

Please print or type in the unshaded areas only
 (fill-in areas are spaced for elite type, i.e. 12 character/inch).

FORM 3	DANGEROUS WASTE PERMIT APPLICATION	I. EPA/STATE I.D. NUMBER <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td>W</td><td>A</td><td>7</td><td>8</td><td>9</td><td>0</td><td>0</td><td>0</td><td>8</td><td>9</td><td>6</td><td>7</td> </tr> </table>	W	A	7	8	9	0	0	0	8	9	6	7
W	A	7	8	9	0	0	0	8	9	6	7			

FOR OFFICIAL USE ONLY		
APPLICATION APPROVED	DATE RECEIVED <i>(mo., day, & yr.)</i>	COMMENTS
<input type="checkbox"/>	<input type="checkbox"/>	Approved 10/21/99

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA/STATE I.D. Number, or if this is a revised application, enter your facility's EPA/STATE I.D. Number in Section I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

<input type="checkbox"/> 1. EXISTING FACILITY <i>(See instructions for definition of "existing" facility. Complete Item below.)</i> <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="padding: 2px;">MO.</td><td style="padding: 2px;">DAY</td><td style="padding: 2px;">YEAR</td></tr> <tr><td style="padding: 2px;">03</td><td style="padding: 2px;">22</td><td style="padding: 2px;">1943</td></tr> </table> <p style="font-size: small; margin-top: 5px;">*FOR EXISTING FACILITIES, PROVIDE THE DATE (mo., day, & yr.) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left) *The date construction of the Hanford Facility commenced.</p>	MO.	DAY	YEAR	03	22	1943	<input type="checkbox"/> 2. NEW FACILITY <i>(Complete item below)</i> <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="padding: 2px;">MO.</td><td style="padding: 2px;">DAY</td><td style="padding: 2px;">YEAR</td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> </table> <p style="font-size: small; margin-top: 5px;">FOR NEW FACILITIES, PROVIDE THE DATE, (mo., day, & yr.) OPERATION BEGAN OR IS EXPECTED TO BEGIN</p>	MO.	DAY	YEAR			
MO.	DAY	YEAR											
03	22	1943											
MO.	DAY	YEAR											

B. REVISED APPLICATION (place an "X" below and complete Section I above)

<input checked="" type="checkbox"/> 1. FACILITY HAS AN INTERIM STATUS PERMIT	<input checked="" type="checkbox"/> 2. FACILITY HAS A FINAL PERMIT
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III. PROCESS - CODES AND CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the (Section III-C).

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

1. **AMOUNT** - Enter the amount.
2. **UNIT OF MEASURE** - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS			
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
Disposal:			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided: Section III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
INJECTION WELL	D80	GALLONS OR LITERS			
LANDFILL	D81	ACRE-FEET <i>(the volume that would cover one acre to a depth of one foot)</i> OR HECTARE-METER			
LAND APPLICATION	D82	ACRES OR HECTARES			
OCEAN DISPOSAL	D83	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D84	GALLONS OR LITERS			

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING SECTION III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks; one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

A. PROCESS	B. PROCESS DESIGN CAPACITY	
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LINE NUMBER	CODE (from list above)	1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY			
X-1	S02	600	G				
X-2	T03	20	E				
1	T04	189,270	V				
2							
3							
4							
5							
6							
7							
8							
9							
10							

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESS (CODE "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

T04

The 204-AR Waste unloading Station began waste management operations in February of 1982. The 204 -AR Waste Unloading Station receives liquid mixed waste transported in railroad tank cars or tank trucks of varying capacity. Mixed waste is generated from decontamination and regeneration operations in the 100 and 200 Areas, from recovery and laboratory operations in the 200 and 300 Areas, and from decontamination operations in the 400 Area. The liquid mixed waste is chemically adjusted in-line during pumpout to meet Double -Shell Tank (DST) System corrosion specifications, then transferred to the DST System. The maximum process design capacity, with a specific gravity for the waste of 1.0, for tank treatment at the 204 -AR Waste Unloading Station is 189,270 liters (50,000 gallons) of which 37,854 liters (10,000 gallons) is associated with the flushing of the system.

