



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

APR 4 1984

Mr. Allyn M. Davis, Director  
Air & Waste Management Division  
U. S. Environmental Protection Agency  
Region VI  
1201 Elm Street  
Dallas, Texas 75270

Dear Mr. Davis:

REFERENCE: EPA ID NO. NMO 89 001 0515

I am enclosing the 1983 reports for Generators and Hazardous Waste Facilities along with a revised RCRA permit application Part A. There was only one waste generated on-site which was shipped off-site for disposal, therefore, the Generator report contains only a single entry. The revised Part A does not have any changes except under Section IV, Column B, "Estimated Annual Quantity of Waste."

Sincerely,

Original signed by  
Harold E. Valencia

Harold E. Valencia  
Area Manager

3 Enclosures

cc:

Ray Sisneros, NMEID, Santa Fe, NM, w/encls.  
Anita Reiser, OSD, AL, w/encls.

RECEIVED

APR 5 1984

HAZARDOUS WASTE SECTION



16419

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

Form Approved OMB No. 158-S80004

FORM 3 RCRA



U.S. ENVIRONMENTAL PROTECTION AGENCY  
**HAZARDOUS WASTE PERMIT APPLICATION**

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

A I.D. NUMBER

S	F	N	M	0	8	9	0	0	1	0	5	1	5	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS
23	24 - 28	

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 I.D. Number, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

1. FACILITY HAS INTERIM STATUS

2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN 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 form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

- AMOUNT - Enter the amount.
- 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	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
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			
<b>Disposal:</b>			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; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	ACRE-FEET	A	ACRE-FEET
LITERS	L	TONS PER HOUR	HECTARE-METER	F	HECTARE-METER
CUBIC YARDS	Y	METRIC TONS PER HOUR	ACRES	B	ACRES
CUBIC METERS	C	GALLONS PER HOUR	HECTARES	Q	HECTARES
GALLONS PER DAY	U	LITERS PER HOUR			

EXAMPLE FOR COMPLETING ITEM 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.

S	DUP											T/A	C		
C												1			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
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		2. UNIT OF MEASURE (enter code)			
X-1	S 0 2	600		G				5							
X-2	T 0 3	20		E				6							
1								7							
2								8							
3								9							
4								10							

**III. PROCESSES (continued)**

**C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "104"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.**

**IV. DESCRIPTION OF HAZARDOUS WASTES**

**A. EPA HAZARDOUS WASTE NUMBER** – Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** – For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** – For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

<u>ENGLISH UNIT OF MEASURE</u>	<u>CODE</u>	<u>METRIC UNIT OF MEASURE</u>	<u>CODE</u>
POUNDS . . . . .	P	KILOGRAMS . . . . .	K
TONS . . . . .	T	METRIC TONS . . . . .	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES**

**1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** – Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** – A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. 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))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above



**IV. DESCRIPTION OF HAZARDOUS WASTE (continued)**  
**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

EPA I.D. NO. (enter from page 1)															
S	F	N	M	0	8	9	0	0	1	0	5	1	5	T/A	C
	F	N	M	0	8	9	0	0	1	0	5	1	5		6
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	

**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**

LATITUDE (degrees, minutes, & seconds)							LONGITUDE (degrees, minutes, & seconds)									
	3	5	4	9	0	5	1		1	0	6	1	4	0	1	5
65	66	67	68	69	70	71	72	73	74	75	76	77	78	79		

**VIII. FACILITY OWNER**

- A. If the facility owner is also the facility operator as listed in Section VIII 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 VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER										2. PHONE NO. (area code & no.)											
C	E	United States Department of Energy										5	0	5	6	6	7	5	2	8	8
13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32		
3. STREET OR P.O. BOX					4. CITY OR TOWN					5. ST.		6. ZIP CODE									
C	F	Los Alamos Area Office					C	G	Los Alamos					N	M	8	7	5	4	5	
12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		

