

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: <input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). <input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information). <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application. <input checked="" type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # Volume 22 - CSSF Part B Permit - Revision Date 8-18-08) <input type="checkbox"/> As a component of the Hazardous Waste Report.		
2. Site EPA ID Number (page 15)	EPA ID Number: ID4890008952		
3. Site Name (page 15)	Name: IDAHO NATIONAL LABORATORY		
4. Site Location Information (page 15)	Street Address:		
	City, Town, or Village: SCOVILLE	State: ID	
	County Name: BUTTE, CLARK, JEFFERSON, BONNEVILLE, BINGHAM	Zip Code: 83415	
5. Site Land Type (page 15)	Site Land Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. North American Industry Classification System (NAICS) Code(s) for the Site (page 15)	A. 92411	B. 54171	
	C. 336992	D. Not Applicable	
7. Site Mailing Address (page 16)	Street or P. O. Box: 1955 FREMONT AVENUE, IDAHO FALLS		
	City, Town, or Village: IDAHO FALLS		
	State: ID		
	Country: USA	Zip Code: 83415	
8. Site Contact Person (page 16)	First Name: DONALD	MI: N	Last Name: RASCH
	Phone Number: (208) 526-1511 Extension:		Email address: RASCHDN@ID.DOE.GOV
9. Operator and Legal Owner of the Site (pages 16 and 17)	A. Name of Site's Operator: CH2M-WG IDAHO, LLC.		Date Became Operator (mm/dd/yyyy): 05/01/2005
	Operator Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	B. Name of Site's Legal Owner: US DEPARTMENT OF ENERGY IDAHO OPERATIONS OFFICE		Date Became Owner (mm/dd/yyyy): 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"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			

9. Legal Owner (Continued Address)	Street or P.O. Box: 1955 FREMONT AVENUE		
	City, Town, or Village: IDAHO FALLS		
	State: IDAHO		
	Country: USA	Zip Code: 83415	

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.

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Y <input checked="" type="checkbox"/> N <input type="checkbox"/> 1. Generator of Hazardous Waste
 If "Yes", choose only one of the following - a, b, or c.</p> <p><input checked="" type="checkbox"/> a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or</p> <p><input type="checkbox"/> b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or</p> <p><input type="checkbox"/> c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste; or</p> <p>In addition, indicate other generator activities</p> <p>Y <input checked="" type="checkbox"/> N <input type="checkbox"/> d. United States Importer of Hazardous Waste</p> <p>Y <input checked="" type="checkbox"/> N <input type="checkbox"/> e. Mixed Waste (hazardous and radioactive) Generator</p> | <p>Y <input checked="" type="checkbox"/> N <input type="checkbox"/> 2. Transporter of Hazardous Waste</p> <p>Y <input checked="" type="checkbox"/> N <input type="checkbox"/> 3. Treater, Storer, or Disposer of Hazardous Waste (at your site)
 Note: A hazardous waste permit is required for this activity.</p> <p>Y <input checked="" type="checkbox"/> N <input type="checkbox"/> 4. Recycler of Hazardous Waste (at your site)</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 5. Exempt Boiler and/or Industrial Furnace
 If "Yes", mark each that applies.</p> <p><input type="checkbox"/> a. Small Quantity On-site Burner Exemption</p> <p><input type="checkbox"/> b. Smelting, Melting, and Refining Furnace Exemption</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 6. Underground Injection Control</p> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

	Generate	Accumulate
a. Batteries	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Thermostats	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Lamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

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 to Off-Specification Used Oil Burner
- b. Marketer Who First Claims the Used Oil Meets the Specifications

United States Environmental Protection Agency
HAZARDOUS WASTE PERMIT INFORMATION FORM

1. Facility Permit Contact (See instructions on page 23)	First Name: DONALD	MI: N	Last Name: RASCH											
	Phone Number: (208) 526-1511		Phone Number Extension: NOT APPLICABLE											
2. Facility Permit Contact Mailing Address (See instructions on page 23)	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 (See instructions on page 23)	Street or P.O. Box: P.O. BOX 1625													
	City, Town, or Village: IDAHO FALLS													
	State: ID													
	Country: USA	Zip Code: 83415	Phone Number: (208) 526-7434											
4. Legal Owner Mailing Address and Telephone Number (See instructions on page 23)	Street or P.O. Box: 1955 FREMONT AVENUE													
	City, Town, or Village: IDAHO FALLS													
	State: ID													
	Country: USA	Zip Code: 83415	Phone Number: (208) 526-5665											
5. Facility Existence Date (See instructions on page 24)	Facility Existence Date (mm/dd/yyyy): 06/01/1949													
6. Other Environmental Permits (See instructions on page 24)														
A. Permit 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, 18, and 22)	
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 Part B 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 Part A Permit Application for the INL (Volume 1)	
P, E, U														See Additional Information Supplement to Item 6 - Other Permits List
7. Nature of Business (Provide a brief description; see instructions on page 24)														
<p>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.</p>														

Additional Information Supplement to Item 6. 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)

- Fuel Storage Area- Rack Reconfiguration Project, CPP-737
- 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

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
- TAN/TSF Sewage Treatment Facility - Permit Number LA-000153-02

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.

