Department of Energy
Carlsbad Field Office
P. O. Box 3090
Carlsbad, New Mexico 88221

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NMED
Hazardous Waste Bureau

Mr. John Kieling, Chief
Hazardous Waste Bureau
New Mexico Environment Department
2905 Rodeo Park Drive East, Building 1
Santa Fe, New Mexico 87505-6303

Subject: Class 1 Permit Modification Notification to the Waste Isolation Pilot Plant Hazardous Waste Facility Permit Number: NM4890139088-TSDF

Dear Mr. Kieling:

Enclosed is the following Class 1 Permit Modification Notification:

- Change in the Department of Energy, Carlsbad Field Office Manager

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

If you have any questions, please contact Mr. George T. Basabilvazo at (575) 234-7488.

Sincerely,

Todd A. Shrader, Manager
Carlsbad Field Office

Philip J. Breidenbach, Project Manager
Nuclear Waste Partnership LLC

Enclosure

cc: w/enclosure

K. Roberts, NMED	*ED
R. Maestas, NMED	ED
S. Holmes, NMED	ED
C. Smith, NMED	ED
CBFO M&RC	

*ED denotes electronic distribution

151005

CBFO:EPD:GTB:MT:15-2235:UFC 5487.00

Class 1 Permit Modification Notification

Change in Department of Energy, Carlsbad Field Office Manager

Waste Isolation Pilot Plant
Carlsbad, New Mexico

WIPP Permit Number - NM4890139088-TSDF

October 2015

Table of Contents

Transmittal Letter

Table of Contents i

Overview of the Permit Modification Notification 1

Attachment A Description of the Class 1 Permit Modification Notification A-1
Table 1. Class 1 Hazardous Waste Facility Permit Modification Notification A-2

Item 1 ..... A-3
Description A-3
Basis A-3
Discussion A-3
Proposed Revised Permit Text: A-4

Attachment B Hazardous Waste Permit Application, Part A A-5

Overview of the Permit Modification Notification

This document contains a Class 1 Permit Modification Notification (**PMN**) for the Waste Isolation Pilot Plant (**WIPP**) Hazardous Waste Facility Permit (**Permit**) Number NM4890139088-TSDF.

This PMN is being submitted by the U.S. Department of Energy (**DOE**) and Nuclear Waste Partnership LLC, collectively referred to as the Permittees, in accordance with Permit Part 1, Section 1.3.1. (20.4.1.900 New Mexico Administrative Code (**NMAC**) incorporating Title 40 of the Code of Federal Regulations (**CFR**) §270.42(a)). The PMN in this document is necessary to notify the New Mexico Environment Department (**NMED**) of a change which impacts the WIPP facility. This change does not reduce the ability of the Permittees to provide continued protection to human health and the environment.

The requested modification to the Permit and any related supporting documents are provided in this PMN. The proposed modification to the text of the Permit has been identified using red text and double underline and a ~~strikeout~~ font for deleted information. All direct quotations are indicated by italicized text.

Attachment A
Description of the Class 1 Permit Modification Notification

Table 1. Class 1 Hazardous Waste Facility Permit Modification Notification

Affected Permit Section	Change Description	Category
Attachment A, Section A-1 Attachment B, Part A – Hazardous Waste Permit Application	This modification revises Attachment A, Section A-1, and Attachment B, Hazardous Waste Permit Application Part A, to change the U.S. Department of Energy, Carlsbad Field Office, Responsible Official from Mr. Dana C. Bryson, Acting Manager, to Mr. Todd A. Shrader, Manager, effective October 4, 2015. This modification also changes the telephone number in Attachment A, Section A-1.	A.1

Item 1

Description

This modification revises Attachment A, Section A-1, and Attachment B, Hazardous Waste Permit Application Part A, to change the U.S. Department of Energy, Carlsbad Field Office, Responsible Official from Mr. Dana C. Bryson, Acting Manager, to Mr. Todd A. Shrader, Manager, effective October 4, 2015. This modification also changes the telephone number in Attachment A, Section A-1.

