



Department of Energy

Carlsbad Area Office
P. O. Box 3090
Carlsbad, New Mexico 88221

January 27, 2000



Ms. Juliet Rubio
Hazardous and Radioactive Materials Bureau
New Mexico Environment Department
P.O. Box 26110
Santa Fe, NM 87502-6110

Subject: Resource Conservation And Recovery Act Section 3016 2000 Inventory Of Federal
Hazardous Waste Activities At Currently Owned Or Operated Federal Facilities Report

Dear Ms. Rubio:

In accordance with Section 3016 of the Resource Conservation and Recovery Act (RCRA), please find the enclosed 2000 Inventory of Federal Hazardous Waste Activities at Currently Owned or Operated Federal Facilities Report for the Waste Isolation Pilot Plant near Carlsbad.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to be the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

If you have any questions regarding the Section 3016 Inventory Report, please contact Ms. Cynthia A. Zvonar at (505) 234-7495.

Sincerely,

Inés R. Triay
for Dr. Inés R. Triay
Manager

Enclosures

cc w/o enclosures:
J. Epstein, WID
G. Barnes, WID
G. Basabilvazo, CAO
S. Zappe, NMED



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**2000 INVENTORY OF FEDERAL HAZARDOUS
WASTE ACTIVITIES AT CURRENTLY
OWNED OR OPERATED FEDERAL FACILITIES**

Facility ID : OA-000000004

Facility name: WASTE ISOLATION PILOT PLANT

Department : ENERGY

Agency : CARLSBAD AREA OFFICE

PART I: FEDERAL FACILITY GENERAL INFORMATION

Complete this part for each Federally owned or operated facility.

Note: This Part applies to all Federal hazardous waste facilities which are currently owned or operated by the Government. A "Federally owned or operated facility" or "facility" is defined as all the contiguous property owned and/or operated by a Federal agency at any one location and at which hazardous waste is stored, treated, or disposed, or has been disposed. The boundary of the Federal facility is the perimeter of the contiguous property owned or operated by the Federal agency, irrespective of the boundary of any CERCLA sites or RCRA facilities located on the property.

A. FEDERALLY OWNED OR OPERATED FACILITY IDENTIFICATION

- Facility name:
- Federal Facility Identification Number:
- Provide the RCRA facility EPA ID number for the facility, if applicable:

B. RESPONSIBLE FEDERAL AGENCY

1. Facility owner

Department:
Agency:
Contractor:
Other:

2. Facility operator (if different from owner)

Department:
Agency:
Contractor:
Other:

3. Indicate the type of facility by checking ONE of the nine choices:

GOGO GOCO GOPO POGO Lessee
Foreclosure Trespass Withdrawal Forfeiture

Facility name: WASTE ISOLATION PILOT PLANT

Federal Facility Identification Number: 0 A - 0 0 0 0 0 0 0 0 0 4

PART I : FEDERAL FACILITY GENERAL INFORMATION

Complete this part for each Federally owned or operated facility.

B. RESPONSIBLE FEDERAL AGENCY

4. What is the name, title and telephone number of the person who completed this survey?

Name K. S. GUILLERMO

Title ASSOCIATE SCIENTIST

Telephone (505)234-8753

C. LOCATION OF THE FEDERALLY OWNED OR OPERATED FACILITY

1.a. Facility location address

Address 30 MILES E OF CARLSBAD/JAL HWY

City CARLSBAD State NM ZIP 88221-2078

1.b. If the facility has no street address, provide the county or township and the State in which the facility is located.

County/Township EDDY

State NM

2. Provide the latitude and longitude of the facility in degrees.

Latitude 032d22m30s Longitude 103d47m30s

3. What is the facility mailing address?

Address P.O. BOX 2078

City CARLSBAD State NM ZIP 88221-2078

Facility name: WASTE ISOLATION PILOT PLANT

Federal Facility Identification Number: 0 A - 0 0 0 0 0 0 0 0 0 4

PART II : ENVIRONMENTAL MONITORING, SITE CHARACTERIZATION, CONTAMINATION AND RESPONSE ACTIONS

Complete this part for each Federally owned or operated facility.

A. ENVIRONMENTAL MONITORING

1. Is/was environmental monitoring conducted at the facility?

(If the answer is No, check No and skip to Question 5. If Yes, check Yes and answer Question 2.)

Yes No

2. If Yes, what type of environmental monitoring is/was conducted?

Air Soil Surface Water Ground Water

Subsurface Gas Other (describe) BIOTIC

3. Have data produced by this monitoring been submitted either to EPA or an authorized State?

(If the answer is No, check No and skip to Question 5. If Yes, check Yes and answer Question 4.)

