



Department of Energy
Carlsbad Field Office
P. O. Box 3090
Carlsbad, New Mexico 88221
December 13, 2019



Mr. Dave Cobrain, Acting Chief
Hazardous Waste Bureau
New Mexico Environment Department
2905 Rodeo Park Drive East, Building 1
Santa Fe, New Mexico 87505

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

Dear Mr. Cobrain:

Enclosed is a Notification of Class 1 Permit Modification for the following item:

- Update Department of Energy, Carlsbad Field Office Acting Manager

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 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. Michael R. Brown at (575) 234-7476.

Sincerely,

Gregory Sosson
Acting Manager
Carlsbad Field Office

Sean Dunagan
President and Project Manager
Nuclear Waste Partnership LLC

Enclosure

cc: w/enclosure
R. Maestas, NMED *ED
D. Biswell, NMED ED
M. McLean, NMED ED
CBFO M&RC
*ED denotes electronic distribution



Class 1 Permit Modification Notification

Update Department of Energy, Carlsbad Field Office Acting Manager

**Waste Isolation Pilot Plant
Carlsbad, New Mexico**

WIPP Permit Number - NM4890139088-TSDF

December 2019

Table of Contents

Transmittal Letter

Table of Contents.....	i
Acronyms, Abbreviations, and Units.....	ii
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

Acronyms, Abbreviations, and Units

CBFO	Carlsbad Field Office
CFR	Code of Federal Regulations
DOE	U.S. Department of Energy
NMAC	New Mexico Administrative Code
NMED	New Mexico Environment Department
Permit	Waste Isolation Pilot Plant Hazardous Waste Facility Permit
Permittees	U.S. Department of Energy and Nuclear Waste Partnership LLC
PMN	Permit Modification Notification
WIPP	Waste Isolation Pilot Plant

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 changes which impact the Permit. 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 modifications to the text of the Permit have 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

Item No.	Affected Permit Section	Change Description	Category
1	Attachment A, Section A-1, <i>Facility Description</i> Attachment B, Part A- <i>Hazardous Waste Permit Application Part A</i>	This modification revises Attachment A, Section A-1, <i>Facility Description</i> , and Attachment B, <i>Hazardous Waste Permit Application Part A</i> , to change the Acting Manager of the U.S. Department of Energy (DOE) Carlsbad Field Office (CBFO) from Mr. Kirk D. Lachman to Mr. Gregory Sosson, effective December 9, 2019.	A.1

Item 1

Description

This modification revises Attachment A, Section A-1, *Facility Description*, and Attachment B, *Hazardous Waste Permit Application Part A*, to change the Acting Manager of the U.S. Department of Energy (DOE) Carlsbad Field Office (CBFO) from Mr. Kirk D. Lachman to Mr. Gregory Sosson, effective December 9, 2019.

Basis

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

Discussion

On December 9, 2019, Mr. Kirk D. Lachman was replaced by Mr. Gregory Sosson as the Acting Manager and responsible official for the DOE/CBFO. The revisions to Attachment A, Section A-1, and Attachment B, reflect this change and are necessary as Mr. Sosson is the signatory authority for the DOE/CBFO. Attachment B was updated using the *United States Environmental Protection Agency RCRA Hazardous Waste Part A Permit Application Instructions and Form*, 8700-23 (OMB# 2050-0024; expires 5/31/2020).

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: ~~Kirk Lachman~~ Gregory Sosson
Acting Manager, DOE/Carlsbad Field Office
Sean Dunagan
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: 575/234-7300

U.S. EPA I.D. NUMBER: NM4890139088

GEOGRAPHIC LOCATION: 32° 22' 30" N
103° 47' 30" W

DATE OPERATIONS BEGAN: November 26, 1999

United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM	
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1. Reason for Submittal (Select only one.)