Basis

The change is classified as an “Administrative and informational change” and is, therefore, a Class 1 modification notification pursuant to 20.4.1.900 NMAC (incorporating 40 CFR 270.42, appendix I A.1).

Discussion

On October 4, 2015, Mr. Dana C. Bryson, Acting Manager, was replaced by Mr. Todd A. Shrader, Manager, as the Responsible Official for the U.S. Department of Energy, Carlsbad Field Office. This Permit change is necessary as Mr. Shrader becomes the signatory authority for the U.S. Department of Energy, Carlsbad Field Office. This modification also changes the telephone number in Attachment A, Section A-1.

Proposed Revised Permit Text:

ATTACHMENT A

GENERAL FACILITY DESCRIPTION AND PROCESS INFORMATION

A-1 Facility Description

Abstract

NAME OF FACILITY:	Waste Isolation Pilot Plant
OWNER and CO-OPERATOR:	U.S. Department of Energy P.O. Box 3090 Carlsbad, NM 88221
CO-OPERATOR:	Nuclear Waste Partnership LLC P.O. Box 2078 Carlsbad, NM 88221
RESPONSIBLE OFFICIALS:	~~Dana C. Bryson~~Todd A. Shrader ~~Acting~~ Manager, DOE/Carlsbad Field Office Philip J. Breidenbach Project Manager, Nuclear Waste Partnership LLC
FACILITY MAILING ADDRESS:	U.S. Department of Energy P.O. Box 3090 Carlsbad, NM 88221
FACILITY LOCATION:	30 miles east of Carlsbad on the Jal Highway, in Eddy County.
TELEPHONE NUMBER:	575/234-~~7303~~7300
U.S. EPA I.D. NUMBER:	NM4890139088
GEOGRAPHIC LOCATION:	32° 22′ 30″ N 103° 47′ 30″ W
DATE OPERATIONS BEGAN:	November 26, 1999

Attachment B
Hazardous Waste Permit Application, Part A

OMB# 2050-0024; Expires 01/31/2017

SEND COMPLETED FORM TO: The Appropriate State or Regional Office.	United States Environmental Protection Agency **RCRA SUBTITLE C SITE IDENTIFICATION FORM**

1. Reason for Submittal MARK ALL BOX(ES) THAT APPLY	**Reason for Submittal:** ☐ To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) ☒ To provide a Subsequent Notification (to update site identification information for this location) ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application ☒ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # 31) ☐ As a component of the Hazardous Waste Report (If marked, see sub-bullet below) ☐ Site was a TSD facility and/or generator of >1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)
2. Site EPA ID Number	**EPA ID Number** N M 4 8 9 0 1 3 9 0 8 8
3. Site Name	**Name:** Waste Isolation Pilot Plant
4. Site Location Information	**Street Address:** 30 miles east of Carlsbad on Jal Highway **City, Town, or Village:** Carlsbad — **County:** Eddy **State:** NM — **Country:** USA — **Zip Code:** 88221
5. Site Land Type	☐ Private ☐ County ☐ District ☑ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other
6. NAICS Code(s) for the Site (at least 5-digit codes)	A. 5 6 2 2 1 — C. B. — D.
7. Site Mailing Address	**Street or P.O. Box:** P.O. Box 3090 **City, Town, or Village:** Carlsbad **State:** NM — **Country:** USA — **Zip Code:** 88221
8. Site Contact Person	**First Name:** Todd — **MI:** A — **Last:** Shrader **Title:** Manager, Carlsbad Field Office (CBFO) **Street or P.O. Box:** P.O. Box 3090 **City, Town or Village:** Carlsbad **State:** NM — **Country:** USA — **Zip Code:** 88221 **Email:** Todd.Shrader@cbfo.doe.gov **Phone:** (575) 234-7300 — **Ext.:** — **Fax:** (575) 234-7027
9. Legal Owner and Operator of the Site	**A. Name of Site's Legal Owner:** U.S. Department of Energy — **Date Became Owner:** 05/18/1981 **Owner Type:** ☐ Private ☐ County ☐ District ☑ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other **Street or P.O. Box:** P.O. Box 3090 **City, Town, or Village:** Carlsbad — **Phone:** (575) 234-7300 **State:** NM — **Country:** USA — **Zip Code:** 88221 **B. Name of Site's Operator:** U.S. Department of Energy — **Date Became Operator:** 05/18/1981 **Operator Type:** ☐ Private ☐ County ☐ District ☑ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

10. Type of Regulated Waste Activity (at your site)
Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

A. Hazardous Waste Activities; Complete all parts 1-10.

Y ☑ N ☐ **1. Generator of Hazardous Waste**
If "Yes," mark only one of the following – a, b, or c.

