

| Date Received for Clearance Process MM/YY/DD) <p style="text-align: center;">02/20/02</p> | <h2 style="margin: 0;">INFORMATION CLEARANCE FORM</h2> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|------------------------|--------------------|---------------------------------------|-----------|-----------------------------|-----------------|-------------------------------------|----------------------|--------------------|---------------------------------------|----------------------------|--------------------------|------------|--|----------------------------|--------|--|------------------------|--------------------|---------------------------------------|-------|--------------------------|--|--|----------------------------|-------|--------------------------|--|--|----------------------------|
| A. Information Category <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Abstract <input type="checkbox"/> Summary <input type="checkbox"/> Visual Aid <input type="checkbox"/> Full Paper <input type="checkbox"/> Other _____ </div> <div style="width: 45%;"> <input type="checkbox"/> Journal Article <input type="checkbox"/> Internet <input type="checkbox"/> Software <input checked="" type="checkbox"/> Report </div> </div> | B. Document Number DOE/RL-2002-16 <hr/> C. Title <p style="text-align: center;">Richland Industrial Center Annual Dangerous Waste Report</p> <hr/> D. Internet Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E. Required Information <div style="display: flex;"> <div style="width: 50%; padding-right: 10px;"> <p>1. Is document potentially Classified? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (MANDATORY)</p> <p style="text-align: center;"><i>See below for signature</i> Manager's Signature Required</p> <p>If Yes _____ <input type="checkbox"/> NO <input type="checkbox"/> Yes Classified ADC Signature Required</p> <p>2. References in the Information are Applied Technology <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Export Controlled Information <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> </div> <div style="width: 50%;"> <p>3. Does Information Contain the Following: (MANDATORY)</p> <p>a. New or Novel (Patentable) Subject Matter? <input checked="" type="checkbox"/> NO <input type="checkbox"/> Yes If "Yes", Disclosure No.: _____</p> <p>b. Information Received in Confidence, Such as Proprietary and/or Inventions? <input checked="" type="checkbox"/> NO <input type="checkbox"/> Yes If "Yes", Affix Appropriate Legends/Notices.</p> <p>c. Copyrights? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes", Attach Permission.</p> <p>d. Trademarks? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes", Identify in Document.</p> <p>4. Is Information requiring submission to OSTI? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>5. Release Level? <input checked="" type="checkbox"/> Public <input type="checkbox"/> Limited</p> </div> </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F. Complete for a Journal Article . Title of Journal _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G. Complete for a Presentation . Title for Conference or Meeting _____ . Group Sponsoring _____ . Date of Conference _____ 4. City/State _____ . Will Information be Published in Proceedings? <input type="checkbox"/> No <input type="checkbox"/> Yes 6. Will Material be Handed Out? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I. Author/Requestor P.A. Mars <i>P.A. Mars</i> (Print and Sign) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Responsible Manager Judith Nielsen <i>Judith A. Nielsen</i> (Print and Sign) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Reviewers</th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">Print</th> <th style="text-align: center;">Signature</th> <th style="text-align: center;">Public Y/N (If N, complete)</th> </tr> </thead> <tbody> <tr> <td>General Counsel</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td><i>R. Southworth</i></td> <td><i>[Signature]</i></td> <td style="text-align: center;"><input checked="" type="checkbox"/> N</td> </tr> <tr> <td>Office of External Affairs</td> <td style="text-align: center;"><input type="checkbox"/></td> <td><i>N/A</i></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> N</td> </tr> <tr> <td>DOE-RL</td> <td></td> <td><i>Gloria Williams</i></td> <td><i>[Signature]</i></td> <td style="text-align: center;"><input checked="" type="checkbox"/> N</td> </tr> <tr> <td>Other</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> N</td> </tr> <tr> <td>Other</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> N</td> </tr> </tbody> </table> | | Reviewers | Yes | Print | Signature | Public Y/N (If N, complete) | General Counsel | <input checked="" type="checkbox"/> | <i>R. Southworth</i> | <i>[Signature]</i> | <input checked="" type="checkbox"/> N | Office of External Affairs | <input type="checkbox"/> | <i>N/A</i> | | <input type="checkbox"/> N | DOE-RL | | <i>Gloria Williams</i> | <i>[Signature]</i> | <input checked="" type="checkbox"/> N | Other | <input type="checkbox"/> | | | <input type="checkbox"/> N | Other | <input type="checkbox"/> | | | <input type="checkbox"/> N |
| Reviewers | Yes | Print | Signature | Public Y/N (If N, complete) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| General Counsel | <input checked="" type="checkbox"/> | <i>R. Southworth</i> | <i>[Signature]</i> | <input checked="" type="checkbox"/> N | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Office of External Affairs | <input type="checkbox"/> | <i>N/A</i> | | <input type="checkbox"/> N | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DOE-RL | | <i>Gloria Williams</i> | <i>[Signature]</i> | <input checked="" type="checkbox"/> N | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other | <input type="checkbox"/> | | | <input type="checkbox"/> N | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other | <input type="checkbox"/> | | | <input type="checkbox"/> N | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J. If Information Includes Sensitive Information and is not to be released to the Public indicate category below. <div style="display: flex;"> <div style="width: 50%;"> <input type="checkbox"/> Applied Technology <input type="checkbox"/> Personal/Private <input type="checkbox"/> Proprietary <input type="checkbox"/> Business-Sensitive <input type="checkbox"/> Predecisional <input type="checkbox"/> UCNi </div> <div style="width: 50%;"> <input type="checkbox"/> Protected CRADA <input type="checkbox"/> Export Controlled <input type="checkbox"/> Procurement-Sensitive <input type="checkbox"/> Patentable <input type="checkbox"/> Other (Specify) _____ </div> </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| K. If Additional Comments, Please Attach Separate Sheet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



