

National Aeronautics and
Space Administration

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



February 22, 2002

Reply to Attn of: RA-02-024

New Mexico Emergency Response Commission
Attn: Mr. Max Johnson
Hazardous Materials Bureau
Department of Public Safety
P.O. Box 1628
Santa Fe, NM 87504-1628

Subject: NASA White Sands Test Facility (WSTF) 2001 SARA Title III Tier II
Emergency and Hazardous Chemical Inventory Report

Enclosed are the WSTF SARA Title III Tier II Emergency and Hazardous Chemical
Inventory Reports for 2001 and the corresponding facility location maps in accordance with
SARA Title III requirements. If you have any questions, please call me at 505-524-5484.

Original Signed By:

Michael Zigmond, P.E.
Acting Environmental Program Manager

2 Enclosures

cc:

Captain Larry Acosta
Emergency Planning Coordinator
Las Cruces Fire Department
P.O. Box 20000
Las Cruces, NM 88004

Mr. Conrad Estrada
Emergency Civil Preparedness Director
1170 North Solano, Suite O
Las Cruces, NM 88001

bcc:

HTSI Team/P. H. Pache

RA/MZigmond:ljg:2/22/02:5484

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- 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:

NEW MEXICO EMERGENCY RESPONSE
COMMISSION
ATTN MR MAX JOHNSON
HAZARDOUS MATERIALS BUREAU
DEPARTMENT OF PUBLIC SAFETY
PO BOX 1628
SANTA FE NM 87504-1628

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National Aeronautics and
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ENCLOSURE 1

TIER II FORMS AND CHEMICAL INVENTORY

**2001 HAZARDOUS CHEMICAL INVENTORY
FOR THE SARA TITLE III TIER II REPORT**

CHEMICAL NAME	STORAGE AREA	ANNUAL AVERAGE (lb)	INVENTORY FREQUENCY	MAXIMUM QUANTITY (lb)	DAYS ON FACILITY
Chlorine	120 Area	250	Monthly	300	365
Chlorine	600 Area	250	Monthly	300	365
Diesel	100 Area	27,000	Weekly	36,550	365
Diesel	300 Area	16,940	Monthly	21,930	365
Diesel	400 Area	46,150	Monthly	66,140	365
Freon 113	200 (CI Rm.)	850	Weekly	1,965	365
Hydrazine	300 Area	6,750	Weekly	10,900	365
Hydrazine	500 Area	7,210	Monthly	7,210	365
Hydrazine	800 Area	1,380	Monthly	1,560	365
IPA	150 Area	4,325	Daily	4,680	365
IPA	200 Area	360	Annually	720	365
IPA	400 Area	224,700	Monthly	263,070	365
IPA	500 Area	4,325	Daily	4,325	365
Ethanol	400 Area	3,325	Monthly	3,325	365
MMH	300 Area	45,930	Weekly	47,165	365
MMH	400 Area	27,965	Weekly	36,150	365
MMH	500 Area	7,970	Monthly	12,000	365
MMH	800 Area	240	Monthly	270	365
Nitrogen Tetroxide	300 Area	34,750	Weekly	38,025	365
Nitrogen Tetroxide	400 Area	28,190	Weekly	50,700	365
Nitrogen Tetroxide	500 Area	27,000	Monthly	42,000	365
Nitrogen Tetroxide	800 Area	100	Monthly	160	365
Nitrogen (liquid)	500 Cryo.	37,180	Daily	74,360	365
Nitrogen (liquid)	400	101,400	Daily	150,700	365
Nitrogen (liquid)	200	13,520	Daily	27,040	365
Nitrogen (gaseous)	500 Cryo	6,393	Daily	8,524	365
Nitrogen (gaseous)	400	20,343	Daily	27,124	365
Nitrogen (gaseous)	System piping	2,325	Daily	3,100	365
Nitrogen (gaseous)	600	510	Daily	850	365
Nitrogen (gaseous)	100	255	Daily	425	365

