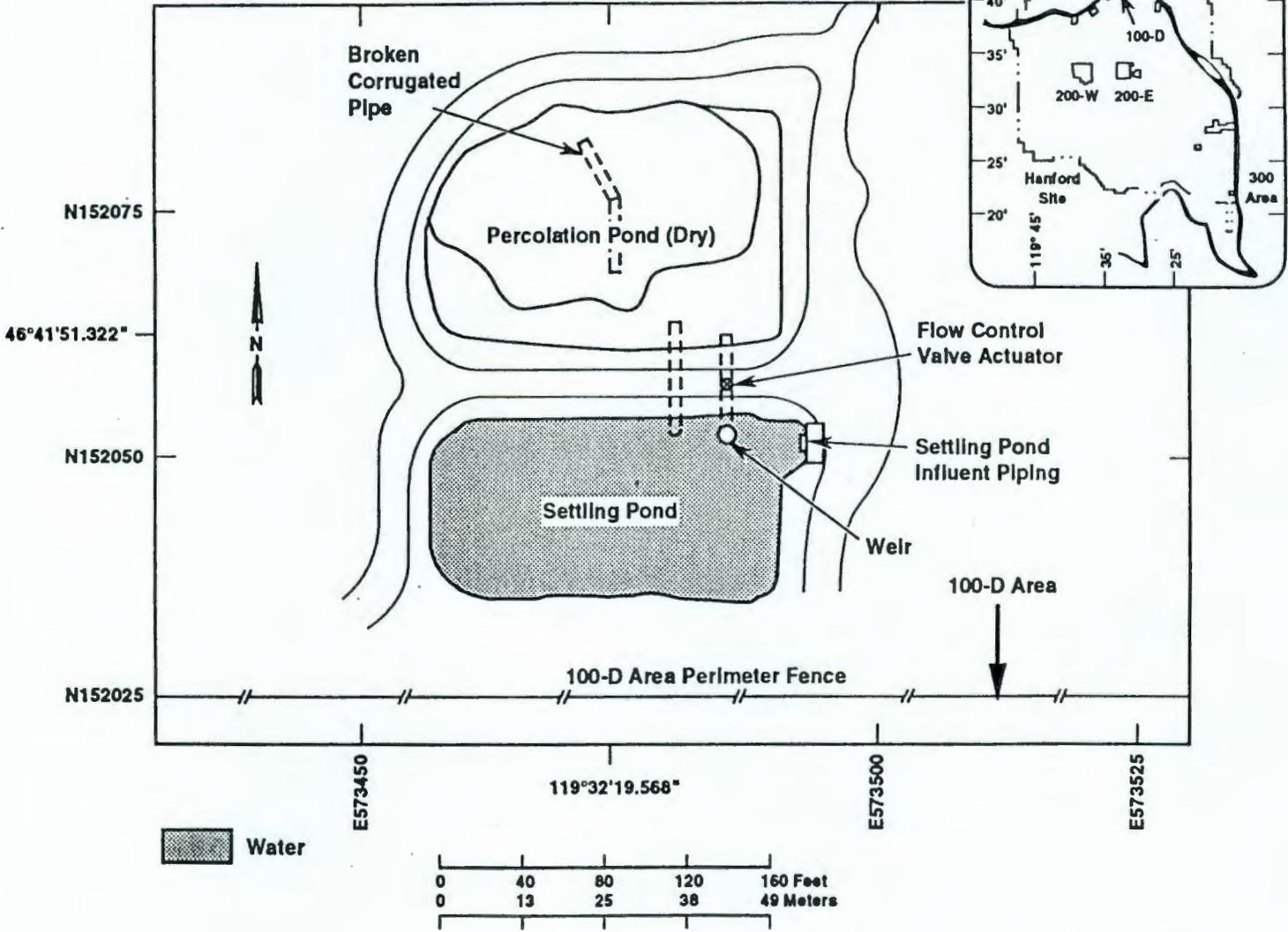
*Edward S. Keen*

Co-operator  
Edward S. Keen, President  
Bechtel Hanford, Inc.

*6/30/94*  
Date

9917202 1586

# 100-D Ponds



39406150.1

WA7890008967

100-D Ponds  
Rev. 4, 06/30/94, Page 7 of 7

# 100-D PONDS



46°41'51.322"  
119°32'19.568"

92102814-22CN  
(PHOTO TAKEN 1992)

9413282.1588

001326

Please print or type in the unshaded areas only  
(fill-in areas are spaced for elite type, i.e., 12 character/inch).

<b>FORM 3</b>	DANGEROUS WASTE PERMIT APPLICATION	1. EPA/STATE I.D. NUMBER <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr><td>W</td><td>A</td><td>7</td><td>8</td><td>9</td><td>0</td><td>0</td><td>0</td><td>8</td><td>9</td><td>6</td><td>7</td></tr> </table>	W	A	7	8	9	0	0	0	8	9	6	7
W	A	7	8	9	0	0	0	8	9	6	7			

FOR OFFICIAL USE ONLY		COMMENTS
APPLICATION APPROVED	DATE RECEIVED <i>(mo., day, &amp; yr.)</i>	

**II. FIRST OR REVISED APPLICATION**  
Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA/STATE I.D. Number, or if this is a revised application, enter your facility's EPA/STATE I.D. Number in Section I above.

**A. FIRST APPLICATION** (place an "X" below and provide the appropriate date)

<input type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)	<input type="checkbox"/> 2. NEW FACILITY (Complete item below)
--	--

<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr><th>MO.</th><th>DAY</th><th>YR.</th></tr> <tr><td>05</td><td>13</td><td>86</td></tr> </table> <p>FOR EXISTING FACILITIES, PROVIDE THE DATE (mo., day, &amp; yr.) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)</p>	MO.	DAY	YR.	05	13	86	<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr><th>MO.</th><th>DAY</th><th>YR.</th></tr> <tr><td> </td><td> </td><td> </td></tr> </table> <p>FOR NEW FACILITIES, PROVIDE THE DATE (mo., day, &amp; yr.) OPERATION BEGAN OR IS EXPECTED TO BEGIN</p>	MO.	DAY	YR.			
MO.	DAY	YR.											
05	13	86											
MO.	DAY	YR.											

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

<input checked="" type="checkbox"/> 1. FACILITY HAS AN INTERIM STATUS PERMIT	<input type="checkbox"/> 2. FACILITY HAS A FINAL PERMIT
--	---

**III. PROCESSES - CODES AND CAPACITIES**  
**A. PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the (Section III-C).

**B. PROCESS DESIGN CAPACITY** - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Section III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
<b>Disposal:</b>					
INJECTION WELL	D80	GALLONS OR LITERS			
LANDFILL	D81	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D82	ACRES OR HECTARES			
OCEAN DISPOSAL	D83	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D84	GALLONS OR LITERS			

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

EXAMPLE FOR COMPLETING SECTION III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY			FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY			FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)						1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)	
X-1	S02	600	G			5					
X-2	T03	20	E			6					
1	T02	400,000	U			7					
2						8					
3						9					
4						10					

Continued from the front.

III. PROCESSES (continued)

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

T02

The 1324-N Surface Impoundment is a lined pond with a treatment design capacity of 400,000 gallons (1,514,160 liters) per day. The impoundment was used to treat waste from the regeneration of demineralizer columns. The waste exhibited the characteristics of corrosivity (D002). Successive additions to the pond of acidic and caustic waste served to neutralize the waste. The nonregulated neutralized waste was transferred to the 1324-N Percolation Pond. The 1324-N Surface Impoundment no longer receives waste and will be closed under interim status.

IV. DESCRIPTION OF DANGEROUS WASTES

- A. DANGEROUS WASTE NUMBER - Enter the four digit number from Chapter 173-303 WAC for each listed dangerous waste you will handle. If you handle dangerous wastes which are not listed in Chapter 173-303 WAC, enter the four digit number(s) that describes the characteristics and/or the toxic contaminants of those dangerous wastes.
- B. ESTIMATED ANNUAL QUANTITY - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

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

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

D. PROCESSES

1. PROCESS CODES:

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

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

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

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

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

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

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

LINE NO.	A. DANGEROUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2			T 0 3 D 8 0	included with above

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Continued from page 2.  
 NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

I.D. NUMBER (entered from page 1)

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

IV. DESCRIPTION OF DANGEROUS WASTES (continued)

LINE NO.	A. DANGEROUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	0002	1,500,000,000	P	T02	Neutralization
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

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Continued from the front.

IV. DESCRIPTION OF DANGEROUS WASTES (continued)

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

The 1324-N Surface Impoundment was used to treat corrosive dangerous waste (D002) from the 163-N Demineralization Plant. The waste consisted of acidic and caustic backwashes from the regeneration of demineralizer columns. Approximately 1,500,000,000 pounds (680,388,600 kilograms) of waste were treated each year.

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

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

VII. FACILITY GEOGRAPHIC LOCATION

This information is provided on the attached drawings and photos.

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

VIII. FACILITY OWNER

A. If the facility owner is also the facility operator as listed in Section VII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

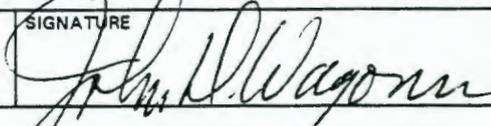
6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type)  
John D. Wagoner, Manager  
U.S. Department of Energy  
Richland Operations Office

SIGNATURE



DATE SIGNED

6/30/94

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type)

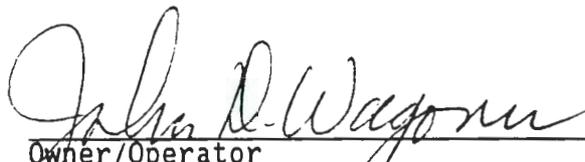
SIGNATURE

DATE SIGNED

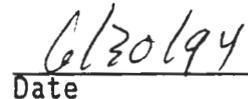
9413282-1592

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.



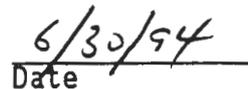
Owner/Operator  
John D. Wagoner, Manager  
U.S. Department of Energy  
Richland Operations Office



Date



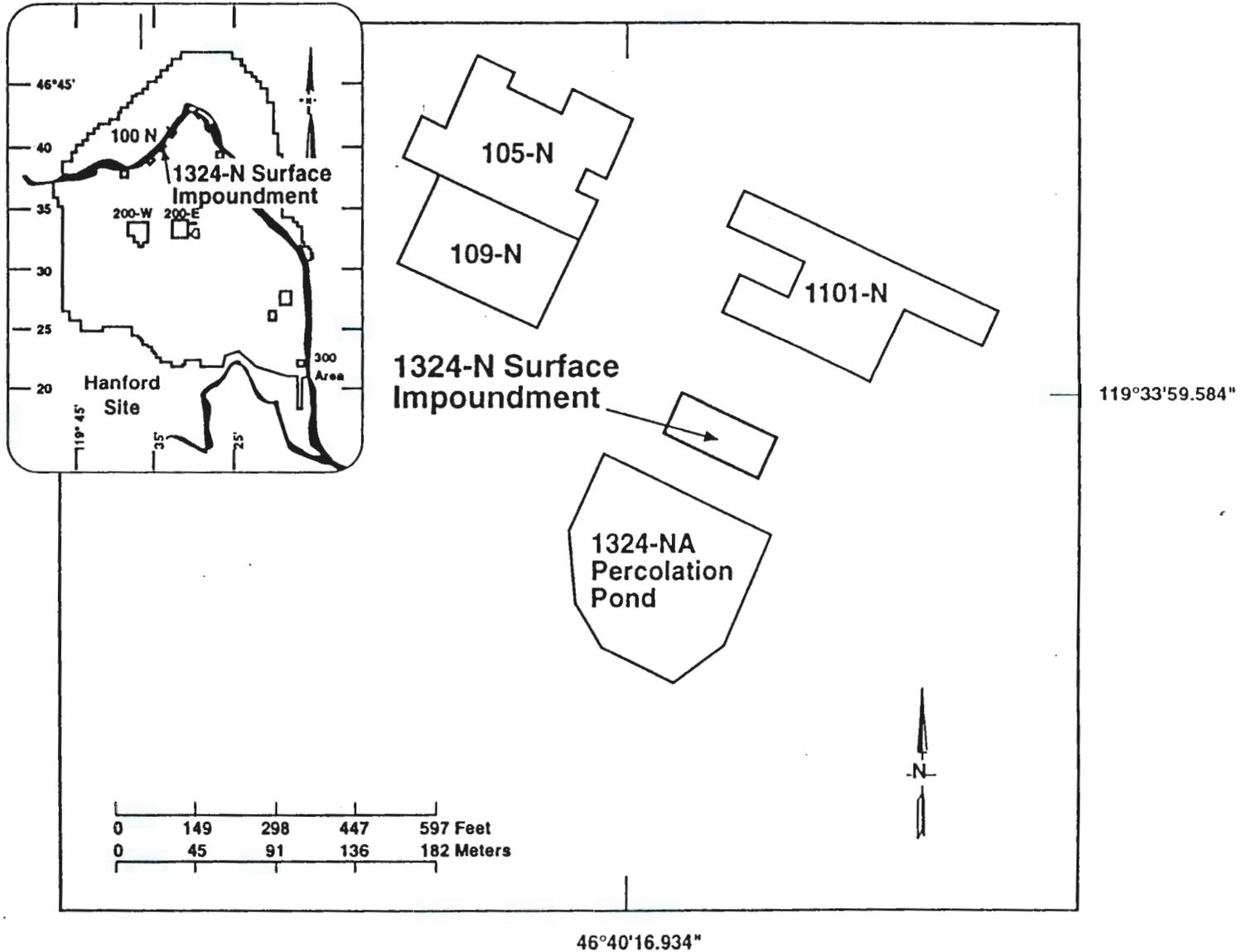
Co-operator  
Edward S. Keen, President  
Bechtel Hanford, Inc.



Date

291-202116  
04/22/92 1503

# 1324-N Surface Impoundment



WA7890008967

1324-N Surface Impoundment  
Rev. 3, 06/30/94, Page 6 of 7

# 1324-N SURFACE IMPOUNDMENT



46°40'16.934"  
119°33'59.584"

94060004-4CN  
(PHOTO TAKEN 1994)

9413282.1595

Please print or type in the unshaded areas only  
 (fill-in areas are spaced for elite type, i.e., 12 character/inch).

<b>FORM 3</b>	<b>DANGEROUS WASTE PERMIT APPLICATION</b>	1. EPA/STATE I.D. NUMBER
		W A 7 8 9 0 0 0 8 9 6 7

FOR OFFICIAL USE ONLY	
APPLICATION APPROVED	DATE RECEIVED <i>(mo., day, &amp; yr.)</i>
COMMENTS	

**II. FIRST OR REVISED APPLICATION**  
 Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA/STATE I.D. Number, or if this is a revised application, enter your facility's EPA/STATE I.D. Number in Section I above.

**A. FIRST APPLICATION** (place an "X" below and provide the appropriate date)

<input type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)	<input type="checkbox"/> 2. NEW FACILITY (Complete item below)
--	--

<table border="1" style="width:100%; text-align: center;"> <tr><th>MO.</th><th>DAY</th><th>YR.</th></tr> <tr><td>07</td><td></td><td>73</td></tr> </table> FOR EXISTING FACILITIES, PROVIDE THE DATE (mo., day, & yr.) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)	MO.	DAY	YR.	07		73	<table border="1" style="width:100%; text-align: center;"> <tr><th>MO.</th><th>DAY</th><th>YR.</th></tr> <tr><td></td><td></td><td></td></tr> </table> FOR NEW FACILITIES, PROVIDE THE DATE (mo., day, & yr.) OPERATION BEGAN OR IS EXPECTED TO BEGIN	MO.	DAY	YR.				
MO.	DAY	YR.												
07		73												
MO.	DAY	YR.												

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

<input checked="" type="checkbox"/> 1. FACILITY HAS AN INTERIM STATUS PERMIT	<input type="checkbox"/> 2. FACILITY HAS A FINAL PERMIT
--	---

**III. PROCESSES - CODES AND CAPACITIES**

**A. PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the (Section III-C).

**B. PROCESS DESIGN CAPACITY** - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS			
<b>Disposal:</b>			<b>OTHER</b> (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Section III-C.)		
INJECTION WELL	D80	GALLONS OR LITERS		T04	GALLONS PER DAY OR LITERS PER DAY
LANDFILL	D81	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D82	ACRES OR HECTARES			
OCEAN DISPOSAL	D83	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D84	GALLONS OR LITERS			

<table border="1" style="width:100%; text-align: center;"> <tr><th>UNIT OF MEASURE</th><th>UNIT OF MEASURE CODE</th></tr> <tr><td>GALLONS</td><td>G</td></tr> <tr><td>LITERS</td><td>L</td></tr> <tr><td>CUBIC YARDS</td><td>Y</td></tr> <tr><td>CUBIC METERS</td><td>C</td></tr> <tr><td>GALLONS PER DAY</td><td>U</td></tr> </table>	UNIT OF MEASURE	UNIT OF MEASURE CODE	GALLONS	G	LITERS	L	CUBIC YARDS	Y	CUBIC METERS	C	GALLONS PER DAY	U	<table border="1" style="width:100%; text-align: center;"> <tr><th>UNIT OF MEASURE</th><th>UNIT OF MEASURE CODE</th></tr> <tr><td>LITERS PER DAY</td><td>V</td></tr> <tr><td>TONS PER HOUR</td><td>D</td></tr> <tr><td>METRIC TONS PER HOUR</td><td>W</td></tr> <tr><td>GALLONS PER HOUR</td><td>E</td></tr> <tr><td>LITERS PER HOUR</td><td>H</td></tr> </table>	UNIT OF MEASURE	UNIT OF MEASURE CODE	LITERS PER DAY	V	TONS PER HOUR	D	METRIC TONS PER HOUR	W	GALLONS PER HOUR	E	LITERS PER HOUR	H	<table border="1" style="width:100%; text-align: center;"> <tr><th>UNIT OF MEASURE</th><th>UNIT OF MEASURE CODE</th></tr> <tr><td>ACRE-FEET</td><td>A</td></tr> <tr><td>HECTARE-METER</td><td>F</td></tr> <tr><td>ACRES</td><td>B</td></tr> <tr><td>HECTARES</td><td>Q</td></tr> </table>	UNIT OF MEASURE	UNIT OF MEASURE CODE	ACRE-FEET	A	HECTARE-METER	F	ACRES	B	HECTARES	Q
UNIT OF MEASURE	UNIT OF MEASURE CODE																																			
GALLONS	G																																			
LITERS	L																																			
CUBIC YARDS	Y																																			
CUBIC METERS	C																																			
GALLONS PER DAY	U																																			
UNIT OF MEASURE	UNIT OF MEASURE CODE																																			
LITERS PER DAY	V																																			
TONS PER HOUR	D																																			
METRIC TONS PER HOUR	W																																			
GALLONS PER HOUR	E																																			
LITERS PER HOUR	H																																			
UNIT OF MEASURE	UNIT OF MEASURE CODE																																			
ACRE-FEET	A																																			
HECTARE-METER	F																																			
ACRES	B																																			
HECTARES	Q																																			

EXAMPLE FOR COMPLETING SECTION III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)	
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	S 0 2	2,167,000	G		7				
2	T 0 1	700	U		8				
3					9				
					10				

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Continued from the front.

III. PROCESSES (continued)

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

S02, T01

The 183-H Solar Evaporation Basins were used for the storage and treatment of mixed waste generated in the N Reactor fuels fabrication facilities. In addition, nonradioactive dangerous waste was discharged to the basins on a nonroutine basis. These deactivated water treatment basins received a maximum of approximately 400,000 gallons (1,514,160 liters) of waste a year. The basins had a tank treatment design capacity of 700 gallons (2,650 liters) of waste a day treated by evaporation and a tank storage design capacity of 2,167,000 gallons (8,202,960 liters), a collective value representing all four basins. To date, a Part A Permit Application, Form 3; an Interim Status Closure Plan; and a Final Status Postclosure Permit Application are the only documents submitted for the 183-H Solar Evaporation Basins under the programs listed in CFR 270.13 (k). The basins have not received waste since November 1985 and will be closed under interim status.

IV. DESCRIPTION OF DANGEROUS WASTES

- A. DANGEROUS WASTE NUMBER - Enter the four digit number from Chapter 173-303 WAC for each listed dangerous waste you will handle. If you handle dangerous wastes which are not listed in Chapter 173-303 WAC, enter the four digit number(s) that describes the characteristics and/or the toxic contaminants of those dangerous wastes.
- B. ESTIMATED ANNUAL QUANTITY - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

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

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

D. PROCESSES

1. PROCESS CODES:

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

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

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

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

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

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

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

LINE NO	A. DANGEROUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
				T 0 3 0 8 0	included with above

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Continued from page 2.  
 NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

I.D. NUMBER (entered from page 1)

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

IV. DESCRIPTION OF DANGEROUS WASTES (continued)

LINE NO.	A. DANGEROUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES			
				1. PROCESS CODES (enter)			
1	W T 0 1	3,600,000	P	S02	T01		Tank Storage/Evaporation
2	D 0 0 7						
3	U 1 2 3						
4	P 0 2 9						
5	P 0 3 0						
6	P 0 9 8						
7	P 1 0 6						
8	P 1 2 0	▼	▼	▼	▼		Included With Above
9							
10							
11							
12							
13							
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25							
26							

8651-7623146

Continued from the front.

IV. DESCRIPTION OF DANGEROUS WASTES (continued)

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

The 183-H Solar Evaporation Basins received mixed waste. This waste consisted primarily of neutralized acid process waste was designated Extremely Hazardous Waste (EHW) because of toxicity (WT01). The basins also received various nonradioactive waste (listed discarded chemical products), resulting in designation for cyanides (P030), vanadium pentoxide (P120), and formic acid (U123). Approximately 3,600,000 pounds (1,632,000 kilograms) of waste a year was treated. Additionally, Basin No. 2 liquid was designated EP Toxic because of the presence of chromium (D007).

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

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

VII. FACILITY GEOGRAPHIC LOCATION

This information is provided on the attached drawings and photos.

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

VIII. FACILITY OWNER

A. If the facility owner is also the facility operator as listed in Section VII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

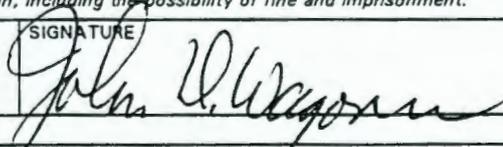
6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type)  
 John D. Wagoner, Manager  
 U.S. Department of Energy  
 Richland Operations Office

SIGNATURE



DATE SIGNED

6/30/94

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type)

SIGNATURE

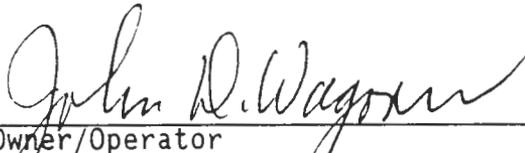
DATE SIGNED

SEE ATTACHMENT

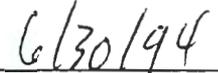
9413282-1599

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

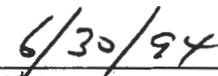


Owner/Operator  
John D. Wagoner, Manager  
U.S. Department of Energy  
Richland Operations Office

  
Date



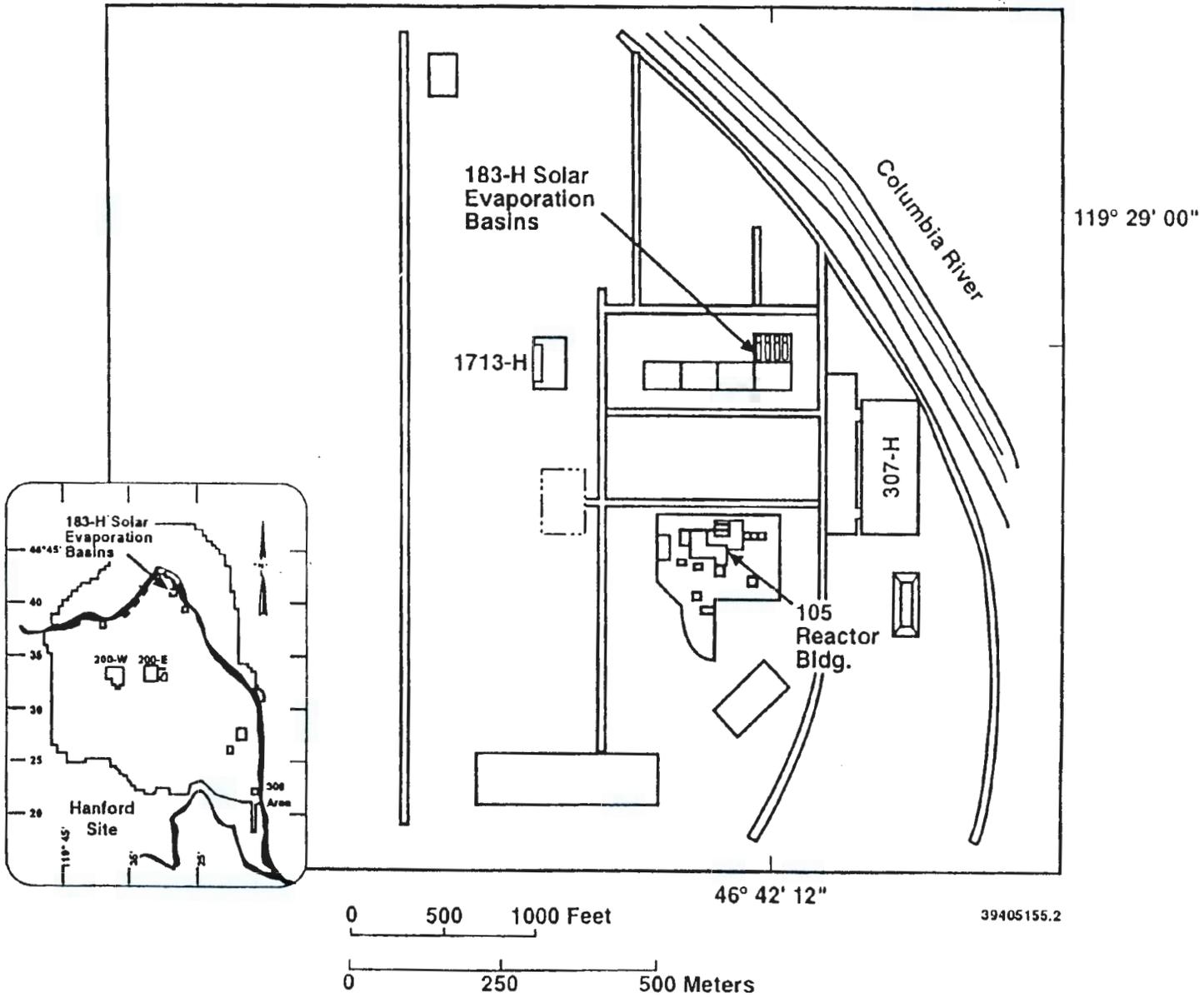
Co-operator  
Edward S. Keen, President  
Bechtel Hanford, Inc.

  
Date

001 282116  
94382 100

# 100-H AREA/183-H SOLAR EVAPORATION BASINS SITE PLAN

WA7890008967

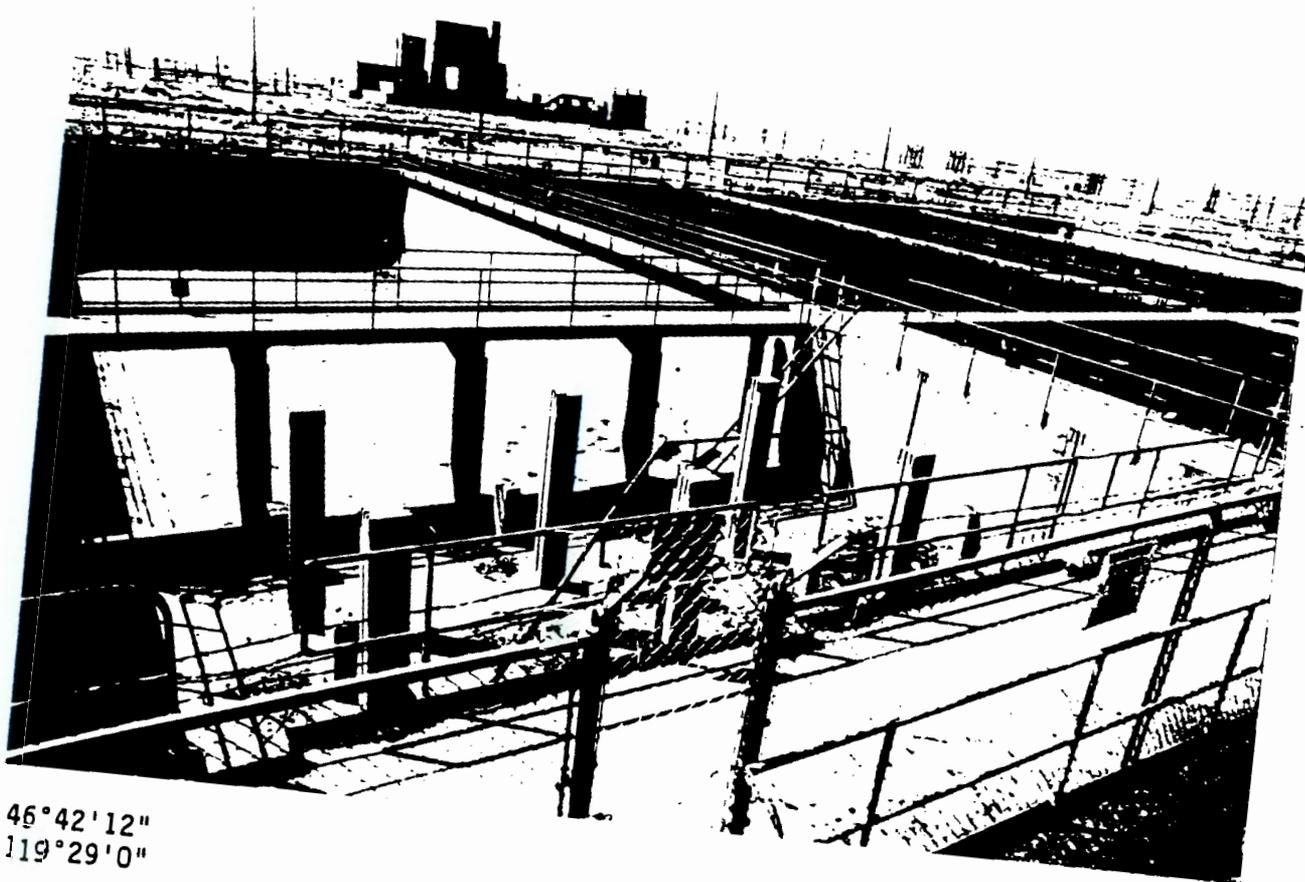


WA7890008967

183-H Solar Evaporation Basins  
Rev. 4, 06/30/94, Page 7 of 7

183-H SOLAR EVAPORATION BASIN  
183-H/100-H AREA

9413282.1602



46°42'12"  
119°29'0"

8503045-C24CN  
(PHOTO TAKEN 1985)

001326

Please print or type in the unshaded areas only  
(fill-in areas are spaced for elite type, i.e., 12 character/inch).

