Mr. Steve Zappe, WIPP Project Leader  
Hazardous Waste Permits Program  
Hazardous Waste Bureau  
New Mexico Environment Department  
2905 E. Rodeo Park Dr. Bldg. 1  
Santa Fe, New Mexico 87505-6303

RE: August 31, 2001, Request for Figures and Items for Incorporation into Permit

Dear Mr. Zappe:

Per your request of August 31, 2001, the CBFO has enclosed clean copies of the figures and items as described in Attachment 2 of your letter.

If you have any questions regarding this submittal, please contact Mr. Jody Plum at (505) 234-7462.

Sincerely,

Dr. Inés R. Triay, CBFO Manager  
U. S. Department of Energy

Enclosure
Item 7  Attachment B, Figure B-1, WIPP Waste Profile Form
WASTE STREAM PROFILE FORM

Waste Stream Profile Number: __________________________

Generator Site Name: __________________________

Technical Contact: __________________________

Generator Site EPA ID: __________________________

Technical Contact Phone Number: __________________________

Date of audit report approval by NMED: __________________________

Title, version number, and date of documents used for WAP Certification: __________________________

Did your facility generate this waste? ☐ Yes ☐ No

If no, provide the name and EPA ID of the original generator: __________________________

WIPP ID: __________________________

Summary Category Group: __________________________

Waste Matrix Code Group: __________________________

Waste Stream Name: __________________________

Description from the WTWBIR:

Defense Waste: ☐ Yes ☐ No

Check one: ☐ CH ☐ RH

Number of SWBs __________________________

Number of Drums __________________________

Number of Canisters __________________________

Batch Data Report numbers supporting this waste stream characterization: __________________________

List applicable EPA Hazardous Waste Codes: __________________________

Applicable TRUCON Content Codes: __________________________

Acceptable Knowledge Information (1)

(For the following, enter supporting documentation used (i.e., references and dates))

Required Program Information

• Map of site:

• Facility mission description:

• Description of operations that generate waste:

• Waste identification/categorization schemes:

• Types and quantities of waste generated:

• Correlation of waste streams generated from the same building and process, as applicable:

• Waste certification procedures:

Required Waste Stream Information

• Area(s) and building(s) from which waste stream was generated:

• Waste stream volume and time period of generation:

• Waste generating process description for each building:

• Waste process flow diagrams:

• Material inputs or other information identifying chemical/radionuclide content and physical waste form:

• Which Defense Activity generated the waste: (check one)

☐ Weapons activities including defense inertial confinement fusion

☐ Naval Reactors development

☐ Verification and control technology

☐ Defense Research and development

☐ Defense nuclear waste and material by products management

☐ Defense nuclear material production

☐ Defense nuclear waste and materials security and safeguards and security investigations

Figure B-1 (Example Only)

WASTE STREAM PROFILE FORM
WASTE STREAM PROFILE FORM

Supplemental Documentation

<table>
<thead>
<tr>
<th>Process design documents:</th>
<th>Standard operating procedures:</th>
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<td>Safety Analysis Reports:</td>
<td>Waste packaging logs:</td>
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<td>Test plans/research project reports:</td>
<td>Site data bases:</td>
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<td>Information from site personnel:</td>
<td>Standard industry documents:</td>
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<td>Previous analytical data:</td>
<td>Material safety data sheets:</td>
</tr>
<tr>
<td>Sampling and analysis data from comparable/surrogate waste:</td>
<td>Laboratory notebooks:</td>
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Sampling and Analysis Information (1)

[For the following, when applicable, enter procedure title(s), number(s), and date(s)]

- Radiography: ____________________________
- Visual Examination: ________________________________
- Headspace Gas Analysis
  - VOCs: ________________________________
    - Flammable: ________________________________
    - Other gases (specify): ________________________________
- Homogeneous Solids/Soils/Gravel Sample Analysis
  - Total metals: ________________________________
  - PCBs: ________________________________
  - VOCs: ________________________________
    - Nonhalogenated VOCs: ________________________________
    - Semi-VOCs: ________________________________
    - Other (specify): ________________________________

Waste Stream Profile Form certification

I hereby certify that I have reviewed the information in this Waste Stream Profile Form, and it is complete and accurate to the best of my knowledge. I understand that this information will be made available to regulatory agencies and that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Signature of Site Project Manager ____________________________
Printed Name and Title ____________________________
Date ____________________________

NOTE:

1. Use back of sheet or continuation sheets, if required.

2. If, radiography, visual examination, headspace gas analysis, and/or homogeneous solids/soils/gravel sample analysis were used to determine EPA Hazardous Waste Codes, attach signed Characterization Information Summary documenting this determination.

