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Form Approved OMB Number 2025-0009  
Approval Expires 2021-10-31

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Complete form online via TRI-MEweb. For a trade secret submission, send completed forms to TRI Reporting Center, P. O. Box 10163, Fairfax, VA 22038. The annual public burden related to the Form R is estimated to average 35.71 hours per response for a facility filing a report on one chemical. See the Reporting Forms and Instructions for more information on submissions and the Paperwork Reduction Act.

<b>EPA</b> United States Environmental Protection Agency		<b>FORM R</b> Section 313 of the Emergency Planning and Community Right to know Act of 1986 also known as Title of the Superfund Amendments and Reauthorization Act		TR Facility ID Number <b>23337SNSGDWALLO</b>	
This section on yapp es f you are revs ng or w thdraw ng a previous y subm tted form, otherw se leave b ank:		Rev's on (Enter up to two code(s)) [ ][ ]		Withdrawa (Enter up to two code(s)) [ ][ ]	
Important See nstructions to determine when "Not Applicable (NA)" boxes should be checked					
Part FACILITY IDENTIFICATION INFORMATION					
SECTION 1 REPORTING YEAR <b>2018</b>					
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 <b>Theodore Meyer Acting Associate Division Chief, Code 250</b>				Signature <b>Reference Copy: Copy of Record Resides in CDX</b>	Date Signed <b>2019-06-26</b>
SECTION 4 FACILITY IDENTIFICATION					
4.1	Facility or Establishment Name <b>U.S. NASA GSFC Wallops Flight Facility</b>		TR Facility ID Number <b>23337SNSGDWALLO</b>		B.A. Code
	Street <b>34200 FULTON STREET</b>			Facility or Establishment Mailing Address (if different from physical street address) <b>CODE 250 W BUILDING F-160</b>	
	City/County/State/ZIP Code <b>Wallops Island / Accomack / VA / 23337</b>		City/State/ZIP Code <b>Wallops Island / VA / 23337</b>		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 <b>DOUGLAS BRUNER</b>		Email Address <b>DOUGLAS.W.BRUNER@NASA.GOV</b>		Telephone Number (include area code and ex. ) <b>757-824-2441</b>
4.4	Public Contact name <b>JEREMY L. EGGERS</b>		Email Address <b>JEREMY.L.EGGERS@NASA.GOV</b>		Telephone Number (include area code and ex. ) <b>757-824-2958</b>
4.5	NAICS Code(s) (6 digits) a <b>927110 (Primary)</b>		b	c	d
		e	f		
4.6	Dun and Bradstreet Number(s) (9 digits)				
	a <b>NA</b>				
SECTION 5 PARENT COMPANY INFORMATION					
5.1	Name of U.S. Parent Company (for TR Reporting purposes) <b>NATIONAL AERONAUTICS &amp; SPACE ADMINISTRATION</b>			No U.S. Parent Company (for TR Reporting purposes) <input type="checkbox"/>	
5.2	Parent Company's Dun & Bradstreet Number NA <input checked="" type="checkbox"/>				

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<p><b>EPA FORM R</b> <b>PART II. CHEMICAL - SPECIFIC INFORMATION</b></p>	TR Facility ID Number <b>23337SNSGDWALLO</b> Toxic Chemical Category or Generic Name <b>Polycyclic aromatic compounds</b>
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**SECTION 1 TOXIC CHEMICAL IDENTITY** (Important DO NOT complete this section if you are reporting a mixture component in Section 2 below)

11	CAS Number (Important Enter only one number exactly as it appears on the Section 313 list Enter category code if reporting a chemical category) <b>N590</b>
12	Toxic Chemical or Chemical Category Name (Important Enter only one name exactly as it appears on the Section 313 list) <b>Polycyclic aromatic compounds</b>
13	Generic Chemical Name (Important Complete only if Part Section 2 1 is checked "Yes" Generic Name must be structurally descriptive) <b>NA</b>

