



Department of Energy
Carlsbad Field Office
P. O. Box 3090
Carlsbad, New Mexico 88221
November 22, 2022

Mr. Rick Shean, Chief
Hazardous Waste Bureau
New Mexico Environment Department
2905 Rodeo Park Drive East, Building 1
Santa Fe, New Mexico 87505

Subject: Class 1* Permit Modification Notification, Waste Isolation Pilot Plant Hazardous Waste Facility Permit Number: NM4890139088-TSDF

Reference: DOE letter CBFO:OBO:DB:KC:22-1210 from Daniel Burke, Contracting Officer, Carlsbad Field Office, to Ms. Dena Volovar, Tularosa Basin Range Services, LLC; Subject: Notice to Proceed – Contract 8903322DEM00077, Waste Isolation Pilot Plant Management and Operating, dated November 8, 2022

Dear Mr. Shean:

Enclosed is a Class 1* Permit Modification Notification (PMN) for the following item:

- Change in Operational Control

This PMN is being submitted per Permit Part 1, Section 1.7.12 to address the change in co-operator of the Waste Isolation Pilot Plant (WIPP) facility pursuant to the above-referenced letter. Tularosa Basin Range Services, LLC doing business as Salado Isolation Mining Contractors (SIMCO) will be providing the disclosure forms according to New Mexico Statutes Annotated 74-4-4.7(A). The disclosure forms contain confidential, proprietary, and personal information and are being provided under separate cover directly from Mr. Ken Harrawood, Program Manager, SIMCO, to Mr. Rick Shean, Chief, New Mexico Environment Department Hazardous Waste Bureau.

We certify under penalty of law that this document and all attachments were prepared under our direction or supervision according to a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on our 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 our knowledge and belief, true, accurate, and complete. We are aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

If you have any questions, please contact Mr. Michael Gerle at (575) 988-5372.

Sincerely,

Signatures on File

Reinhard Knerr
Manager
Carlsbad Field Office

Sean Dunagan
President and Project Manager
Nuclear Waste Partnership LLC

Enclosure

cc: w/enclosure
R. Maestas, NMED *ED
D. Biswell, NMED ED
M. McLean, NMED ED
CBFO M&RC ED
*ED denotes electronic distribution

Class 1* Permit Modification Notification

Change in Operational Control

**Waste Isolation Pilot Plant
Carlsbad, New Mexico**

WIPP Permit Number - NM4890139088-TSDF

November 2022

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Acronyms and Abbreviations

CFR	Code of Federal Regulations
DOE	U.S. Department of Energy
MOC	Management and Operating Contractor
NMAC	New Mexico Administrative Code
NMED	New Mexico Environment Department
Permit	Waste Isolation Pilot Plant Hazardous Waste Facility Permit
Permittees	U.S. Department of Energy and Nuclear Waste Partnership LLC
PMN	Permit Modification Notification
RCRA	Resource Conservation and Recovery Act
SIMCO	Salado Isolation Mining Contractors LLC
WIPP	Waste Isolation Pilot Plant

Overview of the Permit Modification Notification

This document contains a Class 1 Permit Modification Notification (**PMN**), requiring prior agency approval (i.e., Class 1*), for the Waste Isolation Pilot Plant (**WIPP**) Hazardous Waste Facility Permit (**Permit**) Number NM4890139088-TSDF.

This PMN is being submitted by the U.S. Department of Energy (**DOE**) and Nuclear Waste Partnership, LLC collectively referred to as the Permittees, in accordance with Permit Part 1, Section 1.3.1. (20.4.1.900 New Mexico Administrative Code (**NMAC**) incorporating Title 40 of the Code of Federal Regulations (**CFR**) §270.42(a)(2)). The PMN in this document is necessary to notify the New Mexico Environment Department (**NMED**) of changes which impact the Permit. These changes do not reduce the ability of the Permittees to provide continued protection to human health and the environment.

The modifications to the Permit and any related supporting documents are provided in this PMN. The modifications to the text of the Permit have been identified using red text and double underline and a ~~strikeout~~ font for deleted information. All direct quotations are indicated by italicized text.

Appendix A
Description of the Class 1* Permit Modification Notification

Table 1. Class 1* Hazardous Waste Facility Permit Modification Notification

Affected Permit Section	Change Description	Category
<p>Permit Part 1, Section 1.2, <i>Effect of Permit</i></p> <p>Permit Part 1, Section 1.5.4, <i>Permittees</i></p> <p>Permit Attachment A, Section A-1, <i>Facility Description</i></p> <p>Permit Attachment A, Section A-6, <i>Chronology of Events Relevant to Changes in Ownership or Operational Control</i></p> <p>Permit Attachment B, <i>Hazardous Waste Permit Application Part A</i></p>	<p>This Permit modification is to notify the NMED of a change in the operational control of the WIPP facility from the co-operator Nuclear Waste Partnership LLC to the co-operator Tularosa Basin Range Services, LLC dba Salado Isolation Mining Contractors LLC (SIMCO). The changes are as follows:</p> <ul style="list-style-type: none"> • Permit Part 1, Section 1.2, <i>Effect of Permit</i> <ul style="list-style-type: none"> ○ Changed “Nuclear Waste Partnership LLC” to “Salado Isolation Mining Contractors LLC.” • Permit Part 1, Section 1.5.4, <i>Permittees</i> <ul style="list-style-type: none"> ○ Changed “Nuclear Waste Partnership LLC” to “Salado Isolation Mining Contractors LLC.” • Permit Attachment A, Section A-1, <i>Facility Description</i> <ul style="list-style-type: none"> ○ Changed “Nuclear Waste Partnership LLC” to “Salado Isolation Mining Contractors LLC.” ○ Changed “Sean Dunagan” to “Ken Harrawood.” ○ Changed “Project Manager, Nuclear Waste Partnership LLC” to “Program Manager, Salado Isolation Mining Contractors LLC.” • Permit Attachment A, Section A-6, <i>Chronology of Events Relevant to Changes in Ownership or Operational Control</i> <ul style="list-style-type: none"> ○ Added “November 22, 2022 The Permittees submitted a Class 1 Permit modification requiring prior agency approval to the NMED describing a change in the MOC for the WIPP facility. The new MOC for the WIPP facility is Salado Isolation Mining Contractors LLC. The new MOC is a single purpose entity comprised of Bechtel National Inc.” • Permit Attachment B, <i>Hazardous Waste Permit Application Part A</i> <ul style="list-style-type: none"> ○ Resource Conservation and Recovery Act (RCRA) Subtitle C Site Identification Form <ul style="list-style-type: none"> ▪ Section 18 <ul style="list-style-type: none"> • Changed “Nuclear Waste Partnership LLC” to “Salado Isolation Mining Contractors LLC.” • Changed “10/01/2012” to “02/06/2023.” • Changed “Sean.Dunagan@wipp.ws” to “Ken.Harrawood@wipp.ws.” ▪ Section 19 <ul style="list-style-type: none"> • Changed “1/31/2022” to “11/22/2022.” • Changed “1/31/2022” to “11/22/2022.” 	<p>A.7</p>

Affected Permit Section	Change Description	Category
	<ul style="list-style-type: none"> • Changed "Sean Dunagan" to "Ken Harrawood." • Changed "Project Manager, Nuclear Waste Partnership LLC" to "Program Manager, Salado Isolation Mining Contractors LLC." • Changed "Sean.Dunagan@wipp.ws" to "Ken.Harrawood@wipp.ws." ○ RCRA Part A Application Certification <ul style="list-style-type: none"> ▪ Changed "Nuclear Waste Partnership LLC" to "Salado Isolation Mining Contractors LLC." ▪ Changed "1/31/2022" to "11/22/2022." ▪ Changed "Sean Dunagan" to "Ken Harrawood." ▪ Changed "Project Manager" to "Program Manager." ▪ Changed "Nuclear Waste Partnership LLC" to "Salado Isolation Mining Contractors LLC." ▪ Changed "1/31/2022" to "11/22/2022." 	

