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January 29, 1998

Mr. Benito Garcia  
Hazardous and Radioactive Material Bureau  
New Mexico Environment Department  
P.O. Box 968  
Santa Fe, New Mexico 87504-0968

**Subject: 1998 INVENTORY OF FEDERAL HAZARDOUS WASTE ACTIVITIES OF  
CURRENTLY OWNED OR OPERATED FEDERAL FACILITIES - WASTE  
ISOLATION PILOT PLANT**

Dear Mr. Garcia:

Attached is the WIPP updated questionnaire for the "1998 Inventory of Federal Hazardous Waste Activities at Currently Owned or Operated Federal Facilities." This inventory is required by Section 3016 of the Resource Conservation and Recovery Act (RCRA).


The Act requires all federal agencies to undertake a "continuing program to compile, publish, and submit an inventory of each site the federal agency owns or operates." Prior submittals were based on activities and information for the years 1992-1995. RCRA Section 3016 states "Information previously submitted...under this section need not be resubmitted except that the agency shall update previous submissions to reflect the latest available data and information." The 1998 inventory questionnaire reflects changes as summarized below.

Significant changes to the site's response include a negative declaration to PART II Item C *Environmental Contamination* since the site had no release of a hazardous substance to the environment. Additionally, in PART II D *RESPONSE ACTIONS* Item 3, no remedial or removal actions have occurred. The most significant change to the 1998 submittal includes a negative declaration under PART III Item 1. The 1996 submittal identifies the WIPP facility as having Treated, Stored, or Disposed of hazardous waste under RCRA authority. This declaration has been modified in the current report. The WIPP has and continues to manage hazardous waste generated at the site, consistent with the RCRA hazardous waste generator requirements (40 CFR § 262). However, the WIPP has never received or managed hazardous waste as a RCRA TSD facility, i.e., for treatment, storage, or disposal.



In accordance with the instructions for completing the 1998 Inventory, page xiii, facilities are required to indicate whether the facility is now, or has ever treated, stored, or disposed of hazardous waste under RCRA authority. The instructions further provide that facilities that are only generators of hazardous waste should not complete Part III. The accompanying 1998 inventory questionnaire accurately reflects WIPP's status under RCRA.

If you have any questions or need further assistance, please contact Mr. E. K. Hunter at (505) 234-7456, or Ms. M. E. Bennington at (505) 234-7482.

  
FOR E. K. Hunter, Assistant Manager  
Office of TRU Waste Operation

Attachments

cc w/attachments:  
B. Bennington, CAO  
S. Kouba, WID  
C & C File

**1998 INVENTORY OF FEDERAL HAZARDOUS  
WASTE ACTIVITIES AT CURRENTLY  
OWNED OR OPERATED FEDERAL FACILITIES**

Facility ID : OA-000000004

Facility name: WASTE ISOLATION PILOT PLANT

Department : ENERGY

Agency : CARLSBAD AREA OFFICE

# PART I: FEDERAL FACILITY GENERAL INFORMATION

Complete this part for each Federally owned or operated facility.

Note: This Part applies to all Federal hazardous waste facilities which are currently owned or operated by the Government. A "Federally owned or operated facility" or "facility" is defined as all the contiguous property owned and/or operated by a Federal agency at any one location and at which hazardous waste is stored, treated, or disposed, or has been disposed. The boundary of the Federal facility is the perimeter of the contiguous property owned or operated by the Federal agency, irrespective of the boundary of any CERCLA sites or RCRA facilities located on the property.

## A. FEDERALLY OWNED OR OPERATED FACILITY IDENTIFICATION

1. Facility name:
2. Federal Facility Identification Number:
3. Provide the RCRA facility EPA ID number for the facility, if applicable:

## B. RESPONSIBLE FEDERAL AGENCY

### 1. Facility owner

Department:   
Agency :   
Contractor:   
Other :

### 2. Facility operator (if different from owner)

Department:   
Agency :   
Contractor:   
Other :

### 3. Indicate the type of facility by checking ONE of the nine choices:

GOGO  GOCO  GOPO  POGO  Lessee   
Foreclosure  Trespass  Withdrawal  Forfeiture

Facility name: WASTE ISOLATION PILOT PLANT

Federal Facility Identification Number: 0 A - 0 0 0 0 0 0 0 0 0 4

### PART I : FEDERAL FACILITY GENERAL INFORMATION

Complete this part for each Federally owned or operated facility.

