

ATTACHMENT 2
PERMIT APPLICATION PART A
(PERMIT APPLICATION SECTION 2)

SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM														
1. Reason for Submittal (See instructions on page 14) MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input checked="" type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report.														
2. Site EPA ID Number (page 15)	EPA ID Number: <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>N</td><td>M</td><td>8</td><td>8</td><td>0</td><td>0</td><td>0</td><td>1</td><td>9</td><td>4</td><td>3</td><td>4</td> </tr> </table>			N	M	8	8	0	0	0	1	9	4	3	4
N	M	8	8	0	0	0	1	9	4	3	4				
3. Site Name (page 15)	Name: NASA White Sands Test Facility														
4. Site Location Information (page 15)	<table border="1" style="width: 100%;"> <tr> <td colspan="3">Street Address: 12600 NASA Road</td> </tr> <tr> <td>City, Town, or Village: Las Cruces</td> <td colspan="2">State: NM</td> </tr> <tr> <td>County Name: Dona Ana</td> <td colspan="2">Zip Code: 88012</td> </tr> </table>			Street Address: 12600 NASA Road			City, Town, or Village: Las Cruces	State: NM		County Name: Dona Ana	Zip Code: 88012				
Street Address: 12600 NASA Road															
City, Town, or Village: Las Cruces	State: NM														
County Name: Dona Ana	Zip Code: 88012														
5. Site Land Type (page 15)	Site Land Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other														
6. North American Industry Classification System (NAICS) Code(s) for the Site (page 15)	A. <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>9</td><td>2</td><td>7</td><td>1</td><td>1</td><td>0</td> </tr> </table>	9	2	7	1	1	0	B. <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>							
9	2	7	1	1	0										
	C. <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>							D. <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>							
7. Site Mailing Address (page 16)	<table border="1" style="width: 100%;"> <tr> <td colspan="3">Street or P. O. Box: P.O. Box 20</td> </tr> <tr> <td colspan="3">City, Town, or Village: Las Cruces</td> </tr> <tr> <td colspan="3">State: NM</td> </tr> <tr> <td>Country: United States</td> <td colspan="2">Zip Code: 88004-0020</td> </tr> </table>			Street or P. O. Box: P.O. Box 20			City, Town, or Village: Las Cruces			State: NM			Country: United States	Zip Code: 88004-0020	
Street or P. O. Box: P.O. Box 20															
City, Town, or Village: Las Cruces															
State: NM															
Country: United States	Zip Code: 88004-0020														
8. Site Contact Person (page 16)	First Name: Radel	MI: L.	Last Name: Bunker-Farrah												
	Phone Number: 575-524-5733 Extension:		Email address: radel.l.bunker-farrah@nasa.gov												
9. Operator and Legal Owner of the Site (pages 16 and 17)	A. Name of Site's Operator: NASA White Sands Test Facility		Date Became Operator (mm/dd/yyyy): 07/07/1962												
	Operator Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other														
	B. Name of Site's Legal Owner: U.S. Army – WSMR		Date Became Owner (mm/dd/yyyy):												
	Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other														

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9. Legal Owner (continued) Address	Street or P. O. Box: P.O. Box 20	
	City, Town, or Village: Las Cruces	
	State: NM	
	Country: United States	Zip Code: 88004-0020

10: Type of Regulated Waste Activity

(Mark "Yes" or "No" for all activities; complete any additional boxes as instructed (See instructions on pages 18 to 21.)

A. Hazardous Waste Activities

Complete all parts 1 through 6.

- Y N 1. Generator of Hazardous Waste
If "Yes", choose only one of the following - a, b, or c.
- a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or
 - b. SQG: 100 to 1,000 kg/mo (220-2,200 lbs./mo.) of non-acute hazardous waste; or
 - c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste
- In addition, indicate other generator activities.
- Y N d. United States Importer of Hazardous Waste
- Y N e. Mixed Waste (hazardous and radioactive) Generator

- Y N 2. Transporter of Hazardous Waste
- Y N 3. Treater, Storer, or Disposer of Hazardous Waste (at your site)
Note: A hazardous waste permit is required for this activity.
- Y N 4. Recycler of Hazardous Waste (at your site)
- Y N 5. Exempt Boiler and/or Industrial Furnace
If "Yes", mark each that applies.
- a. Small Quantity On-site Burner Exemption
 - b. Smelting, Melting, and Refining Furnace Exemption

- Y N 6. Underground Injection Control

B. Universal Waste Activities

- Y N 1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. If "Yes", mark all boxes that apply:

	<u>Generated</u>	<u>Accumulated</u>
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

- Y N 2. Destination Facility for Universal Waste
Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

Mark all boxes that apply.