Item 1

Description

This Permit modification is to notify the NMED of a change in the operational control of the WIPP facility from the co-operator Nuclear Waste Partnership LLC to the co-operator Tularosa Basin Range Services, LLC dba Salado Isolation Mining Contractors LLC (**SIMCO**). The changes are as follows:

- Permit Part 1, Section 1.2, *Effect of Permit*
 - Changed “Nuclear Waste Partnership LLC” to “Salado Isolation Mining Contractors LLC.”
- Permit Part 1, Section 1.5.4, *Permittees*
 - Changed “Nuclear Waste Partnership LLC” to “Salado Isolation Mining Contractors LLC.”
- Permit Attachment A, Section A-1, *Facility Description*
 - Changed “Nuclear Waste Partnership LLC” to “Salado Isolation Mining Contractors LLC.”
 - Changed “Sean Dunagan” to “Ken Harrawood.”
 - Changed “Project Manager, Nuclear Waste Partnership LLC” to “Program Manager, Salado Isolation Mining Contractors LLC.”
- Permit Attachment A, Section A-6, *Chronology of Events Relevant to Changes in Ownership or Operational Control*
 - Added “November 22, 2022 The Permittees submitted a Class 1 Permit modification requiring prior agency approval to the NMED describing a change in the MOC for the WIPP facility. The new MOC for the WIPP facility is Salado Isolation Mining Contractors LLC. The new MOC is a single purpose entity comprised of Bechtel National Inc.”
- Permit Attachment B, *Hazardous Waste Permit Application Part A*
 - Resource Conservation and Recovery Act (**RCRA**) Subtitle C Site Identification Form
 - Section 18
 - Changed “Nuclear Waste Partnership LLC” to “Salado Isolation Mining Contractors LLC.”
 - Changed “10/01/2012” to “02/06/2023.”
 - Changed “Sean.Dunagan@wipp.ws” to “Ken.Harrawood@wipp.ws.”
 - Section 19
 - Changed “1/31/2022” to “11/22/2022.”
 - Changed “1/31/2022” to “11/22/2022.”
 - Changed “Sean Dunagan” to “Ken Harrawood.”
 - Changed “Project Manager, Nuclear Waste Partnership LLC” to “Program Manager, Salado Isolation Mining Contractors LLC.”
 - Changed “Sean.Dunagan@wipp.ws” to “Ken.Harrawood@wipp.ws.”
 - RCRA Part A Application Certification
 - Changed “Nuclear Waste Partnership LLC” to “Salado Isolation Mining Contractors LLC.”
 - Changed “1/31/2022” to “11/22/2022.”
 - Changed “Sean Dunagan” to “Ken Harrawood.”
 - Changed “Project Manager” to “Program Manager.”

- Changed “Nuclear Waste Partnership LLC” to “Salado Isolation Mining Contractors LLC.”
- Changed “1/31/2022” to “11/22/2022.”

Basis

This change is classified as “Changes in ownership or operational control of a facility, provided the procedures of § 270.40(b) are followed” pursuant to 20.4.1.900 NMAC (incorporating 40 CFR §270.42 Appendix 1, A.7) and is, therefore, a Class 1 modification requiring prior agency approval.

Discussion

This PMN provides NMED with the 90-day notice required by Permit Part 1, Section 1.7.12 as specified in 20.4.1.900 NMAC (incorporating 40 CFR 270.40(b)) regarding a change in the operational control of the WIPP facility. The new Management and Operating Contractor (**MOC**) for the WIPP facility will be SIMCO. The DOE Notice to Proceed for the contract transition was issued on November 8, 2022. Pursuant to this letter, the duration of the Contract Transition Period may be up to 90-days; however, it may be completed sooner subject to the DOE agreeing that all required activities have been accomplished. Therefore, the effective date of the transition may be on or about February 6, 2023. If the Contract Transition Period is completed sooner than 90 days, the Permittees will provide the updated Part A Forms in a separate submittal. The new MOC is a single purpose entity comprised of Bechtel National Inc. The Permittees are providing the signed Part A Forms, certification and written agreement in Appendices B through D.

The changes to the Permit are needed to update the text with new information regarding a change in operational control of the facility.

Revised Permit Text:

PART 1 - GENERAL PERMIT CONDITIONS

1.2 EFFECT OF PERMIT

The Secretary issues this Permit to the United States Department of Energy (**DOE**), the owner and co-operator of the Waste Isolation Pilot Plant (**WIPP**) (EPA I.D. Number NM4890139088), and Salado Isolation Mining Contractors LLC~~Nuclear Waste Partnership LLC~~, Management and Operating Contractor (**MOC**), the co-operator of WIPP. This Permit authorizes DOE and MOC (**the Permittees**) to manage, store, and dispose contact-handled (**CH**) and remote-handled (**RH**) transuranic (**TRU**) mixed waste at WIPP, and establishes the general and specific standards for these activities, pursuant to the HWA and HWMR.

1.5.4 Permittees

“Permittees” means the United States Department of Energy (**DOE**), an agency of the Federal government, and the owner and co-operator of the WIPP facility; and Salado Isolation Mining Contractors LLC~~Nuclear Waste Partnership LLC~~, Management and Operating Contractor (**MOC**), the co-operator of the WIPP facility. References to actions taken by “the Permittees” indicate actions that may be taken by either co-Permittee.

ATTACHMENT A
GENERAL FACILITY DESCRIPTION AND
PROCESS INFORMATION

A-1 Facility Description

Abstract

NAME OF FACILITY: Waste Isolation Pilot Plant

OWNER and CO-OPERATOR: U.S. Department of Energy
P.O. Box 3090
Carlsbad, NM 88221

CO-OPERATOR: ~~Waste Partnership LLC~~ Salado Isolation Mining Contractors LLC Nuclear
Waste Partnership LLC
P.O. Box 2078
Carlsbad, NM 88221

RESPONSIBLE OFFICIALS: Reinhard Knerr
Manager, DOE/Carlsbad Field Office
~~Ken Harrawood~~ ~~Sean Dunagan~~
Program Manager, Salado Isolation Mining
Contractors LLC Project Manager, Nuclear Waste
Partnership LLC

FACILITY MAILING ADDRESS: U.S. Department of Energy
P.O. Box 3090
Carlsbad, NM 88221

FACILITY LOCATION: 34 Louis Whitlock Road, Carlsbad, NM 88220

TELEPHONE NUMBER: 575/234-7300

U.S. EPA I.D. NUMBER: NM4890139088

GEOGRAPHIC LOCATION: 32.3697706
(WGS84) -103.7913501

DATE OPERATIONS BEGAN: November 26, 1999

A-6 Chronology of Events Relevant to Changes in Ownership or Operational Control

January 31, 2020 Lindsay Goldberg/American Securities purchased AECOM's Management Services group, forming a new company named Aementum. Included in that transaction was AECOM Energy & Construction, Inc., which continues to be the legal guarantor and majority owner of the MOC, Nuclear Waste Partnership LLC. No changes are being made to the MOC. Nuclear Waste Partnership LLC is still comprised of AECOM Energy & Construction, Inc. and BWXT Technical Services Group, Inc. This is a change in ultimate parent company only; there was no change in operational control. Therefore, this change does not constitute the required permit modification under 20.4.1.900 NMAC (incorporating 40 CFR §270.40) necessary to reflect the transfer of the permit to a new operator.

November 22, 2022 The Permittees submitted a Class 1 Permit modification requiring prior agency approval to the NMED describing a change in the MOC for the WIPP facility. The new MOC for the WIPP facility is Salado Isolation Mining Contractors LLC. The new MOC is a single purpose entity comprised of Bechtel National Inc.