#### B. RESPONSIBLE FEDERAL AGENCY

4. What is the name, title and telephone number of the person who completed this survey?

Name G. R. ALLEN

Title SENIOR SCIENTIST

Telephone (505)234-8491

#### C. LOCATION OF THE FEDERALLY OWNED OR OPERATED FACILITY

1.a. Facility location address

Address 30 MILES E OF CARLSBAD/JAL HWY

City CARLSBAD State NM ZIP 88221-2078

1.b. If the facility has no street address, provide the county or township and the State in which the facility is located.

County/Township EDDY

State NM

2. Provide the latitude and longitude of the facility in degrees.

Latitude 032d22m30s Longitude 103d47m30s

3. What is the facility mailing address?

Address P.O. BOX 2078

City CARLSBAD State NM ZIP 88221-2078

Facility name: WASTE ISOLATION PILOT PLANT

Federal Facility Identification Number: 0 A - 0 0 0 0 0 0 0 0 0 4

**PART II : ENVIRONMENTAL MONITORING, SITE CHARACTERIZATION,  
CONTAMINATION AND RESPONSE ACTIONS**

Complete this part for each Federally owned or operated facility.

**A. ENVIRONMENTAL MONITORING**

1. Is/was environmental monitoring conducted at the facility?  
(If the answer is No, check No and skip to Question 5. If Yes, check Yes and answer Question 2.)  
Yes  No
  
2. If Yes, what type of environmental monitoring is/was conducted?  
 Air       Soil       Surface Water       Ground Water  
 Subsurface Gas       Other (describe)
  
3. Have data produced by this monitoring been submitted either to EPA or an authorized State?  
(If the answer is No, check No and skip to Question 5. If Yes, check Yes and answer Question 4.)  
Yes  No

Facility name: WASTE ISOLATION PILOT PLANT

Federal Facility Identification Number: 0 A - 0 0 0 0 0 0 0 0 0 4

**PART II : ENVIRONMENTAL MONITORING, SITE CHARACTERIZATION, CONTAMINATION AND RESPONSE ACTIONS**

Complete this part for each Federally owned or operated facility.

**A. ENVIRONMENTAL MONITORING**

4. If monitoring data have been submitted to EPA or an authorized State, in what form was the information submitted?

(More than one information source may be identified.)

<u>Information Source</u>	<u>Regulating Office Maintaining This Information</u>
RCRA Part B Permit Application	STATE OF NM ENV DEPT EPA REG 6
RCRA Facility Assessment (RFA)	STATE OF NM ENV DEPT EPA REG 6
RCRA Facility Investigation (RFI)	STATE OF NM ENV DEPT EPA REG 6
RCRA Corrective Measures Study	
RCRA Post-Closure Permit Application	
Preliminary Assessment/ Site Investigation (PA/SI)	PER EPA SHORT FORM
Remedial Investigation/ Feasibility Study (RI/FS)	
Remedial Design	
Remedial Action	
Routine Reporting	
ANNUAL SITE ENV REPORT Other (describe)	STATE OF NM, ENV DEPT
ENV. PROTECTION IMPLEM. PLAN Other (describe)	STATE OF NM, ENV DEPT
NO MIGRATION DETERMINATION RPT Other (describe)	U.S. EPA REG, HQ SOLID WASTE
OPERATIONAL ENV MONITOR PLAN Other (describe)	STATE OF NM, ENV DEPT

Facility name: WASTE ISOLATION PILOT PLANT

Federal Facility Identification Number: 0 A - 0 0 0 0 0 0 0 0 0 4

PART II : ENVIRONMENTAL MONITORING, SITE CHARACTERIZATION, CONTAMINATION AND RESPONSE ACTIONS

Complete this part for each Federally owned or operated facility.

