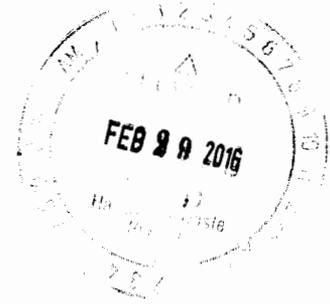




ENTRANCE

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

FEB 29 2016



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

Subject: Transmittal of the Waste Isolation Pilot Plant 2015 Biennial Hazardous Waste Report

Dear Mr. Kieling:

In accordance with the requirements of Part 2, Section 2.14.2 of the Hazardous Waste Facility Permit NM4890139088-TSDF, please find the enclosed CD-ROM and hardcopy of the 2015 Biennial Hazardous Waste Report (Report) for the Waste Isolation Pilot Plant (WIPP) in Carlsbad, New Mexico.

The Report consists of four attachments:

- Attachment 1: RCRA Subtitle C Site Identification Form;
- Attachment 2: Waste Generation and Management-GM Form;
- Attachment 3: Waste Received from Off-Site-WR Form;
- Attachment 4: Off-Site Identification-OI Form.

The Waste Received from Off-Site-WR forms for the 2015 Report are marked as "N/A" because the WIPP facility did not receive any off-site hazardous waste during Calendar Year 2015.

We certify under penalty of law that this document and all 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 inquiries 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 regarding the 2015 Biennial Hazardous Waste Report, please contact Mr. George Basabilvazo at (575) 234-7488.

Sincerely,

Todd Shrader, Manager
Carlsbad Field Office

Philip J. Breidenbach, Project Manager
Nuclear Waste Partnership LLC

Enclosures (2)

cc: w/o enclosures
R. Maestas, NMED *ED
*ED denotes electronic distribution



Attachment 1
RCRA SUBTITLE C
SITE IDENTIFICATION FORM
(Total 5 Pages, including Cover Sheet)

<p>SEND COMPLETED FORM TO: The Appropriate State or Regional Office.</p>	<p>United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM</p>		
<p>1. Reason for Submittal</p> <p>MARK ALL BOX(ES) THAT APPLY</p>	<p>Reason for Submittal:</p> <p><input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)</p> <p><input checked="" type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location)</p> <p><input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application</p> <p><input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)</p> <p><input checked="" type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below)</p> <p><input checked="" type="checkbox"/> 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)</p>		
<p>2. Site EPA ID Number</p>	<p>EPA ID Number <input type="text" value="N"/> <input type="text" value="M"/> <input type="text" value="4"/> <input type="text" value="8"/> <input type="text" value="9"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="3"/> <input type="text" value="9"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p>		
<p>3. Site Name</p>	<p>Name: U.S. DOE WASTE ISOLATION PILOT PLANT</p>		
<p>4. Site Location Information</p>	<p>Street Address: 30 MILES EAST OF CARLSBAD ON THE JAL HIGHWAY IN EDDY COUNTY</p>		
	<p>City, Town, or Village: CARLSBAD</p>	<p>County: EDDY</p>	
	<p>State: NM</p>	<p>Country: U.S.</p>	<p>Zip Code: 88220</p>
<p>5. Site Land Type</p>	<p><input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>		
<p>6. NAICS Code(s) for the Site (at least 5-digit codes)</p>	<p>A. <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="1"/></p>	<p>C. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
	<p>B. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>D. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
<p>7. Site Mailing Address</p>	<p>Street or P.O. Box: P.O. BOX 3090</p>		
	<p>City, Town, or Village: CARLSBAD</p>		
	<p>State: NM</p>	<p>Country: U.S.</p>	<p>Zip Code: 88221</p>
<p>8. Site Contact Person</p>	<p>First Name: GEORGE MI: T. Last: BASABILVAZO</p>		
	<p>Title: DIRECTOR</p>		
	<p>Street or P.O. Box: P.O. BOX 3090</p>		
	<p>City, Town or Village: CARLSBAD</p>		
	<p>State: NM</p>	<p>Country: U.S.</p>	<p>Zip Code: 88221</p>
	<p>Email: George.Basabilvazo@cbfo.doe.gov</p>		<p>Phone: 575-234-7488 Ext.: Fax: 575-234-7061</p>
<p>9. Legal Owner and Operator of the Site</p>	<p>A. Name of Site's Legal Owner: U.S. DEPARTMENT OF ENERGY Date Became Owner: 05/18/1981</p>		
	<p>Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>		
	<p>Street or P.O. Box: P.O. BOX 3090</p>		
	<p>City, Town, or Village: CARLSBAD</p>		<p>Phone: 575-234-7300</p>
	<p>State: NM</p>	<p>Country: U.S.</p>	<p>Zip Code: 88221</p>
	<p>B. Name of Site's Operator: NUCLEAR WASTE PARTNERSHIP LLC Date Became Operator: 10/01/2012</p>		
<p>Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>			

