



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

February 6, 2023

Mr. Rick Shean, 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 Notifications, Waste Isolation Pilot Plant Hazardous Waste Facility
Permit Number: NM4890139088-TSDF

Dear Mr. Shean:

Enclosed are Class 1 Permit Modification Notifications for the following items:

- Update Carlsbad Field Office (CBFO) Manager and Management and Operating Contractor (M&O) Start Date in Permit Attachments A and B
- Update Permit Attachment D, Table D-1, Resource Conservation and Recovery Act Emergency Coordinators

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 Gerle at (575) 988-5372.

Sincerely,

Mark Bollinger
Acting Manager
Carlsbad Field Office

KENNETH
HARRAWOOD
(Affiliate)

Digitally signed by KENNETH
HARRAWOOD (Affiliate)
Date: 2023.02.06 08:47:20
-07'00'

Ken Harrawood
Program Manager
Salado Isolation Mining Contractors LLC

Enclosures (3)

cc: w/enclosures
 R. Maestas, NMED *ED
 D. Biswell, NMED ED
 M. McLean, NMED ED
 A. Donahue, NMED ED

*ED denotes electronic distribution

Class 1 Permit Modification Notifications

- 1. Update CBFO Manager and Management and Operating Contractor Start Date in Permit Attachments A and B**
- 2. Update Permit Attachment D, Table D-1, *Resource Conservation and Recovery Act Emergency Coordinators***

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

WIPP Permit Number - NM4890139088-TSDF

February 2023

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Acronyms and Abbreviations

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 Salado Isolation Mining Contractors LLC
PMNs	Permit Modification Notifications
RCRA	Resource Conservation and Recovery Act
WIPP	Waste Isolation Pilot Plant

Overview of the Permit Modification Notifications

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

These PMNs are being submitted by the U.S. Department of Energy (**DOE**) and Salado Isolation Mining Contractors 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 PMNs in this document are necessary to notify the New Mexico Environment Department (**NMED**) of changes which impact the Permit. These changes do not reduce the ability of the Permittees to provide continued protection to human health and the environment.

The modifications to the Permit and any related supporting documents are provided in these PMNs. 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 Notifications

Table 1. Class 1 Hazardous Waste Facility Permit Modification Notifications

Item No.	Affected Permit Section	Change Description	Category
1	Attachment A, Section A-1, <i>Facility Description</i> Attachment B, <i>Hazardous Waste Permit Application Part A</i>	This modification revises Permit Attachment A, Section A-1, <i>Facility Description</i> , and Permit Attachment B, <i>Hazardous Waste Permit Application Part A</i> , to change the responsible official for the DOE Carlsbad Field Office (CBFO) from Mr. Reinhard Knerr, Manager, to Mr. Mark Bollinger, Acting Manager. This modification also updates the "Date Became Operator" in Section 18 of the Resource Conservation and Recovery Act (RCRA) Subtitle C Site Identification Form in Permit Attachment B, <i>Hazardous Waste Permit Application Part A</i> , from February 6, 2023, to February 4, 2023.	A.1
2	Attachment D, Table D-1, <i>Resource Conservation and Recovery Act Emergency Coordinators</i>	This modification updates Permit Attachment D, Table D-1, <i>Resource Conservation and Recovery Act Emergency Coordinators</i> , with the following change: <ul style="list-style-type: none"> • Adds "J.W. (Justin) Bailey" 	B.6.d

Item 1

Description

This modification revises Permit Attachment A, Section A-1, *Facility Description*, and Permit Attachment B, *Hazardous Waste Permit Application Part A*, to change the responsible official for the DOE Carlsbad Field Office (**CBFO**) from Mr. Reinhard Knerr, Manager, to Mr. Mark Bollinger, Acting Manager. This modification also updates the "Date Became Operator" in Section 18 of the Resource Conservation and Recovery Act (**RCRA**) Subtitle C Site Identification Form in Permit Attachment B, *Hazardous Waste Permit Application Part A*, from February 6, 2023, to February 4, 2023.