IV. DESCRIPTION OF DANGEROUS WASTES

A. DANGEROUS WASTE NUMBER - Enter the four digit number from Chapter 173-303 WAC for each listed dangerous waste you will handle. If you handle dangerous wastes which are not listed in Chapter 173-303 WAC, enter the four digit number(s) that describe the characteristics and/or the toxic contaminants of those dangerous wastes.

B. ESTIMATED ANNUAL QUANTITY - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column 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 column B enter the unit of measure code. Units of measurer 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 dangerous waste: For each listed dangerous waste entered in column A select the code(s) from the list of process codes contained in Section III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed dangerous wastes: For each characteristic or toxic contaminant entered in Column A, select the code(s) from the list of process codes contained in Section III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed dangerous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

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

- Select one of the Dangerous Waste Numbers and enter it in column A. On the same line complete columns 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.
- In column A of the next line enter the other Dangerous Waste Number that can be used to describe the waste. In column D(2) on that line enter "Included with above" and make no other entries on that line.
- Repeat step 2 for each other Dangerous Waste Number that can be used to describe the dangerous waste.

EXAMPLE FOR COMPLETING SECTION IV (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 operation. 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 NO.	A. DANGEROUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES				
				1. PROCESS CODES (enter)			2. PROCESS DESCRIPTION (if a code is not entered in D(1))	
X-1	K054	900	P	T03	D80			
X-2	D002	400	P	T03	D80			
X-3	D001	100	P	T03	D80			
X-4	D002			T03	D80			included with above
1	D001	7,076,040	K	T04				Treatment-Other/Chemical Treatment
2	D002		↓	↓				↓
3	D003		↓	↓				↓
4	D004		↓	↓				↓
5	D005		↓	↓				↓
6	D006		↓	↓				↓
7	D007		↓	↓				↓
8	D008		↓	↓				↓
9	D009		↓	↓				↓
10	D010		↓	↓				↓
11	D011		↓	↓				↓
12	D018		↓	↓				↓

13	D019		↓	↓					↓
14	D022		↓	↓					↓
15	D028		↓	↓					↓
16	D029		↓	↓					↓
17	D030		↓	↓					↓
18	D033		↓	↓					↓
19	D034		↓	↓					↓
20	D035		↓	↓					↓
21	D036		↓	↓					↓
22	D038		↓	↓					↓
23	D039		↓	↓					↓
24	D040		↓	↓					↓
25	D041		↓	↓					↓
26	D043		↓	↓					↓
27	WT01		↓	↓					↓
28	WT02		↓	↓					↓
29	WP01		↓	↓					↓
30	WP02		↓	↓					↓
31	F001		↓	↓					↓
32	F002		↓	↓					↓
33	F003		↓	↓					↓
34	F004		↓	↓					↓
35	F005		↓	↓					↓
36	F039		↓	↓					Included With above
37									
38									
39									
40									

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM SECTION D(1) ON PAGE 3.

The 204-AR Waste Unloading Station is used for the treatment of liquid mixed waste that exhibits a pH of less than 12. The waste is treated in-line at the 204-AR Waste Unloading Station by adding caustic (sodium hydroxide and sodium nitrate) to increase the pH of the waste, making the waste amenable for storage in the DST System.

The waste identified in Section IV.A has the potential for being transported to the 204-AR Waste Unloading Station, treated, and transferred to the DST System. The mixed waste consists of listed waste, characteristic waste (D001, D002, and D003), toxic constituents (D004 through D011, D018, D019, D022, D028 through D030, D033 through D036, D038 through D041, and D043), nonspecific source waste (F001 through F005 and F039), and state-only waste (WT01, WT02, WP01, and WP02). Multi-source leachate (F039) is included as a waste derived from nonspecific source wastes F001 through F005.

