

WA7890008967

DOE/RL-88-21

Form 1-CHG

12/22/99

FORM 1	State of Washington Department of Ecology	WASHINGTON STATE	I. EPA/STATE I.D. NUMBER											
		DANGEROUS WASTE PERMIT GENERAL INFORMATION	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">W</td> <td style="width: 20px; text-align: center;">A</td> <td style="width: 20px; text-align: center;">7</td> <td style="width: 20px; text-align: center;">8</td> <td style="width: 20px; text-align: center;">9</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">8</td> <td style="width: 20px; text-align: center;">9</td> <td style="width: 20px; text-align: center;">6</td> <td style="width: 20px; text-align: center;">7</td> </tr> </table>	W	A	7	8	9	0	0	0	8	9	6
W	A	7	8	9	0	0	0	8	9	6	7			
<i>(Read "Form 1 Instructions" before starting)</i>														

II. NAME OF FACILITY					
US DEPARTMENT OF ENERGY - HANFORD FACILITY					
III. FACILITY CONTACT					
A. NAME & TITLE (last, first, & title)				B. PHONE (area code & no.)	
KEITH A KLEIN, MANAGER				509 376 7395	
IV. FACILITY MAILING ADDRESS					
A. STREET OR P.O. BOX					
PO BOX 550					
B. CITY OR TOWN			C. STATE	D. ZIP CODE	
RICHLAND			WA	99352	
V. FACILITY LOCATION					
A. STREET, ROUTE NO., OR OTHER SPECIFIC IDENTIFIER					
HANFORD SITE					
B. COUNTY NAME					
BENTON					
C. CITY OR TOWN			D. STATE	E. ZIP CODE	F. COUNTY CODE
RICHLAND			WA	99352	005
VI. SIC CODES (4-digit, in order of priority)					
A. FIRST			B. SECOND		
9999	NONCLASSIFIABLE		4953	REFUSE SYSTEMS	
C. THIRD			D. FOURTH		
9511	AIR AND WATER RESOURCE AND SOLID WASTE MANAGEMENT		8733	RESEARCH, NONCOMMERCIAL	
VII. OPERATOR INFORMATION					
A. NAME					B. Is the name listed in item VII-A also the owner? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO **
DEPARTMENT OF ENERGY					
CH2M HILL HANFORD GROUP, INC. (CHG)					

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify)				D. PHONE (area code & no.)	
F = FEDERAL S = STATE P = PRIVATE	M = PUBLIC (other than federal or state) O = OTHER (specify)	F	(specify)	* 509 376 7395	
E. STREET OR P.O. BOX			** 509 372 8061		
PO BOX 550 (DOE) ** PO BOX 1500 (CHG)					
F. CITY OR TOWN		G. STATE	H. ZIP CODE	VIII. INDIAN LAND	
RICHLAND		WA	99352	Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
* DOE-RL: OWNER/OPERATOR		** CHG: CO-OPERATOR FOR CERTAIN UNITS ON THE HANFORD SITE			
IX. MAP					
Attach to this application a topographic 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 the map area. See instructions for precise requirements.					
X. NATURE OF BUSINESS (provide a brief description)					
<ul style="list-style-type: none"> • NONCLASSIFIABLE - GENERAL • REFUSE SYSTEMS • AIR AND WATER RESOURCE AND SOLID WASTE MANAGEMENT • RESEARCH, NONCOMMERCIAL 					
XI. CERTIFICATION (see instructions)					
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.					
A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
SEE ATTACHMENT					

FORM 1

DANGEROUS WASTE PERMIT GENERAL INFORMATION

XI. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

L. L. Piper for
Owner/Operator
Keith A. Klein, Manager
U.S. Department of Energy

12/21/99
Date

M. P. DeLozier
Co-operator
M. P. DeLozier
President and RPP General Manager
CH2M HILL Hanford Group, Inc.

12/22/99
Date

