

<p>SEND COMPLETED FORM TO: The appropriate State or Regional Office.</p>	<p>United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM</p>																														
<p>1. Reason for Submittal MARK ALL BOX(ES) THAT APPLY</p>	<p>Reason for Submittal:</p> <p><input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location).</p> <p><input type="checkbox"/> To provide Subsequent Notification (to update site identification information for this location).</p> <p><input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application.</p> <p><input checked="" type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # CSSF Part B Permit - Revision Date: September 21, 2012)</p> <p><input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below)</p> <p><input type="checkbox"/> Site was a TSD facility and/or generator of ≥1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup <u>in one or more months</u> of the report year (or State equivalent LQG regulations)</p>																														
<p>2. Site EPA ID Number</p>	<p>EPA ID Number: ID4890008952</p>																														
<p>3. Site Name</p>	<p>Name: IDAHO NATIONAL LABORATORY</p>																														
<p>4. Site Location Information</p>	<p>Street Address:</p> <table border="1" style="width: 100%;"> <tr> <td colspan="2">City, Town, or Village: SCOVILLE</td> <td colspan="2">County: BUTTE, CLARK, JEFFERSON, BONNEVILLE, BINGHAN</td> </tr> <tr> <td>State: ID</td> <td>Country: USA</td> <td colspan="2">Zip Code: 83415</td> </tr> </table>			City, Town, or Village: SCOVILLE		County: BUTTE, CLARK, JEFFERSON, BONNEVILLE, BINGHAN		State: ID	Country: USA	Zip Code: 83415																					
City, Town, or Village: SCOVILLE		County: BUTTE, CLARK, JEFFERSON, BONNEVILLE, BINGHAN																													
State: ID	Country: USA	Zip Code: 83415																													
<p>5. Site Land Type</p>	<p><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</p>																														
<p>6. NAICS Code(s) for the Site (at least 5-digit codes)</p>	<p>A. 92411</p>	<p>B. 54171</p>	<p>C. 336992</p>	<p>D. Not Applicable</p>																											
<p>7. Site Mailing Address</p>	<p>Street or P. O. Box: 1955 FREMONT AVENUE</p> <p>City, Town, or Village: IDAHO FALLS</p> <table border="1" style="width: 100%;"> <tr> <td>State: ID</td> <td>Country: USA</td> <td colspan="2">Zip Code: 83415</td> </tr> </table>			State: ID	Country: USA	Zip Code: 83415																									
State: ID	Country: USA	Zip Code: 83415																													
<p>8. Site Contact Person</p>	<table border="1" style="width: 100%;"> <tr> <td>First Name: TERESA</td> <td>MI: L</td> <td colspan="2">Last Name: PERKINS</td> </tr> <tr> <td colspan="4">Title: DIRECTOR, ENVIRONMENT & SUSTAINABILITY DIVISION</td> </tr> <tr> <td colspan="4">Street or P. O. Box: 1955 FREMONT AVENUE</td> </tr> <tr> <td colspan="4">City, Town, or Village: IDAHO FALLS</td> </tr> <tr> <td>State: ID</td> <td>Country: USA</td> <td colspan="2">Zip Code: 83415</td> </tr> <tr> <td colspan="4">Email: PERKINTL@ID.DOE.GOV</td> </tr> <tr> <td>Phone: (208) 526-1483</td> <td>Ext.: N/A</td> <td colspan="2">Fax: 208-526-1926</td> </tr> </table>			First Name: TERESA	MI: L	Last Name: PERKINS		Title: DIRECTOR, ENVIRONMENT & SUSTAINABILITY DIVISION				Street or P. O. Box: 1955 FREMONT AVENUE				City, Town, or Village: IDAHO FALLS				State: ID	Country: USA	Zip Code: 83415		Email: PERKINTL@ID.DOE.GOV				Phone: (208) 526-1483	Ext.: N/A	Fax: 208-526-1926	
First Name: TERESA	MI: L	Last Name: PERKINS																													
Title: DIRECTOR, ENVIRONMENT & SUSTAINABILITY DIVISION																															
Street or P. O. Box: 1955 FREMONT AVENUE																															
City, Town, or Village: IDAHO FALLS																															
State: ID	Country: USA	Zip Code: 83415																													
Email: PERKINTL@ID.DOE.GOV																															
Phone: (208) 526-1483	Ext.: N/A	Fax: 208-526-1926																													
<p>9. Legal Owner and Operator of the Site</p>	<table border="1" style="width: 100%;"> <tr> <td colspan="2">A. Name of Site's Legal Owner: US DEPARTMENT OF ENERGY IDAHO OPERATIONS OFFICE</td> <td colspan="2">Date Became Owner: 01/01/1952</td> </tr> <tr> <td colspan="4">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</td> </tr> <tr> <td colspan="4">Street or P. O. Box: 1955 FREMONT AVENUE</td> </tr> <tr> <td colspan="2">City, Town, or Village: IDAHO FALLS</td> <td colspan="2">Phone: (208) 526-1483</td> </tr> <tr> <td>State: ID</td> <td>Country: USA</td> <td colspan="2">Zip Code: 83415</td> </tr> <tr> <td colspan="2">B. Name of Sites Operator: CH2M-WG IDAHO, LLC.</td> <td colspan="2">Date Became Operator: 05/01/2005</td> </tr> <tr> <td colspan="4">Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</td> </tr> </table>			A. Name of Site's Legal Owner: US DEPARTMENT OF ENERGY IDAHO OPERATIONS OFFICE		Date Became Owner: 01/01/1952		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 or P. O. Box: 1955 FREMONT AVENUE				City, Town, or Village: IDAHO FALLS		Phone: (208) 526-1483		State: ID	Country: USA	Zip Code: 83415		B. Name of Sites Operator: CH2M-WG IDAHO, LLC.		Date Became Operator: 05/01/2005		Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			
A. Name of Site's Legal Owner: US DEPARTMENT OF ENERGY IDAHO OPERATIONS OFFICE		Date Became Owner: 01/01/1952																													
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 or P. O. Box: 1955 FREMONT AVENUE																															
City, Town, or Village: IDAHO FALLS		Phone: (208) 526-1483																													
State: ID	Country: USA	Zip Code: 83415																													
B. Name of Sites Operator: CH2M-WG IDAHO, LLC.		Date Became Operator: 05/01/2005																													
Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other																															

