



STATE OF WASHINGTON

DEPARTMENT OF ECOLOGY

*P.O. Box 47600 • Olympia, Washington 98504-7600
(360) 407-6000 • TDD Only (Hearing Impaired) (360) 407-6006*

TO: N.A.R.M. Site Use Permit Applicant

FROM: Eric Schlorff
Nuclear Waste Program

SUBJECT: Application for a Site Use Permit for Disposal
of N.A.R.M. Wastes in Washington State

Enclosed is an application form for a N.A.R.M. (naturally occurring or accelerator produced radioactive material) Site Use Permit, and a permit fee schedule to enable you to calculate the permit fee due, as outlined in Chapter 173-326 WAC, Commercial Low-Level Radioactive Waste Disposal – Site Use Permits, available for review online at <http://www.ecy.wa.gov/biblio/wac173326.html>.

All items on the application must be answered. Completed applications with full payment should be returned to the address listed on the application. Failure to provide complete information (including the 9-digit Zip code) on the application form, or lack of accompanying payment, will delay processing your application. Please note that the permit period runs from April 1 through March 31 of the following year. Permit fees for permits issued for less than the twelve month period will not be pro-rated.

USE THIS LETTER AS AN ORIGINAL INVOICE.

In accordance with Washington State's Dangerous Waste Regulations, accessible online at <http://www.ecy.wa.gov/biblio/wac173303.html>, neither chemically hazardous nor mixed wastes (both chemically hazardous and radioactive) are acceptable for disposal at the low-level radioactive waste disposal site. These include, but are not limited to, scintillation fluids containing organic solvents (benzene, toluene, etc.).

If you have any questions or require additional information, please contact me at (360) 407-7109, or via e-mail at esch461@ecy.wa.gov.

EJS:ln
Enclosures



**STATE OF WASHINGTON
SITE USE PERMIT FEE SCHEDULE
FOR THE
COMMERCIAL LOW-LEVEL RADIOACTIVE WASTE
DISPOSAL SITE,
RICHLAND, WASHINGTON**

1. Generators, except nuclear utilities, who have previously held a site use permit for disposal of NARM, Exempt, or low-level radioactive wastes at the Richland site, must determine the amount of waste disposed by their organization in the most recent complete calendar year in which they held a permit. Using this volume figure, the Site Use Permit fee may be determined by referencing the table in paragraph 2.

2. Generators applying for a permit for the first time must estimate the volume of waste which they plan to dispose of during the period of March 1 through February 28 (low-level waste generators), or April 1 through March 31 (NARM and Exempt waste generators). Using this volume figure, the Site Use Permit fee may be determined by referencing the table below.

<u>CATEGORY</u>	<u>FEE</u>
Brokers	\$ 1,000
< 50 cubic feet	\$ 424
≥ 50 < 500 cubic feet	\$ 848
≥ 500 < 1000 cubic feet	\$ 2,120
≥ 1000 < 2500 cubic feet	\$ 4,240
≥ 2500 cubic feet	\$ 14,840
Nuclear Utilities	\$ 42,400



STATE OF WASHINGTON
201__
APPLICATION FOR A SITE USE PERMIT
TO DISPOSE OF N.A.R.M. WASTES
AT THE
COMMERCIAL LOW-LEVEL RADIOACTIVE WASTE
DISPOSAL SITE, RICHLAND, WASHINGTON

A. Name of the company, organization, institution, etc., that is the original generator of the waste to be disposed of under this permit. (If the name changes, you must notify us by mail on the new letterhead.) Original generator means the last person who puts radioactive material to practical use. A broker may not list itself as the original generator of its client's radioactive material or waste, nor sign on behalf of the generator.

APPLICANT'S NAME

B. Address where waste is generated. (MUST INCLUDE THE 9-DIGIT ZIP-CODE OR PERMIT WILL NOT BE PROCESSED. Contact your local Post Office to obtain zip code, or look it up online at <http://zip4.usps.com/zip4/welcome.jsp>.)

ADDRESS WHERE WASTE IS GENERATED

MAILING ADDRESS (OF CONTACT PERSON)

CITY STATE ZIP CODE (9 DIGITS)

CITY STATE ZIP CODE (9 DIGITS)

C. Name of contact person who will be able to provide answers to any questions we may have on your application, waste generating activities or shipments. (NOTE: PERMITS WILL BE MAILED ADDRESSED TO CONTACT PERSON; ENSURE MAILING ADDRESS AND CONTACT NAME AGREES.)

(First) (M.I.) (Last) TITLE () - Ext

D. If this is a renewal of a site use permit please, enter your permit number and volume of waste disposed of at the Richland site in the most recent calendar year in which you held a permit. Indicate if you are a first-time applicant.

