



*Environmental Protection Division  
Water Quality & RCRA Group (ENV-RCRA)*  
P.O. Box 1663, M704  
Los Alamos, New Mexico 87545  
(505) 667-0666/FAX (505) 667-5224

*National Nuclear Security Administration  
Los Alamos Site Office, A316*  
3747 West Jemez Road  
Los Alamos, New Mexico 87545  
(505) 667-5794/FAX (505) 667-5948

Date: November 1, 2011  
Refer To: ENV-RCRA-11-0244

Mr. John E. Kieling  
Acting Bureau Chief  
Hazardous Waste Bureau  
New Mexico Environment Department  
2905 Rodeo Park Drive East, Building 1  
Santa Fe, NM 87505-6303

Dear Mr. Kieling:

**SUBJECT: DISTRIBUTION OF THE UPDATED LOS ALAMOS NATIONAL LABORATORY HAZARDOUS WASTE FACILITY PERMIT CONTINGENCY PLAN, EPA ID NO. NM0890010515**

The purpose of this letter is to inform the New Mexico Environment Department Hazardous Waste Bureau (NMED-HWB) that the Department of Energy, National Nuclear Security Administration and Los Alamos National Security, LLC (DOE-NNSA/LANS), collectively known as the Permittees, completed a specific requirement of the Los Alamos National Laboratory (LANL) Hazardous Waste Facility Permit (Permit). Section 2.11.3 and the Compliance Schedule (Attachment I) of the Permit require that the Permittees distribute copies of the Contingency Plan (Attachment D of the Permit) any time the plan is updated. The plan must be distributed to all entities that have memorandums of understanding of mutual assistance agreements with the DOE. Additionally, the plan must be transmitted to the State of New Mexico's Department of Homeland Security and Emergency Management Area 3 Emergency Coordinator.

The Contingency Plan, dated September 2011 and approved by your office on October 13, 2011, has been transmitted in accordance with Section 2.11.3 and Attachment I of the Permit to the following:


- the Los Alamos County Police Department;
- the Incorporated County of Los Alamos, New Mexico;
- the Los Alamos Medical Center;
- Christus St. Vincent Regional Medical Center;
- the State of New Mexico Department of Public Safety;
- the New Mexico Department of Homeland Security and Emergency Management Cabinet Secretary and Area 3 Emergency Coordinator;

- University Hospital; and
- Presbyterian Healthcare Services DBA Española Hospital.

This letter has been drafted in accordance with Section 1.15 of the Permit. An electronic mail (e-mail) notification will be sent to the public e-mail list in accordance with Section 1.13 of the Permit. Please contact Mark Haagenstad at (505) 665-2014 of the Water Quality and RCRA Group or Gene Turner, Los Alamos Site Office, if you have questions.

Sincerely,

Sincerely,

  
Anthony R. Grieggs  
Group Leader  
Water Quality & RCRA Group  
Los Alamos National Laboratory

Gene E. Turner  
Environmental Permitting Manager  
Environmental Projects Office  
Los Alamos Site Office  
National Nuclear Security Administration

ARG:GET:LVH/lm

Cy: Steve Pullen, NMED/HWB, Santa Fe, NM  
Carl A. Beard, PADOPS, A102  
Michael T. Brandt, ADESHQ, K491  
Mark Haagenstad, ENV-RCRA, K404, (E-File)  
ENV -RCRA File, M704  
IRM-RMMSO, A150



**COPY**

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <i>X. Umosa Portos</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  <div style="border: 1px solid black; padding: 5px; width: fit-content;">             Mr. John E. Kieling              Hazardous Waste Bureau              New Mexico Environment Department              2905 Rodeo Park Drive East, Building 1              Santa Fe, NM 87505           </div>	B. Received by (Printed Name) <i>U. Portos</i>	C. Date of Delivery <i>11/8/11</i>
2. Article Number (Transfer from service label) <i>ENV-RCRA 11-0244</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004	3. Service Type <i>HAND DELIVERED</i> <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.  4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
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