SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency **RCRA SUBTITLE C SITE IDENTIFICATION FORM**	
1. Reason for Submittal (See instructions on page 14.) MARK ALL BOX(ES) THAT APPLY	**Reason for Submittal:** ☐ To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) ☑ To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #_____) ☐ As a component of the Hazardous Waste Report	
2. Site EPA ID Number (page 15)	**EPA ID Number** | N | M | 4 | 8 | 9 | 0 | 1 | 3 | 9 | 0 | 8 | 8 |	
3. Site Name (page 15)	**Name:** Waste Isolation Pilot Plant	
4. Site Location Information (page 15)	**Street Address:** 30 miles east of Carlsbad on Jal Highway	
	City, Town, or Village: Carlsbad	**State:** NM
	County Name: Eddy	**Zip Code:** 88221
5. Site Land Type (page 15)	**Site Land Type:** ☐ Private ☐ County ☐ District ☑ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other	
6. North American Industry Classification System (NAICS) Code(s) for the Site (page 15)	**A.** | 5 | 6 | 2 | 2 | 1 | 1 |	**B.** | | | | | | |
	C. | | | | | | |	**D.** | | | | | | |
7. Site Mailing Address (page 16)	**Street or P. O. Box:** P.O. Box 3090	
	City, Town, or Village: Carlsbad	
	State: NM	
	Country: USA	**Zip Code:** 88221
8. Site Contact Person (page 16)	**First Name:** David **MI:** C	**Last Name:** Moody
	Phone Number: (505) 234-7300 **Extension:**	**Email address:** dave.moody@wipp.ws
9. Operator and Legal Owner of the Site (pages 16 and 17)	**A. Name of Site's Operator:** U.S. Department of Energy	**Date Became Operator (mm/dd/yyyy):** 05/18/1981
	Operator Type: ☐ Private ☐ County ☐ District ☑ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other	
	B. Name of Site's Legal Owner: U.S. Department of Energy	**Date Became Owner (mm/dd/yyyy):** 05/18/1981
	Owner Type: ☐ Private ☐ County ☐ District ☑ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other	

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9. Legal Owner (Continued) Address	Street or P. O. Box: P.O. Box 3090	
	City, Town, or Village: Carlsbad	
	State: NM	
	Country: USA	Zip Code: 88221

10. Type of Regulated Waste Activity
Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 18 to 21.)

A. Hazardous Waste Activities
Complete all parts for 1 through 6.

Y ☑ N ☐ **1. Generator of Hazardous Waste**
If "Yes", choose only one of the following - a, b, or c.

☑ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or

☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or

☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

In addition, indicate other generator activities.

Y ☐ N ☑ d. United States Importer of Hazardous Waste

Y ☑ N ☐ e. Mixed Waste (hazardous and radioactive) Generator

Y ☐ N ☑ **2. Transporter of Hazardous Waste**

Y ☑ N ☐ **3. Treater, Storer, or Disposer of Hazardous Waste (at your site)** Note: A hazardous waste permit is required for this activity.

Y ☐ N ☑ **4. Recycler of Hazardous Waste (at your site)**

Y ☐ N ☑ **5. Exempt Boiler and/or Industrial Furnace**
If "Yes", mark each that applies.
☐ a. Small Quantity On-site Burner Exemption
☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☑ **6. Underground Injection Control**

B. Universal Waste Activities

Y ☐ N ☑ **1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. If "Yes", mark all boxes that apply:**

	Generate	Accumulate
a. Batteries	☐	☐
b. Pesticides	☐	☐
c. Thermostats	☐	☐
d. Lamps	☐	☐
e. Other (specify) _____	☐	☐
f. Other (specify) _____	☐	☐
g. Other (specify) _____	☐	☐

Y ☐ N ☑ **2. Destination Facility for Universal Waste**
Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities
Mark all boxes that apply.