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

21	Generic Chemical Name Provided by Supplier (Important Maximum of 70 characters including numbers spaces and punctuation) <b>NA</b>
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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 a <input checked="" type="checkbox"/> Produce b <input type="checkbox"/> Import  f produce or import c <input type="checkbox"/> For on site use/processing d <input type="checkbox"/> For sale/distribution e <input checked="" type="checkbox"/> As a byproduct f <input type="checkbox"/> As an impurity	3.2 Process the toxic chemical  a <input type="checkbox"/> As a reactant Sub Uses b <input type="checkbox"/> As a formulation component Sub Uses c <input type="checkbox"/> As an article component d <input type="checkbox"/> Repackaging e <input type="checkbox"/> As an impurity f <input type="checkbox"/> Recycling	3.3 Otherwise use the toxic chemical  a <input type="checkbox"/> As a chemical processing aid Sub Uses b <input type="checkbox"/> As a manufacturing aid Sub Uses c <input checked="" type="checkbox"/> Ancillary or other use Sub Uses <b>Z308</b>
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**SECTION 4 MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON SITE AT ANY TIME DURING THE CALENDAR YEAR**

41	<b>[ 02 ]</b> (Enter two digit code from instruction package)
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**SECTION 5 QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON SITE**

			A Total Release (pounds/year*) (Enter range code or estimate**)	B Basis of Estimate (Enter code)	C Percent from Stormwater
51	Fugitive or non point air emissions	NA <input type="checkbox"/>	<b>0</b>	<b>0</b>	
52	Stack or point air emissions	NA <input type="checkbox"/>	<b>0.05</b>	<b>0</b>	
53	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>			
	Stream or Water Body Name	Reach Code (optional)			
531	<b>NA</b>				

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<p><b>EPA FORM R</b> <b>PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</b></p>	TR Facility ID Number <b>23337SNSGDWALLO</b>
	Toxic Chemical Category or Generic Name <b>Polycyclic aromatic compounds</b>

**SECTION 5 QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON SITE (Continued)**

		NA	A Total Release (pounds/year*) (Enter range code** or estimate)	B Basis of Estimate (Enter code)
5 4 5 5	Disposal to land on site			
5 4 1	Class I Underground Injection Wells	[X]		
5 4 2	Class II Underground Injection Wells	[X]		
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 3 A	RCRA Subtitle C surface impoundments	[X]		
5 5 3 B	Other surface impoundments	[X]		
5 5 4	Other disposal	[X]		

Optional Waste Rock Piles information  
 You may check this box if your Section 5 5 quantities include "waste rock piles " [ ] Enter quantity of "waste rock piles" (pounds/year\*)

<b>SECTION 6 TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF SITE LOCATIONS</b>	
6 1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)	NA [X]

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

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<b>EPA FORM R</b> <b>PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</b>						TR Facility D Number <b>23337SNSGDWALLO</b>			
						Toxic Chemical Category or Generic Name <b>Polycyclic aromatic compounds</b>			
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS						NA <input type="checkbox"/>			
6.2.1 Off-Site EPA Identification Number (RCRA ID No.)				OHD093945293					
Off-Site Location Name				VEOLIA ES TECHNICAL SOLUTIONS LLC					
Off-Site Address				4301 INFIRMARY ROAD					
City	WEST CARROLLTON	County	Montgomery	State	OH	ZIP	45449	Country (Non-US)	
Is location under control of reporting facility or parent company?						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
A. Total Transfer (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 0 243		1 E1		1 M56					
SECTION 7A. ON-SITE 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)]			c. Waste Treatment Efficiency Estimate				

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<p><b>EPA FORM R</b> <b>PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</b></p>	TR Facility ID Number <b>23337SNSGDWALLO</b> Toxic Chemical Category or Generic Name <b>Polycyclic aromatic compounds</b>
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SECTION 7B ON SITE ENERGY RECOVERY PROCESSES  
 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  
 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)]