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.

- 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.

- 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.
- 3. United States Importer of Hazardous Waste**
- 4. Mixed Waste (hazardous and radioactive) Generator**

- 5. Transporter of Hazardous Waste**
 If "Yes," mark all that apply.
 - a. Transporter
 - b. Transfer Facility (at your site)
- 6. Treater, Storer, or Disposer of Hazardous Waste** Note: A hazardous waste Part B permit is required for these activities.
- 7. Recycler of Hazardous Waste**
- 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
- 9. Underground Injection Control**
- 10. Receives Hazardous Waste from Off-site**

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

- 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) _____
- 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.

- 1. Used Oil Transporter**
 If "Yes," mark all that apply.
 - a. Transporter
 - b. Transfer Facility (at your site)
- 2. Used Oil Processor and/or Re-refiner**
 If "Yes," mark all that apply.
 - a. Processor
 - b. Re-refiner
- 3. Off-Specification Used Oil Burner**
- 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.

D001	D003	D004	D005	D006	D007	D008
D009	D010	D011	D018	D019	D021	D022
D026	D027	D028	D029	D030	D032	D033
D034	D035	D036	D037	D038	D039	D040
D043	F001	F002	F003	F004	F005	F006
F007	F009	P015	P030	P098	P099	P106
P120	U002	U003	U019	U037	U043	U044
U052	U070	U072	U078	U079	U103	U105
U108	U122	U133	U134	U151	U154	U159

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.

N/A						

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

Item 11 A Continued. Additional EPA hazardous waste codes: U196, U209, U210, U220, U226, U228, U239.

The U.S. DOE Waste Isolation Pilot Plant (WIPP) did not receive radioactive hazardous waste from off-site generators during 2015 because waste disposal operations were suspended in 2014 after a radiological release occurred at the WIPP facility.

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)
<i>Anthony Stone FOR</i>	George T. Basabilvazo, Director	02/25/2016
	Environmental Protection Division	

Attachment 2

WASTE GENERATION AND MANAGEMENT- GM FORM

(Total 14 Pages including Cover Sheet)

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: U.S. DOE WASTE ISOLATION PILOT PLANT
30 MILES EAST OF CARLSBAD ON JAL HIGHWAY

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

GM
FORM

U.S. ENVIRONMENTAL PROTECTION AGENCY

2015 Hazardous Waste Report

WASTE GENERATION AND MANAGEMENT

Sec. 1 A. Waste description: EXPIRED ADHESIVE COMPOUND

B. EPA hazardous waste code(s) <u>D 0 0 1 D 0 3 5</u>		C. State hazardous waste code(s) 	
D. Source code <u>G 1 9</u> Management Method code for Source code G25 	E. Form code <u>W 0 0 1</u>	F. Quantity generated in 2015 <u>2 2 0</u> UOM <u>1</u> Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Waste minimization code <input checked="" type="checkbox"/>

Sec. 2 Was any of this waste that was generated at this facility treated, disposed, and/or recycled on site?

Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
 No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method code	Quantity treated, disposed, or recycled on site in 2015	On-site Management Method code	Quantity treated, disposed, or recycled on site in 2015
<u>H</u>		<u>H</u>	

Sec. 3 A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling?

Yes (CONTINUE TO ITEM B)
 No (FORM IS COMPLETE)

Site	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2015
Site 1	<u>C O D 9 8 0 5 9 1 1 8 4</u>	<u>H 0 6 1</u>	<u>2 2 0</u>
Site 2			
Site 3			

Comments:
EXPIRED MATERIAL. WASTE PROFILE # 982091.

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: U.S. DOE WASTE ISOLATION PILOT PLANT
30 MILES EAST OF CARLSBAD ON JAL HIGHWAY

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

**GM
FORM**

**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

2015 Hazardous Waste Report

**WASTE GENERATION
AND MANAGEMENT**

Sec. 1 A. Waste description: **FLAMMABLE PROPELLANTS IN NONPUNCTURED AEROSOL CANS FROM MAINTENANCE OPERATIONS**

B. EPA hazardous waste code(s)
D 0 0 1 | D 0 0 5 | D 0 3 5

C. State hazardous waste code(s)

D. Source code
G 1 1
 Management Method code for Source code G25

E. Form code
W 8 0 1

F. Quantity generated in 2015
 _____ 9 0 | 0
 UOM 1
 Density _____ □ lbs/gal □ sg

G. Waste minimization code
X

Sec. 2 Was any of this waste that was generated at this facility treated, disposed, and/or recycled on site?
 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
 No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method code	Quantity treated, disposed, or recycled on site in 2015	On-site Management Method code	Quantity treated, disposed, or recycled on site in 2015
<u>H</u> _____	_____	<u>H</u> _____	_____

Sec. 3 A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling?
 Yes (CONTINUE TO ITEM B)
 No (FORM IS COMPLETE)

Site	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2015
Site 1	<u>C O D 9 8 0 5 9 1 1 8 4</u>	<u>H 0 6 1</u>	_____ 9 0 0
Site 2	_____	_____	_____
Site 3	_____	_____	_____

Comments:
 WASTE PROFILE # 454562

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:
 SITE NAME: U.S. DOE WASTE ISOLATION PILOT PLANT
30 MILES EAST OF CARLSBAD ON JAL HIGHWAY
 EPA ID Number N M 4 | 8 9 0 | 1 3 9 | 0 8 8

U.S. ENVIRONMENTAL PROTECTION AGENCY

2015 Hazardous Waste Report

GM FORM

WASTE GENERATION AND MANAGEMENT

Sec. 1			
A. Waste description: DIESEL AND HYDRAULIC FLUID MIXTURE FROM MAINTENANCE OPERATIONS			
B. EPA hazardous waste code(s) <u>D 0 0 1</u>		C. State hazardous waste code(s)	
D. Source code <u>G 1 3</u> Management Method code for Source code G25		E. Form code <u>W 2 1 9</u>	F. Quantity generated in 2015 <u>1 8 0 0 0</u> UOM <u>1</u> Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
		G. Waste minimization code <input checked="" type="checkbox"/>	

Sec. 2	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)		
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method code	Quantity treated, disposed, or recycled on site in 2015	On-site Management Method code	Quantity treated, disposed, or recycled on site in 2015
<u>H</u>		<u>H</u>	

Sec. 3	A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped <u>C O D 9 8 0 5 9 1 1 8 4</u>	C. Off-site Management Method code shipped to <u>H 0 6 1</u>	D. Total quantity shipped in 2015 <u>1 8 0 0 0</u>
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2015
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2015

Comments:
 DIESEL AND HYDRAULIC FLUID MIXTURE. WASTE PROFILE # 997295

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: U.S. DOE WASTE ISOLATION PILOT PLANT
30 MILES EAST OF CARLSBAD ON JAL HIGHWAY