RENEWAL-SITE USE PERMIT # VOLUME DISPOSED: (CU FT) (YEAR)

FIRST-TIME APPLICANT

E. Estimated volume of waste in cubic feet, and amount of activity in millicuries (mCi) that you will dispose of in Washington State in the next calendar year. **DO NOT USE SCIENTIFIC NOTATION FOR ACTIVITY.**

_____ ft³ _____ mCi

F. Calculate the permit fee due using the enclosed fee schedule and indicate amount of fee enclosed. **AMOUNT ENCLOSED: \$** _____

G. Types of N.A.R.M.wastes (e.g. pipe scale, decontamination waste, building rubble, etc.), and all radionuclides that you have approval to dispose of in Washington State.

1. _____
TYPES OF WASTES

2. _____
RADIONUCLIDES

H. Estimated percentage of each class of waste. Total of percentage from all classes should equal 100%. (See WAC 246-249-040 online at <http://apps.leg.wa.gov/wac/default.aspx?cite=246-249-040>.)

CLASS A (%) CLASS B (%) CLASS C (%)

I. Do you use a broker's services? If yes, indicate your broker's name and its Washington State Broker Site Use Permit number. If you use more than one broker, list them all.

YES _____ NO _____

BROKER NAME(S) BROKER'S SITE USE PERMIT #(S)

J. Do you have a specific radioactive materials license from the NRC or Agreement State? YES ___ NO ___

If yes, do you package your own radioactive waste? YES ___ NO ___

K. If you operate under a general radioactive materials license who packages your waste for you?

PACKAGER'S NAME

PACKAGER'S SITE USE PERMIT#

L. Please indicate the one specific type which best describes your facility:

1. FUEL CYCLE

- a. NUCLEAR POWER REACTOR ()
- b. REACTOR FUEL PRODUCTION ()
- c. OTHER (NON-REACTOR) ()

2. MEDICAL

- a. HOSPITAL/CLINIC ()
- b. RESEARCH ()
- c. LABORATORY ()
- d. OTHER ()

3. GOVERNMENT (NON-MEDICAL)

- a. MILITARY ()
- b. RESEARCH ()
- c. REGULATORY ()
- d. OTHER ()

4. INDUSTRIAL

- a. RESEARCH & DEVELOPMENT ()
- b. MANUFACTURING ()
- c. NUCLEAR PHARMACY ()
- d. WASTE BROKER ()
- e. OTHER ()

5. ACADEMIC (NON-MEDICAL)

- a. RESEARCH ()
- b. LABORATORY ()
- c. REACTOR ()
- d. OTHER ()

M. The permit fee is required at the time of submitting an application (WAC 173-326-040(1)). Make check or money order payable to the State of Washington, with your Washington State site use permit number (if renewing) written on the check or money order. Please provide the following information:

CHECK OR MONEY ORDER #

NAME OF COMPANY ISSUING CHECK OR MONEY ORDER

N. I certify that I am fully authorized to enter into the terms and conditions of this permit and am legally authorized to bind the applicant thereto. I hereby agree to comply with all applicable state and federal regulations related to the safe management of low-level radioactive waste (including the assurance that the waste contains no hazardous components as defined in Washington Administrative Code, Chapter 173-303, Dangerous Waste Regulations, and complies with the site operator's Radioactive Materials License and with all Department of Transportation packaging and shipping requirements as defined in 49 CFR 170 through 179). I understand that the State of Washington reserves the right to suspend or revoke this permit. The information provided on this form is complete and true to the best of my knowledge.

SIGNATURE OF PERSON AUTHORIZED TO SIGN
THIS APPLICATION (IN BLUE INK): _____

PRINTED NAME OF PERSON SIGNING: _____

TITLE: _____

DATE OF SIGNATURE: _____

O. Mail check or money order and application form (with **original ink signature**) to:

Correspondence (other than application forms) may be addressed to esch461@ecy.wa.gov (e-mail), or by mail:

Department of Ecology
Cashiering Section
P.O. Box 47611
Olympia, WA 98504-7611

Department of Ecology
Nuclear Waste Program
P.O. Box 47600
Olympia, WA 98504-7600

If you need this document in an alternate format, please contact the Nuclear Waste Program at (360)407-7109 (voice) or 1-800-833-6388 (TTY). The Department of Ecology is an Equal Opportunity employer.

**PLEASE ALLOW A MINIMUM OF 5 WEEKS TO PROCESS AND ISSUE SITE USE PERMIT.
INCOMPLETE APPLICATION OR LATE PAYMENT WILL CAUSE DELAY.**