Basis

This 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

Mr. Reinhard Knerr was replaced by Mr. Mark Bollinger as the responsible official for the DOE/CBFO. This Permit change is necessary to recognize that Mr. Bollinger is now the signatory authority for the DOE/CBFO.

On November 22, 2022, the Permittees submitted a Class 1 PMN requiring prior agency approval (i.e., Class 1*) for a change in co-operator of the WIPP facility. The Class 1* PMN was approved by the NMED on January 30, 2023. Pursuant to the Class 1* PMN approval, the Permittees are providing the updated Part A Forms that reflect the effective date of February 4, 2023. Please note that the Part A Forms and Certification Statement have a date of February 6, 2023 since this is the date the forms were signed. The "Date Became Operator" shows the effective date of February 4, 2023.

Permit Attachment B was updated using the most current version of the United States Environmental Protection Agency RCRA Hazardous Waste Part A Permit Application Instruction and Form, 8700-23 (OMB# 2050-0024; expires 04/30/2024). This change is necessary to update the Permit.

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:	Salado Isolation Mining Contractors LLC P.O. Box 2078 Carlsbad, NM 88221
RESPONSIBLE OFFICIALS:	Reinhard Kner <u>Mark Bollinger</u> <u>Acting</u> Manager, DOE/Carlsbad Field Office Ken Harrawood Program Manager, Salado Isolation Mining Contractors LLC
FACILITY MAILING ADDRESS:	U.S. Department of Energy P.O. Box 3090 Carlsbad, NM 88221
FACILITY LOCATION:	34 Louis Whitlock Road, Carlsbad, NM 88220
TELEPHONE NUMBER:	575/234-7300
U.S. EPA I.D. NUMBER:	NM4890139088
GEOGRAPHIC LOCATION: (WGS84)	32.3697706 -103.7913501
DATE OPERATIONS BEGAN:	November 26, 1999

ATTACHMENT B HAZARDOUS WASTE PERMIT APPLICATION PART A

OMB# 2050-0024; Expires 04/30/2024

United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM	
-------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------

1. Reason for Submittal (Select only one.)

<input type="checkbox"/>	Obtaining or updating an EPA ID number for on-going regulated activities (Items 10-17 below) that will continue for a period of time.
<input type="checkbox"/>	Submitting as a component of the Hazardous Waste Report for _____ (Reporting Year)
<input type="checkbox"/>	Site was a TSD facility, a reverse distributor, and/or generator of $\geq 1,000$ kg of non-acute 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 (permit) Form

2. Site EPA ID Number

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

3. Site Name

Waste Isolation Pilot Plant

4. Site Location Address

Street Address	34 Louis Whitlock Road		
City, Town, or Village	Carlsbad	County	Eddy
State	NM	Country	USA
Latitude	32.3697706	Longitude	-103.7913501
		<input type="checkbox"/> Use Lat/Long as Primary Address	

5. Site Mailing Address

Same as Location Street 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.

8. Site Contact Information

Same as Location Address

First Name	Mark	MI		Last Name	Bollinger
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	Mark.Bollinger@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	Date Became Owner (mm/dd/yyyy)
U.S. Department of Energy	5/18/1981
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	Mark.Bollinger@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	Date Became Operator (mm/dd/yyyy)
U.S. Department of Energy	5/18/1981
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	Mark.Bollinger@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, 1,000 kg/mo (2,200 lb/mo) or more of non-acute hazardous waste (includes quantities imported by importer site); 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.
<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. <i>Note: If "Yes", you MUST indicate that you are a Generator of Hazardous Waste in Item 10.A.1 above.</i>	
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	3. Treater, Storer or Disposer of Hazardous Waste—Note: Part B of a hazardous waste permit is required for these activities.	
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	4. Receives Hazardous Waste from Off-site	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	5 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	6. 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. Aerosol Cans
<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

D. Pharmaceutical Activities

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1. Operating under 40 CFR Part 266, Subpart P for the management of hazardous waste pharmaceuticals—if “Yes”, mark only one. Note: See the item-by-item instructions for definitions of healthcare facility and reverse distributor.
<input type="checkbox"/>	a. Healthcare Facility
<input type="checkbox"/>	b. Reverse Distributor
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Withdrawing from operating under 40 CFR Part 266, Subpart P for the management of hazardous waste pharmaceuticals. Note: You may only withdraw if you are a healthcare facility that is a VSQG for all of your hazardous waste, including hazardous waste pharmaceuticals.