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SECTION 8 SOURCE REDUCTION AND WASTE MANAGEMENT		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 8.7 Production Related Waste Managed					
8.1a	Total on site disposal to Class Underground Injection Wells RCRA Subtitle C landfills and other landfills	NA	NA	NA	NA
8.1b	Total other on site disposal or other releases	0.053	0.05	0.05	0.05
8.1c	Total off site disposal to Class 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 on site	NA	NA	NA	NA
8.3	Quantity used for energy recovery off site	252.45	0.243	0.243	0.243
8.4	Quantity recycled on site	525.78	362.86	362.86	362.86
8.5	Quantity recycled off site	NA	NA	NA	NA
8.6	Quantity treated on site	NA	NA	NA	NA
8.7	Quantity treated off site	NA	NA	NA	NA
8.8	Non production related waste managed**		NA		
8.9	<input type="checkbox"/> Production ratio or <input checked="" type="checkbox"/> Activity ratio (select one and enter value to right)		0.12		
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so, complete the following section. If not, check NA.		NA <input checked="" type="checkbox"/>		
	Source Reduction Activities (Enter code(s))	Methods to identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

\*For Dioxin and Dioxin like Compounds report in grams/year  
 \*\* includes quantities released to the environment or transferred off site as a result of remedial actions, catastrophic events, or other one time events not associated with production processes

TR Facility DNumber
<a href="#">23337SNSGDWALLO</a>
Toxic Chemical Category or Generic Name
<a href="#">Polycyclic aromatic compounds</a>

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

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.

Topic	Comment
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Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.

Topic	Comment
Production or Activity Variable	<a href="#">Tons of asphalt used for paving in CY2018 to tons of asphalt used in CY2017</a>

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<b>EPA</b> United States Environmental Protection Agency		<b>FORM R</b> Section 313 of the Emergency Planning and Community Right to know Act of 1986 also known as Title of the Superfund Amendments and Reauthorization Act				TR Facility ID Number <b>23337SNSGDWALLO</b> Toxic Chemical Category or Generic Name <b>Lead Compounds</b>		
This section on yapp es f you are revs ng or w thdraw ng a previous y subm tted form, otherw se leave b ank:		Revisions (Enter up to two code(s)) [ ][ ]			Withdrawals (Enter up to two code(s)) [ ][ ]			
Important See nstructions to determine when "Not Applicable (NA)" boxes should be checked								
Part FACILITY IDENTIFICATION INFORMATION								
SECTION 1 REPORTING YEAR <b>2018</b>								
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 <b>Theodore Meyer Acting Associate Division Chief, Code 250</b>				Signature <b>Reference Copy: Copy of Record Resides in CDX</b>		Date Signed <b>2019-06-26</b>		
SECTION 4 FACILITY IDENTIFICATION								
4.1	Facility or Establishment Name <b>U.S. NASA GSFC Wallops Flight Facility</b>			TR Facility ID Number <b>23337SNSGDWALLO</b>		B.A. Code		
	Street <b>34200 FULTON STREET</b>					Facility or Establishment Mailing Address (if different from physical street address) <b>CODE 250 W BUILDING F-160</b>		
	City/County/State/ZIP Code <b>Wallops Island / Accomack / VA / 23337</b>			City/State/ZIP Code <b>Wallops Island / VA / 23337</b>		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"/> GOOC	
4.3	Technical Contact name <b>DOUGLAS BRUNER</b>		Email Address <b>DOUGLAS.W.BRUNER@NASA.GOV</b>		Telephone Number (include area code and ex. ) <b>757-824-2441</b>			
4.4	Public Contact name <b>JEREMY L. EGGERS</b>		Email Address <b>JEREMY.LEGGERS@NASA.GOV</b>		Telephone Number (include area code and ex. ) <b>757-824-2958</b>			
4.5	NAICS Code(s) (6 digits) <b>927110 (Primary)</b>		b	c	d	e	f	
4.6	Dun and Bradstreet Number(s) (9 digits)							
	a <b>NA</b> b							
SECTION 5 PARENT COMPANY INFORMATION								
5.1	Name of U.S. Parent Company (for TR Reporting purposes) <b>NATIONAL AERONAUTICS &amp; SPACE ADMINISTRATION</b>				No U.S. Parent Company (for TR Reporting purposes) <input type="checkbox"/>			
5.2	Parent Company's Dun & Bradstreet Number		<b>NA <input checked="" type="checkbox"/></b>					

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<p><b>EPA FORM R</b> <b>PART II. CHEMICAL - SPECIFIC INFORMATION</b></p>	TR Facility ID Number <b>23337SNSGDWALLO</b> Toxic Chemical Category or Generic Name <b>Lead Compounds</b>
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**SECTION 1 TOXIC CHEMICAL IDENTITY** (Important DO NOT complete this section if you are reporting a mixture component in Section 2 below)