- Y N 1. Used Oil Transporter
If "Yes", mark each that applies.
- a. Transporter
 - b. Transfer Facility
- Y N 2. Used Oil Processor and/or Re-refiner
If "Yes", mark each that applies.
- a. Processor
 - b. Re-refiner
- Y N 3. Off-Specification Used Oil Burner
- Y N 4. Used Oil Fuel Marketer
If "Yes", mark each that applies.
- a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
 - b. Marketer Who First Claims the Used Oil Meets the Specifications

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**United States Environmental Protection Agency
HAZARDOUS WASTE PERMIT INFORMATION FORM**

1. Facility Permit Contact (See instructions on page 23)	First Name: Radel	MI: L.	Last Name: Bunker-Farah											
	Phone Number: 575-524-5733		Phone Number Extension:											
2. Facility Permit Contact Mailing Address (See instructions on page 23)	Street or P. O. Box: P.O. Box 20													
	City, Town, or Village: Las Cruces													
	State: New Mexico													
	Country: United States	Zip Code: 88004-0020												
4. Operator Mailing Address and Telephone Number (See instructions on page 23)	Street or P. O. Box: P.O. Box 20													
	City, Town, or Village: Las Cruces													
	State: New Mexico													
	Country: USA	Zip Code: 88004-0020	Phone Number: 575-524-5733											
4. Legal Owner Mailing Address and Telephone Number (See instructions on page 23)	Street or P. O. Box: White Sands Missile Range													
	City, Town, or Village: WSMR													
	State: New Mexico													
	Country: USA	Zip Code: 88002	Phone Number: 575-678-1101											
5. Facility Existence Date (See instructions on page 24)	Facility Existence Date (mm/dd/yyyy): 07/07/1962													
6. Other Environmental Permits (See instructions on page 24)														
Permit Type (Enter code)	B. Permit Number											C. Description		
E	D	P	-	5	8	4							Discharge Plan – Sewer	
E	D	P	-	1	1	7	0						Discharge Plan – Salt Ponds	
E	D	P	-	6	9	7							Discharge Plan – Cooling Water	
E	D	P	-	3	9	2							Discharge Plan – Sewage	
E	6	2	9	A	R	E	A	4	0	0	-	M	-1	Area 400 Air Permit
E	6	2	9	-	M	1								Area 700 Air Permit
E	6	2	9		A	R	E	A		8	0	0		Area 800 Air Permit
E	0	6	2	9	M	3	R	3						Area 300 Air Permit
E	D	P	-	1	2	5	5							Discharge Plan – Groundwater Remediation System
7. Nature of Business (Provide a brief description; see instructions on page 24)														

EPA ID NO:

N	M	8	8	0	0	0	1	9	4	3	4
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OMB#: 2050-0034 Expires 1/31/2009

The NASA White Sands Test Facility is an organizational element of The Johnson Space Center, Houston, TX. WSTF provides testing and evaluation of potentially hazardous materials, space flight components, and rocket propulsion systems.

8. Process Codes and Design Capacities (See instructions on page 24) Enter information in the Sections on Form Page 3.

- A. PROCESS CODE** – Enter the code from the list of process codes below that best describes each process to be used at the facility. Fifteen lines are provided for entering codes. If more lines are needed, attach a separate sheet of paper with the additional information. For "other" processes (i.e., D99, S99, T04 and X99), enter the process information in item 9 (including a description).
- B. PROCESS DESIGN CAPACITY** – For each code entered in Section A, enter the capacity of the process.
- AMOUNT** – Enter the amount. In a case where design capacity is not applicable (such as in a closure/post-closure or enforcement action) enter the total amount of waste for that process.
 - UNIT OF MEASURE** – For each amount entered in Section B(1), enter the code in Section B(2) from the list of unit of measure codes below that describes the unit of measure used. Select only from the units of measure in this list.
- C. PROCESS TOTAL NUMBER OF UNITS** – Enter the total number of units for each corresponding process code.