Figure B-1 (Example Only) (Continued)
<table>
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<th>Attachment F, Figure F-10, WHB Pre-Fire Survey, First Floor</th>
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<td>Attachment G, Figure G-3, Waste Transport Routes in WHB</td>
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<td>Attachment M1, Figure M1-1, WHB Container Storage Unit</td>
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<td>Attachment O, Figure O3-3, WHB - Container Storage Unit</td>
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Pre-Fire Survey

1. Bldg. Name: WASTE HANDLING BUILDING
2. Address: 411 SITE
3. Occ. Type: MAINTENANCE AND OPERATIONS PERSONNEL
4. Map #: 411-1
5. Roof Const.: METAL
6. Floor Const.: CONCRETE
7. Date: 07/27/93
8. Revision Date: 02/10/97
10. Fire Hydrants: FH-#8 N, FH-#11 S, FH-#12 S, FH-#13 S.

LEGEND
- ELECTRICAL PANEL
- FLAMMABLE OUTF
- TD THERMAL DETECTOR
- NON-SPRINKLRED AREA
- LADDER WITH OVERHEAD WALKWAY
- HOSE 7D FIRE HOSE
- FP FIRE CONTROL PANEL
- SD SMOKE DETECTOR
- SPRINKLER RISER WITH F.D. CONNECTION

Figure F-10
Waste Handling Building Pre-Fire Survey (First Floor)
Waste Handling Building Pre-Fire Survey

1. Bldg. Name: WASTE HANDLING BUILDING
2. Address: 411 SITE
3. Occ. Type: MAINTENANCE AND OPERATIONS PERSONNEL
4. Map #: 411-2
5. Roof Const.: METAL
6. Floor Const.: CONCRETE
7. Date: 07/27/95
8. Revision Date: 02/11/97
10. Fire Hydrants: FH-#8 N, FH-#11 E, FH-#12 S, FH-#13 S

LEGEND

- ELECTRICAL PANEL
- FLAMMABLE CABINET
- THERMAL DETECTOR
- NONSPRINKLERED AREA
- LADDER & WALKWAY
- HOSE 75' FIRE HOSE
- DSD INDUCT SMOKE DETECTOR

Figure F-11
Waste Handling Building Pre-Fire Survey (Second Floor)
Figure G-3

Waste Transport Routes in Handling Building - Container Storage Unit

LEGEND

CH WASTE HAZARDOUS WASTE STORAGE AREA
32,172 SQ FT
Waste Handling Building - Container Storage Unit

Figure M1-1
September 14, 2000 Notice of Class 1 Permit Modifications

Item 1.a  Attachment F, Figure F-3, WIPP Underground Facilities
Attachment F, Figure F-5, Underground Emergency Equipment Locations
Attachment F, Figure F-9, Designated Underground Assembly Areas

Item 1.b  Attachment I, Figure I-1, Location of Underground HWDUs
Attachment I, Figure I-6, Approximate Location of Boreholes
Attachment I2, Figure I2-1, View of the WIPP Underground Facility

Item 1.c  Attachment M2, Figure M2-1, Repository Horizon
Figure F-3
WIPP Underground Facilities
Figure F-5
Underground Emergency Equipment Locations and Underground Evacuation Routes
Figure F-9
Designated Underground Assembly Areas
Figure I-1
Location of Underground HWDDUs and Anticipated Closure Locations
Figure 1.6
Approximate Location of Boreholes in Relation to the WIPP Underground
Figure M2-1
Repository Horizon
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LIST OF HAZARDOUS WASTE MANAGEMENT JOB TITLES