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 Listed 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 Listed Below
Treatment:		
T01	Tank Treatment	Gallons Per Day; Liters Per Day; Short Tons Per Hour; Gallons Per Hour; Liters Per Hour; Pounds Per Hour; Short Tons Per Day; Kilograms Per Hour; Metric Tons Per Day; or Metric Tons Per Hour
T02	Surface Impoundment Treatment	Gallons Per Day; Liters Per Day; Short Tons Per Hour; Gallons Per Hour; Liters Per Hour; Pounds Per Hour; Short Tons Per Day; Kilograms Per Hour; Metric Tons Per Day; or Metric Tons Per Hour
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

PROCESS CODE	PROCESS	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Treatment (continued)		
T81	Cement Kiln	For T81-T93:
T82	Lime Kiln	Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms
T-83	Aggregate Kiln	Per Hour; Metric Tons Per Day; Metric
T-84	Phosphate Kiln	Tons Per Hour; Short Tons Per Day; Btu Per
T-85	Coke Oven	Hour; Liters Per Hour; Kilograms Per
T-86	Blast Furnace	Hour; or Million Btu Per Hour
T-87	Smetting, Melting, or Refining Furnace	
T-88	Titanium Dioxide Chloride Oxidation Reactor	
T-89	Methane Reforming Furnace	
T-90	Pulping Liquor Recovery Furnace	
T-91	Combustion Device Used In The Recovery Of Sulfur Values From Spent Sulfuric Acid	
T-92	Halogen Acid Furnaces	
T-93	Other Industrial Furnaces Listed In 40 CFR §260.10	
T-94	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
Gallons	G
Gallons Per Hour	E
Gallons Per Day	U
Liters	L
Liters Per Hour	H
Liters Per Day	V

Unit of Measure	Unit of Measure Code
Short Tons Per Hour	D
Metric tons Per Hour	W
Short Tons Per Day	N
Metric Tons Per Day	S
Pounds Per Hour	J
Kilograms Per Hour	R
Million Btu Per Hour	X

Unit of Measure	Unit of Measure Code
Cubic Yards	Y
Cubic Meters	C
Acres	B
Acre-feet	A
Hectares	Q
Hectare-meter	F
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		(2) Unit of Measure (Enter code)	C. Process Total Number of Units	For Official Use Only			
				(1) Amount (Specify)							
X 1	S	0	2	5 3 3 . 7 8 8		G	0 0 1				
1 1	S	0	2	INTEC	1, 8 8 5, 5 9 5 . 4	G	007				
1 2											
1 3											
1 4											
1 5											
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		C. Process Total Number of Units	D. Description of Process
				(1) Amount (Specify)	(2) Unit of Measure (Enter code)		
X 2	T	0	4	1 0 0 . 0 0 0	U	1	In-situ Vitrification

ITEM 8. PROCESS CODES AND DESIGN CAPACITIES SUPPLEMENT

LINE NUMBER	PROCESS TYPE 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:	7,137 m³** or 1,885,595.4 gallons

** 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)

10. 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 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))										
	S	0	2																		
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																					
37																					
38																					
39																					

10. 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 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))										
	S	0	2																		
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																					
37																					
38																					
39																					

10. 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 Quantity of Waste	C. Unit of Measure (Enter code)	D. PROCESSES							(2) PROCESS DESCRIPTION (If a code is not entered in D(1))			
	(1) PROCESS CODES (Enter code)																
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																	
37																	
38																	
39																	

10. 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 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))										
	S	0	2																		
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																					
37																					
38																					
39																					

10. 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 Quantity of Waste	C. Unit of Measure (Enter code)	D. PROCESSES							(2) PROCESS DESCRIPTION (If a code is not entered in D(1))					
	(1) PROCESS CODES (Enter code)																		
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																			
37																			
38																			
39																			

10. 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 Quantity of Waste	C. Unit of Measure (Enter code)	D. PROCESSES							(2) PROCESS DESCRIPTION (If a code is not entered in D(1))
	(1) PROCESS CODES (Enter code)													
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														
37														
38														
39														

10. 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 Quantity of Waste	C. Unit of Measure (Enter code)	D. PROCESSES							(2) PROCESS DESCRIPTION (If a code is not entered in D(1))					
	(1) PROCESS CODES (Enter code)																		
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																			
37																			
38																			
39																			

11/30/2005

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.

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

12. Facility Drawing (See instructions on page 26)

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.

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).

NOTE: See pages 6a - 6b of this Part A Permit Application for facility photographs.

14. Comments (See instructions on page 26)

**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