Richland Industrial Center Annual Dangerous Waste Report

Calendar Year 2001

Prepared for the U.S. Department of Energy
Assistant Secretary for Environmental Management

Project Hanford Management Contractor for the
U.S. Department of Energy under Contract DE-AC06-96RL13200



**United States
Department of Energy**
P.O. Box 550
Richland, Washington 99352

Approved for public release; further dissemination unlimited.

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T.A. Mars
Fluor Hanford

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T.A. Mars 2-2X-2002
Release Approval Date

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2001 GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and site name at right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams.

Then complete one answer for each waste stream.

PLEASE ENTER:

RCRA SITE ID # WAH000009159

Site name: US DOE RICHLAND
INDUSTRIAL CENTER

FOR ECOLOGY USE ONLY

Date Received: _____

Be sure to reference the instructions as you complete this form.

Printed by Turbo Waste

A. Description of Dangerous Waste Stream

| | | | |
|------|---|-------------|---|
| A-1. | H168 (optional) | Sequence No | 1 |
| A-2. | CLEANUP OF FUEL/GASOLINE SPILL | | |
| A-3. | D018 | A-4. | |
| A-5. | <input type="checkbox"/> EHW <input checked="" type="checkbox"/> DW | A-6. | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| A-7. | A53 | | |
| A-8. | B319 | A-9. | <input type="checkbox"/> i <input checked="" type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v (If v, answer A-9.a.) |
| | | A-9.a. | |

B. Waste Management Activities

| | | | | | | | | | | | |
|--|---|---|---|--|-----------------|---------------|-----------------------|--------------|------|----------|--|
| B-1. | 6,261.90 | <input type="checkbox"/> ST <input type="checkbox"/> MT <input type="checkbox"/> P <input checked="" type="checkbox"/> K <input type="checkbox"/> G <input type="checkbox"/> L <input type="checkbox"/> C | (If G,L, or C, answer B-1.a.) | | | | | | | | |
| | | B-1.a. | <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity <input type="checkbox"/> lbs/Yd3 | | | | | | | | |
| B-2. | <input type="checkbox"/> On-Site <input checked="" type="checkbox"/> Off-Site <input type="checkbox"/> Both | | | | | | | | | | |
| B-3. | B-3.a. | <input type="checkbox"/> Yes <input type="checkbox"/> No | No Longer Required | | | | | | | | |
| B-4. | <table border="0"><tr><td>i. Designated Facility (TSDF) ID Numbers</td><td>ii. System Code</td><td>iii. Quantity</td><td>iv. Recycling Percent</td></tr><tr><td>CAD050806850</td><td>M141</td><td>6,261.90</td><td></td></tr></table> | | | i. Designated Facility (TSDF) ID Numbers | ii. System Code | iii. Quantity | iv. Recycling Percent | CAD050806850 | M141 | 6,261.90 | |
| i. Designated Facility (TSDF) ID Numbers | ii. System Code | iii. Quantity | iv. Recycling Percent | | | | | | | | |
| CAD050806850 | M141 | 6,261.90 | | | | | | | | | |

| | | | | |
|--|---|---|--|----------------------------|
| B-5. if additional space is required, use continuation sheet on the following page. | | | | |
| i. Date Shipped (yyyy/mm/dd) | ii. Manifest Document Number | iii. Internal Tracking Code (optional) | iv. Designated Facility RCRA Site ID Number | v. Quantity Shipped |
| 2001/08/23 | H1235 | | CAD050806850 | 6,261.90 |
| . Comments | | | | |
| A-8. ABSORBENTS, DEBRIS, ORGANICS | | | | |