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

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	A. Opting into or currently operating under 40 CFR Part 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 university
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	B. Withdrawing from 40 CFR Part 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 VSQG 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.
<input type="checkbox"/>	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	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), (25), or (27)? If "Yes", you must fill out the Addendum to the Site Identification Form for Managing Hazardous Secondary Material.
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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)

<p>Section 9.B (continued): Full Name: Salado Isolation Mining Contractors LLC Date Became Operator (mm/dd/yyyy): 02/04/2023 Operator Type: Private Street Address: P.O. Box 2078 City, Town, or Village: Carlsbad State: NM Country: USA Zip Code: 88221 Email: Ken.Harrawood@wipp.ws Phone: (575) 234-7400 Ext: Fax: (575) 234-7046</p> <p>Section 10.B (continued): 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, U196, U209, U210, U220, U226, U228, U239</p>

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) 2/6/2023
Printed Name (First, Middle Initial Last) Mark Bollinger	Title Acting Manager, Carlsbad Field Office (CBFO)
Email Mark.Bollinger@cbfo.doe.gov	
Signature of legal owner, operator or authorized representative Original Signature on File	Date (mm/dd/yyyy) 2/6/2023
Printed Name (First, Middle Initial Last) Ken Harrawood	Title Program Manager, Salado Isolation Mining Contractors LLC
Email Ken.Harrawood@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)

5/18/1981

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 for the receipt, unloading, and transfer of transuranic mixed waste from the surface of the site to the underground hazardous waste disposal 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		
0	1	X	0	4	18000.00	C	002	Panels 1 and 2
0	2	X	0	4	18750.00	C	001	Panel 3
0	3	X	0	4	19106.00	C	001	Panel 4
0	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.D1)					
0	1	D	0	0	4	903	M	X	0	4	S	0	1	S	0	1	
0	2	D	0	0	5	484	M	X	0	4	S	0	1	S	0	1	
0	3	D	0	0	6	1819	M	X	0	4	S	0	1	S	0	1	
0	4	D	0	0	7	1248	M	X	0	4	S	0	1	S	0	1	
0	5	D	0	0	8	3246	M	X	0	4	S	0	1	S	0	1	
0	6	D	0	0	9	1727	M	X	0	4	S	0	1	S	0	1	
0	7	D	0	1	0	186	M	X	0	4	S	0	1	S	0	1	
0	8	D	0	1	1	1090	M	X	0	4	S	0	1	S	0	1	
0	9	D	0	1	8	749	M	X	0	4	S	0	1	S	0	1	
1	0	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.

RCRA PART A APPLICATION CERTIFICATION

The U.S. Department of Energy (DOE), through its Carlsbad Field Office, has signed as “owner and operator,” and Salado Isolation Mining Contractors 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 Mark Bollinger
Title: Acting Manager, Carlsbad Field Office (CBFO)
for: U.S. Department of Energy
Date: 2/6/2023

Co-Operator Signature: Original signed by Ken Harrawood
Title: Program Manager
for: Salado Isolation Mining Contractors LLC
Date: 2/6/2023

Item 2

Description

This modification updates Permit Attachment D, Table D-1, *Resource Conservation and Recovery Act Emergency Coordinators*, with the following change:

- Adds "J.W. (Justin) Bailey"

Basis

This change is classified as "General Facility Standards, Contingency Plan: Changes in name, address, or phone number of coordinators or other persons or agencies identified in the plan" and is, therefore, a Class 1 modification pursuant to 20.4.1.900 NMAC (incorporating 40 CFR §270.42, Appendix I, B.6.d).

