

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

FEB 2 9 2016

Mr. John E. Kieling, Chief Hazardous Waste Bureau New Mexico Environment Department 2905 Rodeo Park Drive East, Building 1 Santa Fe, New Mexico 87505-6303

Subject: Transmittal of the Waste Isolation Pilot Plant 2015 Biennial Hazardous Waste Report

Dear Mr. Kieling:

In accordance with the requirements of Part 2, Section 2.14.2 of the Hazardous Waste Facility Permit NM4890139088-TSDF, please find the enclosed CD-ROM and hardcopy of the 2015 Biennial Hazardous Waste Report (Report) for the Waste Isolation Pilot Plant (WIPP) in Carlsbad, New Mexico.

The Report consists of four attachments:

- · Attachment 1: RCRA Subtitle C Site Identification Form;
- Attachment 2: Waste Generation and Management-GM Form;
- Attachment 3: Waste Received from Off-Site-WR Form;
- Attachment 4: Off-Site Identification-OI Form.

The Waste Received from Off-Site-WR forms for the 2015 Report are marked as "N/A" because the WIPP facility did not receive any off-site hazardous waste during Calendar Year 2015.

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 inquiries 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 regarding the 2015 Biennial Hazardous Waste Report, please contact Mr. George Basabilvazo at (575) 234-7488.

Sincerely,

Original Signatures on File

Todd Shrader, Manager Carlsbad Field Office Philip J. Breidenbach, Project Manager Nuclear Waste Partnership LLC

Enclosures (2)

cc: w/o enclosures R. Maestas, NMED \*ED \*ED denotes electronic distribution

## Attachment 1

## RCRA SUBTITLE C

## SITE IDENTIFICATION FORM

# (Total 5 Pages, including Cover Sheet)

CC FC Th Sta	ND MPLETED RM TO: e Appropriate ate or Regional fice.	United Stat RCRA SUBT	tes Environr TTLE C SIT				A CONTRACTOR	- CANARA	
	Reason for Submittal MARK ALL BOX(ES) THAT APPLY	<ul> <li>Reason for Submittal:         <ul> <li>To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)</li> <li>To provide a Subsequent Notification (to update site identification information for this location)</li> <li>As a component of a First RCRA Hazardous Waste Part A Permit Application</li> <li>As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #)</li> <li>As a component of the Hazardous Waste Report (If marked, see sub-bullet below)</li> <li>Site was a TSD facility and/or generator of &gt;1,000 kg of hazardous waste, &gt;1 kg of acute hazardous waste, or &gt;100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent</li> </ul> </li> </ul>							
		LQG regulations)	uous waste spi	rcieanupi	n one of more	months of the report	year (or State equival	em	
2.	Site EPA ID Number	EPA ID Number N M 4 8	8 9 9 1	3 9 0	8 8				
3.	Site Name	Name: U.S. DOE WASTE ISOLA	TION PILOT F	PLANT					
4.	Site Location	Street Address: 30 MILES EAST	OF CARLSBA	D ON TH	E JAL HIGH	WAY IN EDDY COU	JNTY		
	Information	City, Town, or Village: CARLSBA	D				County: EDDY		
		State: NM	Country: U				Zip Code: 88220		
5.	Site Land Type	Private County D	istrict VF	ederal	Tribal	Municipal	State Other		
6.	NAICS Code(s) for the Site	A. 5622	1   1	_	с.				
	(at least 5-digit codes)	B			D.				
7.		Street or P.O. Box: P.O. BOX 309	0						
	Address	City, Town, or Village: CARLSBA							
-		State: NM	Country: U				Zip Code: 88221		
8.	Site Contact Person	First Name: GEORGE	MI: T.	Last: B/	ASABILVAZO	)			
	Person	Title: DIRECTOR							
		Street or P.O. Box: P.O. BOX 309							
		City, Town or Village: CARLSBAD					1		
		State: NM	Country: U	.S.			Zip Code: 88221		
		Email: George.Basabilvazo@cbf	o.doe.gov	1					
-		Phone: 575-234-7488		Ext.:			Fax: 575-234-706 Date Became	31	
9.	Legal Owner and Operator	A. Name of Site's Legal Owner: U	.S. DEPARTM	IENT OF	ENERGY		Owner: 05/18/19	81	
	of the Site	Owner Type: Private County		✓ Fede	eral 🗆 Triba	al 🗆 Municipal	State Othe	ər	
		Street or P.O. Box: P.O. BOX 309	90				1	_	
		City, Town, or Village: CARLSBA					Phone: 575-234-73	300	
		State: NM	Country: U	.S.			Zip Code: 88221		
		B. Name of Site's Operator: NUC	LEAR WASTE	PARTN	ERSHIP LLC		Date Became Operator: 10/01/20	012	
		Operator Type: Private County	, District	□ <sub>Fede</sub>	eral Triba	al Municipal	State Othe		

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

OMB#: 2050-0024; Expires 01/31/2017

10. Type of Regulated Waste Activity (at your site) Mark "Yes" or "No" for all current activities (as of the date submitti	ing the form); complete any additional boxes as instructed.
A. Hazardous Waste Activities; Complete all parts 1-10.	
Y IN I 1. Generator of Hazardous Waste If "Yes," mark only one of the following – a, b, or c.	Y N V 5. Transporter of Hazardous Waste If "Yes," mark all that apply.
☑ a. LQG: Generates, in any calendar month, 1,000 kg, (2,200 lbs/mo.) or more of hazardous waste; Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs/mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/m (220 lbs/mo) of acute hazardous spill cleanu material.	<ul> <li>; or</li> <li>b. Transfer Facility (at your site)</li> <li>Y ✓ N □ 6. Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous waste Part B permit is required for these activities</li> </ul>
100 to 1,000 kg/mo (220 – 2,200 lbs/mo) of b. SQG: non-acute hazardous waste. c. CESQG: Less than 100 kg/mo (220 lbs/mo) of non-ac hazardous waste. If "Yes" above, indicate other generator activities in 2-10.	Cute Y N ✓ 8. Exempt Boiler and/or Industrial Furnace If "Yes," mark all that apply. a. Small Quantity On-site Burner Exemption
Y N Z. Short-Term Generator (generate from a short-term or one-t event and not from on-going processes). If "Yes," provide a explanation in the Comments section.	time b. Smelting, Melting, and Refining Furnace Exemption
Y N 📝 3. United States Importer of Hazardous Waste	Y N 📝 9. Underground Injection Control
Y 🗹 N 🔲 4. Mixed Waste (hazardous and radioactive) Generator	Y 📝 N 🗌 10. Receives Hazardous Waste from Off-site
B. Universal Waste Activities; Complete all parts 1-2.	C. Used Oil Activities; Complete all parts 1-4.
Y N V 1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicat types of universal waste managed at your site. If " mark all that apply.	
a. Batteries       □         b. Pesticides       □         c. Mercury containing equipment       □         d. Lamps       □         e. Other (specify)       □         f. Other (specify)       □         g. Other (specify)       □         g. Other (specify)       □         Y □ N ✔       2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for tractivity.	Y N I N I C. Used Oil Processor and/or Re-refiner If "Yes," mark all that apply. a. Processor b. Re-refiner Y N I A. Used Oil Fuel Marketer Y N V A. Used Oil Fuel Marketer If "Yes," mark all that apply. a. Marketer Who Directs Shipment of Off-Specification Used Oil Burner b. Marketer Who First Claims the Used Oil Meets the Specifications