1. TRU WASTE HANDLERS
2. NON-TRU WASTE HANDLERS
3. WASTE OPERATIONS ADMINISTRATIVE ASSISTANT
4. WWIS DATA ADMINISTRATOR
5. MANAGER, WASTE OPERATIONS
6. RADIOLOGICAL CONTROL TECHNICIAN
7. MANAGER, RADIOLOGICAL CONTROL
8. TECHNICAL TRAINER
9. MANAGER, TECHNICAL TRAINING
10. EMERGENCY SERVICES TECHNICIAN
11. QUALITY ASSURANCE TECHNICIAN
12. TEAM LEADER, QUALITY ASSURANCE/INSPECTION SERVICES
13. SAMPLING TEAM MEMBER
14. MANAGER, ENVIRONMENTAL COMPLIANCE & SUPPORT
15. OPERATIONS ENGINEER
16. FACILITY SHIFT MANAGER
17. CENTRAL MONITORING ROOM OPERATOR
18. WASTE HOIST OPERATOR
19. WASTE HOIST SHAFT TENDER
20. WASTE HOISTING MANAGER
21. HAZARDOUS WASTE WORKER
22. SHIPPING COORDINATION MANAGER

# ORGANIZATION REQUIRING SIGNIFICANT HAZARDOUS WASTE HANDLING TRAINING
* ORGANIZATIONS REQUIRING SIGNIFICANT EMERGENCY RESPONSE TRAINING

SUPERVISORY POSITION
* REPORTS TO VARIOUS GROUPS
# FACILITIES, USAGE AND STRUCTURE NUMBERS

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Figure F-6
Fire-Water Distribution System
Figure F.2
Spatial View of the WIPP Facility

SURFACE FACILITIES

WASTE HOIST HEADFRAME OF THE WASTE HANDLING BUILDING

AIR INTAKE SHAFT

SHAFT PILLAR AREA 2150 FEET

SALT HANDLING SHAFT

EXHAUST SHAFT

WASTE SHAFT

PANELS 1 THROUGH 10 (HAZARDOUS WASTE MANAGEMENT UNITS)

PANEL CLOSURE AREAS

UNDERGROUND FACILITIES

WASTE DISPOSAL AREA
Underground Emergency Equipment Locations and Underground Evacuation Routes
Figure F-9
Designated Underground Assembly Areas
Figure I-6
Approximate Location of Boreholes in Relation to the WIPP Underground
SURFACE FACILITIES

AIR INTAKE SHAFT

WASTE HOIST HEADFRAME OF THE WASTE HANDLING BUILDING

SHAFT PILLAR AREA 2150 FEET

SALT HANDLING SHAFT

EXHAUST SHAFT

WASTE SHAFT

PANELS 1 THROUGH 10 (HAZARDOUS WASTE MANAGEMENT UNITS)

PANEL CLOSURE AREAS

UNDERGROUND FACILITIES

WASTE DISPOSAL AREA
November 1, 2000 Notice of Class 1 Permit Modifications

Item 5.b
Attachment G, Figure G-4, Underground Transport Route
Attachment M1, Figure M1-7, Waste Handling Building - Facility
Pallet Temporary Storage Area

Item 5.c
Attachment O, Figure O3-1, Spatial View of the WIPP Facility
Attachment O, Figure O3-2, Repository Horizon
Figure G-4
Underground Transport Route
Figure M1-7
Waste Handling Building - Facility Pallet Temporary Storage Area
Figure O3-2
Repository Horizon
January 29, 2001 Notice of Class 1 Permit Modifications

Item 1.n.15
Attachment L, Figure L-17a, Example of Chain of Custody Record
Attachment L, Figure L-17b, Example Request for Analysis

Item 1.p.3
Attachment N, Figure N-3, Example Request for Analysis
### Chain of Custody Record