**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.

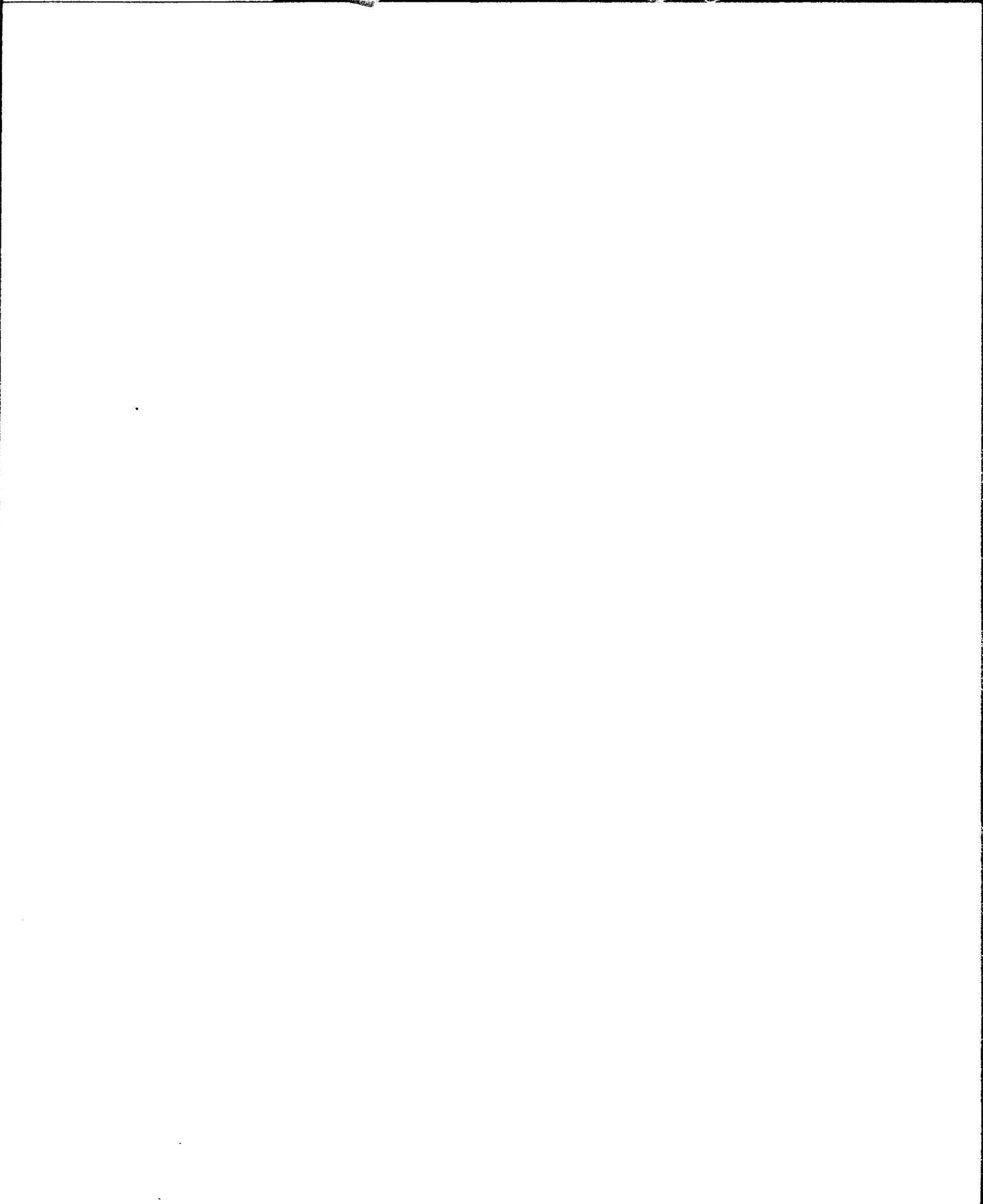
A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
Harold Valencia Area Manager		

**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.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
Donald Kerr Laboratory Director	Donald M. Kerr	4/2/84

V. FACILITY DRAWING (see page 4)



Do not make entries in shaded area.

# ENVIRONMENTAL PROTECTION AGENCY FACILITY BIENNIAL HAZARDOUS WASTE REPORT FOR 1983

This report is for the calendar year ending December 31, 1983.  
Read All Instructions Carefully Before Making Any Entries on Form

## I. NON-REGULATED STATUS

Explain your non-regulated status in the space below.

