



0065106

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

05-AMCP-0246

MAY 2 2005

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

RECEIVED
MAY 10 2005
EDMC

Dear Mr. Wilson:

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

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

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

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

Sincerely,

Keith A. Klein
Manager

AMCP:KDL

Enclosure

cc: (See Page 2)

Mr. Michael A. Wilson
05-AMCP-0246

-2-

MAY 02 2005

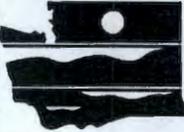
cc w/enclosure pages 1-9 only:

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

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

Please enter information only in unshaded areas

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

| | | |
|-----------------------------------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------------------------|
|  | WASHINGTON STATE DEPARTMENT OF ECOLOGY | <h2 style="margin: 0;">Dangerous Waste Permit Application Part A Form</h2> |
|-----------------------------------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------------------------|

| | | |
|--------------------------------------------------------|--------------|-------|
| Date Received | Reviewed by: | Date: |
| Month Day Year | Approved by: | Date: |
| Please refer to instructions for completing this form. | | |

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

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

II. EPA/State ID Number

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

III. Name of Facility

US Department of Energy - Hanford Facility

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

A. Street

825 Jadwin

| | | |
|--------------|-------|----------|
| City or Town | State | ZIP Code |
| Richland | WA | 99352 |

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

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

V. Facility Mailing Address

Street or P.O. Box

P.O. Box 550

| | | |
|--------------|-------|----------|
| City or Town | State | ZIP Code |
| Richland | WA | 99352 |

Please enter information only in unshaded areas

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

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

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

Please enter information only in unshaded areas

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

| Section XII. Process Codes and Design Capacities | | | | | | | Section XIII. Other Process Codes | | | | | | | |
|--------------------------------------------------|-------------------------------|---|---|----------------------------|---------------------------------|----------------------------------|-----------------------------------|-------------------------------|---|---|----------------------------|---------------------------------|----------------------------------|------------------------|
| Line Number | A. Process Codes (enter code) | | | B. Process Design Capacity | | C. Process Total Number of Units | Line Number | A. Process Codes (enter code) | | | B. Process Design Capacity | | C. Process Total Number of Units | D. Process Description |
| | 1 | 2 | 3 | 1. Amount | 2. Unit of Measure (enter code) | | | 1 | 2 | 3 | 1. Amount | 2. Unit of Measure (enter code) | | |
| X 1 | S | 0 | 2 | 1,600 | G | 002 | X 1 | T | 0 | 4 | 700 | C | 001 | In situ vitrification |
| X 2 | T | 0 | 3 | 20 | E | 001 | | | | | | | | |
| X 3 | T | 0 | 4 | 700 | C | 001 | | | | | | | | |
| 1 | D | 8 | 0 | 50,000 | U | 001 | 1 | | | | | | | |
| 2 | | | | | | | 2 | | | | | | | |
| 3 | | | | | | | 3 | | | | | | | |
| 4 | | | | | | | 4 | | | | | | | |
| 5 | | | | | | | 5 | | | | | | | |
| 6 | | | | | | | 6 | | | | | | | |
| 7 | | | | | | | 7 | | | | | | | |
| 8 | | | | | | | 8 | | | | | | | |
| 9 | | | | | | | 9 | | | | | | | |
| 1 0 | | | | | | | 1 0 | | | | | | | |
| 1 1 | | | | | | | 1 1 | | | | | | | |
| 1 2 | | | | | | | 1 2 | | | | | | | |
| 1 3 | | | | | | | 1 3 | | | | | | | |
| 1 4 | | | | | | | 1 4 | | | | | | | |
| 1 5 | | | | | | | 1 5 | | | | | | | |
| 1 6 | | | | | | | 1 6 | | | | | | | |
| 1 7 | | | | | | | 1 7 | | | | | | | |
| 1 8 | | | | | | | 1 8 | | | | | | | |
| 1 9 | | | | | | | 1 9 | | | | | | | |
| 2 0 | | | | | | | 2 0 | | | | | | | |
| 2 1 | | | | | | | 2 1 | | | | | | | |
| 2 2 | | | | | | | 2 2 | | | | | | | |
| 2 3 | | | | | | | 2 3 | | | | | | | |
| 2 4 | | | | | | | 2 4 | | | | | | | |
| 2 5 | | | | | | | 2 5 | | | | | | | |

Please enter information only in unshaded areas

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XIV. Description of Dangerous Wastes

