



ENTERED



*Environmental Protection Division
Risk Reduction Office (ENV-RRO)
P.O. Box 1663, Mail Stop K404
Los Alamos, NM 87545
(505) 667-4348/FAX: (505) 667-0731*

*National Nuclear Security Administration
Los Alamos Site Office, MS A316
Los Alamos, NM 87544
(505) 667-7203/FAX: (505) 665-4504*

Date: May 29, 2009
Refer To: ENV-RRO-09-041

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Mr. Steve Zappe
Hazardous Waste Bureau
New Mexico Environment Department
2905 Rodeo Park Drive East, Building 1
Santa Fe, New Mexico 87505-6303



Dear Mr. Zappe:

SUBJECT: NOTICE OF COMPLETION OF OFF-SITE WASTE EXPEDITED SHIPMENT ACTIVITY (3.1.4) IN THE COMPLIANCE PLAN, SITE TREATMENT PLAN, LOS ALAMOS NATIONAL LABORATORY

This letter notifies the New Mexico Environment Department (NMED) that Los Alamos National Laboratory (LANL) has completed required activities set forth in the Federal Facility Compliance Order (FFCO), Activity 3.1.4 (B) in the Compliance Plan (CP) of the Site Treatment Plan (STP) requires that *“within 45 days of receipt of waste at treatment facility or within 45 days after completion of parallel option”* the Department of Energy (DOE) and Los Alamos National Security, LLC (LANS), *“provide documentation to NMED that waste was received at off-site facility or provide notification of parallel option.”*

LANL notified NMED of its intent to make an expedited shipment of a container of new STP-covered mixed low-level waste (MLLW) in an email dated April 8, 2009. LANL shipped that container on April 16, 2009 to Perma-Fix in Florida. The shipment was received on April 20, 2009. Shipment details are provided in Table 1.

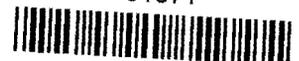


Table 1. STP-Covered MLLW Shipment

STP/CP Section	MWIR Waste ID	Treatability Group	Manifest Number	Container Number	Volume Shipped (m3)
3.1.4	LA-W911	<i>Organic-Contaminated Combustible Solids</i>	000364126JJK	C91022729	0.1136
Total STP Volume Shipped					0.1136

Documentation that waste was received at the treatment/disposal facility (Manifest 000364126JJK) is provided in Enclosure A. Please contact Peggy Powers at (505) 665-5717 or by email at peggy.powers@lanl.gov or George Henckel at (505) 606-0960 or ghenckel@doeal.gov if you have any questions.

In accordance with the requirements of Section XX, "*Documents, Information, and Reporting Requirements*," of the FFCO, we certify, as the project managers responsible for overseeing the implementation of the Site Treatment Plan for the Los Alamos National Laboratory and for Los Alamos Site Office/National Nuclear Security Administration, that, to the best of our knowledge and belief, the information in this document is true, accurate, and complete.

Sincerely,



Margaret A. Powers
STP Project Manager
Risk Reduction Office (ENV-RRO)
Los Alamos National Laboratory

Sincerely,



George C. Henckel, III
STP Project Manager
Los Alamos Site Office
National Nuclear Security Administration

MP/bb

Enclosures: a/s

Cy: James Bearzi, NMED/HWB, Santa Fe, NM, w/enc.
John E. Keiling, NMED/HWB, Santa Fe, NM, w/enc.
Milton L. Bishop, LASO-EO, w/enc., A316
George C. Henckel III, LASO-EO, w/enc, A316
Michael B. Mallory, PADOPS, w/o enc., A102
J. Chris Cantwell, ADESHQ, w/o enc., K491
James Blankenhorn, WDP-DO, w/o enc., J595
Paul Newberry, WDP-HMWO, w/o enc., J598
Ellen Louderbough, LC-LESH, w/o enc., A187
Dennis Hjeresen, ENV-RRO, w/o enc., K404
Peggy Powers, ENV-RRO, w/enc., K404
ENV-DO, File, w/o enc., J978
ENV-RRO, File, w/enc., K490
IRM-RMMSO, w/enc., A150

Mr. Steve Zappe
ENV-RRO-09-041

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May 29, 2009

ENCLOSURE A

Manifest 000364126JJK

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number NH0890010515	2. Page 1 of 1	3. Emergency Response Phone (505) 667-6211	4. Manifest Tracking Number 000364126 JJK					
5. Generator's Name and Mailing Address LANS, LLC for US DOE P.O. Box 1663, MS J598, Tamer Amin Los Alamos, NM 87545 (505) 665-6158				Generator's Site Address (if different than mailing address) LANS, LLC for US DOE Tony Bishop, TA-54, MS-J595 Los Alamos, NM 87545						
6. Transporter 1 Company Name H.P. ENVIRONMENTAL SERVICES, INC.				U.S. EPA ID Number CAT000624247						
7. Transporter 2 Company Name				U.S. EPA ID Number						
8. Designated Facility Name and Site Address PERMA-FIX 1940 NW 67th PLACE GAINESVILLE, FL 32653 (352) 373-6066				U.S. EPA ID Number FLD980711071						
Facility's Phone:										
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
	X	UN3321, WASTE RADIOACTIVE MATERIAL, LOW SPECIFIC ACTIVITY (LSA II), PISSELE EXCEPTED, 7, SOLID ELEMENTAL, U235, 1.14E-07 TBq		1	DRUM - DR	1	K	FO03		
		2.								
		3.								
		4.								
14. Special Handling Instructions and Additional Information LINE #1 ERG #:62, OSWP #: R3 7783										
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.										
Generator's/Offoror's Printed/Typed Name Tamer Amin				Signature 				Month Day Year 04/16/09		
TRANSPORTER INT'L	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____									
	17. Transporter Acknowledgment of Receipt of Materials									
TRANSPORTER	Transporter 1 Printed/Typed Name GARY HILL				Signature 				Month Day Year 04/16/09	
	Transporter 2 Printed/Typed Name				Signature				Month Day Year	
DESIGNATED FACILITY	18. Discrepancy									
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection									
	18b. Alternate Facility (or Generator)				Manifest Reference Number: _____ U.S. EPA ID Number _____					
	Facility's Phone: _____				18c. Signature of Alternate Facility (or Generator) _____ Month Day Year _____					
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)										
1. _____		2. _____		3. _____		4. _____				
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a										
Printed/Typed Name Steve Williams				Signature 				Month Day Year 04/16/09		

CONTAINER LISTING FOR MANIFEST NO: 69204

PAGELINE CONTAINERS

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