Y ☐ N ☑ **1. Used Oil Transporter**
If "Yes", mark each that applies.
☐ a. Transporter
☐ b. Transfer Facility

Y ☐ N ☑ **2. Used Oil Processor and/or Re-refiner**
If "Yes", mark each that applies.
☐ a. Processor
☐ b. Re-refiner

Y ☐ N ☑ **3. Off-Specification Used Oil Burner**

Y ☐ N ☑ **4. Used Oil Fuel Marketer**
If "Yes", mark each that applies.
☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

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11. Description of Hazardous Wastes (See instructions on page 22.)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

F001	F002	F003	F004	F005	F006	F007
F009	D004	D005	D006	D007	D008	D009
D010	D011	D018	D019	D021	D022	D026

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

12. Comments (See instructions on page 22.)

13. 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 fine and imprisonment for knowing violations.
For the RCRA Hazardous Waste Part A Permit Application, all operator(s) and owner(s) must sign (see 40 CFR 270.10 (b) and 270.11).
(See instructions on page 22.)

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	David C. Moody, Manager - DOE	
	Farok Sharif, President and General Manager - WTS	

Hazardous Waste Codes
(Continued)

EPA ID No.: NM4890139088
Hazardous Waste Numbers
D027
D028
D029
D030
D032
D034
D035
D036
D037
D038
D039
D040
D043
P015
U002
U019
U037
U043
U044
U052
U070
U072
U078
U079
U105
U122
U133
U151
U154
U159
U196
U209
U210
U220
U226
U228
U239
P120
U134
D033
P030
P098
P099
P106
U003
U103
U108

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EPA ID NO: N M 4 8 9 0 1 3 9 0 8 8

OMB #: 2050-0034 Expires 11/30/2005

United States Environmental Protection Agency

HAZARDOUS WASTE PERMIT INFORMATION FORM

1. Facility Permit Contact (See instructions on page 23)	**First Name:** David	**MI:** C	**Last Name:** Moody
	Phone Number: (505) 234-7300		**Phone Number Extension:**
2. Facility Permit Contact Mailing Address (See instructions on page 23)	**Street or P.O. Box:** P.O. Box 3090		
	City, Town, or Village: Carlsbad		
	State: NM		
	Country: USA		**Zip Code:** 88221
3. Operator Mailing Address and Telephone Number (See instructions on page 23)	**Street or P.O. Box:** P. O. Box 3090		
	City, Town, or Village: Carlsbad		
	State: NM		
	Country: USA	**Zip Code:** 88221	**Phone Number** (505) 234-7300
4. Legal Owner Mailing Address and Telephone Number (See instructions on page 23)	**Street or P.O. Box:** P.O. Box 3090		
	City, Town, or Village: Carlsbad		
	State: NM		
	Country: USA	**Zip Code:** 88221	**Phone Number** (505) 234-7300
5. Facility Existence Date (See instructions on page 24)	**Facility Existence Date (mm/dd/yyyy):** 05/18/1981		

6. Other Environmental Permits (See instructions on page 24)

A. Permit Type *(Enter code)*	B. Permit Number	C. Description
		See Attachment O, Appendix 01-1

7. Nature of Business (Provide a brief description; see instructions on page 24)

The Waste Isolation Pilot Plant (WIPP) is a U.S. Department of Energy facility which entails receiving, unloading, and transferring radioactive-mixed waste from the surface of the site to the underground hazardous waste management units. Waste will be emplaced in an underground geologic repository horizon located in a deep-bedded salt formation approximately 2,150 feet beneath the surface.

8. Process Codes and Design Capacities (See instructions on page 24) - Enter information in the Sections on Form Page 3.

A. PROCESS CODE - *Enter the code from the list of process codes in the table below that best describes each process to be used at the facility. Fifteen lines are provided for entering codes. If more lines are needed, attach a separate sheet of paper with the additional information. For "other" processes (i.e., D99, S99, T04 and X99), enter the process information in Item 9 (including a description).*

B. PROCESS DESIGN CAPACITY- *For each code entered in Section A, enter the capacity of the process.*

1. **AMOUNT** - *Enter the amount. In a case where design capacity is not applicable (such as in a closure/post-closure or enforcement action) enter the total amount of waste for that process.*
2. **UNIT OF MEASURE** - *For each amount entered in Section B(1), enter the code in Section B(2) from the list of unit of measure codes below that describes the unit of measure used. Select only from the units of measure in this list.*