2001 GENERATION AND MANAGEMENT FORM ANSWER SHEET

Please enter your RCRA Site ID number and site name at right, before making as many two-sided copies of this answer sheet as you will need to report each of your waste streams.

Then complete one answer for each waste stream.

PLEASE ENTER:

RCRA SITE ID # WAH000009159

Site name: US DOE RICHLAND
INDUSTRIAL CENTER

FOR ECOLOGY USE ONLY

Date Received: _____

Be sure to reference the instructions as you complete this form.

Printed by Turbo Waste

| A. Description of Dangerous Waste Stream | | | |
|--|---|---|---|
| A-1. | H592 (optional) | Sequence No. | 2 |
| A-2. | PAINT WASTE CONTAINING >1% HALOGENATED ORGANICS | | |
| A-3. | | | A-4. WP01 |
| A-5. | <input checked="" type="checkbox"/> EHW <input type="checkbox"/> DW | A-6. | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| A-7. | A21 | | |
| A-8. | B209 | A-9. | <input checked="" type="checkbox"/> i <input type="checkbox"/> ii <input type="checkbox"/> iii <input type="checkbox"/> iv <input type="checkbox"/> v (If v, answer A-9.a.) |
| | | A-9.a. | |
| B. Waste Management Activities | | | |
| B-1. | 1.81 | <input type="checkbox"/> ST <input type="checkbox"/> MT <input type="checkbox"/> P <input checked="" type="checkbox"/> K <input type="checkbox"/> G <input type="checkbox"/> L <input type="checkbox"/> C | (If G, L, or C, answer B-1.a.) |
| | | B-1.a. | <input type="checkbox"/> Lbs/gal <input type="checkbox"/> Specific Gravity <input type="checkbox"/> lbs/Yd3 |
| B-2. | <input type="checkbox"/> On-Site <input checked="" type="checkbox"/> Off-Site <input type="checkbox"/> Both | | |
| B-3. | B-3.a. <input type="checkbox"/> Yes <input type="checkbox"/> No | | No Longer Required |
| B-4. | i. Designated Facility (TSDR) ID Numbers | ii. System Code | iii. Quantity |
| CAD050806850 | | M099 | 1.81 |
| iv. Recycling Percent | | | |

B-5. If additional space is required, use continuation sheet on the following page.

| i. Date Shipped (yyyy/mm/dd) | ii. Manifest Document Number | iii. internal Tracking Code(optional) | iv. Designated Facility RCRA Site ID Number | v. Quantity Shipped |
|---------------------------------|---------------------------------|--|--|---------------------|
| 2001/09/25 | H1268 | | CAD050806850 | 1.81 |

OFF-SITE IDENTIFICATION INFORMATION FORM

ANSWER SHEET

Please enter your RCRA Site ID number and site name at right, before making as many two-sided copies of this answer sheet as you will need.

Please complete this form if your facility received dangerous waste from off-site or shipped dangerous waste off-site.

PLEASE ENTER:

RCRA SITE ID # WAH000009159

Site name: US DOE RICHLAND
INDUSTRIAL CENTER

FOR ECOLOGY USE ONLY

Date Received: _____

Printed by Turbo Waste

RCRA Site ID Number: CAD050806850

Name: SAFETY KLEEN INC. LOS ANGELES

Address: 5756 ALBA STREET
LOS ANGELES, CA 90058

Handler Type: (Check all that apply.)

☐ Generator

☐ Transporter

☒ TSDR

RCRA Site ID Number: MOD095038998

Name: TRI-STATE MOTOR TRANSIT CO.

Address: PO BOX 113
JOPLIN, MO 64802

Handler Type: (Check all that apply.)

☐ Generator

☒ Transporter

☐ TSDR

RCRA Site ID Number: WA7890008967

Name: DYNACORP, TRI-CITIES SERVICES, INC.

Address: PO BOX 550
RICHLAND WA 99352

Handler Type: (Check all that apply.)

☐ Generator

☒ Transporter

☐ TSDR