<b>FORM 3</b>	<b>DANGEROUS WASTE PERMIT APPLICATION</b>	1. EPA/STATE I.D. NUMBER
		W A 7 8 9 0 0 0 8 9 6 7

**FOR OFFICIAL USE ONLY**

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

**II. FIRST OR REVISED APPLICATION**

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA/STATE I.D. Number, or if this is a revised application, enter your facility's EPA/STATE I.D. Number in Section I above.

**A. FIRST APPLICATION (place an "X" below and provide the appropriate date)**

1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

2. NEW FACILITY (Complete item below)

MO.	DAY	YR.
03	01	64

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

MO.	DAY	YR.

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

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

1. FACILITY HAS AN INTERIM STATUS PERMIT

2. FACILITY HAS A FINAL PERMIT

**III. PROCESSES - CODES AND CAPACITIES**

**A. PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the (Section III-C).

**B. PROCESS DESIGN CAPACITY** - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>		
CONTAINER (barrel, drum, etc)	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
<b>Disposal:</b>		
INJECTION WELL	D80	GALLONS OR LITERS
LANDFILL	D81	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER
LAND APPLICATION	D82	ACRES OR HECTARES
OCEAN DISPOSAL	D83	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D84	GALLONS OR LITERS

PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Treatment:</b>		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Section III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY

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

EXAMPLE FOR COMPLETING SECTION III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

L I N E N U M B E R	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	L I N E N U M B E R	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)	
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	D 8 1	4,320,000	U		7				
2					8				
3					9				

9413282-1603

Continued from the front.

III. PROCESSES (continued)

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

**D84**

The 1301-N Liquid Waste Disposal Facility (LWDF) received nonregulated mixed process and cooling waste water from N Reactor. The LWDF also received dangerous waste generated from laboratory tests, spills, and leaks within the N Reactor Building, which were discharged through the mixed waste drain system. The dangerous waste discharges consisted of less than 0.002% of the total volume of the waste discharged to the LWDF. The 1301-N LWDF was a percolation unit designed for the disposal of liquid waste through the soil column. The process design capacity for the LWDF was 4,320,000 gallons (16,352,900 liters) a day. The process design capacity reflects the maximum volume of water discharged on a daily basis rather than the physical capacity of the unit. The 1301-N LWDF is no longer receiving dangerous waste and will be closed under interim status.

IV. DESCRIPTION OF DANGEROUS WASTES

- A. DANGEROUS WASTE NUMBER - Enter the four digit number from Chapter 173-303 WAC for each listed dangerous waste you will handle. If you handle dangerous wastes which are not listed in Chapter 173-303 WAC, enter the four digit number(s) that describes the characteristics and/or the toxic contaminants of those dangerous wastes.
- B. ESTIMATED ANNUAL QUANTITY - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

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

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

D. PROCESSES

1. PROCESS CODES:

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

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

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

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

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

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

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

LINE NO.	A. DANGEROUS WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																
							1. PROCESS CODES (enter)					2. PROCESS DESCRIPTION (if a code is not entered in D(1))											
X-1	K	0	5	4	900	P	T	0	3	D	8	0											
X-2	D	0	0	2	400	P	T	0	3	D	8	0											
X-3	D	0	0	1	100	P	T	0	3	D	8	0											
X-4	D	0	0	2			T	0	3	D	8	0											included with above

9413282-1604

Continued from page 2.  
 NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

I.D. NUMBER (entered from page 1)

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

IV. DESCRIPTION OF DANGEROUS WASTES (continued)

LINE NO	A. DANGEROUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	F 0 0 3	6,200	P	D81	Percolation
2	D 0 0 2	20,600			
3	D 0 0 6	100			
4	D 0 0 8	150			
5	D 0 0 9	6,200			
6	U 1 3 3	100			
7	W C 0 2	4,000			
8	W T 0 2	15,000			Included With Above
9					
10					
11					
12					
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26					

9413282-1605

Continued from the front.

IV. DESCRIPTION OF DANGEROUS WASTES (continued)

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

The 1301-N LWDF was used for the disposal of liquid waste from N Reactor. The waste consisted of waste from nonspecific sources and listed waste (F003), toxicity characteristic waste (D006, D008, and D009), characteristic waste (D002), acutely dangerous chemical products (U133), state-only carcinogenic waste (WC02), and state-only toxic waste (WT02).

9413282-1606

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

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

VII. FACILITY GEOGRAPHIC LOCATION

This information is provided on the attached drawings and photos.

LATITUDE (degrees, minutes, & seconds)				LONGITUDE (degrees, minutes, & seconds)			

VIII. FACILITY OWNER

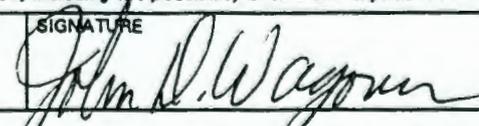
A. If the facility owner is also the facility operator as listed in Section VII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER				2. PHONE NO. (area code & no.)			
3. STREET OR P.O. BOX			4. CITY OR TOWN		5. ST.	6. ZIP CODE	

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type) John D. Wagoner, Manager U.S. Department of Energy Richland Operations Office	SIGNATURE 	DATE SIGNED 6/30/94
---	---	------------------------

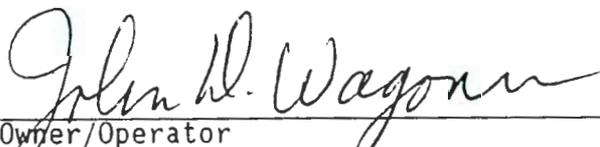
X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

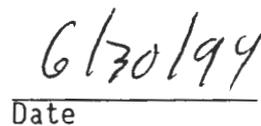
NAME (print or type)	SIGNATURE	DATE SIGNED

X. OPERATOR CERTIFICATION

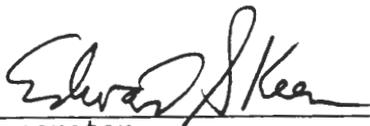
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.



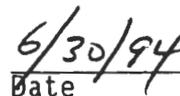
Owner/Operator  
John D. Wagoner, Manager  
U.S. Department of Energy  
Richland Operations Office



Date



Co-operator  
Edward S. Keen, President  
Bechtel Hanford, Inc.

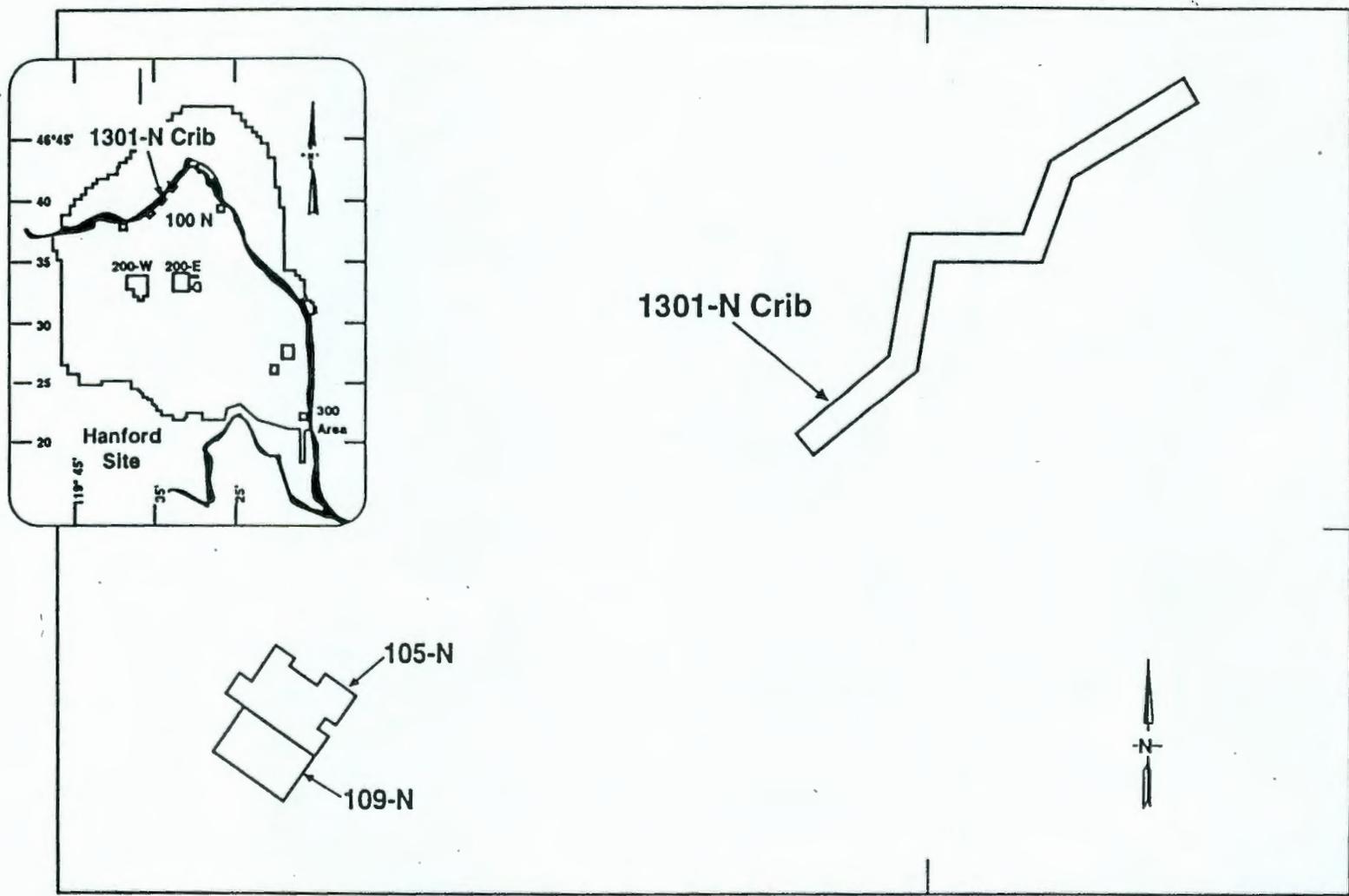


Date

2091-2026-146  
94322-1607

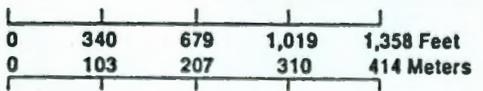
# 1301-N Crib

WA7890008967



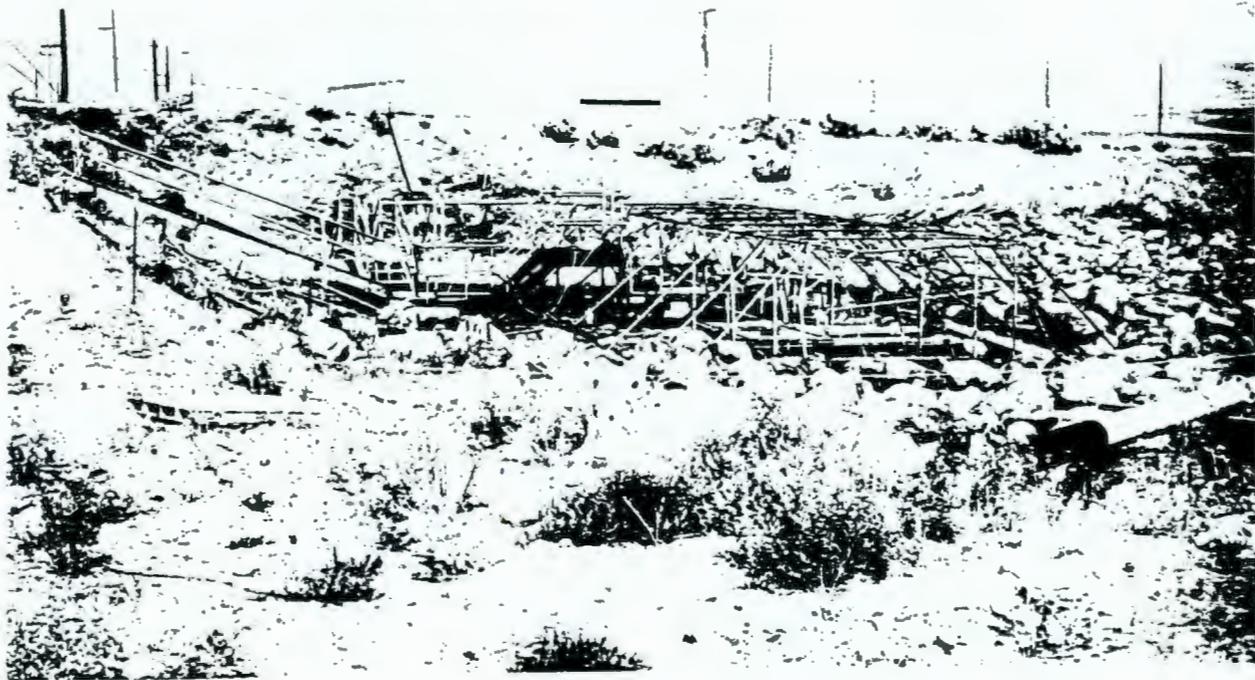
46°40'36.334"

119°33'48.867"



39405155.10

# 1301-N LIQUID WASTE DISPOSAL FACILITY



CRIB OUTFALL

8605087-8CN



TRENCH CONCRETE COVER

46°40'36.334"  
119°33'48.867"

8605087-15CN  
(PHOTOS TAKEN 1986)

9413282-1609

001326

Please print or type in the unshaded areas only  
 (fill-in areas are spaced for elite type, i.e., 12 character/inch).

FORM <b>3</b>	<b>DANGEROUS WASTE PERMIT APPLICATION</b>	1. EPA/STATE I.D. NUMBER WA 7890008967
------------------	---	---

FOR OFFICIAL USE ONLY	
APPLICATION APPROVED	DATE RECEIVED (mo., day, & yr.)
COMMENTS	

II. FIRST OR REVISED APPLICATION  
 Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA/STATE I.D. Number, or if this is a revised application, enter your facility's EPA/STATE I.D. Number in Section I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)													
<input type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.) <table border="1" style="display: inline-table; margin-top: 10px;"> <tr><td>MO.</td><td>DAY</td><td>YR.</td></tr> <tr><td>09</td><td>19</td><td>85</td></tr> </table> FOR EXISTING FACILITIES, PROVIDE THE DATE (mo., day, & yr.) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)	MO.	DAY	YR.	09	19	85	<input type="checkbox"/> 2. NEW FACILITY (Complete item below) <table border="1" style="display: inline-table; margin-top: 10px;"> <tr><td>MO.</td><td>DAY</td><td>YR.</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> FOR NEW FACILITIES, PROVIDE THE DATE (mo., day, & yr.) OPERATION BEGAN OR IS EXPECTED TO BEGIN	MO.	DAY	YR.			
MO.	DAY	YR.											
09	19	85											
MO.	DAY	YR.											

B. REVISED APPLICATION (place an "X" below and complete Section I above)	
<input checked="" type="checkbox"/> 1. FACILITY HAS AN INTERIM STATUS PERMIT	<input type="checkbox"/> 2. FACILITY HAS A FINAL PERMIT

III. PROCESSES - CODES AND CAPACITIES  
 A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the (Section III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.  
 1. AMOUNT - Enter the amount.  
 2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Section III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
<b>Disposal:</b>					
INJECTION WELL	D80	GALLONS OR LITERS			
LANDFILL	D81	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D82	ACRES OR HECTARES			
OCEAN DISPOSAL	D83	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D84	GALLONS OR LITERS			

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

EXAMPLE FOR COMPLETING SECTION III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)	
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	D 8 1	4,320,000	U		7				
2					8				
3					9				

0191-2825116

Continued from the front.

III. PROCESSES (continued)

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

D81

The 1325-N Liquid Waste Disposal Facility (LWDF) received nonregulated mixed process and cooling waters from N Reactor. The LWDF also received dangerous waste generated from laboratory tests, spills, and leaks within the N Reactor Building, which was discharged through the mixed waste drain system. This dangerous waste consisted of less than 0.002% of the total volume of waste discharged to the LWDF.

The LWDF was a percolation unit designed for the disposal of liquid waste through the soil column. The LWDF has not received waste since February 1987, and will be closed under interim status. The process design capacity for the 1325-N LWDF was 4,320,000 gallons (16,353,000 liters) per day. The design capacity reflects the maximum volume of water discharged daily rather than the physical capacity of the LWDF.

9413282-1611

IV. DESCRIPTION OF DANGEROUS WASTES

- A. DANGEROUS WASTE NUMBER - Enter the four digit number from Chapter 173-303 WAC for each listed dangerous waste you will handle. If you handle dangerous wastes which are not listed in Chapter 173-303 WAC, enter the four digit number(s) that describes the characteristics and/or the toxic contaminants of those dangerous wastes.
- B. ESTIMATED ANNUAL QUANTITY - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

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

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

D. PROCESSES

1. PROCESS CODES:

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

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

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

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

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

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

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

LINE	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	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	

Continued from page 2.  
 NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

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

IV. DESCRIPTION OF DANGEROUS WASTES (continued)

LINE NO.	A. DANGEROUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	F 0 0 3	6,200	P	D81	Percolation
2	D 0 0 2	20,600			
3	D 0 0 6	100			
4	D 0 0 7	10,000			
5	D 0 0 8	150			
6	D 0 0 9	6,200			
7	U 1 3 3	100			
8	W C 0 2	4,000			
9	W T 0 2	15,000			Included With Above
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

2191-2825116

Continued from the front.

IV. DESCRIPTION OF DANGEROUS WASTES (continued)

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

The 1325-N LWDF was used for the disposal of liquid wastes from N-Reactor. Dangerous wastes historically discharged to this facility consisted of laboratory wastes which were characteristic and listed wastes. This facility also historically received infrequent spills of hazardous wastes. When accurate information was available concerning the nature and volume of the release, these wastes were also listed on the annual waste quantity.

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

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

VII. FACILITY GEOGRAPHIC LOCATION \*This information appears on the attached drawing and photographs.

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

VIII. FACILITY OWNER

- A. If the facility owner is also the facility operator as listed in Section VII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.
- B. If the facility owner is not the facility operator as listed in Section VII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

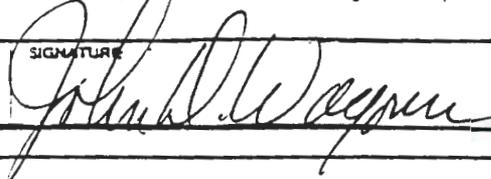
6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type)  
 John D Wagoner, Manager  
 Richland Operations, U.S. DOE

SIGNATURE



DATE SIGNED

6/30/94

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type)

SEE ATTACHMENT

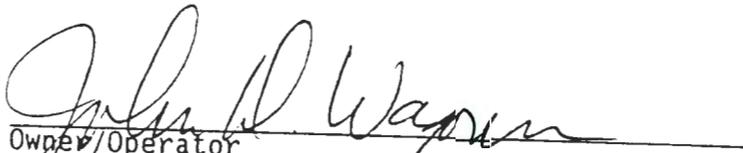
SIGNATURE

DATE SIGNED

9413252.1613

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

  
\_\_\_\_\_  
Owner/Operator  
John D. Wagoner, Manager  
U.S. Department of Energy  
Richland Operations Office

6/30/94  
Date

  
\_\_\_\_\_  
Co-operator  
Edward S. Keen, President  
Bechtel Hanford, Inc.

6/30/94  
Date

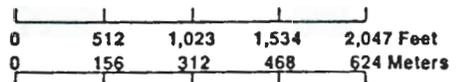
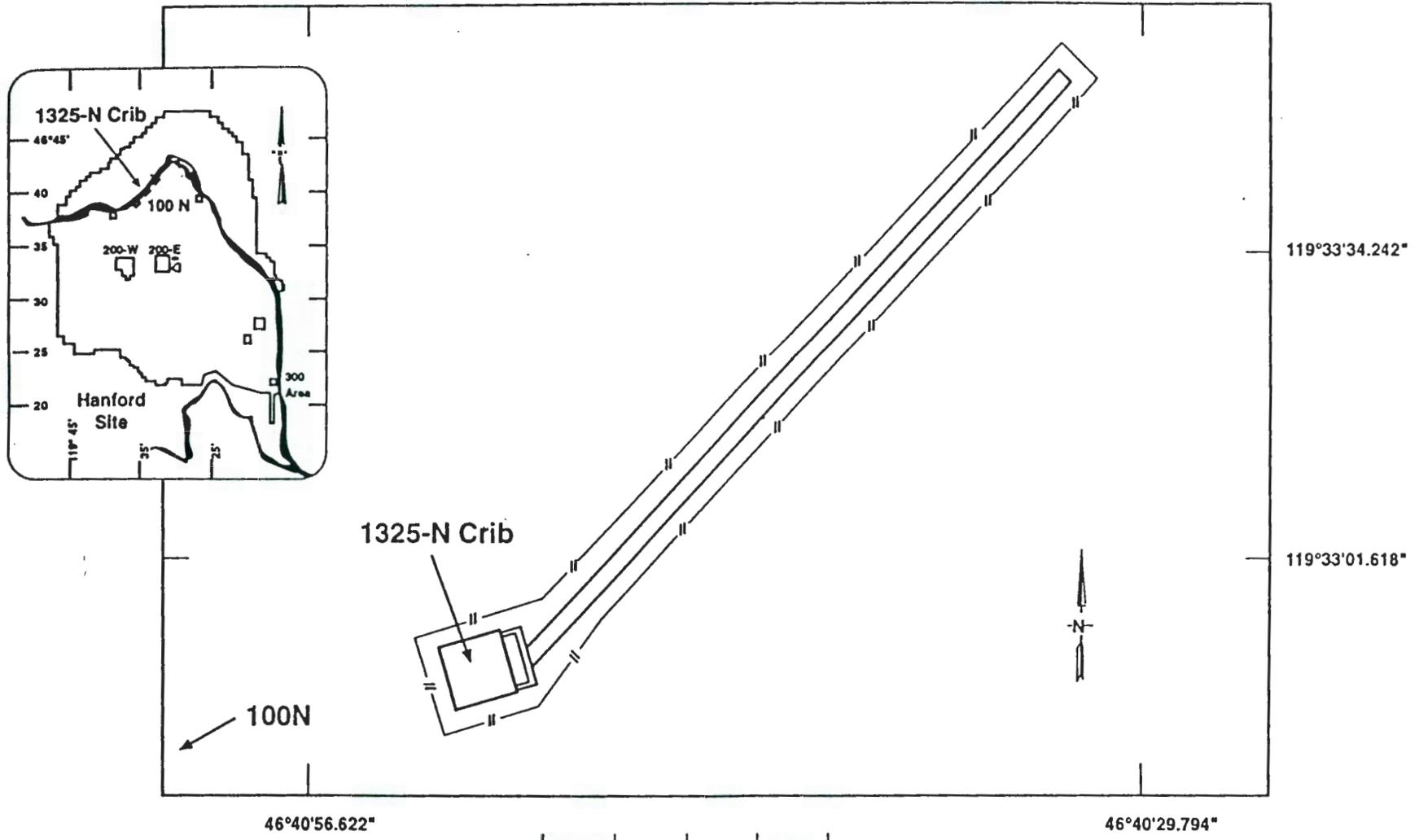
9413282.1644

9413282.1615

# 1325-N Crib

WA7890008967

1325-N Liquid Waste Disposal Facility  
Rev. 4, 06/30/94, Page 6 of 7

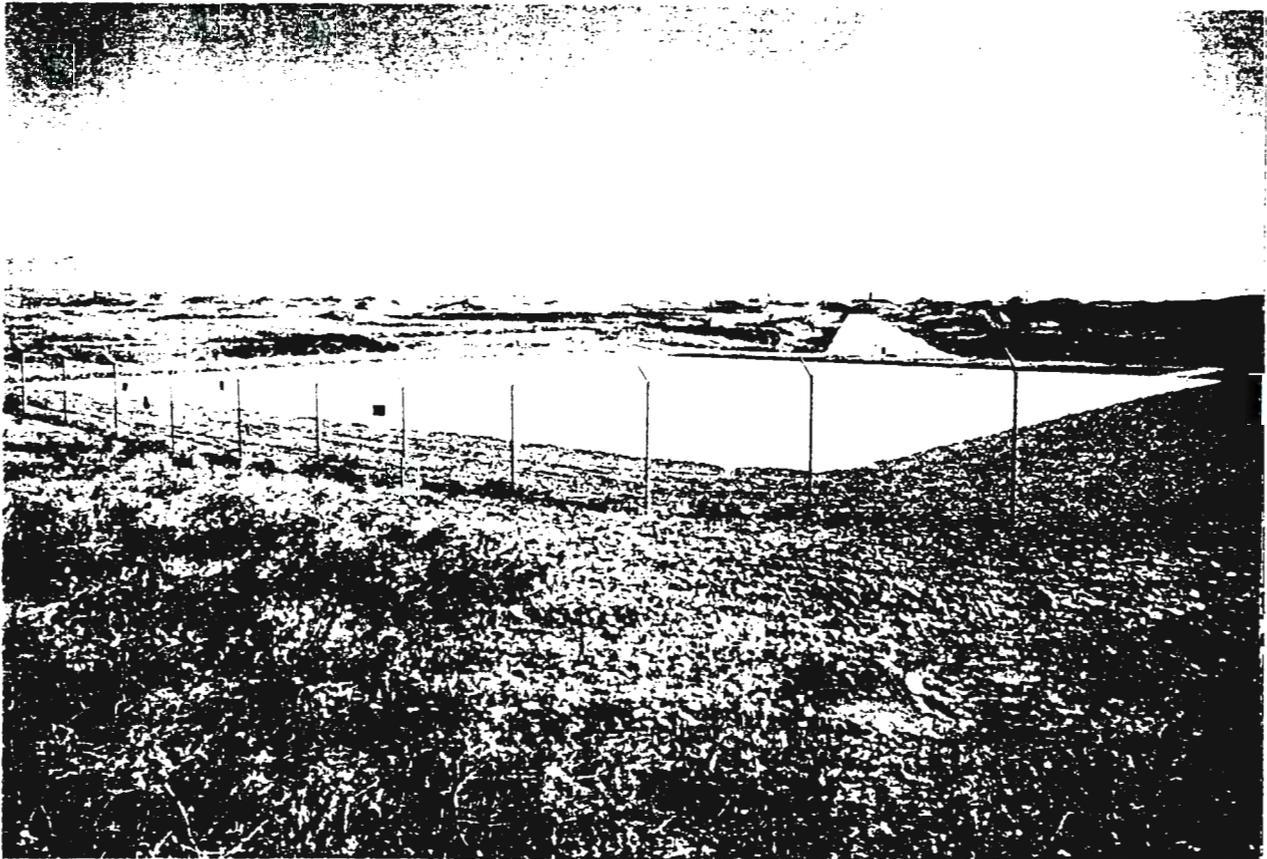


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WA7890008967

1325-N Liquid Waste Disposal Facility  
Rev. 4, 06/30/94, Page 7 of 7

## 1325-N CRIB



46°40'56.622"  
46°40'29.794"  
119°33'01.618"  
119°33'34.242"

8605087-6CN  
(PHOTO TAKEN 1986)

9413282.1616

Please print or type in the unshaded areas only  
(fill-in areas are spaced for elite type, i.e., 12 character/inch).