☑ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs/mo.) or more of hazardous waste; **or** Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs/mo) of acute hazardous waste; **or** Generates, in any calendar month, **or** accumulates at any time, more than 100 kg/mo (220 lbs/mo) of acute hazardous spill cleanup material.

☐ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs/mo) of non-acute hazardous waste.

☐ c. CESQG: Less than 100 kg/mo (220 lbs/mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities in 2-10.

Y ☐ N ☑ **2. Short-Term Generator** (generate from a short-term or one-time event and not from on-going processes). If "Yes," provide an explanation in the Comments section.

Y ☐ N ☑ **3. United States Importer of Hazardous Waste**

Y ☑ N ☐ **4. Mixed Waste (hazardous and radioactive) Generator**

Y ☐ N ☑ **5. Transporter of Hazardous Waste**
If "Yes," mark all that apply.

☐ a. Transporter

☐ b. Transfer Facility (at your site)

Y ☑ N ☐ **6. Treater, Storer, or Disposer of Hazardous Waste** Note: A hazardous waste Part B permit is required for these activities.

Y ☐ N ☑ **7. Recycler of Hazardous Waste**

Y ☐ N ☑ **8. Exempt Boiler and/or Industrial Furnace**
If "Yes," mark all that apply.

☐ a. Small Quantity On-site Burner Exemption

☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☑ **9. Underground Injection Control**

Y ☑ N ☐ **10. Receives Hazardous Waste from Off-site**

B. Universal Waste Activities; Complete all parts 1-2.

Y ☐ N ☑ **1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes," mark all that apply.**

a. Batteries ☐
b. Pesticides ☐
c. Mercury containing equipment ☐
d. Lamps ☐
e. Other (specify) _____ ☐
f. Other (specify) _____ ☐
g. Other (specify) _____ ☐

Y ☐ N ☑ **2. Destination Facility for Universal Waste**
Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities; Complete all parts 1-4.

Y ☐ N ☑ **1. Used Oil Transporter**
If "Yes," mark all that apply.

☐ a. Transporter

☐ b. Transfer Facility (at your site)

Y ☐ N ☑ **2. Used Oil Processor and/or Re-refiner**
If "Yes," mark all that apply.

☐ a. Processor

☐ b. Re-refiner

Y ☐ N ☑ **3. Off-Specification Used Oil Burner**

Y ☐ N ☑ **4. Used Oil Fuel Marketer**
If "Yes," mark all that apply.

☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner

☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

❖ You can ONLY Opt into Subpart K if:

- you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND
- you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state

Y☐ N☐ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories **See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:**

☐ **a. College or University**

☐ **b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university**

☐ **c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university**

Y☐ N☐ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

11. Description of Hazardous Waste

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D004	D019	D033	F001	P030	U043	U108
D005	D021	D034	F002	P098	U044	U122
D006	D022	D035	F003	P099	U052	U133
D007	D026	D036	F004	P106	U070	U134
D008	D027	D037	F005	P120	U072	U151
D009	D028	D038	F006	U002	U078	U154
D010	D029	D039	F007	U003	U079	U159
D011	D030	D040	F009	U019	U103	U196
D018	D032	D043	P015	U037	U105	More Codes Attch.