C. PROCESS TOTAL NUMBER OF UNITS - *Enter the total number of units for each corresponding process code.*

PROCESS CODE	PROCESS	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
	Disposal:	
D79	Underground Injection Well Disposal	Gallons; Liters; Gallons Per Day; or Liters Per Day
D80	Landfill	Acre-feet; Hectare-meter; Acres; Cubic Meters; Hectares; Cubic Yards
D81	Land Treatment	Acres or Hectares
D82	Ocean Disposal	Gallons Per Day or Liters Per Day
D83	Surface Impoundment Disposal	Gallons; Liters; Cubic Meters; or Cubic Yards
D99	Other Disposal	Any Unit of Measure in Code Table Below
	Storage:	
S01	Container	Gallons; Liters; Cubic Meters; or Cubic Yards
S02	Tank Storage	Gallons; Liters; Cubic Meters; or Cubic Yards
S03	Waste Pile	Cubic Yards or Cubic Meters
S04	Surface Impoundment Storage	Gallons; Liters; Cubic Meters; or Cubic Yards
S05	Drip Pad	Gallons; Liters; Acres; Cubic Meters; Hectares; or Cubic Yards
S06	Containment Building Storage	Cubic Yards or Cubic Meters
S99	Other Storage	Any Unit of Measure in Code Table Below
	Treatment:	
T01	Tank Treatment	Gallons Per Day; Liters Per Day
T02	Surface Impoundment Treatment	Gallons Per Day; Liters Per Day
T03	Incinerator	Short Tons Per Hour; Metric Tons Per Hour; Gallons Per Hour; Liters Per Hour; Btu Per Hour; Pounds Per Hour; Short Tons Per Day; Kilograms Per Hour; Gallons Per Day; Liters Per Day; Metric Tons Per Hour; or Million Btu Per Hour
T04	Other Treatment	Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day; Metric Tons Per Hour; Short Tons Per Day; Btu Per Hour; Gallons Per Day; Liters Per Hour; or Million Btu Per Hour
T80	Boiler	Gallons; Liters; Gallons Per Hour; Liters Per Hour; Btu Per Hour; or Million Btu Per Hour
	Treatment (continued):	
T81 T82 T83 T84 T85 T86 T87 T88 T89 T90 T91 T92 T93	Cement Kiln Lime Kiln Aggregate Kiln Phosphate Kiln Coke Oven Blast Furnace Smelting, Melting, or Refining Furnace Titanium Dioxide Chloride Oxidation Reactor Methane Reforming Furnace Pulping Liquor Recovery Furnace Combustion Device Used In The Recovery Of Sulfur Values From Spent Sulfuric Acid Halogen Acid Furnaces Other Industrial Furnaces Listed In 40 CFR §260.10	For T81-T93: Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day; Metric Tons Per Hour; Short Tons Per Day; Btu Per Hour; Liters Per Hour; Kilograms Per Hour; or Million Btu Per Hour
T94	Containment Building - Treatment	Cubic Yards; Cubic Meters; Short Tons Per Hour; Gallons Per Hour; Liters Per Hour; Btu Per Hour; Pounds Per Hour; Short Tons Per Day; Kilograms Per Hour; Metric Tons Per Day; Gallons Per Day; Liters Per Day; Metric Tons Per Hour; or Million Btu Per Hour
	Miscellaneous (Subpart X):	
X01	Open Burning/Open Detonation	Any Unit of Measure in Code Table Below
X02	Mechanical Processing	Short Tons Per Hour; Metric Tons Per Hour; Short Tons Per Day; Metric Tons Per Day; Pounds Per Hour; Kilograms Per Hour; Gallons Per Hour; Liters Per Hour; or Gallons Per Day
X03	Thermal Unit	Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day; Metric Tons Per Hour; Short Tons Per Day; Btu Per Hour; or Million Btu Per Hour
X04	Geologic Repository	Cubic Yards; Cubic Meters; Acre-feet; Hectare-meter; Gallons; or Liters
X99	Other Subpart X	Any Unit of Measure Listed Below

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
Gallons	G	Short Tons Per Hour	D	Cubic Yards	Y
Gallons Per Hour	E	Metric Tons Per Hour	W	Cubic Meters	C
Gallons Per Day	U	Short Tons Per Day	N	Acres	B
Liters	L	Metric Tons Per Day	S	Acre-feet	A
Liters Per Hour	H	Pounds Per Hour	J	Hectares	Q
Liters Per Day	V	Kilograms Per Hour	R	Hectare-meter	F
		Million Btu Per Hour	X	Btu Per Hour	I

8. Process Codes and Design Capacities (Continued)

EXAMPLE FOR COMPLETING Item 8 (shown in line number X-1 below): A facility has a storage tank, which can hold 533.788 gallons.