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

GM
FORM

U.S. ENVIRONMENTAL PROTECTION AGENCY

2015 Hazardous Waste Report

WASTE GENERATION AND MANAGEMENT

Sec. 1 A. Waste description: EXPIRED ETHYL ALCOHOL FROM MAINTENANCE OPERATIONS

B. EPA hazardous waste code(s) D 0 0 1

C. State hazardous waste code(s)

D. Source code G 1 9
Management Method code for Source code G25

E. Form code W 0 0 1

F. Quantity generated in 2015 1 4 2 | 0
UOM 1
Density lbs/gal sg

G. Waste minimization code

Sec. 2 Was any of this waste that was generated at this facility treated, disposed, and/or recycled on site?
 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
 No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method code	Quantity treated, disposed, or recycled on site in 2015	On-site Management Method code	Quantity treated, disposed, or recycled on site in 2015
<u>H</u>	<u> </u>	<u>H</u>	<u> </u>

Sec. 3 A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling?
 Yes (CONTINUE TO ITEM B)
 No (FORM IS COMPLETE)

Site	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2015
Site 1	<u>T X D 0 0 0 8 3 8 8 9 6</u>	<u>H 0 4 0</u>	<u>1 4 2 0</u>
Site 2	<u> </u>	<u> </u>	<u> </u>
Site 3	<u> </u>	<u> </u>	<u> </u>

Comments:
 EXPIRED MATERIAL. WASTE PROFILE # 982091

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: U.S. DOE WASTE ISOLATION PILOT PLANT
30 MILES EAST OF CARLSBAD ON JAL HIGHWAY

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

U.S. ENVIRONMENTAL PROTECTION AGENCY

2015 Hazardous Waste Report

GM FORM

WASTE GENERATION AND MANAGEMENT

Sec. 1 A. Waste description: GASOLINE AND DIESEL FUEL MIXTURE

B. EPA hazardous waste code(s) <u>D 0 0 1 D 0 1 8</u>		C. State hazardous waste code(s) _____	
D. Source code <u>G 0 9</u>	E. Form code <u>W 2 0 3</u>	F. Quantity generated in 2015 _____ <u>4 0 0 0</u>	G. Waste minimization code <input checked="" type="checkbox"/>
Management Method code for Source code G25 _____		UOM <u>1</u> Density _____ <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

Sec. 2 Was any of this waste that was generated at this facility treated, disposed, and/or recycled on site?

Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
 No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method code	Quantity treated, disposed, or recycled on site in 2015	On-site Management Method code	Quantity treated, disposed, or recycled on site in 2015
<u>H</u>	_____	<u>H</u>	_____

Sec. 3 A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling?

Yes (CONTINUE TO ITEM B)
 No (FORM IS COMPLETE)

Site	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2015
Site 1	<u>C O D 9 8 0 5 9 1 1 8 4</u>	<u>H 0 6 1</u>	_____ <u>4 0 0 0</u>
Site 2	_____	_____	_____
Site 3	_____	_____	_____

Comments:
 G09: UNINTENTIONAL MIXING OF GASOLINE AND DIESEL FUEL. WASTE PROFILE # 866371.

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: U.S. DOE WASTE ISOLATION PILOT PLANT
30 MILES EAST OF CARLSBAD ON JAL HIGHWAY

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

GM
FORM

U.S. ENVIRONMENTAL PROTECTION AGENCY

2015 Hazardous Waste Report

WASTE GENERATION AND MANAGEMENT

Sec. 1 A. Waste description: GASOLINE AND WATER MIXTURE FROM MAINTENANCE OPERATIONS

B. EPA hazardous waste code(s) D 0 0 1 D 0 1 8

C. State hazardous waste code(s)

D. Source code G 0 7
Management Method code for Source code G25

E. Form code W 2 1 9

F. Quantity generated in 2015 5 6 5 0
UOM 1
Density lbs/gal sg

G. Waste minimization code

Sec. 2 Was any of this waste that was generated at this facility treated, disposed, and/or recycled on site?
 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
 No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method code	Quantity treated, disposed, or recycled on site in 2015	On-site Management Method code	Quantity treated, disposed, or recycled on site in 2015
<u>H</u>		<u>H</u>	