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EPA ID Number N M 4 8 9 0 1 3 9 0 8	8	3
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D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K										
✤ You can ONLY Opt into Subpart K if:										
<ul> <li>you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND</li> </ul>										
• you l	you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state									
Y N 7 1. 0	pting into or currently	operating under 40	CFR Part 262 Subpa	rt K for the managem	ent of hazardous was	tes in laboratories				
	ee the item-by-item		initions of types of	eligiple academic el	ntities. Mark all that	appiy:				
· _	-	•	or has a formal writte	en affiliation agreem	nent with a college o	r university				
=		•		-	nent with a college					
-		-		-	-					
Y NZ 2. W	fithdrawing from 40 C	CFR Part 262 Subpar	t K for the manageme	ent of hazardous was	tes in laboratories					
11. Description o	of Hazardous Waste	· · · · · · · · · · · · · · · · · · ·		<u> </u>						
	t them in the order th				Federal hazardous wa 112). Use an additior					
D001	D003	D004	D005	D006	D007	D008				
D009	D010	D011	D018	D019	D021	D022				
D026	D027	D028	D029	D030	D032	D033				
D034	D035	D036	D037	D038	D039	D040				
D043	F001	F002	F003	F004	F005	F006				
F007	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				
B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.										
N/A										
						<u>-</u>				

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

12. Notification of Hazardous Secondary Material (HSM) Activity	
Y N Are you notifying under 40 CFR 260.42 that you will begin managing, are managin secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25	g, or will stop managing hazardous 5)?
If "Yes," you must fill out the Addendum to the Site Identification Form: Notification Material.	for Managing Hazardous Secondary
13. Comments	
Item 11 A Continued. Additional EPA hazardous waste codes: U196, U209, U210, U220	), U226, U228, U239.
The U.S. DOE Waste Isolation Pilot Plant (WIPP) did not receive radioactive hazardous	waste from off-site generators during
2015 because waste disposal operations were suspended in 2014 after a radiological re	elease occurred at the WIPP facility.
14. Certification. I certify under penalty of law that this document and all attachments were pre accordance with a system designed to assure that qualified personnel properly gather and e on my inquiry of the person or persons who manage the system, or those persons directly re information submitted is, to the best of my knowledge and belief, true, accurate, and comple penalties for submitting false information, including the possibility of fines and imprisonment Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40)	valuate the information submitted. Based sponsible for gathering the information, the le. I am aware that there are significant for knowing violations. For the RCRA
Signature of legal owner, operator, or an authorized representative	Date Signed (mm/dd/yyyy)
Cothony Stone FORGeorge T. Basabilvazo, Director	02125/2016
Environmental Protection Division	

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Attachment 2

## WASTE GENERATION AND MANAGEMENT- GM FORM

(Total 14 Pages including Cover Sheet)

BEFORE C	OPYING FORM, ATTACH SITE IDE	INTIFICATION LAB	EL			RONMENTAL	
SITE NAME	U.S. DOE WASTE ISOLATION PILOT PLANT				PROTECT	TION AGENCY	
	30 MILES EAST OF CARLS	BAD ON JAL HIG	HWAY		2015 Hazardo	ous Waste Report	
EPA ID Nun	nber <u>N M 4  8 9 0</u>	1   3   9   0   8	8	GM FORM		SENERATION	
Sec. 1 A.	Waste description: EXPIRED ADHES				<u> </u>	<u></u>	
B. EPA ha	zardous waste code(s)		C. State hazardou	is waste code	(s)		
	0 1 D 0 3 5						
D. Source	code	E. Form code	F. Quantity genera	ited in 2015		G. Waste minimization code	
[G] 1	9			2	2.0		
Manageme	nt Method code for Source code G2	5				<b>X</b>	
			Density		🗆 lbs/gal 🗆 sg		
Sec. 2 W	as any of this waste that was gener ☐ Yes (CONTINUE TO ON-S No (SKIP TO SEC. 3)	-		d/or recycled	on site?		
	ON-SITE PROCESS SYSTE			ON-SITE	PROCESS SYSTE	EM 2	
On-site Mar Method o	agement Quantity treate code recycled on	ed, disposed, or site in 2015		On-site Management Quantity treated, disposed, or Method code recycled on site in 2015			
Sec. 3 A. V	Was any of this waste shipped off si Ves (CONTINUE TO ITEM No (FORM IS COMPLETE)	B)	nent, disposal, or rec	cycling?			
Site 1 B.	EPA ID No. of facility to which was	te was shipped	C. Off-site Mar Method code		D. Total quantity	shipped in 2015	
	O D 9 8 0 5	9 1 1 8		6 1			
Site 2 B.	EPA ID No. of facility to which was	te was shipped	C. Off-site Mar Method code		D. Total quantity	shipped in 2015	
Site 3 B.	EPA ID No. of facility to which was	te was shipped	C. Off-site Mar Method code		D. Total quantity	shipped in 2015	
Comments:					<u> </u>		
EXPIRED MA	ITERIAL. WASTE PROFILE # 982091.						

BEFORE CO OR ENTER:	OPYING FORM, ATTACH SITE IDEI							
SITE NAME	U.S. DOE WASTE ISOLATIO	ON PILOT PLANT			PROTECT	ION AGENCY		
	30 MILES EAST OF CARLS	BAD ON JAL HIG	HWAY		2015 Hazardo	ous Waste Report		
EPA ID Num	ber NM 4 8 9 0	1   3   9   0   8	8	GM FORM		ENERATION NAGEMENT		
Sec. 1 A.	Waste description: FLAMMABLE PRC	PELLANTS IN NONF	PUNCTURED AEROS	OL CANS FRO	M MAINTENANCE OI	PERATIONS		
B. EPA haz	zardous waste code(s)		C. State hazardou	us waste code	9(S)			
	0 1 D 0 0 5 D 0	3 5						
D. Source o	code	E. Form code	F. Quantity genera	ated in 2015		G. Waste minimization code		
[G] 1	1	W 8 0 1		9	0.0			
Managemer	nt Method code for Source code G2	5	UOM 1			[X]		
			Density	!!	🗆 lbs/gal 🗆 sg			
Sec. 2 W	as any of this waste that was genera Yes (CONTINUE TO ON-S No (SKIP TO SEC. 3)	-		nd/or recycled	on site?			
<b>_</b>	ON-SITE PROCESS SYSTE	M 1		ON-SITE	PROCESS SYSTE	EM 2		
On-site Man Method o		ed, disposed, or site in 2015	On-site Mana Method co		Quantity treated, or recycled on site			
[H]				<u> </u>				
Sec. 3 A. \	Nas any of this waste shipped off sit Yes (CONTINUE TO ITEM I No (FORM IS COMPLETE)	te in 2015 for treatn 3)	nent, disposal, or re	cycling?				
Site 1 B.	EPA ID No. of facility to which was	te was shipped	C. Off-site Ma	anagement e shipped to	D. Total quantity	shipped in 2015		
	O D 9 8 0 5 9	9 1 1 8						
Site 2 B.	EPA ID No. of facility to which was	te was shipped	C. Off-site Ma	anagement	D. Total quantity	shipped in 2015		
			Method cod	e shipped to				
Site 3 B.	EPA ID No. of facility to which was	te was shipped	C. Off-site Ma		D. Total quantity	shipped in 2015		
				e shipped to				
Comments:	Comments: WASTE PROFILE # 454562							
1								