V. FACILITY DRAWING **Refer to attached drawing(s).**

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS **Refer to attached photograph(s).**

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).

VII. FACILITY GEOGRAPHIC LOCATION **This information is provided on the attached drawing(s) and photograph(s).**

LATITUDE (degrees, minutes, & seconds)					LONGITUDE (degrees, minutes, & seconds)				

VIII. FACILITY OWNER			
<input checked="" type="checkbox"/> A. If the facility owner is also the facility operator as listed in Section VII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below. <input type="checkbox"/> B. If the facility owner is not the facility operator as listed in Section VII on Form 1, complete the following items:			
1. NAME OF FACILITY'S LEGAL OWNER			2. PHONE NO. (area code & no.)
3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
IX. OWNER CERTIFICATION			
<i>I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted 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.</i>			
NAME (print or type)	SIGNATURE	DATE SIGNED	
Keith A. Klein, Manager U. S. Department of Energy	Robert M. Rosselli for	09/30/1999	
X. OPERATOR CERTIFICATION			
<i>I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted 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.</i>			
NAME (print or type)	SIGNATURE	DATE SIGNED	
SEE ATTACHMENT			

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted 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.

Robert M. Rosselli for _____
Owner/Operator
Keith A. Klein, Manager
U.S. Department of Energy

