

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

OFFICE OF RADIATION PROTECTION

*101 Israel Road SE* ● *PO Box 47827* ● *Olympia,* *Washington* *98504-7827*

*TDD Relay Services: 1-800-833-6384*

TO: Exempt Site Use Permit Applicant

FROM: Eileen Kramer, Site Use Permit Administrator

SUBJECT: Application for a Site Use Permit for Disposal of Exempt Wastes in Washington State

**Exempt Site Use Permit Application and Fee Schedule**

Enclosed is an Exempt Site Use Permit application and fee schedule. Chapter 246-249 WAC, Radioactive Waste-Use of the Commercial Disposal Site contains the regulatory requirements and is available online at <http://apps.leg.wa.gov/WAC/default.aspx?cite=246-249>.

**Who May Apply for an Exempt Waste Site Use Permit**

The Richland, Washington commercial radioactive disposal facility accepts exempt waste from all states. All waste generators may apply.

Note: If your waste stream contains Low-Level radioactive or NARM wastes, you must apply for a separate site use permit for each of these waste types.

**Permit Application Information**

To prevent delay in processing, the application package must include:

* Original current year application with complete information (including the 9-digit Zip code).
* Original signature (**in blue ink**) of the person authorized to sign the application.
* Payment for the permit.

Note:

* 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.
* To allow time for processing, submit your application a month before the due date.
* Payment from current permit holders must be received by the dates shown on the attached fee sheet or a $1,000 reinstatement fee must be paid before a permit will be issued.

In accordance with Washington State's Dangerous Waste Regulations, accessible online at <http://apps.leg.wa.gov/wac/default.aspx?cite=173-303> , 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 360-236-3254, or via e-mail at Eileen.Kramer@doh.wa.gov.

Enclosures

**USE THIS LETTER AS AN ORIGINAL INVOICE**

**STATE OF WASHINGTON**

Text

Description automatically generated with low confidence

**SITE USE PERMIT FEE SCHEDULE**

**FOR THE COMMERCIAL LOW-LEVEL RADIOACTIVE WASTE DISPOSAL SITE, RICHLAND, WASHINGTON**

**Renew a Permit**

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 **total volume** of waste disposed by their organization in the **most recent complete calendar year** in which the organization held a permit.

Using this volume figure, the Site Use Permit fee may be determined by referencing the table below.

* If you are a current permit holder, the Department of Health must receive your renewal application and payment by the cut-off dates below, or a $1,000 reinstatement fee must be included with your application.
  + Brokers and Low-Level waste site use permits must be postmarked by the **last day of February.**
  + Exempt and NARM waste site use permits must be postmarked by the **last day of March**.

**New Permit**

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
* 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.

**CATEGORY FEE**

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

* If you have held a site use permit **at any time in the past,** and that permit was not renewed last year, you must pay an additional $1,000 reinstatement fee to renew your permit.

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| DOH 320-133 11/23 | **STATE OF WASHINGTON 20** |  | See **sections K&M** for payment information. | |
|  |  | **Generator** marks the payment method below. | |
| Application for a Site Use Permit to dispose of |  | **Electronic Check (ACH)** |  |
| **EXEMPT WASTES** |  | **Check** |  |
| at the commercial low-level radioactive waste disposal site at |  | **Credit Card** |  |
| Richland, Washington |  | **Other** |  |

**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.

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| **APPLICANT OR COMPANY NAME:** |

**B.** Givethe address where the waste is generated. Generators who own multiple facilities within the same state may apply for one permit if the same contact person

within the generator's organization will be responsible for handling the waste shipments from the multiple facilities (attach a list of in-state facilities to the application).

Otherwise, separate permits will be required. Facilities which are owned by the same generator but located in different states will require separate permits.

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| **ADDRESS WHERE WASTE IS GENERATED** |  | **MAILING ADDRESS (IF DIFFERENT)** |

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| **CITY** |  | **STATE** |  | **ZIP CODE (9 DIGITS)**  [ZIP Code™ lookup tool](http://zip4.usps.com/ZIP4/welcome.jsp) |  | **CITY** |  | **STATE** |  | **ZIP CODE (9 DIGITS)**  [ZIP Code™ lookup tool](http://zip4.usps.com/ZIP4/welcome.jsp) | |
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**C**. Name of the 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 to contact person; ensure mailing address and contact name agree.)**

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| **FIRST** | |  | **M.I.** |  | **LAST** |  | **TITLE** |  | **PHONE** |  | **Ext** |
|  | | | | | |  |  |  |  |  | |
| **E-MAIL** |  | | | | | | |  |  |  | |

**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**.**

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|  | **RENEWAL SITE USE PERMIT** | **#** |  | **VOLUME DISPOSED DURING PREVIOUS PERMIT** |  | **(CU FT)** |  | **(YEAR)** |