**WASTE ISOLATION PILOT PLANT**  
WESTINGHOUSE TRU SOLUTIONS, LLC  
P.O. BOX 2078  
CARLSBAD, NM 88221-2078

**C of C Control No._________________**  
**RFA Control No._________________**

**SAMPLING PROGRAM __________________________**  
**LAB DESTINATION __________________________**

**SAMPLE TEAM MEMBERS __________________________**  
**CARRIER/WAYBILL NO. __________________________**

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</tbody>
</table>

**Special Instructions**

**Possible Sample Hazards:**

**Signatures:** (Name, Company, Date and Time:)

1. Relinquished By: __________________________  
   Received By: __________________________

2. Relinquished By: __________________________  
   Received By: __________________________

3. Relinquished By: __________________________  
   Received By: __________________________

4. Relinquished By: __________________________  
   Received By: __________________________

*WHITE Original, to accompany samples  YELLOW Field Copy  PINK Other*
# REQUEST FOR ANALYSIS

**WASTE ISOLATION PILOT PLANT**  
WESTINGHOUSE TRU SOLUTIONS, LLC  
P.O. BOX 2078  
CARLSBAD, NM 88221-2078

VOC Monitoring Program

**Purchase Order No.**

<table>
<thead>
<tr>
<th>Serial No.</th>
<th>Sample No.</th>
<th>C-of-C No.</th>
<th>Sample Type</th>
<th>Sample Pressure</th>
<th>Preservative</th>
<th>Contract-Specific Testing</th>
<th>Special Instructions</th>
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**R/A Control**

**C/C Control No.**

**Date Sample Shipped**

**Lab Destination**

**Laboratory Contact**

**Send Lab Report To**

**Date Report Required**

**Project Contact**

**Project Contact Phone No.**

**Turnaround Time Required**  
(Rush must be approved by appropriate Manager)  
NORMAL  
RUSH  
Subject to rush surcharge.

**Possible Hazard Identification**  
(Please indicate if samples are hazardous materials and/or suspected to contain high levels of hazardous substances):  
NON-HAZARD  
FLAMMABLE  
SKIN IRITANT  
HIGHLY TOXIC  
BIOLOGICAL  
OTHER

**Sample Disposal**  
(Please indicate disposition of sample following analysis):  
RETURN TO CLIENT  
DISPOSAL BY LAB  
(Please Specify):

**For Lab Use Only**  
RECEIVED BY:  
RECEIVED DATE/TIME: 
#### REQUEST FOR ANALYSIS

**WASTE ISOLATION PILOT PLANT**  
WESTINGHOUSE TRU SOLUTIONS, LLC  
P.O. BOX 2078  
CARLSBAD, NM 88221-2078

VOC Monitoring Program  
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**R/A Control:**

**C/C Control No.:**

**Date Sample Shipped:**

Lab Destination

Laboratory Contact

Send Lab Report To

Date Report Required

Project Contact

Project Contact Phone No.

---

**Turnaround Time Required:** (Must be approved by appropriate Manager) NORM: _____ RUSH: _____ Subject to rush surcharge.

**Possible Hazard Identification:** Please indicate if samples are hazardous materials and/or suspected to contain high levels of hazardous substances:

- **Hazardous:** Flammable  
- **Skin Irritant:**  
- **Highly Toxic:**  
- **Biological:**  
- **Other:**

**Sample Disposal:** Please indicate disposition of sample following analysis: RETURN TO CLIENT  DISPOSAL BY LAB  (Please Specify)

**For Lab Use Only**

**Received By:**  
**Date/Time:**
March 6, 2001 Notice of Class 1 Permit Modifications

Item 1.a.1  Attachment J1, Figure J1-2, Standard Waste Box and Seven Pack Configuration

Item 1.b.1  Attachment M1, Figure M1-13, WIPP Facility Surface and Underground...Process Flow Diagram

Item 1.c.3  Attachment M2, Figure M2-5, Backfill Sacks Emplaced in a Room

Item 1.c.4  Attachment M2, Figure M2-12, WIPP Facility Surface and Underground...Process Flow Diagram
Figure J1-2
Standard Waste Box and Seven Pack Configuration
Note:
Typical times are approximate and are based on operational simulations. Actual times may vary depending on individual circumstances.

WHB = Waste Handling Building
TRUPACT = Transuranic Package

Figure M1-13
WIPP Facility Surface and Underground CH Transuranic Mixed Waste Confirmation Process Flow Diagram
Figure M2-5
Backfill Sacks Emplaced in A Room
WIPP Facility Surface and Underground CH Transuranic Mixed Waste Confirmation Process Flow Diagram