



Department of Energy
Albuquerque Operations Office
Los Alamos Area Office
Los Alamos, New Mexico 87544

APR 09 1998

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

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

Dear Ms. Archuleta:

Subject: Los Alamos National Laboratory (LANL), Notice of Completion of Offsite Waste Shipment, Activity 3.3 F 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). Activity 3.3 F in the Compliance Plan Volume (CPV, Exhibit A) of the STP (as revised January, 1997) requires that, "Within 45 days of receipt of waste at treatment facility," the Department of Energy (DOE) and the University of California (UC) "Provide documentation to NMED that waste was received at off-site facility." This letter follows the requirements of Section XX of the October 4, 1995 FFCO, issued to DOE and UC.

A shipment of STP covered wastes listed in Section 3.3 of the CPV in the treatability group "lead wastes, TBD," MWIR waste ID LA-W924, was made on March 10, 1998, and completed on March 12, 1998. The total volume of the shipment was 2.50 cubic meters. Wastes were sent to the Envirocare facility near Clive, Utah. During the quality assurance activities conducted prior to shipment, a drum was found to contain materials (.01 cubic meters) that were not amenable for treatment by macroencapsulation. These materials were removed from the drum. A request will be made in a future amendment or revision proposal to transfer the unshipped waste to an appropriate treatability group.

Documentation that the waste was received at the off-site facility is enclosed. Also enclosed is a Certification Statement. These documents were prepared in accordance with the requirements of Section XX, "Documents, Information, and Reporting Requirements," of the FFCO.



1888

Recd LANL FFCO/98

TZ

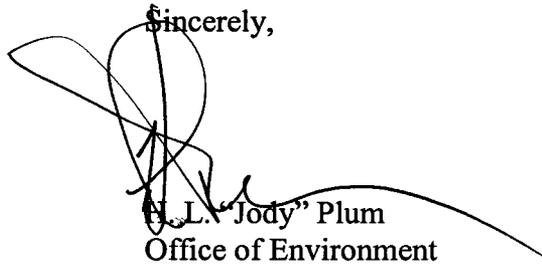
Janice Archuleta

2

APR 09 1998

Please contact me at (505) 665-5042 or Ken Hargis at (505) 667-2347 if you have any questions.

Sincerely,



H. L. Jody Plum
Office of Environment

LAAME:6JP-056

Enclosures

cc w/enclosures:

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

Mr. Walter Medina
Hazardous and Radioactive Materials Bureau
New Mexico Environment Department
2044 Galisteo St., Building A
P. O. Box 26110
Santa Fe, NM 87505

**ENCLOSURE B
CERTIFICATION**

**NOTICE OF COMPLETION OF OFFSITE WASTE SHIPMENT, ACTIVITY
3.1.2C IN THE SITE TREATMENT PLAN (STP), LOS ALAMOS NATIONAL
LABORATORY (LANL)**

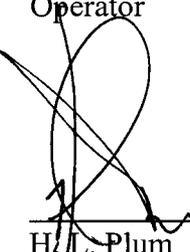
I certify that I am the project manager responsible for overseeing the implementation of the Site Treatment Plan for the Los Alamos National Laboratory. To the best of my knowledge and belief, the information in this document is true, accurate, and complete.

Kenneth M. Hargis

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

3 April 1998

Date Signed



H. L. Plum

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

4/7/98

Date Signed

UNIFORM HAZARDOUS WASTE MANIFEST

Generator's US EPA ID No.

NM0890010515

Manifest Document No.
98021

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 J595, Los Alamos, NM 87545

4. Generator's Phone (505) 665-6158

5. Transporter 1 Company Name

HITMAN TRANSPORTATION SERVICES, INC.

6. US EPA ID Number

TND987783065

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

Envirocare of Utah, Inc.
Tooele County, I-80, Exit 49, West of Salt Lake City
Clive, UT 84029

10. US EPA ID Number

UTD982598898

A. State Manifest Document Number

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone 800-233-9933

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

Waste No.

a. **HAZARDOUS WASTE, SOLID, N.O.S., 9, WA3077, III, (CONTAINS LEAD)**

38

DR

2298

p

0008

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

11a.

15. Special Handling Instructions and Additional Information

EMERGENCY PHONE NO: (505) 667-6211
11a. BRGNO: 171

421-15-M01918

EMTEL: 98658

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

CHRIS W DUY

Signature

Month Day Year

03/10/98

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Phyllis Hochhalter

Signature

Phyllis Hochhalter

Month Day Year

03/10/98

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

A. Todd Parker

Signature

A. Todd Parker

Month Day Year

03/11/98



ORIGINAL-RETURN TO GENERATOR