

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



June 30, 2011

Reply to Attn of: RA-E11-063

Ms. Danielle Gonzales, Executive Assistant
New Mexico Department of Homeland Security
and Emergency Management
P.O. Box 27111
Santa Fe, NM 87502

Subject: NASA White Sands Test Facility (WSTF)
2010 Toxic Chemical Release Inventory (TRI Form R)
TRI Facility ID Number 88004NSJHN14MIL

The NASA White Sands Test Facility (WSTF) is submitting the 2010 Toxic Chemical Release Inventory (TRI Form R) as required under Section 313 of SARA Title III, and the Pollution Prevention Act of 1990. Only one chemical requires reporting for year 2010:

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

A hard-copy of the Form R, as certified and submitted electronically to EPA by NASA on June 28, 2011 (using the CDX TRIME web-based program) is included as an Enclosure 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 Michael Jones at 575-524-5604.

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

Radel Bunker-Farrar
Environmental Program Manager

Enclosure

Uribe, Jorge A. (WSTF-RA)[ENTERPRISE ADVISORY SERVICES INC]

From: epacdxnode@csc.com
Sent: Tuesday, June 28, 2011 1:28 PM
To: Bunker-Farrah, Radel L. (WSTF-RA111); Uribe, Jorge A. (WSTF-RA)[ENTERPRISE ADVISORY SERVICES INC]; nodehelpdesk@csc.com
Subject: EPCRA section 313 TRI submission has been CERTIFIED

Your EPCRA section 313 (TRI) submission has been PREPARED, CERTIFIED and SENT to U.S. EPA for the facility and chemical(s) shown below.

Reference Transaction ID: _3f3c3e7c-2833-424c-8b48-e19b4ce53fa9
Document Name: TRI000220110623115828NASA WSTF Prepared by: jorge.a.uribe@nasa.gov Date Prepared: Jun 23, 2011 11:58:29 AM Certifying Official: Name: Radel Bunker-Farrah Title: NASA Environmental Program Manager E-mail: radel.l.bunker-farrah@nasa.gov Date Certified and Sent to EPA: Jun 28, 2011 3:26:46 PM

TRI Facility ID: 88004NSJHN14MIL

Facility: NASA JOHNSON SPACE CENTER WHITE SANDS TEST FACILITY 12600 NASA RD LAS CRUCES NEW MEXICO, 88012

Chemical Name	RY	CAS	Form	Revision	Withdrawal
Lead	2010	7439921	R	No	No

You may wish to print a copy of this receipt and keep it for your records. Do NOT send this receipt to EPA.

United States Environmental Protection Agency Central Data Exchange

Validation Status: Passed

Form Approved OMB Number: 2070-0093

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

Approval Expires: 03/31/2011

Page 1 of 5

EPA United States Environmental Protection Agency		FORM R 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 88004NSJHN14MIL	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O.Box 10163 Fairfax, VA 22038 *** Draft Form Only: Do Not Submit to EPA ***		2. APPROPRIATE STATE OFFICE (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)) [] []		Withdrawal (enter up to two code(s)) [] []	
Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR : 2010					
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:
Draft Form : Do Not Send to EPA					
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		88004NSJHN14MIL	
Facility or Establishment Name NASA JOHNSON SPACE CENTER WHITE SANDS TEST FACILITY		Facility or Establishment Name or Mailing Address (if different from street address) NASA JOHNSON SPACE CENTER WHITE SANDS TEST FACILITY			
Street 12600 NASA RD		Mailing Address PO BOX 20			
City/County/State/Zip Code LAS CRUCES / Dona Ana / NM / 88012		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
4.3 Technical Contact name	RADEL BUNKER-FARRAH	Email Address RADEL.L.BUNKER-FARRAH@NASA.GOV		Telephone Number (include area code) 5755245733	
4.4 Public Contact name	RADEL BUNKER-FARRAH	Email Address RADEL.L.BUNKER-FARRAH@NASA.GOV		Telephone Number (include area code) 5755245733	
4.5 NAICS Code (s) (6 digits)	a. 927110 (Primary)	b.	c.	d.	e.
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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EPA FORM R 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.) 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: a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import	3.2	Process the toxic chemical: 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	
		3.3	Otherwise use the toxic chemical: 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	
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				
SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR				
4.1	<input checked="" type="checkbox"/> 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*) (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	O	
5.2	Stack or point air emissions NA <input type="checkbox"/>	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.

<p>EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</p>	<p>TRI Facility ID Number 88004NSJHN14MIL</p> <p>Toxic Chemical, Category or Generic Name Lead</p>
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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

<p>6.1.A.1 Total Transfers (pounds/year*) (enter range code** or estimate)</p> <p style="text-align: center;">NA</p>	<p>6.1.A.2 Basis of Estimate (enter code)</p>
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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.

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)						TRI Facility ID Number 88004NSJHN14MIL		Toxic Chemical, Category or Generic Name Lead	
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS									
6.2.1 Off-Site EPA Identification Number (RCRA ID No.)						UTD981552177			
Off-Site Location Name						CLEAN HARBORS Aragonite, LLC			
Off-Site Address						11600 North Aptus Road			
City	Aragonite	State	UT	County	Utah	Zip	840290000	Country (Non-US)	
Is location under control of reporting facility or parent company?						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 46			1. O		1. M90				
SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY									
<input checked="" type="checkbox"/> 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			

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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.

EPA FORM R 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 [X] 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 [X] 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 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	18	1	1	1
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	228	46	46	46
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	3			
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				
8.11	If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, check "Yes."			Yes []	

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

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

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.

1. Article Addressed to:

MS. Daniella Gonzales
 NM Dept. of Homeland Security
 P.O. Box 27111
 Santa Fe, NM 87502

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

D. Gonzalez

C. Date of Delivery

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

3. Service Type

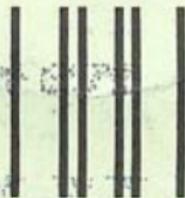
 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

yes

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