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; Complete all parts 1-10.

Y N 1. Generator of Hazardous Waste

If "Yes" mark only one of the following - a,b, or c

- a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo) or more of hazardous waste; or Generates in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste or Generates, in any calendar month or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.
- b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste.
- c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

If "Yes" above, indicate other generator activities in 2-4.

- Y N 2. Short-Term Generator** (generate from a short term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section
- Y N 3. United States Importer of Hazardous Waste**
- Y N 4. Mixed Waste** (hazardous and radioactive) Generator

Y N 5. Transporter of Hazardous Waste. If "Yes", mark all that apply.

- a. Transporter
- b. Transfer Facility (at your site)

Y N 6. Treater, Storer, or Disposer of Hazardous Waste: Note: A hazardous waste Part B permit is required for these activities.

Y N 7. Recycler of Hazardous Waste

Y N 8. Exempt Boiler and/or Industrial Furnace. If "Yes", mark all that apply.

- a. Small Quantity On-site Burner Exemption
- b. Smelting, Melting, and Refining Furnace Exemption

Y N 9. Underground Injection Control

Y N 10. Receives Hazardous Waste from Off-site

B. Universal Waste Activities; Complete all parts 1-2

Y N 1. Large Quantity Handler of Universal Waste (you accumulate 5,000kg or more)[refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.

- a. Batteries
- b. Pesticides
- c. Mercury containing equipment
- 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; Complete all parts 1-4.

Y N 1. Used Oil Transporter If "Yes", mark all that apply.

- a. Transporter
- b. Transfer Facility (at your site)

Y N 2. Used Oil Processor and/or Re-refiner If "Yes", mark all that apply.

- a. Processor
- b. Re-refiner

Y N 3. Off-Specification Used Oil Burner

Y N 4. Used Oil Fuel Marketer

- If "Yes", mark all that apply.
- 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

D. Eligible Academic Entities with Laboratories - Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K.

◆ You can **ONLY** Opt into Subpart K if:

- you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND
- you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state

1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

- a. College or University
- b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

- 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

11. Description of Hazardous Wastes

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.

See Attached Form OMB#: 2050-0024, Item 9 pageS 5(IAA-1) through 5(IAA-4) of 6

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.