ATTACHMENT B HAZARDOUS WASTE PERMIT APPLICATION PART A

OMB# 2050-0024; Expires 04/30/2024

United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM	
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1. Reason for Submittal (Select only one.)

<input type="checkbox"/>	Obtaining or updating an EPA ID number for on-going regulated activities (Items 10-17 below) that will continue for a period of time.
<input type="checkbox"/>	Submitting as a component of the Hazardous Waste Report for _____ (Reporting Year)
<input type="checkbox"/>	Site was a TSD facility, a reverse distributor, and/or generator of $\geq 1,000$ kg of non-acute hazardous waste, > 1 kg of acute hazardous waste, or > 100 kg of acute hazardous waste spill cleanup in one or more months of the reporting year (or State equivalent LQG regulations)
<input type="checkbox"/>	Notifying that regulated activity is no longer occurring at this Site
<input type="checkbox"/>	Obtaining or updating an EPA ID number for conducting Electronic Manifest Broker activities
<input checked="" type="checkbox"/>	Submitting a new or revised Part A (permit) Form

2. Site EPA ID Number

N	M	4	8	9	0	1	3	9	0	8	8
---	---	---	---	---	---	---	---	---	---	---	---

3. Site Name

Waste Isolation Pilot Plant

4. Site Location Address

Street Address 34 Louis Whitlock Road	
City, Town, or Village Carlsbad	County Eddy
State NM	Country USA Zip Code 88220
Latitude 32.3697706	Longitude -103.7913501 <input type="checkbox"/> Use Lat/Long as Primary Address

5. Site Mailing Address

Same as Location Street Address

Street Address P.O. Box 3090	
City, Town, or Village Carlsbad	
State NM	Country USA Zip Code 88221

6. Site Land 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
----------------------------------	---------------------------------	-----------------------------------	---	---------------------------------	------------------------------------	--------------------------------	--------------------------------

7. North American Industry Classification System (NAICS) Code(s) for the Site (at least 5-digit codes)

A. (Primary) 56221	C.
B.	D.

EPA ID Number

N	M	4	8	9	0	1	3	9	0	8	8
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OMB# 2050-0024; Expires 04/30/2024

8. Site Contact Information

Same as Location Address

First Name	Reinhard	MI	Last Name	Knerr
Title	Manager, Carlsbad Field Office (CBFO)			
Street Address	P.O. Box 3090			
City, Town, or Village	Carlsbad			
State	NM	Country	USA	Zip Code
				88221
Email	Reinhard.Knerr@cbfo.doe.gov			
Phone	(575) 234-7300	Ext	Fax	(575) 234-7694

9. Legal Owner and Operator of the Site

A. Name of Site's Legal Owner

Same as Location Address

Full Name	Date Became Owner (mm/dd/yyyy)
U.S. Department of Energy	5/18/1981
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 Address	P.O. Box 3090
City, Town, or Village	Carlsbad
State	NM
Country	USA
Zip Code	88221
Email	Reinhard.Knerr@cbfo.doe.gov
Phone	(575) 234-7300
Ext	
Fax	(575) 234-7694
Comments	

B. Name of Site's Legal Operator

Same as Location Address

Full Name	Date Became Operator (mm/dd/yyyy)
U.S. Department of Energy	5/18/1981
Operator 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 Address	P.O. Box 3090
City, Town, or Village	Carlsbad
State	NM
Country	USA
Zip Code	88221
Email	Reinhard.Knerr@cbfo.doe.gov
Phone	(575) 234-7300
Ext	
Fax	(575) 234-7694
Comments See Item 18, Comments, for additional operator.	

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

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	1. Generator of Hazardous Waste—If "Yes", mark only one of the following—a, b, c	
<input checked="" type="checkbox"/>	a. LQG	-Generates, in any calendar month, 1,000 kg/mo (2,200 lb/mo) or more of non-acute hazardous waste (includes quantities imported by importer site); or - Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lb/mo) of acute hazardous waste; or - Generates, in any calendar month or accumulates at any time, more than 100 kg/mo (220 lb/mo) of acute hazardous spill cleanup material.
<input type="checkbox"/>	b. SQG	100 to 1,000 kg/mo (220-2,200 lb/mo) of non-acute hazardous waste and no more than 1 kg (2.2 lb) of acute hazardous waste and no more than 100 kg (220 lb) of any acute hazardous spill cleanup material.
<input type="checkbox"/>	c. VSQG	Less than or equal to 100 kg/mo (220 lb/mo) of non-acute hazardous waste.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Short-Term Generator (generates from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section. <i>Note: If "Yes", you MUST indicate that you are a Generator of Hazardous Waste in Item 10.A.1 above.</i>	
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	3. Treater, Storer or Disposer of Hazardous Waste—Note: Part B of a hazardous waste permit is required for these activities.	
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	4. Receives Hazardous Waste from Off-site	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	5. Recycler of Hazardous Waste	
<input type="checkbox"/>	a. Recycler who stores prior to recycling	
<input type="checkbox"/>	b. Recycler who does not store prior to recycling	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	6. Exempt Boiler and/or Industrial Furnace—If "Yes", mark all that apply.	
<input type="checkbox"/>	a. Small Quantity On-site Burner Exemption	
<input type="checkbox"/>	b. Smelting, Melting, and Refining Furnace Exemption	

B. 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.

D004	D009	D021	D029	D035	D040	F004
D005	D010	D022	D030	D036	D043	F005
D006	D011	D026	D032	D037	F001	F006
D007	D018	D027	D033	D038	F002	F007
D008	D019	D028	D034	D039	F003	See Item 18

C. Waste Codes for State Regulated (non-Federal) Hazardous Wastes. Please list the waste codes of the State 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.

11. Additional Regulated Waste Activities (NOTE: Refer to your State regulations to determine if a separate permit is required.)**A. Other Waste Activities**

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1. Transporter of Hazardous Waste—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Transporter
<input type="checkbox"/>	b. Transfer Facility (at your site)
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Underground Injection Control
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	3. United States Importer of Hazardous Waste
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	4. Recognized Trader—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Importer
<input type="checkbox"/>	b. Exporter
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	5. Importer/Exporter of Spent Lead-Acid Batteries (SLABs) under 40 CFR 266 Subpart G—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Importer
<input type="checkbox"/>	b. Exporter

B. Universal Waste Activities

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) - If “Yes” mark all that apply. Note: Refer to your State regulations to determine what is regulated.
<input type="checkbox"/>	a. Batteries
<input type="checkbox"/>	b. Pesticides
<input type="checkbox"/>	c. Mercury containing equipment
<input type="checkbox"/>	d. Lamps
<input type="checkbox"/>	e. Aerosol Cans
<input type="checkbox"/>	f. Other (specify) _____
<input type="checkbox"/>	g. Other (specify) _____
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1. Used Oil Transporter—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Transporter
<input type="checkbox"/>	b. Transfer Facility (at your site)
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Used Oil Processor and/or Re-refiner—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Processor
<input type="checkbox"/>	b. Re-refiner
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	3. Off-Specification Used Oil Burner
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	4. Used Oil Fuel Marketer—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
<input type="checkbox"/>	b. Marketer Who First Claims the Used Oil Meets the Specifications

D. Pharmaceutical Activities

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1. Operating under 40 CFR Part 266, Subpart P for the management of hazardous waste pharmaceuticals—if “Yes”, mark only one. Note: See the item-by-item instructions for definitions of healthcare facility and reverse distributor.
<input type="checkbox"/>	a. Healthcare Facility
<input type="checkbox"/>	b. Reverse Distributor
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Withdrawing from operating under 40 CFR Part 266, Subpart P for the management of hazardous waste pharmaceuticals. Note: You may only withdraw if you are a healthcare facility that is a VSQG for all of your hazardous waste, including hazardous waste pharmaceuticals.