11	CAS Number (Important Enter only one number exactly as it appears on the Section 313 list Enter category code if reporting a chemical category) <b>N420</b>
12	Toxic Chemical or Chemical Category Name (Important Enter only one name exactly as it appears on the Section 313 list) <b>Lead Compounds</b>
13	Generic Chemical Name (Important Complete only if Part Section 2 1 is checked "Yes" Generic Name must be structurally descriptive) <b>NA</b>

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

21	Generic Chemical Name Provided by Supplier (Important Maximum of 70 characters including numbers spaces and punctuation) <b>NA</b>
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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 a <input checked="" type="checkbox"/> Produce b <input type="checkbox"/> Import  f produce or import c <input type="checkbox"/> For on site use/processing d <input type="checkbox"/> For sale/distribution e <input checked="" type="checkbox"/> As a byproduct f <input type="checkbox"/> As an impurity	3.2 Process the toxic chemical  a <input type="checkbox"/> As a reactant Sub Uses b <input type="checkbox"/> As a formulation component Sub Uses c <input checked="" type="checkbox"/> As an article component d <input type="checkbox"/> Repackaging e <input type="checkbox"/> As an impurity f <input type="checkbox"/> Recycling	3.3 Otherwise use the toxic chemical  a <input type="checkbox"/> As a chemical processing aid Sub Uses b <input type="checkbox"/> As a manufacturing aid Sub Uses c <input checked="" type="checkbox"/> Ancillary or other use Sub Uses <b>Z304</b>
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**SECTION 4 MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON SITE AT ANY TIME DURING THE CALENDAR YEAR**

41	[ <b>04</b> ] (Enter two digit code from instruction package)
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**SECTION 5 QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON SITE**

			A Total Release (pounds/year*) (Enter range code or estimate**)	B Basis of Estimate (Enter code)	C Percent from Stormwater
51	Fugitive or non point air emissions	NA <input checked="" type="checkbox"/>			
52	Stack or point air emissions	NA <input type="checkbox"/>	<b>110</b>	<b>E1</b>	
53	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input type="checkbox"/>			
	Stream or Water Body Name	Reach Code (optional)			
531	<b>LITTLE MOSQUITO CREEK</b>	<b>02040303067708</b>	<b>7</b>	<b>O</b>	<b>NA</b>

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

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<p><b>EPA FORM R</b> <b>PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</b></p>	TR Facility ID Number <b>23337SNSGDWALLO</b> <hr/> Toxic Chemical Category or Generic Name <b>Lead Compounds</b>
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**SECTION 5 QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON SITE (Continued)**

		NA	A Total Release (pounds/year*) (Enter range code** or estimate)	B Basis of Estimate (Enter code)
5 4 5 5	Disposal to land on site			
5 4 1	Class I Underground Injection Wells	[X]		
5 4 2	Class II Underground Injection Wells	[X]		
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 3 A	RCRA Subtitle C surface impoundments	[X]		
5 5 3 B	Other surface impoundments	[X]		
5 5 4	Other disposal	[X]		

Optional Waste Rock Piles information  
 You may check this box if your Section 5 5 quantities include "waste rock piles" [ ] Enter quantity of "waste rock piles" (pounds/year\*)

<b>SECTION 6 TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF SITE LOCATIONS</b>	
6 1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)	NA [X]

