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Department of Energy

Richland Operations Office
P.O. Box 550
Richland, Washington 99352

NOV 04 1994

0039101 ¹⁰

95-PCA-028

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. Buther:

HANFORD FACILITY DANGEROUS WASTE PART A PERMIT APPLICATION, FORM 3, REVISION 4,
FOR THE 200 WEST AREA ASH PIT DEMOLITION SITE (WA7890008967) (TSD: T-2-2)

Enclosed is the Hanford Facility Dangerous Waste Part A Permit Application (Part A), Form 3, Revision 4, for the 200 West Area Ash Borrow Pit Demolition Site (Ash Pit Demolition Site). The Ash Pit Demolition Site is located in the 200 West Area of the Hanford Facility and was used to detonate explosive discarded chemical products used on the Hanford Site.

The Ash Pit Demolition Site Part A, Form 3, has been revised to replace State-only Dangerous Waste Number WC01 with State-only Dangerous Waste Number WC02. This change of dangerous waste numbers is based on a review of the dangerous waste that is, or has been, treated at the Ash Pit Demolition Site. The change of dangerous waste numbers has been carried out in accordance with Washington Administrative Code 173-303-805. This regulation requires submittal of a revised Part A, Form 3, that accurately reflects the dangerous waste to be treated, stored, and/or disposed of at a treatment, storage, and/or disposal unit.

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Mr. Smith and Ms. Butler
95-PCA-028

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Should you have any questions regarding the Ash Pit Demolition Site Part A, Form 3, please contact Mr. C. E. Clark, U.S. Department of Energy, Richland Operations Office, on (509) 376-9333 or Mr. R. C. Bowman, Westinghouse Hanford Company, on (509) 376-4876.

Sincerely,

Robert S. Holt/for

James D. Bauer, Program Manager
Office of Environmental Assurance,
Permits, and Policy
DOE Richland Operations Office

EAP:EMM

William T. Dixon

William T. Dixon, Manager
Environmental Services
Westinghouse Hanford Company

Enclosure:
Hanford Facility Dangerous Waste
Part A Permit Application, Form 3,
Revision 4, 200 West Area Ash
Pit Demolition Site

cc w/encl:
Administrative Records, H6-08
R. Bowman, WHC
D. Duncan, EPA
F. Ma, Ecology

cc w/o encl:
B. Burke, CTUIR
W. Dixon, WHC
R. Jim, YIN
D. Lunstrom, Ecology
D. Nylander, Ecology
D. Powaukee, NPT
S. Price, WHC
D. Sherwood, EPA

ENCLOSURE

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

FORM 3	DANGEROUS WASTE PERMIT APPLICATION	1. EPA/STATE I.D. NUMBER WA7890008967
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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> <td style="padding: 2px;">FOR EXISTING FACILITIES, PROVIDE THE DATE (mo., day, & yr.) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">08</td> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;">84</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)	08		84		<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> <td style="padding: 2px;">FOR NEW FACILITIES, PROVIDE THE DATE (mo., day, & yr.) OPERATION BEGAN OR IS EXPECTED TO BEGIN</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </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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08		84															
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
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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
Storage:			Treatment:		
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
Disposal:					
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 ACRES OR HECTARES			
LAND APPLICATION	D82	GALLONS PER DAY OR LITERS PER DAY			
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	T04	150	U		7				
2					8				
3					9				
4					10				

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
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IV. DESCRIPTION OF DANGEROUS WASTES (continued)

L I N E	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	1,000	K	T04					Treatment-Other (Demolition)			
2	D	0	0	2											
3	D	0	0	3											
4	D	0	0	7											
5	D	0	1	8											
6	P	0	0	3											
7	U	0	1	9											
8	U	0	5	6											
9	U	0	9	8											
10	U	1	0	8											
11	U	1	1	2											
12	U	1	1	7											
13	U	1	3	3											
14	U	1	3	5											
15	U	1	5	4											
16	U	2	1	3											
17	U	2	2	0											
18	W	C	0	2											
19	W	P	0	1											
20	W	T	0	1											
21	W	T	0	2								Included with above.			
22															
23															
24															
25															
26															

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 Ash Pit Demolition Site was used for treatment of shock-sensitive or potentially explosive chemical waste. This waste exhibited the dangerous waste characteristics of ignitability (D001), corrosivity (D002), and reactivity (D003). Some of the compounds also exhibited the dangerous waste characteristic of toxicity (D007) and some compounds were known to be discarded chemical products (P003, U019, U056, U098, U108, U112, U117, U133, U135, U154, U213, and U220). The waste might have the state-only designations for toxic extremely hazardous (WT01) or dangerous waste (WT02), persistent extremely hazardous (WP01), and carcinogenic dangerous waste (WC02). The estimated annual quantity of waste of 1,000 kilograms (2,205 pounds) represents the total amount of dangerous waste that is believed to have been treated at the Ash Pit Demolition Site.