<b>FORM</b> <b>3</b>	<b>DANGEROUS WASTE PERMIT APPLICATION</b>	1. EPA/STATE I.D. NUMBER <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>W</td><td>A</td><td>7</td><td>8</td><td>9</td><td>0</td><td>0</td><td>0</td><td>8</td><td>9</td><td>6</td><td>7</td></tr></table>	W	A	7	8	9	0	0	0	8	9	6	7
W	A	7	8	9	0	0	0	8	9	6	7			

<b>FOR OFFICIAL USE ONLY</b>	
APPLICATION APPROVED	DATE RECEIVED <i>(mo., day, &amp; yr.)</i>
	COMMENTS

**II. FIRST OR REVISED APPLICATION**  
Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA/STATE I.D. Number, or if this is a revised application, enter your facility's EPA/STATE I.D. Number in Section I above.

**A. FIRST APPLICATION** (place an "X" below and provide the appropriate date)

<input type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">MO. <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>0</td><td>9</td></tr></table></td> <td style="width: 33%; text-align: center;">DAY <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>0</td><td>1</td></tr></table></td> <td style="width: 33%; text-align: center;">YR. <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>7</td><td>7</td></tr></table></td> </tr> </table>	MO. <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>0</td><td>9</td></tr></table>	0	9	DAY <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>0</td><td>1</td></tr></table>	0	1	YR. <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>7</td><td>7</td></tr></table>	7	7	<input type="checkbox"/> 2. NEW FACILITY (Complete item below) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">MO.</td> <td style="width: 33%; text-align: center;">DAY</td> <td style="width: 33%; text-align: center;">YR.</td> </tr> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>	MO.	DAY	YR.			
MO. <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>0</td><td>9</td></tr></table>	0	9	DAY <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>0</td><td>1</td></tr></table>	0	1	YR. <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>7</td><td>7</td></tr></table>	7	7								
0	9															
0	1															
7	7															
MO.	DAY	YR.														

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

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

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

<input checked="" type="checkbox"/> 1. FACILITY HAS AN INTERIM STATUS PERMIT	<input type="checkbox"/> 2. FACILITY HAS A FINAL PERMIT
--	---

**III. PROCESSES - CODES AND CAPACITIES**

**A. PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the (Section III-C).

**B. PROCESS DESIGN CAPACITY** - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS			
<b>Disposal:</b>			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Section III-C.)		
INJECTION WELL	D80	GALLONS OR LITERS	T04	T04	GALLONS PER DAY OR LITERS PER DAY
LANDFILL	D81	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D82	ACRES OR HECTARES			
OCEAN DISPOSAL	D83	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D84	GALLONS OR LITERS			

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

EXAMPLE FOR COMPLETING SECTION III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

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

9415282-1617

Continued from the front.

III. PROCESSES (continued)

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

T04, D84

The 1324-NA Percolation Pond received corrosive dangerous waste (D002) from the regeneration of demineralizer columns in the 163-N Demineralization Plant. Acidic and caustic waste was discharged to the pond in series, which served to neutralize the waste in the pond. Any acidic or caustic waste that reached the soil was neutralized further by the calcareous nature of the soil. Discharge of dangerous waste to this pond was discontinued in April 1986. The pond also received nonregulated neutralized waste from the 1324-N Surface Impoundment and nonregulated process and cooling water from the 163-N Plant. The process design capacity reflects the maximum volume of water discharged daily rather than the physical capacity of the unit. The 1324-NA Percolation Pond no longer receives waste and will be closed under interim status.

IV. DESCRIPTION OF DANGEROUS WASTES

- A. DANGEROUS WASTE NUMBER - Enter the four digit number from Chapter 173-303 WAC for each listed dangerous waste you will handle. If you handle dangerous wastes which are not listed in Chapter 173-303 WAC, enter the four digit number(s) that describes the characteristics and/or the toxic contaminants of those dangerous wastes.
- B. ESTIMATED ANNUAL QUANTITY - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

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

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

D. PROCESSES

1. PROCESS CODES:

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

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

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

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

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

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

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

LINE NO.	A. DANGEROUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	

9413282-1618

Continued from page 2.  
 NOTE: Photocopy this page before completing if you have more than 25 wastes to list.

LD. NUMBER (entered from page 1)  
 WA 7880008867

IV. DESCRIPTION OF DANGEROUS WASTES (continued)

LINE NO	A. DANGEROUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES				
				1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (If a code is not entered in D(1))
1	0002	1,500,000,000	P	T04	D84			Neutralization/Percolation
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								

9413282-1619

Continued from the front.

IV. DESCRIPTION OF DANGEROUS WASTES (continued)

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

The 1324-NA Percolation Pond received waste from the 163-N Demineralization Plant. The waste consisted of acid and caustic backwashes from the regeneration of demineralizer columns. Approximately 1,500,000,000 pounds (680,388,600 kilograms) of corrosive waste (D002) were managed each year.

9413282-1620

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

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

VII. FACILITY GEOGRAPHIC LOCATION

This information is provided on the attached drawings and photos.

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

VIII. FACILITY OWNER

A. If the facility owner is also the facility operator as listed in Section VII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

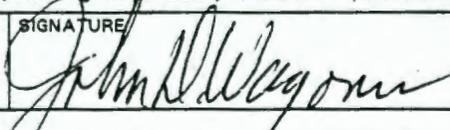
6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type)  
John D. Wagoner, Manager  
U.S. Department of Energy  
Richland Operations Office

SIGNATURE



DATE SIGNED

6/30/94

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type)

SIGNATURE

DATE SIGNED

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

John D. Wagoner

Owner/Operator  
John D. Wagoner, Manager  
U.S. Department of Energy  
Richland Operations Office

6/30/94  
Date

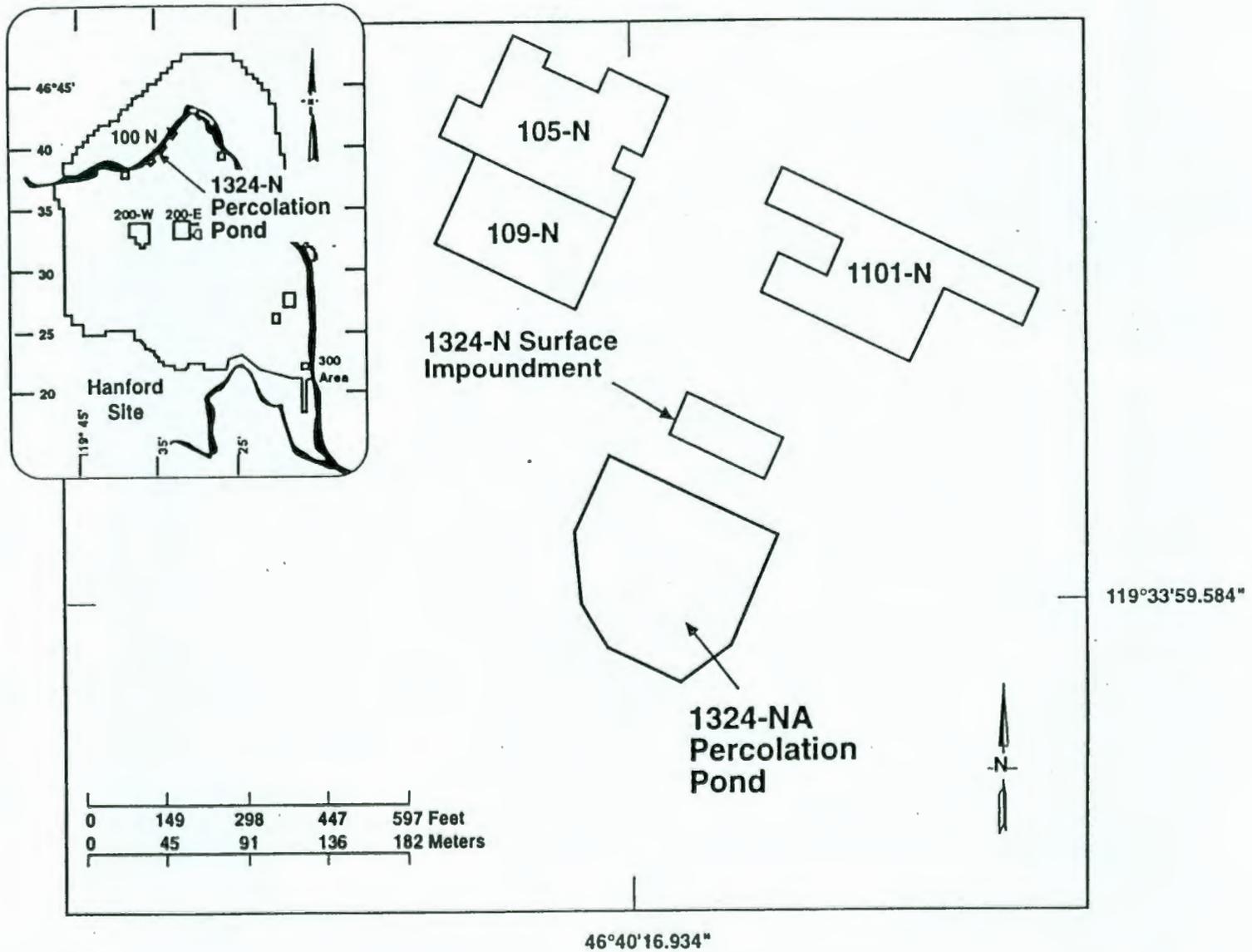
Edward S. Keen

Co-operator  
Edward S. Keen, President  
Bechtel Hanford, Inc.

6/30/94  
Date

9415782.1681

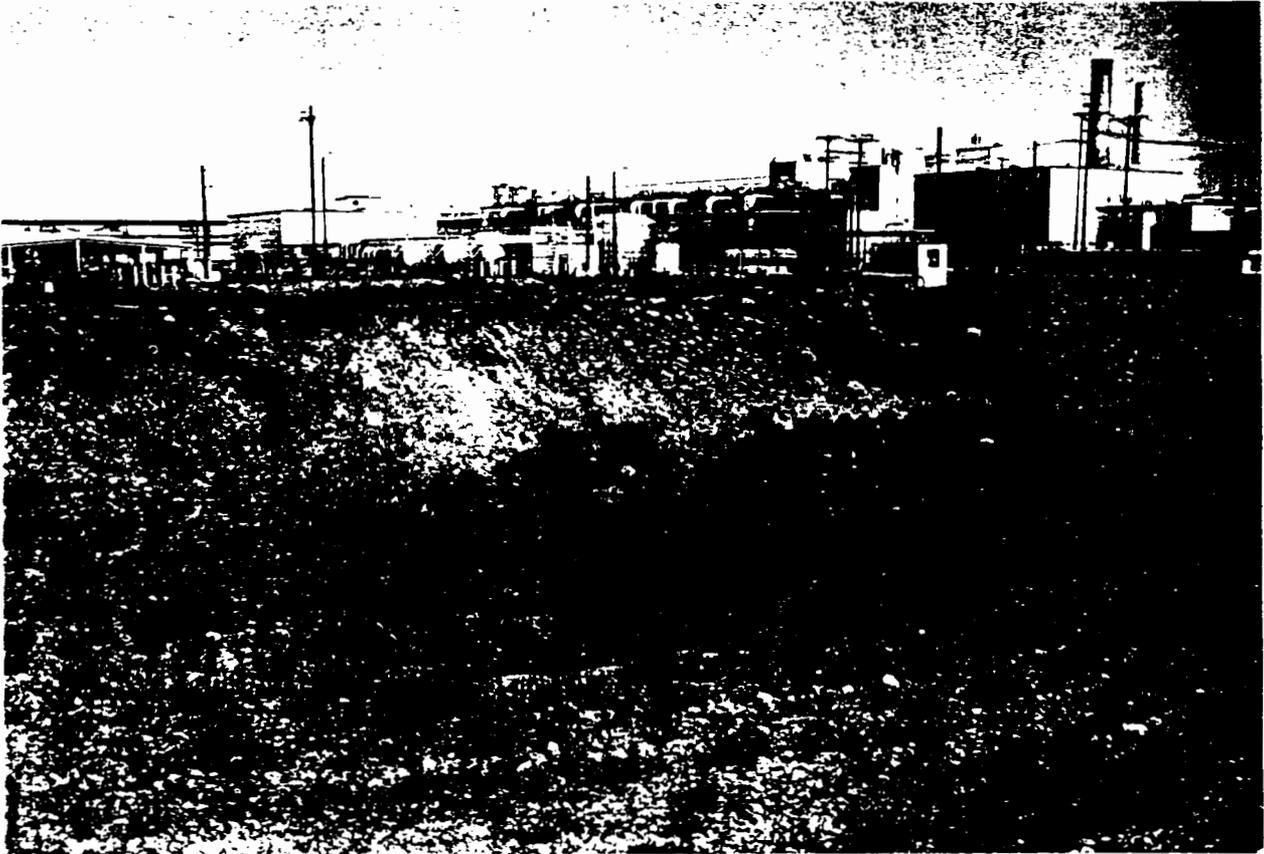
# 1324-NA Percolation Pond



WA7890008967

1324-NA Percolation Pond  
Rev. 3, 06/30/94, Page 6 of 7

# 1324-NA PERCOLATION POND



46°40'16.934"  
119°33'59.584"

94051304-3CN  
(PHOTO TAKEN 1994)

9413282-1623

001326

Please print or type in the unshaded areas only  
 (fill-in areas are spaced for elite type, i.e., 12 character/inch).

<b>FORM 3</b>	<b>DANGEROUS WASTE PERMIT APPLICATION</b>	1. EPA/STATE I.D. NUMBER												
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20px;">W</td><td style="width:20px;">A</td><td style="width:20px;">7</td><td style="width:20px;">8</td><td style="width:20px;">9</td><td style="width:20px;">0</td><td style="width:20px;">0</td><td style="width:20px;">0</td><td style="width:20px;">8</td><td style="width:20px;">9</td><td style="width:20px;">5</td><td style="width:20px;">7</td> </tr> </table>	W	A	7	8	9	0	0	0	8	9	5	7
W	A	7	8	9	0	0	0	8	9	5	7			

FOR OFFICIAL USE ONLY		
APPLICATION APPROVED	DATE RECEIVED <i>(mo., day, &amp; yr.)</i>	COMMENTS

II. FIRST OR REVISED APPLICATION  
 Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA/STATE I.D. Number, or if this is a revised application, enter your facility's EPA/STATE I.D. Number in Section I above.

A. FIRST APPLICATION <i>(place an "X" below and provide the appropriate date)</i>													
<input type="checkbox"/> 1. EXISTING FACILITY <i>(See instructions for definition of "existing" facility. Complete item below.)</i>  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20px;">MO.</td><td style="width:20px;">DAY</td><td style="width:20px;">YR.</td> </tr> <tr> <td style="text-align: center;">01</td><td></td><td style="text-align: center;">52</td> </tr> </table> FOR EXISTING FACILITIES, PROVIDE THE DATE <i>(mo., day, &amp; yr.)</i> OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED <i>(use the boxes to the left)</i>	MO.	DAY	YR.	01		52	<input type="checkbox"/> 2. NEW FACILITY <i>(Complete item below)</i>  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20px;">MO.</td><td style="width:20px;">DAY</td><td style="width:20px;">YR.</td> </tr> <tr> <td></td><td></td><td></td> </tr> </table> FOR NEW FACILITIES, PROVIDE THE DATE, <i>(mo., day, &amp; yr)</i> OPERATION BEGAN OR IS EXPECTED TO BEGIN	MO.	DAY	YR.			
MO.	DAY	YR.											
01		52											
MO.	DAY	YR.											
B. REVISED APPLICATION <i>(place an "X" below and complete Section I above)</i>													
<input checked="" type="checkbox"/> 1. FACILITY HAS AN INTERIM STATUS PERMIT	<input type="checkbox"/> 2. FACILITY HAS A FINAL PERMIT												

III. PROCESSES - CODES AND CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process *(including its design capacity)* in the space provided on the *(Section III-C)*.

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS			
<b>Disposal:</b>			<b>OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Section III-C.)</b>		
INJECTION WELL	D80	GALLONS OR LITERS	T04	T04	GALLONS PER DAY OR LITERS PER DAY
LANDFILL	D81	ACRE-FEET <i>(the volume that would cover one acre to a depth of one foot)</i> OR HECTARE-METER			
LAND APPLICATION	D82	ACRES OR HECTARES			
OCEAN DISPOSAL	D83	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D84	GALLONS OR LITERS			

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

EXAMPLE FOR COMPLETING SECTION III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PRO-CESS CODE <i>(from list above)</i>	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO-CESS CODE <i>(from list above)</i>	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT <i>(specify)</i>	2. UNIT OF MEASURE <i>(enter code)</i>				1. AMOUNT <i>(specify)</i>	2. UNIT OF MEASURE <i>(enter code)</i>	
X-1	S 0 2	600	G		6				
X-2	T 0 3	20	E		6				
1	S 0 2	48,000	G		7				
2	T 0 4	3,000	U		8				
3	S 0 1	40,000	G		9				

Continued from the front.

III. PROCESSES (continued)

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

S02 T04, S01

The Hexone Storage and Treatment Facility (HSTF) is located in the southeast corner of the 200 West Area of the Hanford Facility. The HSTF consists of two 24,000 gallon (91,000 liter) belowgrade carbon steel tanks--276-S-141 (S-141) and 276-S-142 (S-142), a distillation system, and railroad tank cars. The HSTF received liquid mixed waste from the Reduction/Oxidation (REDOX) Plant and possibly the Hot Semiworks Plant. The HSTF was used from 1951 through 1967 to store reagent-grade methyl isobutyl ketone (hexone) for makeup as a solvent for the REDOX Plant. After 1967, the HSTF contained distilled hexone, part or all of which had been used in the REDOX Plant. The S-142 tank also contained normal paraffin hydrocarbon (NPH) and tributyl phosphate (TBP) from a one-time campaign to separate americium, curium, and promethium from Shippingport reactor blanket fuel in 1966. Approximately 200 gallons (760 liters) of water were added to the S-141 tank in 1988. The S-142 tank received approximately 1,300 gallons (5,000 liters) of water in 1967, 500 gallons (1,900 liters) in the mid-1970's, and 200 gallons (760 liters) in the mid-1980's. The combined storage design capacities of the tanks (S-141 and S-142) is 48,000 gallons (182,000 liters) (S02). The treatment design capacity of the distillation system was 3,000 gallons (11,400 liters) of waste per day (T04). The storage design capacity of the railroad tank cars was 40,000 gallons (152,000 liters) (S01).

The mixed waste was pumped from the S-141 and S-142 tanks through a distillation system to decrease the radioactivity of the waste. The distilled waste was sent to temporary storage in railroad tank cars located within the HSTF, until completion of transfers to an offsite incinerator in June of 1992. Three distillation vessels containing process residue have been sampled and are stored at the Hanford Site as mixed waste. The S-141 and S-142 tanks currently each contain up to 5 to 30 gallons (19 to 114 liters) of liquid mixed waste containing 93% NPH and 7% hexone and up to 250 gallons (950 liters) of phosphate tar. The phosphate tar will be stored at the Hanford Site as mixed waste. The railroad tank cars have been emptied, cleaned, and moved to another onsite location. The HSTF is being closed under interim status.

IV. DESCRIPTION OF DANGEROUS WASTES

- A. DANGEROUS WASTE NUMBER - Enter the four digit number from Chapter 173-303 WAC for each listed dangerous waste you will handle. If you handle dangerous wastes which are not listed in Chapter 173-303 WAC, enter the four digit number(s) that describes the characteristics and/or the toxic contaminants of those dangerous wastes.
- B. ESTIMATED ANNUAL QUANTITY - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

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

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

D. PROCESSES

1. PROCESS CODES:

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

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

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

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

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

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

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

LINE NO.	A. DANGEROUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2			T 0 3 D 8 0	included with above

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Continued from page 2.  
 NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

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

IV. DESCRIPTION OF DANGEROUS WASTES (continued)

LINE NO.	A. DANGEROUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES			
				1. PROCESS CODES (enter)			
1	D 0 0 1	245,400	P	S02	T04	S01	Storage-Tank/Treatment-Other
2	F 0 0 3						Distillation/Storage-Container
3	W C 0 2						↓
4	W T 0 2		↓	↓	↓	↓	Included with above
5							
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Continued from the front.

IV. DESCRIPTION OF DANGEROUS WASTES (continued)

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

The S-141 tank was used to store waste hexone (F003) that was used as a solvent in the REDOX Plant. The mixed waste was considered ignitable (D001) and a toxic state-only waste (WT02). The estimated annual quantity of waste that was treated and stored in the S-141 tank was approximately 20,000 gallons (76,000 liters).

The S-142 tank also was used to store waste hexone. In addition, the S-142 tank also stored waste NPH and TBP. This mixture was designated F003, D001, WT02, and a carcinogenic state-only waste (WC02). These wastes resulted from a one-time campaign to separate americium, curium, and promethium from Shippingport reactor blanket fuel in 1966. The estimated annual quantity of waste that was treated and stored in the S-142 tank was approximately 16,000 gallons (61,000 liters).

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

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

VII. FACILITY GEOGRAPHIC LOCATION

This information is provided on the attached drawings and photos.

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

VIII. FACILITY OWNER

A. If the facility owner is also the facility operator as listed in Section VII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

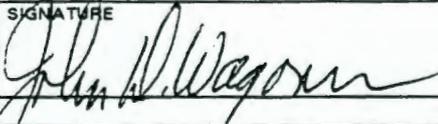
6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type)  
 John D. Wagoner, Manager  
 U.S. Department of Energy  
 Richland Operations Office

SIGNATURE



DATE SIGNED

6/30/94

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type)

SIGNATURE

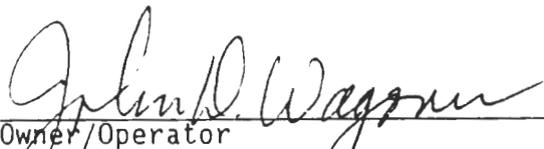
DATE SIGNED

SEE ATTACHMENT

7291-7870144

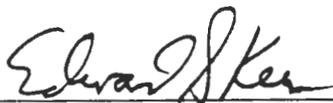
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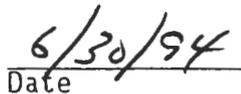


Owner/Operator  
John D. Wagoner, Manager  
U.S. Department of Energy  
Richland Operations Office

  
Date



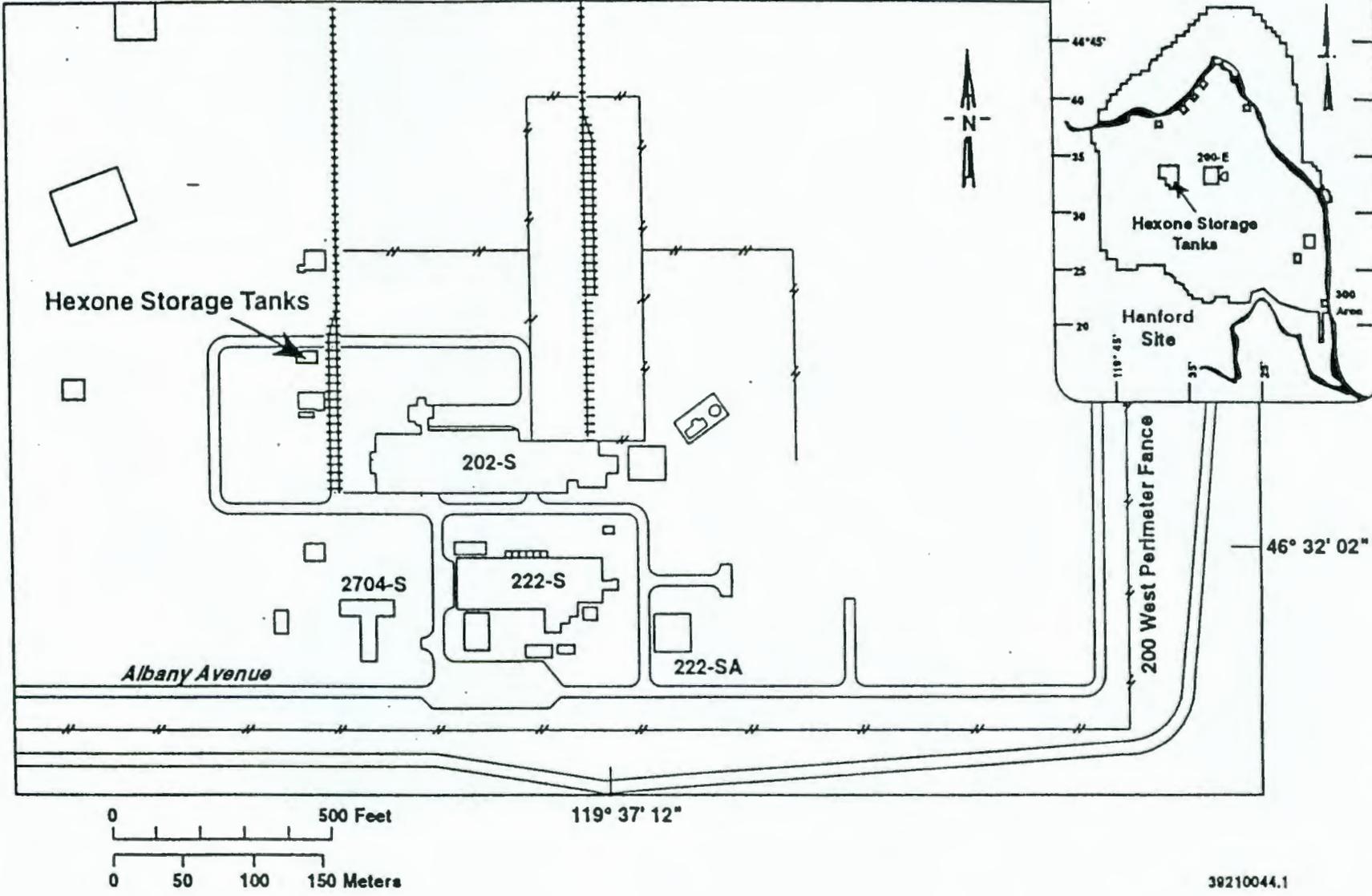
Co-operator  
Edward S. Keen, President  
Bechtel Hanford, Inc.