Sec. 3 A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling?
 Yes (CONTINUE TO ITEM B)
 No (FORM IS COMPLETE)

Site	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2015
Site 1	<u>C O D 9 8 0 5 9 1 1 8 4</u>	<u>H 0 6 1</u>	<u>5 8 5 0</u>
Site 2			
Site 3			

Comments:
 GASOLINE AND WATER MIXTURE. WASTE PROFILE # 127351

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: U.S. DOE WASTE ISOLATION PILOT PLANT
30 MILES EAST OF CARLSBAD ON JAL HIGHWAY

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

U.S. ENVIRONMENTAL PROTECTION AGENCY

2015 Hazardous Waste Report

GM FORM

WASTE GENERATION AND MANAGEMENT

Sec. 1 A. Waste description: RADIOACTIVE WASTE HEPA FILTERS AND PPE

B. EPA hazardous waste code(s) <u>D 0 0 4</u> <u>D 0 0 5</u> <u>D 0 0 6</u> <u>D 0 0 7</u> <u>D 0 0 8</u> <u>D 0 0 9</u>		C. State hazardous waste code(s) _____ _____	
D. Source code <u>G 1 9</u> Management Method code for Source code G25 _____	E. Form code <u>W 3 1 0</u>	F. Quantity generated in 2015 _____ 1 4 4 0 4 0 UOM <u>1</u> Density _____ lbs/gal sg	G. Waste minimization code <input checked="" type="checkbox"/> X

Sec. 2 Was any of this waste that was generated at this facility treated, disposed, and/or recycled on site?
 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
 No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method code	Quantity treated, disposed, or recycled on site in 2015	On-site Management Method code	Quantity treated, disposed, or recycled on site in 2015
<u>H</u>	_____	<u>H</u>	_____

Sec. 3 A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling?
 Yes (CONTINUE TO ITEM B)
 No (FORM IS COMPLETE)

Site	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2015
Site 1	<u>U T D 9 8 2 5 9 8 8 9 8</u>	<u>H 1 3 2</u>	_____ 1 4 4 0 4 0
Site 2	_____	_____	_____
Site 3	_____	_____	_____

Comments:
 CLEANUP OF RADIOACTIVE WASTE RELEASE. WASTE PROFILE # 9078-03.
 sec. 1 B. ADDITIONAL EPA HAZARDOUS WASTE CODES: D010, D011, D018, D019, D021, D022, D026, D027, D028, D029, D030, D032, D033, D034, D035, D036, D037, D038, D039, D040, D043, F001, F002, F003, F004, F005, F008, F007, F009, U133.

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: U.S. DOE WASTE ISOLATION PILOT PLANT
30 MILES EAST OF CARLSBAD ON JAL HIGHWAY

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

GM
FORM

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2015 Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENT

Sec. 1 A. Waste description: OFF-SPECIFICATION OXYGEN CYLINDERS FROM MAINTENANCE OPERATIONS

B. EPA hazardous waste code(s) <u>D 0 0 1</u>		C. State hazardous waste code(s)	
D. Source code <u>G 1 1</u>		E. Form code <u>W 8 0 1</u>	F. Quantity generated in 2015 <u>6 7 0</u>
Management Method code for Source code G25		UOM <u>1</u>	G. Waste minimization code <u>X</u>
		Density <u> </u> lbs/gal <input type="checkbox"/> sg	

Sec. 2 Was any of this waste that was generated at this facility treated, disposed, and/or recycled on site?
 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
 No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method code	Quantity treated, disposed, or recycled on site in 2015	On-site Management Method code	Quantity treated, disposed, or recycled on site in 2015
<u>H</u>		<u>H</u>	

Sec. 3 A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling?
 Yes (CONTINUE TO ITEM B)
 No (FORM IS COMPLETE)

Site	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2015
Site 1	<u>I L D 0 9 8 6 4 2 4 2 4</u>	<u>H 0 4 0</u>	<u>6 7 0</u>
Site 2			
Site 3			

Comments:
WASTE PROFILE # 812718.