PROCESS CODE	PROCESS	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS CODE	PROCESS	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
D79	<u>Disposal:</u> Underground Injection Well Disposal	Gallons; Liters; Gallons Per Day; or Liters Per Day			
D80	Landfill	Acre-feet; Hectare-meter; Acres; Cubic Meters; Hectares; Cubic Yards			
D81	Land Treatment	Acres of Hectares			
D82	Ocean Disposal	Gallons Per Day or Liters Per Day			
D83	Surface Impoundment Disposal	Gallons; Liters; Cubic Meters; or Cubic Yards			
D99	Other Disposal	Any Unit of Measure in Code Table Below			
	<u>Storage:</u>				
S01	Container	Gallons; Liters; Cubic Meters; or Cubic Yards			
S02	Tank Storage	Gallons; Liters; Cubic Meters; or Cubic Yards			
S03	Waste Pile	Cubic Yards or Cubic Meters			
S04	Surface Impoundment Storage	Gallons; Liters; Cubic Meters; or Cubic Yards			
S05	Drip Pad	Gallons; Liters; Acres; Cubic Meters; Hectares; or Cubic Yards			
S06	Containment Building Storage	Cubic Yards or Cubic Meters			
S99	Other Storage	Any Unit of Measure in Code Table Below			
	<u>Treatment:</u>				
T01	Tank Treatment	Gallons Per Day; Liters Per Day			
T02	Surface Impoundment Treatment	Gallons Per Day; Liters Per Day			
T03	Incinerator	Short Tons Per Hour; Metric Tons Per Hour; Gallons Per Hour; Liters Per Hour; Btu Per Hour; Pounds Per Hour; Short Tons Per Day; Kilograms Per Hour; Gallons Per Day; Liters Per Day; Metric Tons Per Hour; or Million Btu Per Hour			
T04	Other Treatment	Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day; Metric Tons Per Hour; Short Tons Per Day Btu Per Hour; Gallons Per Day; Liters Per Hour; or Million Btu Per Hour			
T80	Boiler	Gallons; Liters; Gallons Per Hour; Liters Per Hour; Btu Per Hour; or Million Btu Per Hour			
				<u>Treatment (continued):</u>	
			T81	Cement Kiln	For T81-T83:
			T82	Lime Kiln	
			T83	Aggregate Kiln	Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day;
			T84	Phosphate Kiln	Metric Tons Per Hour; Short Tons Per Day; Btu Per Hour;
			T85	Coke Oven	Liters Per Hour; Kilograms Per Hour; or Million Btu Per Hour
			T86	Blast Furnace	
			T87	Smelting, Melting, or Refining Furnace	
			T88	Titanium Dioxide Chloride Oxidation Reactor	
			T89	Methane Reforming Furnace	
			T90	Pulping Liquor Recovery Furnace	
			T91	Combustion Device Used In The Recovery of Sulfur Valves From Spent Sulfuric Acid Halogen Acid Furnaces	
			T92	Other Industrial Furnaces Listed In 40 CFR §260.10	
			T93		
			T94	Containment Building-Treatment	Cubic Yards; Cubic Meters; Short Tons Per Hour; Gallons Per Hour; Liters Per Hour Btu Per Hour; Pounds Per Hour; Short Tons Per Day; Kilograms Per Hour; Metric Tons Per Day; Gallons Per Day; Liters Per Day; Metric Tons Per Hour; or Million Btu Per Hour
				<u>Miscellaneous (Subpart X):</u>	
			X01	Open Burning/Open Detonation	Any Unit of Measure in Code Table Below
			X02	Mechanical Processing	Short Tons Per Hour; Metric Tons Per Hour; Short Tons Per Day; Metric Tons Per Day; Pounds Per Hour; Kilograms Per Hour; Gallons Per Hour; Liters Per Hour; or Gallons Per Day
			X03	Thermal Unit	Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day; Metric Tons Per Hour; Short Tons Per Day; Btu Per Hour; or Million Btu Per Hour
			X04	Geologic Repository	Cubic Yards; Cubic Meters; Acre-feet; Hectare-meter; Gallons or Liters
			X99	Other Subpart X	Any Unit of Measure Listed Below

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
Gallons.....	G	Short Tons Per Hour.....	D	Cubic Yards.....	Y
Gallons Per Hour.....	E	Metric Tons Per Hour.....	W	Cubic Meters.....	C
Gallons Per Day.....	U	Short Tons Per Day.....	N	Acres.....	B
Liters.....	L	Metric Tons Per Day.....	S	Acre-feet.....	A
Liters Per Hour.....	H	Pounds Per Hour.....	J	Hectares.....	Q
Liters Per Day.....	V	Kilograms Per Hour.....	R	Hectare-meter.....	F
		Million Btu Per Hour.....	X	Btu Per Hour.....	I

8. Process Codes and Design Capacities (Continued)

EXAMPLE FOR COMPLETING Item 8 (shown in line number X-1 below): A facility has a storage tank, which can hold 533.788 gallons.