  
Date

8291-282116  
0113282-1628

# 276-S-141 and 142 Hexone Storage Tanks Site Plan

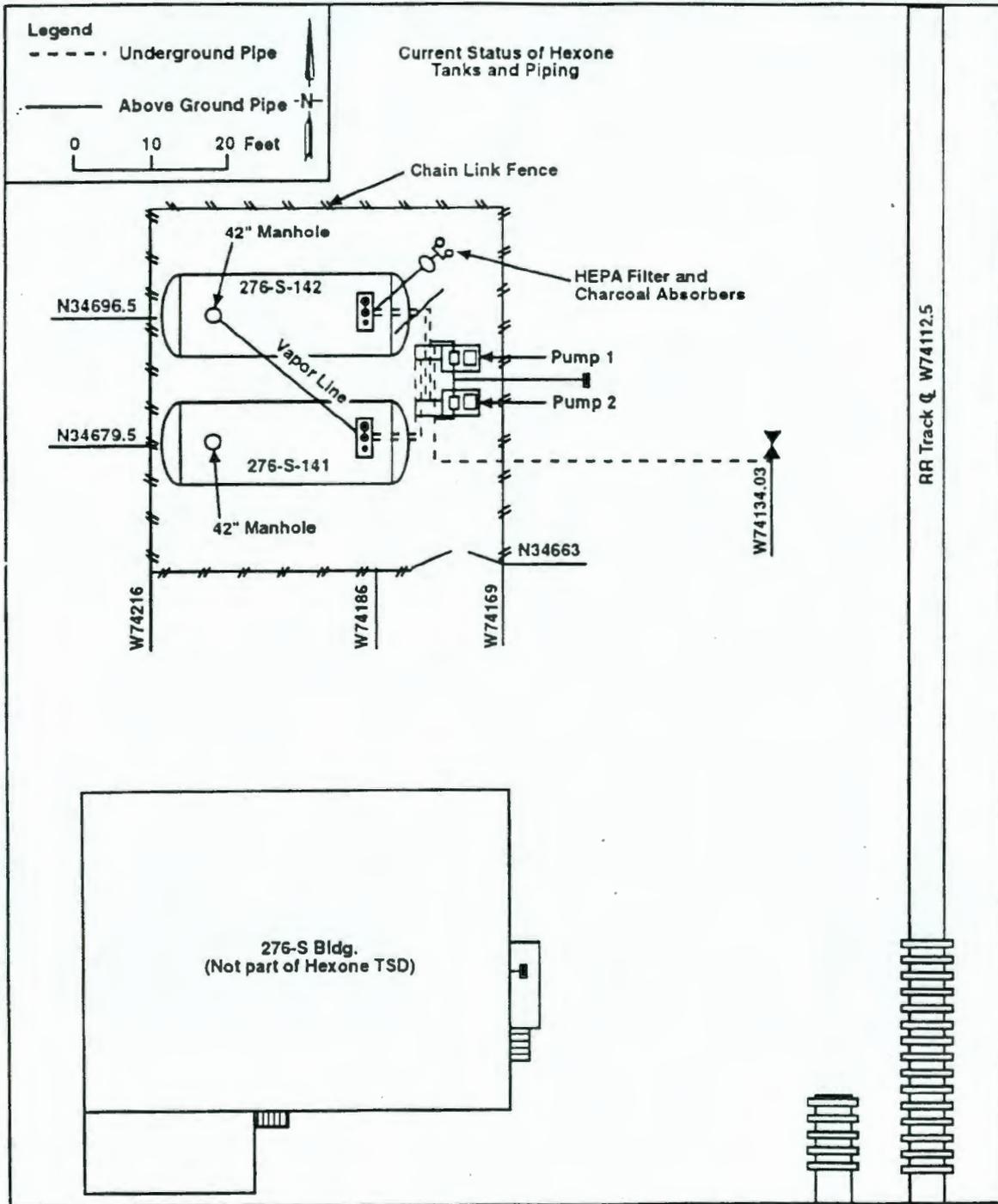
WA7890008967



Hexone Storage and Treatment Facility  
Rev. 3, 06/30/94, Page 6 of 9

39210044.1

# Hexone Storage Tanks



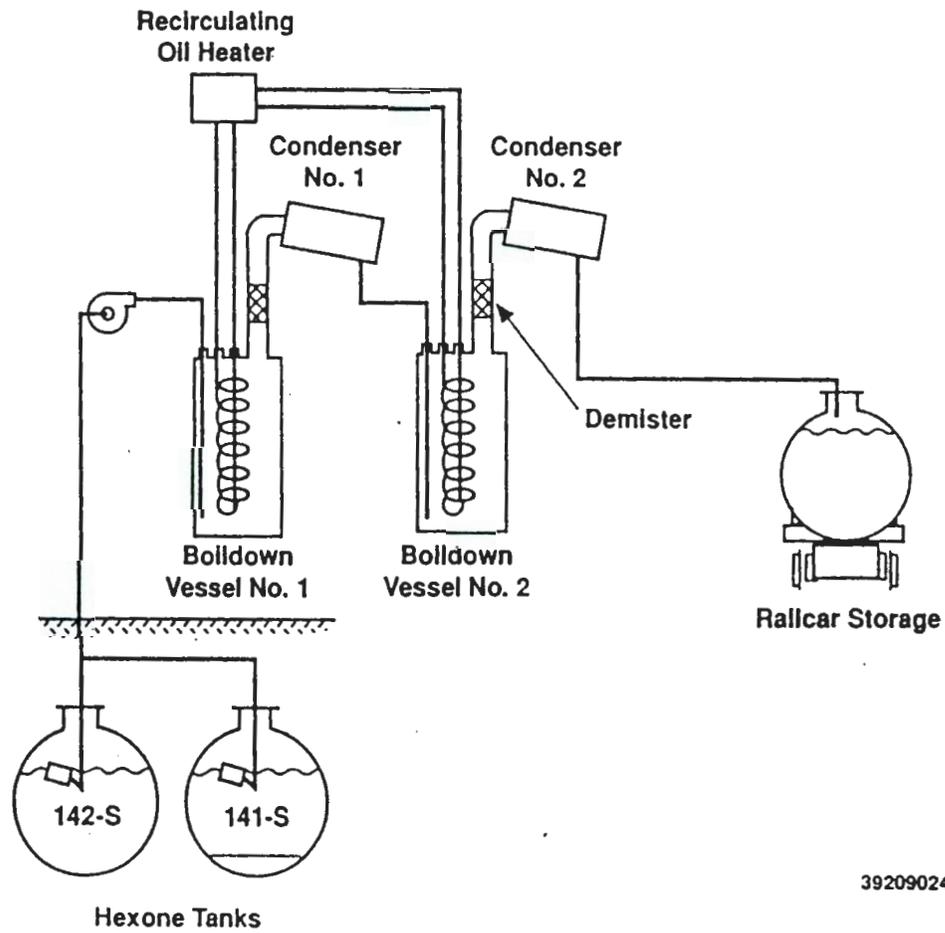
For conversions, apply the following:

Feet to meters--multiply feet by 0.3048  
 Inches to centimeters--multiply inches by 2.54.

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9413282.1631

# Hexone Treatment System Schematic



39209024.2

WA7890008967

# 276-S-141 AND 142 HEXONE STORAGE TANKS

2091-2623446



46°32'08"  
119°37'23"

8706421-7CN  
(PHOTO TAKEN 1987)

Please print or type in the unshaded areas only  
 (fill-in areas are spaced for elite type, i.e., 12 character/inch).

<b>FORM 3</b>	<b>DANGEROUS WASTE PERMIT APPLICATION</b>	1. EPA/STATE I.D. NUMBER
		W A 7 8 9 0 0 0 8 9 6 7

FOR OFFICIAL USE ONLY		
APPLICATION APPROVED	DATE RECEIVED <i>(mo., day, &amp; yr.)</i>	COMMENTS

**II. FIRST OR REVISED APPLICATION**  
 Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA/STATE I.D. Number, or if this is a revised application, enter your facility's EPA/STATE I.D. Number in Section I above.

**A. FIRST APPLICATION** (place an "X" below and provide the appropriate date)

<input type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.) <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black;">MO.</td> <td style="width:10%; border: 1px solid black;">DAY</td> <td style="width:10%; border: 1px solid black;">YR.</td> <td style="width:80%; padding-left: 10px;">FOR EXISTING FACILITIES, PROVIDE THE DATE (mo., day, &amp; yr.) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)</td> </tr> <tr> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black; text-align: center;">5 2</td> <td></td> </tr> </table>	MO.	DAY	YR.	FOR EXISTING FACILITIES, PROVIDE THE DATE (mo., day, & yr.) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)			5 2		<input type="checkbox"/> 2. NEW FACILITY (Complete item below) <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black;">MO.</td> <td style="width:10%; border: 1px solid black;">DAY</td> <td style="width:10%; border: 1px solid black;">YR.</td> <td style="width:80%; padding-left: 10px;">FOR NEW FACILITIES, PROVIDE THE DATE (mo., day, &amp; yr) OPERATION BEGAN OR IS EXPECTED TO BEGIN</td> </tr> <tr> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td></td> </tr> </table>	MO.	DAY	YR.	FOR NEW FACILITIES, PROVIDE THE DATE (mo., day, & yr) OPERATION BEGAN OR IS EXPECTED TO BEGIN				
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		5 2															
MO.	DAY	YR.	FOR NEW FACILITIES, PROVIDE THE DATE (mo., day, & yr) OPERATION BEGAN OR IS EXPECTED TO BEGIN														

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

1. FACILITY HAS AN INTERIM STATUS PERMIT  2. FACILITY HAS A FINAL PERMIT

**III. PROCESSES - CODES AND CAPACITIES**

**A. PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the (Section III-C).

**B. PROCESS DESIGN CAPACITY** - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS			
<b>Disposal:</b>			<b>OTHER</b> (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Section III-C.)		
INJECTION WELL	D80	GALLONS OR LITERS		T04	GALLONS PER DAY OR LITERS PER DAY
LANDFILL	D81	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D82	ACRES OR HECTARES			
OCEAN DISPOSAL	D83	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D84	GALLONS OR LITERS			

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

**EXAMPLE FOR COMPLETING SECTION III** (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PRO-CESS CODE (from list above)		B. PROCESS DESIGN CAPACITY			FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO-CESS CODE (from list above)		B. PROCESS DESIGN CAPACITY			FOR OFFICIAL USE ONLY
	1.	2.	1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)	UNIT OF MEASURE CODE			1.	2.	1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)	UNIT OF MEASURE CODE	
X-1	S	0 2	600	G			5						
X-2	T	0 3	20	E			6						
1	S	0 2	33,340	G			7						
2							8						

9413282-1633

Continued from the front.

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESS (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY. S02

The 241-CX Tank System is located east of B Plant in the 200 East Area of the Hanford Facility. The 241-CX Tank System consists of three tanks--241-CX-70 (CX-70), 241-CX-71 (CX-71), and 241-CX-72 (CX-72). Processes that were associated with these three tanks are as follows.

Tank CX-70 was used for approximately 1 year in the early 1950's to store high-level process waste from the reduction/oxidation (REDOX) pilot studies. The term REDOX was used for the reduction/oxidation chemical process separating plutonium and uranium from irradiated reactor fuels. Waste removal activities for tank CX-70 were initiated in the summer of 1987 with the construction of a sluicing/pumping system. The sluicing/pumping system involved using large volumes of water to sluice/pump the solid mixed waste from tank CX-70 to the Double-Shell Tank System. Approximately 140,000 gallons (529,950 liters) of water were used to sluice the original waste volume of 10,300 gallons (38,986 liters) down to 750 gallons (2,839 liters). This volume remained in tank CX-70 until December 20, 1991, at which time the waste was placed in approved containers and transferred to the 224-T Transuranic Waste Storage and Assay Facility. The design capacity of tank CX-70 is 30,000 gallons (113,550 liters).

Tank CX-71 was used from 1952 through 1957 for neutralizing the 201-C process condensate and the coil and condenser cooling water. Tank CX-71 received process condensate from REDOX and plutonium-uranium extraction (PUREX) operations, and decontamination flushes following the completion of PUREX operations. The mixed waste remaining in tank CX-71 contains liquid process effluents that were passed through the tank for the purpose of neutralization by contact with a bed of limestone aggregate placed in the tank for this purpose. After the June 1957 decontamination flushes, tank CX-71 was placed out of service. The design capacity of tank CX-71 is 1,000 gallons (3,785 liters).

Tank CX-72 was used for approximately 1 year in 1956 when 2,305 gallons (8,725 liters) of Strontium Semiworks Complex mixed waste was transferred into the tank for storage. Tank CX-72 also was used to study the concentration of waste generated from the Strontium Semiworks Complex pilot studies. Decontamination flushes from the Strontium Semiworks Complex also might have been sent to tank CX-72. The waste in the tank was then heated until nearly dry. From 1960 through 1967, tank CX-72 remained idle until it was taken out of service in 1967. In 1986, tank CX-72 was filled with 24 feet (7.3 meters) of grout over an 11-foot (3.4-meter) deep heel of non-liquid mixed waste. The design capacity of tank CX-72 is 2,340 gallons (8,860 liters).

The 241-CX Tank System no longer receives waste and will be closed under interim status.

9113282-1634

IV. DESCRIPTION OF DANGEROUS WASTES

- A. DANGEROUS WASTE NUMBER - Enter the four digit number from Chapter 173-303 WAC for each listed dangerous waste you will handle. If you handle dangerous wastes which are not listed in Chapter 173-303 WAC, enter the four digit number(s) that describes the characteristics and/or the toxic contaminants of those dangerous wastes.
- B. ESTIMATED ANNUAL QUANTITY - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

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

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

D. PROCESSES

1. PROCESS CODES:

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

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

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

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

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

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

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

LINE NO.	A. DANGEROUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2			T 0 3 D 8 0	included with above

Continued from page 2.  
 NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

I.D. NUMBER (entered from page 1)

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

IV. DESCRIPTION OF DANGEROUS WASTES (continued)

LINE NO.	A. DANGEROUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES				
				1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	D 0 0 2	19,000	P	S02				Storage - Tank (241-CX -70)
2	D 0 0 7							↓
3	W T 0 2							Included With Above
4	W T 0 2	33,400	P	S02				Storage - Tank (241-CX-71)
5	D 0 0 2	19,530	P	S02				Storage - Tank (241-CX-72)
6	D 0 0 4							
7	D 0 0 5							
8	D 0 0 6							
9	D 0 0 7							
10	D 0 0 8							
11	D 0 0 9							
12	D 0 1 0							
13	D 0 1 1							
14	W C 0 1							
15	W C 0 2							
16	W T 0 1							↓
17	W T 0 2							Included With Above
18								
19								
20								
21								
22								
23								
24								
25								
26								

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Continued from the front.

IV. DESCRIPTION OF DANGEROUS WASTES (continued)

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

Tank CX-70 was used to store high-level process mixed waste from the REDOX pilot studies. The mixed waste was considered corrosive (D002) due to the presence of sodium hydroxide. The mixed waste contained the toxicity characteristic waste chromium (D007) and was considered a toxic state-only (WT02). The estimated annual quantity of waste that was treated and stored in tank CX-70 is approximately 19,000 pounds (8,630 kilograms).

Tank CX-71 was used to store a mixture of materials that remained after large volumes of liquid process effluents were passed through the tank for the purpose of neutralization by contact with a bed of limestone aggregate placed in the tank for this purpose. The waste was considered toxic state-only waste (WT02) due to the presence of cyanides and nitrates. The estimated annual quantity of waste that was treated and stored in tank CX-71 is approximately 33,400 pounds (15,171 kilograms).

Tank CX-72 was used as an experimental tank to study the concentration of waste through the application of heat. This waste was generated from the pilot studies conducted at the Strontium Semiworks Complex. Decontamination flushes from the Strontium Semiworks Complex also might have been sent to tank CX-72. Based on a conservative designation, the mixed waste could consist of toxic constituents (D002, and D004 through D011), and state-only (WC02, WT01, and WT02). The estimated annual quantity of waste that was treated and stored in tank CX-72 is approximately 19,530 pounds (8,870 kilograms).

9413282-1636

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

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

VII. FACILITY GEOGRAPHIC LOCATION

This information is provided on the attached drawings and photos.

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

VIII. FACILITY OWNER

A. If the facility owner is also the facility operator as listed in Section VII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

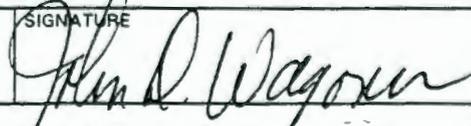
6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type)  
John D. Wagoner, Manager  
U.S. Department of Energy  
Richland Operations Office

SIGNATURE



DATE SIGNED

6/30/94

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type)

SIGNATURE

DATE SIGNED

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

John D. Wagoner  
Owner/Operator  
John D. Wagoner, Manager  
U.S. Department of Energy  
Richland Operations Office

6/30/94  
Date

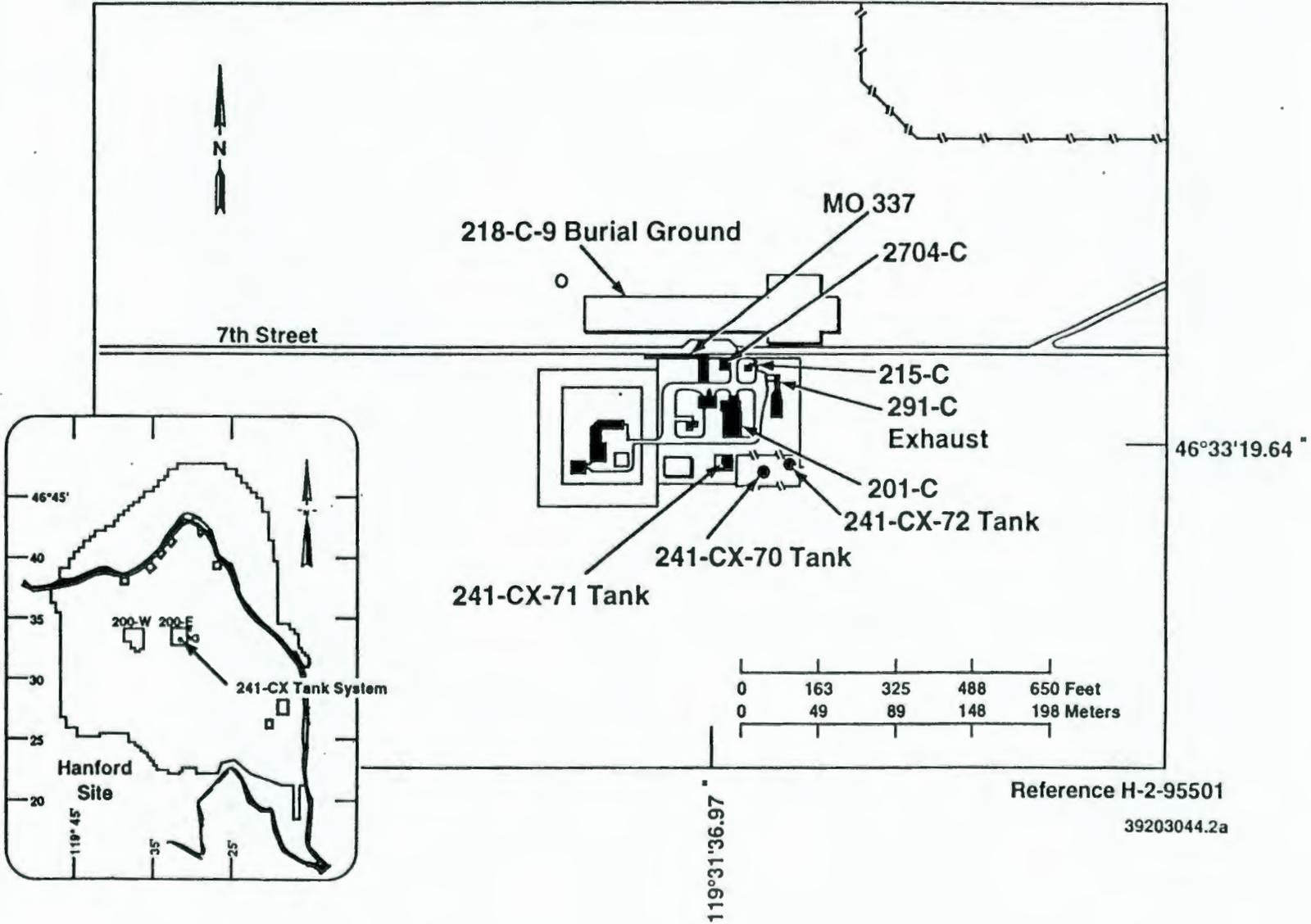
Edward S. Keen  
Co-operator  
Edward S. Keen, President  
Bechtel Hanford, Inc.

6/30/94  
Date

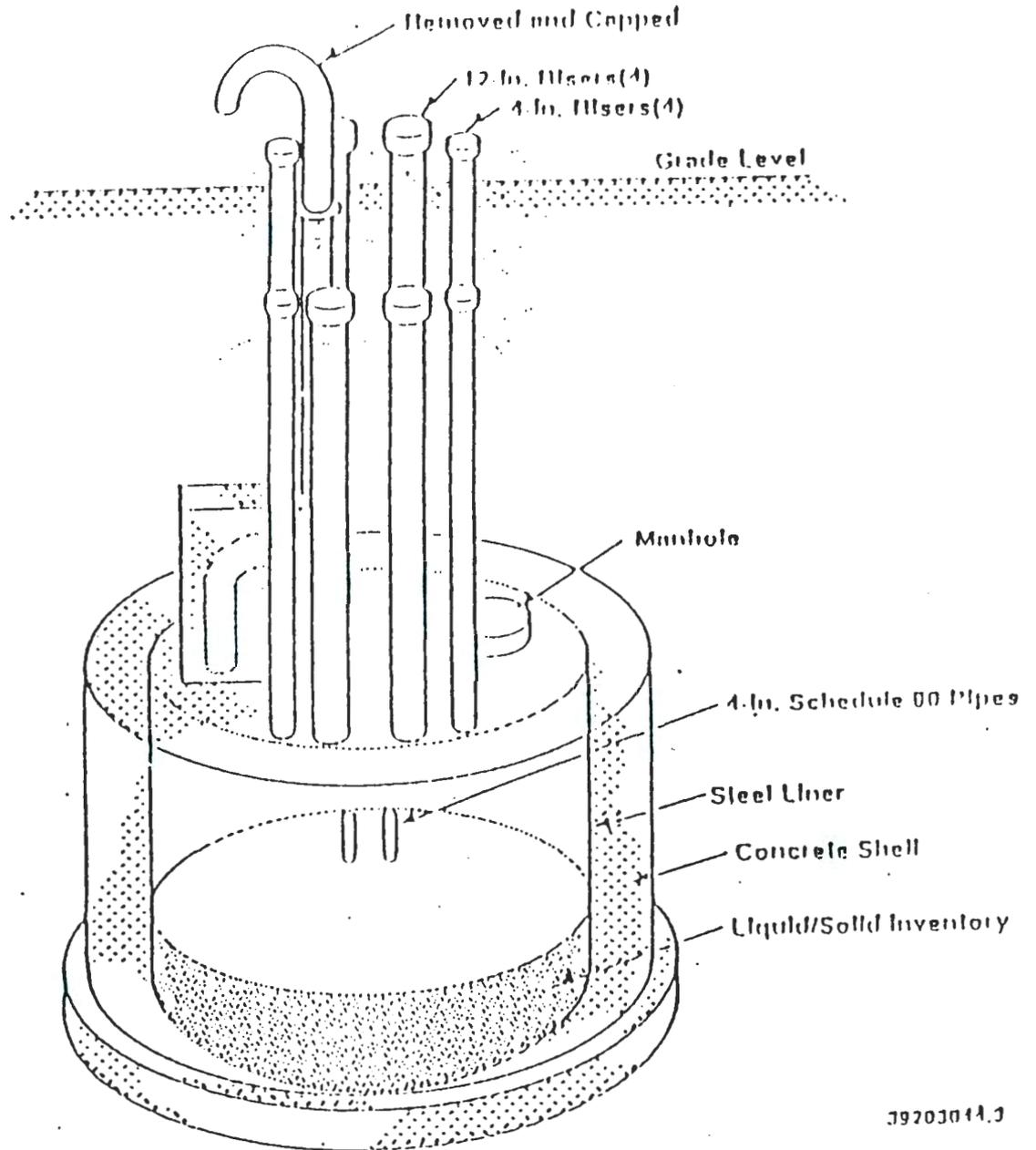
941322.169

# 241-CX Tank System Site Plan

WA890008967



### Tank 241-CX-70



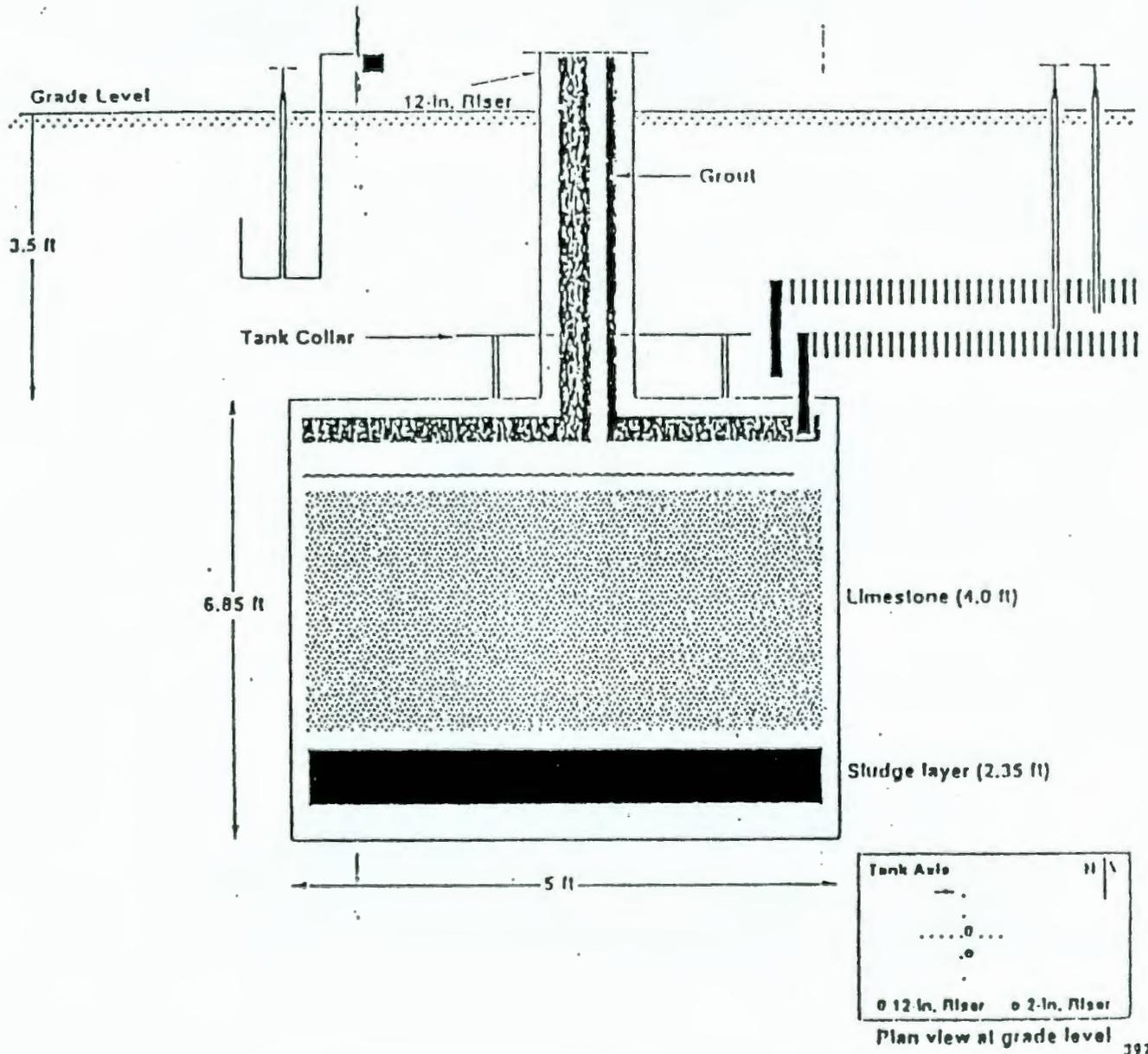
9415202.1659

39703044.3

For conversions, apply the following:

Liters to gallons - divide liters by 3.785.  
Meters to feet - divide meters by 0.3048.  
Centimeters to inches - divide centimeters by 2.54.

### Tank 241-CX-71 Cross-Sectional View

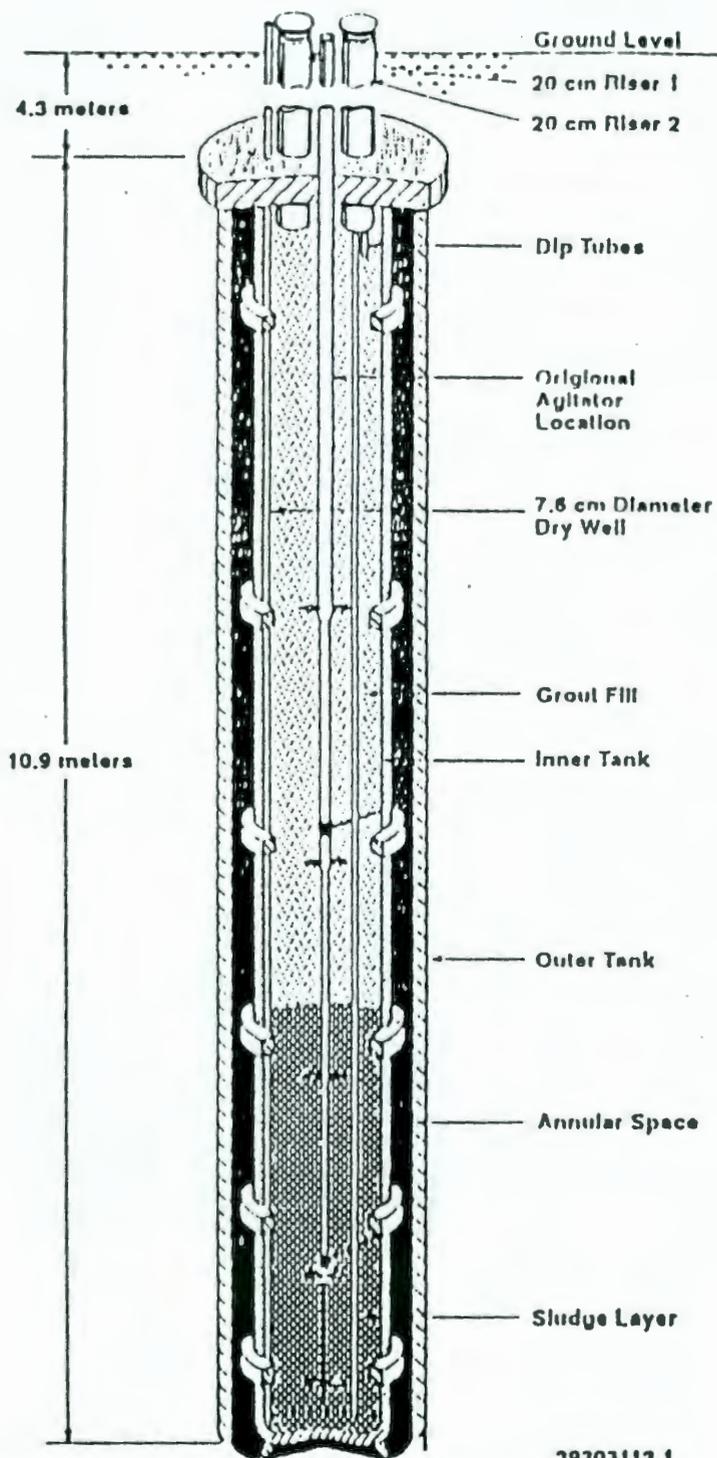


For conversions, apply the following:  
Liters to gallons - divide liters by 3.785.  
Meters to feet - divide meters by 0.3048.  
Centimeters to inches - divide centimeters by 2.54.

9413282.1640

39203044.1

# Tank 241-CX-72 Cutaway Drawing



For conversions, apply the following:

Liters to gallons - divide liters by 3.785.  
Meters to feet - divide meters by 0.3048.  
Centimeters to inches - divide centimeters by 2.54.