See instructions before completing this section.

This facility did not treat, store, or dispose of regulated quantities of hazardous waste at any time during 1983. . . . .

Please print/type with elite type (12 characters per inch)

## II. FACILITY EPA I.D. NUMBER

F N M 0 8 9 0 0 1 0 5 1 5 1  
1 2 13 14 15 T/A C

This Facility's Non-Regulated Status is Expected to Apply:

- For 1983 Only
- Permanently
- Other (explain in comment section)

C303 ENTRY (OFFICIAL USE ONLY):

## III. NAME OF FACILITY

L O S A L A M O S N A T I O N A L L A B O R A T O R Y  
30 69

## IV. FACILITY MAILING ADDRESS

3 L O S A L A M O S A R E A O F F I C E  
15 16 45

Street or P.O. Box

4 L O S A L A M O S N M 8 7 5 4 4  
15 16 41 42 47 51  
City or Town State Zip Code

## V. LOCATION OF FACILITY (if different than section IV above)

5  
15 16 45  
Street or Route number

6  
15 16 41 42 47 51  
City or Town State Zip Code

## VI. FACILITY CONTACT

2 C R I S M O N W I L L I A M  
15 16 45  
Name (last and first)

5 0 5 6 6 7 5 2 8 8  
46 55  
Phone No. (area code & no.)

## VII. COST ESTIMATES FOR FACILITIES

\$ \_\_\_\_\_ \$ \_\_\_\_\_  
16 19 22 25 28 31

A. Cost Estimate for Facility Closure      B. Cost Estimate for Post Closure Monitoring and Maintenance (disposal facilities only)

## VIII. 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.

Harold Valencia, Area Manager

Print/Type Name

Title

Signature of Authorized Representative

Date Signed

Tear out here

Do not make entries in shaded

ENVIRONMENTAL PROTECTION A

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: \_\_\_\_\_ Rec'd by: \_\_\_\_\_

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Los Alamos National Laboratory  ON-SITE

IX. FACILITY'S EPA I.D. NO. T/A C

F | N M 0 8 | 9 0 0 1 0 5 | 1 5 | 1 1  
 1 2 13 14 15

XII. GENERATOR ADDRESS

X. GENERATOR'S EPA I.D. NO.

G | N M 0 8 | 9 0 0 1 0 5 | 1 5  
 16 28

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM  
 S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

XIV. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
	1	IGNITABLE - Fluorine Cyls.	D 0 0 1	T 0 4	1 4 5	K
29	32	IGNITABLE	D 0 0 1	D 8 0	1 1 7 3 0	K
	3	CORROSIVE	D 0 0 2	T 0 1	5 9 1 5 5	K
	4	CORROSIVE	D 0 0 2	D 8 0	2 1 9 2	K
	5	REACTIVE	D 0 0 3	T 0 1		3 K
	6	REACTIVE	D 0 0 3	T 0 4		6 5 7 K
	7	REACTIVE	D 0 0 3	D 8 0		3 2 7 K
	8	ARSENIC	D 0 0 4	D 8 0		2 4 9 K
	9	CHROMIUM	D 0 0 7	D 8 0		8 0 K
	10	LEAD	D 0 0 8	D 8 0		3 8 K
	11	MERCURY	D 0 0 9	D 8 0		5 0 5 K
	12	SLUDGE FROM TREATMENT OF SPENT CYANIDE PLATING SOLUTION	F 0 0 7	D 8 0		2 0 5 K

XV. COMMENTS (enter information by section number—see instructions)

- Line #1-T04-Detonation of oxidizing material
- Line #6-T04- Detonation of reactive material (such as sodium)
- Line #7-Items contaminated with reactive material (such as gloves, plastic bags)

# Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: \_\_\_\_\_ Rec'd by: \_\_\_\_\_

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

Los Alamos National Laboratory

ON-SITE

IX. FACILITY'S EPA I.D. NO.

F N M 0 8 9 0 0 1 0 5 1 5 1 1  
1 2 13 14 15

XII. GENERATOR ADDRESS

X. GENERATOR'S EPA I.D. NO.

G N M 0 8 9 0 0 1 0 5 1 5  
16 28

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 AMOUNT OF WASTE UOM S02 AMOUNT OF WASTE UOM S03 AMOUNT OF WASTE UOM  
 S04 AMOUNT OF WASTE UOM S05 AMOUNT OF WASTE UOM