2001 HAZARDOUS CHEMICAL INVENTORY CONTINUED

CHEMICAL NAME	STORAGE AREA	ANNUAL AVERAGE (lb)	INVENTORY FREQUENCY	MAXIMUM QUANTITY (lb)	DAYS ON FACILITY
Oxygen (liquid)	400	257,040	Daily	514,080	365
Oxygen (liquid)	250	47,600	Daily	85,680	365
Oxygen (gaseous)	250	25,840	Daily	38,010	365
Oxygen (gaseous)	100	228	Daily	285	365
Propane	300 Area	6,500	Monthly	15,000	365
Propane	400 Area	6,500	Monthly	15,000	365
Propane	800 Area	2,700	Monthly	4,275	365
<i>Aerozine-50 *</i>	<i>500 Area</i>	<i>3,920</i>	<i>Monthly</i>	<i>3,920</i>	<i>365</i>
UDMH	500 Area	3,140	Monthly	3,270	365
Unleaded Gasoline	100 Area	31,000	Daily	56,600	365

* The Aerozine-50 is a mixture and is reported as hydrazine and UDMH

**Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY**

*Specific
Information
by Chemical*

Facility Identification
 Name NASA White Sands Test Facility
 Street 12600 NASA Road (Approximately 18 miles NE of Las Cruces)
 City Las Cruces County Dona Ana State NM Zip 88012
 SIC Code 9661 Dun & Brad Number 19-455-5207

**FOR
OFFICIAL
USE
ONLY**

ID # _____
 Date Received _____

Owner/Operator Name
 Name NASA Phone (505) 524-5771
 Mail Address P.O. Box 20, Las Cruces, NM 88004

Emergency Contact
 Name WSTF Fire Department Title NA
 Phone (505) 524-5911 24 Hr. Phone (505) 524-5911
 Name _____ Title _____
 Phone () 24 Hr. Phone ()

Important: Read all instructions before completing form Reporting Period From January 1 to December 31, 2001 Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards <i>(check all that apply)</i>	Inventory	Pressure	Temperature	Storage Codes and Locations (Non-Confidential)	Optional																			
					Storage Locations																				
CAS <u>60-34-4</u> Trade Secret _____ Chem. Name <u>Methyl hydrazine</u> Check all that apply <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name _____	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>0</u> <u>4</u> Avg. Daily Amount (code) <u>0</u> <u>4</u> No. of Days On-site (days) <u>3</u> <u>6</u> <u>5</u>	<table border="1"> <tr><td>L</td><td>2</td><td>4</td></tr> <tr><td>A</td><td>2</td><td>4</td></tr> <tr><td>A</td><td>2</td><td>4</td></tr> <tr><td>D</td><td>1</td><td>4</td></tr> <tr><td>A</td><td>2</td><td>4</td></tr> </table>	L	2	4	A	2	4	A	2	4	D	1	4	A	2	4	<table border="1"> <tr><td>200 Area</td></tr> <tr><td>300 Area</td></tr> <tr><td>400 Area</td></tr> <tr><td>500 Area</td></tr> <tr><td>800 Area</td></tr> </table>	200 Area	300 Area	400 Area	500 Area	800 Area	<input type="checkbox"/>
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CAS <u>302-01-2</u> Trade Secret _____ Chem. Name <u>Hydrazine</u> Check all that apply <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name _____	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>0</u> <u>4</u> Avg. Daily Amount (code) <u>0</u> <u>4</u> No. of Days On-site (days) <u>3</u> <u>6</u> <u>5</u>	<table border="1"> <tr><td>L</td><td>2</td><td>4</td></tr> <tr><td>A</td><td>2</td><td>4</td></tr> <tr><td>D</td><td>1</td><td>4</td></tr> <tr><td>A</td><td>2</td><td>4</td></tr> <tr><td>D</td><td>1</td><td>4</td></tr> </table>	L	2	4	A	2	4	D	1	4	A	2	4	D	1	4	<table border="1"> <tr><td>200 Area</td></tr> <tr><td>300 Area</td></tr> <tr><td>500 Area</td></tr> <tr><td>800 Area</td></tr> <tr><td>800 Area</td></tr> </table>	200 Area	300 Area	500 Area	800 Area	800 Area	<input type="checkbox"/>
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CAS <u>57-14-7</u> Trade Secret _____ Chem. Name <u>1,1-Dimethylhydrazine</u> Check all that apply <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name _____	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>0</u> <u>3</u> Avg. Daily Amount (code) <u>0</u> <u>3</u> No. of Days On-site (days) <u>3</u> <u>6</u> <u>5</u>	<table border="1"> <tr><td>L</td><td>2</td><td>4</td></tr> <tr><td>D</td><td>1</td><td>4</td></tr> </table>	L	2	4	D	1	4	<table border="1"> <tr><td>200 Area</td></tr> <tr><td>500 Area</td></tr> </table>	200 Area	500 Area	<input type="checkbox"/>												
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Certification (Read and sign after completing all sections)
 I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 5, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Michael Zigmond, P.E.
 Environmental Program Manager (Acting)
 Name and official title of owner/operator OR owner/operator's authorized representative