39703112.1  
PSAD

9413282.1641

9413282.1642

# 241-CX TANK SYSTEM

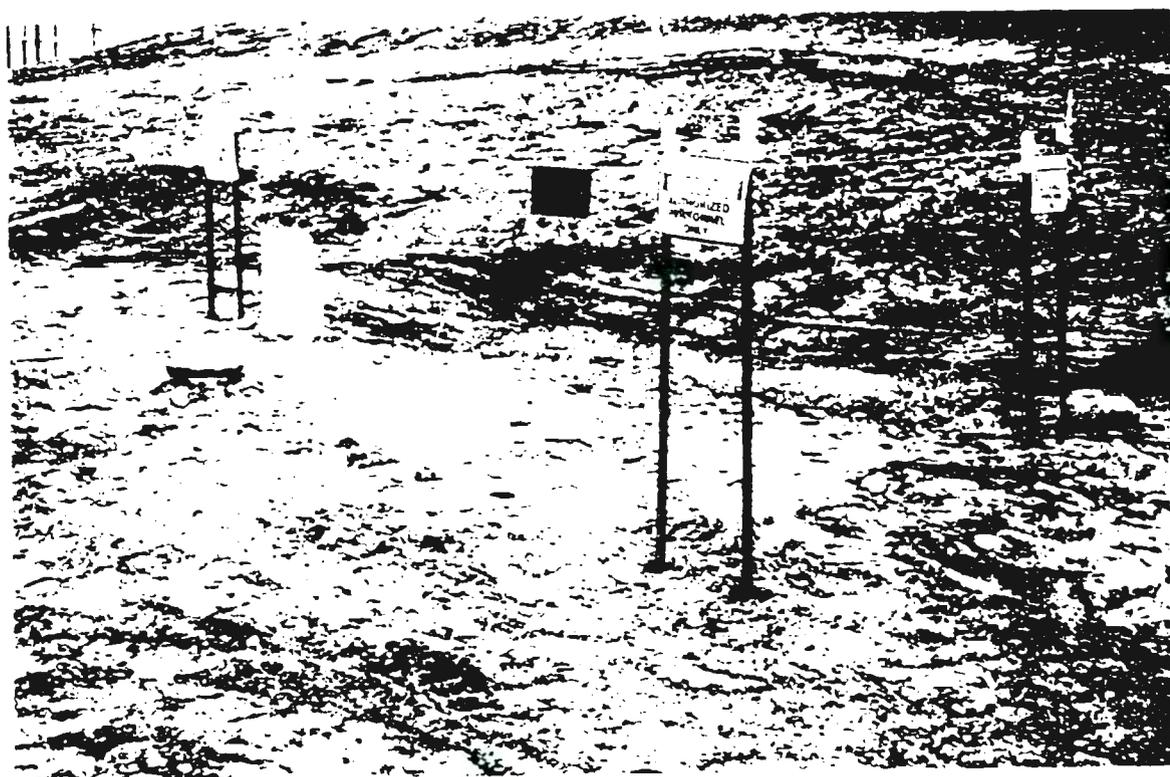


TANK 241-CX-70

46°33'20"  
119°31'37"

93060151-3CN  
(PHOTO TAKEN 1993)

# 241-CX TANK SYSTEM



TANK 241-CX-71

46°33'20"  
119°31'37"

93060151-5CN  
(PHOTO TAKEN 1993)

941292-1643

# 241-CX TANK SYSTEM



TANK 241-CX-72

46° 33' 20"  
119° 31' 37"

93060151-1CN  
(PHOTO TAKEN 1993)

4191 2378116

Please print or type in the unshaded areas only  
(fill-in areas are spaced for elite type, i.e., 12 character/inch).

<b>FORM 3</b>	<b>DANGEROUS WASTE PERMIT APPLICATION</b>	1. EPA/STATE I.D. NUMBER
		W A 7 8 9 0 0 0 8 9 6 7

FOR OFFICIAL USE ONLY		
APPLICATION APPROVED	DATE RECEIVED <i>(mo., day, &amp; yr.)</i>	COMMENTS

II. FIRST OR REVISED APPLICATION  
Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA/STATE I.D. Number, or if this is a revised application, enter your facility's EPA/STATE I.D. Number in Section I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)*

2. NEW FACILITY *(Complete item below)*

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">MO.</td> <td style="text-align: center;">DAY</td> <td style="text-align: center;">YR.</td> </tr> <tr> <td style="text-align: center;">05</td> <td style="text-align: center;">01</td> <td style="text-align: center;">52</td> </tr> </table> <p>FOR EXISTING FACILITIES, PROVIDE THE DATE <i>(mo., day, &amp; yr.)</i> OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED <i>(use the boxes to the left)</i></p>	MO.	DAY	YR.	05	01	52		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">MO.</td> <td style="text-align: center;">DAY</td> <td style="text-align: center;">YR.</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <p>FOR NEW FACILITIES, PROVIDE THE DATE <i>(mo., day, &amp; yr.)</i> OPERATION BEGAN OR IS EXPECTED TO BEGIN</p>	MO.	DAY	YR.			
MO.	DAY	YR.												
05	01	52												
MO.	DAY	YR.												

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

1. FACILITY HAS AN INTERIM STATUS PERMIT

2. FACILITY HAS A FINAL PERMIT

III. PROCESSES - CODES AND CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process *(including its design capacity)* in the space provided on the *(Section III-C)*.

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Section III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
<b>Disposal:</b>					
INJECTION WELL	D80	GALLONS OR LITERS			
LANDFILL	D81	ACRE-FEET <i>(the volume that would cover one acre to a depth of one foot)</i> OR HECTARE-METER			
LAND APPLICATION	D82	ACRES OR HECTARES			
OCEAN DISPOSAL	D83	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D84	GALLONS OR LITERS			

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

EXAMPLE FOR COMPLETING SECTION III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PROCESS CODE <i>(from list above)</i>	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE <i>(from list above)</i>	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT <i>(specify)</i>	2. UNIT OF MEASURE <i>(enter code)</i>				1. AMOUNT <i>(specify)</i>	2. UNIT OF MEASURE <i>(enter code)</i>	
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	D 8 4	150,000	G		7				
2					8				
3					9				
4					10				

Continued from the front.

III. PROCESSES (continued)

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

D84

The 216-S-10 Pond and Ditch received nonregulated waste water consisting of water tower overflow, cooling water, and rainwater. The unit was used as the disposal site for the Chemical Engineering Laboratory between 1980 and 1983. During that time, discharges of dangerous waste to the pond and ditch consisted of simulated double-shell tank slurry. This waste was discharged to the pond and ditch and allowed to percolate into the soil column underlying the unit. The unit was designed to percolate approximately 150,000 gallons (567,800 liters) of waste a day. The process design capacity reflects the maximum volume of water discharged daily rather than the physical capacity of the 216-S-10 Pond and Ditch. The 216-S-10 Pond has been decommissioned. The 216-S-10 Ditch last received a nonregulated waste water discharge in October 1991. The 216-S-10 Pond and Ditch no longer receives dangerous waste and will be closed under interim status.

IV. DESCRIPTION OF DANGEROUS WASTES

- A. DANGEROUS WASTE NUMBER - Enter the four digit number from Chapter 173-303 WAC for each listed dangerous waste you will handle. If you handle dangerous wastes which are not listed in Chapter 173-303 WAC, enter the four digit number(s) that describes the characteristics and/or the toxic contaminants of those dangerous wastes.
- B. ESTIMATED ANNUAL QUANTITY - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

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

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

D. PROCESSES

1. PROCESS CODES:

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

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

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

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

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

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

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

LINE NO.	A. DANGEROUS WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																	
	1. PROCESS CODES (enter)						2. PROCESS DESCRIPTION (if a code is not entered in D(1))																	
X-1	K	0	5	4	900	P	T	0	3	D	8	0												
X-2	D	0	0	2	400	P	T	0	3	D	8	0												
X-3	D	0	0	1	100	P	T	0	3	D	8	0												
X-4	D	0	0	2			T	0	3	D	8	0												included with above

9413282-1646

Continued from page 2.  
 NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

I.D. NUMBER (entered from page 1)  
 WA7890008987

IV. DESCRIPTION OF DANGEROUS WASTES (continued)

LINE NO.	A. DANGEROUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	D001	1.000	P	D84	Percolation
2	D002				
3	D007				
4	WT01				
5	WT02				Included With Above
6					
7					
8					
9					
10					
11					
12					
13					
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25					
26					

9413282-1647

Continued from the front.

IV. DESCRIPTION OF DANGEROUS WASTES (continued)

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

The 216-S-10 Pond and Ditch received one documented discharge of dangerous waste. This discharge consisted of simulated double-shell tank slurry, which exhibited the dangerous waste characteristics of ignitability (D001), corrosivity (D002), characteristic waste (D007), and toxic state-only waste (WT01, WT02). Approximately 1,000 pounds (450 kilograms) of dangerous waste were discharged to the unit.

9413282-1648

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

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

VII. FACILITY GEOGRAPHIC LOCATION

This information is provided on the attached drawings and photos.

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

VIII. FACILITY OWNER

A. If the facility owner is also the facility operator as listed in Section VII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type)  
 John D. Wagoner, Manager  
 U.S. Department of Energy  
 Richland Operations Office

SIGNATURE  


DATE SIGNED  
 6/30/94

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type)

SIGNATURE

DATE SIGNED

SEE ATTACHMENT

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

*John D. Wagoner*

Owner/Operator  
John D. Wagoner, Manager  
U.S. Department of Energy  
Richland Operations Office

*6/30/94*

Date

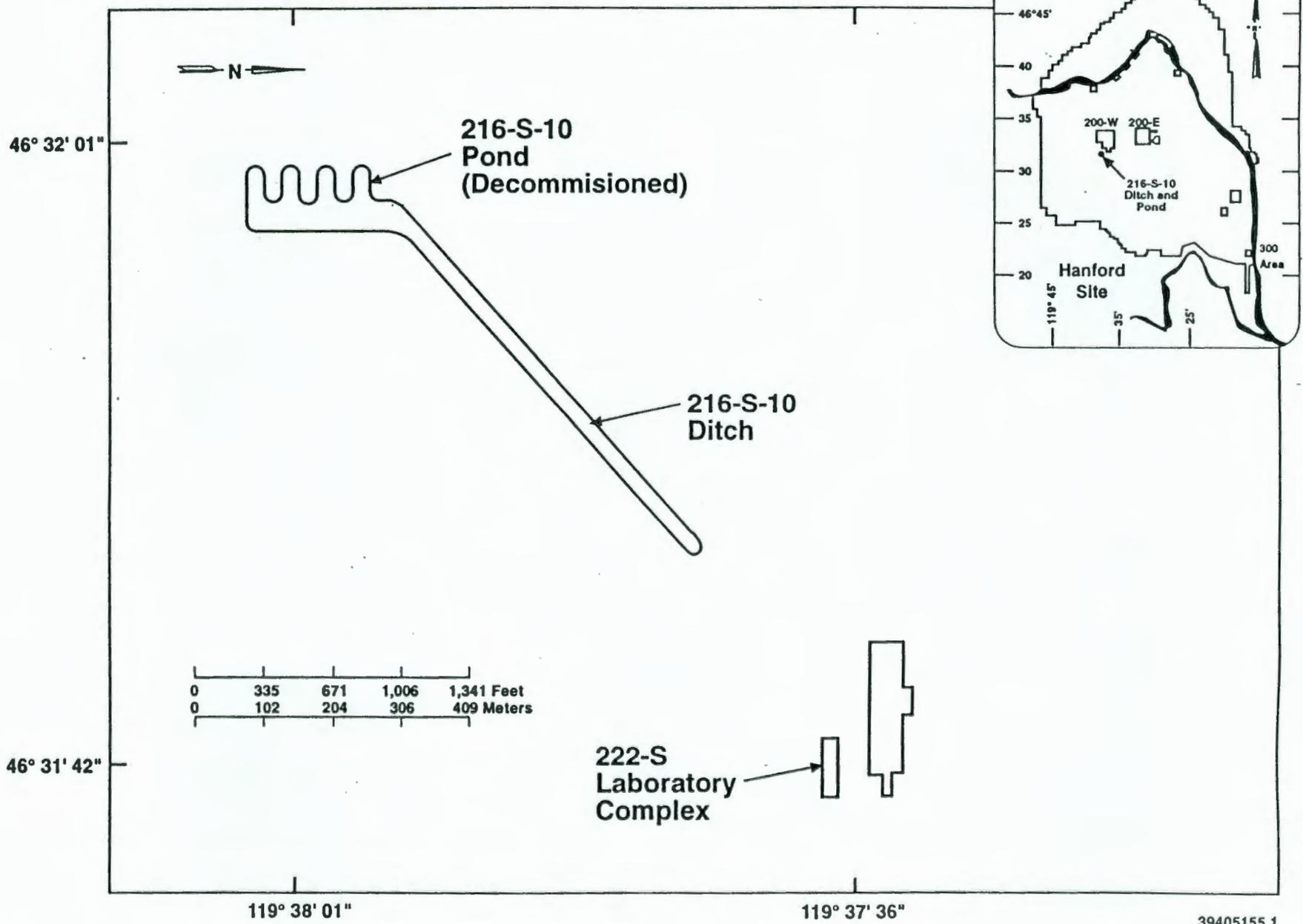
*Edward S. Keen*

Co-operator  
Edward S. Keen, President  
Bechtel Hanford, Inc.

*6/30/94*

Date

9417282.169



39405155.1

# 216-S-10 DITCH



46°32'01"  
46°31'39"  
119°37'36"  
119°38'02"

94051304-9CN  
(PHOTO TAKEN 1994)

9413282-1651

# 216-S-10 POND (Decommissioned)

9413282.1652



46°31'42"  
119°38'01"

8704191-7CN  
(PHOTO TAKEN 1987)

Please print or type in the unshaded areas only  
 (fill-in areas are spaced for elite type, i.e., 12 character/inch).

FORM <b>3</b>	DANGEROUS WASTE PERMIT APPLICATION	1. EPA/STATE I.D. NUMBER  <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td>W</td><td>A</td><td>7</td><td>8</td><td>9</td><td>0</td><td>0</td><td>0</td><td>8</td><td>9</td><td>6</td><td>7</td> </tr> </table>	W	A	7	8	9	0	0	0	8	9	6	7
W	A	7	8	9	0	0	0	8	9	6	7			

FOR OFFICIAL USE ONLY		COMMENTS
APPLICATION APPROVED	DATE RECEIVED <i>(mo., day, &amp; yr.)</i>	

**II. FIRST OR REVISED APPLICATION**  
 Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA/STATE I.D. Number, or if this is a revised application, enter your facility's EPA/STATE I.D. Number in Section I above.

**A. FIRST APPLICATION** (place an "X" below and provide the appropriate date)

<input type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)  <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">MO.</td> <td style="border: 1px solid black; padding: 2px;">DAY</td> <td style="border: 1px solid black; padding: 2px;">YR.</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">1</td> <td style="border: 1px solid black; text-align: center;">1</td> <td style="border: 1px solid black; text-align: center;">5 6</td> </tr> </table> FOR EXISTING FACILITIES, PROVIDE THE DATE (mo., day, & yr.) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)	MO.	DAY	YR.	1	1	5 6	<input type="checkbox"/> 2. NEW FACILITY (Complete item below)  <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">MO.</td> <td style="border: 1px solid black; padding: 2px;">DAY</td> <td style="border: 1px solid black; padding: 2px;">YR.</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table> FOR NEW FACILITIES, PROVIDE THE DATE (mo., day, & yr) OPERATION BEGAN OR IS EXPECTED TO BEGIN	MO.	DAY	YR.			
MO.	DAY	YR.											
1	1	5 6											
MO.	DAY	YR.											

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

<input checked="" type="checkbox"/> 1. FACILITY HAS AN INTERIM STATUS PERMIT	<input type="checkbox"/> 2. FACILITY HAS A FINAL PERMIT
--	---

**III. PROCESSES - CODES AND CAPACITIES**

**A. PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the (Section III-C).

**B. PROCESS DESIGN CAPACITY** - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.  
 2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Section III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
<b>Disposal:</b>					
INJECTION WELL	D80	GALLONS OR LITERS			
LANDFILL	D81	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D82	ACRES OR HECTARES			
OCEAN DISPOSAL	D83	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D84	GALLONS OR LITERS			

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

**EXAMPLE FOR COMPLETING SECTION III (shown in line numbers X-1 and X-2 below):** A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

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

9413282-1653

Continued from the front.

III. PROCESSES (continued)

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

T04, D84

The 216-A-29 Ditch received nonregulated process and cooling water from the Plutonium-Uranium Extraction (PUREX) Plant, and also received corrosive dangerous waste from regeneration of demineralizer columns in the PUREX Plant. The ditch also received spills from the PUREX Plant. Treatment of this waste occurred by the successive addition of acidic and caustic waste, which served to neutralize the waste in the ditch. Any acidic and caustic waste that did reach the soil were subsequently neutralized by the calcareous nature of the soil. Approximately 6,000,000 gallons (22,712,400 liters) a day of waste flow reached the ditch. No accurate records are available concerning the total volume of waste treated in this unit. The 216-A-29 Ditch has not received dangerous waste since February 1986 and will be closed under interim status. The process design capacity for this unit reflects the maximum volume of waste discharged to the unit daily rather than the physical design capacity.

IV. DESCRIPTION OF DANGEROUS WASTES

- A. DANGEROUS WASTE NUMBER - Enter the four digit number from Chapter 173-303 WAC for each listed dangerous waste you will handle. If you handle dangerous wastes which are not listed in Chapter 173-303 WAC, enter the four digit number(s) that describes the characteristics and/or the toxic contaminants of those dangerous wastes.
- B. ESTIMATED ANNUAL QUANTITY - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

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

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

D. PROCESSES

1. PROCESS CODES:

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

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

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

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

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

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

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

LINE NO.	A. DANGEROUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2			T 0 3 D 8 0	included with above

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Continued from page 2.  
 NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

I.D. NUMBER (entered from page 1)  
 WA 7 8 9 0 0 0 8 9 8 7

IV. DESCRIPTION OF DANGEROUS WASTES (continued)

LINE NO.	A. DANGEROUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	D 0 0 2	3,300,000,000	P	T04 D84	Neutralization/Percolation
2	D 0 0 6	35			
3	U 1 3 3	310			
4	W T 0 2	50,000			Included With Above
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

9413282-1655

Continued from the front.

IV. DESCRIPTION OF DANGEROUS WASTES (continued)

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

The 216-A-29 Ditch received corrosive waste (D002) from the PUREX Plant. The discharges consisted of acidic and caustic backwashes from the regeneration of demineralizer columns in the PUREX Plant. The ditch also received spills from the PUREX Plant. The dangerous waste consists of toxicity characteristic waste (D006), acutely dangerous discarded chemical products (U133), and state-only waste (WT02).

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V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

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

VII. FACILITY GEOGRAPHIC LOCATION

This information is provided on the attached drawings and photos.

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

VIII. FACILITY OWNER

A. If the facility owner is also the facility operator as listed in Section VII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type)  
John D. Wagoner, Manager  
U.S. Department of Energy  
Richland Operations Office

SIGNATURE  
*John D. Wagoner*

DATE SIGNED  
6/30/94

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type)

SIGNATURE

DATE SIGNED

SEE ATTACHMENT

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

*John D. Wagoner*

Owner/Operator  
John D. Wagoner, Manager  
U.S. Department of Energy  
Richland Operations Office

*6/30/94*  
Date

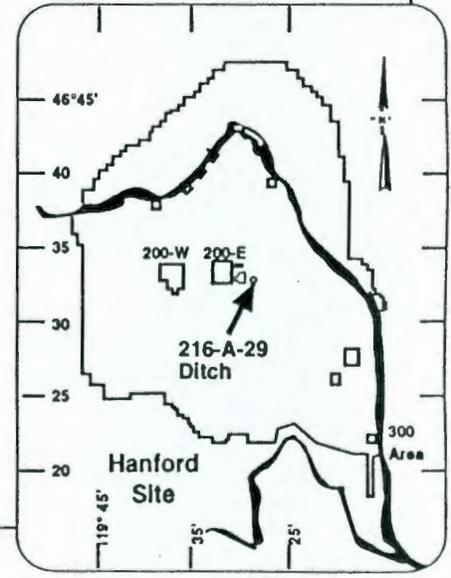
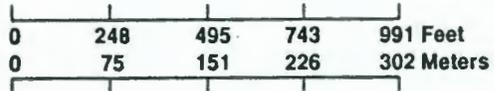
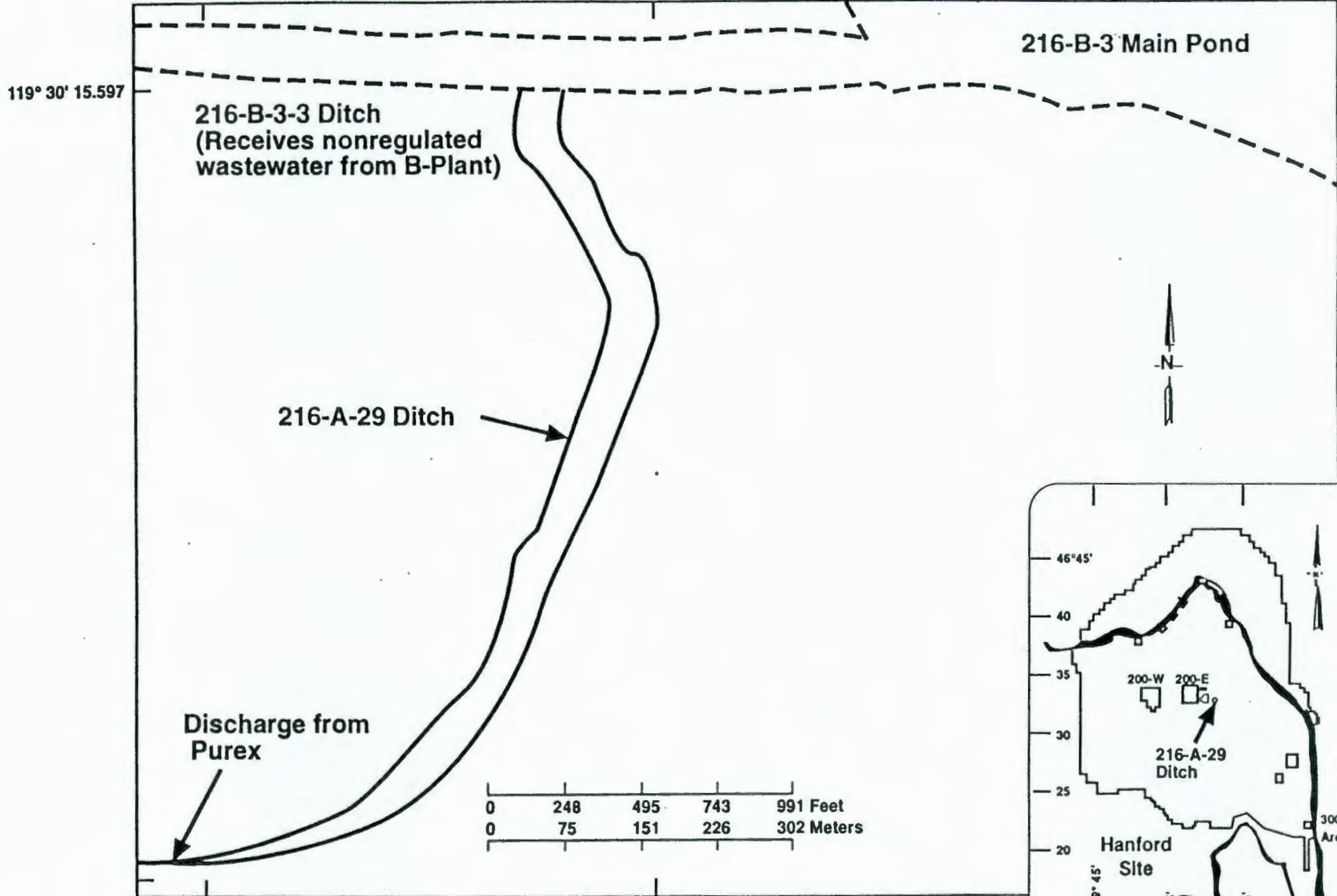
*Edward S. Keen*

Co-operator  
Edward S. Keen, President  
Bechtel Hanford, Inc.

*6/30/94*  
Date

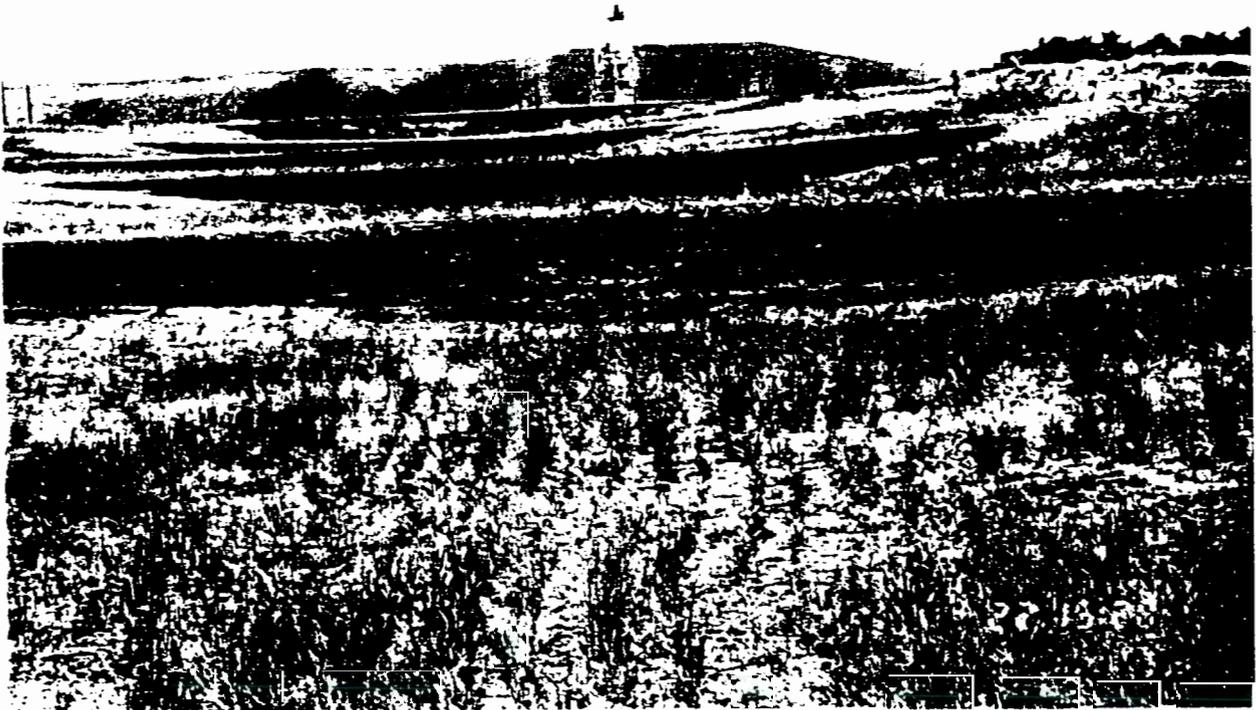
941282 1657

# 216-A-29 Ditch



39405155.11

# 216-A-29 DITCH



46°33'07.301"  
46°33'30.947"  
119°33'11.592"  
119°30'15.597"

93080116-34CN  
(PHOTO TAKEN 1993)

9413282.1659

Please print or type in the unshaded areas only  
 (fill-in areas are spaced for elite type, i.e., 12 character/inch).

<b>FORM</b> <b>3</b>	<b>DANGEROUS WASTE PERMIT APPLICATION</b>	1. EPA/STATE I.D. NUMBER <table border="1" style="width: 100%; text-align: center;"> <tr> <td>W</td><td>A</td><td>7</td><td>8</td><td>9</td><td>0</td><td>0</td><td>0</td><td>8</td><td>9</td><td>6</td><td>7</td> </tr> </table>	W	A	7	8	9	0	0	0	8	9	6	7
W	A	7	8	9	0	0	0	8	9	6	7			

<b>FOR OFFICIAL USE ONLY</b>	
APPLICATION APPROVED	DATE RECEIVED <i>(mo., day, &amp; yr.)</i>
COMMENTS	

**II. FIRST OR REVISED APPLICATION**  
 Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA/STATE I.D. Number, or if this is a revised application, enter your facility's EPA/STATE I.D. Number in Section I above.

**A. FIRST APPLICATION** (place an "X" below and provide the appropriate date)

<input type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.) <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 33%; text-align: center;">MO. 0 4</td> <td style="width: 33%; text-align: center;">DAY</td> <td style="width: 33%; text-align: center;">YR. 4 5</td> </tr> </table> <p>FOR EXISTING FACILITIES, PROVIDE THE DATE (mo., day, &amp; yr.) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)</p>	MO. 0 4	DAY	YR. 4 5	<input type="checkbox"/> 2. NEW FACILITY (Complete item below) <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 33%; text-align: center;">MO.</td> <td style="width: 33%; text-align: center;">DAY</td> <td style="width: 33%; text-align: center;">YR.</td> </tr> </table> <p>FOR NEW FACILITIES, PROVIDE THE DATE (mo., day, &amp; yr) OPERATION BEGAN OR IS EXPECTED TO BEGIN</p>	MO.	DAY	YR.
MO. 0 4	DAY	YR. 4 5					
MO.	DAY	YR.					