OMB#	2050-	0024;	Expires	01/:	31/2017
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BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:							RONMENTAL ION AGENCY			
SITE NA		J.S. DOE WASTE ISOLATIO	ON PILOT PLANT	•		FRUIEUI	ION AGENCI			
	3	0 MILES EAST OF CARLS	BAD ON JAL HIG	HWAY	GM	2015 Hazardo	us Waste Report			
EPA ID I	Number	N M 4  8 9 0	1   3   9   0   8	8	FORM		ENERATION NAGEMENT			
1	Sec. 1 A. Waste description: DIESEL AND HYDRAULIC FLUID MIXTURE FROM MAINTENANCE OPERATIONS									
		us waste code(s)		C. State hazardou	us waste code	(s)				
	00									
D. Sour	rce code		E. Form code	F. Quantity genera	ated in 2015		G. Waste minimization code			
G	13		W 2 1 9		1 8 0	0.0				
Manage	ment Me	thod code for Source code G2	5				X			
				Density		🗆 ibs/gai 🗆 sg				
Sec. 2		ny of this waste that was genera □ Yes (CONTINUE TO ON-S ■ No (SKIP TO SEC. 3)	-	•	nd/or recycled	on site?				
		ON-SITE PROCESS SYSTE	M 1		ON-SITE	PROCESS SYSTE	M 2			
	Managen od code	nent Quantity treate recycled on	d, disposed, or site in 2015	On-site Mana Method co		Quantity treated, di recycled on site i				
Н										
Sec. 3	Yes (CONTINUE TO ITEM B)									
		] No (FORM IS COMPLETE)	5)							
Site 1		•		C. Off-site Ma		D. Total quantity s	hipped in 2015			
Site 1	B. EPA	No (FORM IS COMPLETE)	te was shipped	Method code		D. Total quantity s	hipped in 2015			
	B. EPA	No (FORM IS COMPLETE)	te was shipped	4 Method code 4 H 0 C. Off-site Ma	e shipped to 6 1 1	D. Total quantity s	1  8  0  0  0			
	B. EPA	No (FORM IS COMPLETE)           ID No. of facility to which wast           D           D           B           D           D           B           B           D           D           D	te was shipped	4 Method code	e shipped to 6 1 1		1  8  0  0  0			
Site 2	В. ЕРА <u>  С   С</u> В. ЕРА 	No (FORM IS COMPLETE)           ID No. of facility to which wast           D           D           B           D           D           B           B           D           D           D	te was shipped	4 Method code 4 C. Off-site Ma Method code C. Off-site Ma Method code	shipped to     [6] 1]     [1]     [1]     [1]     [1]     [1]     [1]     [1]     [1]     [1]     [1]     [1]     [1]     [1]     [1]     [1]		1  8  0  0  0 hipped in 2015			
Site 2	В. ЕРА <u>  С   С</u> В. ЕРА 	No (FORM IS COMPLETE)	te was shipped	A Method code A 0 C. Off-site Ma Method code	shipped to     [6] 1]     [1]     [1]     [1]     [1]     [1]     [1]     [1]     [1]     [1]     [1]     [1]     [1]     [1]     [1]     [1]	D. Total quantity s	1  8  0  0  0 hipped in 2015			

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:								
SITE NAME:	STE ISOLATIO	N PILOT PLANT			PROTECT	TION AGENCY		
	30 MILES EA	ST OF CARLSB	BAD ON JAL HIG	HWAY		2015 Hazard	ous Waste Report	
EPA ID Numb	ər <u>[N M 4</u>	¥][8 9 0 [1	1   3   9   0   8	8	GM FORM		GENERATION	
Sec. 1 A. V	laste description:	EXPIRED ETHYL A	LCOHOL FROM MA	INTENANCE OPERA	TIONS			
B. EPA haza	rdous waste code	ı(s)		C. State hazardou	us waste code	e(s)		
	0 1							
D. Source co	de		E. Form code	F. Quantity genera	ated in 2015		G. Waste minimization code	
G  1  9	)				1  4	2.0	minimization code	
Management	Method code for	Source code G25		UOM 1			X	
				Density	!!	🗆 lbs/gal 🗆 sg		
Sec. 2 Was	-	TINUE TO ON-SI	ted at this facility to	reated, disposed, ar STEM 1)	nd/or recycled	on site?		
	ON-SITE PR	ROCESS SYSTE	VI 1		ON-SITE	PROCESS SYST	EM 2	
On-site Mana Method co		Quantity treated recycled on s		On-site Mana Method co		Quantity treated, erecycled on site		
Sec. 3 A. W	Yes (CONT	ate shipped off site INUE TO ITEM B IS COMPLETE)		nent, disposal, or re	cycling?			
Site 1 B. E	PA ID No. of faci	ility to which waste	e was shipped	C. Off-site Ma		D. Total quantity	shipped in 2015	
	X D 0	0   0   8   3	8 8 9		e shipped to		1  4  2  0	
Site 2 B. E	PA ID No. of faci	lity to which waste	e was shipped	C. Off-site Ma		D. Total quantity	shipped in 2015	
					e shipped to			
Site 3 B. E	PA ID No. of faci	lity to which waste	e was shipped	C. Off-site Ma	anagement	D. Total quantity	shipped in 2015	
L		][[			e shipped to			
Comments:								
EXPIRED MAT	ERIAL. WASTE PR	OFILE # 982091						

OMB#	2050-0024;	Expires	01/31	/2017
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BEFORE		ING FORM, AT	ITACH SITE IDEI	NTIFICATION LAB	EL			IRONMENTAL
SITE NA	ME:	U.S. DOE WA	ASTE ISOLATIC	ON PILOT PLANT	-		TROTEO	
		30 MILES EA	ST OF CARLS	BAD ON JAL HIG	HWAY	GM	2015 Hazard	ous Waste Report
EPA ID N	Number	<u>  N  M  4</u>	4  8 9 0	8	FORM		GENERATION	
Sec. 1	A. Wa	ste description:	GASOLINE AND D	IESEL FUEL MIXTU	RE			
		ous waste code	••		C. State hazardou	us waste code	(s)	
	00	1 D 0	18					
D. Sour	ce code	•		E. Form code	F. Quantity genera	ated in 2015		G. Waste minimization code
G	0 9			W 2 0 3		4  0	0.0	
Manage	ment M	ethod code for	Source code G25	5				X
					Density		🗆 lbs/gal 🗆 sg	
Sec. 2	Was a		TINUE TO ON-SI	ated at this facility to	reated, disposed, ar STEM 1)	nd/or recycled	on site?	
		ON-SITE PI	ROCESS SYSTE	<u>M 1</u>		ON-SITE	PROCESS SYST	EM 2
On-site M Metho	Manage od code		Quantity treate recycled on s	d, disposed, or site in 2015	On-site Mana Method co	gement de	Quantity treated, recycled on site	
<u>[H]</u>								
Sec. 3		Yes (CONT)	ste shipped off sit TINUE TO ITEM E IS COMPLETE)	e in 2015 for treatn 3)	nent, disposal, or re	cycling?		
Site 1	B. EP	A ID No. of faci	ility to which wast	e was shipped	C. Off-site Ma Method code		D. Total quantity	shipped in 2015
	C	0 D 9	8 0 5 9	1 1 8				4 0 0 0
Site 2	B. EP	A ID No. of faci	ility to which wast	e was shipped	C. Off-site Ma Method code		D. Total quantity	shipped in 2015
Site 3	B. EP	A ID No. of fac	ility to which wast	e was shipped	C. Off-site Ma Method code		D. Total quantity	shipped in 2015
Comment G09: UNIN		onal Mixing O	F GASOLINE AND	DIESEL FUEL. WAS	TE PROFILE # 86637	1.		