Michael Zigmond
 Signature

2/22/02
 Date signed

Optional Attachments
 I have attached a site plan
 I have attached a list of site coordinate abbreviations
 I have attached a description of dikes and other safeguards measures

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY	Facility Identification		Owner/Operator Name	
	Name <u>NASA White Sands Test Facility</u>		Name <u>NASA</u> Phone <u>(505) 524-5771</u>	
<i>Specific Information by Chemical</i>	Street <u>12600 NASA Road (Approximately 18 miles NE of Las Cruces)</u>		Mail Address <u>P.O. Box 20, Las Cruces, NM 88004</u>	
	City <u>Las Cruces</u> County <u>Dona Ana</u> State <u>NM</u> Zip <u>88012</u>		Emergency Contact	
	SIC Code <u>9661</u>	Dun & Brad Number <u>19-455-5207</u>		Name <u>WSTF Fire Department</u> Title <u>NA</u>
	FOR OFFICIAL USE ONLY	ID # _____		Phone <u>(505) 524-5911</u> 24 Hr. Phone <u>(505) 524-5911</u>
		Date Received _____		Name _____ Title _____
				Phone <u>()</u> 24 Hr. Phone <u>()</u>

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 2001

 Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory	Pressure	Temperature	Storage Codes and Locations (Non-Confidential)	Optional															
							Storage Locations														
CAS <u>10102-44-0</u> Trade Secret _____ Chem. Name <u>Nitrogen tetroxide</u> Check all that apply <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>Note: CAS # reflects EPA designation as NO₂</u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release Of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>0</u> <u>5</u> Avg. Daily Amount (code) <u>0</u> <u>4</u> No. of Days On-site (days) <u>3</u> <u>6</u> <u>5</u>	<table border="1"><tr><td>L</td><td>2</td><td>4</td></tr><tr><td>A</td><td>2</td><td>4</td></tr><tr><td>A</td><td>2</td><td>4</td></tr><tr><td>L</td><td>2</td><td>4</td></tr><tr><td>A</td><td>2</td><td>4</td></tr></table>	L	2	4	A	2	4	A	2	4	L	2	4	A	2	4		<u>200 Area</u> <u>300 Area</u> <u>400 Area</u> <u>500 Area</u> <u>800 Area</u>	<input type="checkbox"/>
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CAS <u>67-63-0</u> Trade Secret _____ Chem. Name <u>Isopropyl alcohol</u> Check all that apply <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>0</u> <u>5</u> Avg. Daily Amount (code) <u>0</u> <u>5</u> No. of Days On-site (days) <u>3</u> <u>6</u> <u>5</u>	<table border="1"><tr><td>D</td><td>1</td><td>4</td></tr><tr><td>D</td><td>1</td><td>4</td></tr><tr><td>A</td><td>1</td><td>4</td></tr><tr><td>D</td><td>1</td><td>4</td></tr></table>	D	1	4	D	1	4	A	1	4	D	1	4		<u>100 Area</u> <u>200 Area</u> <u>400 Area</u> <u>500 Area</u>	<input type="checkbox"/>			
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CAS <u>7782-50-5</u> Trade Secret _____ Chem. Name <u>Chlorine</u> Check all that apply <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name _____	<input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>0</u> <u>2</u> Avg. Daily Amount (code) <u>0</u> <u>2</u> No. of Days On-site (days) <u>3</u> <u>6</u> <u>5</u>	<table border="1"><tr><td>L</td><td>2</td><td>4</td></tr><tr><td>L</td><td>2</td><td>4</td></tr></table>	L	2	4	L	2	4		<u>100 Area</u> <u>600 Area</u>	<input type="checkbox"/>									
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Michael Zigmond, P.E.

