

National Aeronautics and
Space Administration

Lyndon B. Johnson Space Center
White Sands Test Facility
P.O. Box 20
Las Cruces, NM 88004-0020



June 25, 2007

Reply to Attn of: RA-E07-060

New Mexico Department of Public Safety
Office of Emergency Management
Attn: Mr. Ronald Breland, HazMat Coordinator
13 Bataan Blvd.
Santa Fe, NM 87508

Subject: NASA White Sands Test Facility (WSTF) 2006 Toxic Chemical Release Inventory Report

The NASA White Sands Test Facility (WSTF) is submitting the 2006 toxic chemical release inventory data as required under Section 313, Title III, of SARA and the Pollution Prevention Act of 1990. Enclosure 1 provides the paper copies with the signatory certification statements. Enclosure 2 is a CD-ROM containing toxic chemical release reporting data for WSTF, TRI Facility ID #88004-NSJHN-14MIL. NASA is submitting a report for the following chemicals:

<u>Chemical Name</u>	<u>CAS Number</u>
Methyl hydrazine	60-34-4
Lead	7439-92-1

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in these reports are accurate based on reasonable estimates using data available to the preparers of the reports. If you have any questions or comments concerning this submittal, please call me at 505-524-5733.

Original Signed By:

Radel Bunker-Farrar
Environmental Program Manager

2 Enclosures
bcc: (w/o encls.)
HQ/JE/S. Higuchi
EASI Team/A. Armstrong

RA/RBunker-Farrar:btm:6/25/07:5733

S:\wstfgrp\environ\nasaport\Signed Transmission Letters\RA-E07-060 TRILTR2006.doc

(IMPORTANT: Type or print; read instructions before completing form)

 United States Environmental Protection Agency	<h1 style="margin:0;">FORM R</h1> <h2 style="margin:0; opacity: 0.5;">State Only</h2>	TRI Facility ID Number 88004NSJHN14MIL <hr/> Toxic Chemical, Category or Generic Name Lead
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WHERE TO SEND COMPLETED FORMS: 1. TRI Data Processing Center P.O.Box 1513 Lanham, MD 20703-1513	Enter "X" here if this is a revision <input type="checkbox"/>
2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	For EPA use only <input type="checkbox"/>

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR 2006

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 2 trade secret? <input type="checkbox"/> Yes (Answer question 2.2; Attach substantiation forms)	<input checked="" type="checkbox"/> NO (Do not answer 2.2; Go to Section 3)
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2.2 Is this copy <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized (Answer only if "YES" in 2.1)
--

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:
RADEL BUNKER-FARRAH ENVIRONMENTAL PROGRAM MANAGER		06/20/2007

SECTION 4. FACILITY IDENTIFICATION

4.1 TRI Facility ID Number	88004NSJHN14MIL	
Facility or Establishment Name	Facility or Establishment Name or Mailing Address (if different from street address)	
NASA JOHNSON SPACE CENTER WHITE SANDS TEST FACILITY	NASA WHITE SANDS TEST FACILITY	
Street	Mailing Address	
12600 NASA ROAD	P.O. BOX 20	
City/County/State/Zip Code	City/State/Zip Code	Country (Non-US)
LAS CRUCES DONA ANA NM 88012	LAS CRUCES NM 88004	

4.2 This report contains information for: (Important: check a or b; check c or d if applicable)	a. <input checked="" type="checkbox"/> An entire facility b. <input type="checkbox"/> Part of a facility c. <input checked="" type="checkbox"/> A Federal facility d. <input type="checkbox"/> GOCO
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4.3 Technical Contact Name	RADEL BUNKER-FARRAH	Telephone Number (include area code)
		(505) 524-5733
Email Address	radel.l.bunker-farah@NASA.gov	

4.4 Public Contact Name	RADEL BUNKER-FARRAH	Telephone Number (include area code)
		(505) 524-5733

4.5 NAICS Code (s) (6 digits)	Primary					
	a. 927110	b.	c.	d.	e.	f.

4.7 Dun & Bradstreet Number(s) (9 digits)	a. NA
	b.

SECTION 5. PARENT COMPANY INFORMATION

5.1 Name of Parent Company	NA <input checked="" type="checkbox"/>	
5.2 Parent Company's Dun & Bradstreet Number	NA <input checked="" type="checkbox"/>	

EPA FORM 7
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number
88004NSJHN14MIL
Toxic Chemical, Category or Generic Name
Lead

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you completed Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) 7439-92-1
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) Lead
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive.) NA

Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category.

(If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)

1.4	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
NA	<input type="checkbox"/>																

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.) NA
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SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY
(Important: Check all that apply.)

