

LAUC 224 1991
06/28/91 AFR



BRUCE KING
GOVERNOR

State of New Mexico
ENVIRONMENT DEPARTMENT
Harold Runnels Building
1190 St. Francis Drive, P.O. Box 26110
Santa Fe, New Mexico 87502
(505) 827-2350

JUDITH M. ESPINOSA
SECRETARY

RON CURRY
DEPUTY SECRETARY

MEMORANDUM

TO: Kathleen Sisneros, Director
Water & Waste Division

FROM: Elizabeth Gordon, Permitting Supervisor
Hazardous & Radioactive Waste Bureau

RE: Submittal dates of Part As and Part Bs for hazardous & mixed waste by ITRI, LANL, and SNLA

DATE: June 27, 1991

Please find attached the information requested this morning. If you need more information, please let me know.

cc: Benito Garcia, Chief, Hazardous & Radioactive Waste Bureau

12

M E M O R A N D U M

TO: Elizabeth Gordon

FROM: Herb Grover

DATE: June 27, 1991

RE: Part A Mixed Waste Dates for SNLA, LANL, and ITRI

The following is a summary of application dates for hazardous and mixed wastes for SNLA, LANL, and ITRI.

<u>FAC</u>	<u>Pt. A HAZ WST</u>	<u>Pt. A MXD WST</u>	<u>1st EXIST</u>	<u>1st Pt. B EPA</u>	<u>1st Pt. B STATE</u>
SNLA	11/17/80	9/10/90	1/11/60	07/06/84	01/25/85
LANL	8/15/80	1/25/91	11/25/42	05/01/85	05/15/85
ITRI	8/18/80	1/24/91	1/07/63	N/A	N/A



9/5/90
 second copy in [unclear]
Department of Energy
 Albuquerque Operations Office
 P.O. Box 5400
 Albuquerque, New Mexico 87115

E. Keith

SEP 07 1990

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Mr. Richard Mitzelfelt
 New Mexico Environmental Improvement Division
 1190 St. Francis Drive
 Santa Fe, New Mexico 87503

*Mixed Waste
 in yellow
 file*

Dear Mr. Mitzelfelt:

The purpose of this letter is to transmit the first filing of the Resource Conservation Recovery Act (RCRA) Part A application for the Mixed Waste Storage and Treatment to be conducted at our facility, [redacted]. The application is totally separate from our Hazardous Waste Part A and Part B filings. The EPA Identification Number for SNL, Albuquerque is NM5890110518.

As we have indicated in our prior discussions with personnel from the Hazardous and Radioactive Waste Bureau, this application represents our most conservative estimate of the specific mixed wastes (type and quantity) we will be managing at the facility and the largest amount of storage/treatment units we anticipate utilizing for these waste streams at this time. Due to the complications of the radioactive component, we do not have all of the waste streams completely characterized and anticipate completing this task over the next few years as outlined in our Waste Characterization Plan. A copy of this plan was provided to Dr. E. Gordon of your staff on August 15, 1990 during the tour/visit of some of the storage units and generation points for mixed wastes at SNL. We plan to revise this Part A application periodically as required to provide you with the most current situation of the mixed waste management program during the upcoming years as the characterization activities proceed and more data becomes available.

The following statement/certification is provided per the instruction of our Headquarter's office via SEN-22-90 (Secretary of Energy Notice, No. 22, 1990).

The Department of Energy and its operating contractor, SNL, have jointly signed this application as the operator of the permitted facility. The Department has determined that dual signatures best reflect the actual apportionment of responsibility under which the Department's RCRA responsibilities are for policy, programmatic, funding and scheduling decisions, as well as general oversight, and the contractor's RCRA responsibilities are for day-to-day operations, including but not limited to, the following responsibilities: wastes analyses and handling, monitoring, record keeping, reporting, and

A. FIRST (specify) NATIONAL SECURITY		B. SECOND (specify) RESEARCH AND DEVELOPMENT	
C. THIRD (specify)		D. FOURTH (specify)	