Line Number		A. Process Code (From list above)			B. PROCESS DESIGN CAPACITY (1) Amount (Specify)	B. (2) Unit of Measure (Enter code)	C. Process Total Number of Units	For Official Use Only
X	1	S	0	2	5 3 3 . 7 8 8	G	0 0 1	
	1	X	0	4	175600 . 0	C	010	
	2	S	0	1	194 . 1	C	001	
	3	S	0	1	242 . 0	C	001	
	4				.			
	5				.			
	6				.			
	7				.			
	8				.			
	9				.			
1	0				.			
1	1				.			
1	2				.			
1	3				.			
1	4				.			
1	5				.			

NOTE: If you need to list more than 15 process codes, attach an additional sheet(s) with the information in the same format as above. Number the lines sequentially, taking into account any lines that will be used for "other" processes (i.e., D99, S99, T04 and X99) in Item 9.

9. Other Processes (*See instructions on page 25 and follow instructions from Item 8 for D99, S99, T04 and X99 process codes*)

Line Number (Enter #s in sequence with Item 8)		A. Process Code (From list above)			B. PROCESS DESIGN CAPACITY (1) Amount (Specify)	B. (2) Unit of Measure (Enter code)	C. Process Total Number of Units	D. Description of Process
X	2	T	0	4	1 0 0 . 0 0 0	U	0 0 1	In-situ Vitrification
					.			
					.			
					.			
					.			
					.			

10. Description of Hazardous Wastes (See instructions on page 25) - Enter information in the Sections on Form Page 5.

A. EPA HAZARDOUS WASTE NUMBER - ***Enter the four-digit number from 40 CFR, Part 261 Subpart D of each listed hazardous waste you will handle. For hazardous wastes which are not listed in 40 CFR, Part 261 Subpart D, enter the four-digit number(s) from 40 CFR Part 261, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.***

B. ESTIMATED ANNUAL QUANTITY - ***For each listed waste entered in Section A, estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in Section A, estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.***

C. UNIT OF MEASURE - ***For each quantity entered in Section B, enter the unit of measure code. Units of measure which must be used and the appropriate codes are:***

ENGLISH UNIT OF MEASURE	*CODE*	*METRIC UNIT OF MEASURE*	*CODE*
POUNDS	*P*	*KILOGRAMS*	*K*
TONS	*T*	*METRIC TONS*	*M*

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure, taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in Section A, select the code(s) from the list of process codes contained in Items 8A and 9A on page 3 to indicate all the processes that will be used to store, treat, and/or dispose of all the listed hazardous wastes.

For non-listed hazardous waste: For each characteristic or toxic contaminant entered in Section A, select the code(s) from the list of process codes contained in Items 8A and 9A on page 3 to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

NOTE: THREE SPACES ARE PROVIDED FOR ENTERING PROCESS CODES. IF MORE ARE NEEDED:

1. ***Enter the first two as described above.***
2. ***Enter "000" in the extreme right box of Item 10.D(1).***
3. ***Use additional sheet, enter line number from previous sheet, and enter additional code(s) in Item 10.E.***

2. PROCESS DESCRIPTION: ***If a code is not listed for a process that will be used, describe the process in Item 10.D(2) or in Item 10.E(2).***

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. ***Select one of the EPA Hazardous Waste Numbers and enter it in Section A. On the same line complete Sections B, C and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.***
2. ***In Section A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In Section D(2) on that line enter "included with above" and make no other entries on that line.***
3. ***Repeat step 2 for each EPA Hazardous Waste Number that can be used to describe the hazardous waste.***