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

<input checked="" type="checkbox"/> 1. FACILITY HAS AN INTERIM STATUS PERMIT	<input type="checkbox"/> 2. FACILITY HAS A FINAL PERMIT
--	---

**III. PROCESSES - CODES AND CAPACITIES**

**A. PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the (Section III-C).

**B. PROCESS DESIGN CAPACITY** - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.  
 2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS			
<b>Disposal:</b>			<b>OTHER</b> (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Section III-C.)		
INJECTION WELL	D80	GALLONS OR LITERS		T04	GALLONS PER DAY OR LITERS PER DAY
LANDFILL	D81	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D82	ACRES OR HECTARES			
OCEAN DISPOSAL	D83	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D84	GALLONS OR LITERS			

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

EXAMPLE FOR COMPLETING SECTION III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)	
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	T 0 2	840,000	U		7				
2	D 8 4	840,000	G		8				
3					9				
4					10				

9413282-1660

Continued from the front.

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESS (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.  
T02, D84

The 216-B-3 Main Pond (Main Pond) consists of the 216-B-3 Pond and the 216-B-3-3 Ditch. The 216-B-3 Pond, which began service in 1945, currently covers an area of 35 acres (14 hectares) to a depth of 2 to 8 feet (.71 to 2.4 meters). The 216-B-3 Pond receives effluent from the 216-B-3-3 Ditch, which was excavated in 1970 to replace an earlier ditch. The 216-B-3-3 Ditch is approximately 3,700 feet (1,128 meters) long, 30 feet (9.1 meters) wide at ground level, 6 feet (1.8 meters) wide at the bottom, and 4 to 8 feet (1.2 to 2.4 meters) deep. The 216-B-3-3 Ditch received most of its dangerous waste from the 216-A-29 Ditch, which drained the Plutonium Uranium Extraction (PUREX) Plant chemical sewer line. The 216-A-29 Ditch discharged into the 216-B-3-3 Ditch approximately 1,500 feet (460 meters) west of the 216-B-3 Pond. The 216-A-29 Ditch was shut down and interim stabilized in July 1991.

The Main Pond receives waste water (primarily process and cooling water) from the PUREX Plant, the B Plant Complex, the 242-A Evaporator, and other 200 East Area units. The Main Pond received corrosive waste as a result of the regeneration of the PUREX Plant demineralizer columns (D84). Treatment of the waste occurred by the successive discharge of acidic and caustic waste, which served to neutralize the corrosivity of the waste before and upon reaching the Main Pond. Residual corrosivity was neutralized by the calcareous nature of the Main Pond soil (T02).

The process design capacities given for waste process codes T02 [840,000 gallons (3,180,000 liters) per day] and D84 [840,000 gallons (3,180,000 liters)] represent Main Pond's proportional share (based on percolation capacity) of the process design capacity of the entire B Pond System (which includes the 216-B-3 Expansion Ponds, a separate dangerous waste treatment and disposal unit). At the peak of operations, approximately 22,000,000 gallons (83,280,000 liters) per day of liquid were discharged to the entire 216-B-3 Pond System. Interim stabilization of the 216-B-3 Main Pond began in February 1994. The 216-B-3 Main Pond has been permanently isolated from all liquid effluent sources and will be closed under interim status.

IV. DESCRIPTION OF DANGEROUS WASTES

- A. DANGEROUS WASTE NUMBER - Enter the four digit number from Chapter 173-303 WAC for each listed dangerous waste you will handle. If you handle dangerous wastes which are not listed in Chapter 173-303 WAC, enter the four digit number(s) that describes the characteristics and/or the toxic contaminants of those dangerous wastes.
- B. ESTIMATED ANNUAL QUANTITY - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

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

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

D. PROCESSES

1. PROCESS CODES:

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

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

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

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

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

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

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

LINE NO.	A. DANGEROUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2			T 0 3 D 8 0	included with above

1991-7825146

Continued from page 2.  
 NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

I.D. NUMBER (entered from page 1)  
 WA 7890008967

IV. DESCRIPTION OF DANGEROUS WASTES (continued)

LINE NO.	A. DANGEROUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES			
				1. PROCESS CODES (enter)			
1	D 0 0 2	3,500,000	P	T02	D84		Neutralized/Percolation
2	W T 0 2	77,000	▼	▼	▼		Included with Above
3	U 1 3 3	77,000	P	T02	D84		Neutralization/Percolation
4	W T 0 1	19,000	P	T02	D84		Neutralization/Percolation
5	D 0 0 6	169,000	▼	▼	▼		Included with Above
6							
7							
8							
9							
10							
11							
12							
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26							

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Continued from the front.

IV. DESCRIPTION OF DANGEROUS WASTES (continued)

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

The Main Pond received dangerous waste from two primary sources: (1) corrosive and toxic dangerous waste resulting from the regeneration of demineralizer columns at the PUREX Plant, and (2) spills of dangerous or mixed waste at the PUREX Plant. Backwash from the regeneration of the demineralizer columns was frequently corrosive (D002) and sometimes contained toxic concentrations of chemicals used in the regeneration process, including nitric acid, sulfuric acid, sodium hydroxide, and potassium hydroxide (WT02). Spills at the PUREX Plant included hydrazine (U133), cadmium nitrate (WT01/D006), and ammonium fluoride/ammonium nitrate (WT01). Since 1984, administrative and engineering barriers have been put in place at the PUREX Plant to prevent dangerous waste from being discharged into the Main Pond.

The quantity of waste listed for D002/WT02 is an estimated annual quantity based on the Main Pond's proportional share (based on percolation capacity) of the amount of corrosive and toxic waste received by the entire 216-B-3 Pond System (which includes the 216-B-3 Expansion Ponds, a separate dangerous waste treatment and disposal unit). The quantities of waste listed for U133 and WT01/D006 represent the Main Pond's proportional share (based on percolation capacity) of the total recorded amount of hydrazine, cadmium, and ammonium fluoride/ammonium nitrate received by the entire 216-B-3 Pond System from the time the PUREX Plant resumed operations in 1983 until the last known chemical discharge occurred in 1987.

The quantities of waste listed for U133 and WT01/D006 include the water in which the chemicals were discharged. Water makes up most of the weight of these discharges.

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

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

VII. FACILITY GEOGRAPHIC LOCATION

This information is provided on the attached drawings and photos.

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

VIII. FACILITY OWNER

A. If the facility owner is also the facility operator as listed in Section VII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type)  
John D. Wagoner, Manager  
U.S. Department of Energy  
Richland Operations Office

SIGNATURE

*John D. Wagoner*

DATE SIGNED

6/30/94

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type)

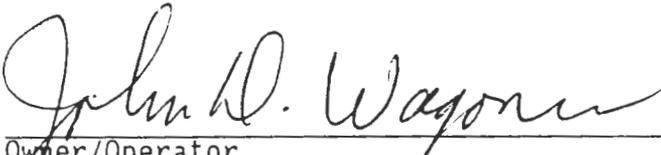
SIGNATURE

DATE SIGNED

9413282-1663

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

  
\_\_\_\_\_  
Owner/Operator  
John D. Wagoner, Manager  
U.S. Department of Energy  
Richland Operations Office

6/30/94  
Date

  
\_\_\_\_\_  
Co-operator  
Edward S. Keen, President  
Bechtel Hanford, Inc.

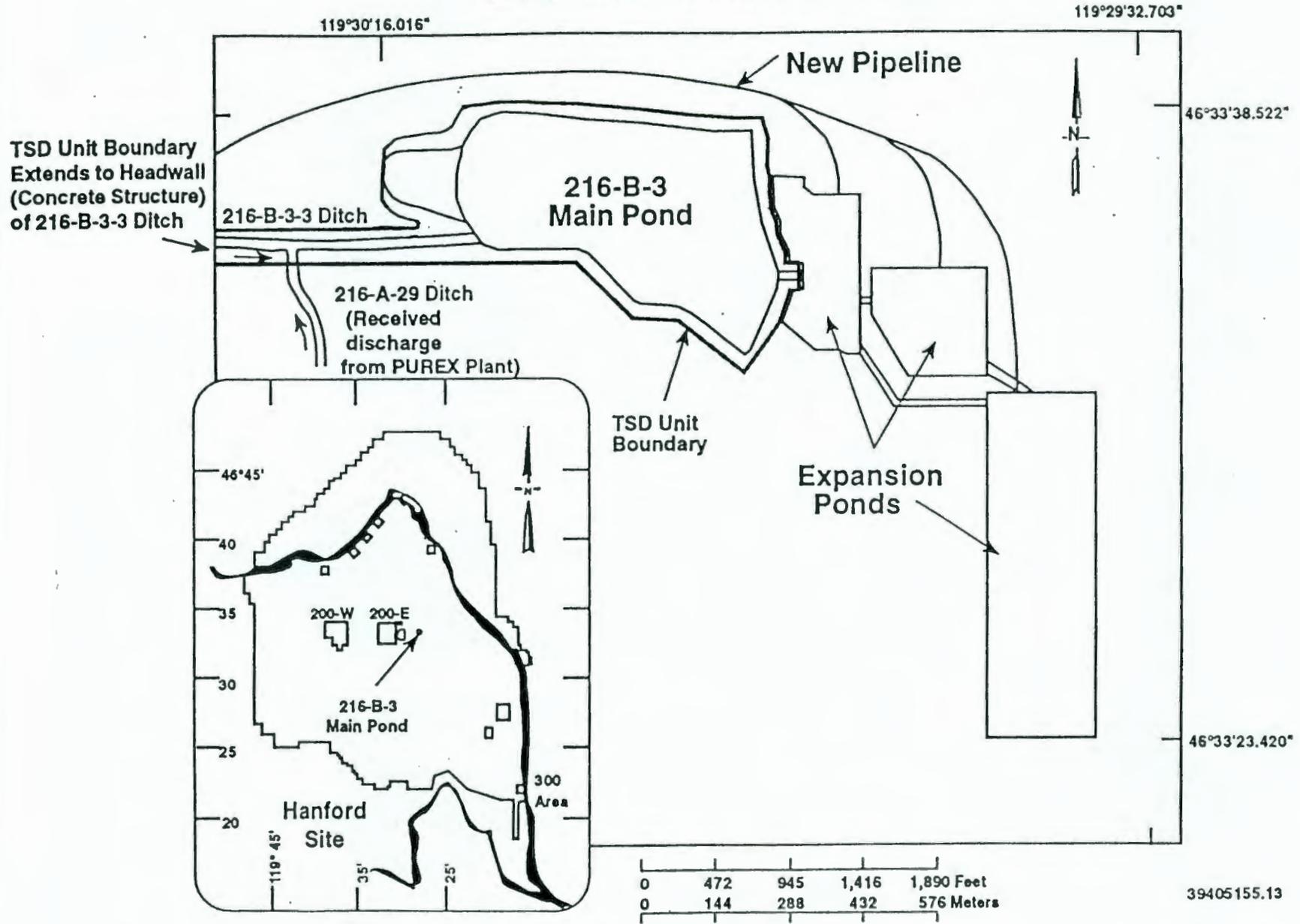
6/30/94  
Date

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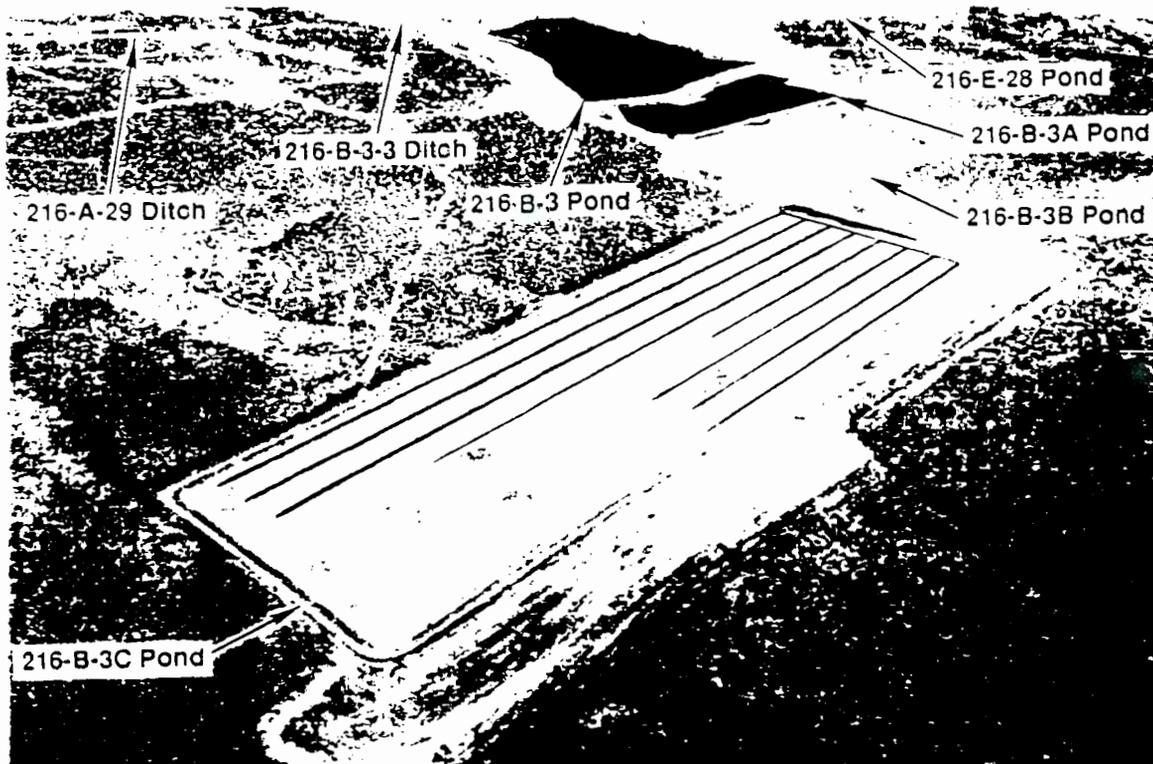
# 216-B-3 Main Pond

WA7890008967



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216-B-3 Main Pond

# 216-B-3 MAIN POND



46°33'38.522"  
 46°33'23.420"  
 119°30'16.016"  
 119°29'32.703"

93110825-1CN  
 (PHOTO TAKEN 1993)

9413202.1666

Please print or type in the unshaded areas only  
(fill-in areas are spaced for elite type, i.e., 12 character/inch).

<b>FORM 3</b>	<b>DANGEROUS WASTE PERMIT APPLICATION</b>	1. EPA/STATE I.D. NUMBER
		W A 7 8 9 0 0 0 8 9 6 7

FOR OFFICIAL USE ONLY	
APPLICATION APPROVED	DATE RECEIVED <i>(mo., day, &amp; yr.)</i>
	COMMENTS

**II. FIRST OR REVISED APPLICATION**  
Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA/STATE I.D. Number, or if this is a revised application, enter your facility's EPA/STATE I.D. Number in Section I above.

**A. FIRST APPLICATION** (place an "X" below and provide the appropriate date)

<input type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.) <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">MO.</td> <td style="width:10%; text-align: center;">DAY</td> <td style="width:10%; text-align: center;">YR.</td> <td style="width:70%;">FOR EXISTING FACILITIES, PROVIDE THE DATE (mo., day, &amp; yr.) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)</td> </tr> <tr> <td style="text-align: center;">1 0</td> <td style="text-align: center;">1 5</td> <td style="text-align: center;">6 1</td> <td></td> </tr> </table>	MO.	DAY	YR.	FOR EXISTING FACILITIES, PROVIDE THE DATE (mo., day, & yr.) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)	1 0	1 5	6 1		<input type="checkbox"/> 2. NEW FACILITY (Complete item below) <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">MO.</td> <td style="width:10%; text-align: center;">DAY</td> <td style="width:10%; text-align: center;">YR.</td> <td style="width:70%;">FOR NEW FACILITIES, PROVIDE THE DATE (mo., day, &amp; yr) OPERATION BEGAN OR IS EXPECTED TO BEGIN</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	MO.	DAY	YR.	FOR NEW FACILITIES, PROVIDE THE DATE (mo., day, & yr) OPERATION BEGAN OR IS EXPECTED TO BEGIN				
MO.	DAY	YR.	FOR EXISTING FACILITIES, PROVIDE THE DATE (mo., day, & yr.) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)														
1 0	1 5	6 1															
MO.	DAY	YR.	FOR NEW FACILITIES, PROVIDE THE DATE (mo., day, & yr) OPERATION BEGAN OR IS EXPECTED TO BEGIN														

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

<input checked="" type="checkbox"/> 1. FACILITY HAS AN INTERIM STATUS PERMIT	<input type="checkbox"/> 2. FACILITY HAS A FINAL PERMIT
--	---

**III. PROCESSES - CODES AND CAPACITIES**

**A. PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the (Section III-C).

**B. PROCESS DESIGN CAPACITY** - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS			
<b>Disposal:</b>			<b>OTHER</b> (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Section III-C.)		
INJECTION WELL	D80	GALLONS OR LITERS	T04	T04	GALLONS PER DAY OR LITERS PER DAY
LANDFILL	D81	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D82	ACRES OR HECTARES			
OCEAN DISPOSAL	D83	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D84	GALLONS OR LITERS			

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

EXAMPLE FOR COMPLETING SECTION III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PROCESS CODE (from list above)			B. PROCESS DESIGN CAPACITY				FOR OFFICIAL USE ONLY
				1. AMOUNT (specify)		2. UNIT OF MEASURE (enter code)		
X-1	S	0	2	600		G		5
X-2	T	0	3	20		E		6
1	D	8	1	72,000		U		7
2								8
3								9
4								10

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Continued from the front.

III. PROCESSES (continued)

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

D81

The 216-A-10 Crib was used for the disposal of the process distillate discharge (PDD) from the Plutonium-Uranium Extraction (PUREX) process. The 216-A-10 Crib received the corrosive/mixed waste PDD at an average flow rate of 60 gallons (227 liters) per minute. The 216-A-10 Crib was a percolation unit designed for the disposal of liquid wastes by way of the soil column. The process design capacity for the 216-A-10 Crib was 72,000 gallons (272,500 liters) per day. The 216-A-10 Crib has not received waste since March 1987, and will be closed under interim status.

9413282-1668

IV. DESCRIPTION OF DANGEROUS WASTES

- A. DANGEROUS WASTE NUMBER - Enter the four digit number from Chapter 173-303 WAC for each listed dangerous waste you will handle. If you handle dangerous wastes which are not listed in Chapter 173-303 WAC, enter the four digit number(s) that describes the characteristics and/or the toxic contaminants of those dangerous wastes.
- B. ESTIMATED ANNUAL QUANTITY - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

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

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

D. PROCESSES

1. PROCESS CODES:

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

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

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

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

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

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

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

LINE NO.	A. DANGEROUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2			T 0 3 D 8 0	Included with above

Continued from page 2.  
 NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

I.D. NUMBER (entered from page 1)

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

IV. DESCRIPTION OF DANGEROUS WASTES (continued)

LINE NO.	A. DANGEROUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES				
				1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	D 0 0 2	138,096,000	P	081				Percolation
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
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9413282-1669

Continued from the front.

IV. DESCRIPTION OF DANGEROUS WASTES (continued)

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

The 216-A-10 Crib received PDD, which is an acidic waste stream generated from two product concentrators in the PUREX process. The pH of this waste ranged from as low as 1.0 to 2.5 standard units. Thus, this waste was a corrosive mixed waste. Approximately 138,096,000 pounds (62,640,345 kilograms) of waste were disposed of in the 216-A-10 Crib in 1986.

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

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

VII. FACILITY GEOGRAPHIC LOCATION

This information is provided on the attached drawings and photos.

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

VIII. FACILITY OWNER

A. If the facility owner is also the facility operator as listed in Section VII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type)  
John D. Wagoner, Manager  
U.S. Department of Energy  
Richland Operations Office

SIGNATURE  
*John D. Wagoner*

DATE SIGNED  
06/30/94

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type)

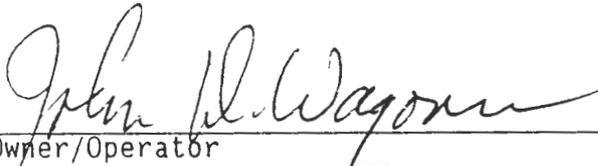
SIGNATURE

DATE SIGNED

9413282-1670

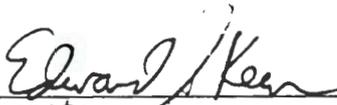
X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.



Owner/Operator  
John D. Wagoner, Manager  
U.S. Department of Energy  
Richland Operations Office

6/30/94  
Date

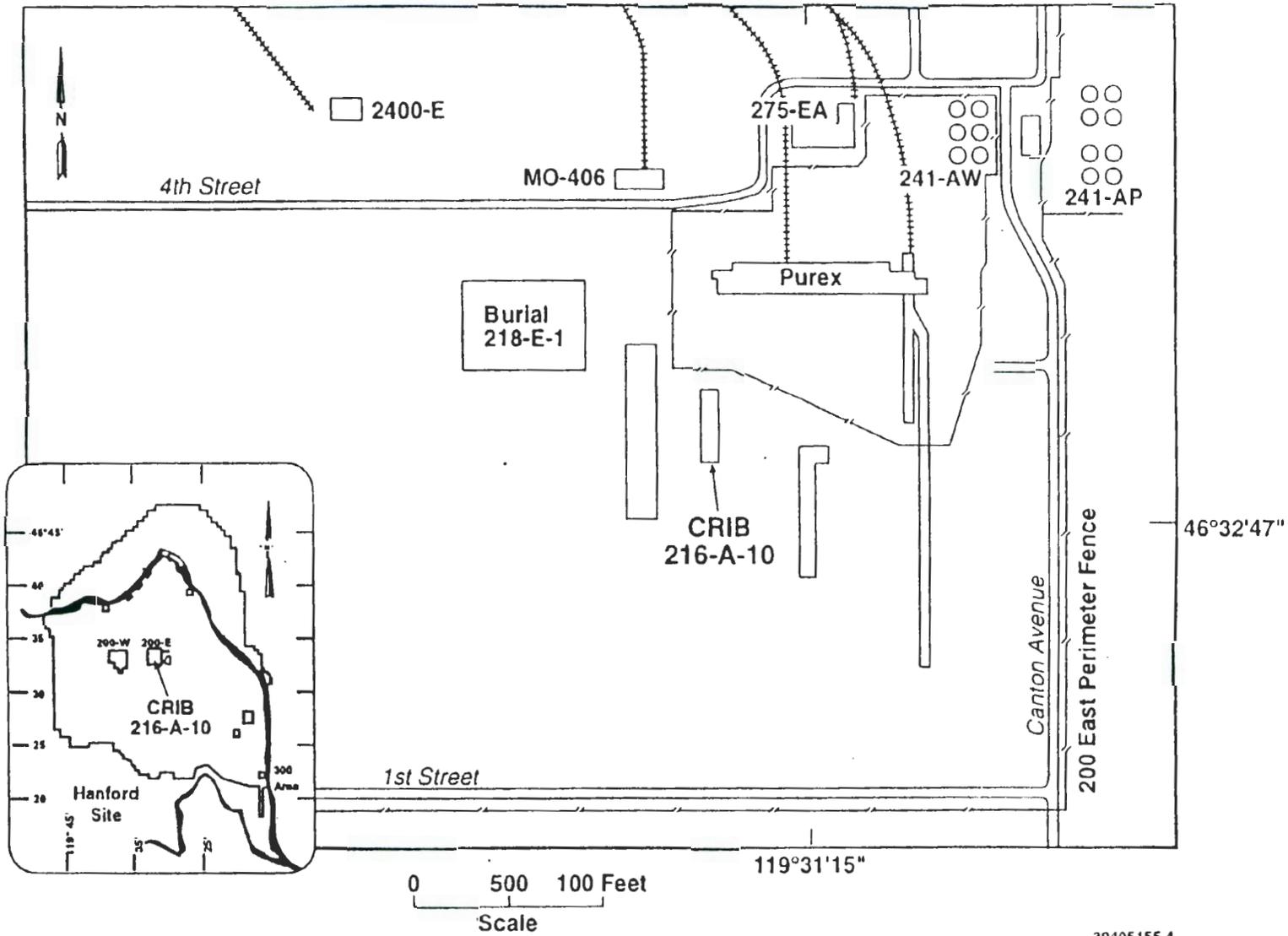


Co-operator  
Edward S. Keen, President  
Bechtel Hanford, Inc.

6/30/94  
Date

9115282-1671

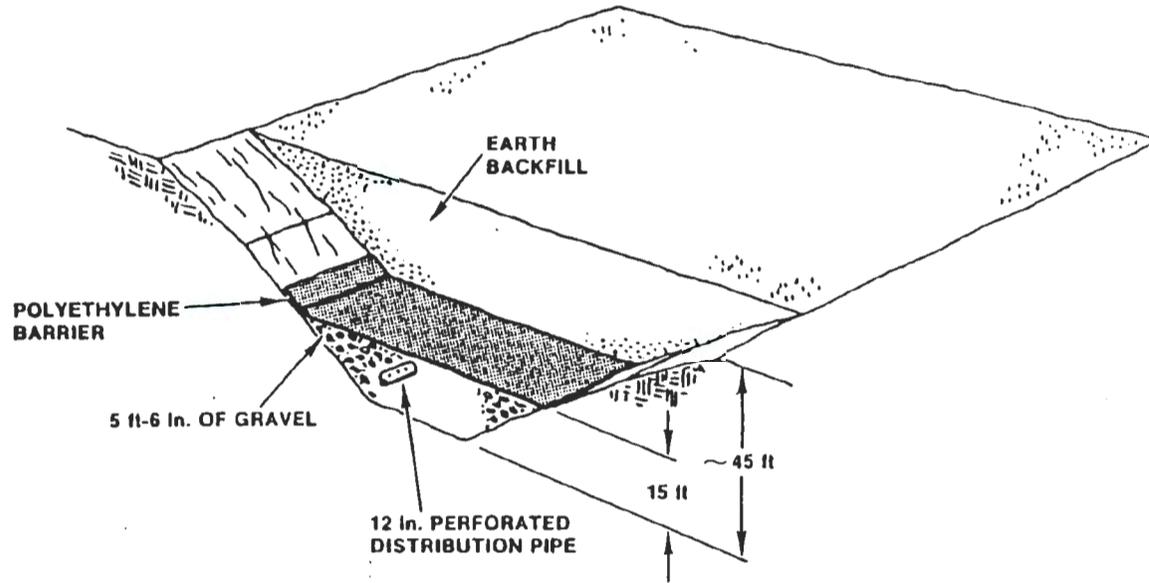
# 216-A-10 CRIB SITE PLAN



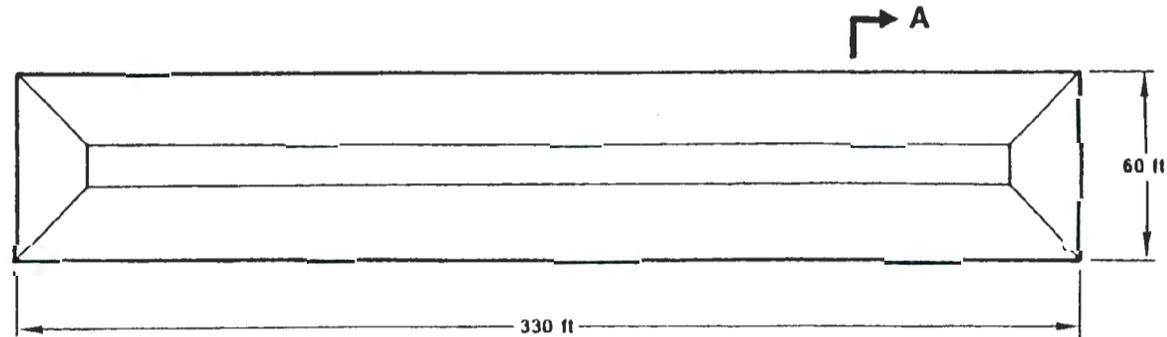
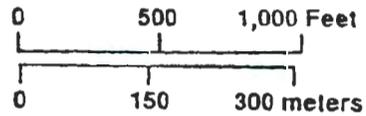
39405155.4

WA7890008967

# 216-A-10 CRIB



SECTION A-A



PLAN

288707-13.5

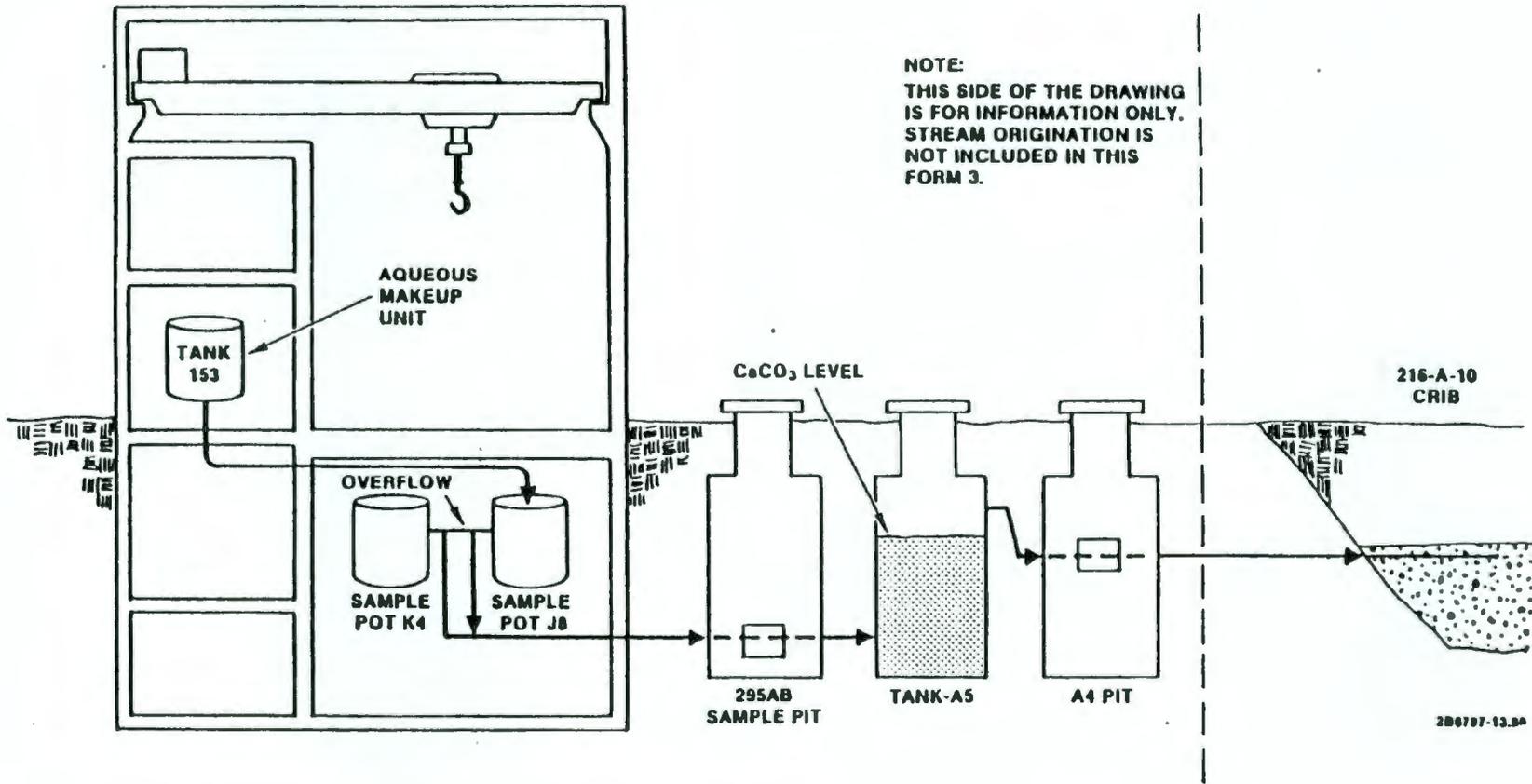
For conversions, apply the following:

Feet to meters--multiply feet by 0.3048

Inches to centimeters--multiply inches by 2.54.

