

LANL FFCO 2003

Carl

**Waste Disposition Program**

P.O. Box 1663, Mail Stop J591
Los Alamos, New Mexico 87545
(505) 667-6952 / FAX: (505) 665-8118

Date: June 13, 2003
Refer to RRES/SA-2003-407

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Mr. Carl Will
Environmental Specialist
Hazardous Waste Bureau
New Mexico Environment Department
2905 Rodeo Park Drive East, Building. 1
Santa Fe, New Mexico 87505-6303



SUBJECT: NOTICE OF COMPLETION OF OFF-SITE WASTE SHIPMENT ACTIVITY 3.1.5 (B) IN THE COMPLIANCE PLAN VOLUME (CPV), SITE TREATMENT PLAN (STP), LOS ALAMOS NATIONAL LABORATORY (LANL)

Dear Mr. Will:

The purpose of this letter is to notify the New Mexico Environment Department (NMED) of the completion of required activities set forth in the Federal Facility Compliance Order (FFCO). Activity 3.1.5 (B) in the CPV requires that "(w)ithin 45 days of receipt of waste at treatment facility or within 45 days after completion of parallel option" the Department of Energy (DOE) and the University of California(UC), "(p)rovide documentation to NMED that waste was received at off-site facility or provide notification of parallel option."

A shipment that included STP covered waste as listed in Section 3.1.5 of the CPV was initiated on April 30, 2003, and completed on May 1, 2003. This waste will be added in Revision 14 per correspondence RRES/SA-203-372 dated April 11, 2003. The waste was sent to Envirocare of Utah, Inc., in Clive Utah. The total volume of STP waste shipped to Envirocare is 0.92 cubic meters. The volume of STP waste shipped is described in the following table:

STP Section	MWIR Waste ID	Treatability Group	Manifest Number	Volume Shipped (m ³)
3.1.5	LA-W921	Activated or Inseparable Lead	02273	0.92
Total STP Volume Shipped				0.92



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Documentation that waste was received at Envirocare is provided in Enclosure A. Also included as Enclosure B is a Certification Statement prepared in accordance with the requirements of Section XX, "Documents, Information, and Reporting Requirements," of the FFCO.

Please contact me (505) 667-6952 or dwwilburn@lanl.gov if you have any questions.

Sincerely,



Dianne Williams Wilburn
STP Project Manager

Enclosures: a/s

Cy (w/encl.):

Mr. James Bearzi, Bureau Chief
Hazardous Waste Bureau
New Mexico Environment Department
2905 Rodeo Park East, Bldg. 1
Santa Fe, New Mexico 87505

Mr. Carl Will

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ENCLOSURE A

**DOCUMENTATION THAT WASTE WAS RECEIVED
AT OFF-SITE FACILITY
ACTIVITY 3.1.5 (B)
SITE TREATMENT PLAN (STP)
LOS ALAMOS NATIONAL LABORATORY (LANL)**

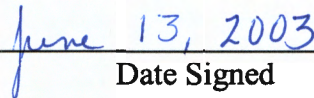
**ENCLOSURE B
CERTIFICATION**

**NOTICE OF COMPLETION OF OFFSITE WASTE SHIPMENT
ACTIVITY 3.1.5 (B)
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.



Dianne Williams Wilburn
STP Project Manager
Environmental Science and Waste Technology
Los Alamos National Laboratory
Operator



Date Signed

James Nunz
Waste Management Program Manager
Office of Los Alamos Site Operations
U.S. Department of Energy
Albuquerque Operations
Owner/Operator

Date Signed

9006-01 - 0005

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

Form Approved, OMB No. 2050-0039.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ENVIROCARE OF UTAH, INC. 105 ALABAMA NATIONAL LABORATORY P.O. BOX 1662, MS 3445, HAZARDOUS, OH 41405		4. Generator's Phone () 614-614-6145		A. State Manifest Document Number	
5. Transporter 1 Company Name WYOMING TRANSPORTATION SERVICES, INC.		6. US EPA ID Number		B. State Generator ID	
7. Transporter 2 Company Name		8. US EPA ID Number		C. State Transporter ID	
9. Designated Facility Name and Site Address Envirocare of Utah, Inc. Interstate 50, Mail 45 Cedar, UT 84202		10. US EPA ID Number		D. State Transporter ID	
				E. State Facility ID	
				F. Facility Phone	
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers		13. Total Quantity	14. Unit Wt/Vol
a. <input checked="" type="checkbox"/> WASTE RADIOACTIVE MATERIAL, EXCEPTED PACKAGE-LIMITED QUANTITY OF MATERIAL, 7, UN2910		14 DA		433	p
b. <input checked="" type="checkbox"/> WASTE RADIOACTIVE MATERIAL, EXCEPTED PACKAGE-LIMITED QUANTITY OF MATERIAL, 7, UN2910		1 CH		3281	p
c. <input checked="" type="checkbox"/> WASTE RADIOACTIVE MATERIAL, EXCEPTED PACKAGE-LIMITED QUANTITY OF MATERIAL, 7, UN2910		2 DF		20	p
d. <input checked="" type="checkbox"/> WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY, N.D.S., 7, UN2912, Solids, EXEMPTED. AM241 CODE 05137 PNC18 PNC19 0244, 2.13e-05 Tm, 13e-17		2 DR		201	p
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Materials Listed Above			
15. Special Handling Instructions and Additional Information *EMERGENCY PHONE NO: (505) 647-6212 11a. ERGNO: 161 11b. ERGNO: 161 11c. ERGNO: 161 11d. ERGNO: 162 9006-01-106023 HWTFP: 03042805					
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 Paul N. Newberry		Signature 		Month Day Year 12/4/2003	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature 		Month Day Year 12/4/2003	
18. Transporter 2 Acknowledgement of Receipt of Materials		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 Sharon D. Ryle		Signature 		Month Day Year 10/5/2003	

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