Environmental Program Manager (Acting)

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

Date signed

2/22/02**Optional Attachments** I have attached a site plan I have attached a list of site coordinate abbreviations I have attached a description of dikes and other

safeguards measures

<p>Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY</p> <p><i>Specific Information by Chemical</i></p>	<p>Facility Identification Name <u>NASA White Sands Test Facility</u> Street <u>12600 NASA Road (Approximately 18 miles NE of Las Cruces)</u> City <u>Las Cruces</u> County <u>Dona Ana</u> State <u>NM</u> Zip <u>88012</u> SIC Code <u>9661</u> Dun & Brad Number <u>19-455-5207</u></p>	<p>Owner/Operator Name Name <u>NASA</u> Phone <u>(505) 524-5771</u> Mail Address <u>P.O. Box 20, Las Cruces, NM 88004</u></p>
	<p>Emergency Contact Name <u>WSTF Fire Department</u> Title <u>NA</u> Phone <u>(505) 524-5911</u> 24 Hr. Phone <u>(505) 524-5911</u> Name _____ Title _____ Phone <u>()</u> 24 Hr. Phone <u>()</u></p>	
	<p>FOR OFFICIAL USE ONLY</p> <p>ID # _____ Date Received _____</p>	

Important: Read all instructions before completing form Reporting Period From January 1 to December 31, 2001 Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards <i>(check all that apply)</i>	Inventory	Pressure	Temperature	Storage Codes and Locations (Non-Confidential) <i>Storage Locations</i>	Optional																																				
CAS <u>None</u> Trade Secret _____ Chem. Name <u>Diesel</u> Check all that apply <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release Of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>0</u> <u>5</u> Avg. Daily Amount (code) <u>0</u> <u>4</u> No. of Days On-site (days) <u>3</u> <u>6</u> <u>5</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>A</td><td>1</td><td>4</td></tr> <tr><td>A</td><td>1</td><td>4</td></tr> <tr><td>A</td><td>1</td><td>4</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	A	1	4	A	1	4	A	1	4										<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td></tr> </table>																			150 Area 300 Area 400 Area _____ _____ _____	<input type="checkbox"/>
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CAS <u>74-98-6</u> Trade Secret _____ Chem. Name <u>Propane</u> Check all that apply <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>0</u> <u>4</u> Avg. Daily Amount (code) <u>0</u> <u>4</u> No. of Days On-site (days) <u>3</u> <u>6</u> <u>5</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>L</td><td>2</td><td>4</td></tr> <tr><td>L</td><td>2</td><td>4</td></tr> <tr><td>L</td><td>2</td><td>4</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	L	2	4	L	2	4	L	2	4										<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td></tr> </table>																			300 Area 400 Area 800 Area _____ _____ _____	<input type="checkbox"/>
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CAS <u>8006-61-9</u> Trade Secret _____ Chem. Name <u>Unleaded gasoline</u> Check all that apply <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>0</u> <u>4</u> Avg. Daily Amount (code) <u>0</u> <u>4</u> No. of Days On-site (days) <u>3</u> <u>6</u> <u>5</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>B</td><td>1</td><td>4</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	B	1	4																<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td></tr> </table>																			100 Area _____ _____ _____	<input type="checkbox"/>
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Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>NASA White Sands Test Facility</u> Street <u>12600 NASA Road (Approximately 18 miles NE of Las Cruces)</u> City <u>Las Cruces</u> County <u>Dona Ana</u> State <u>NM</u> Zip <u>88012</u> SIC Code <u>9661</u> Dun & Brad Number <u>19-455-5207</u>	Owner/Operator Name Name <u>NASA</u> Phone <u>(505) 524-5771</u> Mail Address <u>P.O. Box 20, Las Cruces, NM 88004</u>
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ID # _____ Date Received _____		