<input type="checkbox"/>	Obtaining or updating an EPA ID number for an on-going regulated activity that will continue for a period of time. (Includes HSM activity)
<input type="checkbox"/>	Submitting as a component of the Hazardous Waste Report for _____ (Reporting Year)
<input 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 reporting year (or State equivalent LQG regulations)
<input type="checkbox"/>	Notifying that regulated activity is no longer occurring at this Site
<input type="checkbox"/>	Obtaining or updating an EPA ID number for conducting Electronic Manifest Broker activities
<input checked="" type="checkbox"/>	Submitting a new or revised Part A Form

2. Site EPA ID Number

N	M	4	8	9	0	1	3	9	0	8	8
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3. Site Name

Waste Isolation Pilot Plant

4. Site Location Address

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 Mailing Address

Same as Location Address

Street Address P.O. Box 3090			
City, Town, or Village Carlsbad			
State NM	Country USA	Zip Code 88221	

6. Site Land 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
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7. North American Industry Classification System (NAICS) Code(s) for the Site (at least 5-digit codes)

A. (Primary) 56221	C.
B.	D.

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

OMB# 2050-0024; Expires 05/31/2020

8. Site Contact Information

Same as Location Address

First Name	Gregory	MI	Last Name	Sosson
Title	Acting Manager, Carlsbad Field Office (CBFO)			
Street Address	P.O. Box 3090			
City, Town, or Village	Carlsbad			
State	NM	Country	USA	Zip Code
				88221
Email	Gregory.Sosson@cbfo.doe.gov			
Phone	(575) 234-7300	Ext		Fax (575) 234-7694

9. Legal Owner and Operator of the Site

A. Name of Site's Legal Owner

Same as Location Address

Full Name	U.S. Department of Energy			Date Became Owner (mm/dd/yyyy)	05/18/1981
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				
Street Address	P.O. Box 3090				
City, Town, or Village	Carlsbad				
State	NM	Country	USA	Zip Code	88221
Email	Gregory.Sosson@cbfo.doe.gov				
Phone	(575) 234-7300	Ext		Fax	(575) 234-7694
Comments					

B. Name of Site's Legal Operator

Same as Location Address

Full Name	U.S. Department of Energy			Date Became Operator (mm/dd/yyyy)	05/18/1981
Operator 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				
Street Address	P.O. Box 3090				
City, Town, or Village	Carlsbad				
State	NM	Country	USA	Zip Code	88221
Email	Gregory.Sosson@cbfo.doe.gov				
Phone	(575) 234-7300	Ext		Fax	(575) 234-7694
Comments	See Item 18, Comments, for additional operator.				

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

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	1. Generator of Hazardous Waste—If "Yes", mark only one of the following—a, b, c	
<input checked="" type="checkbox"/>	a. LQG	-Generates, in any calendar month (includes quantities imported by importer site) 1,000 kg/mo (2,200 lb/mo) or more of non-acute hazardous waste; or -Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lb/mo) of acute hazardous waste; or -Generates, in any calendar month or accumulates at any time, more than 100 kg/mo (220 lb/mo) of acute hazardous spill cleanup material.
<input type="checkbox"/>	b. SQG	100 to 1,000 kg/mo (220-2,200 lb/mo) of non-acute hazardous waste and no more than 1 kg (2.2 lb) of acute hazardous waste and no more than 100 kg (220 lb) of any acute hazardous spill cleanup material.
<input type="checkbox"/>	c. VSQG	Less than or equal to 100 kg/mo (220 lb/mo) of non-acute hazardous waste.
If "Yes" above, indicate other generator activities in 2 and 3, as applicable.		
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Short-Term Generator (generates from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.	
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	3. Mixed Waste (hazardous and radioactive) Generator	
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	4. Treater, Storer or Disposer of Hazardous Waste—Note: A hazardous waste Part B permit is required for these activities.	
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	5. Receives Hazardous Waste from Off-site	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	6. Recycler of Hazardous Waste	
<input type="checkbox"/>	a.	Recycler who stores prior to recycling
<input type="checkbox"/>	b.	Recycler who does not store prior to recycling
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	7. Exempt Boiler and/or Industrial Furnace—If "Yes", mark all that apply.	
<input type="checkbox"/>	a.	Small Quantity On-site Burner Exemption
<input type="checkbox"/>	b.	Smelting, Melting, and Refining Furnace Exemption

B. 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	D009	D021	D029	D035	D040	F004
D005	D010	D022	D030	D036	D043	F005
D006	D011	D026	D032	D037	F001	F006
D007	D018	D027	D033	D038	F002	F007
D008	D019	D028	D034	D039	F003	See Item 18

C. Waste Codes for State Regulated (non-Federal) Hazardous Wastes. Please list the waste codes of the State 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.