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

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	A. Opting into or currently operating under 40 CFR Part 262, Subpart K for the management of hazardous wastes in laboratories— If “Yes”, mark all that apply. Note: See the item-by-item instructions for definitions of types of eligible academic entities.
<input type="checkbox"/>	1. College or University
<input type="checkbox"/>	2. Teaching Hospital that is owned by or has a formal written affiliation with a college or university
<input type="checkbox"/>	3. Non-profit Institute that is owned by or has a formal written affiliation with a college or university
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	B. Withdrawing from 40 CFR Part 262, Subpart K for the management of hazardous wastes in laboratories.

13. Episodic Generation

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Are you an SQG or VSQG generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, that moves you to a higher generator category. If “Yes”, you must fill out the Addendum for Episodic Generator.
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14. LQG Consolidation of VSQG Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Are you an LQG notifying of consolidating VSQG Hazardous Waste Under the Control of the Same Person pursuant to 40 CFR 262.17(f)? If “Yes”, you must fill out the Addendum for LQG Consolidation of VSQG hazardous waste.
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15. Notification of LQG Site Closure for a Central Accumulation Area (CAA) (optional) OR Entire Facility (required)

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	LQG Site Closure of a Central Accumulation Area (CAA) or Entire Facility.
A. <input type="checkbox"/> Central Accumulation Area (CAA) or <input type="checkbox"/> Entire Facility	
B. Expected closure date: _____ mm/dd/yyyy	
C. Requesting new closure date: _____ mm/dd/yyyy	
D. Date closed : _____ mm/dd/yyyy	
<input type="checkbox"/>	1. In compliance with the closure performance standards 40 CFR 262.17(a)(8)
<input type="checkbox"/>	2. Not in compliance with the closure performance standards 40 CFR 262.17(a)(8)

16. Notification of Hazardous Secondary Material (HSM) Activity

<input type="checkbox"/> Y <input checked="" type="checkbox"/> 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 260.30, 40 CFR 261.4(a)(23), (24), (25), or (27)? If "Yes", you must fill out the Addendum to the Site Identification Form for Managing Hazardous Secondary Material.
---	---

17. Electronic Manifest Broker

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Are you notifying as a person, as defined in 40 CFR 260.10, electing to use the EPA electronic manifest system to obtain, complete, and transmit an electronic manifest under a contractual relationship with a hazardous waste generator?
---	--

18. Comments (include item number for each comment)

Section 9.B (continued): Full Name: Salado Isolation Mining Contractors LLC Date Became Operator (mm/dd/yyyy): 02/06/2023 Operator Type: Private Street Address: P.O. Box 2078 City, Town, or Village: Carlsbad State: NM Country: USA Zip Code: 88221 Email: Ken.Harrowood@wipp.ws Phone: (575) 234-7400 Ext: Fax: (575) 234-7046
Section 10.B (continued): F009, P015, P030, P098, P099, P106, P120, U002, U003, U019, U037, U043, U044, U052, U070, U072, U078, U079, U103, U105, U108, U122, U133, U134, U151, U154, U159, U196, U209, U210, U220, U226, U228, U239

19. 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. **Note: For the RCRA Hazardous Waste Part A permit Application, all owners and operators must sign (see 40 CFR 270.10(b) and 270.11).**

Signature of legal owner, operator or authorized representative Original Signature on File	Date (mm/dd/yyyy) 11/22/2022
Printed Name (First, Middle Initial Last) Reinhard Knerr	Title Manager, Carlsbad Field Office (CBFO)
Email Reinhard.Knerr@cbfo.doe.gov	
Signature of legal owner, operator or authorized representative Original Signature on File	Date (mm/dd/yyyy) 11/22/2022
Printed Name (First, Middle Initial Last) Ken Harrowood	Title Program Manager, Salado Isolation Mining Contractors LLC
Email Ken.Harrowood@wipp.ws	

EPA ID Number **N M 4 8 9 0 1 3 9 0 8 8**

OMB# 2050-0024; Expires 04/30/2024

United States Environmental Protection Agency HAZARDOUS WASTE PERMIT PART A FORM	
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1. Facility Permit Contact

First Name	Same as Site Contact	MI	Last Name
Title			
Email			
Phone	Ext	Fax	

2. Facility Permit Contact Mailing Address

Street Address		
Same as Site Mailing Address		
City, Town, or Village		
State	Country	Zip Code

3. Facility Existence Date (mm/dd/yyyy)

5/18/1981

4. Other Environmental Permits

A. Permit Type	B. Permit Number	C. Description
		See Permit Attachment B, Appendix B1

5. Nature of Business

<p>The Waste Isolation Pilot Plant (WIPP) is a U.S. Department of Energy facility for the receipt, unloading, and transfer of transuranic mixed waste from the surface of the site to the underground hazardous waste disposal units. Waste is emplaced in an underground geologic repository horizon located in a deep, bedded salt formation approximately 2,150 feet beneath the surface.</p>
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6. Process Codes and Design Capacities

Line Number	A. Process Code				B. Process Design Capacity		C. Process Total Number of Units	D. Unit Name
					(1) Amount	(2) Unit of Measure		
0 1	X	0	4	18000.00	C	002	Panels 1 and 2	
0 2	X	0	4	18750.00	C	001	Panel 3	
0 3	X	0	4	19106.00	C	001	Panel 4	
0 4	X	0	4	19195.00	C	001	Panel 5	
							See attached	

7. Description of Hazardous Wastes (Enter codes for Items 7.A, 7.C and 7.D(1))

Line No.	A. EPA Hazardous Waste No.				B. Estimated Annual Qty of Waste	C. Unit of Measure	D. Processes									
							(1) Process Codes					(2) Process Description (if code is not entered in 7.D1)				
0 1	D	0	0	4	903	M	X	0	4	S	0	1	S	0	1	
0 2	D	0	0	5	484	M	X	0	4	S	0	1	S	0	1	
0 3	D	0	0	6	1819	M	X	0	4	S	0	1	S	0	1	
0 4	D	0	0	7	1248	M	X	0	4	S	0	1	S	0	1	
0 5	D	0	0	8	3246	M	X	0	4	S	0	1	S	0	1	
0 6	D	0	0	9	1727	M	X	0	4	S	0	1	S	0	1	
0 7	D	0	1	0	186	M	X	0	4	S	0	1	S	0	1	
0 8	D	0	1	1	1090	M	X	0	4	S	0	1	S	0	1	
0 9	D	0	1	8	749	M	X	0	4	S	0	1	S	0	1	
1 0	D	0	1	9	761	M	X	0	4	S	0	1	S	0	1	
																See attached

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

9. Facility Drawing


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

10. 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.

11. Comments

See Hazardous Waste Permit Part A Form, Narrative to Item 6. Process Codes and Design Capacities.

United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM	
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1. Reason for Submittal (Select only one.)