Important: Read all instructions before completing form Reporting Period From January 1 to December 31, 2001 Check if information below is identical to the information submitted last year.

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CAS <u>76-13-1</u> Trade Secret _____ Chem. Name <u>1,1,2-Trichloro-1,2,2-trifluoroethane</u> Check all that apply <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release Of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>0</u> <u>3</u> Avg. Daily Amount (code) <u>0</u> <u>2</u> No. of Days On-site (days) <u>3</u> <u>6</u> <u>5</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>D</td><td>1</td><td>4</td></tr> <tr><td>D</td><td>1</td><td>4</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	D	1	4	D	1	4							<u>150 Area</u> <u>200 Area</u> _____ _____	[]			
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CAS <u>64-17-5</u> Trade Secret _____ Chem. Name <u>Ethanol</u> Check all that apply <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>0</u> <u>3</u> Avg. Daily Amount (code) <u>0</u> <u>3</u> No. of Days On-site (days) <u>3</u> <u>6</u> <u>5</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>A</td><td>1</td><td>4</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	A	1	4										<u>400 Area</u> _____ _____	[]			
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CAS <u>7727-37-9</u> Trade Secret _____ Chem. Name <u>Nitrogen</u> Check all that apply <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>0</u> <u>5</u> Avg. Daily Amount (code) <u>0</u> <u>5</u> No. of Days On-site (days) <u>3</u> <u>6</u> <u>5</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>A</td><td>2</td><td>7</td></tr> <tr><td>A</td><td>2</td><td>7</td></tr> <tr><td>A</td><td>2</td><td>7</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	A	2	7	A	2	7	A	2	7							<u>200 Area</u> <u>400 Area</u> <u>500 Cryo Area</u> _____ _____	[]
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Certification (Read and sign after completing all sections) I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through <u>5</u> , and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. <p style="text-align: center;"> Michael Zigmond, P.E. Environmental Program Manager (Acting) </p> Name and official title of owner/operator OR owner/operator's authorized representative	Optional Attachments <input checked="" type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input type="checkbox"/> I have attached a description of dikes and other safeguards measures
Signature <u>Michael Zigmond</u> Date signed <u>2/22/02</u>	

**Tier Two
EMERGENCY
AND
HAZARDOUS
CHEMICAL
INVENTORY**

Specific
Information
by Chemical

Facility Identification

Name NASA White Sands Test Facility
Street 12600 NASA Road (Approximately 18 miles NE of Las Cruces)
City Las Cruces County Dona Ana State NM Zip 88012

SIC Code 9661 Dun & Brad Number 19-455-5207

**FOR
OFFICIAL
USE
ONLY**

ID # _____

Date Received _____

Owner/Operator Name

Name NASA Phone (505) 524-5771
Mail Address P.O. Box 20, Las Cruces, NM 88004

Emergency Contact

Name WSTF Fire Department Title NA
Phone (505) 524-5911 24 Hr. Phone (505) 524-5911

Name _____ Title _____
Phone () 24 Hr. Phone ()

