

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, 2009

Reply to Attn of: RA-E09-062

Mr. Lee Shin, TRI Coordinator  
New Mexico Department of Homeland  
Security and Emergency Management  
P.O. Box 27111  
Santa Fe, NM 87502

Subject: NASA White Sands Test Facility (WSTF)  
2008 Toxic Chemical Release Inventory (Form R)  
TRI Facility ID Number 88004NSJHN14MIL

The NASA White Sands Test Facility (WSTF) is submitting the 2008 Toxic Chemical Release Inventory as required under Section 313 of SARA Title III, and the Pollution Prevention Act of 1990. Only one chemical requires reporting for year 2008:

| <u>Chemical Name</u> | <u>CAS Number</u> |
|----------------------|-------------------|
| Lead (Pb)            | 7439-92-1         |

A hard-copy of the Form R, as submitted electronically to EPA using the CDX TRIME web-based program, is included as Enclosure 1 to this letter.

I hereby certify that I have reviewed the attached document and that, to the best of my knowledge and belief, the submitted information is true, accurate, and complete, based on reasonable estimates using data available to the preparers of the report. If you have any questions or comments concerning this submittal, please contact me at 575-524-5733.

A handwritten signature in black ink, appearing to read "Radel Bunker-Farrar".

Radel Bunker-Farrar  
Environmental Program Manager

Enclosure

Form Status: Certified and Sent to EPA  
 Validation Status: Passed with Possible Errors

Form Approved OMB Number: 2070-0093

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

Approval Expires: 03/31/2011

Page 1 of 5

|   |   |  |   |   |  |
|---|---|--|---|---|--|
| <b>EPA</b><br>United States Environmental Protection Agency   |   | <b>FORM R</b><br>Section 313 of the Emergency Planning and Community Right-to-know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act. |   | TRI Facility ID Number<br>88004NSJHN14MIL                       |  |
| WHERE TO SEND COMPLETED FORMS:  |   | 1. TRI Data Processing Center<br>P.O.Box 1513<br>Lanham, MD 20703-1513<br>*** File Copy Only: Do Not Submit to EPA ***   |   | 2. APPROPRIATE STATE OFFICE<br>(See instructions in Appendix F) |  |
| This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:  |   | Revision (enter up to two code(s))<br>[ ] [ ]  |   | Withdrawal (enter up to two code(s))<br>[ ] [ ]                 |  |
| Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.  |   |  |   |   |  |
| Part I. FACILITY IDENTIFICATION INFORMATION   |   |  |   |   |  |
| SECTION 1. REPORTING YEAR : 2008  |   |  |   |   |  |
| SECTION 2. TRADE SECRET INFORMATION   |   |  |   |   |  |
| 2.1 Are you claiming the toxic chemical identified on page 2 trade secret?<br><input type="checkbox"/> Yes (Answer question 2.2; Attach substantiation forms)<br><input checked="" type="checkbox"/> NO (Do not answer 2.2; Go to Section 3)  |   | 2.2 Is this copy<br><input type="checkbox"/> Sanitized <input type="checkbox"/> Unsanitized<br>(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:                                       |
| File Copy : Do Not Send to EPA  |   |  |   |   |  |
| SECTION 4. FACILITY IDENTIFICATION  |   |  |   |   |  |
| 4.1   |   | TRI Facility ID Number   |   | 88004NSJHN14MIL   |  |
| Facility or Establishment Name<br>NASA JOHNSON SPACE CENTER WHITE SANDS TEST FACILITY   |   | Facility or Establishment Name or Mailing Address (if different from street address)<br>NASA JOHNSON SPACE CENTER WHITE SANDS TEST FACILITY                                  |   |   |  |
| Street<br>12600 NASA RD   |   | Mailing Address<br>PO BOX 20   |   |   |  |
| City/County/State/Zip Code<br>LAS CRUCES / Dona Ana / NM / 88012  |   | City/State/Zip Code<br>LAS CRUCES / NM / 88004   |   | Country (Non-US)  |  |
| 4.2 This report contains information for :<br>( 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                   |
| 4.3   | Technical Contact name                  | RADEL BUNKER-FARRAH  | Email Address<br>RADEL.L.BUNKER-FARRAH@NASA.GOV |   | Telephone Number (include area code)<br>5755245733 |
| 4.4   | Public Contact name                     | RADEL BUNKER-FARRAH  | Email Address<br>RADEL.L.BUNKER-FARRAH@NASA.GOV |   | Telephone Number (include area code)<br>5755245733 |
| 4.5   | NAICS Code (s) (6 digits)               | a. 927110 (Primary)  | b. c.   | d.  | e. f.  |
| 4.7   | Dun and Bradstreet Number(s) (9 digits) |  |   |   |  |
| a. NA   |   |  |   |   |  |
| b.  |   |  |   |   |  |
| SECTION 5. PARENT COMPANY INFORMATION   |   |  |   |   |  |