<input type="checkbox"/>	Obtaining or updating an EPA ID number for on-going regulated activities (Items 10-17 below) that will continue for a period of time.
<input type="checkbox"/>	Submitting as a component of the Hazardous Waste Report for _____ (Reporting Year)
<input type="checkbox"/>	Site was a TSD facility, a reverse distributor, and/or generator of $\geq 1,000$ kg of non-acute hazardous waste, > 1 kg of acute hazardous waste, or > 100 kg of acute hazardous waste spill cleanup in one or more months of the reporting year (or State equivalent LQG regulations)
<input type="checkbox"/>	Notifying that regulated activity is no longer occurring at this Site
<input type="checkbox"/>	Obtaining or updating an EPA ID number for conducting Electronic Manifest Broker activities
<input checked="" type="checkbox"/>	Submitting a new or revised Part A (permit) Form

2. Site EPA ID Number

N	M	4	8	9	0	1	3	9	0	8	8
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3. Site Name

Waste Isolation Pilot Plant

4. Site Location Address

Street Address 34 Louis Whitlock Road			
City, Town, or Village Carlsbad		County Eddy	
State NM	Country USA	Zip Code 88220	
Latitude 32.3697706	Longitude -103.7913501	<input type="checkbox"/> Use Lat/Long as Primary Address	

5. Site Mailing Address

Same as Location Street Address

Street Address P.O. Box 3090			
City, Town, or Village Carlsbad			
State NM	Country USA	Zip Code 88221	

6. Site Land 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
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7. North American Industry Classification System (NAICS) Code(s) for the Site (at least 5-digit codes)

A. (Primary) 56221	C.
B.	D.

EPA ID Number **N M 4 8 9 0 1 3 9 0 8 8**

OMB# 2050-0024; Expires 04/30/2024

8. Site Contact Information

Same as Location Address

First Name Reinhard	MI	Last Name Knerr
Title Manager, Carlsbad Field Office (CBFO)		
Street Address P.O. Box 3090		
City, Town, or Village Carlsbad		
State NM	Country USA	Zip Code 88221
Email Reinhard.Knerr@cbfo.doe.gov		
Phone (575) 234-7300	Ext	Fax (575) 234-7694

9. Legal Owner and Operator of the Site

A. Name of Site's Legal Owner

Same as Location Address

Full Name U.S. Department of Energy	Date Became Owner (mm/dd/yyyy) 5/18/1981
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 Address P.O. Box 3090	
City, Town, or Village Carlsbad	
State NM	Country USA Zip Code 88221
Email Reinhard.Knerr@cbfo.doe.gov	
Phone (575) 234-7300	Ext Fax (575) 234-7694
Comments	

B. Name of Site's Legal Operator

Same as Location Address

Full Name U.S. Department of Energy	Date Became Operator (mm/dd/yyyy) 5/18/1981
Operator 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 Address P.O. Box 3090	
City, Town, or Village Carlsbad	
State NM	Country USA Zip Code 88221
Email Reinhard.Knerr@cbfo.doe.gov	
Phone (575) 234-7300	Ext Fax (575) 234-7694
Comments See Item 18, Comments, for additional operator.	

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

<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	1. Generator of Hazardous Waste—If "Yes", mark only one of the following—a, b, c	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	a. LQG	-Generates, in any calendar month, 1,000 kg/mo (2,200 lb/mo) or more of non-acute hazardous waste (includes quantities imported by importer site); or - Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lb/mo) of acute hazardous waste; or - Generates, in any calendar month or accumulates at any time, more than 100 kg/mo (220 lb/mo) of acute hazardous spill cleanup material.
<input type="checkbox"/>	<input type="checkbox"/>	b. SQG	100 to 1,000 kg/mo (220-2,200 lb/mo) of non-acute hazardous waste and no more than 1 kg (2.2 lb) of acute hazardous waste and no more than 100 kg (220 lb) of any acute hazardous spill cleanup material.
<input type="checkbox"/>	<input type="checkbox"/>	c. VSQG	Less than or equal to 100 kg/mo (220 lb/mo) of non-acute hazardous waste.
<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	2. Short-Term Generator (generates from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section. <i>Note: If "Yes", you MUST indicate that you are a Generator of Hazardous Waste in Item 10.A.1 above.</i>	
<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	3. Treater, Storer or Disposer of Hazardous Waste—Note: Part B of a hazardous waste permit is required for these activities.	
<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	4. Receives Hazardous Waste from Off-site	
<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	5. Recycler of Hazardous Waste	
<input type="checkbox"/>	<input type="checkbox"/>	a. recycler who stores prior to recycling	
<input type="checkbox"/>	<input type="checkbox"/>	b. Recycler who does not store prior to recycling	
<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	6. Exempt Boiler and/or Industrial Furnace—If "Yes", mark all that apply.	
<input type="checkbox"/>	<input type="checkbox"/>	a. Small Quantity On-site Burner Exemption	
<input type="checkbox"/>	<input type="checkbox"/>	b. Smelting, Melting, and Refining Furnace Exemption	

B. 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.

D004	D009	D021	D029	D035	D040	F004
D005	D010	D022	D030	D036	D043	F005
D006	D011	D026	D032	D037	F001	F006
D007	D018	D027	D033	D038	F002	F007
D008	D019	D028	D034	D039	F003	See Item 18

C. Waste Codes for State Regulated (non-Federal) Hazardous Wastes. Please list the waste codes of the State 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.

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11. Additional Regulated Waste Activities (NOTE: Refer to your State regulations to determine if a separate permit is required.)**A. Other Waste Activities**

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1. Transporter of Hazardous Waste—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Transporter
<input type="checkbox"/>	b. Transfer Facility (at your site)
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Underground Injection Control
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	3. United States Importer of Hazardous Waste
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	4. Recognized Trader—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Importer
<input type="checkbox"/>	b. Exporter
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	5. Importer/Exporter of Spent Lead-Acid Batteries (SLABs) under 40 CFR 266 Subpart G—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Importer
<input type="checkbox"/>	b. Exporter

B. Universal Waste Activities

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) - If “Yes” mark all that apply. Note: Refer to your State regulations to determine what is regulated.
<input type="checkbox"/>	a. Batteries
<input type="checkbox"/>	b. Pesticides
<input type="checkbox"/>	c. Mercury containing equipment
<input type="checkbox"/>	d. Lamps
<input type="checkbox"/>	e. Aerosol Cans
<input type="checkbox"/>	f. Other (specify) _____
<input type="checkbox"/>	g. Other (specify) _____
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1. Used Oil Transporter—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Transporter
<input type="checkbox"/>	b. Transfer Facility (at your site)
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Used Oil Processor and/or Re-refiner—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Processor
<input type="checkbox"/>	b. Re-refiner
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	3. Off-Specification Used Oil Burner
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	4. Used Oil Fuel Marketer—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
<input type="checkbox"/>	b. Marketer Who First Claims the Used Oil Meets the Specifications

D. Pharmaceutical Activities

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1. Operating under 40 CFR Part 266, Subpart P for the management of hazardous waste pharmaceuticals—if “Yes”, mark only one. Note: See the item-by-item instructions for definitions of healthcare facility and reverse distributor.
<input type="checkbox"/>	a. Healthcare Facility
<input type="checkbox"/>	b. Reverse Distributor
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Withdrawing from operating under 40 CFR Part 266, Subpart P for the management of hazardous waste pharmaceuticals. Note: You may only withdraw if you are a healthcare facility that is a VSQG for all of your hazardous waste, including hazardous waste pharmaceuticals.

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

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	A. Opting into or currently operating under 40 CFR Part 262, Subpart K for the management of hazardous wastes in laboratories— If “Yes”, mark all that apply. Note: See the item-by-item instructions for definitions of types of eligible academic entities.
<input type="checkbox"/>	1. College or University
<input type="checkbox"/>	2. Teaching Hospital that is owned by or has a formal written affiliation with a college or university
<input type="checkbox"/>	3. Non-profit Institute that is owned by or has a formal written affiliation with a college or university
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	B. Withdrawing from 40 CFR Part 262, Subpart K for the management of hazardous wastes in laboratories.

