



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

May 15, 2023

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

Subject: Class 1 Permit Modification Notifications, Waste Isolation Pilot Plant Hazardous Waste Facility Permit Number: NM4890139088-TSDF

Dear Mr. Maestas:

Enclosed is a Class 1 Permit Modification Notifications for the following items:

- Update Department of Energy (DOE) Carlsbad Field Office (CBFO) Manager Title and phone number in Permit Attachments A, B, and G.

We certify under penalty of law that this document and enclosures 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**  
Digitally signed by MARK BOLLINGER  
Date: 2023.05.15 12:49:19 -06'00'


Mark Bollinger  
Manager  
Carlsbad Field Office

**KENNETH HARRAWOOD (Affiliate)**  
Digitally signed by KENNETH HARRAWOOD (Affiliate)  
Date: 2023.05.15 09:26:44 -06'00'

Ken Harrawood  
Program Manager  
Salado Isolation Mining Contractors

Enclosure (2)

cc: w/enclosures  
D. Biswell, NMED \* ED  
A. Donahue, NMED ED  
M. McLean, NMED ED  
\*ED denotes electronic distribution

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 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 <b>one or more months of the reporting year</b> (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**

<b>Waste Isolation Pilot Plant</b>
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**4. Site Location Address**

Street Address	<b>34 Louis Whitlock Road</b>		
City, Town, or Village	<b>Carlsbad</b>	County	<b>Eddy</b>
State	<b>NM</b>	Country	<b>USA</b>
		Zip Code	<b>88220</b>
Latitude	<b>32.3697706</b>	Longitude	<b>-103.7913501</b>
		<input type="checkbox"/> Use Lat/Long as Primary Address	

**5. Site Mailing Address**

Same as Location Street Address

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

**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)	<b>56221</b>
B.	C.
D.	

## 8. Site Contact Information

 Same as Location Address

First Name	<b>Mark</b>	MI	Last Name	<b>Bollinger</b>	
Title	<b>Manager, Carlsbad Field Office (CBFO)</b>				
Street Address	<b>P.O. Box 3090</b>				
City, Town, or Village	<b>Carlsbad</b>				
State	<b>NM</b>	Country	<b>USA</b>	Zip Code	<b>88221</b>
Email	<b>Mark.Bollinger@cbfo.doe.gov</b>				
Phone	<b>(575) 243-4432</b>	Ext	Fax		

## 9. Legal Owner and Operator of the Site

## A. Name of Site's Legal Owner

 Same as Location Address

Full Name	<b>U.S. Department of Energy</b>	Date Became Owner (mm/dd/yyyy)	<b>5/18/1981</b>
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	<b>P.O. Box 3090</b>		
City, Town, or Village	<b>Carlsbad</b>		
State	<b>NM</b>	Country	<b>USA</b>
Zip Code	<b>88221</b>		
Email	<b>Mark.Bollinger@cbfo.doe.gov</b>		
Phone	<b>(575) 243-4432</b>	Ext	Fax
Comments			

## B. Name of Site's Legal Operator

 Same as Location Address

Full Name	<b>U.S. Department of Energy</b>	Date Became Operator (mm/dd/yyyy)	<b>5/18/1981</b>
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	<b>P.O. Box 3090</b>		
City, Town, or Village	<b>Carlsbad</b>		
State	<b>NM</b>	Country	<b>USA</b>
Zip Code	<b>88221</b>		
Email	<b>Mark.Bollinger@cbfo.doe.gov</b>		
Phone	<b>(575) 243-4432</b>	Ext	Fax
Comments	<b>See Item 18, Comments, for additional operator.</b>		