12. Notification of Hazardous Secondary Material (HSM) Activity

Y 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 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?
 If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

Multiple empty horizontal lines for providing comments.

14. 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. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	K. W. Daniels, Vice President, CH2M-WG, Idaho, LLC.	6/5/2012
	R. B. Provencher, Manager, Department of Energy Idaho Operations Office	7/28/12

United States Environmental Protection Agency

HAZARDOUS WASTE PERMIT INFORMATION FORM

1. Facility Permit Contact	First Name: TERESA	MI: L	Last Name: PERKINS
	Contact Title: DIRECTOR, ENVIRONMENT & SUSTAINABILITY DIVISION		
	Phone: (208) 526-1483	Ext.: N/A	Email: PERKINTL@ID.DOE.GOV
2. Facility Permit Contact Mailing Address	Street or P.O. Box: 1955 FREMONT AVENUE		
	City, Town, or Village: IDAHO FALLS		
	State: ID		
	Country: USA	Zip Code: 83415	
3. Operator Mailing Address and Telephone Number	Street or P.O. Box: P.O. BOX 2010		
	City, Town, or Village: IDAHO FALLS		
	State: ID		Phone: (208) 533-3475
	Country: USA		Zip Code: 83403-2010
4. Facility Existence Date	Facility Existence Date (mm/dd/yyyy): 06/01/1949		

5. Other Environmental Permits													
A. Facility Type (Enter code)	B. Permit Number												C. Description
R	I	D	4	8	9	0	0	0	8	9	5	2	Final HWMA Storage & Treatment Permit for the INTEC on the INL (Volumes 14 and 18)
R	I	D	4	8	9	0	0	0	8	9	5	2	HWMA/RCRA Part B Permit Application for the INL (Volume 3)
R	I	D	4	8	9	0	0	0	8	9	5	2	HWMA/RCRA Post-Closure Permit for the INL - Waste Calcining Facility (Volume 21)
R	I	D	4	8	9	0	0	0	8	9	5	2	HWMA/RCRA Storage Permit for the CSSF at the INTEC on the INL (Volume 22)
R	I	D	4	8	9	0	0	0	8	9	5	2	HWMA/RCRA Storage and Treatment Permit for the EBR-II located at the MFC on the INL (PER-120)
R	I	D	4	8	9	0	0	0	8	9	5	2	HWMA/RCRA Storage and Treatment Permit for the Sodium Process Facility (SPF) located at the MFC on the INL (PER-140)
R	I	D	4	8	9	0	0	0	8	9	5	2	HWMA/RCRA Part A Permit Application for the INL (Volume 1)
P, E, U													See Additional Information Supplement to Item 5 - Other Permits List

6. Nature of Business

The Idaho National Laboratory (INL) was established in 1949, as a center where nuclear power reactors and support facilities could be built, tested, and operated. The INL site covers approximately 890 square miles and is 25 miles west of Idaho Falls, ID. For many years the INL was the site of the largest nuclear power research & development effort in the world. During the 1970's the INL's mission broadened to include such areas as biotechnology, energy and materials research, and conservation and renewable energy. At the end of the Cold War, waste treatment and cleanup of previously contaminated sites became a priority. Today the INL is a science-based, applied engineering national laboratory dedicated to completing its waste cleanup mission and meeting the nation's environmental, energy, nuclear science and technology, and national security needs. Additionally, in 2002, it was announced that the INL will serve as the nation's leading nuclear technology center.

**Additional Information
Supplement to Item 5.
Other Environmental Permits**

AIR PERMITS

(Permit Type P)

Idaho National Laboratory (INL)

- **Title V Operating Permit** - Permit Number T1-030520

Idaho Nuclear Technology and Engineering Center (INTEC)

PTC (Permit Number PTC-023-00001)

- New Waste Calcining Facility/Decontamination Area, CPP-659

PTC (Permit Number P-030505)

- CPP-606 Distillate Oil-Fired Boilers

PTC (Permit Number 060520)

- Integrated Waste Treatment Unit at the INL - Idaho Nuclear Technology and Engineering Center

PTC (Permit Number P-2007.0076)

- INL, INTEC Initial PTC for Standby Compressor (COM-UTI-606)

Critical Infrastructure Test Range Center (CITRC)

PTC (Permit Number P-020521)

- WROC/PBF boiler permitted under the INTEC Site-wide NOx permit - PER-620-023

WATER PERMITS

State of Idaho Monitoring Well Permit (IDWR)

(Permit Type U)

INL monitoring well permit applications are sent annually to the IDWR for wells (greater than 18 feet deep) to be constructed in the current calendar year. Permits are authorized by agreement between the DOE-ID and the IDWR.