3.1	Manufacture the toxic chemical:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce	b. <input type="checkbox"/> Import	a. <input type="checkbox"/> As a reactant	b. <input type="checkbox"/> As a formulation component	a. <input type="checkbox"/> As a chemical processing aid	b. <input type="checkbox"/> As a manufacturing aid
If produce or import:		c. <input type="checkbox"/> As an article component	d. <input type="checkbox"/> Repackaging	c. <input checked="" type="checkbox"/> Ancillary or other use	
c. <input type="checkbox"/> For on-site use/processing	d. <input type="checkbox"/> For sale/distribution	e. <input type="checkbox"/> As an impurity			
e. <input type="checkbox"/> As a byproduct	f. <input type="checkbox"/> As an impurity				

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	<input type="text" value="02"/> (Enter two-digit code from instruction package.)
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SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	1	0
5.2	Stack or point air emissions	NA <input checked="" type="checkbox"/>		
5.3	Discharges to receiving streams or water bodies (enter one name per box)			
Stream or Water Body Name				
5.3.1	NA			
5.3.2				
5.3.3				

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 5.3 page number in this box. (example: 1,2,3, etc.)

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

EPA FORM
PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

State Only

TRI Facility ID Number
88004NSJHN14MIL
Toxic Chemical, Category, or Generic Name
Lead

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)

		NA	A. Total Release (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)
5.4.1	Underground Injection onsite to Class I Wells	<input checked="" type="checkbox"/>		
5.4.2	Underground Injection onsite to Class II-V Wells	<input checked="" type="checkbox"/>		
5.5	Disposal to land onsite			
5.5.1.A	RCRA Subtitle C landfills	<input checked="" type="checkbox"/>		
5.5.1.B	Other landfills	<input checked="" type="checkbox"/>		
5.5.2	Land treatment/application farming	<input checked="" type="checkbox"/>		
5.5.3A	RCRA Subtitle C Surface Impoundments	<input checked="" type="checkbox"/>		
5.5.3B	Other surface impoundments	<input checked="" type="checkbox"/>		
5.5.4	Other disposal	<input type="checkbox"/>	232	M

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers (pounds/year*) (enter range code** or estimate)	6.1.A.2 Basis of Estimate (enter code)
NA	

6.1.B 1	POTW Name	NA
POTW Address		
City	State	County
		Zip

6.1.B	POTW Name
POTW Address	
City	State
	County
	Zip

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.1 page number in this box (example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2. 1	Off-Site EPA Identification Number (RCRA ID No.)	NA
Off-Site Location Name		
Off-site Address		
City	State	County
		Zip
		Country (Non-US)

Is location under control of reporting facility or parent company? Yes No

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

State Only

TRI Facility ID Number
88004NSJHN14MIL
Toxic Chemical, Category, or Generic Name
Lead

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

6.2. Off-Site EPA Identification Number (RCRA ID No.)

Off-Site location Name									
Off-site Address									
City		State		County		Zip		Country (Non-US)	

Is location under control of reporting facility or parent company? Yes No

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY

Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]						d. Waste Treatment Efficiency Estimate [enter 2 character code]
7A.1a	7A.1b	1	A06	2	NA	7A.1d	
A	3	4		5		E3	
	6	7		8			
7A.2a	7A.2b	1		2		7A.2d	
	3	4		5			
	6	7		8			
7A.3a	7A.3b	1		2		7A.3d	
	3	4		5			
	6	7		8			
7A.4a	7A.4b	1		2		7A.4d	
	3	4		5			
	6	7		8			
7A.5a	7A.5b	1		2		7A.5d	
	3	4		5			
	6	7		8			

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.2/7A page number in this box: (example: 1,2,3, etc.)

EPA Form 9350-1 (Rev. 8/2006) - Previous editions are obsolete. * For Dioxin or Dioxin-like compounds, report in grams/year
 ** Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

EPA FORM
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number
88004NSJHN14MIL
Toxic Chemical, Category, or Generic Name
Lead

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1 2 3

SECTION 7C. ON-SITE RECYCLING PROCESSES

Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1 2 3

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	298	233	300	300
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	NA	NA	NA	NA
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	NA	NA	NA	NA
8.6	Quantity treated onsite	NA	NA	NA	NA
8.7	Quantity treated offsite	NA	NA	NA	NA
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)	NA			
8.9	Production ratio or activity index	0.79			
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1	NA	a.	b.	c.	
8.10.2		a.	b.	c.	
8.10.3		a.	b.	c.	
8.10.4		a.	b.	c.	
8.11	If you wish to submit additional optional information on source reduction, recycling, or pollution control activities with this report, check "Yes."				Yes <input type="checkbox"/>

TRI Facility ID Number
88004NSJHN14MIL
Toxic Chemical, Category, or Generic Name
Lead

State Only

SECTION 8.11. Submit additional optional information on source reduction, recycling, or pollution control activities.