**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.

<b>D004</b>	<b>D009</b>	<b>D021</b>	<b>D029</b>	<b>D035</b>	<b>D040</b>	<b>F004</b>
<b>D005</b>	<b>D010</b>	<b>D022</b>	<b>D030</b>	<b>D036</b>	<b>D043</b>	<b>F005</b>
<b>D006</b>	<b>D011</b>	<b>D026</b>	<b>D032</b>	<b>D037</b>	<b>F001</b>	<b>F006</b>
<b>D007</b>	<b>D018</b>	<b>D027</b>	<b>D033</b>	<b>D038</b>	<b>F002</b>	<b>F007</b>
<b>D008</b>	<b>D019</b>	<b>D028</b>	<b>D034</b>	<b>D039</b>	<b>F003</b>	<b>See Item 18</b>

**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.
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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)

**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 MARK BOLLINGER <small>Digitally signed by MARK BOLLINGER Date: 2023.05.15 14:43:39 -06'00'</small>	Date (mm/dd/yyyy) 5/15/2023
Printed Name (First, Middle Initial Last) Mark Bollinger	Title Manager, Carlsbad Field Office (CBFO)
Email Mark.Bollinger@cbfo.doe.gov	
Signature of legal owner, operator or authorized representative KENNETH HARRAWOOD (Affiliate) <small>Digitally signed by KENNETH HARRAWOOD (Affiliate) Date: 2023.05.15 15:02:12 -06'00'</small>	Date (mm/dd/yyyy) 5/15/2023
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 <b>HAZARDOUS WASTE PERMIT PART A FORM</b>	
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**1. Facility Permit Contact**

First Name	<b>Same as Site Contact</b>	MI	Last Name
Title			
Email			
Phone	Ext	Fax	

**2. Facility Permit Contact Mailing Address**

Street Address			<b>Same as Site Mailing Address</b>
City, Town, or Village			
State	Country	Zip Code	

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

<b>5/18/1981</b>
------------------

**4. Other Environmental Permits**

A. Permit Type	B. Permit Number	C. Description
		<b>See Permit Attachment B, Appendix B1</b>

**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:	<b>MARK BOLLINGER</b> Digitally signed by MARK BOLLINGER Date: 2023.05.15 14:44:12 -06'00'
Title:	<u>Manager, Carlsbad Field Office (CBFO)</u>
for:	<u>U.S. Department of Energy</u>
Date:	<u>5/15/2023</u>
Co-Operator Signature:	<b>KENNETH HARRAWOOD</b> Digitally signed by KENNETH HARRAWOOD (Affiliate) Date: 2023.05.15 15:02:51 -06'00'
Title:	<u>Program Manager</u>
for:	<u>Salado Isolation Mining Contractors LLC</u>
Date:	<u>5/15/2023</u>

**Class 1 Permit Modification Notification**

- 1. Update DOE/CBFO Manager Title and Phone Number in Permit Attachments A, B and G**

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

**WIPP Permit Number - NM4890139088-TSDF**

**May 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
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 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 PMN in this document is 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 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, <i>General Facility Description and Process Information</i> , Section A-1, <i>Facility Description</i> Attachment B, <i>Hazardous Waste Permit Application Part A</i> Attachment G, <i>Closure Plan</i> , Section G-1, <i>Closure Plan</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 title of the responsible official for the DOE Carlsbad Field Office ( <b>CBFO</b> ) from Acting Manager to Manager. In addition, this modification updates the telephone number for the DOE Carlsbad Field Office ( <b>CBFO</b> ) Manager from "(575) 234-7300" to "(575) 243-4432" in Permit Attachment A, <i>General Facility Description and Process Information</i> , Section A-1, <i>Facility Description</i> , Permit Attachment B, <i>Hazardous Waste Permit Application Part A</i> , and Permit Attachment G, <i>Closure Plan</i> , Section G-1, <i>Closure Plan</i> and removes the fax number for the DOE CBFO Manager from Permit Attachment B.	A.1



## 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 title of the responsible official for the DOE Carlsbad Field Office (**CBFO**) from Acting Manager to Manager. In addition, this modification updates the telephone number for the DOE Carlsbad Field Office (**CBFO**) Manager from “(575) 234-7300” to “(575) 243-4432” in Permit Attachment A, *General Facility Description and Process Information*, Section A-1, *Facility Description*, Permit Attachment B, *Hazardous Waste Permit Application Part A*, and Permit Attachment G, *Closure Plan*, Section G-1, *Closure Plan* and removes the fax number for the DOE CBFO Manager from Permit Attachment B.