State of Idaho Wastewater Land Application Permits (WLAP)

(Permit Type E)

- INTEC Service Waste System and Sewage Treatment Plant - Permit Number LA-000130-04

Ground Water Rights

(Permit Type E)

INL operations use water guaranteed by both a Federal Reserved Water Right and a water rights agreement with the State of Idaho

7. Process Codes and Design Capacities - Enter information in the Sections on Form Page 3.

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. 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), describe the process (including its design capacity) in the space provided in Item 8.

B. PROCESS DESIGN CAPACITY - For each code entered in Item 7.A; enter the capacity of the process, 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 7.B(1), enter the code in Section 7.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 Unit of Measure for Process Design Capacity	Process Code	PROCESS	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Disposal			Treatment (continued) (for T81 - T94)		
D79	Underground Injection Well Disposal	Gallons; Liters; Gallons Per Day; or Liters Per Day	T81	Cement Kiln	Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour;
D80	Landfill	Acre-feet; Hectare-meter; Acres; Cubic Meters; Hectares; Cubic Yards	T82	Lime Kiln	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
D81	Land Treatment	Acres or Hectares	T83	Aggregate Kiln	
D82	Ocean Disposal	Gallons Per Day or Liters Per Day	T84	Phosphate Kiln	
D83	Surface Impoundment Disposal	Gallons; Liters; Cubic Meters; or Cubic Yards	T85	Coke Oven	
D99	Other Disposal	Any Unit of Measure Listed Below	T86	Blast Furnace	
Storage			T87	Smelting, Melting, or Refining Furnace	
S01	Container	Gallons; Liters; Cubic Meters; or Cubic Yards	T88	Titanium Dioxide Chloride Oxidation Reactor	
S02	Tank Storage	Gallons; Liters; Cubic Meters; or Cubic Yards	T89	Methane Reforming Furnace	
S03	Waste Pile	Cubic Yards or Cubic Meters	T90	Pulping Liquor Recovery Furnace	
S04	Surface Impoundment	Gallons; Liters; Cubic Meters; or Cubic Yards	T91	Combustion Device Used In the Recovery Of Sulfur Values From Spent Sulfuric Acid	
S05	Drip Pad	Gallons; Liters; Acres; Cubic Meters; Hectares; or Cubic Yards	T-92	Halogen Acid Furnaces	
S06	Containment Building Storage	Cubic Yards or Cubic Meters	T93	Other Industrial Furnaces Listed In 40 CFR §260.10	
S99	Other Storage	Any Unit of Measure Listed Below	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)					
Treatment			X01	Open Burning/Open Detonation	Any Unit of Measure in Code Table Below
T01	Tank Treatment	Gallons Per Day; Liters Per Day	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
T02	Surface Impoundment	Gallons Per Day; Liters 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
T03	Incinerator	Short Tons Per Hour; Metric Tons Per Hour; Gallons Per Hour; Liters Per Hour; BTUs Per Hour; Pounds Per Hour; Short Tons Per Day; Kilograms Per Hour; Gallons Per Day; Metric Tons Per Hour; or Million BTU Per Hour	X04	Geologic Repository	Cubic Yards; Cubic Meters; Acre-feet; Hectare-meter; Gallons; or Liters
T04	Other Treatment	Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day; Short Tons Per Day; BTUs Per Hour; Gallons Per Day; Liters Per Hour; or Million BTU Per Hour	X99	Other Subpart X	Any Unit of Measure Listed Below
T80	Boiler	Gallons; Liters; Gallons Per Hour; Liters Per Hour; BTUs Per Hour; or Million BTU Per Hour			
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	Short Tons Per Day	N	Cubic Meters	C
Gallons Per Day	U	Metric Tons Per Hour	W	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	X	Hectare-meter	F
		Million BTU Per Hour	X	BTU Per Hour	I

7. Process Codes and Design Capacities (Continued)

EXAMPLE FOR COMPLETING Item 7 (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		C. Process Total Number of Units	For Official Use Only						
					(1) Amount (Specify)	(2) Unit of Measure								
X	1	S	0	2	533.788	G	001							
	1	S	0	2	1,885,595.4	G	007							
	2													
	3													
	4													
	5													
	6													
	7													
	8													
	9													
1	0													
1	1													
1	2													
1	3													

NOTE: If you need to list more than 13 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 8.

