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E. Required Information

1. Is document potentially Classified? No Yes (MANDATORY)

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. Title for Conference or Meeting _____

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f. Author/Requestor

P.A. Mars A. Mars Responsible Manager
(Print and Sign) Judith Nielsen Judith A. Nielsen
(Print and Sign)

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C. If Additional Comments, Please Attach Separate Sheet

DOE/RL-2002-16
Revision 0

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.

Richland Industrial Center Annual Dangerous Waste Report

Calendar Year 2001

T.A.Mars
Fluor Hanford

Date Published
March, 2002
Prepared for the U.S. Department of Energy
Assistant Secretary for Environmental Management

Project Hanford Management Contractor for the
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Richland, Washington 99352

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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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	No Longer Required
B-4.	i. Designated Facility (TSDR) ID Numbers	ii. System Code	iii. Quantity
	CAD050806850	M141	6,261.90
			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
2001/08/23	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.

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A. Description of Dangerous Waste Stream

A-1.	H592 (optional)	Sequence No.	3
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 checked="" 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