13. Episodic Generation

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Are you an SQG or VSQG generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, that moves you to a higher generator category. If “Yes”, you must fill out the Addendum for Episodic Generator.
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14. LQG Consolidation of VSQG Hazardous Waste


<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Are you an LQG notifying of consolidating VSQG Hazardous Waste Under the Control of the Same Person pursuant to 40 CFR 262.17(f)? If “Yes”, you must fill out the Addendum for LQG Consolidation of VSQG hazardous waste.
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15. Notification of LQG Site Closure for a Central Accumulation Area (CAA) (optional) OR Entire Facility (required)

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	LQG Site Closure of a Central Accumulation Area (CAA) or Entire Facility.
A. <input type="checkbox"/> Central Accumulation Area (CAA) or <input type="checkbox"/> Entire Facility	
B. Expected closure date: _____ mm/dd/yyyy	
C. Requesting new closure date: _____ mm/dd/yyyy	
D. Date closed : _____ mm/dd/yyyy	
<input type="checkbox"/>	1. In compliance with the closure performance standards 40 CFR 262.17(a)(8)
<input type="checkbox"/>	2. Not in compliance with the closure performance standards 40 CFR 262.17(a)(8)

EPA ID Number **N M 4 8 9 0 1 3 9 0 8 8**

OMB# 2050-0024; Expires 04/30/2024

United States Environmental Protection Agency HAZARDOUS WASTE PERMIT PART A FORM	
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1. Facility Permit Contact

First Name	Same as Site Contact	MI	Last Name
Title			
Email			
Phone	Ext	Fax	

2. Facility Permit Contact Mailing Address

Street Address		
Same as Site Mailing Address		
City, Town, or Village		
State	Country	Zip Code

3. Facility Existence Date (mm/dd/yyyy)

5/18/1981

4. Other Environmental Permits

A. Permit Type	B. Permit Number	C. Description
		See Permit Attachment B, Appendix B1

5. Nature of Business

<p>The Waste Isolation Pilot Plant (WIPP) is a U.S. Department of Energy facility for the receipt, unloading, and transfer of transuranic mixed waste from the surface of the site to the underground hazardous waste disposal units. Waste is emplaced in an underground geologic repository horizon located in a deep, bedded salt formation approximately 2,150 feet beneath the surface.</p>

6. Process Codes and Design Capacities

Line Number	A. Process Code				B. Process Design Capacity		C. Process Total Number of Units	D. Unit Name
					(1) Amount	(2) Unit of Measure		
0 1	X	0	4	18000.00	C	002	Panels 1 and 2	
0 2	X	0	4	18750.00	C	001	Panel 3	
0 3	X	0	4	19106.00	C	001	Panel 4	
0 4	X	0	4	19195.00	C	001	Panel 5	
							See attached	

7. Description of Hazardous Wastes (Enter codes for Items 7.A, 7.C and 7.D(1))

Line No.	A. EPA Hazardous Waste No.				B. Estimated Annual Qty of Waste	C. Unit of Measure	D. Processes									
							(1) Process Codes					(2) Process Description (if code is not entered in 7.D1)				
0 1	D	0	0	4	903	M	X	0	4	S	0	1	S	0	1	
0 2	D	0	0	5	484	M	X	0	4	S	0	1	S	0	1	
0 3	D	0	0	6	1819	M	X	0	4	S	0	1	S	0	1	
0 4	D	0	0	7	1248	M	X	0	4	S	0	1	S	0	1	
0 5	D	0	0	8	3246	M	X	0	4	S	0	1	S	0	1	
0 6	D	0	0	9	1727	M	X	0	4	S	0	1	S	0	1	
0 7	D	0	1	0	186	M	X	0	4	S	0	1	S	0	1	
0 8	D	0	1	1	1090	M	X	0	4	S	0	1	S	0	1	
0 9	D	0	1	8	749	M	X	0	4	S	0	1	S	0	1	
1 0	D	0	1	9	761	M	X	0	4	S	0	1	S	0	1	
																See attached

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

9. Facility Drawing

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

10. 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.

11. Comments

See Hazardous Waste Permit Part A Form, Narrative to Item 6. Process Codes and Design Capacities.

RCRA PART A APPLICATION CERTIFICATION

The U.S. Department of Energy (DOE), through its Carlsbad Field Office, has signed as “owner and operator,” and Salado Isolation Mining Contractors LLC~~Nuclear Waste Partnership LLC~~, the Management and Operating Contractor (MOC), has signed this application for the permitted facility as “co-operator.”

The DOE has determined that dual signatures best reflect the actual apportionment of Resource Conservation and Recovery Act (RCRA) responsibilities as follows:

The DOE’s RCRA responsibilities are for policy, programmatic directives, funding and scheduling decisions, Waste Isolation Pilot Plant (WIPP) requirements of DOE generator sites, auditing, and oversight of all other parties engaged in work at the WIPP, as well as general oversight.

The MOC’s RCRA responsibilities are for certain day-to-day operations (in accordance with general directions given by the DOE and in the Management and Operating Contract as part of its general oversight responsibility), including, but not limited to, the following: certain waste handling, monitoring, record keeping, certain data collection, reporting, technical advice, and contingency planning.

For purposes of the certification required by Title 20 of the New Mexico Administrative Code, Chapter 4, Part 1 (20.4.1 NMAC), Subpart IX, §270.11(d), the DOE’s and the MOC’s representatives certify, under penalty of law that this document and all attachments were prepared under their direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on their inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of their knowledge and belief, true, accurate, and complete for their respective areas of responsibility. We are aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Owner and Operator Signature: Original signed by Reinhard Knerr
Title: Manager, Carlsbad Field Office (CBFO)
for: U.S. Department of Energy
Date: 11/22/2022~~1/31/2022~~

Co-Operator Signature: Original signed by Ken Harrawood~~Sean Dunagan~~
Title: Program Manager~~Project Manager~~
for: Salado Isolation Mining Contractors LLC~~Nuclear Waste Partnership LLC~~
Date: 11/22/2022~~1/31/2022~~

**Appendix B
Part A Forms**

United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM	
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1. Reason for Submittal (Select only one.)

<input type="checkbox"/>	Obtaining or updating an EPA ID number for on-going regulated activities (Items 10-17 below) that will continue for a period of time.
<input type="checkbox"/>	Submitting as a component of the Hazardous Waste Report for _____ (Reporting Year)
<input type="checkbox"/>	Site was a TSD facility, a reverse distributor, and/or generator of $\geq 1,000$ kg of non-acute hazardous waste, > 1 kg of acute hazardous waste, or > 100 kg of acute hazardous waste spill cleanup in one or more months of the reporting year (or State equivalent LQG regulations)
<input type="checkbox"/>	Notifying that regulated activity is no longer occurring at this Site
<input type="checkbox"/>	Obtaining or updating an EPA ID number for conducting Electronic Manifest Broker activities
<input checked="" type="checkbox"/>	Submitting a new or revised Part A (permit) Form

2. Site EPA ID Number

N	M	4	8	9	0	1	3	9	0	8	8
---	---	---	---	---	---	---	---	---	---	---	---

3. Site Name

Waste Isolation Pilot Plant

4. Site Location Address

Street Address	34 Louis Whitlock Road		
City, Town, or Village	Carlsbad	County	Eddy
State	NM	Country	USA
		Zip Code	88220
Latitude	32.3697706	Longitude	-103.7913501
		<input type="checkbox"/> Use Lat/Long as Primary Address	

5. Site Mailing Address

Same as Location Street Address

Street Address	P.O. Box 3090		
City, Town, or Village	Carlsbad		
State	NM	Country	USA
		Zip Code	88221

6. Site Land 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
----------------------------------	---------------------------------	-----------------------------------	---	---------------------------------	------------------------------------	--------------------------------	--------------------------------

7. North American Industry Classification System (NAICS) Code(s) for the Site (at least 5-digit codes)

A. (Primary)	56221
B.	C.
D.	D.

8. Site Contact Information

 Same as Location Address

First Name	Reinhard	MI	Last Name	Knerr	
Title	Manager, Carlsbad Field Office (CBFO)				
Street Address	P.O. Box 3090				
City, Town, or Village	Carlsbad				
State	NM	Country	USA	Zip Code	88221
Email	Reinhard.Knerr@cbfo.doe.gov				
Phone	(575) 234-7300	Ext	Fax	(575) 234-7694	

9. Legal Owner and Operator of the Site

A. Name of Site's Legal Owner

 Same as Location Address

Full Name	U.S. Department of Energy	Date Became Owner (mm/dd/yyyy)	5/18/1981	
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 Address	P.O. Box 3090			
City, Town, or Village	Carlsbad			
State	NM	Country	USA	
Zip Code	88221			
Email	Reinhard.Knerr@cbfo.doe.gov			
Phone	(575) 234-7300	Ext	Fax	(575) 234-7694
Comments				

B. Name of Site's Legal Operator

 Same as Location Address

Full Name	U.S. Department of Energy	Date Became Operator (mm/dd/yyyy)	5/18/1981	
Operator 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 Address	P.O. Box 3090			
City, Town, or Village	Carlsbad			
State	NM	Country	USA	
Zip Code	88221			
Email	Reinhard.Knerr@cbfo.doe.gov			
Phone	(575) 234-7300	Ext	Fax	(575) 234-7694
Comments	See Item 18, Comments, for additional operator.			