8. Other Processes (Follow instructions from Item 7 for D99, S99, T04 and X99 process codes)

Line Number (Enter #s in sequence with item 7)	A. Process Code (from list above)				B. PROCESS DESIGN CAPACITY		C. Process Total Number of Units	For Official Use Only						
					(1) Amount (Specify)	(2) Unit of Measure								
X	2	T	0	4	100.00	U	001							

ITEM 8. PROCESS CODES AND DESIGN CAPACITIES SUPPLEMENT

LINE NUMBER	UNIT NAME		PROCESS DESIGN CAPACITY
1	S02 CSSF Tank Storage includes 7 Bin Set Tanks: <ul style="list-style-type: none"> • Bin Set #1 (4 bins) @ 235 m³ • Bin Set #2 (7 bins) @ 895 m³ • Bin Set #3 (7 bins) @ 1,133 m³ • Bin Set #4 (3 bins) @ 502 m³ • Bin Set #5 (7 bins) @ 1,025 m³ • Bin Set #6 (7 bins) @ 1,563 m³ • Bin Set #7 (7 bins) @ 1,784 m³ 		<p style="text-align: right;">62,087 gallons</p> <p style="text-align: right;">236,459 gallons</p> <p style="text-align: right;">299,338.6 gallons</p> <p style="text-align: right;">132,628.4 gallons</p> <p style="text-align: right;">270,805 gallons</p> <p style="text-align: right;">412,944.6 gallons</p> <p style="text-align: right;">471,332.8 gallons</p>
		Line 1 Total:	<p style="text-align: right;">7,137 m³** or 1,885,595.4 gallons</p>

** PLEASE NOTE: The Universal Conversion Factor of 264.2 was used to convert cubic meters into gallons, as published in *THE MERCK INDEX, Twelfth Edition*.
(cubic meters x 264.2 = gallons)

9. Description of Hazardous Wastes - 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 Item 9.A, estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in Item 9.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 Item 9.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 Item 9.A, select the code(s) from the list of process codes contained in Items 7.A and 8.A 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 Item 9.A, select the code(s) from the list of process codes contained in Items 7.A and 8.A 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 9.D(1).
3. Use additional sheet, enter line number from previous sheet, and enter additional code(s) in Item 9.E.

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in Item 9.D(2) or in Item 9.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 Item 9.A. On the same line complete Items 9.B, 9.C, and 9.D by estimating the total annual quantity of the waste and describing all the processes to be used to store, treat, and/or dispose of the waste.
2. In Item 9.A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In Item 9.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 9 (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 Qty of Waste	C. Unit of Measure (Enter code)	D. PROCESSES															
	(1) PROCESS CODES (Enter code)										(2) PROCESS DESCRIPTION (If code is not entered in 9.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

9. Description of Hazardous Wastes (Continued. Use the additional sheet(s) as necessary; number pages as 5a, etc.)

Line Number	A. EPA Hazardous Waste No. (Enter code)				B. Estimated Annual Qty 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 9.D(1))											
1	D	0	0	4	1,200	T	S	0	2									CSSF #1
2	D	0	0	5														INCLUDED WITH ABOVE
3	D	0	0	6														INCLUDED WITH ABOVE
4	D	0	0	7														INCLUDED WITH ABOVE
5	D	0	0	8														INCLUDED WITH ABOVE
6	D	0	0	9														INCLUDED WITH ABOVE
7	D	0	1	0														INCLUDED WITH ABOVE
8	D	0	1	1														INCLUDED WITH ABOVE
9	F	0	0	1														INCLUDED WITH ABOVE
10	F	0	0	2														INCLUDED WITH ABOVE
11	F	0	0	5														INCLUDED WITH ABOVE
12	U	1	3	4														INCLUDED WITH ABOVE
13																		
14																		
15																		
16																		
17																		
18																		
19																		
20																		
21																		
22																		
23																		
24																		
25																		
26																		
27																		
28																		
29																		
30																		
31																		
32																		
33																		
34																		
35																		
36																		

