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

Ennis

44-86

APR 02 1986

RECEIVED

APR 4 1986

LIQUID WASTE/GROUND WATER
SURVEILLANCE

Ms. Denise Fort, Director
N.M. Environmental Improvement Division
P. O. Box 968
Santa Fe, New Mexico 87504

Dear Ms. Fort:

REFERENCE: EPA ID NO. NM0890010515

Enclosed are the Los Alamos National Laboratory's 1985 Biennial Reports for both Generators and Hazardous Waste Facilities in accordance with New Mexico Hazardous Wastes Management Regulations (Section 203.A.3 and/or Section 203.C.3).

If you have any questions regarding these reports contact Avedon Gallegos (667-5288) of my staff.

Sincerely,

Harold E. Valencia
Area Manager

Enclosures:
As stated

cc: A. Davis, EPA, Dallas, TX 75270, w/encls.



ENVIRONMENTAL PROTECTION AGENCY

GENERATOR BIENNIAL HAZARDOUS WASTE REPORT FOR 1985

This report is for the calendar year ending December 31, 1985
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 1985 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 Out of Business

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 1985 Only
Permanently

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

- Other

C303 ENTRY (OFFICIAL USE ONLY):

III. NAME OF ESTABLISHMENT

Form with grid for establishment 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. ESTABLISHMENT MAILING ADDRESS

Form with grid for street address: 3 D O E - 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 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 ESTABLISHMENT (if different than section IV above)

Form with grid for street or route number: 5

Street or Route number

Form with grid for city and zip code: 6

City or Town

State Zip Code

VI. ESTABLISHMENT CONTACT

Form with grid for contact name: 2 V A L E N C I A H A R O L D E

Name (last and first)

Form with grid for phone number: 5 0 5 - 6 6 7 - 5 1 0 5

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 E. Valencia, Area Manager

Handwritten signature

4-2-86

Print/Type Name

Title

Signature

Date Signed

Do not make entries in shaded areas

Generator Biennial Hazardous Waste Report for 1985 (cont.)

This report is for the calendar year ending December 31, 1985

Date rec'd: _____ Rec'd by: _____

IS THIS SITE NAME (specify facility in which all wastes on this report 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

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

4255 Research Parkway
Clarence, NY 14031

F | E | N | Y | D | 0 | 0 | 0 | 6 | 3 | 2 | 3 | 7 | 2

XII. TRANSPORTATION SERVICES USED

Tri State Motor Transit - MOD095038998

XIII. WASTE IDENTIFICATION

Sequence #	Description of Waste	Hazardous Waste Identification Number	Quantity of Waste	Waste Code
29	Reactive Waste: Lithium Hydride	D 0 0 3	0 9	1 1 1 5 K

XIV. COMMENTS (enter information by sequence number)

Do not make entries in shaded area.

ENVIRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1985 (cont.)

This report is for the calendar year ending December 31, 1985

Date rec'd: _____	Rec'd by: _____
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XV. GENERATOR'S EPA I.D. NO.

T/A/C

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

XVI. WASTE MINIMIZATION (narrative description)

Section 224 (b) of the Hazardous and Solid Waste Amendments of 1984 states that after September 1, 1985 any manifest must contain a certification of waste minimization. Since the only shipment of waste off-site occurred on June 19, 1985, this certification was not required and therefore was not included on the manifest. The Laboratory is in the process of instituting a program that will reduce volumes and toxicities of wastes generated on-site. Some wastes are currently being reduced in both volume and toxicity by treatment (e.g. flash burning of explosive-contaminated equipment, thereby rendering the resultant non-hazardous and burning of scrap explosives) reducing the volume and hazardous nature of the material.

tear out here

ENVIRONMENTAL PROTECTION AGENCY
FACILITY BIENNIAL HAZARDOUS WASTE REPORT FOR 1985

This report is for the calendar year ending December 31, 1985
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 1985. []

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

II. FACILITY EPA I.D. NUMBER

FNIM089001051511
1 2 13 14 15

T/A C

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

[] For 1985 Only [] Permanently

[] Other

C303 ENTRY (OFFICIAL USE ONLY): []

III. NAME OF FACILITY

LOIS ALIAMOIS NATIONAL LABORATORY
30 69

IV. FACILITY MAILING ADDRESS

3 LOIS ALIAMOIS AREA OFFICE - DOE
15 16 45

Street or P.O. Box

4 LOIS ALIAMOIS NM 87544
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 VAL ENICIA HAROLD E
15 16 45

Name (last and first)

VII. COST ESTIMATES FOR FACILITIES

505-667-5105
46 55

Phone No. (area code & no.)

\$ 15, 010, 010, 010 \$ 2, 010, 010, 010
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 E. Valencia, Area Manager

Signature of Authorized Representative

4-2-86

Print/Type Name

Title

Signature of Authorized Representative

Date Signed