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

EPA ID Number NM4890139088

Additional Hazardous Waste Numbers from Section 11						
U209						
U210						
U220						
U226						
U228						
U239						

12. Notification of Hazardous Secondary Material (HSM) Activity

Y ☐ N ☑ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes," you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

14. Certification. 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 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. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
Original Signature on File	Todd A. Shrader, Manager-CBFO	10/05/2015
Original Signature on File	Philip J. Breidenbach, Project Mgr-NWP	10/07/2015

EPA ID Number | N | M | 4 | 8 | 9 | 0 | 1 | 3 | 9 | 0 | 8 | 8 |

OMB#: 2050-0024; Expires 01/31/2017

United States Environmental Protection Agency

HAZARDOUS WASTE PERMIT INFORMATION FORM

1. Facility Permit Contact	**First Name:** Todd	**MI:** A	**Last Name:** Shrader	
	Contact Title: Manager, Carlsbad Field Office			
	Phone: (575)234-7300	**Ext.:**	**Email:** Todd.Shrader@cbfo.doe.gov	
2. Facility Permit Contact Mailing Address	**Street or P.O. Box:** P.O. Box 3090			
	City, Town, or Village: Carlsbad			
	State: NM			
	Country: USA	**Zip Code:** 88221		
3. Operator Mailing Address and Telephone Number	**Street or P.O. Box:** P.O. Box 3090			
	City, Town, or Village: Carlsbad			
	State: NM	**Phone:** (575)234-7300		
	Country: USA	**Zip Code:** 88221		
4. Facility Existence Date	**Facility Existence Date (mm/dd/yyyy):** 05/18/1981			

5. Other Environmental Permits

A. Facility Type *(Enter code)*	B. Permit Number	C. Description
		See Permit Attachment B, Appendix B1

6. Nature of Business: The Waste Isolation Pilot Plant (WIPP) is a U.S. Department of Energy facility which entails receiving, unloading, and transferring radioactive-mixed waste from the surface of the site to the underground hazardous waste management units. Waste will be emplaced in an underground geologic repository horizon located in a deep-bedded salt formation approximately 2,150 feet beneath the surface.

7. Process Codes and Design Capacities – Enter information in the Section on Form Page 3

A. PROCESS CODE – Enter the code from the list of process codes below that best describes each process to be used at the facility. If more lines are needed, attach a separate sheet of paper with the additional information. For "other" processes (i.e., D99, S99, T04 and X99), describe the process (including its design capacity) in the space provided in Item 8.

B. PROCESS DESIGN CAPACITY – For each code entered in Item 7.A; enter the capacity of the process.

1. **AMOUNT – Enter the amount. In a case where design capacity is not applicable (such as in a closure/post-closure or enforcement action) enter the total amount of waste for that process.**
2. **UNIT OF MEASURE – For each amount entered in Item 7.B(1), enter the code in Item 7.B(2) from the list of unit of measure codes below that describes the unit of measure used. Select only from the units of measure in this list.**

C. PROCESS TOTAL NUMBER OF UNITS – Enter the total number of units for each corresponding process code.

Process Code	Process	Appropriate Unit of Measure for Process Design Capacity
	Disposal	
D79	Underground Injection Well Disposal	Gallons; Liters; Gallons Per Day; or Liters Per Day
D80	Landfill	Acre-feet; Hectares-meter; Acres; Cubic Meters; Hectares; Cubic Yards
D81	Land Treatment	Acres or Hectares
D82	Ocean Disposal	Gallons Per Day or Liters Per Day
D83	Surface Impoundment Disposal	Gallons; Liters; Cubic Meters; or Cubic Yards
D99	Other Disposal	Any Unit of Measure Listed Below
	Storage	
S01	Container	Gallons; Liters; Cubic Meters; or Cubic Yards
S02	Tank Storage	Gallons; Liters; Cubic Meters; or Cubic Yards
S03	Waste Pile	Cubic Yards or Cubic Meters
S04	Surface Impoundment	Gallons; Liters; Cubic Meters; or Cubic Yards
S05	Drip Pad	Gallons; Liters; Cubic Meters; Hectares; or Cubic Yards
S06	Containment Building Storage	Cubic Yards or Cubic Meters
S99	Other Storage	Any Unit of Measure Listed Below
	Treatment	
T01	Tank Treatment	Gallons Per Day; Liters Per Day
T02	Surface Impoundment	Gallons Per Day; Liters Per Day
T03	Incinerator	Short Tons Per Hour; Metric Tons Per Hour; Gallons Per Hour; Liters Per Hour; BTUs Per Hour; Pounds Per Hour; Short Tons Per Day; Kilograms Per Hour; Gallons Per Day; Metric Tons Per Hour; or Million BTU Per Hour
T04	Other Treatment	Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day; Short Tons Per Day; BTUs Per Hour; Gallons Per Day; Liters Per Hour; or Million BTU Per Hour
T80	Boiler	Gallons; Liters; Gallons Per Hour; Liters Per Hour; BTUs Per Hour; or Million BTU Per Hour

