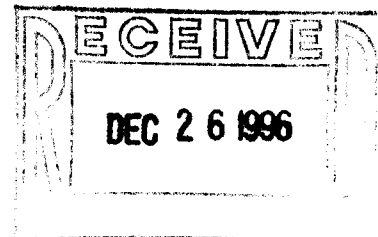


Department of Energy

Albuquerque Operations Office
Los Alamos Area Office
Los Alamos, New Mexico 87544

DEC 24 1996



CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Ms. Janice Archuleta
Hazardous and Radioactive Materials Bureau
New Mexico Environment Department
2044 Galisteo Street, Bldg. A
P.O. Box 26110
Santa Fe, NM 87505

Dear Ms. Archuleta:

Subject: Notice of Completion of Offsite Waste Shipment, Activity 3.1.5f in the Site Treatment Plan (STP)

The purpose of this letter is to notify the New Mexico Environment Department (NMED) of completion of required activities set forth in the Federal Facility Compliance Order (FFCO), October 4, 1995 (as revised). Activity 3.1.5F of the Compliance Plan Volume (CPV, Exhibit A) of the STP (as revised June, 1996) requires notification to NMED *(W)ithin 45 days of receipt of waste at treatment facility.*

A shipment of STP covered wastes in treatability groups 4 and 24, listed in Section 3.1.5 of the CPV, was completed on December 9, 1996. Wastes were sent to the Envirocare facility near Clive, Utah. In addition, the shipment included STP covered wastes listed in treatability group 5, listed in Section 3.4.3 of the Background Volume, but not addressed in the CPV. Wastes shipped are listed in the table below. Documentation supporting shipment of this waste is enclosed. LANL was required to complete shipment of all wastes in Section 3.1.5 of the CPV by August 25, 2000.

<u>Treat. Group</u>	<u>MWIR ID</u>	<u>Waste Description</u>	<u>No. Items</u>	<u>No. Drums</u>	<u>Volume (cu.m.)</u>
4	LA-W921	Activated/ Inseparable Lead	5	5	0.89
24	LA-W922	Noncombustible Debris	14	14	2.91
5	LA-W931	Lead Requiring Sorting	23	23	4.78



1819

T2

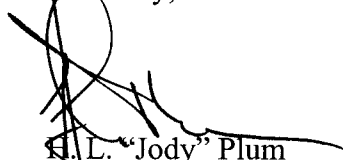
DEC 24 1996

Janice Archuleta

2

A certification statement is also enclosed. If you have any questions, please contact me at (505) 665-5042 or Mr. Ken Hargis at (505) 667-2347.

Sincerely,

A handwritten signature in black ink, appearing to read "H.L. 'Jody' Plum". The signature is stylized with a large, looped initial "H" and a long, sweeping underline.

H.L. "Jody" Plum
Office of Environment and Projects

LAAMEP:3JP-029

Enclosures

cc w/enclosures:

Benito Garcia, Bureau Chief
Hazardous and Radioactive Materials Bureau
New Mexico Environment Department
2044 Galisteo Street, Bldg. A
P.O. Box 26110
Santa Fe, NM 87505

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0038. Expires 9-30-96

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. NM0890010515	Manifest Document No. 96529	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address Los Alamos National Laboratory P.O. Box 1663, MS J593, Los Alamos, NM 87545				A. State Manifest Document Number	
4. Generator's Phone (505) 657-7579				B. State Generator's ID	
5. Transporter 1 Company Name TRI STATE MOTOR TRANSIT CO.		6. US EPA ID Number MOD095038998		C. State Transporter's ID	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (800) 742-1671	
9. Designated Facility Name and Site Address Envirocare of Utah, Inc. Tongue County, I-80, Exit 49, West of Salt Lake City Clive, UT 84029		10. US EPA ID Number UTD982598898		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID	
				H. Facility's Phone (801) 532-1330	
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. HAZARDOUS WASTE, SOLID, R.O.S., 9, H307, III, (D00H) 6A-W421 5 ITEMS 0.89 m ³ 1A-W431 23 ITEMS 4.78 m ³		20	DR	12989	g
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above 11A-0421-11-0001				K. Handling Codes for Materials Listed Above	
15. Special Handling Instructions and Additional Information "EMERGENCY PHONE NO: (505) 667-6211" 11A. BRNO: 171 0421-11-M1243 11A221: 16526.					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name CHARLES W. DUY		Signature 		Month Day Year 12 07 96	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name STAN Holmes		Signature 		Month Day Year 12 07 96	
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name DAVID GILSON		Signature 		Month Day Year 12 12 96	

TRL#44832

Comp# 301007

35 665 396150566P.3 # 3/ 3

DEC 19 '96 05 39

Please print or type. (Form designed for use on 48- (10-pitch) typewriter.)

Form Approved. OMS No. 2050-0090. E. 10-90

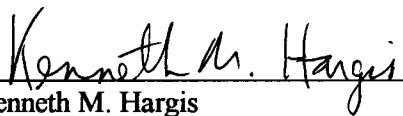
UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. K00890010515	Manifest Document No. 96601	2. Page 61	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address Los Alamos National Laboratory P.O. Box 1663, MS 7593, Los Alamos, NM 87545		4. Generator's Phone 505 667-7579		A. State of New Mexico		
5. Transporter 1 Company Name 787 STATE MOTOR TRANSIT CO.		6. US EPA ID Number K00095038998		C. State Transporter's ID		
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone		
9. Designated Facility Name and Site Address Savirocare of Utah, Inc. Federal County, I-80, Exit 49, West of Salt Lake City, Clive, UT 84015		10. US EPA ID Number UTD982598898		E. State Transporter's ID		
				F. Transporter's Phone		
				G. State Transporter's ID		
				H. Facility's Phone		
				I. Facility's Phone		
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.	
a. HAZARDOUS WASTE, SOLID, K.O.S., 9, K13077, III, (0000, P002, P005)		No. 14	Type D	2916	8	7002 P005, 0000
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above 11a. 0421-13-0001		K. Handling Codes for Wastes Listed Above				
15. Special Handling Instructions and Additional Information "EMERGENCY PHONE NO: (505) 667-6211" 11a. BRGNO. 171		0421-13-M1244 UNTEL 16527				
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name CHARLES W. DUY		Signature		Month Day Year 11/20/96		
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		Month Day Year 11/20/96		
Printed/Typed Name STAN Holmes		Signature		Month Day Year 11/20/96		
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Month Day Year		
Printed/Typed Name		Signature		Month Day Year		
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.						
Printed/Typed Name DAVID GILSON		Signature		Month Day Year 11/20/96		

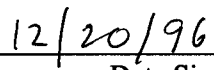



CERTIFICATION

NOTICE OF COMPLETION OF OFFSITE WASTE SHIPMENT, ACTIVITY 3.1.5F IN THE SITE TREATMENT PLAN

I certify that I am the project manager responsible for overseeing the implementation of the Site Treatment Plan for the Los Alamos National Laboratory. To the best of my knowledge and belief, the information in this document is true, accurate, and complete.


Kenneth M. Hargis
Manager of Operations
Waste Management Program
Environmental Management Programs
Los Alamos National Laboratory
Operator


Date Signed


H. L. Plum
Regulatory Permitting and Compliance Manager
Los Alamos Area Office
U.S. Department of Energy
Albuquerque Operations
Owner/Operator


Date Signed