BEFORE CO	OPYING FORM, ATTACH SITE IDENTI	FICATION LABE	L		U.S. ENVIRONMENTAL PROTECTION AGENCY
SITE NAME	U.S. DOE WASTE ISOLATION	PILOT PLANT			
	30 MILES EAST OF CARLSBA	D ON JAL HIGH	IWAY	GM	2015 Hazardous Waste Report
EPA ID Nun	nber [N M 4] 8 9 0 1	3 9 0 8	8	FORM	WASTE GENERATION AND MANAGEMENT
Sec. 1 A.	Waste description: GASOLINE AND WAT	ER MIXTURE FRO	M MAINTENANCE (	OPERATIONS	
	zardous waste code(s)	C	C. State hazardou	us waste code(	(s)
	0 1 D 0 1 8				
D. Source	code E	. Form code	<ol> <li>Quantity generative</li> </ol>	ated in 2015	G. Waste minimization code
[G] 0	7	W 2 1 9		5 6	5.0
Manageme	nt Method code for Source code G25				X
			Density	!	⊡ ibs/gal  ⊡ sg
Sec. 2 🛛 🕅	/as any of this waste that was generated □ Yes (CONTINUE TO ON-SITE ■ No (SKIP TO SEC. 3)	÷	-	nd/or recycled	on site?
I	ON-SITE PROCESS SYSTEM 1	1		ON-SITE	PROCESS SYSTEM 2
On-site Mar Method			On-site Mana Method co		Quantity treated, disposed, or recycled on site in 2015
Sec. 3 A. 1	Was any of this waste shipped off site in Yes (CONTINUE TO ITEM B) No (FORM IS COMPLETE)	a 2015 for treatme	ent, disposal, or re	cycling?	
Site 1 B.	EPA ID No. of facility to which waste w	vas shipped	C. Off-site Ma		D. Total quantity shipped in 2015
	C O D 9 8 0 5 9	1   1   8   4	Method code		
Site 2 B.	EPA ID No. of facility to which waste w	vas shipped	C. Off-site Ma		D. Total quantity shipped in 2015
L			Method code		
Site 3 B.	EPA ID No. of facility to which waste w	vas shipped	C. Off-site Ma		D. Total quantity shipped in 2015
		][]	Method code		
Comments: GASOLINE A	ND WATER MIXTURE. WASTE PROFILE #	ŧ 127351		· · · · · · · · · · · · · · · · · · ·	

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BEFORE COP	YING FORM, ATTACH SITE IDEN	TIFICATION LAB	EL		U.S. ENVIRONMENTAL
SITE NAME:	U.S. DOE WASTE ISOLATIO				PROTECTION AGENCY
	30 MILES EAST OF CARLSE	AD ON JAL HIG	HWAY		2015 Hazardous Waste Report
EPA ID Numbe	er [N M 4 8 9 0	8	GM FORM	WASTE GENERATION AND MANAGEMENT	
Sec. 1 A. W	aste description: RADIOACTIVE WA	STE HEPA FILTERS	AND PPE		
B. EPA hazar	dous waste code(s)		C. State hazardou	us waste code	(s)
	0 4 D 0 0 5 D 0 0	0 6			
	<u>0 7   D 0 0 8   D 0 0 0</u>	0 9			
D. Source co	de	E. Form code	F. Quantity genera	ated in 2015	G. Waste minimization code
G 1 9		W 3 1 0		1 4 4 0	
Management	Method code for Source code G25				X
	, L		Density		🗆 lbs/gal 🛛 sg
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
Sec. 2 Was	any of this waste that was general	-	-	id/or recycled	on site?
	<ul> <li>Yes (CONTINUE TO ON-SI</li> <li>No (SKIP TO SEC. 3)</li> </ul>	TE PROCESS SYS	STEM 1)		
	ON-SITE PROCESS SYSTEM	<u>л</u>		ON-SITE	PROCESS SYSTEM 2
On-site Manag Method coc			On-site Manag Method co		Quantity treated, disposed, or recycled on site in 2015
		ŀL			
Sec. 3 A. Wa	s any of this waste shipped off site Yes (CONTINUE TO ITEM B No (FORM IS COMPLETE)		nent, disposal, or rec	cycling?	
			0.0%		
	PA ID No. of facility to which waste		C. Off-site Ma Method code	e shipped to	D. Total quantity shipped in 2015
U	T D 9 8 2 5 9	8 8 9	<u>8   H 1</u>	3 2	
Site 2 B. E	PA ID No. of facility to which waste	e was shipped	C. Off-site Ma Method code		D. Total quantity shipped in 2015
Site 3 B. E	PA ID No. of facility to which waste	e was shipped	C. Off-site Ma		D. Total quantity shipped in 2015
			Method code		
sec. 1 B. ADDIT	ADIOACTIVE WASTE RELEASE. WA IONAL EPA HAZARDOUS WASTE CC 37, D038, D039, D040, D043, F001, F(	DES: D010, D011, 0	0018, D019, D021, D0	22, D026, D027 U133.	7, D028, D029, D030, D032, D033, D034, Page 11 of 20

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BEFORE CO OR ENTER:	PYING FORM, ATTACH SITE IDEI	NTIFICATION LABI	ΞL			
SITE NAME:	U.S. DOE WASTE ISOLATIC	ON PILOT PLANT			PROTEC	TION AGENCY
	30 MILES EAST OF CARLS	BAD ON JAL HIG	HWAY		2015 Hazard	lous Waste Report
EPA ID Num	per <u>N M 4</u> 8 9 0	8	GM FORM		GENERATION ANAGEMENT	
Sec. 1 A. \	Waste description: MISFIRED HILTI C	ARTRIDGES FROM	MAINTENANCE OPE	RATIONS		
B. EPA haza	ardous waste code(s)		C. State hazardou	us waste code	e(s)	
DO	0 1 D 0 0 3 D 0	0 5				
	0 8					
D. Source c	ode	E. Form code	F. Quantity generation	ated in 2015		G. Waste minimization code
G 1	1	W 3 1 9		4	1.0	minimization code
Managemen	t Method code for Source code G2	5				X
			Density		│ □ lbs/gai  □ sg	
Sec. 2 Wa	us any of this waste that was genera Yes (CONTINUE TO ON-S No (SKIP TO SEC. 3)	-	-	nd/or recycled	on site?	
_	ON-SITE PROCESS SYSTE	M 1		ON-SITE	PROCESS SYST	EM 2
On-site Mana Method co			On-site Mana Method co		Quantity treated, recycled on site	
LH		<u> </u>				
Sec. 3 A. V	Vas any of this waste shipped off sit Yes (CONTINUE TO ITEM E No (FORM IS COMPLETE)	e in 2015 for treatm 3)	nent, disposal, or re	cycling?		
	EPA ID No. of facility to which wast		C. Off-site Ma Method code 4       H   0		D. Total quantity	r shipped in 2015
	EPA ID No. of facility to which wast		C. Off-site Ma		D. Total guantity	v shipped in 2015
L			Method code	e shipped to		
Site 3 B.	EPA ID No. of facility to which wast	e was shipped	C. Off-site Ma Method code	inagement shipped to	D. Total quantity	shipped in 2015
Comments:	RTRIDGES. WASTE PROFILE # 45464	IC			· · · · · · · · · · · · · · · · · · ·	
NISPIKED CA	NI NUGES. WASIE MOHLE # 45464	0.				