Process Code	Process	Appropriate Unit of Measure for Process Design Capacity
	Treatment (Continued)	**(for T81 – T94)**
T81	Cement Kiln	Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day; Metric Tons Per Hour; Short Tons Per Day; BTU Per Hour; Liters Per Hour; Kilograms Per Hour; or Million BTU Per Hour
T82	Lime Kiln	
T83	Aggregate Kiln	
T84	Phosphate Kiln	
T85	Coke Oven	
T86	Blast Furnace	
T87	Smelting, Melting, or Refining Furnace	
T88	Titanium Dioxide Chloride Oxidation Reactor	
T89	Methane Reforming Furnace	
T90	Pulping Liquor Recovery Furnace	
T91	Combustion Device Used in the Recovery of Sulfur Values from Spent Sulfuric Acid	
T92	Halogen Acid Furnaces	
T93	Other Industrial Furnaces Listed in 40 CFR 260.10	
T94	Containment Building Treatment	Cubic Yards; Cubic Meters; Short Tons Per Hour; Gallons Per Hour; Liters Per Hour; BTU Per Hour; Pounds Per Hour; Short Tons Per Day; Kilograms Per Hour; Metric Tons Per Day; Gallons Per Day; Liters Per Day; Metric Tons Per Hour; or Million BTU Per Hour
	Miscellaneous (Subpart X)	
X01	Open Burning/Open Detonation	Any Unit of Measure Listed Below
X02	Mechanical Processing	Short Tons Per Hour; Metric Tons Per Hour; Short Tons Per Day; Metric Tons Per Day; Pounds Per Hour; Kilograms Per Hour; Gallons Per Hour; Liters Per Hour; or Gallons Per Day
X03	Thermal Unit	Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day; Metric Tons Per Hour; Short Tons Per Day; BTU Per Hour; or Million BTU Per Hour
X04	Geologic Repository	Cubic Yards; Cubic Meters; Acre-feet; Hectare-meter; Gallons; or Liters
X99	Other Subpart X	Any Unit of Measure Listed Below

Unit of Measure	Unit of Measure Code
Gallons	G
Gallons Per Hour	E
Gallons Per Day	U
Liters	L
Liters Per Hour	H
Liters Per Day	V
Short Tons Per Hour	D
Short Tons Per Day	N
Metric Tons Per Hour	W
Metric Tons Per Day	S
Pounds Per Hour	J
Kilograms Per Hour	X
Million BTU Per Hour	X
Cubic Yards	Y
Cubic Meters	C
Acres	B
Acre-feet	A
Hectares	Q
Hectare-meter	F
BTU Per Hour	I

EPA ID Number | N | M | 4 | 8 | 9 | 0 | 1 | 3 | 9 | 0 | 8 | 8 | OMB#: 2050-0024; Expires 01/31/2017

7. Process Codes and Design Capacities (Continued)

EXAMPLE FOR COMPLETING Item 7 (shown in line number X-1 below): A facility has a storage tank, which can hold 533.788 gallons.

Line Number		A. Process Code (From list above)			B. PROCESS DESIGN CAPACITY (1) Amount (Specify)	(2) Unit of Measure	C. Process Total Number of Units	For Official Use Only
X	1	S	0	2	533.788	G	001	
	1	X	0	4	175600.00	C	010	
	2	S	0	1	194.1	C	001	
	3	S	0	1	242.0	C	001	
	4							
	5							
	6							
	7							
	8							
	9							
1	0							
1	1							
1	2							
1	3							

Note: If you need to list more than 13 process codes, attach an additional sheet(s) with the information in the same format as above. Number the line sequentially, taking into account any lines that will be used for "other" process (i.e., D99, S99, T04, and X99) in Item 8.