A. ENVIRONMENTAL MONITORING

- 5. If environmental monitoring data have not been gathered or were not submitted to either EPA or an authorized State, why not?
In process of determining if environmental monitoring is necessary.
Environmental monitoring determined not to be necessary.
Environmental monitoring necessary, but not yet implemented.
Environmental monitoring implemented, but results not yet available.
Other (describe)

B. HYDROGEOLOGIC SITE CHARACTERIZATION

- 1. Has a hydrogeologic site characterization been conducted at the facility?
Yes [X] No [ ] In Progress [ ] Do Not Know [ ]
2. Do you have information regarding the location of withdrawal wells and surface waters within one mile of the facility boundary?
Answer both parts of this Question.
(If Yes to Question 1, or either part of this Question, check Yes and answer Question 3, otherwise skip to Section C.)
Withdrawal wells: Yes [X] No [ ]
Surface waters: Yes [X] No [ ]
3. Are there any withdrawal wells or surface waters within one mile of the facility boundary?
Withdrawal wells: Yes [X] No [ ]
Surface waters: Yes [ ] No [X]
4. Has information concerning site characterization and/or withdrawal wells and surface waters been submitted to EPA or an authorized State?
Yes [X] No [ ]



Facility name: WASTE ISOLATION PILOT PLANT

Federal Facility Identification Number: 0 A - 0 0 0 0 0 0 0 0 0 4

PART II : ENVIRONMENTAL MONITORING, SITE CHARACTERIZATION, CONTAMINATION AND RESPONSE ACTIONS

Complete this part for each Federally owned or operated facility.

B. HYDROGEOLOGIC SITE CHARACTERIZATION

5. If Yes, in what form is the information concerning the hydrogeologic site characterization and location of withdrawal wells and surface waters available?

(More than one information source may be identified.)

Table with 2 columns: Information Source, Regulatory Office Maintaining This Information. Rows include Preliminary Assessment/Site Investigation (PA/SI), Remedial Investigation/Feasibility Study (RI/FS), RCRA Part B Permit Application, RCRA Facility Assessment (RFA), RCRA Facility Investigation (RFI), ANNUAL SITE ENV REPORT, OPERATIONAL ENV MONITOR PLAN, and Other (describe).

C. ENVIRONMENTAL CONTAMINATION

1. Have there been any releases of hazardous substances to the environment at the facility? (If the answer is No, check No and skip to Section D, Question 1. If Yes, check Yes and answer Question 2.)

Yes [ ] No [X]

2. If Yes, indicate the media into which release(s) occurred. (More than one media may be checked.)

- Checkboxes for Air, Soil, Surface Water, Ground Water, Subsurface Gas, Other (describe)

Facility name: WASTE ISOLATION PILOT PLANT

Federal Facility Identification Number: 0 A - 0 0 0 0 0 0 0 0 0 4

**PART II : ENVIRONMENTAL MONITORING, SITE CHARACTERIZATION,  
CONTAMINATION AND RESPONSE ACTIONS**

*Complete this part for each Federally owned or operated facility.*

**C. ENVIRONMENTAL CONTAMINATION**

3. Has contamination from this facility extended onto adjacent property?

Yes  No  Do Not Know

4. Is information available concerning a) the amount, nature, toxicity, concentration of wastes or waste constituents, lateral extent, or environmental impact assessment of any release or: b) the nature and extent of any off-site contamination?

*(If the answer is No, check No and skip to Section D, Question 1.  
If Yes, check Yes and answer Question 5.)*

Yes  No

5. Has this information been submitted to EPA or an authorized State?

Yes  No

Facility name: WASTE ISOLATION PILOT PLANT

Federal Facility Identification Number: 0 A - 0 0 0 0 0 0 0 0 0 4

PART II : ENVIRONMENTAL MONITORING, SITE CHARACTERIZATION, CONTAMINATION AND RESPONSE ACTIONS

Complete this part for each Federally owned or operated facility.