11. Additional Regulated Waste Activities (NOTE: Refer to your State regulations to determine if a separate permit is required.)**A. Other Waste Activities**

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1. Transporter of Hazardous Waste—If "Yes", mark all that apply.
<input type="checkbox"/>	a. Transporter
<input type="checkbox"/>	b. Transfer Facility (at your site)
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Underground Injection Control
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	3. United States Importer of Hazardous Waste
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	4. Recognized Trader—If "Yes", mark all that apply.
<input type="checkbox"/>	a. Importer
<input type="checkbox"/>	b. Exporter
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	5. Importer/Exporter of Spent Lead-Acid Batteries (SLABs) under 40 CFR 266 Subpart G—If "Yes", mark all that apply.
<input type="checkbox"/>	a. Importer
<input type="checkbox"/>	b. Exporter

B. Universal Waste Activities

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) - If "Yes" mark all that apply. Note: Refer to your State regulations to determine what is regulated.
<input type="checkbox"/>	a. Batteries
<input type="checkbox"/>	b. Pesticides
<input type="checkbox"/>	c. Mercury containing equipment
<input type="checkbox"/>	d. Lamps
<input type="checkbox"/>	e. Other (specify) _____
<input type="checkbox"/>	f. Other (specify) _____
<input type="checkbox"/>	g. Other (specify) _____
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1. Used Oil Transporter—If "Yes", mark all that apply.
<input type="checkbox"/>	a. Transporter
<input type="checkbox"/>	b. Transfer Facility (at your site)
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Used Oil Processor and/or Re-refiner—If "Yes", mark all that apply.
<input type="checkbox"/>	a. Processor
<input type="checkbox"/>	b. Re-refiner
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	3. Off-Specification Used Oil Burner
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	4. Used Oil Fuel Marketer—If "Yes", mark all that apply.
<input type="checkbox"/>	a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
<input type="checkbox"/>	b. Marketer Who First Claims the Used Oil Meets the Specifications

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

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	A. Opting into or currently operating under 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories—If "Yes", mark all that apply. Note: See the Item-by-Item instructions for definitions of types of eligible academic entities.
<input type="checkbox"/>	1. College or University
<input type="checkbox"/>	2. Teaching Hospital that is owned by or has a formal written affiliation with a college or university
<input type="checkbox"/>	3. Non-profit Institute that is owned by or has a formal written affiliation with a college or univer-
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	B. Withdrawing from 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories.

13. Episodic Generation

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Are you an SQG or VSQG generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, that moves you to a higher generator category. If "Yes", you must fill out the Addendum for Episodic Generator.
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14. LQG Consolidation of VSQG Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Are you an LQG notifying of consolidating VSQG Hazardous Waste Under the Control of the Same Person pursuant to 40 CFR 262.17(f)? If "Yes", you must fill out the Addendum for LQG Consolidation of VSQGs hazardous waste.
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15. Notification of LQG Site Closure for a Central Accumulation Area (CAA) (optional) OR Entire Facility (required)

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	LQG Site Closure of a Central Accumulation Area (CAA) or Entire Facility.
A. <input type="checkbox"/> Central Accumulation Area (CAA) or <input type="checkbox"/> Entire Facility	
B. Expected closure date: _____ mm/dd/yyyy	
C. Requesting new closure date: _____ mm/dd/yyyy	
D. Date closed : _____ mm/dd/yyyy	
<input type="checkbox"/>	1. In compliance with the closure performance standards 40 CFR 262.17(a)(8)
<input type="checkbox"/>	2. Not in compliance with the closure performance standards 40 CFR 262.17(a)(8)

16. Notification of Hazardous Secondary Material (HSM) Activity

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	A. 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 260.30, 40 CFR 261.4(a)(23), (24), or (27)? If "Yes", you must fill out the Addendum to the Site Identification Form for Managing Hazardous Secondary Material.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	B. Are you notifying under 40 CFR 260.43(a)(4)(iii) that the product of your recycling process has levels of hazardous constituents that are not comparable to or unable to be compared to a legitimate product or intermediate but that the recycling is still legitimate? If "Yes", you may provide explanation in Comments section. You must also document that your recycling is still legitimate and maintain that documentation on site.