EXAMPLE FOR COMPLETING Item 10 (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operations. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

Line Number		*A. EPA Hazardous Waste No. (Enter code)*				*B. Estimated Annual Quantity of Waste*	*C. Unit of Measure (Enter code)*	*D. PROCESSES*									
								(1) PROCESS CODES (Enter code)									*(2) PROCESS DESCRIPTION- (If a code is not entered in D(1))*
X	1	K	0	5	4	900	P	T	0	3	D	8	0				
X	2	D	0	0	2	400	P	T	0	3	D	8	0				
X	3	D	0	0	1	100	P	T	0	3	D	8	0				
X	4	D	0	0	2												Included With Above

10. Description of Hazardous Wastes (Continued. Use the Additional Sheet(s) as necessary; number pages as 5 a, etc.)

Line Number		A. EPA Hazardous Waste No. (Enter code)				B. Estimated Annual Quantity of Waste	C. Unit of Measure (Enter code)	D. PROCESSES (1) PROCESS CODES (Enter code)									D. PROCESSES (2) PROCESS DESCRIPTION (If a code is not entered in D(1))
	1	F	0	0	1	1891	M	X	0	4	S	0	1	S	0	1	
	2	F	0	0	2	1860	M	X	0	4	S	0	1	S	0	1	
	3	F	0	0	3	1593	M	X	0	4	S	0	1	S	0	1	
	4	F	0	0	4	26	M	X	0	4	S	0	1	S	0	1	
	5	F	0	0	5	1829	M	X	0	4	S	0	1	S	0	1	
	6	F	0	0	6	915	M	X	0	4	S	0	1	S	0	1	
	7	F	0	0	7	915	M	X	0	4	S	0	1	S	0	1	
	8	F	0	0	9	915	M	X	0	4	S	0	1	S	0	1	
	9	D	0	0	4	903	M	X	0	4	S	0	1	S	0	1	
1	0	D	0	0	5	484	M	X	0	4	S	0	1	S	0	1	
1	1	D	0	0	6	1819	M	X	0	4	S	0	1	S	0	1	
1	2	D	0	0	7	1248	M	X	0	4	S	0	1	S	0	1	
1	3	D	0	0	8	3246	M	X	0	4	S	0	1	S	0	1	
1	4	D	0	0	9	1727	M	X	0	4	S	0	1	S	0	1	
1	5	D	0	1	0	186	M	X	0	4	S	0	1	S	0	1	
1	6	D	0	1	1	1090	M	X	0	4	S	0	1	S	0	1	
1	7	D	0	1	8	749	M	X	0	4	S	0	1	S	0	1	
1	8	D	0	1	9	761	M	X	0	4	S	0	1	S	0	1	
1	9	D	0	2	1	26	M	X	0	4	S	0	1	S	0	1	
2	0	D	0	2	2	1098	M	X	0	4	S	0	1	S	0	1	
2	1	D	0	2	6	609	M	X	0	4	S	0	1	S	0	1	
2	2	D	0	2	7	26	M	X	0	4	S	0	1	S	0	1	
2	3	D	0	2	8	449	M	X	0	4	S	0	1	S	0	1	
2	4	D	0	2	9	478	M	X	0	4	S	0	1	S	0	1	
2	5	D	0	3	0	26	M	X	0	4	S	0	1	S	0	1	
2	6	D	0	3	2	26	M	X	0	4	S	0	1	S	0	1	
2	7	D	0	3	4	26	M	X	0	4	S	0	1	S	0	1	
2	8	D	0	3	5	139	M	X	0	4	S	0	1	S	0	1	
2	9	D	0	3	6	26	M	X	0	4	S	0	1	S	0	1	
3	0	D	0	3	7	26	M	X	0	4	S	0	1	S	0	1	
3	1	D	0	3	8	26	M	X	0	4	S	0	1	S	0	1	
3	2	D	0	3	9	26	M	X	0	4	S	0	1	S	0	1	
3	3	D	0	4	0	140	M	X	0	4	S	0	1	S	0	1	
3	4	D	0	4	3	26	M	X	0	4	S	0	1	S	0	1	
3	5	P	0	1	5	945	M	X	0	4	S	0	1	S	0	1	
3	6	U	0	0	2	344	M	X	0	4	S	0	1	S	0	1	
3	7	U	0	1	9	344	M	X	0	4	S	0	1	S	0	1	
3	8	U	0	3	7	344	M	X	0	4	S	0	1	S	0	1	
3	9	U	0	4	3	344	M	X	0	4	S	0	1	S	0	1	