9. Description of Hazardous Wastes (Continued. Use the additional sheet(s) as necessary; number pages as 5a, etc.)

Line Number	A. EPA Hazardous Waste No. (Enter code)				B. Estimated Annual Qty 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 9.D(1))											
1	D	0	0	4	1,200	T	S	0	2									CSSF #2
2	D	0	0	5														INCLUDED WITH ABOVE
3	D	0	0	6														INCLUDED WITH ABOVE
4	D	0	0	7														INCLUDED WITH ABOVE
5	D	0	0	8														INCLUDED WITH ABOVE
6	D	0	0	9														INCLUDED WITH ABOVE
7	D	0	1	0														INCLUDED WITH ABOVE
8	D	0	1	1														INCLUDED WITH ABOVE
9	F	0	0	1														INCLUDED WITH ABOVE
10	F	0	0	2														INCLUDED WITH ABOVE
11	F	0	0	5														INCLUDED WITH ABOVE
12	U	1	3	4														INCLUDED WITH ABOVE
13																		
14																		
15																		
16																		
17																		
18																		
19																		
20																		
21																		
22																		
23																		
24																		
25																		
26																		
27																		
28																		
29																		
30																		
31																		
32																		
33																		
34																		
35																		
36																		

9. Description of Hazardous Wastes (Continued. Use the additional sheet(s) as necessary; number pages as 5a, etc.)

Line Number	A. EPA Hazardous Waste No. (Enter code)				B. Estimated Annual Qty 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 9.D(1))										
1	D	0	0	4	1,200	T	S	0	2								CSSF #3
2	D	0	0	5													INCLUDED WITH ABOVE
3	D	0	0	6													INCLUDED WITH ABOVE
4	D	0	0	7													INCLUDED WITH ABOVE
5	D	0	0	8													INCLUDED WITH ABOVE
6	D	0	0	9													INCLUDED WITH ABOVE
7	D	0	1	0													INCLUDED WITH ABOVE
8	D	0	1	1													INCLUDED WITH ABOVE
9	F	0	0	1													INCLUDED WITH ABOVE
10	F	0	0	2													INCLUDED WITH ABOVE
11	F	0	0	5													INCLUDED WITH ABOVE
12	U	1	3	4													INCLUDED WITH ABOVE
13																	
14																	
15																	
16																	
17																	
18																	
19																	
20																	
21																	
22																	
23																	
24																	
25																	
26																	
27																	
28																	
29																	
30																	
31																	
32																	
33																	
34																	
35																	
36																	

9. Description of Hazardous Wastes (Continued. Use the additional sheet(s) as necessary; number pages as 5a, etc.)

Line Number	A. EPA Hazardous Waste No. (Enter code)				B. Estimated Annual Qty 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 9.D(1))											
1	D	0	0	4	1,200	T	S	0	2									CSSF #4
2	D	0	0	5														INCLUDED WITH ABOVE
3	D	0	0	6														INCLUDED WITH ABOVE
4	D	0	0	7														INCLUDED WITH ABOVE
5	D	0	0	8														INCLUDED WITH ABOVE
6	D	0	0	9														INCLUDED WITH ABOVE
7	D	0	1	0														INCLUDED WITH ABOVE
8	D	0	1	1														INCLUDED WITH ABOVE
9	F	0	0	1														INCLUDED WITH ABOVE
10	F	0	0	2														INCLUDED WITH ABOVE
11	F	0	0	5														INCLUDED WITH ABOVE
12	U	1	3	4														INCLUDED WITH ABOVE
13																		
14																		
15																		
16																		
17																		
18																		
19																		
20																		
21																		
22																		
23																		
24																		
25																		
26																		
27																		
28																		
29																		
30																		
31																		
32																		
33																		
34																		
35																		
36																		