Yes No

Facility name: WASTE ISOLATION PILOT PLANT

Federal Facility Identification Number: 0 A - 0 0 0 0 0 0 0 0 0 4

PART II : ENVIRONMENTAL MONITORING, SITE CHARACTERIZATION, CONTAMINATION AND RESPONSE ACTIONS

Complete this part for each Federally owned or operated facility.

A. ENVIRONMENTAL MONITORING

4. If monitoring data have been submitted to EPA or an authorized State, in what form was the information submitted?

(More than one information source may be identified.)

Table with 2 columns: Information Source and Regulating Office Maintaining This Information. Rows include RCRA Part B Permit Application, RCRA Facility Assessment (RFA), RCRA Facility Investigation (RFI), RCRA Corrective Measures Study, RCRA Post-Closure Permit Application, Preliminary Assessment/ Site Investigation (PA/SI), Remedial Investigation/ Feasibility Study (RI/FS), Remedial Design, Remedial Action, Routine Reporting, ANNUAL SITE ENV REPORT, ENV. PROTECTION IMPLEM. PLAN, OPERATIONAL ENV MONITOR PLAN, and Other (describe).

Facility name: WASTE ISOLATION PILOT PLANT

Federal Facility Identification Number: 0 A - 0 0 0 0 0 0 0 0 0 4

PART II: ENVIRONMENTAL MONITORING, SITE CHARACTERIZATION, CONTAMINATION AND RESPONSE ACTIONS

Complete this part for each Federally owned or operated facility.

A. ENVIRONMENTAL MONITORING

5. If environmental monitoring data have not been gathered or were not submitted to either EPA or an authorized State, why not?
- In process of determining if environmental monitoring is necessary.
 - Environmental monitoring determined not to be necessary.
 - Environmental monitoring necessary, but not yet implemented.
 - Environmental monitoring implemented, but results not yet available.
 - Other (describe)

B. HYDROGEOLOGIC SITE CHARACTERIZATION

1. Has a hydrogeologic site characterization been conducted at the facility?
Yes No In Progress Do Not Know
2. Do you have information regarding the location of withdrawal wells and surface waters within one mile of the facility boundary?
Answer both parts of this Question.
(If Yes to Question 1, or either part of this Question, check Yes and answer Question 3, otherwise skip to Section C.)
- Withdrawal wells: Yes No
- Surface waters: Yes No
3. Are there any withdrawal wells or surface waters within one mile of the facility boundary?
- Withdrawal wells: Yes No
- Surface waters: Yes No
4. Has information concerning site characterization and/or withdrawal wells and surface waters been submitted to EPA or an authorized State?
Yes No

Facility name: WASTE ISOLATION PILOT PLANT

Federal Facility Identification Number: 0 A - 0 0 0 0 0 0 0 0 0 4

PART II : ENVIRONMENTAL MONITORING, SITE CHARACTERIZATION, CONTAMINATION AND RESPONSE ACTIONS

Complete this part for each Federally owned or operated facility.

B. HYDROGEOLOGIC SITE CHARACTERIZATION

5. If Yes, in what form is the information concerning the hydrogeologic site characterization and location of withdrawal wells and surface waters available?

(More than one information source may be identified.)

Table with 2 columns: Information Source, Regulatory Office Maintaining This Information. Rows include Preliminary Assessment/Site Investigation (PA/SI), Remedial Investigation/Feasibility Study (RI/FS), RCRA Part B Permit Application, RCRA Facility Assessment (RFA), RCRA Facility Investigation (RFI), ANNUAL SITE ENV REPORT, OPERATIONAL ENV MONITOR PLAN, and Other (describe).

C. ENVIRONMENTAL CONTAMINATION

1. Have there been any releases of hazardous substances to the environment at the facility? (If the answer is No, check No and skip to Section D, Question 1. If Yes, check Yes and answer Question 2.)

Yes [] No [X]

2. If Yes, indicate the media into which release(s) occurred. (More than one media may be checked.)

[] Air [] Soil [] Surface Water [] Ground Water [] Subsurface Gas [] Other [] (describe)

Facility name: WASTE ISOLATION PILOT PLANT

Federal Facility Identification Number: 0 A - 0 0 0 0 0 0 0 0 4

**PART II: ENVIRONMENTAL MONITORING, SITE CHARACTERIZATION,
CONTAMINATION AND RESPONSE ACTIONS**

Complete this part for each Federally owned or operated facility.

C. ENVIRONMENTAL CONTAMINATION

3. Has contamination from this facility extended onto adjacent property?

Yes No Do Not Know

4. Is information available concerning a) the amount, nature, toxicity, concentration of wastes or waste constituents, lateral extent, or environmental impact assessment of any release or: b) the nature and extent of any off-site contamination?

(If the answer is No, check No and skip to Section D, Question 1.

If Yes, check Yes and answer Question 5.)