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

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<b>EPA FORM R</b> <b>PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</b>						TR Facility D Number <b>23337SNSGDWALLO</b>			
						Toxic Chemical Category or Generic Name <b>Lead Compounds</b>			
SECTION 6.2 TRANSFERS TO OTHER OFF SITE LOCATIONS						NA <input type="checkbox"/>			
6.2.1 Off Site EPA Identification Number (RCRA ID No)						<b>OHD093945293</b>			
Off Site Location Name						<b>VEOLIA ES TECHNICAL SOLUTIONS LLC</b>			
Off Site Address						<b>4301 INFIRMARY ROAD</b>			
City	<b>WEST CARROLLTON</b>	County	<b>Montgomery</b>	State	<b>OH</b>	ZIP	<b>45449</b>	Country (Non US)	
Is location under control of reporting facility or parent company?						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
A Total Transfer (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 <b>1.1</b>		1 <b>O</b>		1 <b>M90</b>					
6.2.2 Off Site EPA Identification Number (RCRA ID No)						<b>NCD986166338</b>			
Off Site Location Name						<b>VEOLIA ES TECHNICAL SOLUTIONS, LLC</b>			
Off Site Address						<b>2176 WILL SUITT RD</b>			
City	<b>CREEDMOOR</b>	County	<b>Granville</b>	State	<b>NC</b>	ZIP	<b>27522</b>	Country (Non US)	
Is location under control of reporting facility or parent company?						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
A Total Transfer (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 <b>0.05</b>		1 <b>O</b>		1 <b>M90</b>					
SECTION 7A. ON SITE 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)]				c Waste Treatment Efficiency Estimate			

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<b>EPA FORM R</b> <b>PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</b>	TR Facility ID Number <b>23337SNSGDWALLO</b> Toxic Chemical Category or Generic Name <b>Lead Compounds</b>
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SECTION 7B ON SITE ENERGY RECOVERY PROCESSES  
 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  
 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 WASTE MANAGEMENT		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 8.7 Production Related Waste Managed					
8.1a	Total on site disposal to Class Underground Injection Wells RCRA Subtitle C landfills and other landfills	NA	NA	NA	NA
8.1b	Total other on site disposal or other releases	NA	117	117	117
8.1c	Total off site disposal to Class 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	1.15	1.15	1.15
8.2	Quantity used for energy recovery on site	NA	NA	NA	NA
8.3	Quantity used for energy recovery off site	NA	NA	NA	NA
8.4	Quantity recycled on site	NA	NA	NA	NA
8.5	Quantity recycled off site	NA	NA	NA	NA
8.6	Quantity treated on site	NA	NA	NA	NA
8.7	Quantity treated off site	NA	NA	NA	NA
8.8	Non production related waste managed**		NA		
8.9	[ ] Production ratio or <input checked="" type="checkbox"/> Activity ratio (select one and enter value to right)		1.25		
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so complete the following section if not check NA		NA <input checked="" type="checkbox"/>		
	Source Reduction Activities (Enter code(s))	Methods to identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

\*For Dioxin and Dioxin like Compounds report in grams/year  
 \*\* includes quantities released to the environment or transferred off site as a result of remedial actions catastrophic events or other one time events not associated with production processes

TR Facility DNumber
<a href="#">23337SNSGDWALLO</a>
Toxic Chemical Category or Generic Name
<a href="#">Lead Compounds</a>

<b>Additional optional information on source reduction, recycling, or pollution control activities.</b>

<b>Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.</b>	
<b>Topic</b>	<b>Comment</b>

<b>Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.</b>	
<b>Topic</b>	<b>Comment</b>
Production or Activity Variable	<a href="#">Rockets with lead compounds launched in CY 2018 to CY 2017</a>
Your facility did not submit a form for this chemical for the prior reporting year	<a href="#">Previous year did not exceed threshold</a>

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Form Approved OMB Number **2025-0009**  
Approval Expires **2021-10-31**

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Complete form online via TRI-MEweb. For a trade secret submission, send completed forms to TRI Reporting Center, P. O. Box 10163, Fairfax, VA 22038. The annual public burden related to the Form R is estimated to average 35.71 hours per response for a facility filing a report on one chemical. See the Reporting Forms and Instructions for more information on submissions and the Paperwork Reduction Act.