VIII. OPERATOR INFORMATION

A. NAME 8 SANDIA NATIONAL LABORATORIES		B. Is the name listed in Item VIII-A also the owner? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.) F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify) P = PRIVATE		D. PHONE (area code & no.) 0 (specify) Jointly operated by DOE and Prime Contractor	
E. STREET OR P.O. BOX P.O. BOX 5800 DIVISION 3222		505 845 8889	
F. CITY OR TOWN B ALBUQUERQUE		G. STATE NM	H. ZIP CODE 87185
		IX. INDIAN LAND Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water) 9 N		D. PSD (Air Emissions from Proposed Sources) 9 P	
B. UIC (Underground Injection of Fluids) 9 U		E. OTHER (specify) 2069A (specify) CITY OF ALBUQUERQUE WASTEWATER DISCHARGE	
C. RCRA (Hazardous Wastes) 9 R		E. OTHER (specify) 2069C-2 (specify) CITY OF ALBUQUERQUE WASTEWATER DISCHARGE	

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (Provide a brief description)

Sandia National Laboratories administers energy and weapons related research and development programs for the Department of Energy (DOE). These programs involve applied research on various aspects of the material and physical phenomena associated with fossil energy conversion, weapons systems development and nuclear power generation.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the 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 & OFFICIAL TITLE (Type or print) A. R. Chernoff, Director DOE/MSD N. R. Ortiz, Director ES&H	B. SIGNATURE <i>[Handwritten Signature]</i> Nector R. Ortiz	C. DATE SIGNED 8/31/80 8/30/80
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COMMENTS FOR OFFICIAL USE ONLY

C	
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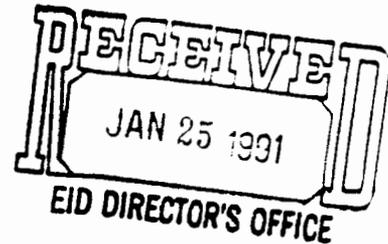


Department of Energy
Albuquerque Operations
Los Alamos Area Office
Los Alamos, New Mexico 87544

JAN 24 1991

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Mr. Richard W. Mitzelfelt
Health & Environment Department
Environmental Improvement Division
1190 St. Francis Drive
Harold Runnels Building
Santa Fe, NM 87503



Dear Mr. Mitzelfelt:

Enclosed is the Part A portion of the hazardous waste permit application for continued operation of mixed waste units at the Los Alamos National Laboratory (the Laboratory). This document is intended to satisfy the interim status requirement to submit a Part A within 6 months of the Environmental Protection Agency's delegation of mixed waste authority to the State of New Mexico (New Mexico Hazardous Waste Management Regulations Section 270.10(e)(1)(i)). The Part A application describes the unit types, associated unit capacities, anticipated annual volumes and types of waste handled, and includes figures, topographic maps, and copies of unit photographs.

The Department of Energy (DOE) and the Laboratory have included all units for which sufficient information exists to identify each unit as subject to interim status. However, other units may exist that potentially handle mixed waste but for which insufficient information is available to make such a final determination. In an effort to ensure that all units are operated in compliance with the hazardous waste regulations, DOE and the Laboratory will identify and characterize any such suspect units concurrently with the ongoing waste stream characterization program required by Attachment I to the Hazardous Waste Permit (#NM0890010515-1). If units not previously identified as subject to interim status are encountered in this process, the DOE will notify the Environmental Improvement Division (EID) as soon as possible.

The thermal treatment unit that EID previously characterized as a hazardous waste management unit has not been included in this application. Because this unit is an integral part of a recycling/reclamation process, pursuant to HWMR-5 Section 261.6(c)(1), we believe it is exempt from regulation.

Part A in magazine file, document 3

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0034 Expires 12-31-91
GSA No. 0246-EPA-07

N M O 8 9 0 0 1 0 5 1 5

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

L O S A L A M O S N M 8 7 5 4 5 -

O 2 8 L O S A L A M O S

F 3 5 4 9 0 5 1 1 0 6 1 4 0 1 5 1 1 2 5 1 9 4 2

L O S A L A M O S A R E A O F F I C E

L O S A L A M O S N M 8 7 5 4 5 -

S C H U M A N N P A U L

C H I E F, E S & H 5 0 5 - 6 6 5 - 5 0 2 7

X L O S A L A M O S A R E A O F F I C E



Department of Energy
 Albuquerque Operations Office
 P.O. Box 5400
 Albuquerque, New Mexico 87115

RECEIVED
 JAN 28 1991
 EID DIRECTOR'S OFFICE

*ITRI
 Original
 0263*

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Mr. Richard Mitzelfelt
 New Mexico Environmental Improvement Division
 1190 St. Francis Drive
 Santa Fe, New Mexico 87503