9. Description of Hazardous Wastes (Continued. Use the additional sheet(s) as necessary; number pages as 5a, etc.)

Line Number	A. EPA Hazardous Waste No. (Enter code)				B. Estimated Annual Qty 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 9.D(1))										
1	D	0	0	4	1,200	T	S	0	2												CSSF #5
2	D	0	0	5																	INCLUDED WITH ABOVE
3	D	0	0	6																	INCLUDED WITH ABOVE
4	D	0	0	7																	INCLUDED WITH ABOVE
5	D	0	0	8																	INCLUDED WITH ABOVE
6	D	0	0	9																	INCLUDED WITH ABOVE
7	D	0	1	0																	INCLUDED WITH ABOVE
8	D	0	1	1																	INCLUDED WITH ABOVE
9	F	0	0	1																	INCLUDED WITH ABOVE
10	F	0	0	2																	INCLUDED WITH ABOVE
11	F	0	0	5																	INCLUDED WITH ABOVE
12	U	1	3	4																	INCLUDED WITH ABOVE
13																					
14																					
15																					
16																					
17																					
18																					
19																					
20																					
21																					
22																					
23																					
24																					
25																					
26																					
27																					
28																					
29																					
30																					
31																					
32																					
33																					
34																					
35																					
36																					

9. Description of Hazardous Wastes (Continued. Use the additional sheet(s) as necessary; number pages as 5a, etc.)

Line Number	A. EPA Hazardous Waste No. (Enter code)				B. Estimated Annual Qty 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 9.D(1))											
1	D	0	0	4	1,200	T	S	0	2									CSSF #6
2	D	0	0	5														INCLUDED WITH ABOVE
3	D	0	0	6														INCLUDED WITH ABOVE
4	D	0	0	7														INCLUDED WITH ABOVE
5	D	0	0	8														INCLUDED WITH ABOVE
6	D	0	0	9														INCLUDED WITH ABOVE
7	D	0	1	0														INCLUDED WITH ABOVE
8	D	0	1	1														INCLUDED WITH ABOVE
9	F	0	0	1														INCLUDED WITH ABOVE
10	F	0	0	2														INCLUDED WITH ABOVE
11	F	0	0	5														INCLUDED WITH ABOVE
12	U	1	3	4														INCLUDED WITH ABOVE
13																		
14																		
15																		
16																		
17																		
18																		
19																		
20																		
21																		
22																		
23																		
24																		
25																		
26																		
27																		
28																		
29																		
30																		
31																		
32																		
33																		
34																		
35																		
36																		

9. Description of Hazardous Wastes (Continued. Use the additional sheet(s) as necessary; number pages as 5a, etc.)

Line Number	A. EPA Hazardous Waste No. (Enter code)				B. Estimated Annual Qty 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 9.D(1))															
1	D	0	0	4	1,200	T	S	0	2												CSSF #7	
2	D	0	0	5																		INCLUDED WITH ABOVE
3	D	0	0	6																		INCLUDED WITH ABOVE
4	D	0	0	7																		INCLUDED WITH ABOVE
5	D	0	0	8																		INCLUDED WITH ABOVE
6	D	0	0	9																		INCLUDED WITH ABOVE
7	D	0	1	0																		INCLUDED WITH ABOVE
8	D	0	1	1																		INCLUDED WITH ABOVE
9	F	0	0	1																		INCLUDED WITH ABOVE
10	F	0	0	2																		INCLUDED WITH ABOVE
11	F	0	0	5																		INCLUDED WITH ABOVE
12	U	1	3	4																		INCLUDED WITH ABOVE
13																						
14																						
15																						
16																						
17																						
18																						
19																						
20																						
21																						
22																						
23																						
24																						
25																						
26																						
27																						
28																						
29																						
30																						
31																						
32																						
33																						
34																						
35																						
36																						

10. 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 springs, rivers and other surface water bodies in this map area. See instructions for precise requirements.

NOTE: See Attachment 1 - Section B of this permit for topographic map

11. Facility Drawing

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

NOTE: See Appendix 1 of this permit application for facility drawings

12. 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).

NOTE: See pages 6A - 6B of this Part A Permit Application for Facility Photographs.

13. Comments

**ITEM 13. PHOTOGRAPHS
CALCINED SOLIDS STORAGE FACILITY (CSSF)**

PHOTO NUMBER	Photo Description Unit Process Code	Photo Date	Page Number
524	CSSF, Bin Sets 1 and 2 S02 - Tank Storage	6/99	6B of 6



Photo 534. CSSF, Bin Sets 1 and 2