BEFORE CO OR ENTER:	PYING FO	orm, a'	ITAC	H SIT	e ide	ENTIFI	CATIC	ON LA	BEL										MEN		
SITE NAME:	U.S. C	OE W	ASTE	E ISO	LATI		ILOT	PLAN	١T						PRC	DTE	CTI	ON	AGE		Y
	30 MI	.ES EA	ST C	OF CA	ARLS	BAD	ON J	AL HI	GHW					20	15 H	laza	rdou	us V	Vaste	e Re	port
EPA ID Numi	ber <u>N</u>		4][8	8 9	0	1   3	9	0	8   8	J		GM FORM							RAT		1
Sec. 1 A. V	Waste des	cription	OFF-	SPEC	IFICA	TION O	XYGE	N CYL	INDER	S FROM MAI	NTEN	ANCE OP	ERA		IS						
B. EPA haza	ardous wa	ste cod	e(s)	-					C.	State hazar	dous	waste co	de(s	5)							
DO	0 1																				
D. Source c	ode					E. 1	= Form o	code	F.	Quantity ger	nerate	d in 201	5				G	. W			
[G] 1]	1					Lw	/ 8	0 1					6	7.	0			mi	nimiza	ation	code
Managemen	t Method o	ode for	Sour	ce co	de G2	25													×	(	
	1 1									Density	1		I		s/gal	[] ea			_	_	
												J•[]			siyai						
Sec. 2 Wa	🗆 Ye	nis wast es (CON o (SKIP	ITINU	IE TO	ON-S			-		ed, disposed M 1)	, and/	or recycl	ed o	n sit	e?						
	ON	SITE P	ROCI	ESS S	YST	EM 1						ON-SI	TE F	RO	CESS	SYS	TEN	2			
													_								
On-site Mana Method co						ed, dis site in				On-site Ma Method			(		itity tr ycled				ed, or 5		
																				1	][]
Method cc	/as any of	this was (CONT	ste sh	nipped	ed on	isite in	2015	<u> </u>	tment	Method		L	, 							1	<u></u>
Method cc   H       Sec. 3 A. W	/as any of	(CONT	ste sh INUE	nipped TO I	ed on     off s TEM ETE)	ite in 2 B)	2015 	pr trea	tment	Method	r recyo	cling?			ycled	on s	site ir	201		015	
Method cc   H       Sec. 3 A. W	Jas any of Jas any of Jas any of No EPA ID No	(CONT	ste sh FINUE IS Co ility to	nipped TO I	ed on     off s TEM ETE) h was	ite in 2 B)	2015 	br trea		Method	r recyo	cling?			ycled	on s	site ir	201	5 		<u>'   0  </u>
Method cx           [ H ]           Sec. 3           A. W           Site 1           B.           [ ]	Jas any of Jas any of Jas any of No EPA ID No	(CON (FORM) (o. of fac	ste sh FINUE IS Co ility to 9	hipped TO I OMPL whick	off s TEM ETE) h was	ite in 2 B) ste was	015 fo	pr trea		Method H disposal, or C. Off-site Method c H C. Off-site	Mana Mana 0 4 Mana	cling? ngement hipped to 0	 >	гес  D. Т	otal o	on s	ite ir	1 201	5 	6 7	<u></u>
Method cx           [ H ]           Sec. 3           A. W           Site 1           B.           [ ]	Vas any of Jas any of Vas Ves No EPA ID No L L D	(CON (FORM) (o. of fac	ste sh FINUE IS Co ility to 9	hipped TO I OMPL whick	off s TEM ETE) h was	ite in 2 B) ste was	015 fo	pr trea		Method H disposal, or C. Off-site Method c	Mana Mana 0 4 Mana	cling? ngement hipped to 0	 >	гес  D. Т	otal o	on s	ite ir	1 201	5   d in 2	6 7	<u></u>
Method cx           [ H ]           Sec. 3           A. W           Site 1           B.           [ I           Site 2           B.	Vas any of Jas any of Vas Ves No EPA ID No L L D	(CONT (FORM ). of fac ) 0 1 0. of fac	ste sh FINUE IS CO ility to 9   ility to	nipped TO I OMPL whick 8	ed on   off s TEM ETE) h was 6   h was	site in ite in 2 B) ste was 4   2 ste was ite was	2015 015 fo s shipp 1 4 s shipp	ped 2 bed		Method H disposal, or C. Off-site Method c H C. Off-site Method c C. Off-site	Mana Mana ode s 0 4 Mana ode s	cling?	) ) )	rec	otal o	i on s	ite ir ity sr ity sr	1 201	5   d in 2	6  7 015 	
Method cx           [ H ]           Sec. 3           A. W           Site 1           B.           [ I           Site 2           B.	Jode Jas any of Vas any of Yes PA ID No EPA ID No EPA ID No	(CONT (FORM ). of fac ) 0 1 0. of fac	ste sh FINUE IS CO ility to 9   ility to	nipped TO I OMPL whick 8	ed on   off s TEM ETE) h was 6   h was	site in ite in 2 B) ste was 4   2 ste was ite was	2015 015 fo s shipp 1 4 s shipp	ped 2 bed		Method H disposal, or C. Off-site Method or H C. Off-site Method or	Mana Mana ode s 0 4 Mana ode s	cling?	) ) )	rec	otal o	i on s	ite ir ity sr ity sr	1 201	5 	6  7 015 	
Method cx           [ H ]           Sec. 3           A. W           Site 1           B.           [ I           Site 2           B.	Jode Jas any of Vas any of Passing No EPA ID No EPA ID No EPA ID No I		ste sh FINUE IS CO ility to 9   ility to	nipped TO I OMPL whick 8	ed on   off s TEM ETE) h was 6   h was	site in ite in 2 B) ste was 4   2 ste was ite was	2015 015 fo s shipp 1 4 s shipp	ped 2 bed		Method H disposal, or C. Off-site Method c H C. Off-site Method c C. Off-site	Mana Mana ode s 0 4 Mana ode s	cling?	) ) )	rec	otal o	i on s	ite ir ity sr ity sr	1 201	5 	6  7 015 	

