

LANL R10+D #2

SUGGESTED PERMIT APPLICATION CHECKLIST
FOR TREATMENT TECHNOLOGIES OR PROCESSES

Hydrothermal Processing Unit

4-1-93

TA 35

	<u>Submitted</u>	<u>To Be Submitted At Later Date¹</u>	<u>Not Applicable</u>
--	------------------	--	---------------------------

1. Waste Description

A. Type/quantity

<u>✓</u>	_____	_____
----------	-------	-------

B. Physical/chemical description

<u>✓</u>	_____	_____
<u>✓</u>	_____	_____

2. Process Engineering

A. General description

- ° flow diagram
- ° schematic

<u>✓</u>	_____	_____
<u>✓</u>	_____	_____
<u>✓</u>	_____	_____

B. Waste feed system

<u>✓</u>	_____	_____
----------	-------	-------

C. Pollution control system

<u>✓</u>	_____	_____
----------	-------	-------

D. Operating parameters

<u>✓</u>	_____	_____
----------	-------	-------

3. Research Plan

A. Objective statement/
experimental design

<u>✓</u>	_____	_____
----------	-------	-------

B. Operating parameters to
be monitored and frequency

<u>✓</u>	_____	_____
----------	-------	-------

C. Environmental parameters
to be monitored and
frequency

<u>✓</u>	_____	_____
----------	-------	-------

D. Sampling and analytical
methods

<u>✓</u>	_____	_____
----------	-------	-------

E. Equipment inspection
procedures and frequency

<u>✓</u>	_____	_____
----------	-------	-------

4. QA/QC Plan ²

A. Calibration procedures
and frequency

<u>✓</u>	_____	_____
----------	-------	-------

B. Internal quality control
checks

<u>✓</u>	_____	_____
----------	-------	-------

¹ A section of the permit should be reserved for the revised submittal and the deficiency should be noted in the application.

² The need for and type of QA/QC, including the level of detail, will depend on the applicant's research objectives.



SUGGESTED PERMIT APPLICATION CHECKLIST
FOR TREATMENT TECHNOLOGIES OR PROCESSES

	<u>Submitted</u>	<u>To Be Submitted At Later Date¹</u>	<u>Not Applicable</u>
5. Data reporting/recordkeeping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Safety Plan			
A. Emergency response procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Personnel qualifications or training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Closure Plan			
A. Procedures to close	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Date/schedule	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Disposition of residues	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Quantity of waste	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Procedures to decontaminate equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Time to close	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Financial Responsibility			
A. Financial assurance for closure	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. Liability coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Signatories			
A. Owner/address	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Operator/address	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>