EPA ID NO: |N|M|4|8|9|0|1|3|9|0|8|8|

OMB #: 2050-0034 Expires 11/30/2005

10. Description of Hazardous Wastes (Continued. Use this Additional Sheet(s) as necessary; number as 5 a, etc.)

Line Number		A. EPA Hazardous Waste No. (Enter code)				B. Estimated Annual Quantity of Waste	C. Unit of Measure (Enter code)	E. PROCESSES (1) PROCESS CODES (Enter code)									(2) PROCESS DESCRIPTION (If a code is not entered in E(1))
4	0	U	0	4	4	344	M	X	0	4	S	0	1	S	0	1	
4	1	U	0	5	2	344	M	X	0	4	S	0	1	S	0	1	
4	2	U	0	7	0	344	M	X	0	4	S	0	1	S	0	1	
4	3	U	0	7	2	344	M	X	0	4	S	0	1	S	0	1	
4	4	U	0	7	8	344	M	X	0	4	S	0	1	S	0	1	
4	5	U	0	7	9	344	M	X	0	4	S	0	1	S	0	1	
4	6	U	1	0	5	344	M	X	0	4	S	0	1	S	0	1	
4	7	U	1	2	2	344	M	X	0	4	S	0	1	S	0	1	
4	8	U	1	3	3	344	M	X	0	4	S	0	1	S	0	1	
4	9	U	1	5	1	344	M	X	0	4	S	0	1	S	0	1	
5	0	U	1	5	4	344	M	X	0	4	S	0	1	S	0	1	
5	1	U	1	5	9	344	M	X	0	4	S	0	1	S	0	1	
5	2	U	1	9	6	344	M	X	0	4	S	0	1	S	0	1	
5	3	U	2	0	9	344	M	X	0	4	S	0	1	S	0	1	
5	4	U	2	1	0	344	M	X	0	4	S	0	1	S	0	1	
5	5	U	2	2	0	344	M	X	0	4	S	0	1	S	0	1	
5	6	U	2	2	6	344	M	X	0	4	S	0	1	S	0	1	
5	7	U	2	2	8	344	M	X	0	4	S	0	1	S	0	1	
5	8	U	2	3	9	344	M	X	0	4	S		1	S	0	1	
5	9	P	1	2	0	3.3	M	X	0	4	S	0	1	S	0	1	
6	0	U	1	3	4	344	M	X	0	4	S	0	1	S	0	1	
6	1	D	0	3	3	344	M	X	0	4	S	0	1	S	0	1	
6	2	P	0	3	0	344	M	X	0	4	S	0	1	S	0	1	
6	3	P	0	9	8	344	M	X	0	4	S	0	1	S	0	1	
6	4	P	0	9	9	344	M	X	0	4	S	0	1	S	0	1	
6	5	P	1	0	6	344	M	X	0	4	S	0	1	S	0	1	
6	6	U	0	0	3	344	M	X	0	4	S	0	1	S	0	1	
6	7	U	1	0	3	344	M	X	0	4	S	0	1	S	0	1	
6	8	U	1	0	8	344	M	X	0	4	S	0	1	S	0	1	

11. Map (See instructions on pages 25 and 26)

Attach to this application a topographic 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 and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in this map area. See instructions for precise requirements.

12. Facility Drawing (See instructions on page 26)

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

13. Photographs (See instructions on page 26)

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).

14. Comments (See instructions on page 26)

See attached narrative from previous Part A Form (Section XII)

DRAFT

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 Washington TRU Solutions 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: *David Moody*
Title: Manager, Carlsbad Field Office
for: U.S. Department of Energy
Date: _____

Co-Operator Signature: *Farok Sharif*
Title: President and General Manager
for: Washington TRU Solutions LLC
Date: _____