BEFORE COP	YING FORM, ATTACH SITE IDI	ENTIFICATION LAB	EL		U.S. ENVIRONMENTAL
SITE NAME:	U.S. DOE WASTE ISOLAT	ION PILOT PLANT		-	PROTECTION AGENCY
	30 MILES EAST OF CARLS	SBAD ON JAL HIG	HWAY		2015 Hazardous Waste Report
EPA ID Numb	er NM 4 8 9 0	8	GM FORM	WASTE GENERATION AND MANAGEMENT	
Sec. 1 A. W	aste description: GASOLINE CON		ALS FROM SPILL CLE	AN-UP OPER	ATIONS
B. EPA haza	rdous waste code(s)	<u></u>	C. State hazardou	is waste code	e(s)
	0 1 0 1 8				
D. Source co	de	E. Form code	F. Quantity genera	ated in 2015	G. Waste minimization code
G 3 2	2	W 0 0 2		6 0	
Management	Method code for Source code G	25			X
			Density		□ lbs/gal □ sg
Sec. 2 Was	any of this waste that was gene Yes (CONTINUE TO ON- No (SKIP TO SEC. 3)	•	•	nd/or recycled	d on site?
	ON-SITE PROCESS SYST	EM 1		ON-SITE	E PROCESS SYSTEM 2
On-site Mana Method co	ON-SITE PROCESS SYST gement Quantity treat	EM 1 ted, disposed, or n site in 2015	On-site Mana Method co	gement	E PROCESS SYSTEM 2 Quantity treated, disposed, or recycled on site in 2015
	ON-SITE PROCESS SYST gement Quantity treat	ted, disposed, or		gement	Quantity treated, disposed, or
Method co	ON-SITE PROCESS SYST gement Quantity treat	ted, disposed, or n site in 2015 site in 2015 for treatn	Меthod со	gement de	Quantity treated, disposed, or
Method co	ON-SITE PROCESS SYST gement Quantity treat de recycled of as any of this waste shipped off s S Yes (CONTINUE TO ITEM	ted, disposed, or n site in 2015 site in 2015 for treatn B)	Меthod со	gement de  cycling? 	Quantity treated, disposed, or
Method co	ON-SITE PROCESS SYST gement de Quantity treat recycled of as any of this waste shipped off s S Yes (CONTINUE TO ITEM No (FORM IS COMPLETE EPA ID No. of facility to which wa	ted, disposed, or n site in 2015 site in 2015 for treatn B) ) ste was shipped	Method co	gement de  cycling? 	Quantity treated, disposed, or recycled on site in 2015
Method co <u>H</u> Sec. 3 A. W Site 1 B. E <u>T</u>	ON-SITE PROCESS SYST gement de Quantity treat recycled of as any of this waste shipped off s Yes (CONTINUE TO ITEM No (FORM IS COMPLETE EPA ID No. of facility to which wa	ted, disposed, or n site in 2015 site in 2015 for treatn B) ) ste was shipped 3 8 8 9	Method co 	gement de cycling?	Quantity treated, disposed, or recycled on site in 2015
Method co <u>H</u> Sec. 3 A. W Site 1 B. E <u>T</u>	ON-SITE PROCESS SYST gement de Quantity treat recycled of as any of this waste shipped off s S Yes (CONTINUE TO ITEM No (FORM IS COMPLETE PA ID No. of facility to which was X D 0 0 0 0 8	ted, disposed, or n site in 2015 site in 2015 for treatn B) ) ste was shipped 3 8 8 9	Method co 	gement de cycling?	Quantity treated, disposed, or recycled on site in 2015         D. Total quantity shipped in 2015         1       1         1<
Method co           H           Sec. 3           A. W           Site 1           B.           L           T           Site 2           B.	ON-SITE PROCESS SYST gement de Quantity treat recycled of as any of this waste shipped off s S Yes (CONTINUE TO ITEM No (FORM IS COMPLETE PA ID No. of facility to which was X D 0 0 0 0 8	ted, disposed, or n site in 2015 site in 2015 for treatn B) ste was shipped 3 8 8 9 1 ste was shipped	Method co	gement de cycling?	Quantity treated, disposed, or recycled on site in 2015         D. Total quantity shipped in 2015         1       1         1<
Method co           H           Sec. 3           A. W           Site 1           B.           L           T           Site 2           B.	ON-SITE PROCESS SYST gement Quantity treat recycled of as any of this waste shipped off s Second Yes (CONTINUE TO ITEM No (FORM IS COMPLETE PA ID No. of facility to which was X D 0 0 0 0 8 PA ID No. of facility to which was A ID NO. OF FACILITY A ID A I	ted, disposed, or n site in 2015 site in 2015 for treatn B) ste was shipped 3 8 8 9 1 ste was shipped	Method co	gement de cycling?	Quantity treated, disposed, or recycled on site in 2015         D. Total quantity shipped in 2015
Method co           H           Sec. 3           A. W           Site 1           B.           L           T           Site 2           B.	ON-SITE PROCESS SYST gement Quantity treat recycled of as any of this waste shipped off s Second Yes (CONTINUE TO ITEM No (FORM IS COMPLETE PA ID No. of facility to which was X D 0 0 0 0 8 PA ID No. of facility to which was A ID NO. OF FACILITY A ID A I	ted, disposed, or n site in 2015 site in 2015 for treatn B) ste was shipped 3 8 8 9 1 ste was shipped	Method co	gement de cycling?	Quantity treated, disposed, or recycled on site in 2015         D. Total quantity shipped in 2015
Method co           H           Sec. 3           A. With           Site 1           B.           L           T           Site 2           B.           L           Site 3           B.	ON-SITE PROCESS SYST         gement       Quantity treat         de       recycled of         as any of this waste shipped off s         B Yes (CONTINUE TO ITEM         D No (FORM IS COMPLETE         EPA ID No. of facility to which wa         A ID No. of facility to which wa         A ID No. of facility to which wa         A ID No. of facility to which wa	ted, disposed, or n site in 2015 site in 2015 for treatn B) ste was shipped 3 8 8 9 1 ste was shipped	Method co	gement de cycling?	Quantity treated, disposed, or recycled on site in 2015         D. Total quantity shipped in 2015
Method co           H           Sec. 3           A. Wi           Site 1           B. E           L           Site 2           B. E           Site 3           B. E           Comments:	ON-SITE PROCESS SYST         gement       Quantity treat         de       recycled of         as any of this waste shipped off s         B Yes (CONTINUE TO ITEM         D No (FORM IS COMPLETE         EPA ID No. of facility to which wa         A ID No. of facility to which wa         A ID No. of facility to which wa         A ID No. of facility to which wa	ted, disposed, or n site in 2015 site in 2015 for treatn B) ste was shipped 3 8 8 9 1 ste was shipped	Method co	gement de cycling?	Quantity treated, disposed, or recycled on site in 2015         D. Total quantity shipped in 2015
Method co           H           Sec. 3           A. Wi           Site 1           B. E           LT           Site 2           B. E           Site 3           B. E           Comments:	ON-SITE PROCESS SYST         gement       Quantity treat         de       recycled of         as any of this waste shipped off s         B Yes (CONTINUE TO ITEM         D No (FORM IS COMPLETE         EPA ID No. of facility to which wa         A ID No. of facility to which wa         A ID No. of facility to which wa         A ID No. of facility to which wa	ted, disposed, or n site in 2015 site in 2015 for treatn B) ste was shipped 3 8 8 9 1 ste was shipped	Method co	gement de cycling?	Quantity treated, disposed, or recycled on site in 2015         D. Total quantity shipped in 2015

BEFORE COL OR ENTER:	PYING FORM, ATTACH SITE IDE	NTIFICATION LABE	L		U.S. ENVIRONMENTAL
SITE NAME:		ON PILOT PLANT			PROTECTION AGENCY
	30 MILES EAST OF CARLS	BAD ON JAL HIGI	HWAY		2015 Hazardous Waste Report
EPA ID Numb	er <u>N M 4  8 9 0  </u>	8	GM FORM	WASTE GENERATION AND MANAGEMENT	
Sec. 1 A. V	Vaste description: EXPIRED ISOPRO	OPYL ALCOHOL FROM	MAINTENANCE O	PERATIONS	
B. EPA haza	rdous waste code(s)		C. State hazardou	us waste code	(s)
	0 1				
D. Source co	de	E. Form code	F. Quantity genera	ated in 2015	G. Waste
G 1 9	9	W 0 0 1		2	minimization code
	 Method code for Source code G2				
i i i i		1			
			Density		🗆 lbs/gal 🗆 sg
Sec. 2 Was	any of this waste that was genera Yes (CONTINUE TO ON-S No (SKIP TO SEC. 3)	-		id/or recycled	on site?
	-				
	ON-SITE PROCESS SYSTE	M 1		ON-SITE	PROCESS SYSTEM 2
On-site Mana Method co	gement Quantity treate	d, disposed, or	On-site Mana Method co	gement	PROCESS SYSTEM 2 Quantity treated, disposed, or recycled on site in 2015
	gement Quantity treate	d, disposed, or		gement	Quantity treated, disposed, or
Method co	gement Quantity treate	d, disposed, or site in 2015	Method co	gement de	Quantity treated, disposed, or
Method co	gement Quantity treate de recycled on s  as any of this waste shipped off sit I Yes (CONTINUE TO ITEM E	d, disposed, or site in 2015 	Method co	gement de  cycling? nagement	Quantity treated, disposed, or
Method co	gement Quantity treate de recycled on s 	d, disposed, or site in 2015 	Method co	gement de cycling?	Quantity treated, disposed, or recycled on site in 2015
Method co           H           Sec. 3           A. Wa           Site 1           B.           L           L	gement Quantity treate de recycled on s as any of this waste shipped off sit	d, disposed, or site in 2015 e in 2015 for treatmo 3) e was shipped	C. Off-site Ma Method co	gement de cycling? nagement e shipped to 6 1 nagement	Quantity treated, disposed, or recycled on site in 2015
Method co           H           Sec. 3           A. Wa           Site 1           B.           L           L	gement       Quantity treate         de       recycled on second on sec	d, disposed, or site in 2015 e in 2015 for treatmo 3) e was shipped	Method co	gement de cycling? nagement e shipped to 6 1 nagement	Quantity treated, disposed, or recycled on site in 2015
Method co           H           Sec. 3           A. Wi           Site 1           B.           E           C           Site 2           B.	gement       Quantity treate         de       recycled on second on sec	d, disposed, or site in 2015 e in 2015 for treatmo a was shipped b 1 1 1 8 4 e was shipped	Method co         H         ent, disposal, or reader         C. Off-site Ma         Method code         H         C. Off-site Ma         Method code         H         C. Off-site Ma         Method code         LH         C. Off-site Ma         Method code         LH         C. Off-site Ma         Method code         LH         C. Off-site Ma         Method code	gement de cycling? nagement e shipped to 6 1 nagement e shipped to	Quantity treated, disposed, or recycled on site in 2015
Method co           H           Sec. 3           A. Wi           Site 1           B.           E           C           Site 2           B.	gement       Quantity treate         de       recycled on second on the second on	d, disposed, or site in 2015 e in 2015 for treatmo a was shipped b 1 1 1 8 4 e was shipped	Method co	gement de cycling? nagement e shipped to 6 1 nagement e shipped to	Quantity treated, disposed, or recycled on site in 2015 D. Total quantity shipped in 2015 2 7 0 D. Total quantity shipped in 2015 0. Total quantity shipped in 2015
Method co         H         Sec. 3       A. With         Site 1       B. E         LC       L         Site 2       B. E         Site 3       B. E         L       L         Comments:       L	gement       Quantity treate         de       recycled on second on the second on	d, disposed, or site in 2015 e in 2015 for treatmo a was shipped b 1 1 1 8 4 e was shipped	Method co         H         ent, disposal, or reader         C. Off-site Ma         Method code         H         C. Off-site Ma         Method code         H         C. Off-site Ma         Method code         L         C. Off-site Ma         Method code         L         C. Off-site Ma         Method code         L         C. Off-site Ma         Method code	gement de cycling? nagement e shipped to 6 1 nagement e shipped to	Quantity treated, disposed, or recycled on site in 2015 D. Total quantity shipped in 2015 2 7 0 D. Total quantity shipped in 2015 0. Total quantity shipped in 2015