8. Other Processes (Follow instructions from Item 7 for D99, S99, T04, and X99 process codes)

Line Number (Enter #s in sequence with Item 7)		A. Process Code (From list above)			B. PROCESS DESIGN CAPACITY (1) Amount (Specify)	(2) Unit of Measure	C. Process Total Number of Units	For Official Use Only
X	2	T	0	4	100.00	U	001	

9. Description of Hazardous Wastes - Enter Information in the Sections on Form Page 5

A. EPA HAZARDOUS WASTE NUMBER – Enter the four-digit number from 40 CFR, Part 261 Subpart D of each listed hazardous waste you will handle. For hazardous wastes which are not listed in 40 CFR, Part 261 Subpart D, enter the four-digit number(s) from 40 CFR Part 261, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY – For each listed waste entered in Item 9.A, estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in Item 9.A, estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE – For each quantity entered in Item 9.B, enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure, taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in Item 9.A, select the code(s) from the list of process codes contained in Items 7.A and 8.A on page 3 to indicate all the processes that will be used to store, treat, and/or dispose of all listed hazardous wastes.

For non-listed waste: For each characteristic or toxic contaminant entered in Item 9.A, select the code(s) from the list of process codes contained in Items 7.A and 8.A on page 3 to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

NOTE: THREE SPACES ARE PROVIDED FOR ENTERING PROCESS CODES. IF MORE ARE NEEDED:

1. Enter the first two as described above.
2. Enter "000" in the extreme right box of Item 9.D(1).
3. Use additional sheet, enter line number from previous sheet, and enter additional code(s) in Item 9.E.

2. PROCESS DESCRIPTION: If code is not listed for a process that will be used, describe the process in Item 9.D(2) or in Item 9.E(2).

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER – Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in Item 9.A. On the same line complete Items 9.B, 9.C, and 9.D by estimating the total annual quantity of the waste and describing all the processes to be used to store, treat, and/or dispose of the waste.
2. In Item 9.A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In Item 9.D.2 on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING Item 9 (shown in line numbers X-1, X-2, X-3, and X-4 below) – A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operations. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

Line Number		A. EPA Hazardous Waste No. (Enter code)				B. Estimated Annual Qty of Waste	C. Unit of Measure (Enter code)	D. PROCESSES									
								(1) PROCESS CODES (Enter Code)									(2) PROCESS DESCRIPTION (If code is not entered in 9.D(1))
X	1	K	0	5	4	900	P	T	0	3	D	8	0				
X	2	D	0	0	2	400	P	T	0	3	D	8	0				
X	3	D	0	0	1	100	P	T	0	3	D	8	0				
X	4	D	0	0	2												Included With Above

