



STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY

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

November 29, 2006

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

Re: Transmittal of the *Hanford Facility Dangerous Waste Part A Permit Application for the Single-Shell Tank (SST) System, Revision 9*, dated August 2006, and Transmittal of *Official Use Only Topographic Map for the SST System*, dated August 2006

Dear Mr. Schepens:

The Department of Ecology reviewed and approves the *Hanford Facility Dangerous Waste Part A Permit Application for the SST System, Revision 9*, dated August 2006.

The United States Department of Energy and contracting staff are encouraged to discuss proposed changes with Ecology's Permit Writers to clarify any questions or concerns before submitting Part A Applications for Ecology acceptance.

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

Sincerely,

Greta P. Davis
Sitewide Permit Coordinator
Nuclear Waste Program

ss/pll
Enclosure


cc w/enc:

Nick Ceto, EPA
Keith Klein, USDOE
Tony McKarns, USDOE
Woody Russell, USDOE
Suzette Thompson, FH
Moses Jaraysi, CH2M HILL
Ted Wooley, CH2M HILL

Stuart Harris, CTUIR
Gabriel Bohnee, YN
Russell Jim, YN
Todd Martin, HAB
Ken Niles, ODOE
Administrative Record: SST
Environmental Portal

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 WASHINGTON STATE DEPARTMENT OF ECOLOGY		Dangerous Waste Permit Application Part A Form	
Date Received		Reviewed by: <i>Joni Sayer</i>	Date: 11/15/2006
Month	Day	Year	Date: 11/20/2006
Please refer to instructions for completing this form.			
I. This form is submitted to: (place an "X" in the appropriate box)			
<input type="checkbox"/>	Request modification to a final status permit (commonly called a "Part B" permit)		
<input type="checkbox"/>	Request a change under interim status		
<input checked="" 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			
<input checked="" type="checkbox"/>	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 0 2 1 9 4 3
V. Facility Mailing Address			
Street or P.O. Box			
P.O. Box 550			
City or Town		State	ZIP Code
Richland		WA	99352

VI. Facility contact (Person to be contacted regarding waste activities at facility)											
Name (last)						(first)					
Schepens						Roy					
Job Title						Phone Number (area code and number)					
Manager						(509) 376-6677					
Contact Address											
Street or P.O. Box											
P.O. Box 450											
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 CH2MHill Hanford Group, Inc.** Co-Operator for Single-Shell Tank System						(509) 376-6677* / (509) 373-1677 **					
Street or P.O. Box											
P.O. Box 450 *											
P.O. Box 1500 **											
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)					
Roy J. Schepens, Operator/Facility-Property Owner*						(509) 373-6677					
Street or P.O. Box											
P.O. Box 550											
City or Town						State		ZIP Code			
Richland						WA		99352			
B. Operator Type		F									
C. Does the name in VII.A reflect a proposed change in operator?						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If yes, provide the scheduled date for the change:						Month		Day		Year	
IX. NAICS Codes (5/6 digit codes)											
A. First						B. Second					
5	6	2	2	1		9	2	4	1	1	0
Waste Treatment & Disposal						Administration of Air & Water Resource & Solid Waste Management Programs					
C. Third						D. Fourth					
5	4	1	7	1	0	9	9	9	9	9	9
Research & Development in the Physical, Engineering, & Life Sciences						Unclassified Establishments					