Yes No

5. Has this information been submitted to EPA or an authorized State?

Yes No

Facility name: WASTE ISOLATION PILOT PLANT

Federal Facility Identification Number: 0 A - 0 0 0 0 0 0 0 0 0 4

PART II : ENVIRONMENTAL MONITORING, SITE CHARACTERIZATION, CONTAMINATION AND RESPONSE ACTIONS

Complete this part for each Federally owned or operated facility.

C. ENVIRONMENTAL CONTAMINATION

6. If Yes, in what form is the information concerning releases submitted?
(More than one information source may be identified.)

<u>Information Source</u>	<u>Regulating Office Maintaining This Information</u>
RCRA Part B Permit Application	<input type="text"/>
RCRA Facility Assessment (RFA)	<input type="text"/>
RCRA Facility Investigation (RFI)	<input type="text"/>
RCRA Corrective Measures Study	<input type="text"/>
RCRA Post-Closure Permit Application	<input type="text"/>
Section 103 Notification	<input type="text"/>
Preliminary Assessment/ Site Investigation (PA/SI)	<input type="text"/>
Remedial Investigation/ Feasibility Study (RI/FS)	<input type="text"/>
Remedial Design	<input type="text"/>
Remedial Action	<input type="text"/>
Routine Reporting	<input type="text"/>
<input type="text"/> Other (describe) (e.g., Reportable Quantity Spill Report; EIS; EIA; On-site Files)	<input type="text"/>
<input type="text"/> Other (describe)	<input type="text"/>
<input type="text"/> Other (describe)	<input type="text"/>

Facility name: WASTE ISOLATION PILOT PLANT

Federal Facility Identification Number: 0 A - 0 0 0 0 0 0 0 0 4

PART II: ENVIRONMENTAL MONITORING, SITE CHARACTERIZATION, CONTAMINATION AND RESPONSE ACTIONS

Complete this part for each Federally owned or operated facility.

D. RESPONSE ACTIONS

1. Have corrective actions been initiated at this facility under RCRA authority?

(If the answer is No, check No and skip to Question 3. If Yes, check Yes and answer Question 2.)

Yes No

2. If yes, provide the status of corrective actions at this facility.

<u>RCRA Corrective Action</u>	<u>Planned</u>	<u>Initiated</u>	<u>Completed</u>	<u>Not Required</u>
RFA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
RFI	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stabilization/Interim Measures	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Corrective Measures Study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrective Measures Implementation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Have other remedial or removal actions, or any activities that address contamination (including CERCLA and voluntary actions), been taken at this facility?

(If the answer is No, check No and skip to Part III. If Yes, check Yes and answer Question 4.)

Yes No

Facility name: WASTE ISOLATION PILOT PLANT

Federal Facility Identification Number: 0 A - 0 0 0 0 0 0 0 0 0 4

PART II : ENVIRONMENTAL MONITORING, SITE CHARACTERIZATION, CONTAMINATION AND RESPONSE ACTIONS

Complete this part for each Federally owned or operated facility.

D. RESPONSE ACTIONS

4. If Yes, check the appropriate boxes below to indicate what actions have been taken.

<u>Activity</u>	<u>Planned</u>	<u>Initiated</u>	<u>Completed</u>	<u>Not Required</u>
PA/SI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RI/FS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remedial Design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remedial Action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Studies/ Site Investigations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Monitoring/Sampling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/> Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/> Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/> Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/> Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Facility name: WASTE ISOLATION PILOT PLANT

Federal Facility Identification Number: 0 A - 0 0 0 0 0 0 0 0 4

PART III : INFORMATION ON RCRA TREATMENT, STORAGE, AND DISPOSAL FACILITIES THAT MANAGED HAZARDOUS WASTE ON OR AFTER NOVEMBER 19, 1980

Complete this Part for each facility that received hazardous waste on or after November 19, 1980.

Note: A RCRA facility is all contiguous land, structures, other appurtenances and improvements on the land, used for treating, storing, or disposing of hazardous waste on or after November 19, 1980. A RCRA facility may consist of several treatment, storage, or disposal operational units (e.g., one or more landfills, surface impoundments, or combinations thereof).

1. Is this facility currently, or has this facility ever treated, stored, or disposed of hazardous waste under RCRA authority?

Yes [] No [X]

2. If Yes, provide the RCRA facility EPA ID number:

N M 4 8 9 0 1 3 9 0 8 8

3. Indicate whether any of the following documents were submitted to EPA or an authorized State for this RCRA facility.

Table with 3 columns: Document, Yes, No. Rows include RCRA Section 3010 Notification, RCRA Part A Permit Application, RCRA Part B Permit Application, RCRA Closure Plan, RCRA Post-Closure Plan, RCRA Section 3019 Exposure Information Report, and RCRA Post-Closure Permit Application.