C. ENVIRONMENTAL CONTAMINATION

6. If Yes, in what form is the information concerning releases submitted? (More than one information source may be identified.)

Table with 2 columns: Information Source and Regulating Office Maintaining This Information. Rows include RCRA Part B Permit Application, RCRA Facility Assessment (RFA), RCRA Facility Investigation (RFI), RCRA Corrective Measures Study, RCRA Post-Closure Permit Application, Section 103 Notification, Preliminary Assessment/ Site Investigation (PA/SI), Remedial Investigation/ Feasibility Study (RI/FS), Remedial Design, Remedial Action, Routine Reporting, and three 'Other (describe)' entries.

Facility name: WASTE ISOLATION PILOT PLANT

Federal Facility Identification Number: 0 A - 0 0 0 0 0 0 0 0 0 4

**PART II : ENVIRONMENTAL MONITORING, SITE CHARACTERIZATION, CONTAMINATION AND RESPONSE ACTIONS**

Complete this part for each Federally owned or operated facility.

**D. RESPONSE ACTIONS**

1. Have corrective actions been initiated at this facility under RCRA authority?  
(If the answer is No, check No and skip to Question 3. If Yes, check Yes and answer Question 2.)

Yes  No

2. If yes, provide the status of corrective actions at this facility.

<u>RCRA Corrective Action</u>	<u>Planned</u>	<u>Initiated</u>	<u>Completed</u>	<u>Not Required</u>
RFA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
RFI	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stabilization/Interim Measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrective Measures Study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrective Measures Implementation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Have other remedial or removal actions, or any activities that address contamination (including CERCLA and voluntary actions), been taken at this facility?  
(If the answer is No, check No and skip to Part III. If Yes, check Yes and answer Question 4.)

Yes  No

Facility name: WASTE ISOLATION PILOT PLANT

Federal Facility Identification Number: 0 A - 0 0 0 0 0 0 0 0 0 4

## PART II : ENVIRONMENTAL MONITORING, SITE CHARACTERIZATION, CONTAMINATION AND RESPONSE ACTIONS

Complete this part for each Federally owned or operated facility.

### D. RESPONSE ACTIONS

4. If Yes, check the appropriate boxes below to indicate what actions have been taken.

<u>Activity</u>	<u>Planned</u>	<u>Initiated</u>	<u>Completed</u>	<u>Not Required</u>
PA/SI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RI/FS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remedial Design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remedial Action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Studies/ Site Investigations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Monitoring/Sampling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/> Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/> Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/> Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/> Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Facility name: WASTE ISOLATION PILOT PLANT

Federal Facility Identification Number: 0 A - 0 0 0 0 0 0 0 0 0 4

**PART III : INFORMATION ON RCRA TREATMENT, STORAGE, AND DISPOSAL FACILITIES THAT MANAGED HAZARDOUS WASTE ON OR AFTER NOVEMBER 19, 1980**

*Complete this Part for each facility that received hazardous waste on or after November 19, 1980.*

Note: A RCRA facility is all contiguous land, structures, other appurtenances and improvements on the land, used for treating, storing, or disposing of hazardous waste on or after November 19, 1980. A RCRA facility may consist of several treatment, storage, or disposal operational units (e.g., one or more landfills, surface impoundments, or combinations thereof).

1. Is this facility currently, or has this facility ever treated, stored, or disposed of hazardous waste under RCRA authority?  
Yes  No

2. If Yes, provide the RCRA facility EPA ID number:

3. Indicate whether any of the following documents were submitted to EPA or an authorized State for this RCRA facility.

<u>Document</u>	<u>Yes</u>	<u>No</u>
RCRA Section 3010 Notification	<input type="checkbox"/>	<input type="checkbox"/>
RCRA Part A Permit Application	<input type="checkbox"/>	<input type="checkbox"/>
RCRA Part B Permit Application	<input type="checkbox"/>	<input type="checkbox"/>
RCRA Closure Plan	<input type="checkbox"/>	<input type="checkbox"/>
RCRA Post-Closure Plan	<input type="checkbox"/>	<input type="checkbox"/>
RCRA Section 3019 Exposure Information Report	<input type="checkbox"/>	<input type="checkbox"/>
RCRA Post-Closure Permit Application	<input type="checkbox"/>	<input type="checkbox"/>