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

| Line Number | A. Dangerous Waste No. (enter code) | B. Estimated Annual Quantity of Waste | C. Unit of Measure (enter code) | D. Processes | | | | | | | | | | |
|-------------|-------------------------------------|---------------------------------------|---------------------------------|---------------------------|---|---|---|---|-------------------------------------------------------------|--|--|--|--|---------------------|
| | | | | (1) Process Codes (enter) | | | | | (2) Process Description [If a code is not entered in D (1)] | | | | | |
| X 1 | D 0 0 2 | 400 | P | S | 0 | 1 | T | 0 | 1 | | | | | |
| X 2 | D 0 0 1 | 100 | P | S | 0 | 2 | T | 0 | 1 | | | | | |
| X 3 | D 0 0 2 | | | | | | | | | | | | | Included with above |
| | 1 D 0 0 2 | 4,454,000 | P | D | 8 | 1 | | | | | | | | Percolation |
| | 2 | | | | | | | | | | | | | |
| | 3 | | | | | | | | | | | | | |
| | 4 | | | | | | | | | | | | | |
| | 5 | | | | | | | | | | | | | |
| | 6 | | | | | | | | | | | | | |
| | 7 | | | | | | | | | | | | | |
| | 8 | | | | | | | | | | | | | |
| | 9 | | | | | | | | | | | | | |
| | 1 0 | | | | | | | | | | | | | |
| | 1 1 | | | | | | | | | | | | | |
| | 1 2 | | | | | | | | | | | | | |
| | 1 3 | | | | | | | | | | | | | |
| | 1 4 | | | | | | | | | | | | | |
| | 1 5 | | | | | | | | | | | | | |
| | 1 6 | | | | | | | | | | | | | |
| | 1 7 | | | | | | | | | | | | | |
| | 1 8 | | | | | | | | | | | | | |
| | 1 9 | | | | | | | | | | | | | |
| | 2 0 | | | | | | | | | | | | | |
| | 2 1 | | | | | | | | | | | | | |
| | 2 2 | | | | | | | | | | | | | |
| | 2 3 | | | | | | | | | | | | | |
| | 2 4 | | | | | | | | | | | | | |
| | 2 5 | | | | | | | | | | | | | |

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XV. Map

Attach to this application a topographic map of the area extending to at least one (1) mile beyond property boundaries. The map must show the outline of the facility; the location of each of its existing and proposed intake and discharge structures; each of its dangerous waste treatment, storage, recycling, or disposal units; and each well where fluids are injected underground. Include all springs, rivers, and other surface water bodies in this map area, plus drinking water wells listed in public records or otherwise known to the applicant within ¼ mile of the facility property boundary. The instructions provide additional information on meeting these requirements.

XVI. Facility Drawing

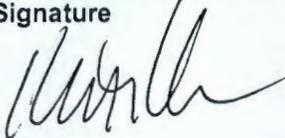
All existing facilities must include a scale drawing of the facility (refer to Instructions for more detail).

XVII. Photographs

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

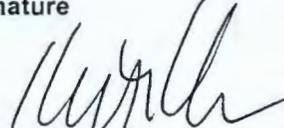
XVIII. Certifications

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

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------|
| Operator* Name and Official Title (type or print) Keith A. Klein, Manager U.S. Department of Energy Richland Operations Office | Signature  | Date Signed 5/2/05 |
|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------|

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------|
| Co-Operator** Name and Official Title (type or print) Ronald G. Gallagher President and Chief Executive Officer Fluor Hanford | Signature  | Date Signed 4/20/05 |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------|

Co-Operator** — Address and Telephone Number
 2420 Stevens Center
 P.O. Box 1000
 Richland, WA 99352
 (509) 376-3576

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------------------|
| Facility-Property Owner* Name and Official Title (type or print) Keith A. Klein, Manager U.S. Department of Energy Richland Operations Office | Signature  | Date Signed 5/2/05 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------------------|

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

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Comments

[Empty comment box]

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

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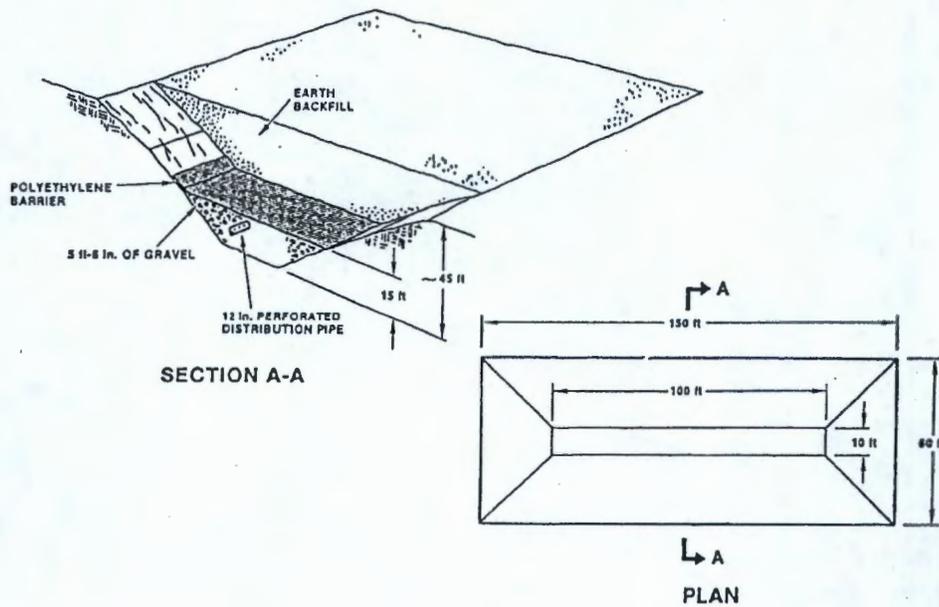
Unit Name: 216-U-12 Crib
Revision: 5 Date: 04/2005