### 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

Effective May 7, 2023, Mr. Mark Bollinger is the Manager of the DOE CBFO. Prior to this change, Mr. Bollinger was the Acting Manager of the DOE/CBFO. In addition, the telephone number for the DOE/CBFO Manager has been updated and the fax number has been removed. There is no longer a fax line available in the CBFO office. The changes to the Permit text are necessary to update information pertaining to the responsible official for the DOE/CBFO.

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). These changes are 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: Mark Bollinger  
Acting-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~~  
575/243-4432


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

GEOGRAPHIC LOCATION: 32.3697706  
(WGS84) -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	
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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 <b>one or more months of the reporting year</b> (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
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**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	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) 243-4432	Ext	Fax		

**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) 243-4432
Ext	Fax
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) 243-4432
Ext	Fax
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)

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 Email: Ken.Harrawood@wipp.ws Phone: (575) 234-7400	Country: USA Zip Code: 88221 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 Original Signature on File	Date (mm/dd/yyyy) 5/15/2023
Printed Name (First, Middle Initial Last) Mark Bollinger	Title 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) 5/15/2023
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 <b>HAZARDOUS WASTE PERMIT PART A FORM</b>	
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**1. Facility Permit Contact**

First Name <b>Same as Site Contact</b>	MI	Last Name
Title		
Email		
Phone	Ext	Fax

**2. Facility Permit Contact Mailing Address**

Street Address <b>Same as Site Mailing Address</b>		
City, Town, or Village		
State	Country	Zip Code

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

<b>5/18/1981</b>
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**4. Other Environmental Permits**

A. Permit Type	B. Permit Number	C. Description
		<b>See Permit Attachment B, Appendix B1</b>

**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: Manager, Carlsbad Field Office (CBFO)  
for: U.S. Department of Energy  
Date: 5/15/2023

Co-Operator Signature: Original signed by Ken Harrawood  
Title: Program Manager  
for: Salado Isolation Mining Contractors LLC  
Date: 5/15/2023

## ATTACHMENT G

### CLOSURE PLAN

#### G-1 Closure Plan

In the event the Permittees fail to obtain an extension of the hazardous waste permit in accordance with 20.4.1.900 NMAC (incorporating 40 CFR §270.51) or fail to obtain a new permit in accordance with 20.4.1.900 NMAC (incorporating 40 CFR §270.10(h)), the Permittees will seek a modification to this Closure Plan in accordance with 20.4.1.900 NMAC (incorporating 40 CFR §270.42) to accommodate a contingency closure. Under contingency closure, storage units will undergo clean closure in accordance with 20.4.1.500 NMAC (incorporating 40 CFR §264.178); waste handling equipment, shafts, and haulage ways will be inspected for hazardous waste residues (using, among other techniques, radiological surveys to indicate potential hazardous waste releases as described in Permit Attachment G3) and decontaminated as necessary; and underground HWDUs that contain radioactive mixed waste will be closed in accordance with the panel closure design described in this Closure Plan. Final facility closure, however, will be redefined and a time extension for final closure will be requested. A copy of this Closure Plan will be maintained by the Permittees at the WIPP facility and at the U.S. Department of Energy (**DOE**) Carlsbad Field Office. The primary contact person at the WIPP facility is:

Manager, Carlsbad Field Office  
U.S. Department of Energy  
Waste Isolation Pilot Plant  
P. O. Box 3090  
Carlsbad, New Mexico 88221-3090  
(575) 243-4432~~(575) 234-7300~~