4. Is the RCRA facility currently operating (i.e., treating, storing, or disposing of hazardous waste)?  
*(If the answer is No, check No and answer Question 5. If Yes, check Yes and skip to Question 6.)*  
Yes  No

Facility name: WASTE ISOLATION PILOT PLANT

Federal Facility Identification Number: 0 A - 0 0 0 0 0 0 0 0 0 4

**PART III : INFORMATION ON RCRA TREATMENT, STORAGE, AND DISPOSAL FACILITIES THAT MANAGED HAZARDOUS WASTE ON OR AFTER NOVEMBER 19, 1980**

Complete this Part for each facility that received hazardous waste on or after November 19, 1980.

5. If the RCRA facility is no longer treating, storing, or disposing of hazardous waste, what other activities are currently being carried out at the RCRA facility?

- Solid Waste Treatment, Storage, or Disposal
- Generating Solid or Hazardous Waste
- Manufacturing
- Other Industrial
- Recreational
- Residential
- No Activity
- Other   
(describe - e.g., recycling)
- Do Not Know

Facility name: WASTE ISOLATION PILOT PLANT

Federal Facility Identification Number: 0 A - 0 0 0 0 0 0 0 0 0 4

**PART III : INFORMATION ON RCRA TREATMENT, STORAGE, AND DISPOSAL FACILITIES THAT MANAGED HAZARDOUS WASTE ON OR AFTER NOVEMBER 19, 1980**

Complete this Part for each facility that received hazardous waste on or after November 19, 1980.

6. Does this RCRA facility have hazardous waste management units of the following types on site? How many hazardous waste management units of each type does the RCRA facility have?  
(Include only units that received hazardous waste on or after November 19, 1980. This may include operating units and closed/closing units.)

<u>Yes</u>	<u>No</u>		<u>Number of Units</u>
<input type="checkbox"/>	<input type="checkbox"/>	Containers	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Tanks	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Surface Impoundments	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Waste Piles	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Incinerator	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Landfill	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Land Treatment	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Underground Injection	<input type="text"/>
		MISCELLANEOUS UNIT	<input type="text" value="1"/>
		Other (describe) (e.g., open burning, open detonation, geologic repository)	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		Other (describe)	<input type="text"/>

7. Has an RFA or equivalent study been conducted for the facility?  
(If the answer is No, check No and skip to Part IV. If Yes, check Yes and answer Question 8.)

Yes  No



Facility name:

Federal Facility Identification Number:   -

**PART III : INFORMATION ON RCRA TREATMENT, STORAGE, AND DISPOSAL FACILITIES THAT MANAGED HAZARDOUS WASTE ON OR AFTER NOVEMBER 19, 1980**

Complete this Part for each facility that received hazardous waste on or after November 19, 1980.

8. Indicate the type and number of solid waste management units (SWMUs) at the RCRA facility which have been identified in an RFA.

<u>Type</u>	<u>Number of Units</u>
Container Storage Areas	<input type="text"/>
Tanks	<input type="text"/>
Surface Impoundments	<input type="text"/>
Waste Piles	<input type="text"/>
Incinerator	<input type="text"/>
Landfill	<input type="text"/>
Land Treatment	<input type="text"/>
Underground Injection	<input type="text"/>
Open Burning / Open Detonation	<input type="text"/>
Exempt Units (e.g., wastewater treatment, recycling)	<input type="text"/>
Other <input type="text"/> (describe - e.g., routine product spills, vehicle maintenance areas, storm water ponds)	<input type="text"/>
Other <input type="text"/> (describe)	<input type="text"/>