BEFORE COP	FORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL						
SITE NAME:	U.S. DOE WASTE IS	SOLATIO	N PILOT PLANT			PROTECT	ION AGENCY
	30 MILES EAST OF	CARLSB	AD ON JAL HIG	HWAY		2015 Hazardo	ous Waste Report
EPA ID Numbe	r [N M 4][8]	9   0    1	8	GM FORM		SENERATION NAGEMENT	
Sec. 1 A. Wa	aste description: SPENT	HILTI CART	RIDGES FROM MA	INTENANCE OPERA	TIONS		
B. EPA hazar	dous waste code(s)		<u> </u>	C. State hazardou	us waste code	(s)	
D. Source cod	e		E. Form code	F. Quantity generation	ated in 2015		G. Waste minimization code
G 1 9	J		W 3 0 9			0.0	
Management N	Method code for Source	code G25					X
				Density		🗆 lbs/gal 🗆 sg	
Sec. 2 Was	any of this waste that w Yes (CONTINUE No (SKIP TO SEC	TO ON-SI	-	-	nd/or recycled	on site?	
	ON-SITE PROCES	SSYSTEM	A 1		ON-SITE	PROCESS SYSTE	EM 2
On-site Manag Method cod			l, disposed, or ite in 2015	On-site Mana Method co		Quantity treated, or recycled on site	
<u>  H      </u>							
Sec. 3 A. Wa	s any of this waste ship Yes (CONTINUE T No (FORM IS COM	O ITEM B		nent, disposal, or re	cycling?		
Site 1 B. El	PA ID No. of facility to w	hich waste	e was shipped	C. Off-site Ma	anagement e shipped to	D. Total quantity	shipped in 2015
	X   D   0   0   0	83	8 8 9				
Site 2 B. El	PA ID No. of facility to w	hich waste	e was shipped	C. Off-site Ma		D. Total quantity	shipped in 2015
					e shipped to		
Site 3 B. El	PA ID No. of facility to w	hich waste	was shipped	C. Off-site Ma		D. Total quantity	shipped in 2015
					e shipped to		
Comments:	DGES. WASTE PROFILE	# 260805				"I	
SPENT CARTRI	JGES. WAS IE PRUFILE	# 209095.					

BEFORE COP OR ENTER:	YING FORM, ATTACH SITE IDEN	ITIFICATION LAB	EL		U.S. ENVIRONMENTAL
SITE NAME:	U.S. DOE WASTE ISOLATIO	N PILOT PLANT			PROTECTION AGENCY
	30 MILES EAST OF CARLSB	AD ON JAL HIG	HWAY		2015 Hazardous Waste Report
EPA ID Number	r <u>[N M 4][8 9 0]</u> [1	8	GM FORM	WASTE GENERATION AND MANAGEMENT	
Sec. 1 A. Wa	aste description: ISOPROPONAL CO		ERIALS FROM CLEA	N-UP OPERAT	IONS
B. EPA hazaro	lous waste code(s)		C. State hazardou	us waste code	s(s)
		•			
D. Source cod	e	E. Form code	F. Quantity genera	ated in 2015	G. Waste
G 0 9	]	W 4 0 9		1	minimization code
Management N	- Aethod code for Source code G25		UOM   1		
			Density		🗆 lbs/gal 🗆 sg
Sec. 2 Was	any of this waste that was generat Yes (CONTINUE TO ON-SI No (SKIP TO SEC. 3)	-		nd/or recycled	on site?
	ON-SITE PROCESS SYSTEM	<u>//1</u>		ON-SITE	PROCESS SYSTEM 2
On-site Manage Method code			On-site Manag Method co		Quantity treated, disposed, or recycled on site in 2015
Sec. 3 A. Was	any of this waste shipped off site Yes (CONTINUE TO ITEM B No (FORM IS COMPLETE)		nent, disposal, or red	cycling?	
Site 1 B. EF	PA ID No. of facility to which waste	e was shipped	C. Off-site Ma		D. Total quantity shipped in 2015
C	O  D  9 8 0  5 9	1   1   8	4 Method code		
Site 2 B. EF	PA ID No. of facility to which waste	e was shipped	C. Off-site Ma	nagement	D. Total quantity shipped in 2015
			Method code	e shipped to	
Site 3 B. EF	PA ID No. of facility to which waste	e was shipped	C. Off-site Ma		D. Total quantity shipped in 2015
			Method code		
Comments: ISOPROPANOL	CONTAMINATED RAGS AND DEBRI	S. WASTE PROFILE	# 866372.		Page 17 of 19

Attachment 3

# WASTE RECEIVED FROM OFF-SITE-WR FORM

(Total 2 Pages including Cover Sheet)