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: U.S. DOE WASTE ISOLATION PILOT PLANT
30 MILES EAST OF CARLSBAD ON JAL HIGHWAY

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

U.S. ENVIRONMENTAL PROTECTION AGENCY

2015 Hazardous Waste Report

GM FORM

WASTE GENERATION AND MANAGEMENT

Sec. 1 A. Waste description: **GASOLINE CONTAMINATED MATERIALS FROM SPILL CLEAN-UP OPERATIONS**

B. EPA hazardous waste code(s) <u>D 0 0 1 D 0 1 8</u>		C. State hazardous waste code(s) 	
D. Source code <u>G 3 2</u> Management Method code for Source code G25 		E. Form code <u>W 0 0 2</u>	F. Quantity generated in 2015 <u>6 0 0 0</u> UOM <u>1</u> Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
G. Waste minimization code <input checked="" type="checkbox"/>			

Sec. 2 Was any of this waste that was generated at this facility treated, disposed, and/or recycled on site?
 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
 No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method code	Quantity treated, disposed, or recycled on site in 2015	On-site Management Method code	Quantity treated, disposed, or recycled on site in 2015
<u>H</u>		<u>H</u>	

Sec. 3 A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling?
 Yes (CONTINUE TO ITEM B)
 No (FORM IS COMPLETE)

Site	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2015
Site 1	<u>T X D 0 0 0 8 3 8 8 9 6</u>	<u>H 0 4 0</u>	<u>6 0 0 0</u>
Site 2			
Site 3			

Comments:
 WASTE PROFILE # 058718.

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: U.S. DOE WASTE ISOLATION PILOT PLANT
30 MILES EAST OF CARLSBAD ON JAL HIGHWAY

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

U.S. ENVIRONMENTAL PROTECTION AGENCY

2015 Hazardous Waste Report

GM FORM

WASTE GENERATION AND MANAGEMENT

Sec. 1 A. Waste description: EXPIRED ISOPROPYL ALCOHOL FROM MAINTENANCE OPERATIONS

B. EPA hazardous waste code(s) <u>D 0 0 1</u>		C. State hazardous waste code(s)	
D. Source code <u>G 1 9</u> Management Method code for Source code G25		E. Form code <u>W 0 0 1</u>	F. Quantity generated in 2015 <u>2 7 0</u> UOM <u>1</u> Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
		G. Waste minimization code <input checked="" type="checkbox"/>	

Sec. 2 Was any of this waste that was generated at this facility treated, disposed, and/or recycled on site?
 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
 No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method code	Quantity treated, disposed, or recycled on site in 2015	On-site Management Method code	Quantity treated, disposed, or recycled on site in 2015
<u>H</u>		<u>H</u>	

Sec. 3 A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling?
 Yes (CONTINUE TO ITEM B)
 No (FORM IS COMPLETE)

Site	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2015
Site 1	<u>C O D 9 8 0 5 9 1 1 8 4</u>	<u>H 0 6 1</u>	<u>2 7 0</u>
Site 2			
Site 3			

Comments:
 EXPIRED MATERIAL. WASTE PROFILE # 982091

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: U.S. DOE WASTE ISOLATION PILOT PLANT
30 MILES EAST OF CARLSBAD ON JAL HIGHWAY

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

U.S. ENVIRONMENTAL PROTECTION AGENCY

2015 Hazardous Waste Report

GM FORM

WASTE GENERATION AND MANAGEMENT

Sec. 1 A. Waste description: SPENT HILTI CARTRIDGES FROM MAINTENANCE OPERATIONS

B. EPA hazardous waste code(s) D 0 0 8	C. State hazardous waste code(s)
D. Source code G 1 9 Management Method code for Source code G25	E. Form code W 3 0 9
F. Quantity generated in 2015 1 1 0 0 UOM 1 Density lbs/gal sg	G. Waste minimization code X