<b>EPA</b> United States Environmental Protection Agency		<b>FORM R</b> Section 313 of the Emergency Planning and Community Right to know Act of 1986 also known as Title of the Superfund Amendments and Reauthorization Act		TR Facility ID Number <b>23337SNSGDWALLO</b>	
				Toxic Chemical Category or Generic Name <b>Naphthalene</b>	
This section on yapp es f you are revs ng or w thdraw ng a previous y subm tted form, otherw se leave b ank:		Revs on (Enter up to two code(s)) [ ][ ]		Withdrawa (Enter up to two code(s)) [ ][ ]	
Important See nstructions to determine when "Not Applicable (NA)" boxes should be checked					
Part FACILITY IDENTIFICATION INFORMATION					
SECTION 1 REPORTING YEAR <b>2018</b>					
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 <b>Theodore Meyer Acting Associate Division Chief, Code 250</b>				Signature <b>Reference Copy: Copy of Record Resides in CDX</b>	Date Signed <b>2019-06-26</b>
SECTION 4 FACILITY IDENTIFICATION					
4.1	Facility or Establishment Name <b>U.S. NASA GSFC WALLOPS FLIGHT FACILITY</b>		TR Facility ID Number <b>23337SNSGDWALLO</b>		B.A. Code
	Street <b>34200 FULTON STREET</b>			Facility or Establishment Mailing Address (if different from physical street address) <b>CODE 250 W BUILDING F-160</b>	
	City/County/State/ZIP Code <b>WALLOPS ISLAND / Accomack / VA / 23337</b>		City/State/ZIP Code <b>WALLOPS ISLAND / VA / 23337</b>		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"/> GOOC		
4.3	Technical Contact name <b>DOUGLAS BRUNER</b>		Email Address <b>DOUGLAS.W.BRUNER@NASA.GOV</b>		Telephone Number (include area code and ex. ) <b>757-824-2441</b>
4.4	Public Contact name <b>JEREMY EGGERS</b>		Email Address <b>JEREMY.LEGGERS@NASA.GOV</b>		Telephone Number (include area code and ex. ) <b>757-824-2958</b>
4.5	NAICS Code(s) (6 digits)		a <b>927110 (Primary)</b>	b	c
			d	e	f
4.6	Dun and Bradstreet Number(s) (9 digits)				
	a <b>NA</b>				
SECTION 5 PARENT COMPANY INFORMATION					
5.1	Name of U.S. Parent Company (for TR Reporting purposes) <b>NATIONAL AERONAUTICS &amp; SPACE ADMINISTRATION</b>			No U.S. Parent Company (for TR Reporting purposes) <input type="checkbox"/>	
5.2	Parent Company's Dun & Bradstreet Number		NA <input checked="" type="checkbox"/>		

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<p><b>EPA FORM R</b> <b>PART II. CHEMICAL - SPECIFIC INFORMATION</b></p>	<p>TR Facility ID Number <b>23337SNSGDWALLO</b></p> <p>Toxic Chemical Category or Generic Name <b>Naphthalene</b></p>
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**SECTION 1 TOXIC CHEMICAL IDENTITY** (Important DO NOT complete this section if you are reporting a mixture component in Section 2 below)

11	CAS Number (Important Enter only one number exactly as it appears on the Section 313 list Enter category code if reporting a chemical category) <b>000091203</b>
12	Toxic Chemical or Chemical Category Name (Important Enter only one name exactly as it appears on the Section 313 list) <b>Naphthalene</b>
13	Generic Chemical Name (Important Complete only if Part Section 2 1 is checked "Yes" Generic Name must be structurally descriptive) <b>NA</b>

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

21	Generic Chemical Name Provided by Supplier (Important Maximum of 70 characters including numbers spaces and punctuation) <b>NA</b>
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**SECTION 3 ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY**  
(Important Check all that apply)

<p>3.1 Manufacture the toxic chemical a <input type="checkbox"/> Produce b <input type="checkbox"/> Import</p> <p>f 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</p>	<p>3.2 Process the toxic chemical</p> <p>a <input type="checkbox"/> As a reactant Sub Uses b <input type="checkbox"/> As a formulation component Sub Uses c <input type="checkbox"/> As an article component d <input type="checkbox"/> Repackaging e <input type="checkbox"/> As an impurity f <input type="checkbox"/> Recycling</p>	<p>3.3 Otherwise use the toxic chemical</p> <p>a <input type="checkbox"/> As a chemical processing aid Sub Uses b <input type="checkbox"/> As a manufacturing aid Sub Uses c <input checked="" type="checkbox"/> Ancillary or other use Sub Uses <b>Z304</b></p>
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**SECTION 4 MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON SITE AT ANY TIME DURING THE CALENDAR YEAR**