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

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	1. Generator of Hazardous Waste—If "Yes", mark only one of the following—a, b, c	
<input checked="" type="checkbox"/>	a. LQG	-Generates, in any calendar month, 1,000 kg/mo (2,200 lb/mo) or more of non-acute hazardous waste (includes quantities imported by importer site); or - Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lb/mo) of acute hazardous waste; or - Generates, in any calendar month or accumulates at any time, more than 100 kg/mo (220 lb/mo) of acute hazardous spill cleanup material.
<input type="checkbox"/>	b. SQG	100 to 1,000 kg/mo (220-2,200 lb/mo) of non-acute hazardous waste and no more than 1 kg (2.2 lb) of acute hazardous waste and no more than 100 kg (220 lb) of any acute hazardous spill cleanup material.
<input type="checkbox"/>	c. VSQG	Less than or equal to 100 kg/mo (220 lb/mo) of non-acute hazardous waste.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Short-Term Generator (generates from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section. <i>Note: If "Yes", you MUST indicate that you are a Generator of Hazardous Waste in Item 10.A.1 above.</i>	
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	3. Treater, Storer or Disposer of Hazardous Waste—Note: Part B of a hazardous waste permit is required for these activities.	
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	4. Receives Hazardous Waste from Off-site	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	5 Recycler of Hazardous Waste	
<input type="checkbox"/>	a. Recycler who stores prior to recycling	
<input type="checkbox"/>	b. Recycler who does not store prior to recycling	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	6. Exempt Boiler and/or Industrial Furnace—If "Yes", mark all that apply.	
<input type="checkbox"/>	a. Small Quantity On-site Burner Exemption	
<input type="checkbox"/>	b. Smelting, Melting, and Refining Furnace Exemption	

B. 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.

D004	D009	D021	D029	D035	D040	F004
D005	D010	D022	D030	D036	D043	F005
D006	D011	D026	D032	D037	F001	F006
D007	D018	D027	D033	D038	F002	F007
D008	D019	D028	D034	D039	F003	See Item 18

C. Waste Codes for State Regulated (non-Federal) Hazardous Wastes. Please list the waste codes of the State 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.

11. Additional Regulated Waste Activities (NOTE: Refer to your State regulations to determine if a separate permit is required.)**A. Other Waste Activities**

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1. Transporter of Hazardous Waste—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Transporter
<input type="checkbox"/>	b. Transfer Facility (at your site)
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Underground Injection Control
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	3. United States Importer of Hazardous Waste
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	4. Recognized Trader—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Importer
<input type="checkbox"/>	b. Exporter
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	5. Importer/Exporter of Spent Lead-Acid Batteries (SLABs) under 40 CFR 266 Subpart G—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Importer
<input type="checkbox"/>	b. Exporter

B. Universal Waste Activities

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) - If “Yes” mark all that apply. Note: Refer to your State regulations to determine what is regulated.
<input type="checkbox"/>	a. Batteries
<input type="checkbox"/>	b. Pesticides
<input type="checkbox"/>	c. Mercury containing equipment
<input type="checkbox"/>	d. Lamps
<input type="checkbox"/>	e. Aerosol Cans
<input type="checkbox"/>	f. Other (specify) _____
<input type="checkbox"/>	g. Other (specify) _____
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1. Used Oil Transporter—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Transporter
<input type="checkbox"/>	b. Transfer Facility (at your site)
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Used Oil Processor and/or Re-refiner—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Processor
<input type="checkbox"/>	b. Re-refiner
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	3. Off-Specification Used Oil Burner
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	4. Used Oil Fuel Marketer—If “Yes”, mark all that apply.
<input type="checkbox"/>	a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
<input type="checkbox"/>	b. Marketer Who First Claims the Used Oil Meets the Specifications

D. Pharmaceutical Activities

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1. Operating under 40 CFR Part 266, Subpart P for the management of hazardous waste pharmaceuticals—if “Yes”, mark only one. Note: See the item-by-item instructions for definitions of healthcare facility and reverse distributor.
<input type="checkbox"/>	a. Healthcare Facility
<input type="checkbox"/>	b. Reverse Distributor
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Withdrawing from operating under 40 CFR Part 266, Subpart P for the management of hazardous waste pharmaceuticals. Note: You may only withdraw if you are a healthcare facility that is a VSQG for all of your hazardous waste, including hazardous waste pharmaceuticals.

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

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	A. Opting into or currently operating under 40 CFR Part 262, Subpart K for the management of hazardous wastes in laboratories— If “Yes”, mark all that apply. Note: See the item-by-item instructions for definitions of types of eligible academic entities.
<input type="checkbox"/>	1. College or University
<input type="checkbox"/>	2. Teaching Hospital that is owned by or has a formal written affiliation with a college or university
<input type="checkbox"/>	3. Non-profit Institute that is owned by or has a formal written affiliation with a college or university
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	B. Withdrawing from 40 CFR Part 262, Subpart K for the management of hazardous wastes in laboratories.

13. Episodic Generation

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Are you an SQG or VSQG generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, that moves you to a higher generator category. If “Yes”, you must fill out the Addendum for Episodic Generator.
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14. LQG Consolidation of VSQG Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Are you an LQG notifying of consolidating VSQG Hazardous Waste Under the Control of the Same Person pursuant to 40 CFR 262.17(f)? If “Yes”, you must fill out the Addendum for LQG Consolidation of VSQG hazardous waste.
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15. Notification of LQG Site Closure for a Central Accumulation Area (CAA) (optional) OR Entire Facility (required)

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	LQG Site Closure of a Central Accumulation Area (CAA) or Entire Facility.
A. <input type="checkbox"/> Central Accumulation Area (CAA) or <input type="checkbox"/> Entire Facility	
B. Expected closure date: _____ mm/dd/yyyy	
C. Requesting new closure date: _____ mm/dd/yyyy	
D. Date closed : _____ mm/dd/yyyy	
<input type="checkbox"/>	1. In compliance with the closure performance standards 40 CFR 262.17(a)(8)
<input type="checkbox"/>	2. Not in compliance with the closure performance standards 40 CFR 262.17(a)(8)

16. Notification of Hazardous Secondary Material (HSM) Activity

<input type="checkbox"/> Y <input checked="" type="checkbox"/> 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 260.30, 40 CFR 261.4(a)(23), (24), (25), or (27)? If "Yes", you must fill out the Addendum to the Site Identification Form for Managing Hazardous Secondary Material.
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17. Electronic Manifest Broker

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Are you notifying as a person, as defined in 40 CFR 260.10, electing to use the EPA electronic manifest system to obtain, complete, and transmit an electronic manifest under a contractual relationship with a hazardous waste generator?
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18. Comments (include item number for each comment)

Section 9.B (continued):		
Full Name: Salado Isolation Mining Contractors LLC		
Date Became Operator (mm/dd/yyyy): 02/06/2023		
Operator Type: Private		
Street Address: P.O. Box 2078		
City, Town, or Village: Carlsbad		
State: NM	Country: USA	Zip Code: 88221
Email: Ken.Harrawood@wipp.ws	Ext:	Fax: (575) 234-7046
Phone: (575) 234-7400		
Section 10.B (continued): F009, P015, P030, P098, P099, P106, P120, U002, U003, U019, U037, U043, U044, U052, U070, U072, U078, U079, U103, U105, U108, U122, U133, U134, U151, U154, U159, U196, U209, U210, U220, U226, U228, U239		