Sec. 2 Was any of this waste that was generated at this facility treated, disposed, and/or recycled on site?
 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
 No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method code	Quantity treated, disposed, or recycled on site in 2015	On-site Management Method code	Quantity treated, disposed, or recycled on site in 2015
H		H	

Sec. 3 A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling?
 Yes (CONTINUE TO ITEM B)
 No (FORM IS COMPLETE)

Site	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2015
Site 1	T X D 0 0 0 8 3 8 8 9 6	H 0 4 0	1 1 0 0
Site 2			
Site 3			

Comments:
 SPENT CARTRIDGES. WASTE PROFILE # 268895.

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: U.S. DOE WASTE ISOLATION PILOT PLANT
30 MILES EAST OF CARLSBAD ON JAL HIGHWAY

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

GM
FORM

U.S. ENVIRONMENTAL PROTECTION AGENCY

2015 Hazardous Waste Report

WASTE GENERATION AND MANAGEMENT

Sec. 1 A. Waste description: ISOPROPANOL CONTAMINATED MATERIALS FROM CLEAN-UP OPERATIONS

B. EPA hazardous waste code(s) <u>D 0 0 1</u>		C. State hazardous waste code(s)	
D. Source code <u>G 0 9</u> Management Method code for Source code G25		E. Form code <u>W 4 0 9</u>	F. Quantity generated in 2015 <u>1 3 0</u> UOM <u>1</u> Density <u> </u> <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
		G. Waste minimization code <u>X</u>	

Sec. 2 Was any of this waste that was generated at this facility treated, disposed, and/or recycled on site?
 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
 No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method code	Quantity treated, disposed, or recycled on site in 2015	On-site Management Method code	Quantity treated, disposed, or recycled on site in 2015
<u>H</u>	<u> </u>	<u>H</u>	<u> </u>

Sec. 3 A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling?
 Yes (CONTINUE TO ITEM B)
 No (FORM IS COMPLETE)

Site	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2015
Site 1	<u>C O D 9 8 0 5 9 1 1 8 4</u>	<u>H 1 4 1</u>	<u>1 3 0</u>
Site 2	<u> </u>	<u> </u>	<u> </u>
Site 3	<u> </u>	<u> </u>	<u> </u>

Comments:
 ISOPROPANOL CONTAMINATED RAGS AND DEBRIS. WASTE PROFILE # 866372.

Attachment 3

WASTE RECEIVED FROM OFF-SITE-WR FORM

(Total 2 Pages including Cover Sheet)

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: U.S. DOE WASTE ISOLATION PILOT PLANT
30 MILES EAST OF CARLSBAD ON JAL HIGHWAY

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

U.S. ENVIRONMENTAL PROTECTION AGENCY

2015 Hazardous Waste Report

WR FORM

WASTE RECEIVED FROM OFF SITE

Waste 1	A. Description of hazardous waste		
	N/A		
	B. EPA hazardous waste code(s)	C. State hazardous waste code(s)	D. Off-site handler EPA ID number
E. Quantity received in 2015	F. UOM <input type="checkbox"/> Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code	H. Management Method code

Waste 2	A. Description of hazardous waste		
	N/A		
	B. EPA hazardous waste code(s)	C. State hazardous waste code(s)	D. Off-site handler EPA ID number
E. Quantity received in 2015	F. UOM <input type="checkbox"/> Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code	H. Management Method code

Waste 3	A. Description of hazardous waste		
	N/A		
	B. EPA hazardous waste code(s)	C. State hazardous waste code(s)	D. Off-site handler EPA ID number
E. Quantity received in 2015	F. UOM <input type="checkbox"/> Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	G. Form code	H. Management Method code

Comments:
 THE U.S.DOE WASTE ISOLATION PILOT PLANT DID NOT RECEIVE HAZARDOUS WASTE OR RADIOACTIVE MIXED WASTE FROM OFF-SITE GENERATORS DURING CALENDAR YEAR 2015.