Discussion

This change is needed to update the list of persons qualified to act as the RCRA Emergency Coordinator and to ensure the respective information is current. This list must be kept up to date pursuant to 20.4.1.500 NMAC (incorporating 40 CFR §264.52(d)). The Permittees are adding J.W. (Justin) Bailey to the list of RCRA Emergency Coordinators.


Revised Permit Text:

**Table D-1
Resource Conservation and Recovery Act Emergency Coordinators¹**

Name	Address*	Office Phone	Personal Phone*	24-Hour Emergency Phone
J.E. (Joseph) Bealler		(575) 234-8276 or (575) 234-8916		(575) 234-8111
M.G. (Mike) Proctor		(575) 234-8276 or (575) 234-8143		(575) 234-8111
P.J. (Paul) Paneral		(575) 234-8498		(575) 234-8111
A.C. (Andy) Cooper		(575) 234-8197		(575) 234-8111
C.J. (Chris) Belis		(575) 628-5851		(575) 234-8111
B.R. (Bobby) Franco		(575) 234-8163		(575) 234-8111
G.W. (Gregory) Brown		(575) 234-5862		(575) 234-8111
R.E. (Eric) Chavez		(575) 234-5831		(575) 234-8111
D.L. (Donald) Journey		(575) 234-8216		(575) 234-8111
R.H. (Robert) Valenzuela		(575) 234-8799		(575) 234-8111
J.R. (James) Bailey		(575) 234-8276		(575) 234-8111
M.L. (Martin) Mendes		(575) 234-5822		(575) 234-8111
D.J. (Derek) Tweedy		(575) 234-8272		(575) 234-8111
<u>J.W. (Justin) Bailey</u>		<u>(575) 234-8276</u>		<u>(575) 234-8111</u>

* NOTE: Personal information (home addresses and personal phone numbers) has been removed from informational copies of this Permit.

¹ For every shift, one qualified RCRA Emergency Coordinator serves as the primary, and a second qualified RCRA Emergency Coordinator is available to serve as the alternate.

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

<input type="checkbox"/>	Obtaining or updating an EPA ID number for on-going regulated activities (Items 10-17 below) that will continue for a period of time.
<input type="checkbox"/>	Submitting as a component of the Hazardous Waste Report for _____ (Reporting Year)
<input type="checkbox"/>	Site was a TSD facility, a reverse distributor, and/or generator of $\geq 1,000$ kg of non-acute 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 (permit) 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	34 Louis Whitlock Road		
City, Town, or Village	Carlsbad	County	Eddy
State	NM	Country	USA
Latitude	32.3697706	Longitude	-103.7913501
		<input type="checkbox"/>	Use Lat/Long as Primary Address

5. Site Mailing Address

Same as Location Street 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
B.	C.
D.	

8. Site Contact Information

 Same as Location Address

First Name	Mark	MI	Last Name	Bollinger	
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	Mark.Bollinger@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)	5/18/1981		
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	Mark.Bollinger@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)	5/18/1981		
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	Mark.Bollinger@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, 1,000 kg/mo (2,200 lb/mo) or more of non-acute hazardous waste (includes quantities imported by importer site); 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.
<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. <i>Note: If "Yes", you MUST indicate that you are a Generator of Hazardous Waste in Item 10.A.1 above.</i>	
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	3. Treater, Storer or Disposer of Hazardous Waste—Note: Part B of a hazardous waste permit is required for these activities.	
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	4. Receives Hazardous Waste from Off-site	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	5. 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	6. 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. Aerosol Cans
<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

D. Pharmaceutical Activities

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1. Operating under 40 CFR Part 266, Subpart P for the management of hazardous waste pharmaceuticals—if “Yes”, mark only one. Note: See the item-by-item instructions for definitions of healthcare facility and reverse distributor.
<input type="checkbox"/>	a. Healthcare Facility
<input type="checkbox"/>	b. Reverse Distributor
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Withdrawing from operating under 40 CFR Part 266, Subpart P for the management of hazardous waste pharmaceuticals. Note: You may only withdraw if you are a healthcare facility that is a VSQG for all of your hazardous waste, including hazardous waste pharmaceuticals.