Empty box for submitting additional optional information on source reduction, recycling, or pollution control activities.

(IMPORTANT: Type or print; read instructions before completing form)

 United States Environmental Protection Agency	<h1 style="margin:0;">FORM R</h1> <h2 style="margin:0; opacity: 0.5;">State Only</h2>	TRI Facility ID Number 88004NSJHN14MIL Toxic Chemical, Category or Generic Name Methyl hydrazine
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WHERE TO SEND COMPLETED FORMS: 1. TRI Data Processing Center P.O.Box 1513 Lanham, MD 20703-1513	Enter "X" here if this is a revision For EPA use only
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Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR 2006

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 2 trade secret? <input type="checkbox"/> Yes (Answer question 2.2; Attach substantiation forms)	<input checked="" type="checkbox"/> NO (Do not answer 2.2; Go to Section 3)
--	---

2.2 Is this copy <input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized (Answer only if "YES" in 2.1)
--

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:
RADEL BUNKER-FARRAH ENVIRONMENTAL PROGRAM MANAGER		06/20/2007

SECTION 4. FACILITY IDENTIFICATION

4.1 Facility or Establishment Name	TRI Facility ID Number
NASA JOHNSON SPACE CENTER WHITE SANDS TEST FACILITY	88004NSJHN14MIL
Street	Facility or Establishment Name or Mailing Address (if different from street address)
12600 NASA ROAD	NASA WHITE SANDS TEST FACILITY
City/County/State/Zip Code	Mailing Address
LAS CRUCES DONA ANA NM 88012	P.O. BOX 20
	City/State/Zip Code
	LAS CRUCES NM 88004
	Country (Non-US)

4.2 This report contains information for: (Important: check a or b; check c or d if applicable)	a. <input checked="" type="checkbox"/> An entire facility b. <input type="checkbox"/> Part of a facility c. <input checked="" type="checkbox"/> A Federal facility d. <input type="checkbox"/> GOCO
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4.3 Technical Contact Name	Telephone Number (include area code)
RADEL BUNKER-FARRAH	(505) 524-5733
Email Address: radel.l.bunker-farrah@NASA.gov	

4.4 Public Contact Name	Telephone Number (include area code)
RADEL BUNKER-FARRAH	(505) 524-5733

4.5 NAICS Code (s) (6 digits)	Primary	a.	b.	c.	d.	e.	f.
		a. 927110					

4.7 Dun & Bradstreet Number(s) (9 digits)	a. NA
	b.

SECTION 5. PARENT COMPANY INFORMATION

5.1 Name of Parent Company	NA <input checked="" type="checkbox"/>
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5.2 Parent Company's Dun & Bradstreet Number	NA <input checked="" type="checkbox"/>
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EPA FORM 7
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number	88004NSJHN14MIL
Toxic Chemical, Category or Generic Name	Methyl hydrazine

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you completed Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) 60-34-4
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) Methyl hydrazine
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive.) NA

Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category.

(If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)

1.4	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
NA	<input type="checkbox"/>																

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.) NA
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SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY
(Important: Check all that apply.)

3.1	Manufacture the toxic chemical:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid c. <input checked="" type="checkbox"/> Ancillary or other use	

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	<input type="text" value="04"/> (Enter two-digit code from instruction package.)
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SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	A	<input type="checkbox"/>
5.2	Stack or point air emissions	NA <input type="checkbox"/>	B	<input type="checkbox"/>
5.3	Discharges to receiving streams or water bodies (enter one name per box)			
Stream or Water Body Name				
5.3.1	NA			
5.3.2				
5.3.3				

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box and indicate the Part II, Section 5.3 page number in this box. (example: 1,2,3, etc.)

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

EPA FORM
PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

State Only

TRI Facility ID Number
88004NSJHN14MIL
Toxic Chemical, Category, or Generic Name
Methyl hydrazine

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)

		NA	A. Total Release (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)
5.4.1	Underground Injection onsite to Class I Wells	<input checked="" type="checkbox"/>		
5.4.2	Underground Injection onsite to Class II-V Wells	<input checked="" type="checkbox"/>		
5.5	Disposal to land onsite			
5.5.1.A	RCRA Subtitle C landfills	<input checked="" type="checkbox"/>		
5.5.1.B	Other landfills	<input checked="" type="checkbox"/>		
5.5.2	Land treatment/application farming	<input checked="" type="checkbox"/>		
5.5.3A	RCRA Subtitle C Surface Impoundments	<input checked="" type="checkbox"/>		
5.5.3B	Other surface impoundments	<input checked="" type="checkbox"/>		
5.5.4	Other disposal	<input checked="" type="checkbox"/>		