Attachment 4

OFF-SITE IDENTIFICATION FORM-OI FORM

(Total 3 Pages including Cover Sheet)

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: U.S. DOE WASTE ISOLATION PILOT PLANT
30 MILES EAST OF CARLSBAD ON JAL HIGHWAY

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

U.S. ENVIRONMENTAL PROTECTION AGENCY

2015 Hazardous Waste Report

OFF-SITE IDENTIFICATION

OI FORM

Site 1	A. EPA ID number of off-site installation or transporter <u> C A R 0 0 0 0 7 0 5 4 0 </u>	B. Name of off-site installation or transporter <u>ADVANCED CHEMICAL TRANSPORT INC.</u>
C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Receiving facility		D. Address of off-site installation Street <u>1210 ELKO DRIVE</u> City <u>SUNNYVALE</u> State <u> C A </u> Zip <u> 9 4 0 8 9 </u>
Site 2	A. EPA ID number of off-site installation or transporter <u> C O D 9 8 0 5 9 1 1 8 4 </u>	B. Name of off-site installation or transporter <u>VEOLIA ES TECHNICAL SOLUTIONS LLC</u>
C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> Receiving facility		D. Address of off-site installation Street <u>9131 EAST 96TH AVENUE</u> City <u>HENDERSON</u> State <u> C O </u> Zip <u> 8 0 4 6 0 </u>
Site 3	A. EPA ID number of off-site installation or transporter <u> I L D 0 9 8 6 4 2 4 2 4 </u>	B. Name of off-site installation or transporter <u>VEOLIA ES TECHNICAL SOLUTIONS LLC</u>
C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> Receiving facility		D. Address of off-site installation Street <u>7 MOBILE AVENUE</u> City <u>SAUGET</u> State <u> I L </u> Zip <u> 6 2 2 0 1 </u>
Site 4	A. EPA ID number of off-site installation or transporter <u> T N R 0 0 0 0 3 4 6 8 6 </u>	B. Name of off-site installation or transporter <u>HITTMAN TRANSPORT SERVICES INC.</u>
C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Receiving facility		D. Address of off-site installation Street <u>1560 BEAR CREEK ROAD</u> City <u>OAK RIDGE</u> State <u> T N </u> Zip <u> 3 7 8 3 0 </u>

Comments:

2.12.4. Emergency Coordinator

An Emergency Coordinator as specified in Table D-2 of Permit Attachment D shall be available at all times in case of an emergency. The Emergency Coordinator shall be thoroughly familiar with the Contingency Plan and shall have the authority to commit the resources needed to implement the Contingency Plan, as required by 20.4.1.500 NMAC (incorporating 40 CFR §264.55). In the event of an imminent or actual emergency, the Emergency Coordinator shall implement the requirements of 20.4.1.500 NMAC (incorporating 40 CFR §264.56).

2.13. MANIFEST SYSTEM

The Permittees shall comply with the manifest requirements of 20.4.1.500 NMAC (incorporating 40 CFR §§264.71 and 264.72). The Permittees shall not accept for storage or disposal any mixed waste from an off-site source without an accompanying manifest.

2.14. RECORDKEEPING AND REPORTING

In addition to the recordkeeping and reporting requirements specified elsewhere in this Permit, the Permittees shall comply with the following conditions:

2.14.1. Operating Record

The Permittees shall maintain a written operating record at the facility, as required by 20.4.1.500 NMAC (incorporating 40 CFR §264.73(a)). The written operating record shall include all information required under 20.4.1.500 NMAC (incorporating 40 CFR §264.73(b)) subject to the limitations on the storage of classified information as discussed in Permit Attachment C. Unless specifically prohibited by this Permit, an electronic record that cannot be altered by the user and capable of producing a paper copy shall be deemed to be a written record. The Permittees shall maintain the operating record until closure of the facility.

2.14.2. Biennial Report

The Permittees shall submit to the Secretary a biennial report, as required by 20.4.1.500 NMAC (incorporating 40 CFR §264.75).