4. Is the RCRA facility currently operating (i.e., treating, storing, or disposing of hazardous waste)?

(If the answer is No, check No and answer Question 5. If Yes, check Yes and skip to Question 6.)

Yes [] No []

Facility name: WASTE ISOLATION PILOT PLANT

Federal Facility Identification Number: 0 A - 0 0 0 0 0 0 0 0 0 4

PART III : INFORMATION ON RCRA TREATMENT, STORAGE, AND DISPOSAL FACILITIES THAT MANAGED HAZARDOUS WASTE ON OR AFTER NOVEMBER 19, 1980

Complete this Part for each facility that received hazardous waste on or after November 19, 1980.

5. If the RCRA facility is no longer treating, storing, or disposing of hazardous waste, what other activities are currently being carried out at the RCRA facility?

- Solid Waste Treatment, Storage, or Disposal
- Generating Solid or Hazardous Waste
- Manufacturing
- Other Industrial
- Recreational
- Residential
- No Activity
- Other
(describe - e.g., recycling)
- Do Not Know

Facility name: WASTE ISOLATION PILOT PLANT

Federal Facility Identification Number: 0 A - 0 0 0 0 0 0 0 0 0 4

PART III : INFORMATION ON RCRA TREATMENT, STORAGE, AND DISPOSAL FACILITIES THAT MANAGED HAZARDOUS WASTE ON OR AFTER NOVEMBER 19, 1980

Complete this Part for each facility that received hazardous waste on or after November 19, 1980.

6. Does this RCRA facility have hazardous waste management units of the following types on site? How many hazardous waste management units of each type does the RCRA facility have?
(Include only units that received hazardous waste on or after November 19, 1980. This may include operating units and closed/closing units.)

<u>Yes</u>	<u>No</u>		<u>Number of Units</u>
<input type="checkbox"/>	<input type="checkbox"/>	Containers	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Tanks	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Surface Impoundments	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Waste Piles	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Incinerator	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Landfill	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Land Treatment	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Underground Injection	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		Other (describe) (e.g., open burning, open detonation, geologic repository)	
		<input type="text"/>	<input type="text"/>
		Other (describe)	

7. Has an RFA or equivalent study been conducted for the facility?
(If the answer is No, check No and skip to Part IV. If Yes, check Yes and answer Question 8.)

Yes No

Facility name: WASTE ISOLATION PILOT PLANT

Federal Facility Identification Number: 0 A - 0 0 0 0 0 0 0 0 0 4

PART III : INFORMATION ON RCRA TREATMENT, STORAGE, AND DISPOSAL FACILITIES THAT MANAGED HAZARDOUS WASTE ON OR AFTER NOVEMBER 19, 1980

Complete this Part for each facility that received hazardous waste on or after November 19, 1980.

8. Indicate the type and number of solid waste management units (SWMUs) at the RCRA facility which have been identified in an RFA.

<u>Type</u>	<u>Number of Units</u>
Container Storage Areas	<input type="text"/>
Tanks	<input type="text"/>
Surface Impoundments	<input type="text"/>
Waste Piles	<input type="text"/>
Incinerator	<input type="text"/>
Landfill	<input type="text"/>
Land Treatment	<input type="text"/>
Underground Injection	<input type="text"/>
Open Burning / Open Detonation	<input type="text"/>
Exempt Units (e.g., wastewater treatment, recycling)	<input type="text"/>
Other <input type="text"/> (describe - e.g., routine product spills, vehicle maintenance areas, storm water ponds)	<input type="text"/>
Other <input type="text"/> (describe)	<input type="text"/>

Facility name: WASTE ISOLATION PILOT PLANT

Federal Facility Identification Number: 0 A - 0 0 0 0 0 0 0 0 0 4

PART IV : INFORMATION ON DISPOSAL OF HAZARDOUS SUBSTANCES

Complete this Part for each Federally owned or operated facility at which hazardous substances were disposed. Do not include those SWMUs reported in Part III as a result of an RFA. For Part IV of the inventory, disposal means the discharge, deposit, injection, dumping, spilling, leaking, or placing of any hazardous substance into or on any land or water so that such hazardous substances or any constituent thereof may enter the environment or be emitted into the air or discharged into any waters, including ground waters.

1. Are there any of the areas at the facility being addressed under CERCLA authority?
(If the answer is No, check No and do not answer Questions 2 or 3. If Yes, check Yes and proceed to Question 2.)

Yes No

2. Are any of the areas referred to in Question 1 listed or proposed on the NPL?

Yes No Do Not Know

3. Identify the hazardous substances disposed of at the site in the areas referred to in Question 1.

Types of Hazardous Substances Disposed

(Attach additional pages if necessary.)