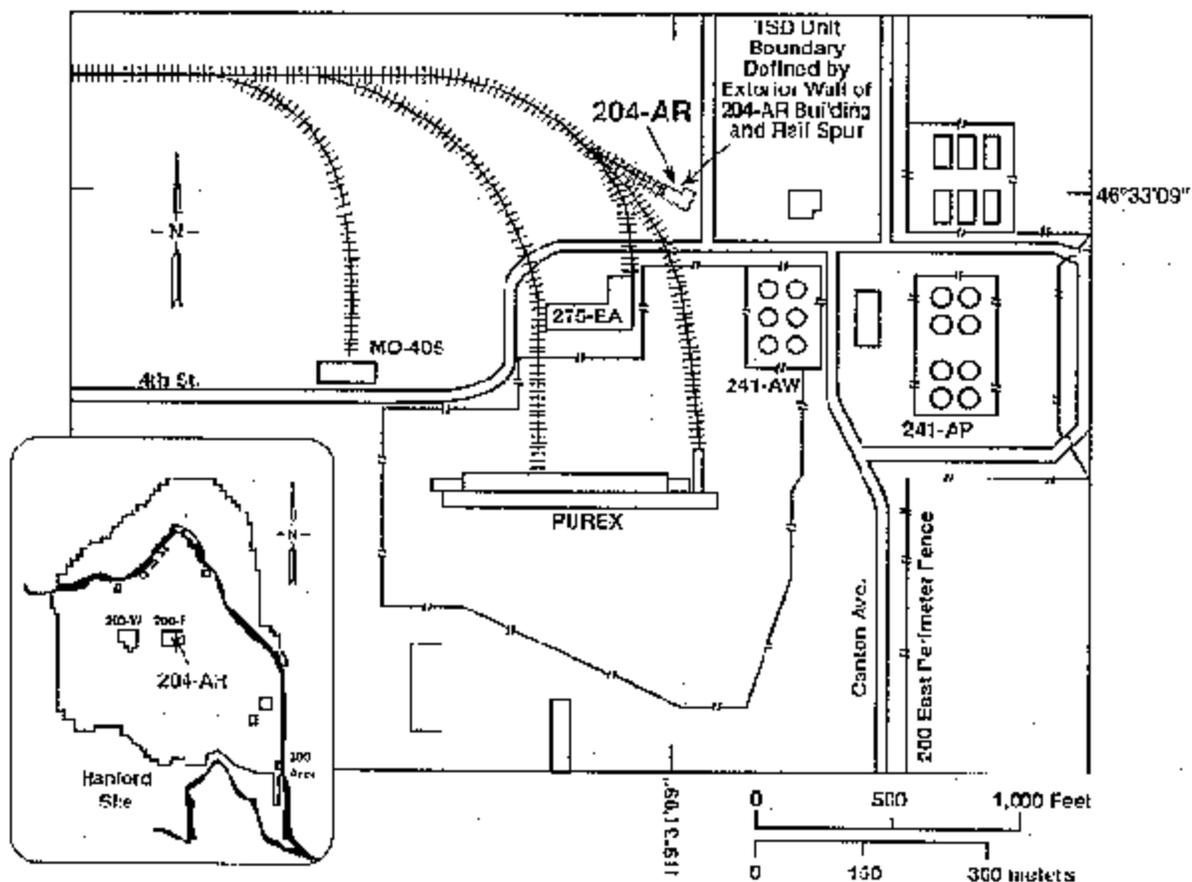
9/30/99 _____
Date

M. P. DeLozier _____
Co-Operator
M. P. DeLozier
President and RPP General Manager
Lockheed Martin Hanford Corporation

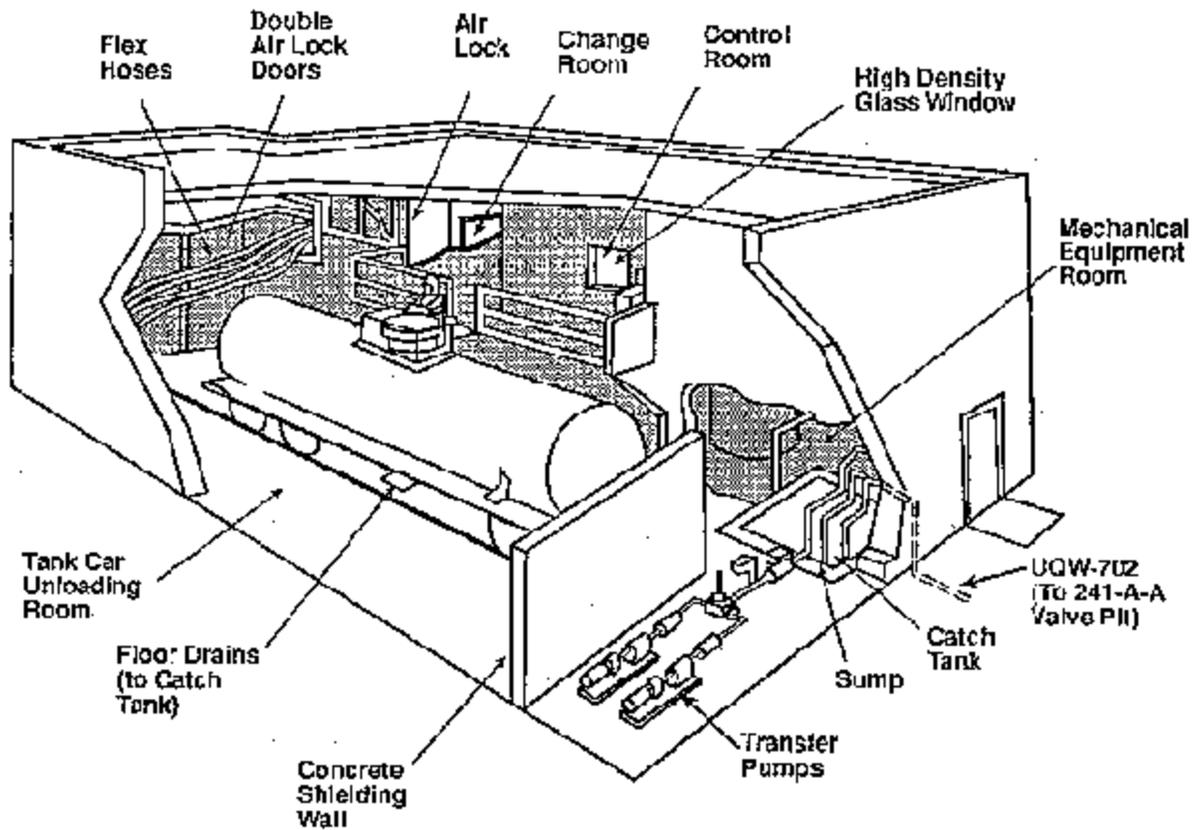
9/24/99 _____
Date

204-AR Building Waste Unloading Station

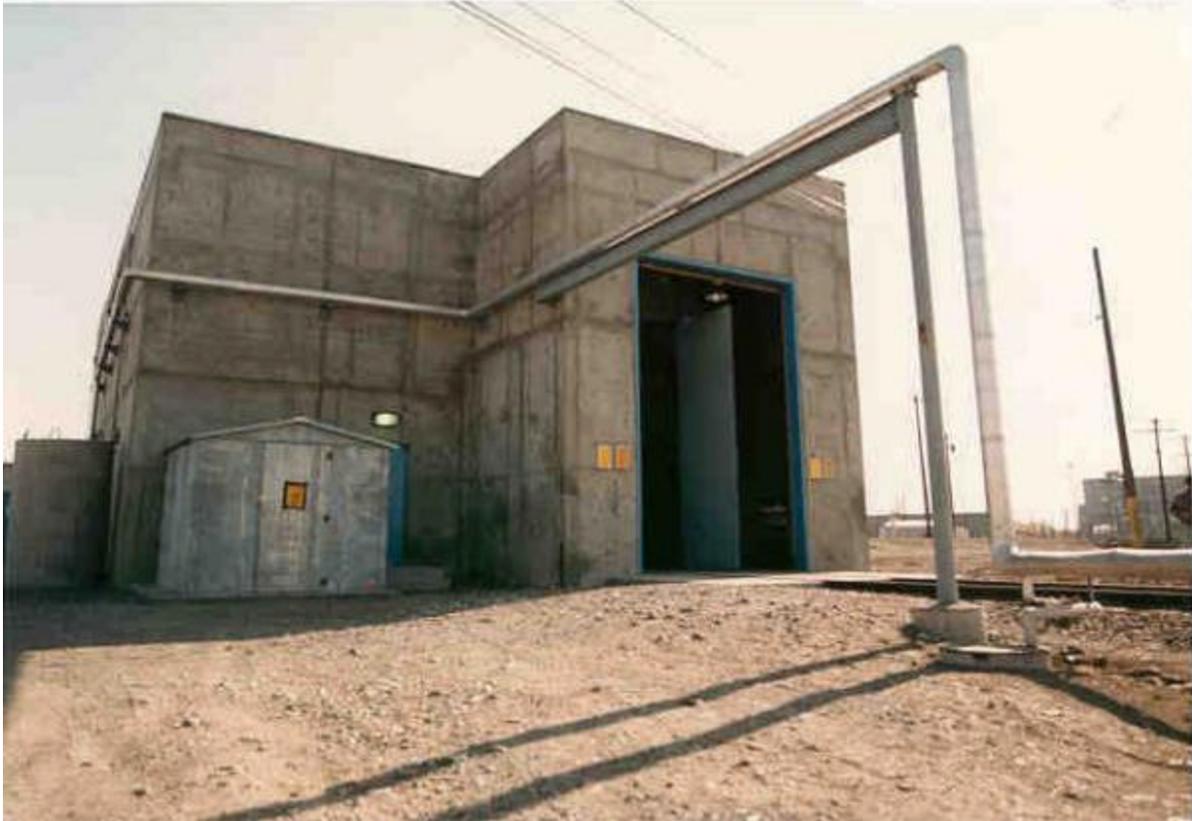
Site Plan



204-AR Waste Unloading Station Cutaway View



204-AR WASTE UNLOADING STATION



46°33'09"
119°31'09"

8706421-18CN
(PHOTO TAKEN 1987)

204-AR WASTE UNLOADING STATION INTERNAL VIEW



TYPICAL RAILROAD TANK CAR UNLOADING

46°33'09"
119°31'09"

8706421-16CN
(PHOTO TAKEN 1987)