|     |  |          |    |
|-----|--|----------|----|
| 5.1 | Name of Parent Company                   | NA [ X ] | NA |
| 5.2 | Parent Company's Dun & Bradstreet Number | NA [ X ] |    |

EPA Form 9350-1 (Rev. 03/2009) - Previous editions are obsolete.

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|   |   |   |   |                      |
|---|---|---|---|----------------------|
| <b>EPA FORM R</b><br><b>PART II. CHEMICAL - SPECIFIC INFORMATION</b>  |   | 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.)  |   |   |                      |
|   | 7439921   |   |   |                      |
| 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 I, Section 2.1 is checked "yes". Generic Name must be structurally descriptive).  |   |   |                      |
|   | NA  |   |   |                      |
| 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, spaces, and punctuation.)   |   |   |                      |
|   | NA  |   |   |                      |
| 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:   |                      |
|   | a. <input checked="" type="checkbox"/> Produce b. <input type="checkbox"/> Import   |   |   |                      |
|   | If produce or import:<br>c. <input type="checkbox"/> For on-site use/processing<br>d. <input type="checkbox"/> For sale/distribution<br>e. <input checked="" type="checkbox"/> As a byproduct<br>f. <input type="checkbox"/> As an impurity | a. <input type="checkbox"/> As a reactant<br>b. <input type="checkbox"/> As a formulation component<br>c. <input type="checkbox"/> As an article component<br>d. <input type="checkbox"/> Repackaging<br>e. <input type="checkbox"/> As an impurity | a. <input type="checkbox"/> As a chemical processing aid<br>b. <input type="checkbox"/> As a manufacturing aid<br>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   | [ 02 ] (Enter two-digit code from instruction package.)   |   |   |                      |
| SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE                               |   |   |   |                      |
|   |   | A. Total Release (pounds/year*)<br>(Enter range code or estimate**)   | B. Basis of Estimate<br>(enter code)  | C. % From Stormwater |
| 5.1   | Fugitive or non-point air emissions   | NA [ ]  | 3   | O                    |
| 5.2   | Stack or point air emissions  | NA [ ]  | 0   | O                    |
| 5.3   | Discharges to receiving streams or water bodies (enter one name per box)  |   |   |                      |
|   | Stream or Water Body Name   |   |   |                      |
| 5.3.1   | NA  |   |   |                      |

\*For Dioxin and Dioxin-like Compounds, report in grams/year  
 \*\*Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

EPA Form 9350-1 (Rev. 03/2009) - Previous editions are obsolete.

|   |   |  |  |                                   |
|---|---|--|--|-----------------------------------|
| <b>EPA FORM R</b><br><b>PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</b>                |   | 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                   | [ X ]                                    |  |                                   |
| 5.4.2   | Underground Injection onsite to Class II-V wells                | [ X ]                                    |  |                                   |
| 5.5   | Disposal to land onsite   |  |  |                                   |
| 5.5.1.A   | RCRA subtitle C landfills                                       | [ X ]                                    |  |                                   |
| 5.5.1.B   | Other landfills   | [ X ]                                    |  |                                   |
| 5.5.2   | Land treatment/application farming                              | [ X ]                                    |  |                                   |
| 5.5.3A  | RCRA Subtitle C surface impoundments                            | [ X ]                                    |  |                                   |
| 5.5.3B  | Other surface impoundments                                      | [ X ]                                    |  |                                   |
| 5.5.4   | Other disposal  | [ X ]                                    |  |                                   |
| 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  |   |  |  |                                   |