216-U-12 Crib



8704509-1CN

(PHOTO TAKEN 1987)



For conversions, apply the following:

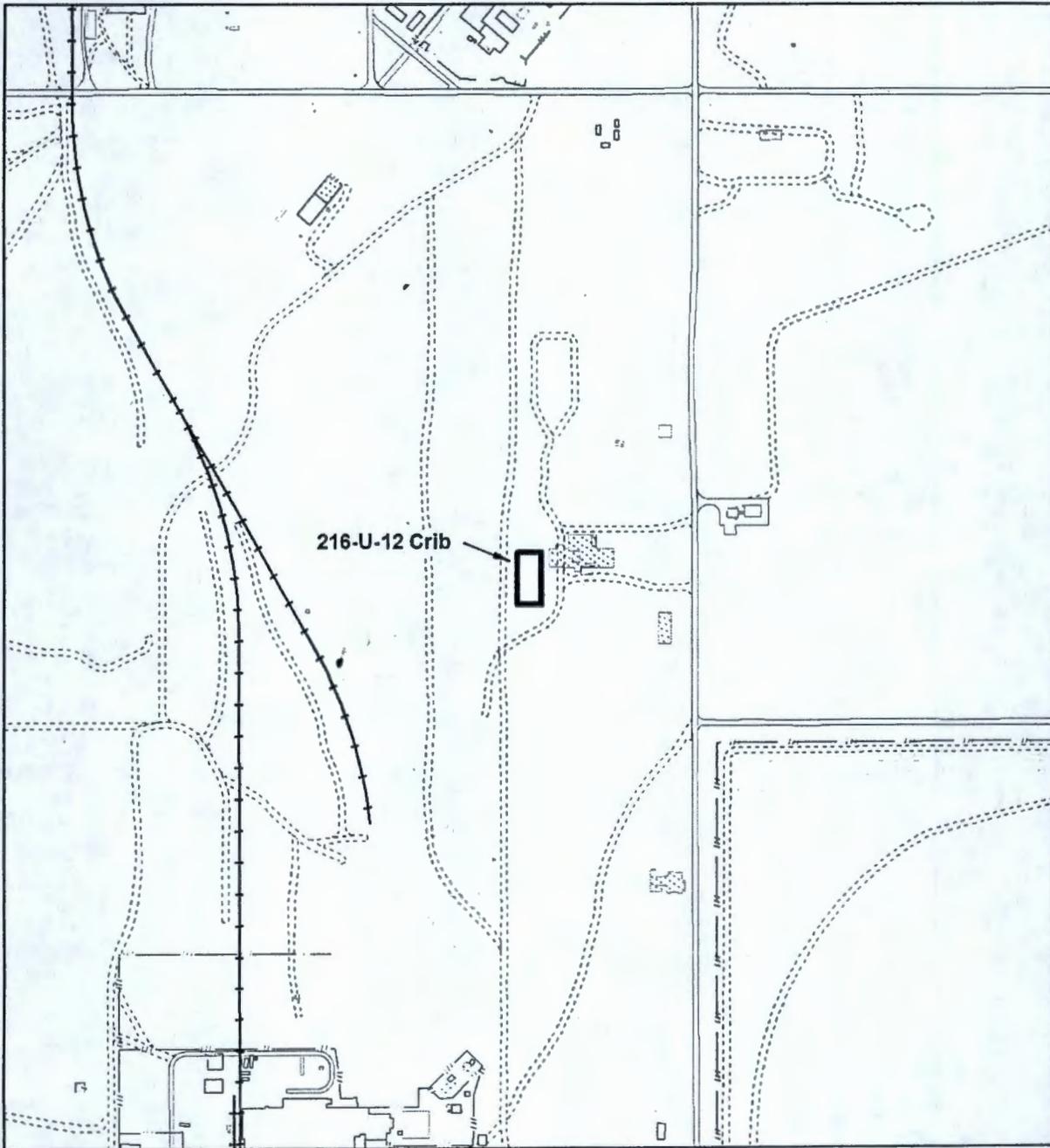
Feet to meters—multiply feet by 0.3048

Inches to centimeters—multiply inches by 2.54.

284707-12.00

Please enter information only in unshaded areas

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



216-U-12 Crib

Prepared for:
US DEPARTMENT OF ENERGY
RICHLAND OPERATIONS OFFICE



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

INTENDED USE: REFERENCE ONLY

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