9. Description of Hazardous Wastes *(Continued. Use additional sheet(s) as necessary; number pages as 5a, etc.)*

Line Number		A. EPA Hazardous Waste No. (Enter code)				B. Estimated Annual Qty of Waste	C. Unit of Measure (Enter code)	D. PROCESSES (1) PROCESS CODES (Enter Code)									D. PROCESSES (2) PROCESS DESCRIPTION (If code is not entered in 9.D(1))
	1	F	0	0	1	1891	M	X	0	4	S	0	1	S	0	1	
	2	F	0	0	2	1860	M	X	0	4	S	0	1	S	0	1	
	3	F	0	0	3	1593	M	X	0	4	S	0	1	S	0	1	
	4	F	0	0	4	26	M	X	0	4	S	0	1	S	0	1	
	5	F	0	0	5	1829	M	X	0	4	S	0	1	S	0	1	
	6	F	0	0	6	915	M	X	0	4	S	0	1	S	0	1	
	7	F	0	0	7	915	M	X	0	4	S	0	1	S	0	1	
	8	F	0	0	9	915	M	X	0	4	S	0	1	S	0	1	
	9	D	0	0	4	903	M	X	0	4	S	0	1	S	0	1	
1	0	D	0	0	5	484	M	X	0	4	S	0	1	S	0	1	
1	1	D	0	0	6	1819	M	X	0	4	S	0	1	S	0	1	
1	2	D	0	0	7	1248	M	X	0	4	S	0	1	S	0	1	
1	3	D	0	0	8	3246	M	X	0	4	S	0	1	S	0	1	
1	4	D	0	0	9	1727	M	X	0	4	S	0	1	S	0	1	
1	5	D	0	1	0	186	M	X	0	4	S	0	1	S	0	1	
1	6	D	0	1	1	1090	M	X	0	4	S	0	1	S	0	1	
1	7	D	0	1	8	749	M	X	0	4	S	0	1	S	0	1	
1	8	D	0	1	9	761	M	X	0	4	S	0	1	S	0	1	
1	9	D	0	2	1	26	M	X	0	4	S	0	1	S	0	1	
2	0	D	0	2	2	1098	M	X	0	4	S	0	1	S	0	1	
2	1	D	0	2	6	609	M	X	0	4	S	0	1	S	0	1	
2	2	D	0	2	7	26	M	X	0	4	S	0	1	S	0	1	
2	3	D	0	2	8	449	M	X	0	4	S	0	1	S	0	1	
2	4	D	0	2	9	478	M	X	0	4	S	0	1	S	0	1	
2	5	D	0	3	0	26	M	X	0	4	S	0	1	S	0	1	
2	6	D	0	3	2	26	M	X	0	4	S	0	1	S	0	1	
2	7	D	0	3	4	26	M	X	0	4	S	0	1	S	0	1	
2	8	D	0	3	5	139	M	X	0	4	S	0	1	S	0	1	
2	9	D	0	3	6	26	M	X	0	4	S	0	1	S	0	1	
3	0	D	0	3	7	26	M	X	0	4	S	0	1	S	0	1	
3	1	D	0	3	8	26	M	X	0	4	S	0	1	S	0	1	
3	2	D	0	3	9	26	M	X	0	4	S	0	1	S	0	1	
3	3	D	0	4	0	140	M	X	0	4	S	0	1	S	0	1	
3	4	D	0	4	3	26	M	X	0	4	S	0	1	S	0	1	
3	5	P	0	1	5	945	M	X	0	4	S	0	1	S	0	1	
3	6	U	0	0	2	344	M	X	0	4	S	0	1	S	0	1	

EPA ID Number | N | M | 4 | 8 | 9 | 0 | 1 | 3 | 9 | 0 | 8 | 8 | OMB#: 2050-0024; Expires 01/31/2017