# PDD WASTE STREAM ORIGINATION

NOTE:  
THIS SIDE OF THE DRAWING  
IS FOR INFORMATION ONLY.  
STREAM ORIGINATION IS  
NOT INCLUDED IN THIS  
FORM 3.



# 216-A-10 CRIB



46°32'51.9"  
119°31'16.3"

94061005-2CN  
(PHOTO TAKEN 1994)

9419282.1675

Please print or type in the unshaded areas only  
(fill-in areas are spaced for elite type, i.e., 12 character/inch).

<b>FORM 3</b>	<b>DANGEROUS WASTE PERMIT APPLICATION</b>	1. EPA/STATE I.D. NUMBER
		W A 7 8 9 0 0 0 8 9 6 7

FOR OFFICIAL USE ONLY	
APPLICATION APPROVED	DATE RECEIVED (mo., day, & yr.)
	COMMENTS

**II. FIRST OR REVISED APPLICATION**  
Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA/STATE I.D. Number, or if this is a revised application, enter your facility's EPA/STATE I.D. Number in Section I above.

**A. FIRST APPLICATION** (place an "X" below and provide the appropriate date)

<input type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)	<input type="checkbox"/> 2. NEW FACILITY (Complete item below)
--	--

<table border="1" style="width: 100%; text-align: center;"> <tr><th>MO.</th><th>DAY</th><th>YR.</th></tr> <tr><td>04</td><td></td><td>60</td></tr> </table>	MO.	DAY	YR.	04		60	FOR EXISTING FACILITIES, PROVIDE THE DATE (mo., day, & yr.) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)	<table border="1" style="width: 100%; text-align: center;"> <tr><th>MO.</th><th>DAY</th><th>YR.</th></tr> <tr><td></td><td></td><td></td></tr> </table>	MO.	DAY	YR.				FOR NEW FACILITIES, PROVIDE THE DATE (mo., day, & yr.) OPERATION BEGAN OR IS EXPECTED TO BEGIN
MO.	DAY	YR.													
04		60													
MO.	DAY	YR.													

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

<input checked="" type="checkbox"/> 1. FACILITY HAS AN INTERIM STATUS PERMIT	<input type="checkbox"/> 2. FACILITY HAS A FINAL PERMIT
--	---

**III. PROCESSES - CODES AND CAPACITIES**  
**A. PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the (Section III-C).

**B. PROCESS DESIGN CAPACITY** - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.  
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS			
<b>Disposal:</b>			<b>OTHER</b> (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Section III-C.)		
INJECTION WELL	D80	GALLONS OR LITERS	T04	T04	GALLONS PER DAY OR LITERS PER DAY
LANDFILL	D81	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D82	ACRES OR HECTARES			
OCEAN DISPOSAL	D83	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D84	GALLONS OR LITERS			

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

EXAMPLE FOR COMPLETING SECTION III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)	
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	D 8 1	50,000	U		7				
2					8				
3					9				
4					10				

9413282-1676

Continued from the front.

III. PROCESSES (continued)

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

D81

The 216-U-12 Crib was used to dispose of UO<sub>3</sub> (uranium-oxide) Plant corrosive process condensate. The 216-U-12 Crib, a percolation unit, was designed to receive mixed waste from the UO<sub>3</sub> Plant for approximately 5 minutes every hour, 100 gallons (379 liters) per minute, and to dispose of the process condensate by percolation into the soil column.

Process condensate discharges were considered only a dangerous waste due to corrosivity caused by UO<sub>3</sub> Plant operations. After January 1987, process condensate was administratively controlled to prevent corrosive dangerous waste discharge to the 216-U-12 Crib. The unit continued to receive process condensate until the crib pipeline was cut and permanently capped on January 30, 1988. The 216-U-12 Crib will be closed under interim status.

9413282-1677

IV. DESCRIPTION OF DANGEROUS WASTES

- A. DANGEROUS WASTE NUMBER - Enter the four digit number from Chapter 173-303 WAC for each listed dangerous waste you will handle. If you handle dangerous wastes which are not listed in Chapter 173-303 WAC, enter the four digit number(s) that describes the characteristics and/or the toxic contaminants of those dangerous wastes.
- B. ESTIMATED ANNUAL QUANTITY - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

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

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

D. PROCESSES

1. PROCESS CODES:

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

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

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

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

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

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

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

LINE NO.	A. DANGEROUS WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																
	1. PROCESS CODES (enter)						2. PROCESS DESCRIPTION (if a code is not entered in D(1))																
X-1	K	0	5	4	900	P	T	0	3	D	8	0											
X-2	D	0	0	2	400	P	T	0	3	D	8	0											
X-3	D	0	0	1	100	P	T	0	3	D	8	0											
X-4	D	0	0	2			T	0	3	D	8	0											included with above

Continued from page 2.  
 NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

I.D. NUMBER (entered from page 1)

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

IV. DESCRIPTION OF DANGEROUS WASTES (continued)

LINE NO.	A. DANGEROUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES			
				1. PROCESS CODES (enter)			
1	D 0 0 2	4,454,000	P	081			Percolation
2							
3							
4							
5							
6							
7							
8							
9							
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23							
24							
25							
26							

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Continued from the front.

IV. DESCRIPTION OF DANGEROUS WASTES (continued)

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

The 216-U-12 Crib was used to dispose of corrosive (D002) UO<sub>3</sub> Plant process condensate until January 1987, at which time administrative controls were implemented to neutralize the condensate before discharge. Waste consisted of process condensate off-gases from the production of UO<sub>3</sub> powder from uranium nitrate hexahydrate solutions. When the plant was operating, the pH of this waste ranged from 0.5 to 1.5.

When the UO<sub>3</sub> Plant was shut down for periods of time, the pH of the process condensate ranged from 2.0 to 4.0. The UO<sub>3</sub> Plant has been permanently shut down and no process condensate is being discharged to the 216-U-12 Crib. Past process rates show that approximately 1,700,000 gallons (6,440,000 liters) per year of process condensate were disposed in the 216-U-12 Crib.

9413282-1679

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

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

VII. FACILITY GEOGRAPHIC LOCATION

This information is provided on the attached drawings and photos.

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

VIII. FACILITY OWNER

A. If the facility owner is also the facility operator as listed in Section VII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

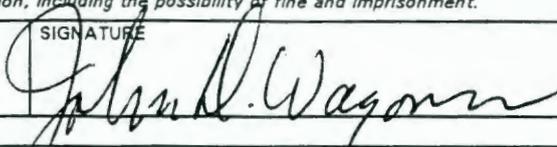
6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type)  
John D. Wagoner, Manager  
U.S. Department of Energy  
Richland Operations Office

SIGNATURE



DATE SIGNED

6/30/94

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type)

SIGNATURE

DATE SIGNED

SEE ATTACHMENT

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

*John D. Wagoner*

Owner/Operator  
John D. Wagoner, Manager  
U.S. Department of Energy  
Richland Operations Office

*6/30/94*

Date

*Edward S. Keen*

Co-operator  
Edward S. Keen, President  
Bechtel Hanford, Inc.

*6/30/94*

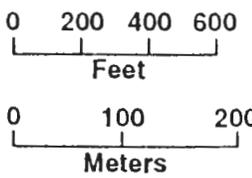
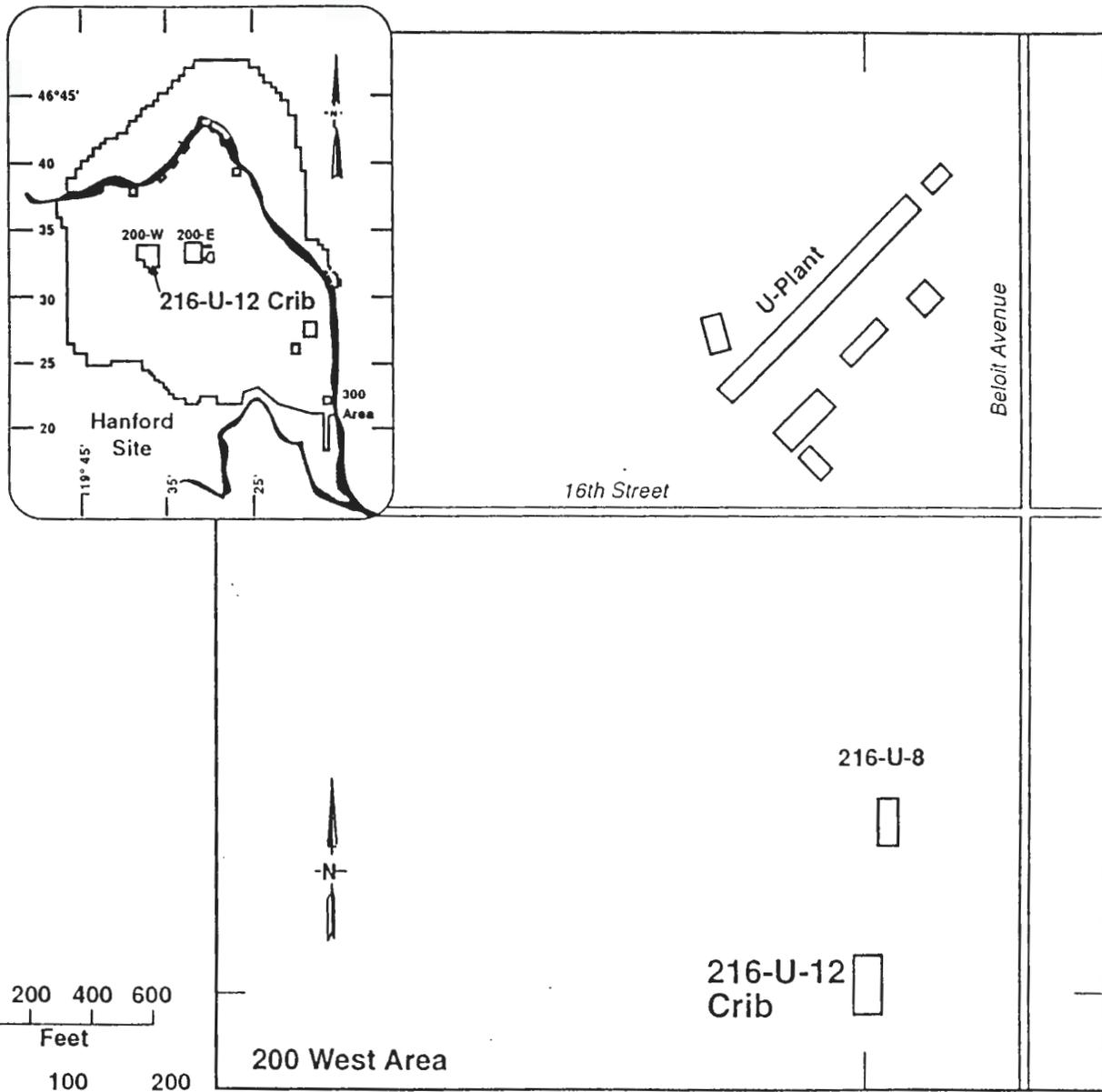
Date

9113782.689

9413282.1681

# 216-U-12 Crib Site Plan

WA7890008967

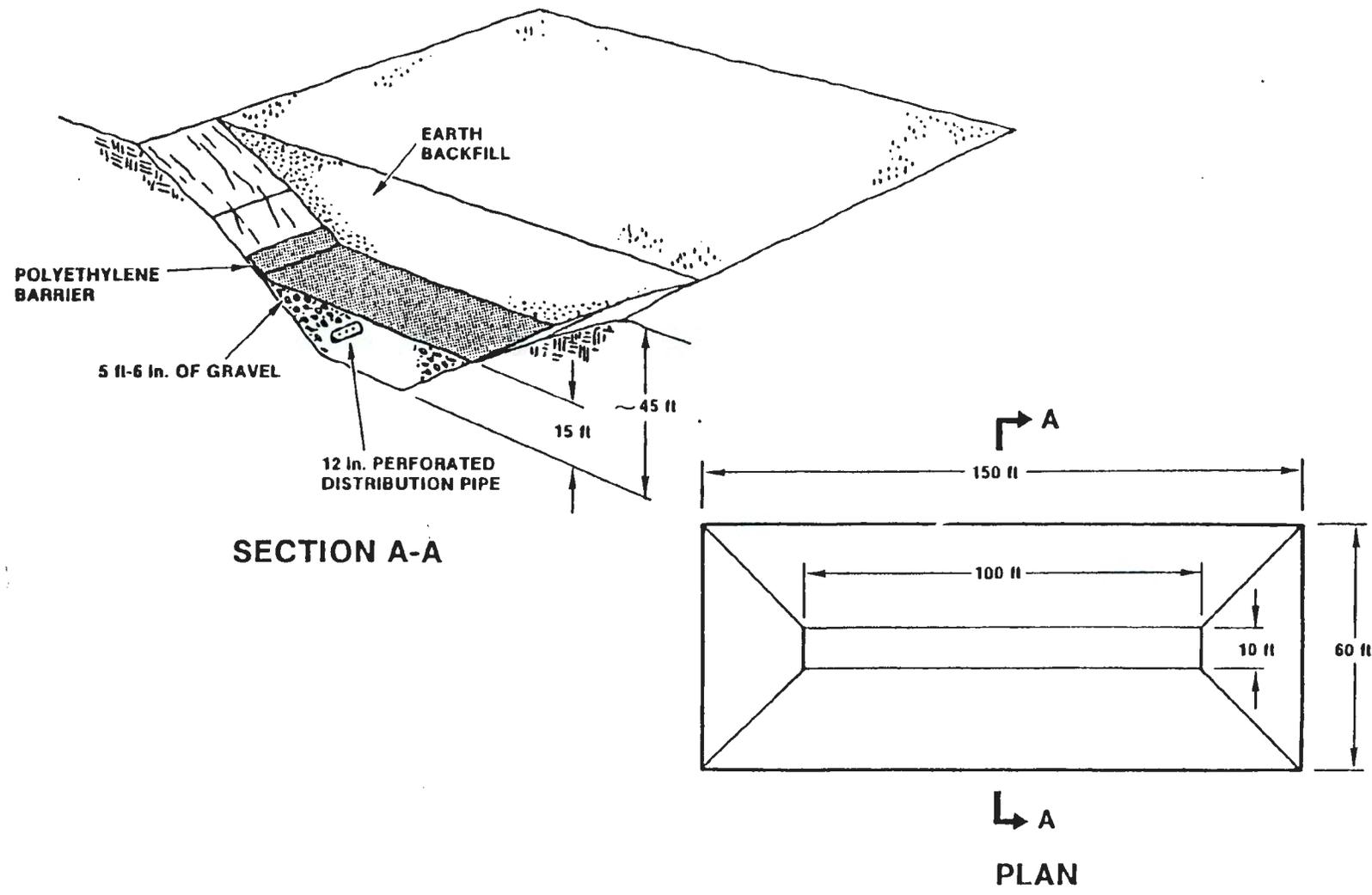


46°32'27"

119°37'15"

39405155.6

# 216-U-12 CRIB



For conversions, apply the following:

Feet to meters--multiply feet by 0.3048  
 Inches to centimeters--multiply inches by 2.54.

284707-13 80

# 216-U-12 CRIB

9413292.1683



46°32'27"  
119°37'15"

8704509-1CN  
(PHOTO TAKEN 1987)

Please print or type in the unshaded areas only  
(fill-in areas are spaced for elite type, i.e., 12 character/inch).

<b>FORM 3</b>	<b>DANGEROUS WASTE PERMIT APPLICATION</b>	1. EPA/STATE I.D. NUMBER
		W A 7 8 9 0 0 0 8 9 5 7

FOR OFFICIAL USE ONLY	
APPLICATION APPROVED	DATE RECEIVED (mo., day, & yr.)
	COMMENTS

II. FIRST OR REVISED APPLICATION  
Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA/STATE I.D. Number, or if this is a revised application, enter your facility's EPA/STATE I.D. Number in Section I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

<input type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.) <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">MO.</td> <td style="border: 1px solid black; padding: 2px;">DAY</td> <td style="border: 1px solid black; padding: 2px;">YR.</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">09</td> <td style="border: 1px solid black; text-align: center;">15</td> <td style="border: 1px solid black; text-align: center;">65</td> </tr> </table> <p>FOR EXISTING FACILITIES, PROVIDE THE DATE (mo., day, &amp; yr.) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)</p>	MO.	DAY	YR.	09	15	65	<input type="checkbox"/> 2. NEW FACILITY (Complete item below) <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">MO.</td> <td style="border: 1px solid black; padding: 2px;">DAY</td> <td style="border: 1px solid black; padding: 2px;">YR.</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table> <p>FOR NEW FACILITIES, PROVIDE THE DATE (mo., day, &amp; yr.) OPERATION BEGAN OR IS EXPECTED TO BEGIN</p>	MO.	DAY	YR.			
MO.	DAY	YR.											
09	15	65											
MO.	DAY	YR.											

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

<input checked="" type="checkbox"/> 1. FACILITY HAS AN INTERIM STATUS PERMIT	<input type="checkbox"/> 2. FACILITY HAS A FINAL PERMIT
--	---

III. PROCESSES - CODES AND CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the (Section III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Section III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
<b>Disposal:</b>					
INJECTION WELL	D80	GALLONS OR LITERS			
LANDFILL	D81	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D82	ACRES OR HECTARES			
OCEAN DISPOSAL	D83	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D84	GALLONS OR LITERS			

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

EXAMPLE FOR COMPLETING SECTION III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)	
X-1	S 0 2	600	G		6				
X-2	T 0 3	20	E		6				
1	D 8 1	116,000	U		7				
2					8				
3					9				
4					10				

9413282-1684

Continued from the front.

III. PROCESSES (continued)

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

D81

The 216-A-36 Crib, placed into operation in September 1965, was divided into A and B sections. The A section is the first 100 feet (30.5 meters) on the north end of the crib and is bypassed by the process pipe. The A section was closed in 1966. The B section was operational from March 1966 to October 1972, and was reactivated in November 1982 for the Plutonium-Uranium Extraction (PUREX) Plant restart. Discharges to the B section were stopped in August 1987. The mixed waste discharged to the 216-A-36B Crib came from the PUREX ammonia scrubber distillate (ASD) stream. The process design capacity for the 216-A-36B Crib was 116,000 gallons (440,000 liters) per day. The 216-A-36B Crib will be closed under interim status.

IV. DESCRIPTION OF DANGEROUS WASTES

- A. DANGEROUS WASTE NUMBER - Enter the four digit number from Chapter 173-303 WAC for each listed dangerous waste you will handle. If you handle dangerous wastes which are not listed in Chapter 173-303 WAC, enter the four digit number(s) that describes the characteristics and/or the toxic contaminants of those dangerous wastes.
- B. ESTIMATED ANNUAL QUANTITY - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

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

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

D. PROCESSES

1. PROCESS CODES:

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

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

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

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

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

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

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

LINE NO.	A. DANGEROUS WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																	
	1. PROCESS CODES (enter)						2. PROCESS DESCRIPTION (if a code is not entered in D(1))																	
X-1	K	0	5	4	900	P	T	0	3	D	8	0												
X-2	D	0	0	2	400	P	T	0	3	D	8	0												
X-3	D	0	0	1	100	P	T	0	3	D	8	0												
X-4	D	0	0	2			T	0	3	D	8	0												included with above

9413282-1685

Continued from page 2.  
 NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

I.D. NUMBER (entered from page 1)											
W A 7 8 9 0 0 0 8 9 6 7											
IV. DESCRIPTION OF DANGEROUS WASTES (continued)											
LINE NO.	A. DANGEROUS WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES				
	1	2	3	4			1. PROCESS CODES (enter)			2. PROCESS DESCRIPTION (if a code is not entered in D(1))	
1	W	T	0	2	265,000,000	P	D81				Percolation
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
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26											

9413282-1686

Continued from the front.

IV. DESCRIPTION OF DANGEROUS WASTES (continued)

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

The ASD waste stream is a basic byproduct waste stream generated by the ammonia scrubbers during decladding operations in the PUREX process. The waste stream came from the coating dissolution stage where ammonium fluoride and ammonium nitrate were used to dissolve the zirconium alloy cladding from fuel elements. Ammonia gas was produced as a byproduct during this reaction. The gas stream from the dissolver was scrubbed with water, which absorbed and reacted with most of the ammonia to form liquid ammonium hydroxide. This waste stream was sent to the 216-A-36B Crib for disposal.

This waste was determined to be a state-only toxic waste (WT02) under the Washington State Department of Ecology's waste mixture rule because the concentrations of ammonium hydroxide were in excess of 1% by weight.

9413282-1687

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

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

VII. FACILITY GEOGRAPHIC LOCATION

This information is provided on the attached drawings and photos.

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

VIII. FACILITY OWNER

A. If the facility owner is also the facility operator as listed in Section VII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type)  
John D. Wagoner, Manager  
U.S. Department of Energy  
Richland Operations Office

SIGNATURE



DATE SIGNED

6/30/94

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type)

SIGNATURE

DATE SIGNED

SEE ATTACHMENT

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

John D. Wagoner  
Owner/Operator  
John D. Wagoner, Manager  
U.S. Department of Energy  
Richland Operations Office

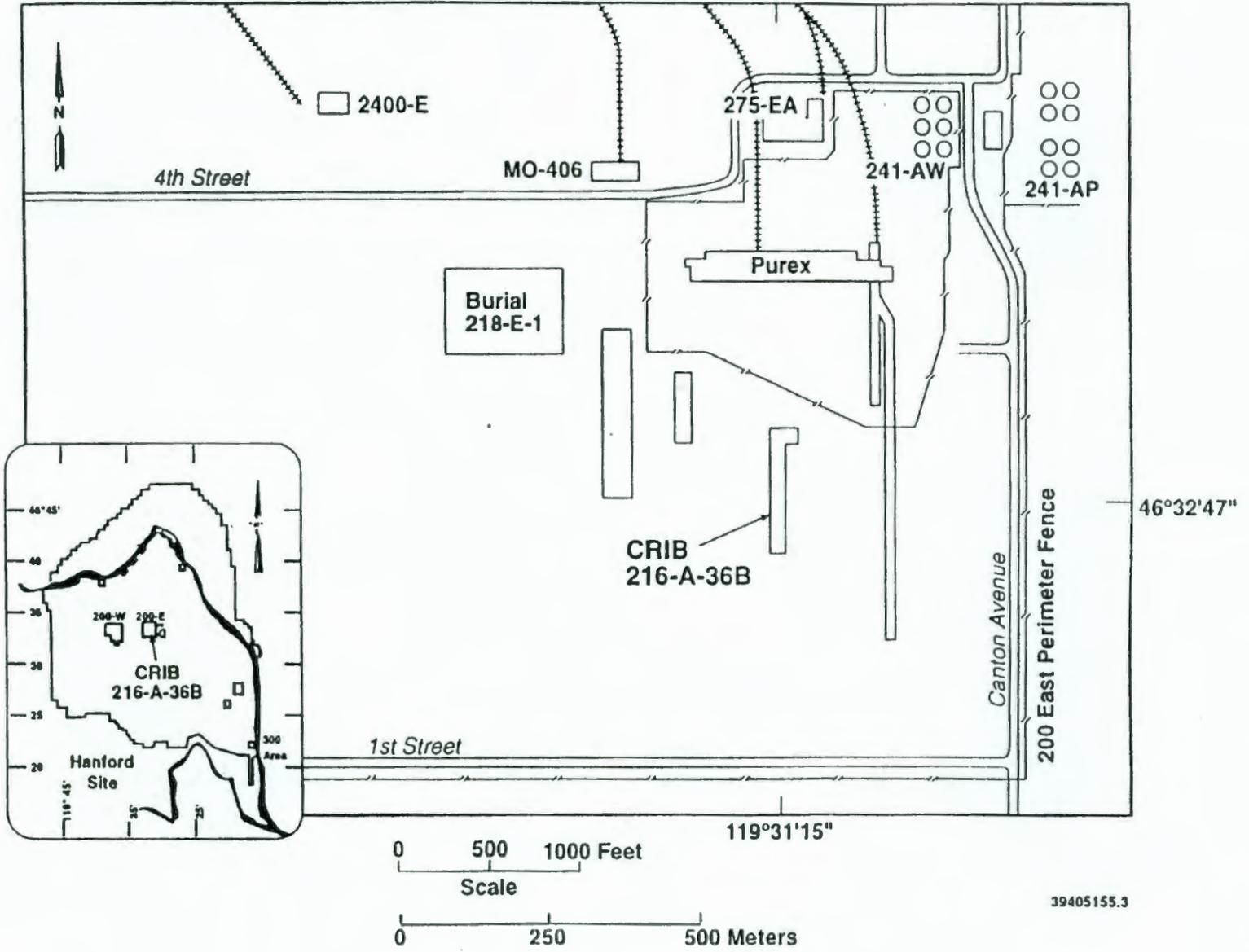
6/30/94  
Date

Edward S. Keen  
Co-operator  
Edward S. Keen, President  
Bechtel Hanford, Inc.