Line Number	A. Process Code (From list above)			B. PROCESS DESIGN CAPACITY		C. Process Total Number of Units	For Official Use Only
				(1) Amount (specify)	(2) Unit of Measure (Enter code)		
X 1	S	0	2	533.788	G	001	
1	T	0	1	1,150.000	U	001	
2	T	0	1	150.000	U	001	
3							
4							
5							
6							
7							
8							
9							
1 0							
1 1							
1 2							
1 3							

NOTE: If you need to list more than 15 process codes, attach an additional sheet(s) with the information in the same format as above. Number the lines sequentially, taking into account any lines that will be used for "other" processes (i.e., D99, S99, T04 and X99) in Item 9.

9. Other Processes (See instructions on page 25 and follow instructions from Item 8 for D99, S99, T04 and X99 process codes)

Line Number (Enter #s in sequence with Item 8)	A. Process Code (From list above)			B. PROCESS DESIGN CAPACITY		C. Process Total Number of Units	D. Description of Process
				(1) Amount (Specify)	(2) Unit of Measure (Enter code)		
X 2	T	0	4	100.000	001		In-Situ Vitrification
1							
2							
3							
4							

10. Description of Hazardous Wastes (See Instructions on page 25) – Enter Information in the Sections on Form Page 5.

- A. EPA HAZARDOUS WASTE NUMBER – Enter the four-digit number from 40 CFR, Part 261 Subpart D of each listed hazardous waste you will handle. For hazardous wastes which are not listed in 40 CFR, Part 261 Subpart D, enter the four-digit number(s) from 40 CFR Part 261, Subpart C, that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY – For each listed waste entered in Section A, estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in Section A, estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess the characteristic or contaminant.
- C. UNIT OF MEASURE – For each quantity entered in Section B, enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure, taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in Section A select the code(s) from the list of process codes contained in Items 8A and 9A on page 3 to indicate all the processes that will be used to store, treat, and/or dispose of all the listed hazardous wastes.

For non-listed hazardous waste: For each characteristic or toxic contaminant entered in Section A, select the code(s) from the list of process codes contained in items 8A and 9A on page 3 to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

NOTE: THREE SPACES ARE PROVIDED FOR ENTERING PROCESS CODES. IF MORE ARE NEEDED:

1. Enter the first two as described above.
2. Enter "000" in the extreme right box of Item 10.D(1).
3. Use additional sheet, enter line number from previous sheet, and enter additional code(s) in Item 10.E.

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in Item 10.D(2) or in Item 10.E(2).

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER – Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in Section A. On the same line complete Sections B, C and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In Section A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In Section D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING Item 10 (shown in line numbers X-1, X-2, X-3, and X-4 below) – A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operations. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

Line Number	A. EPA Hazardous Waste No. (Enter code)				B. Estimated Annual Quantity of Waste	C. Unit of Measure (Enter code)	D. PROCESSES									
	(1) PROCESS CODES (Enter code)							(2) PROCESS DESCRIPTION (If a code is not entered in D(1))								
X 1	K	0	5	4	900	P	T	0	3	D	8	0				
X 2	D	0	0	2	400	P	T	0	3	D	8	0				
X 3	D	0	0	1	100	P	T	0	3	D	8	0				
X 4	D	0	0	2												Included With Above

11. Map (See instructions on pages 25 and 26)

Attach to this application a topographic map, or other equivalent map, of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in this map area. See instructions for precise requirements.

12. Facility Drawing (See instructions on page 26)

All existing facilities must include a scale drawing of the facility (see instructions for more detail).

13. Photographs (see instructions on page 26)

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

14. Comments (See instructions on page 26)

1. Permit Revision

2. A. Permit Type

R

E

B. Number

NM8800019434-2

DP-1255

C. Description

Post-Closure Care

Discharge Plan – Injection

3. ETU indicates Evaporation Tank Unit.

4. FTU indicates Fuel Treatment Unit.

5. P078 waste code represents the P078 waste resulting from the treatment of NO₂ by ADGAS at the point of generation prior to discharge to the ETU.

6. F001 and F002 indicate purge water (investigative derived waste) management per NMED Letter of Violation (dated June 19, 1998).