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.

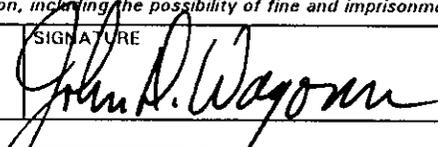
6. ZIP CODE

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

11/4/94

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

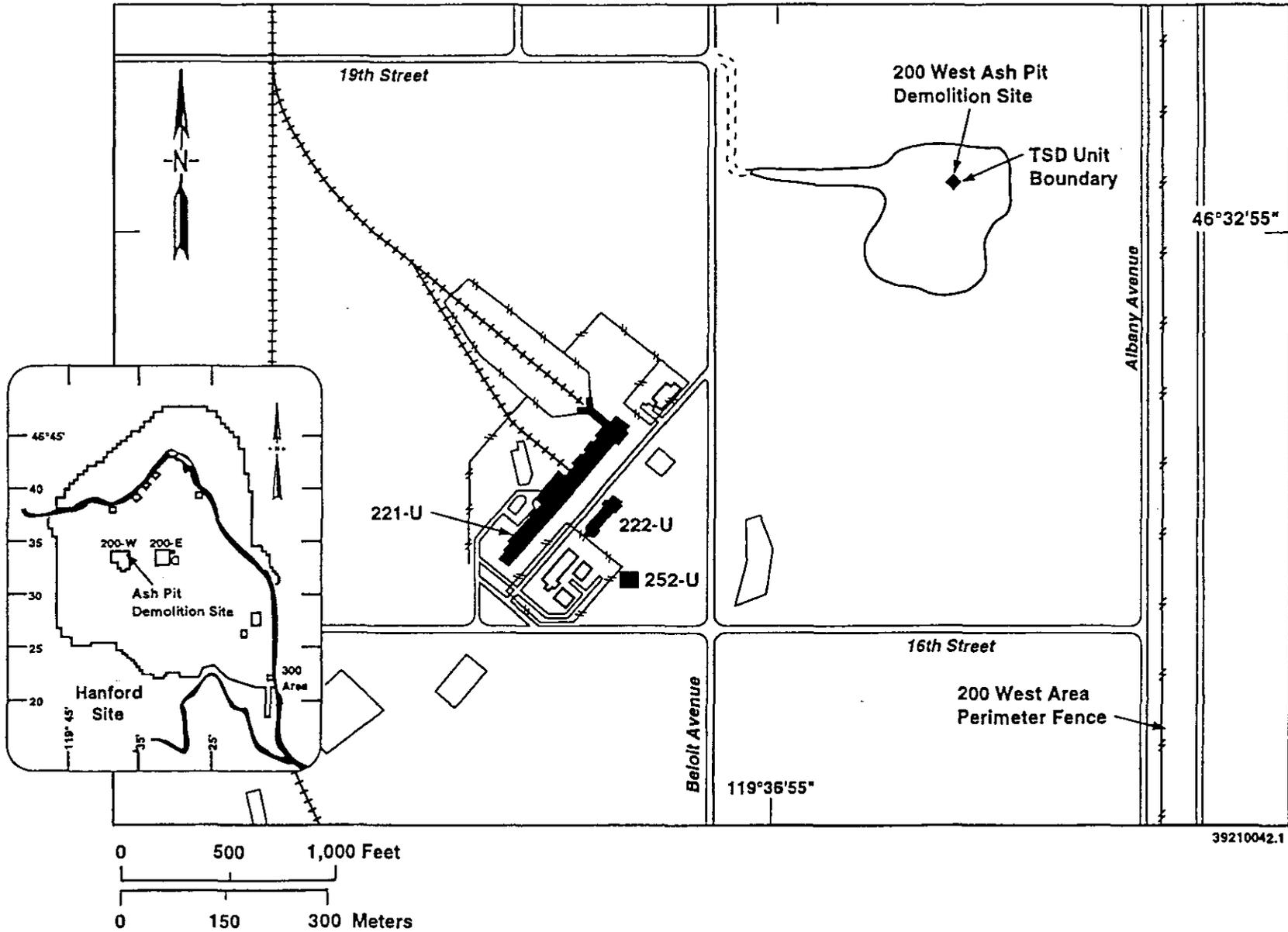
11/4/94
Date

A. LaMar Trego

Co-operator
A. LaMar Trego, President
Westinghouse Hanford Company

9/20/94
Date

200 West Area Ash Pit Demolition Site Site Plan



200 WEST AREA ASH PIT DEMOLITION SITE



46°33'10.37"
119°36'44.58"

94090243-13CN
(PHOTO TAKEN 1992)