9. Description of Hazardous Wastes *(Continued. Use additional sheet(s) as necessary; number pages as 5a, etc.)*

Line Number		A. EPA Hazardous Waste No. (Enter code)				B. Estimated Annual Qty of Waste	C. Unit of Measure (Enter code)	D. PROCESSES (1) PROCESS CODES (Enter Code)									D. PROCESSES (2) PROCESS DESCRIPTION (If code is not entered in 9.D.1)
3	7	U	0	1	9	344	M	X	0	4	S	0	1	S	0	1	
3	8	U	0	3	7	344	M	X	0	4	S	0	1	S	0	1	
3	9	U	0	4	3	344	M	X	0	4	S	0	1	S	0	1	
4	0	U	0	4	4	344	M	X	0	4	S	0	1	S	0	1	
4	1	U	0	5	2	344	M	X	0	4	S	0	1	S	0	1	
4	2	U	0	7	0	344	M	X	0	4	S	0	1	S	0	1	
4	3	U	0	7	2	344	M	X	0	4	S	0	1	S	0	1	
4	4	U	0	7	8	344	M	X	0	4	S	0	1	S	0	1	
4	5	U	0	7	9	344	M	X	0	4	S	0	1	S	0	1	
4	6	U	1	0	5	344	M	X	0	4	S	0	1	S	0	1	
4	7	U	1	2	2	344	M	X	0	4	S	0	1	S	0	1	
4	8	U	1	3	3	344	M	X	0	4	S	0	1	S	0	1	
4	9	U	1	5	1	344	M	X	0	4	S	0	1	S	0	1	
5	0	U	1	5	4	344	M	X	0	4	S	0	1	S	0	1	
5	1	U	1	5	9	344	M	X	0	4	S	0	1	S	0	1	
5	2	U	1	9	6	344	M	X	0	4	S	0	1	S	0	1	
5	3	U	2	0	9	344	M	X	0	4	S	0	1	S	0	1	
5	4	U	2	1	0	344	M	X	0	4	S	0	1	S	0	1	
5	5	U	2	2	0	344	M	X	0	4	S	0	1	S	0	1	
5	6	U	2	2	6	344	M	X	0	4	S	0	1	S	0	1	
5	7	U	2	2	8	344	M	X	0	4	S	0	1	S	0	1	
5	8	U	2	3	9	344	M	X	0	4	S	0	1	S	0	1	
5	9	P	1	2	0	344	M	X	0	4	S	0	1	S	0	1	
6	0	U	1	3	4	344	M	X	0	4	S	0	1	S	0	1	
6	1	D	0	3	3	344	M	X	0	4	S	0	1	S	0	1	
6	2	P	0	3	0	344	M	X	0	4	S	0	1	S	0	1	
6	3	9	0	9	8	344	M	X	0	4	S	0	1	S	0	1	
6	4	P	0	9	9	344	M	X	0	4	S	0	1	S	0	1	
6	5	P	1	0	6	344	M	X	0	4	S	0	1	S	0	1	
6	6	U	0	0	3	344	M	X	0	4	S	0	1	S	0	1	
6	7	U	1	0	3	344	M	X	0	4	S	0	1	S	0	1	
6	8	U	1	0	8	344	M	X	0	4	S	0	1	S	0	1	

10. Map

Attach to this application a topographical map, or other equivalent 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 intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all spring, rivers, and other surface water bodies in this map area. See instructions for precise requirements.

11. Facility Drawing

All existing facilities must include a scale drawing of the facility (see instructions for more detail).

12. Photographs

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment, and disposal areas; and sites of future storage, treatment, or disposal areas (see instructions for more detail).

13. Comments

See attached narrative from previous Part A Form (Section X11)

NM4890139088

RCRA PART A APPLICATION CERTIFICATION

The U.S. Department of Energy (DOE), through its Carlsbad Field Office, has signed as “owner and operator,” and Nuclear Waste Partnership LLC, the Management and Operating Contractor (MOC), has signed this application for the permitted facility as “co-operator.”

The DOE has determined that dual signatures best reflect the actual apportionment of Resource Conservation and Recovery Act (RCRA) responsibilities as follows:

> The DOE’s RCRA responsibilities are for policy, programmatic directives, funding and scheduling decisions, Waste Isolation Pilot Plant (WIPP) requirements of DOE generator sites, auditing, and oversight of all other parties engaged in work at the WIPP, as well as general oversight.
>
> The MOC’s RCRA responsibilities are for certain day-to-day operations (in accordance with general directions given by the DOE and in the Management and Operating Contract as part of its general oversight responsibility), including, but not limited to, the following: certain waste handling, monitoring, record keeping, certain data collection, reporting, technical advice, and contingency planning.
>
> For purposes of the certification required by Title 20 of the New Mexico Administrative Code, Chapter 4, Part 1 (20.4.1 NMAC), Subpart IX, §270.11(d), the DOE’s and the MOC’s representatives certify, under penalty of law that this document and all attachments were prepared under their direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on their inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of their knowledge and belief, true, accurate, and complete for their respective areas of responsibility. We are aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Owner and Operator Signature:	Original Signed by Todd A. Shrader
Title:	Manager, Carlsbad Field Office
for:	U.S. Department of Energy
Date:	10-05-2015

Co-Operator Signature:	Original Signed by Philip J. Breidenbach
Title:	Project Manager
for:	Nuclear Waste Partnership LLC
Date:	10-07-2015