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

|   |  |  |                                      |        |  |     |                  |                  |  |
|---|--|--|--------------------------------------|--------|--|-----|------------------|------------------|--|
| <b>EPA FORM R</b><br><b>PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</b>  |  | TRI Facility ID Number                   |                                      |        |  |     |                  |                  |  |
|   |  | 88004NSJHN14MIL                          |                                      |        |  |     |                  |                  |  |
|   |  | Toxic Chemical, Category or Generic Name |                                      |        |  |     |                  |                  |  |
|   |  | Lead                                     |                                      |        |  |     |                  |                  |  |
| <b>SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS</b>  |  |  |                                      |        |  |     |                  |                  |  |
| 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  | LAPORTE  | State                                    | TX                                   | County | Harris   | Zip | 77571            | Country (Non-US) |  |
| Is location under control of reporting facility or parent company?  |  |  |                                      |        |  |     | [ ] Yes [ X ] No |                  |  |
| A. Total Transfers (pounds/year*)<br>(enter range code** or estimate)   |  |  | B. Basis of Estimate<br>(enter code) |        | C. Type of Waste Treatment/Disposal/<br>Recycling/Energy Recovery (enter code) |     |                  |                  |  |
| 1. 1  |  |  | 1. O                                 |        | 1. M90   |     |                  |                  |  |
| 6.2.2 Off-Site EPA Identification Number (RCRA ID No.)  |  |  |                                      |        | NA   |     |                  |                  |  |
| Off-Site Location Name  |  |  |                                      |        | North Valley Recycling   |     |                  |                  |  |
| Off-Site Address  |  |  |                                      |        | 1310 Witt Street   |     |                  |                  |  |
| City  | Las Cruces   | State                                    | NM                                   | County | Dona Ana   | Zip | 88005            | Country (Non-US) |  |
| Is location under control of reporting facility or parent company?  |  |  |                                      |        |  |     | [ ] Yes [ X ] No |                  |  |
| A. Total Transfers (pounds/year*)<br>(enter range code** or estimate)   |  |  | B. Basis of Estimate<br>(enter code) |        | C. Type of Waste Treatment/Disposal/<br>Recycling/Energy Recovery (enter code) |     |                  |                  |  |
| 1. 232  |  |  | 1. O                                 |        | 1. M24   |     |                  |                  |  |
| <b>SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY</b>  |  |  |                                      |        |  |     |                  |                  |  |
| [ X ] 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<br>(enter code)   | b. Waste Treatment Method(s) Sequence<br>(enter 3-character code(s)) |  |                                      |        | d. Waste Treatment Efficiency Estimate   |     |                  |                  |  |

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\*For Dioxin and Dioxin-like Compounds, report in grams/year  
 \*\*Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

|  |  |
|--|--|
| <b>EPA FORM R</b><br><b>PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</b> | 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)]

**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)]

**SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES**

|        | Column A<br>Prior Year<br>(pounds/year*)   | Column B<br>Current Reporting<br>Year<br>(pounds/year*) | Column C<br>Following<br>Year<br>(pounds/year*) | Column D<br>Second Following<br>Year<br>(pounds/year*) |
|--------|--|---|---|--|
| 8.1    |  |   |   |  |
| 8.1a   | NA   | NA  | NA  | NA   |
| 8.1b   | 2  | 3   | 3   | 3  |
| 8.1c   | NA   | NA  | NA  | NA   |
| 8.1d   | NA   | 1   | 1   | 1  |
| 8.2    | NA   | NA  | NA  | NA   |
| 8.3    | NA   | NA  | NA  | NA   |
| 8.4    | NA   | NA  | NA  | NA   |
| 8.5    | 297  | 232   | 475   | 475  |
| 8.6    | NA   | NA  | NA  | NA   |
| 8.7    | 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   |   | 2   |  |
| 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<br>[enter code(s)]   |   | Methods to Identify Activity (enter codes)      |  |
| 8.10.1 | NA   |   |   |  |
| 8.11   | If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, check "Yes."                                    |   |   | Yes [ ]  |

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\*For Dioxin and Dioxin-like Compounds, report in grams/year

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

|  |
|--|
| Additional optional information on source reduction, recycling, or pollution control activities. |
|  |

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| <b>Total Postage &amp; Fees</b>                   | <b>\$ 6.15</b> |



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**PS Form** **Instructions**

Mr. Lee Shin, TRI Coordinator  
 New Mexico Department of Homeland  
 Security and Emergency Management  
 P.O. Box 27111  
 Santa Fe, NM 87502

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

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Mr. Lee Shin, TRI Coordinator  
New Mexico Department of Homeland  
Security and Emergency Management  
P.O. Box 27111  
Santa Fe, NM 87502

2. Article Number

(Transfer from service label)

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PS Form 3811, February 2004

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Addressee

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C. Date of Delivery

D. Is delivery address different from item  
if YES, enter delivery address below

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Yes

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