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

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	A. Opting into or currently operating under 40 CFR Part 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 university
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	B. Withdrawing from 40 CFR Part 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 VSQG 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	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), (25), or (27)? If "Yes", you must fill out the Addendum to the Site Identification Form for Managing Hazardous Secondary Material.
------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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?
------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

18. Comments (include item number for each comment)

Section 9.B (continued):
Full Name: Salado Isolation Mining Contractors LLC
Date Became Operator (mm/dd/yyyy): 02/04/2023
Operator Type: Private
Street Address: P.O. Box 2078
City, Town, or Village: Carlsbad
State: NM **Country: USA** **Zip Code: 88221**
Email: Ken.Harrawood@wipp.ws
Phone: (575) 234-7400 **Ext:** **Fax: (575) 234-7046**

Section 10.B (continued): 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, 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 	Date (mm/dd/yyyy) <p style="text-align: center;">2/6/2023</p>
Printed Name (First, Middle Initial Last) <p style="text-align: center;">Mark Bollinger</p>	Title <p style="text-align: center;">Acting Manager, Carlsbad Field Office (CBFO)</p>
Email <p style="text-align: center;">Mark.Bollinger@cbfo.doe.gov</p>	
Signature of legal owner, operator or authorized representative KENNETH HARRAWOOD (Affiliate) <small>Digitally signed by KENNETH HARRAWOOD (Affiliate) Date: 2023.02.06 08:46:31 -0700</small>	Date (mm/dd/yyyy) <p style="text-align: center;">2/6/2023</p>
Printed Name (First, Middle Initial Last) <p style="text-align: center;">Ken Harrawood</p>	Title <p style="text-align: center;">Program Manager, Salado Isolation Mining Contractors LLC</p>
Email <p style="text-align: center;">Ken.Harrawood@wipp.ws</p>	

United States Environmental Protection Agency HAZARDOUS WASTE PERMIT PART A FORM	
--------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------

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)

5/18/1981

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 for the receipt, unloading, and transfer of transuranic mixed waste from the surface of the site to the underground hazardous waste disposal 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		
0	1	X	0	4	18000.00	C	002	Panels 1 and 2
0	2	X	0	4	18750.00	C	001	Panel 3
0	3	X	0	4	19106.00	C	001	Panel 4
0	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.D1))					
0	1	D	0	0	4	903	M	X	0	4	S	0	1	S	0	1	
0	2	D	0	0	5	484	M	X	0	4	S	0	1	S	0	1	
0	3	D	0	0	6	1819	M	X	0	4	S	0	1	S	0	1	
0	4	D	0	0	7	1248	M	X	0	4	S	0	1	S	0	1	
0	5	D	0	0	8	3246	M	X	0	4	S	0	1	S	0	1	
0	6	D	0	0	9	1727	M	X	0	4	S	0	1	S	0	1	
0	7	D	0	1	0	186	M	X	0	4	S	0	1	S	0	1	
0	8	D	0	1	1	1090	M	X	0	4	S	0	1	S	0	1	
0	9	D	0	1	8	749	M	X	0	4	S	0	1	S	0	1	
1	0	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.

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 Salado Isolation Mining Contractors LLC, the Management and Operating Contractor (MOC), has signed this application for the permitted facility as "co-operator."

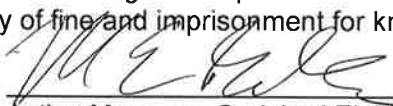
The DOE has determined that dual signatures best reflect the actual apportionment of Resource Conservation and Recovery Act (RCRA) responsibilities as follows:

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:


Title: Acting Manager, Carlsbad Field Office (CBFO)

for: U.S. Department of Energy

Date: 2/6/2023

KENNETH HARRAWOOD Digitally signed by KENNETH

(Affiliate) HARRAWOOD (Affiliate)

Date: 2023.02.06 10:35:59 -07'00'

Co-Operator Signature:

Title: Program Manager

for: Salado Isolation Mining Contractors LLC

Date: 2/6/2023