## XIV. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
29	32	1 WASTEWATER TREATMENT SLUDGE FROM EXPLOSIVE PRODUCTION	33 34 35 36 37 38 39 40 K 0 4 4 4 4 4 4 4	T 0 4	2 0 8 3 9	K
		2 BERYLLIUM	P 0 1 5	D 8 0	1 6 6 9	K
		3 ACETONE	U 0 0 2	D 8 0	2 2 3	K
		4 METHYLENE CHLORIDE	U 0 8 0	D 8 0	6 3 5	K
		5 NAPHTHALENE	U 1 6 5	D 8 0	6 1	K
		6 TOLUENE	U 2 2 0	D 8 0	2 8 1	K
		7 1,1,1 - TRICHLOROETHANE	U 2 2 6	D 8 0	3 1 8	K
		8 XYLENE	U 2 3 9	D 8 0	1 5 7	K
		9				
		10				
		11				
		12				

Tear out here

XV. COMMENTS (enter information by section number—see instructions)

Line #1 - T04- Burned at explosives burn site

ENVIRONMENTAL PROTECTION AGENCY

GENERATOR BIENNIAL HAZARDOUS WASTE REPORT FOR 1983

This report is for the calendar year ending December 31, 1983. Read All Instructions Carefully Before Making Any Entries on Form

I. NON-REGULATED STATUS

Complete this section only if you did not generate regulated quantities of hazardous waste at any time during the 1983 calendar year. Circle the one code at right that best describes your status during the entire year (see instructions for explanation of codes).

- 1 Non-handler
2 Small Quantity Generator
4 Exempt
5 Beneficial Use
9 Closed

Please print/type with elite type (12 characters per inch)

This Installation's Non-Regulated Status is Expected to Apply:

II. GENERATOR'S EPA I.D. NUMBER

For 1983 Only Permanently

Form with grid for EPA I.D. number: F N M 0 8 9 0 0 1 0 5 1 5 1

Other

C303 ENTRY (OFFICIAL USE ONLY):

III. NAME OF INSTALLATION

Form with grid for installation name: L O S A L A M O S N A T I O N A L L A B O R A T O R Y

IV. INSTALLATION MAILING ADDRESS

Form with grid for mailing address: 3 L O S A L A M O S A R E A O F F I C E

Street or P.O. Box

Form with grid for city/town and zip code: 4 L O S A L A M O S N M 8 7 5 4 4

City or Town

State Zip Code

V. LOCATION OF INSTALLATION (if different than section IV above)

Form with grid for location street/route number: 5

Street or Route number

Form with grid for location city/town and zip code: 6

City or Town

State Zip Code

VI. INSTALLATION CONTACT

Form with grid for contact name: 2 C R I S M O N W I L L I A M

Name (last and first)

Form with grid for contact phone number: 5 0 5 6 6 7 5 2 8 8

Phone No. (area code & no.)

VII. 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.

Harold Valencia, Area Manager

Print/Type Name

Title

Signature of Authorized Representative

Date Signed

Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: \_\_\_\_\_ Rec'd by: \_\_\_\_\_

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

VIII. GENERATOR'S EPA I.D. NO.

Battery Disposal Technology

G N M 0 8 9 0 0 1 0 5 1 5 1  
1 2 13 14 15

XI. FACILITY ADDRESS

X. FACILITY'S EPA I.D. NO.

4255 Research Parkway  
 Clarence, NY 14031

F N Y D 0 0 0 6 3 2 3 7 2  
16 28

XII. TRANSPORTATION SERVICES USED

MOD095038998

Tri-State Motor Transit Co.  
 P.O. Box 113, Joplin, MO 64802

XIII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. DOT Hazard Code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
29	1	Reactivity-Lithium Hydride	09	D 0 0 3	1 4 5 2	K
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

Tear out here

XIV. COMMENTS (enter information by section number—see instructions)