6/30/94  
Date

947702 160

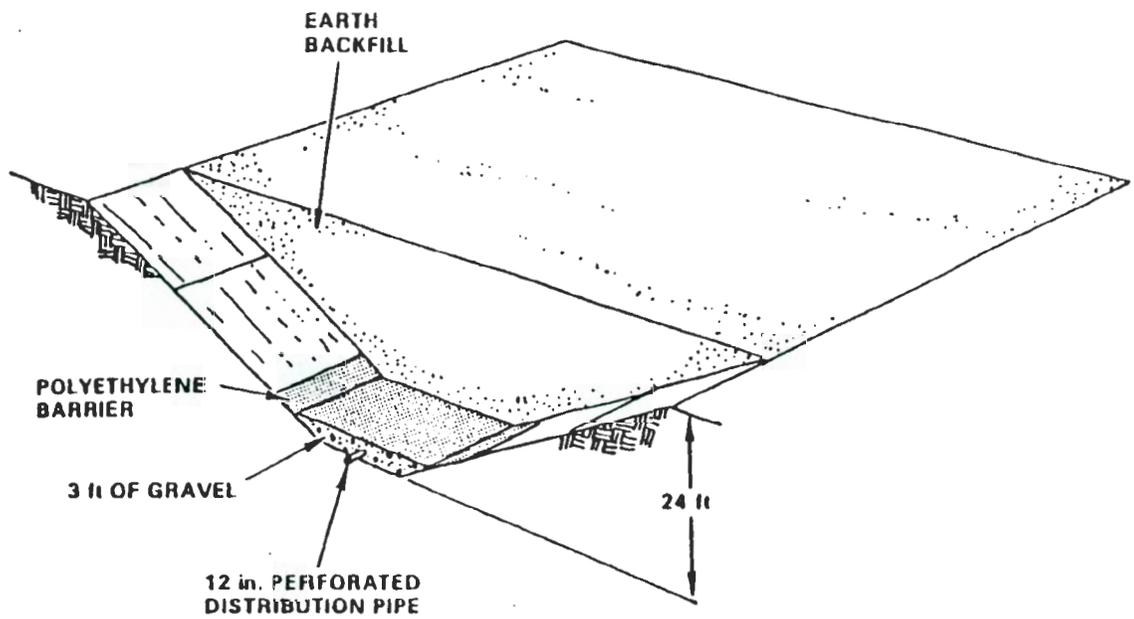
# 216-A-36B CRIB SITE PLAN



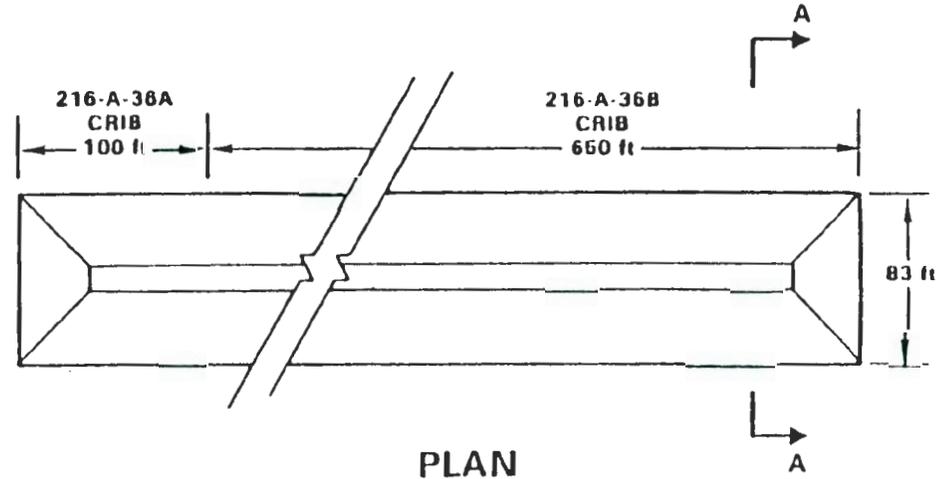
WA7890008967

39405155.3

# 216-A-36 A AND B CRIBS



**SECTION A-A**



**PLAN**

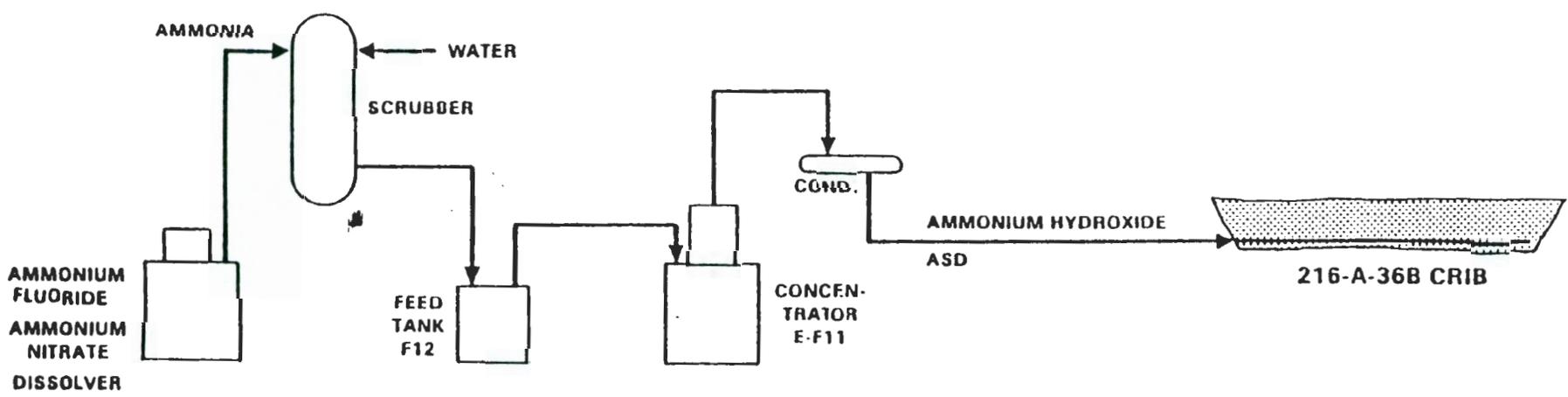
For conversions, apply the following:

Feet to meters--multiply feet by 0.3048

Inches to centimeters--multiply inches by 2.54.

28710 023.12

# 216-A-36B CRIB WASTE STREAM FLOW DIAGRAM



28710-023.24

# 216-A-36B CRIB



46°32'47"  
119°31'15"

8706243-2CN  
(PHOTO TAKEN 1987)

9413782.1692

Please print or type in the unshaded areas only  
 (fill-in areas are spaced for elite type, i.e., 12 character/inch).

<b>FORM 3</b>	<b>DANGEROUS WASTE PERMIT APPLICATION</b>	1. EPA/STATE I.D. NUMBER
		W A 7 8 9 0 0 0 8 9 6 7

FOR OFFICIAL USE ONLY		
APPLICATION APPROVED	DATE RECEIVED <i>(mo., day, &amp; yr.)</i>	COMMENTS

II. FIRST OR REVISED APPLICATION  
 Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA/STATE I.D. Number, or if this is a revised application, enter your facility's EPA/STATE I.D. Number in Section I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)*

2. NEW FACILITY *(Complete item below)*

<table border="1" style="margin: auto;"> <tr><th>MO.</th><th>DAY</th><th>YR.</th></tr> <tr><td style="text-align: center;">03</td><td style="text-align: center;">18</td><td style="text-align: center;">77</td></tr> </table> <p>FOR EXISTING FACILITIES, PROVIDE THE DATE <i>(mo., day, &amp; yr.)</i> OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED <i>(use the boxes to the left)</i></p>	MO.	DAY	YR.	03	18	77		<table border="1" style="margin: auto;"> <tr><th>MO.</th><th>DAY</th><th>YR.</th></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> <p>FOR NEW FACILITIES, PROVIDE THE DATE <i>(mo., day, &amp; yr.)</i> OPERATION BEGAN OR IS EXPECTED TO BEGIN</p>	MO.	DAY	YR.			
MO.	DAY	YR.												
03	18	77												
MO.	DAY	YR.												

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

1. FACILITY HAS AN INTERIM STATUS PERMIT

2. FACILITY HAS A FINAL PERMIT

III. PROCESSES - CODES AND CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process *(including its design capacity)* in the space provided on the *(Section III-C)*.

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Section III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
<b>Disposal:</b>					
INJECTION WELL	D80	GALLONS OR LITERS			
LANDFILL	D81	ACRE-FEET <i>(the volume that would cover one acre to a depth of one foot)</i> OR HECTARE-METER			
LAND APPLICATION	D82	ACRES OR HECTARES			
OCEAN DISPOSAL	D83	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D84	GALLONS OR LITERS			
<b>UNIT OF MEASURE</b>		<b>UNIT OF MEASURE CODE</b>	<b>UNIT OF MEASURE</b>		<b>UNIT OF MEASURE CODE</b>
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING SECTION III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PRO-CESS CODE <i>(from list above)</i>	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO-CESS CODE <i>(from list above)</i>	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT <i>(specify)</i>	2. UNIT OF MEASURE <i>(enter code)</i>				1. AMOUNT <i>(specify)</i>	2. UNIT OF MEASURE <i>(enter code)</i>	
X-1	S 0 2	600	G		6				
X-2	T 0 3	20	E		6				
1	D 8 1	86,400	U		7				
2					8				
3					9				
4					10				

9413282-1693

Continued from the front.

III. PROCESSES (continued)

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

**D81**

The 216-A-37-1 Crib (Crib) began operation in March 1977 and was used for the percolation of the 242-A Evaporator (Evaporator) process condensate to the soil column. The process design capacity of 86,400 gallons (327,000 liters) per day is based on the daily output of the Evaporator process condensate discharged to the Crib. Discharge of the Evaporator process condensate to the Crib was terminated on April 12, 1989, when it was determined that the Evaporator process condensate contained or could have contained mixed waste regulated under Washington Administrative Code 173-303. The Crib is out of service and will be closed under interim status.

IV. DESCRIPTION OF DANGEROUS WASTES

- A. DANGEROUS WASTE NUMBER - Enter the four digit number from Chapter 173-303 WAC for each listed dangerous waste you will handle. If you handle dangerous wastes which are not listed in Chapter 173-303 WAC, enter the four digit number(s) that describes the characteristics and/or the toxic contaminants of those dangerous wastes.
- B. ESTIMATED ANNUAL QUANTITY - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

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

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

D. PROCESSES

1. PROCESS CODES:

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

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

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

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

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

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

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

LINE NO.	A. DANGEROUS WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																
	1. PROCESS CODES (enter)						2. PROCESS DESCRIPTION (if a code is not entered in D(1))																
X-1	K	0	5	4	900	P	T	0	3	D	8	0											
X-2	D	0	0	2	400	P	T	0	3	D	8	0											
X-3	D	0	0	1	100	P	T	0	3	D	8	0											
X-4	D	0	0	2			T	0	3	D	8	0											included with above

9413282-1694

Continued from page 2.  
 NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

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

IV. DESCRIPTION OF DANGEROUS WASTES (continued)

LINE NO.	A. DANGEROUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES			
				1. PROCESS CODES (enter)			
1	F 0 0 1	108,290,000	P	081			Disposal - Landfill (Percolation)
2	F 0 0 2						
3	F 0 0 3						
4	F 0 0 4						
5	F 0 0 5						
6	W T 0 2	↓	↓	↓			Included With Above
7							
8							
9							
10							
11							
12							
13							
14							
15							
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9413282-1695

Continued from the front.

IV. DESCRIPTION OF DANGEROUS WASTES (continued)

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

The Crib was taken out of service on April 12, 1989, and no longer receives dangerous waste. A description of the dangerous waste discharged to the Crib is as follows.

The Evaporator process condensate has since been determined to be regulated as a mixed waste due to the presence of spent halogenated and nonhalogenated solvents (F001, F002, F003, F004, and F005), and for the toxicity of ammonia (WT02, toxic state-only). The Estimated Annual Quantity of Dangerous Waste (item III.B.1.) of 108,290,000 pounds (4,912,000 kilograms) represents the maximum annual output of Evaporator process condensate during operating campaigns.

9691-2824146

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

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

VII. FACILITY GEOGRAPHIC LOCATION

This information is provided on the attached drawings and photos.

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

VIII. FACILITY OWNER

A. If the facility owner is also the facility operator as listed in Section VII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

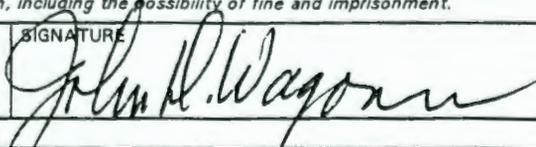
6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type)  
John D. Wagoner, Manager  
U.S. Department of Energy  
Richland Operations Office

SIGNATURE



DATE SIGNED

6/30/94

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type)

SIGNATURE

DATE SIGNED

SEE ATTACHMENT

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

John D. Wagoner  
Owner/Operator  
John D. Wagoner, Manager  
U.S. Department of Energy  
Richland Operations Office

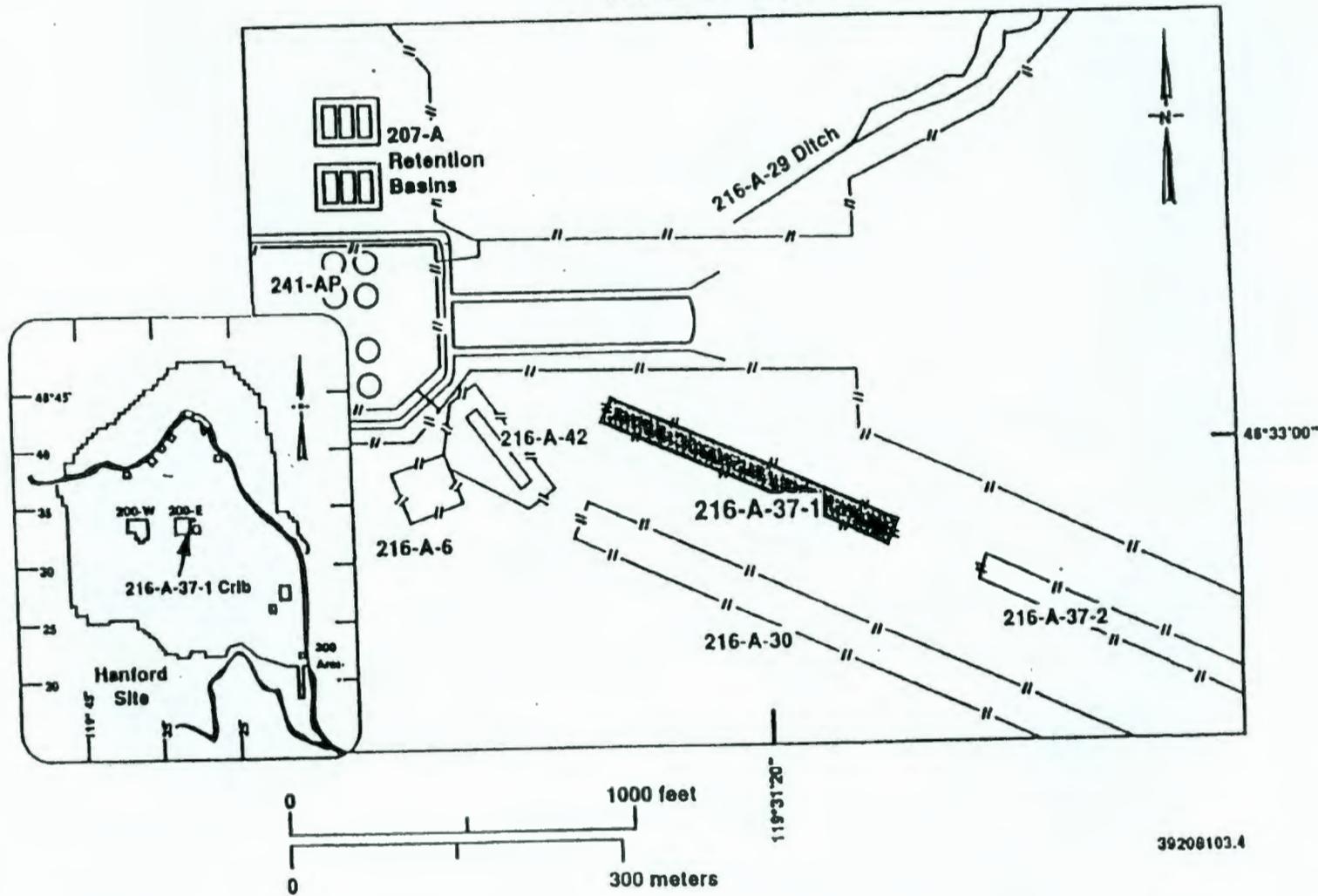
6/30/94  
Date

Edward S. Keen  
Co-operator  
Edward S. Keen, President  
Bechtel Hanford, Inc.

6/30/94  
Date

9413282.1697

# 216-A-37-1 Crib Site Plan



# 216-A-37-1 CRIB



46°33'00"  
119°31'20"

8706421-25CN  
(PHOTO TAKEN 1987)

6691 2825146

Please print or type in the unshaded areas only  
 (fill-in areas are spaced for elite type, i.e., 12 character/inch).

<b>FORM 3</b>	<b>DANGEROUS WASTE PERMIT APPLICATION</b>	1. EPA/STATE I.D. NUMBER												
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20px;">W</td><td style="width:20px;">A</td><td style="width:20px;">7</td><td style="width:20px;">8</td><td style="width:20px;">9</td><td style="width:20px;">0</td><td style="width:20px;">0</td><td style="width:20px;">0</td><td style="width:20px;">8</td><td style="width:20px;">9</td><td style="width:20px;">6</td><td style="width:20px;">7</td> </tr> </table>	W	A	7	8	9	0	0	0	8	9	6	7
W	A	7	8	9	0	0	0	8	9	6	7			

FOR OFFICIAL USE ONLY		
APPLICATION APPROVED	DATE RECEIVED <i>(mo., day, &amp; yr.)</i>	COMMENTS

**II. FIRST OR REVISED APPLICATION**  
 Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA/STATE I.D. Number, or if this is a revised application, enter your facility's EPA/STATE I.D. Number in Section I above.

**A. FIRST APPLICATION** (place an "X" below and provide the appropriate date)

<input type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)	<input type="checkbox"/> 2. NEW FACILITY (Complete item below)
--	--

<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20px;">MO.</td><td style="width:20px;">DAY</td><td style="width:20px;">YR.</td> </tr> <tr> <td style="text-align: center;">01</td><td></td><td style="text-align: center;">75</td> </tr> </table>	MO.	DAY	YR.	01		75	FOR EXISTING FACILITIES, PROVIDE THE DATE (mo., day, & yr.) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20px;">MO.</td><td style="width:20px;">DAY</td><td style="width:20px;">YR.</td> </tr> <tr> <td></td><td></td><td></td> </tr> </table>	MO.	DAY	YR.				FOR NEW FACILITIES, PROVIDE THE DATE (mo., day, & yr.) OPERATION BEGAN OR IS EXPECTED TO BEGIN
MO.	DAY	YR.													
01		75													
MO.	DAY	YR.													

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

<input checked="" type="checkbox"/> 1. FACILITY HAS AN INTERIM STATUS PERMIT	<input type="checkbox"/> 2. FACILITY HAS A FINAL PERMIT
--	---

**III. PROCESSES - CODES AND CAPACITIES**  
**A. PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the (Section III-C).

**B. PROCESS DESIGN CAPACITY** - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS			
<b>Disposal:</b>			<b>OTHER</b> (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Section III-C.)		
INJECTION WELL	D80	GALLONS OR LITERS		T04	GALLONS PER DAY OR LITERS PER DAY
LANDFILL	D81	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D82	ACRES OR HECTARES			
OCEAN DISPOSAL	D83	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D84	GALLONS OR LITERS			

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

**EXAMPLE FOR COMPLETING SECTION III (shown in line numbers X-1 and X-2 below):** A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

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

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Continued from the front.

III. PROCESSES (continued)

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

**D81**

The Nonradioactive Dangerous Waste Landfill (NRDWL) is located approximately 3.5 miles southeast of the 200 East Area. The NRDWL was used for disposal of nonradioactive dangerous waste from January 1975 through May 1985. The NRDWL provided disposal of dangerous waste generated from process operations, research and development laboratories, maintenance activities, and transportation functions located throughout the Hanford Site. The NRDWL is a 10 acre land disposal unit that consists of 19 unlined trenches (trenches 18N, 24, and 32 were not used for disposal) approximately 400 feet long, 16 feet wide at the base, and 15 feet deep. Six trenches (trenches 19N, 26, 28, 31, 33, and 34) were used for disposal of dangerous waste. Asbestos was disposed of in nine trenches (trenches 2N, 20, 21, 22, 23, 25, 27, 29, and 30). Nonhazardous waste was disposed of in trench 1N. The dangerous waste trenches of NRDWL have a total design capacity of 5 acre-feet.

9413282.1701

IV. DESCRIPTION OF DANGEROUS WASTES

- A. DANGEROUS WASTE NUMBER - Enter the four digit number from Chapter 173-303 WAC for each listed dangerous waste you will handle. If you handle dangerous wastes which are not listed in Chapter 173-303 WAC, enter the four digit number(s) that describes the characteristics and/or the toxic contaminants of those dangerous wastes.
- B. ESTIMATED ANNUAL QUANTITY - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

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

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

D. PROCESSES

1. PROCESS CODES:

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

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

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

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

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

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

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

LINE NO.	A. DANGEROUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2			T 0 3 D 8 0	included with above

Continued from page 2.  
 NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

I.D. NUMBER (entered from page 1)  
 WA 7890008967

IV. DESCRIPTION OF DANGEROUS WASTES (continued)

LINE NO	A. DANGEROUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	D 0 0 1	24,345	K	D81	Disposal/Landfill
2	D 0 0 2	13,433			
3	D 0 0 3	17,630			
4	D 0 0 4	1.5			
5	D 0 0 5	13			
6	D 0 0 6	933			
7	D 0 0 7	172			
8	D 0 0 8	120			
9	D 0 0 9	102			
10	D 0 1 0	30			
11	D 0 1 1	1			
12	D 0 1 8	305			
13	D 0 1 9	94			
14	D 0 2 2	31			
15	D 0 3 9	205			
16	D 0 4 0	631			
17	F 0 0 1	960			
18	F 0 0 2	86			
19	F 0 0 3	92			
20	F 0 0 4	8			
21	F 0 0 5	3,622			
22	U 0 0 1	4			
23	U 0 0 2	25			
24	U 0 0 3	5			
25	U 0 0 9	1			
26	U 0 1 2	11			

9413282-1702

Continued from page 2.  
 NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

I.D. NUMBER (entered from page 1)

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

IV. DESCRIPTION OF DANGEROUS WASTES (continued)

LINE NO.	A. DANGEROUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	U 0 1 9	362	K	D81	Disposal/Landfill
2	U 0 2 2	180			
3	U 0 3 1	6			
4	U 0 4 4	45			
5	U 0 5 1	20			
6	U 0 5 3	1			
7	U 0 5 6	13			
8	U 0 6 9	3			
9	U 0 7 0	2			
10	U 0 7 7	10			
11	U 0 8 0	50			
12	U 0 9 2	6,800			
13	U 0 9 3	6			
14	U 1 0 7	120			
15	U 1 0 8	80			
16	U 1 1 7	15			
17	U 1 2 2	31			
18	U 1 2 3	82			
19	U 1 3 3	315			
20	U 1 3 4	39			
21	U 1 4 2	1			
22	U 1 4 4	9			
23	U 1 5 1	156			
24	U 1 5 4	21			
25	U 1 5 9	203			
26	U 1 6 1	10			

9413282-1703

Continued from page 2.  
 NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

I.D. NUMBER (entered from page 1)

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

IV. DESCRIPTION OF DANGEROUS WASTES (continued)

LINE NO.	A. DANGEROUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES									
				1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))					
1	U 1 6 9	8	K	D	8	1							Disposal/Landfill
2	U 1 8 8	3											
3	U 1 9 6	12											
4	U 2 0 1	1											
5	U 2 1 0	205											
6	U 2 1 1	94											
7	U 2 1 3	157											
8	U 2 1 9	13											
9	U 2 2 0	3,404											
10	U 2 2 6	1											
11	U 2 2 8	632											
12	U 2 3 9	14											
13	P 0 1 0	1											
14	P 0 1 2	1											
15	P 0 2 2	2											
16	P 0 3 0	1											
17	P 0 4 8	5											
18	P 0 9 6	11											
19	P 0 9 8	3											
20	P 1 0 6	2											Included With Above
21													
22													
23													
24													
25													
26													

9413282-1704

Continued from page 2.  
 NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

I.D. NUMBER (entered from page 1)  
 WA7890008967

IV. DESCRIPTION OF DANGEROUS WASTES (continued)

LINE NO	A. DANGEROUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	W T 0 1	29,770	K	D81	Disposal/Landfill
2	W T 0 2	18,425			
3	W C 0 2	9,060			
4	W P 0 1	1,242			
5	W P 0 2	55			
6	W P 0 3	7			Included With Above
7					
8					
9					
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26					

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Continued from the front.

IV. DESCRIPTION OF DANGEROUS WASTES (continued)

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

The NRDWL was used from January 1975 through May 1985 for the disposal of dangerous waste generated from various Hanford Site operations. The NRDWL ceased receiving dangerous waste for disposal in May 1985. This waste consists of listed waste, waste from non-specific sources, characteristic waste, and state-only waste.

The quantities of waste identified in Description of Dangerous Waste, item IV. B., represent the estimated total quantity of waste disposed of in the NRDWL, rather than an annual estimate.

901-282116

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

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

VII. FACILITY GEOGRAPHIC LOCATION

This information is provided on the attached drawings and photos.

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

VIII. FACILITY OWNER

A. If the facility owner is also the facility operator as listed in Section VII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type)  
John D. Wagoner, Manager  
U.S. Department of Energy  
Richland Operations Office

SIGNATURE  
*John D. Wagoner*

DATE SIGNED  
6/30/94

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type)  
SEE ATTACHMENT

SIGNATURE

DATE SIGNED

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

*John D. Wagoner*

Owner/Operator  
John D. Wagoner, Manager  
U.S. Department of Energy  
Richland Operations Office

*6/30/94*

Date

*Edward S. Keen*

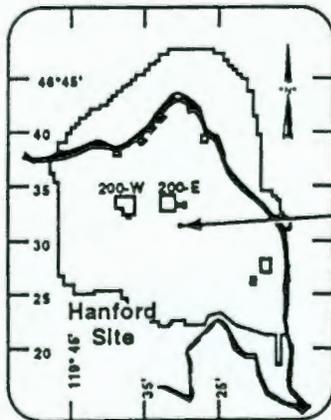
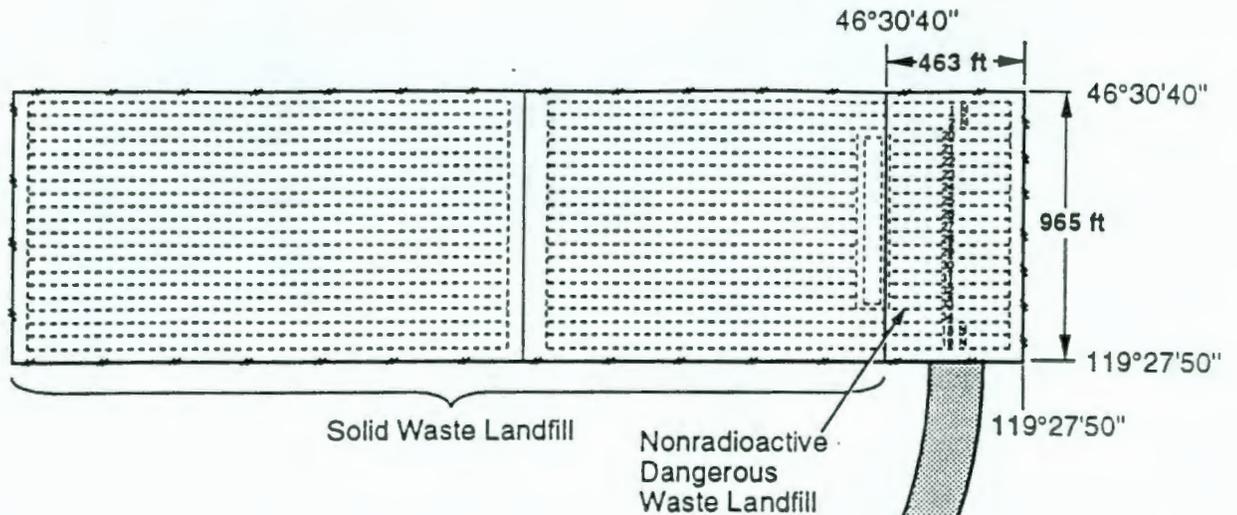
Co-operator  
Edward S. Keen, President  
Bechtel Hanford, Inc.

*6/30/94*

Date

9414282.1707

# Nonradioactive Dangerous Waste Landfill Site Plan



Open 1-78	Sanitary	Closed 8-78	1N
Open 5-85	Asbestos	Closed 10-88	2N
Open 7-79	Asbestos	Closed 7-81	20
Open 1-84	Asbestos	Closed 5-85	21
Open 10-88	Asbestos	Closed 5-88	22
Open 7-81	Asbestos	Closed 9-82	23
	Unused		24
Open 9-82	Asbestos	Closed 3-84	25
Open 1-85	Corrosive	Open	26
Open 1-75	Asbestos	Closed 7-78	27
Open 2-84	Corrosive	Closed 1-85	28
Open 9-78	Asbestos	Closed 9-79	29
Open 9-78	Asbestos	Closed 9-78	30
Open 9-82	Chemical	Closed 4-84	31
	Unused		32
Open 11-80	Chemical	Closed 9-82	33
Open 1-75	Chemical	Closed 11-80	34
	Unused		18N
Open 3-84	Oxidizer	Open	18N

Legend:  
 — Boundary  
 — Fence  
 - - - Trench Boundary

For conversions, apply the following:  
 Feet to meters -- multiply feet by 0.3048.

9413282.1708

# NONRADIOACTIVE DANGEROUS WASTE LANDFILL--600 AREA

9413282-1709



46°30'40"  
119°27'50"

8505779-3CN  
(PHOTO TAKEN 1985)

# NONRADIOACTIVE DANGEROUS WASTE LANDFILL--AERIAL VIEW

9413282.1710



46°30'40"  
119°27'50"

90062924.1CN  
(PHOTO TAKEN 1990)

# CORRESPONDENCE DISTRIBUTION COVERSHEET

Author	Addressee	Correspondence No.
S. H. Wisness, RL J. F. Nemec	R. F. Smith, EPA D. Butler, Ecology	Incoming 9404834

Subject: REVISED HANFORD FACILITY PART A, FORM 3S FOR SIXTEEN (16) TREATMENT, STORAGE, AND DISPOSAL UNITS BEING ASSIGNED TO BECHTEL HANFORD INC. (BHI) FOR MANAGEMENT AS CO-OPERATOR, AND SUPPLEMENTAL PART A, FORM 1 FOR BHI AS CO-OPERATOR

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		R. Ni	S5-07	
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		J. H. Wicks	T4-08	
		J. F. Williams Jr.	H6-24	
		EPIC	H6-08	X
		RCRA Files/GHL	H6-23	X

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