19. 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. **Note: For the RCRA Hazardous Waste Part A permit Application, all owners and operators must sign (see 40 CFR 270.10(b) and 270.11).**

Signature of legal owner, operator or authorized representative Original Signature on File	Date (mm/dd/yyyy) 11/22/2022
Printed Name (First, Middle Initial Last) Reinhard Knerr	Title Manager, Carlsbad Field Office (CBFO)
Email Reinhard.Knerr@cbfo.doe.gov	
Signature of legal owner, operator or authorized representative Original Signature on File	Date (mm/dd/yyyy) 11/22/2022
Printed Name (First, Middle Initial Last) Ken Harrawood	Title Program Manager, Salado Isolation Mining Contractors LLC
Email Ken.Harrawood@wipp.ws	

United States Environmental Protection Agency HAZARDOUS WASTE PERMIT PART A FORM	
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1. Facility Permit Contact

First Name	Same as Site Contact	MI	Last Name
Title			
Email			
Phone	Ext	Fax	

2. Facility Permit Contact Mailing Address

Street Address			Same as Site Mailing Address
City, Town, or Village			
State	Country	Zip Code	

3. Facility Existence Date (mm/dd/yyyy)

5/18/1981

4. Other Environmental Permits

A. Permit Type	B. Permit Number	C. Description
		See Permit Attachment B, Appendix B1

5. Nature of Business

<p>The Waste Isolation Pilot Plant (WIPP) is a U.S. Department of Energy facility for the receipt, unloading, and transfer of transuranic mixed waste from the surface of the site to the underground hazardous waste disposal units. Waste is emplaced in an underground geologic repository horizon located in a deep, bedded salt formation approximately 2,150 feet beneath the surface.</p>
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6. Process Codes and Design Capacities

Line Number		A. Process Code			B. Process Design Capacity		C. Process Total Number of Units	D. Unit Name
					(1) Amount	(2) Unit of Measure		
0	1	X	0	4	18000.00	C	002	Panels 1 and 2
0	2	X	0	4	18750.00	C	001	Panel 3
0	3	X	0	4	19106.00	C	001	Panel 4
0	4	X	0	4	19195.00	C	001	Panel 5
								See attached

7. Description of Hazardous Wastes (Enter codes for Items 7.A, 7.C and 7.D(1))

Line No.		A. EPA Hazardous Waste No.				B. Estimated Annual Qty of Waste	C. Unit of Measure	D. Processes									
								(1) Process Codes					(2) Process Description (if code is not entered in 7.D1))				
0	1	D	0	0	4	903	M	X	0	4	S	0	1	S	0	1	
0	2	D	0	0	5	484	M	X	0	4	S	0	1	S	0	1	
0	3	D	0	0	6	1819	M	X	0	4	S	0	1	S	0	1	
0	4	D	0	0	7	1248	M	X	0	4	S	0	1	S	0	1	
0	5	D	0	0	8	3246	M	X	0	4	S	0	1	S	0	1	
0	6	D	0	0	9	1727	M	X	0	4	S	0	1	S	0	1	
0	7	D	0	1	0	186	M	X	0	4	S	0	1	S	0	1	
0	8	D	0	1	1	1090	M	X	0	4	S	0	1	S	0	1	
0	9	D	0	1	8	749	M	X	0	4	S	0	1	S	0	1	
1	0	D	0	1	9	761	M	X	0	4	S	0	1	S	0	1	
																	See attached

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

9. Facility Drawing

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

10. 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.

11. Comments

See Hazardous Waste Permit Part A Form, Narrative to Item 6. Process Codes and Design Capacities.

**Appendix C
Certification**

RCRA PART A APPLICATION CERTIFICATION

The U.S. Department of Energy (DOE), through its Carlsbad Field Office, has signed as “owner and operator,” and Salado Isolation Mining Contractors LLC, the Management and Operating Contractor (MOC), has signed this application for the permitted facility as “co-operator.”

The DOE has determined that dual signatures best reflect the actual apportionment of Resource Conservation and Recovery Act (RCRA) responsibilities as follows:

The DOE’s RCRA responsibilities are for policy, programmatic directives, funding and scheduling decisions, Waste Isolation Pilot Plant (WIPP) requirements of DOE generator sites, auditing, and oversight of all other parties engaged in work at the WIPP, as well as general oversight.

The MOC’s RCRA responsibilities are for certain day-to-day operations (in accordance with general directions given by the DOE and in the Management and Operating Contract as part of its general oversight responsibility), including, but not limited to, the following: certain waste handling, monitoring, record keeping, certain data collection, reporting, technical advice, and contingency planning.

For purposes of the certification required by Title 20 of the New Mexico Administrative Code, Chapter 4, Part 1 (20.4.1 NMAC), Subpart IX, §270.11(d), the DOE’s and the MOC’s representatives certify, under penalty of law that this document and all attachments were prepared under their direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on their inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of their knowledge and belief, true, accurate, and complete for their respective areas of responsibility. We are aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Owner and Operator Signature: Original Signature on File
Title: Manager, Carlsbad Field Office (CBFO)
for: U.S. Department of Energy
Date: 11/22/2022

Co-Operator Signature: Original Signature on File
Title: Program Manager
for: Salado Isolation Mining Contractors LLC
Date: 11/22/2022

Appendix D
Written Agreement Containing a Specific Date for Transfer of Permit Responsibilities
between the Current and New Permittees as Required By 20.4.1.900 NMAC (Incorporating
40 CFR 270.40(b))

**AGREEMENT FOR TRANSFER OF
HAZARDOUS WASTE FACILITY PERMIT RESPONSIBILITIES**

WHEREAS, the New Mexico Environment Department (NMED) issued a Hazardous Waste Facility Permit (No. NM4890139088) (Permit) to the U.S. Department of Energy (DOE) and Nuclear Waste Partnership, LLC (NWP) for the management, storage, and disposal of transuranic mixed waste at the Waste Isolation Pilot Plant (WIPP), Carlsbad, New Mexico;

WHEREAS, DOE is the owner and co-operator of WIPP under the Permit; and NWP is the co-operator under the Permit (jointly Permittees);

WHEREAS, DOE awarded a Management and Operating Contract to Salado Isolation Mining Contractors LLC (SIMCO), effective February 6, 2023, at which time SIMCO will become responsible for the management and operation of the WIPP which is regulated under the Permit;

WHEREAS, the Permittees requested NMED approval to modify the Permit as necessary to transfer operational control and responsibilities from NWP to the new co-operator and permittee SIMCO for the WIPP;

WHEREAS, 20.4.1.900 NMAC (incorporating 40 CFR §270.40(b), Transfer of Permits) requires the submittal to the NMED of a written agreement containing the specific date for transfer of permit responsibilities between the existing permittees (DOE and NWP) and the new co-operator and permittee SIMCO;

NOW THEREFORE, in consideration of the above and in accordance with 20.4.1.900 NMAC (incorporating 40 CFR §270.40(b)), DOE, NWP and SIMCO agree as follows:

Effective February 6, 2023, applicable Permit responsibilities to manage and operate the WIPP will transfer from NWP to SIMCO.

By: Original Signature on File Date: 11/22/2022
Reinhard Knerr
Manager
Carlsbad Field Office
U.S. Department of Energy

By: Original Signature on File Date: 11/22/2022
Sean Dunagan
President and Project Manager
Nuclear Waste Partnership LLC

By: Original Signature on File Date: 11/22/2022
Ken Harrawood
Program Manager
Salado Isolation Mining Contractors LLC