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BEFORE COPI OR ENTER:	YING FORM, ATTACH SITE	IDENTIFICATION LABEL	:		U.S. ENVIRONMENTAL
SITE NAME:	U.S. DOE WASTE ISOL	ATION PILOT PLANT			PROTECTION AGENCY
	30 MILES EAST OF CA	RLSBAD ON JAL HIGHWAY			2015 Hazardous Waste Report
EPA ID Number	N M 4  8 9	0 1 3 9 0 8 8		WR FORM	WASTE RECEIVED FROM OFF SITE
N	escription of hazardous was				
B. EPA hazar	dous waste code(s)	C. State hazardous waste code(s)	D. 0	ff-site hand	er EPA ID number
				╶┨╌┈╌┨╴╴╴┨┠	
E. Quantity rece	L	F. UOM	G Fo	rm code	H. Management Method code
		Density		<u> </u>	
Waste 2 A. [	Description of hazardous wa	ste			
N.	ΙΑ	•			
B. EPA hazard	lous waste code(s)	C. State hazardous waste code(s)	D. 0	ff-site handl	er EPA ID number
					╶┘─┴─┘┖─┴──┘┖─┴──┘┘│
E. Quantity rec	xeived in 2015	F. UOM	G. Fo	rm code	H. Management Method code
		Density		<u> </u>	
Waste 3 A. [	Description of hazardous was	ste			
N	Ά.				
B. EPA hazard	ous waste code(s)	C. State hazardous waste code(s)	D. C	off-site hand	ler EPA ID number
				/[	
			_		
E. Quantity rec	eived in 2015		G. F	orm code	H. Management Method code
		Density		N	
Comments: THE U.S.DOE WA GENERATORS D	ASTE ISOLATION PILOT PLAN DURING CALENDAR YEAR 201	IT DID NOT RECEIVE HAZARDOUS WA 15.	STEOR	RADIOACTIV	'E MIXED WASTE FROM OFF-SITE
	·				Page <u>18</u> of <u>20</u>

Attachment 4

## **OFF-SITE IDENTIFICATION FORM-OI FORM**

(Total 3 Pages including Cover Sheet)

	PYING FORM, ATTACH SITE IDENTIFICATION LABEL				U.S. ENVIRONMENTAL
OR ENTER:	U.S. DOE WASTE ISOLATION PILOT PLANT				PROTECTION AGENCY
SITE NAME:	30 MILES EAST OF CARLSBAD ON JAL HIGH			[]	2015 Hazardous Waste Report
				ОІ	
EPA ID Numb	per [N] M] 4] 8 9 0] 1 3 9 0 8 8	В		FORM	OFF-SITE
	······	<del></del>			
Site 1					or transporter
	<u>C A R 0 0 0 0 0 17 0 5 4 0</u>	<u> </u>			TRANSPORT INC.
	/pe (MARK ALL THAT APPLY)		ess of off-sit		
Gene Gene		Street City	1210 EL SUNNY	<u>.KO DRIVE</u> VALE	<u> </u>
Trans	•				
	iving facility	State			
Site 2	A. EPA ID number of off-site installation or transporter	B. Nam	e of off-site i	installation of	or transporter
		VEC	DLIA ES TE	ECHNICAL	SOLUTIONS LLC
C. Handler ty	/pe (MARK ALL THAT APPLY)	D. Addr	ess of off-sit	te installatio	n
🗆 Gene	rator	Street		AST 96TH	AVENUE
🛛 Trans	porter	City	HENDE	RSON	
Recei	iving facility	State	<u>  C   O</u>	Zip 8	0 4 6 0 4
Site 3	A. EPA ID number of off-site installation or transporter	B. Nam	e of off-site i	installation of	or transporter
	L  L  D  0 9 8 6 4 2 4 2 4	VEC	OLIA ES TR	ECHNICAL	SOLUTIONS LLC
C. Handler ty	pe (MARK ALL THAT APPLY)	D. Addr	ess of off-sit	te installatio	n
🗆 Gener	rator	Street		LE AVENL	JE
🗆 Trans	porter	City	SAUGE	Τ	
🖬 Recei	ving facility	State		Zip 6	
Site 4	A. EPA ID number of off-site installation or transporter	B. Nam	e of off-site	installation of	or transporter
	[T]N R]0 0 0 0 3 4]6 8 6]	ніт	TMAN TR/	ANSPORT	SERVICES INC.
C. Handler ty	pe (MARK ALL THAT APPLY)	D. Addr	ess of off-sit	te installatio	n
🗆 Gener		Street City		EAR CREE	EK ROAD
🖬 Trans			OAK RI		
	ving facility	State		Zip 3	
Comments:					

OMB#: 2	050-0024;	Expires	01/31	/2017
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BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:				U.S. ENVIRONMENTAL PROTECTION AGENCY	
SITE NAME: U.S. DOE WASTE ISOLATION PILOT PLANT					
30 MILES EAST OF CARLSBAD ON JAL HIGHW		WAY		2015 Hazardous Waste Report	
EPA ID Number <u>N M 4 8 9 0 1 3 9 0 8 8</u>		3	OI FORM	OFF-SITE IDENTIFICATION	
Site 1         A. EPA ID number of off-site installation or transporter           T X D         0         0         8         8         9         6		B. Name of off-site installation or transporter VEOLIA ES TECHNICAL SOLUTIONS LLC			
<ul> <li>C. Handler type (MARK ALL THAT APPLY)</li> <li>□ Generator</li> <li>□ Transporter</li> <li>■ Receiving facility</li> </ul>		D. Address of off-site installation Street <u>7665 TEXAS HIGHWAY 73</u> City <u>PORT ARTHUR</u> State <u>T X</u> Zip 7 7 7 0 5			
	2         A. EPA ID number of off-site installation or transporter           U         T         D         9         8         2         5         9         8         9         8		B. Name of off-site installation or transporter ENERGY SOLUTIONS		
<ul> <li>C. Handler type (MARK ALL THAT APPLY)</li> <li>□ Generator</li> <li>□ Transporter</li> <li>■ Receiving facility</li> </ul>		D. Address of off-site installation Street <u>INTERSTATE 80, EXIT 49</u> City <u>GRANTSVILLE</u> State <u>U T</u> Zip <u>8 4 0 2 9</u>			
Site 3 A. EPA ID number of off-site installation or transporter		B. Name of off-site	e installation	or transporter	
<ul> <li>C. Handler type (MARK ALL THAT APPLY)</li> <li>□ Generator</li> <li>□ Transporter</li> <li>□ Receiving facility</li> </ul>		D. Address of off-site installation         Street         City         State       Zip			
Site 4 A. EPA ID number of off-site installation or transporter		B. Name of off-site installation or transporter			
<ul> <li>C. Handler type (MARK ALL THAT APPLY)</li> <li>□ Generator</li> <li>□ Transporter</li> <li>□ Receiving facility</li> </ul>		D. Address of off-site installation Street City State Zip Zip			
Comments:					

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### 2.12.4. Emergency Coordinator

An Emergency Coordinator as specified in Table D-2 of Permit Attachment D shall be available at all times in case of an emergency. The Emergency Coordinator shall be thoroughly familiar with the Contingency Plan and shall have the authority to commit the resources needed to implement the Contingency Plan, as required by 20.4.1.500 NMAC (incorporating 40 CFR §264.55). In the event of an imminent or actual emergency, the Emergency Coordinator shall implement the requirements of 20.4.1.500 NMAC (incorporating 40 CFR §264.56).

## 2.13. MANIFEST SYSTEM

The Permittees shall comply with the manifest requirements of 20.4.1.500 NMAC (incorporating 40 CFR §§264.71 and 264.72). The Permittees shall not accept for storage or disposal any mixed waste from an off-site source without an accompanying manifest.

## 2.14. <u>RECORDKEEPING AND REPORTING</u>

In addition to the recordkeeping and reporting requirements specified elsewhere in this Permit, the Permittees shall comply with the following conditions:

## 2.14.1. Operating Record

The Permittees shall maintain a written operating record at the facility, as required by 20.4.1.500 NMAC (incorporating 40 CFR §264.73(a)). The written operating record shall include all information required under 20.4.1.500 NMAC (incorporating 40 CFR §264.73(b)) subject to the limitations on the storage of classified information as discussed in Permit Attachment C. Unless specifically prohibited by this Permit, an electronic record that cannot be altered by the user and capable of producing a paper copy shall be deemed to be a written record. The Permittees shall maintain the operating record until closure of the facility.

### 2.14.2. Biennial Report

The Permittees shall submit to the Secretary a biennial report, as required by 20.4.1.500 NMAC (incorporating 40 CFR §264.75).