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|  | **FIRST-TIME APPLICANT** If you pay with an **electronic check (ACH) or a credit card**, you will need to email the application for approval to get a permit  number. The original application should be **mailed to Revenue**. |

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| **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.** |  | **ft3** |  | **mCi** |

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| **F.** Calculate the permit fee due using the enclosed fee schedule and enter amount of fee enclosed. | **AMOUNT ENCLOSED** | $ |  |

**G.** List types of Exempt wastes (e.g. magnesium-thorium aircraft parts, etc.), and all radionuclides that you have approval to dispose of in Washington State**.**

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| **1.** | **TYPES OF WASTES** |  |
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| --- | --- | --- |
| **2.** | **RADIONUCLIDES** |  |
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**H.** Estimated percentage of each class of waste. Total of percentage from all classes should equal 100%. (See [WAC 246-249-040](http://apps.leg.wa.gov/WAC/default.aspx?cite=246-249-040) )

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| **CLASS A** |  | % | **CLASS B** |  | % | **CLASS C** |  | % |

1. Do you use a broker's (this includes waste packagers) 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.

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|  | **YES** |  | **NO** |  | **BROKER NAME(S)** |  | **BROKER'S SITE USE PERMIT #(S)** |
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**J.** Please indicate the one specific type which best describes your facility**:**

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| **1.** | **FUEL CYCLE** |  |  | **4.** | **INDUSTRIAL** |  |
| **a.** | NUCLEAR POWER REACTOR |  |  | **a.** | RESEARCH & DEVELOPMENT |  |
| **b.** | REACTOR FUEL PRODUCTION |  |  | **b.** | MANUFACTURING |  |
| **c.** | OTHER (NON-REACTOR) |  |  | **c.** | NUCLEAR PHARMACY |  |
|  |  |  |  | **d.** | WASTE BROKER |  |
| **2.** | **MEDICAL** |  |  | **e.** | OTHER |  |
| **a.** | HOSPITAL/CLINIC |  |  |  |  |  |
| **b.** | RESEARCH |  |  | **5.** | **ACADEMIC (NON-MEDICAL)** |  |
| **c.** | LABORATORY |  |  | **a.** | RESEARCH |  |
| **d.** | OTHER |  |  | **b.** | LABORATORY |  |
|  |  |  |  | **c.** | REACTOR |  |
| **3.** | **GOVERNMENT (NON-MEDICAL)** |  |  | **d.** | OTHER |  |
| **a.** | MILITARY |  |  |  |  |  |
| **b.** | RESEARCH |  |  |  |  |  |
| **c.** | REGULATORY |  |  |  |  |  |
| **d.** | OTHER |  |  |  |  |  |

**K.** The permit fee is required at time of submitting application ([WAC 246-254-165](http://apps.leg.wa.gov/WAC/default.aspx?cite=246-254-165) and [WAC 246-249-020](http://apps.leg.wa.gov/WAC/default.aspx?cite=246-254-020)). It is not possible to invoice.

* Make check payable to the Washington State Department of Health.
* Include the Washington State Site Use Permit number (if applicable) written on the check.
* Put the revenue code 0299234040 (for agency use only) on the check.

Please provide the following information:

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| CHECK # |  | NAME OF COMPANY ISSUING CHECK |  |

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| ELECTRONIC CHECK (ACH) PAYMENT DATE |  | NAME OF COMPANY ISSUING PAYMENT |  |

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| CREDIT CARD PAYMENT DATE |  | NAME OF COMPANY ISSUING PAYMENT |  |

**L.** 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 radioactive waste (including the assurance that the waste contains no hazardous components as defined in Washington Administrative Code, Chapter 173-303 WAC, 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**.**

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| **ORIGINAL SIGNATURE (IN BLUE INK) OF PERSON** |  | |
| **AUTHORIZED TO SIGN THIS APPLICATION** |
|  |  | |
| **PRINTED NAME OF PERSON SIGNING** |  | |
|  |  | |
| **TITLE** |  | |
|  |  | |
| **COMPANY** |  | |
|  |  | |
| **DATE OF SIGNATURE** |  |  |

**M.** Mail completed applications to Revenue. Attach check and/or check the box on the first page for the payment option used.

Washington State Department of Health

Revenue

P.O. Box 1099

Olympia WA 98507-1099

**Be sure to:**

* Allow a minimum of 5 weeks to process and issue site use permit.
* Check your application before mailing. An incomplete application or late payment will cause delay.
* Put your permit number (for renewals) on your check.
* Put the revenue code 0299234040 (for agency use only) on the check.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [doh.information@doh.wa.gov](mailto:doh.information@doh.wa.gov).