Important: Read all instructions before completing form

Reporting Period From January 1 to December 31, 2001

Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards <i>(check all that apply)</i>	Inventory	Pressure	Temperature	Storage Codes and Locations (Non-Confidential)	Optional																				
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CAS <u>7727-37-9</u> Trade Secret _____ Chem. Name <u>Nitrogen</u> Check all that apply <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release Of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>0</u> <u>4</u> Avg. Daily Amount (code) <u>0</u> <u>4</u> No. of Days On-site (days) <u>3</u> <u>6</u> <u>5</u>	<table border="1"> <tr><td>L</td><td>2</td><td>4</td></tr> <tr><td>A</td><td>2</td><td>6</td></tr> <tr><td>A</td><td>2</td><td>6</td></tr> <tr><td>R</td><td>2</td><td>6</td></tr> <tr><td>L</td><td>2</td><td>4</td></tr> </table>	L	2	4	A	2	6	A	2	6	R	2	6	L	2	4	<table border="1"> <tr><td>100 Area</td></tr> <tr><td>400 Area</td></tr> <tr><td>500 Cryo Area</td></tr> <tr><td>System Piping</td></tr> <tr><td>600 Area</td></tr> </table>	100 Area	400 Area	500 Cryo Area	System Piping	600 Area		<input type="checkbox"/>
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CAS <u>7782-44-7</u> Trade Secret _____ Chem. Name <u>Oxygen</u> Check all that apply <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>0</u> <u>5</u> Avg. Daily Amount (code) <u>0</u> <u>5</u> No. of Days On-site (days) <u>3</u> <u>6</u> <u>5</u>	<table border="1"> <tr><td>A</td><td>2</td><td>7</td></tr> <tr><td>A</td><td>2</td><td>7</td></tr> </table>	A	2	7	A	2	7	<table border="1"> <tr><td>250 Area</td></tr> <tr><td>400 Area</td></tr> </table>	250 Area	400 Area		<input type="checkbox"/>												
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Michael Zigmund, P.E.

Environmental Program Manager (Acting)

Name and official title of owner/operator OR owner/operator's authorized representative

Michael Zigmund Signature 2/22/02 Date signed

Optional Attachments

- I have attached a site plan
- I have attached a list of site coordinate abbreviations
- I have attached a description of dikes and other

safeguards measures

ENCLOSURE 2

FACILITY LOCATION MAPS

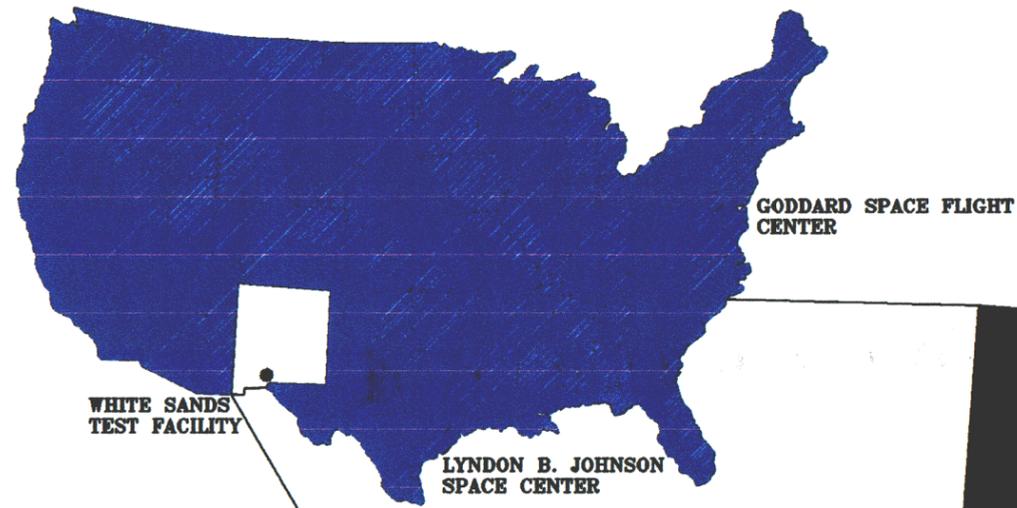


FIGURE 1
WHITE SANDS TEST FACILITY (WSTF)
LOCATION