Dear Mr. Mitzelfelt:

The purpose of this letter is to transmit a revised Resource Conservation Recovery Act (RCRA) Part A application, which includes Mixed Waste, for our facility, the [REDACTED]. This application is to establish Intermim Status for the possible storage of mixed wastes if accumulation of such materials requires long-term storage. The current generation rate qualifies ITRI as a Small Quantity Generator, but the unavailability of disposal facilities for mixed wastes could potentially create a storage problem for ITRI. The past accumulation of mixed wastes have been removed from ITRI to a permitted treatment/storage facility for treatment and are no longer on site. The enclosed Part A has been updated with current signatures and one minor waste stream from our latest filing, dated July 6, 1989.

The following statement/certification is provided per the instruction of our Headquarter's office via SEN-22-90 (Secretary of Energy Notice, No. 22, 1990).

The Department of Energy and its operating contractor, ITRI, have jointly signed this application as the operator of the permitted facility. The Department has determined that dual signatures best reflect the actual apportionment of responsibility under which the Department's RCRA responsibilities are for policy, programmatic, funding and scheduling decisions, as well as general oversight, and the contractor's RCRA responsibilities are for day-to-day operations, including but not limited to, the following responsibilities: waste analyses and handling, monitoring, record keeping, reporting, and contingency planning. For purposes of the certification required by 40 C.F.R. Section 270.11(d), the Department's and SNL's representatives certify, to the best of their knowledge and belief, the truth, accuracy and completeness of the application for their respective areas of responsibility at this time.

In the unshaded areas only.
 spaced for elite type, i.e., 12 characters/inch.

Form Approved OMB No. 158-S60004



U.S. ENVIRONMENTAL PROTECTION AGENCY
HAZARDOUS WASTE PERMIT APPLICATION

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

I. EPA I.D. NUMBER
 NM3890116129

OFFICIAL USE ONLY		COMMENTS
APPLICATION APPROVED	DATE RECEIVED (yr, mo., & day)	

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, or if this is a revised application, 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)

8	6	3	0	7	0	1
yr.	mo.	day	yr.	mo.	day	yr.

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

yr.	mo.	day	yr.	mo.	day	yr.

B. REVISED APPLICATION (place an "X" below and complete item 1 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.

1. AMOUNT - Enter the amount.

2. 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
Storage:			Treatment:		
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 FILE	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	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
Disposal:					
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 CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

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.

5
 C
 DUP

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	S02	600	G		5				
X-2	T03	20	E		6				
1	S01	1800	G		7				
2					8				
3					9				

AT THE FRONT
(4-digit, in order of priority)

A. FIRST (specify)		B. SECOND	
2	2	7	(specify)
FEDERALLY FUNDED RESEARCH LABORATORY			
C. THIRD (specify)		D. FOURTH	
		7	(specify)

VIII. OPERATOR INFORMATION

A. NAME										B. Is the name listed in Item VIII-A also the owner?			
8 LOVELACE BIOMED. & ENVIRON. RESEARCH INST.										<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 68			
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other", specify)										D. PHONE (area code & no.)			
F - FEDERAL		M - PUBLIC (other than federal or state)		(specify)		A		505		844		6835	
S - STATE		O - OTHER (specify)											
P - PRIVATE													
E. STREET OR P.O. BOX													
P.O.B. 5890													
F. CITY OR TOWN						G. STATE		H. ZIP CODE		IX. INDIAN LAND			
BALBUQUERQUE						NM		87185		Is the facility located on Indian lands?			
										<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 52			

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)				D. PSD (Air Emissions from Proposed Sources)			
9 N				9 P			
B. UIC (Underground Injection of Fluids)				E. OTHER (specify)			
9 U				(specify)			
C. RCRA (Hazardous Wastes)				E. OTHER (specify)			
9 R				(specify)			

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

The Lovelace Biomedical and Environmental Research Institute, a prime contractor of the U. S. Department of Energy, conducts biomedical research on the health effects of airborne materials found in the work place and in the environment, especially those materials related to various energy technologies, including coal, oil, nuclear, solar and energy conservation.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the 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 & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
JOE L. MAUDERLY, D.V.M. DIRECTOR, LOVELACE ITRI		<i>Robert K. Jones for</i>		January 24, 1991	

COMMENTS FOR OFFICIAL USE ONLY