17. Electronic Manifest Broker

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Are you notifying as a person, as defined in 40 CFR 260.10, electing to use the EPA electronic manifest system to obtain, complete, and transmit an electronic manifest under a contractual relationship with a hazardous waste generator?
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18. Comments (Include item number for each comment)

Section 9.B (continued):		
Full Name: Nuclear Waste Partnership LLC		
Date Became Operator (mm/dd/yyyy): 10/01/2012		
Operator Type: Private		
Street Address: P.O. Box 2078		
City, Town, or Village: Carlsbad		
State: NM	Country: USA	Zip Code: 88221
Email: Sean.Dunagan@wipp.ws		
Phone: (575) 234-7400	Ext:	Fax: (575) 234-7046
Section 10.B (continued): F009, P015, P030, P088, P099, P108, P120, U002, U003, U019, U037, U043, U044, U062, U070, U072, U078, U079, U103, U105, U108, U122, U133, U134, U151, U154, U159, U196, U209, U210, U220, U226, U228, U239		

19. 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. **Note: For the RCRA Hazardous Waste Part A permit Application, all owners and operators must sign (see 40 CFR 270.10(b) and 270.11).**

Signature of legal owner, operator or authorized representative Original Signature on File	Date (mm/dd/yyyy) 12/13/2019
Printed Name (First, Middle Initial Last) Gregory Sosson	Title Acting Manager, Carlsbad Field Office (CBFO)
Email Gregory.Sosson@cbfo.doe.gov	
Signature of legal owner, operator or authorized representative Original Signature on File	Date (mm/dd/yyyy) 12/13/2019
Printed Name (First, Middle Initial Last) Sean Dunagan	Title Project Manager, Nuclear Waste Partnership LLC
Email Sean.Dunagan@wipp.ws	

United States Environmental Protection Agency HAZARDOUS WASTE PERMIT PART A FORM	
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1. Facility Permit Contact

First Name	Same as Site Contact	MI	Last Name
Title			
Email			
Phone	Ext	Fax	

2. Facility Permit Contact Mailing Address

Street Address	Same as Site Mailing Address	
City, Town, or Village		
State	Country	Zip Code

3. Facility Existence Date (mm/dd/yyyy)

05/18/1981

4. Other Environmental Permits

A. Permit Type	B. Permit Number	C. Description
		See Permit Attachment B, Appendix B1

5. 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 is emplaced in an underground geologic repository horizon located in a deep-bedded salt formation approximately 2,150 feet beneath the surface.

6. Process Codes and Design Capacities

Line Number	A. Process Code			B. Process Design Capacity		C. Process Total Number of Units	D. Unit Name
				(1) Amount	(2) Unit of Measure		
1	X	0	4	18000.00	C	002	Panels 1 and 2
2	X	0	4	18760.00	C	001	Panel 3
3	X	0	4	19106.00	C	001	Panel 4
4	X	0	4	19195.00	C	001	Panel 5
							See attached

7. Description of Hazardous Wastes (Enter codes for Items 7.A, 7.C and 7.D(1))

Line No.	A. EPA Hazardous Waste No.				B. Estimated Annual Qty of Waste	C. Unit of Measure	D. Processes									
							(1) Process Codes					(2) Process Description (if code is not entered in 7.D(1))				
1	D	0	0	4	903	M	X	0	4	S	0	1	S	0	1	
2	D	0	0	5	484	M	X	0	4	S	0	1	S	0	1	
3	D	0	0	6	1819	M	X	0	4	S	0	1	S	0	1	
4	D	0	0	7	1248	M	X	0	4	S	0	1	S	0	1	
5	D	0	0	8	3246	M	X	0	4	S	0	1	S	0	1	
6	D	0	0	9	1727	M	X	0	4	S	0	1	S	0	1	
7	D	0	1	0	188	M	X	0	4	S	0	1	S	0	1	
8	D	0	1	1	1090	M	X	0	4	S	0	1	S	0	1	
9	D	0	1	8	749	M	X	0	4	S	0	1	S	0	1	
10	D	0	1	9	761	M	X	0	4	S	0	1	S	0	1	
																See attached

8. 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.

9. Facility Drawing

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

10. 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.

11. Comments

See Hazardous Waste Permit Part A Form, Narrative to Item 6. Process Codes and Design Capacities.