

LB#4323



AIR 15-303

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
OFFICE OF RADIATION PROTECTION  
309 Bradley Blvd., Suite 201 • Richland, Washington 99352  
TDD Relay Service: 1-800-833-6388

March 11, 2015

**CERTIFIED MAIL**  
7004 2890 0001 9162 0609

*\* NOT ACTUALLY  
SENT CERT.*

Mr. Kevin W. Smith, Manager  
United States Department of Energy  
Office of River Protection  
P.O. Box 450, MSIN: H6-60  
Richland, Washington 99352

Dear Mr. Smith:

Pursuant to Chapter 246-247 of the Washington Administrative Code (WAC), your application to operate will be approved according to the enclosed emission unit specific license for:

**License Revisions Pertaining to the Breather Filter for Single-Shell Tank 241-BX-104  
(EU 255)**

The Washington State Department of Health (DOH) considers the conditions, controls, monitoring requirements, and limitations of the license integral to approval of your application.

This approval shall take effect, and a final approval letter issued, twenty-eight (28) days after you receive this letter, unless you apply for an adjudicative proceeding, as described below.

If you accept the conditions and limitations of this approval and do not wish to apply for an adjudicative proceeding, but wish to proceed under this approval before the 28 days have elapsed, please notify us in writing and the DOH will issue a final approval letter. Your notice should be mailed or faxed to:

DOH - Office of Radiation Protection  
Radioactive Air Emissions Section  
309 Bradley Blvd., Suite 201  
Richland, Washington 98352  
FAX: (509) 946-0876

If there are concerns with the conditions and limitations of the approval, please notify the DOH. If attempts to resolve the concerns fail, the DOH will deny your application and you may contest



Mr. Kevin W. Smith  
March 11, 2015  
Page 2 of 2

AIR 15-303

the conditions and limitations of this approval, within 28 days of receipt, by filing the enclosed Request for Adjudicative Proceeding or a document providing substantially the same information with the DOH, Adjudicative Service Unit (ASU), in a manner that shows proof of service on the ASU. The ASU's address is:

DOH - Adjudicative Service Unit  
310 Israel Road SE  
P.O. Box 47879  
Olympia, Washington 98504-7879

You must include a copy of this approval with your application. FILING SHALL NOT BE DEEMED COMPLETE UNTIL THE ADJUDICATIVE SERVICE UNIT ACTUALLY RECEIVES YOUR APPLICATION.

If you have any questions regarding this draft approval, please contact Mr. Randy Utley at (509) 946-0534.

Sincerely,



*for*  
P. John Martell, Manager  
Radioactive Air Emissions Section

Enclosures: 1. Emission Unit Specific Information for 241-BX-104 (EU 255)  
2. Request for Adjudicative Proceedings

cc: Ruth Allen, WRPS  
Matthew Barnett, PNNL  
Lucinda Borneman, WRPS  
Lee Bostic, BNI  
Dennis Bowser, USDOE-ORP  
Cliff Clark, USDOE-RL  
Jack Donnelly, WRPS  
Rick Engelmann, CHPRC  
Dennis Faulk, EPA  
Gary Fritz, MSA  
Phil Gent, Ecology  
Robert Haggard, BNI  
Dale Jackson, USDOE-RL  
Jessica Joyner, WRPS  
Reed Kaldor, MSA  
Paul Karschnia, CHPRC  
Ed MacAlister, USDOE-RL  
Valarie Peery, Ecology  
Maria Skorska, Ecology  
Bryan Trimberger, USDOE-ORP  
Randy Utley, WDOH  
Jeff Voogd, WRPS  
Joan Woolard, MSA  
Davis Zhen, EPA  
Environmental Portal  
RAES Tracking: Line 15-2; EU 255

Emission Unit ID: 255

200E P-241BX104-001

241-BX-104

This is a MINOR, PASSIVELY ventilated emission unit.

241-BX TANK FARM

### Emission Unit Information

Stack Height: 15.00 ft. 4.57 m. Stack Diameter 0.33 ft. 0.10 m.

Average Stack Effluent Temperature: 55 degrees Fahrenheit. 13 degrees Celsius.

Average Stack Exhaust Velocity: 1.91 ft/second. 0.58 m/second.

Abatement Technology ALARACT WAC 246-247-040(4)

state only enforceable: WAC 246-247-010(4), 040(5), 060(5)

Zone or Area	Abatement Technology	Required # of Units	Additional Description
	HEPA	1	Passive Breather Filter

### Monitoring Requirements

state enforceable: WAC 246-247-040(5), 060(5), and federally enforceable: 40 CFR 61 subpart H

Federal and State Regulatory	Monitoring and Testing Requirements	Radionuclides Requiring Measurement	Sampling Frequency
40 CFR 61.93(b)(4)(i) & WAC 246-247-075(3)	40 CFR 61, Appendix B Method 114	Levels below 10,000 dpm/100cm <sup>2</sup> beta/gamma and 200 dpm/100cm <sup>2</sup> alpha will verify low emissions.	Every 365 days

**Sampling Requirements** Smear survey on the inside surface of the ducting and downstream of the HEPA filter or on the outside of the screen covering the outlet of the vent.

### Additional Requirements

Radial breather filters shall be replaced every 365 days.

Additional monitoring or sampling requirements established by this License will be listed in the Conditions and Limitations section, if applicable.

**Operational Status** This emission unit is a passive breather filter that allows a SST to vent to the atmosphere under tank farm storage, maintenance, and operation. The tank stores the radioactive waste awaiting retrieval, treatment, and proper disposal under the applicable federal and state regulations and/or permits. The SST scheduled activities of waste retrieval, decommissioning, and eventual closure will be completed under applicable federal and state regulations and/or permits. Any activity other than storage, maintenance, and normal operation conducted at the tank will obtain the appropriate permits for the activity and the emission units associated with the activity as required by the regulations applicable to the activity. The emission unit is a passive breather filter and is part of the tank's ventilation system that operates continuously.

**STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
ENVIRONMENTAL HEALTH PROGRAMS  
OFFICE OF RADIATION PROTECTION**

Docket No:  
**REQUEST FOR ADJUDICATIVE PROCEEDING**

In Re The Approval of:  
**License Revisions Pertaining to the Breather Filter for Single-Shell Tank 241-BX-104 (EU 255)**

Draft Approval No:   **AIR 15-303**

THE STATE OF WASHINGTON TO:           **Mr. Kevin W. Smith, Manager  
United States Department of Energy  
Office of River Protection  
P.O. Box 450, MSIN: H6-60  
Richland, Washington 99352-0450**

If you wish to request an adjudicative proceeding, you or your attorney must **COMPLETE AND FILE THIS FORM OR A DOCUMENT PROVIDING SUBSTANTIALLY THE SAME INFORMATION WITH THE DEPARTMENT OF HEALTH ADJUDICATIVE SERVICE UNIT WITHIN TWENTY-EIGHT (28) DAYS OF YOUR RECEIPT** of this Request for Adjudicative Proceeding form and a copy of the Office of Radiation Protection's approval, **AIR 15-303**.

You must file your application in a manner that shows proof of service on the Adjudicative Service Unit, at the following address:

Department of Health  
Adjudicative Service Unit  
310 Israel Road S.E.  
P.O. Box 47879  
Olympia, WA 98504-7879

With your application, you must include a copy of the Office of Radiation Protection's approval.

**FILING SHALL NOT BE DEEMED COMPLETE UNTIL THE ADJUDICATIVE SERVICE UNIT ACTUALLY RECEIVES YOUR APPLICATION.**

**YOU HAVE THE RIGHT TO a formal hearing in this matter conducted pursuant to Revised Code of Washington (RCW) 43.70.115, Chapter 34.05 RCW, and Chapter 246-10 of the Washington Administrative Code (WAC). Alternatively, you may waive the formal hearing and submit a written statement and supporting documents setting out your position, your defenses, and any mitigating circumstances that you wish to bring to the Department's attention.**

You have the right to be represented by an attorney at your own expense.

**I.**

I WILL BE represented by an attorney. His/her name, address, and phone number are:

Name:

Address:

Phone:

I WILL NOT BE represented by an attorney.

*If after submitting this request, you obtain attorney representation or change attorneys, you must notify the Adjudicative Service Unit.*

## II.

I DO NOT waive my right to a formal hearing.

I DO waive my right to a formal hearing. I understand that if I waive my right to a formal hearing, the Department may decide this matter solely with reference to information in the Department's possession and to such written statements and supporting documents as I may have submitted.

If you choose to waive your right to a formal hearing, please complete the following:

I AM NOT submitting documents to the Department in support of my position.

I AM submitting a sworn statement and/or other documents to the Department in support of my position. Instructions - Please indicate your responses below:

If you are submitting documents to the Department, please list and briefly identify all such documents in the space provided below and on any additional sheet that may be necessary.

III.

ADMISSION/DENIAL OF CONDITIONS OR LIMITATIONS

The Office of Radiation Protection's approval AIR 15-303, dated March 11, 2015, contains conditions and limitations set out as numbered paragraphs. In the space below you must indicate, in good faith, whether you admit, or do not contest, or deny the conditions or limitations. Conditions or limitations denied or not contested may later be admitted. Conditions or limitations admitted or not contested shall be conclusively deemed true for further proceedings.

Instructions: I admit, deny, or do not contest the conditions or limitations as follows  
(fill in the appropriate paragraph number):

	<u>Admit</u>	<u>Deny</u>	<u>Do Not Contest</u>
Paragraph _____	[ ]	[ ]	[ ]
Paragraph _____	[ ]	[ ]	[ ]
Paragraph _____	[ ]	[ ]	[ ]
Paragraph _____	[ ]	[ ]	[ ]
Paragraph _____	[ ]	[ ]	[ ]
Paragraph _____	[ ]	[ ]	[ ]
Paragraph _____	[ ]	[ ]	[ ]
Paragraph _____	[ ]	[ ]	[ ]
Paragraph _____	[ ]	[ ]	[ ]

Please attach any additional sheets that may be necessary to respond to all allegations.

If you have chosen not to waive your rights to a formal hearing, please state all grounds for contesting this matter in the space provided below and on any additional sheets that may be necessary.

IV.

You have the right to an interpreter, appointed at no cost, if you are a hearing impaired person or limited English speaking person. If any witness for you is a hearing impaired person or a limited English speaking person, an interpreter will be appointed at your expense.

I [DO] / [DO NOT] (circle one) request an interpreter be appointed. If an interpreter is requested, please indicate the person or persons for whom an interpreter is required and their primary language, and/or whether they are hearing impaired.

IF YOU FAIL TO FILE YOUR APPLICATION IN A TIMELY MANNER, OR IF YOU FILE YOUR APPLICATION TIMELY BUT FAIL TO APPEAR AT ANY SCHEDULED SETTLEMENT CONFERENCE, PREHEARING CONFERENCE, OR HEARING WITHOUT LEAVE TO DO SO, THE DEPARTMENT MAY DECIDE THIS MATTER WITHOUT YOUR PARTICIPATION AND WITHOUT FURTHER NOTICE TO YOU.

DATED this \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_  
Party

\_\_\_\_\_  
Party's Representative (if any)

WSBA #: \_\_\_\_\_