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers (pounds/year*) (enter range code** or estimate)	6.1.A.2 Basis of Estimate (enter code)
NA	

6.1.B 1	POTW Name	NA
POTW Address		
City	State	County
		Zip

6.1.B	POTW Name	
POTW Address		
City	State	County
		Zip

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.1 page number in this box (example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2. 1	Off-Site EPA Identification Number (RCRA ID No.)	TXD055141378
Off-Site Location Name		
CLEAN HARBORS Deer Park L.P.		
Off-site Address		
2707 BATTLEGROUND ROAD		
City	State	County
LaPorte	TX	Harris
Zip	77571	Country (Non-US)

Is location under control of reporting facility or parent company? Yes No

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

State Only

TRI Facility ID Number
88004NSJHN14MIL
Toxic Chemical, Category, or Generic Name
Methyl hydrazine

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 102	1. C	1. M50
2. NA	2.	2.
3.	3.	3.
4.	4.	4.

6.2. Off-Site EPA Identification Number (RCRA ID No.)

Off-Site location Name: _____

Off-site Address: _____

City: _____ State: _____ County: _____ Zip: _____ Country (Non-US): _____

Is location under control of reporting facility or parent company? Yes No

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY

Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	d. Waste Treatment Efficiency Estimate [enter 2 character code]															
7A.1a	<table border="1"> <tr> <td>7A.1b</td> <td>1</td> <td>A03</td> <td>2</td> <td>NA</td> </tr> <tr> <td>A</td> <td>3</td> <td></td> <td>5</td> <td></td> </tr> <tr> <td></td> <td>6</td> <td></td> <td>8</td> <td>E4</td> </tr> </table>	7A.1b	1	A03	2	NA	A	3		5			6		8	E4	7A.1d
7A.1b	1	A03	2	NA													
A	3		5														
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7A.2a	<table border="1"> <tr> <td>7A.2b</td> <td>1</td> <td></td> <td>2</td> <td></td> </tr> <tr> <td></td> <td>3</td> <td></td> <td>5</td> <td></td> </tr> <tr> <td></td> <td>6</td> <td></td> <td>8</td> <td></td> </tr> </table>	7A.2b	1		2			3		5			6		8		7A.2d
7A.2b	1		2														
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7A.3a	<table border="1"> <tr> <td>7A.3b</td> <td>1</td> <td></td> <td>2</td> <td></td> </tr> <tr> <td></td> <td>3</td> <td></td> <td>5</td> <td></td> </tr> <tr> <td></td> <td>6</td> <td></td> <td>8</td> <td></td> </tr> </table>	7A.3b	1		2			3		5			6		8		7A.3d
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7A.4a	<table border="1"> <tr> <td>7A.4b</td> <td>1</td> <td></td> <td>2</td> <td></td> </tr> <tr> <td></td> <td>3</td> <td></td> <td>5</td> <td></td> </tr> <tr> <td></td> <td>6</td> <td></td> <td>8</td> <td></td> </tr> </table>	7A.4b	1		2			3		5			6		8		7A.4d
7A.4b	1		2														
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7A.5a	<table border="1"> <tr> <td>7A.5b</td> <td>1</td> <td></td> <td>2</td> <td></td> </tr> <tr> <td></td> <td>3</td> <td></td> <td>5</td> <td></td> </tr> <tr> <td></td> <td>6</td> <td></td> <td>8</td> <td></td> </tr> </table>	7A.5b	1		2			3		5			6		8		7A.5d
7A.5b	1		2														
	3		5														
	6		8														

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.2/7A page number in this box: (example: 1,2,3, etc.)

EPA FORM
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number
88004NSJHN14MIL
Toxic Chemical, Category, or Generic Name
Methyl hydrazine

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1 2 3

SECTION 7C. ON-SITE RECYCLING PROCESSES

Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1 2 3

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	225	230	220	200
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	NA	NA	NA	NA
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	NA	NA	NA	NA
8.6	Quantity treated onsite	NA	NA	NA	NA
8.7	Quantity treated offsite	36	102	40	35
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)	NA			
8.9	Production ratio or activity index	1.06			
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1	NA	a.	b.	c.	
8.10.2		a.	b.	c.	
8.10.3		a.	b.	c.	
8.10.4		a.	b.	c.	
8.11	If you wish to submit additional optional information on source reduction, recycling, or pollution control activities with this report, check "Yes."				Yes <input type="checkbox"/>

TRI Facility ID Number
88004NSJHN14MIL
Toxic Chemical, Category, or Generic Name
Methyl hydrazine

State Only

SECTION 8.11. Submit additional optional information on source reduction, recycling, or pollution control activities.

Empty box for submitting additional optional information on source reduction, recycling, or pollution control activities.