41	[ <b>04</b> ] (Enter two digit code from instruction package)
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**SECTION 5 QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON SITE**

			A Total Release (pounds/year*) (Enter range code or estimate**)	B Basis of Estimate (Enter code)	C Percent from Stormwater
51	Fugitive or non point air emissions	NA <input checked="" type="checkbox"/>			
52	Stack or point air emissions	NA <input type="checkbox"/>	<b>6.98</b>	<b>E1</b>	
53	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input checked="" type="checkbox"/>			
	Stream or Water Body Name	Reach Code (optional)			
531	<b>NA</b>				

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

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<p><b>EPA FORM R</b> <b>PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</b></p>	TR Facility ID Number <b>23337SNSGDWALLO</b> <hr/> Toxic Chemical Category or Generic Name <b>Naphthalene</b>
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**SECTION 5 QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON SITE (Continued)**

		NA	A Total Release (pounds/year*) (Enter range code** or estimate)	B Basis of Estimate (Enter code)
5.4.5.5	Disposal to land on site			
5.4.1	Class I Underground Injection Wells	[X]		
5.4.2	Class V Underground Injection Wells	[X]		
5.5.1.A	RCRA subtitle C landfills	[X]		
5.5.1.B	Other landfills	[X]		
5.5.2	Land treatment/application farming	[X]		
5.5.3.A	RCRA Subtitle C surface impoundments	[X]		
5.5.3.B	Other surface impoundments	[X]		
5.5.4	Other disposal	[X]		

Optional Waste Rock Piles information  
 You may check this box if your Section 5.5 quantities include "waste rock piles" [ ] Enter quantity of "waste rock piles" (pounds/year\*)

<b>SECTION 6 TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS</b>	
6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)	NA [X]

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

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<b>EPA FORM R</b> <b>PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</b>		TR Facility D Number	
		23337SNSGDWALLO	
		Toxic Chemical Category or Generic Name	
		Naphthalene	
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS			
6.2.1 Off-Site EPA Identification Number (RCRA ID No.)		NA <input type="checkbox"/>	
Off-Site Location Name		OHD093945293	
Off-Site Address		VEOLIA ES TECHNICAL SOLUTIONS LLC	
		4301 INFIRMARY ROAD	
City	WEST CARROLLTON	County	Montgomery
State	OH	ZIP	45449
			Country (Non-US)
Is location under control of reporting facility or parent company?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
A Total Transfer (pounds/year*) (Enter range code** or estimate)	B Basis of Estimate (Enter code)	C Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)	
1 214	1 O	1 M56	
SECTION 7A. ON-SITE 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)]	c Waste Treatment Efficiency Estimate	

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<b>EPA FORM R</b> <b>PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</b>	TR Facility ID Number <b>23337SNSGDWALLO</b> Toxic Chemical Category or Generic Name <b>Naphthalene</b>
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SECTION 7B ON SITE ENERGY RECOVERY PROCESSES  
 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  
 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 WASTE MANAGEMENT		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 8.7 Production Related Waste Managed					
8.1a	Total on site disposal to Class Underground Injection Wells RCRA Subtitle C landfills and other landfills	NA	NA	NA	NA
8.1b	Total other on site disposal or other releases	18.13	6.98	6.98	6.98
8.1c	Total off site disposal to Class 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 on site	NA	NA	NA	NA
8.3	Quantity used for energy recovery off site	212.75	214	214	214
8.4	Quantity recycled on site	NA	NA	NA	NA
8.5	Quantity recycled off site	NA	NA	NA	NA
8.6	Quantity treated on site	NA	NA	NA	NA
8.7	Quantity treated off site	NA	NA	NA	NA
8.8	Non production related waste managed**		NA		
8.9	[ ] Production ratio or <input checked="" type="checkbox"/> Activity ratio (select one and enter value to right)		0.56		
8.10	Did your facility engage in any newly implemented source reduction activities for this chemical during the reporting year? If so complete the following section if not check NA		NA <input checked="" type="checkbox"/>		
	Source Reduction Activities (Enter code(s))	Methods to identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

\*For Dioxin and Dioxin like Compounds report in grams/year  
 \*\* includes quantities released to the environment or transferred off site as a result of remedial actions catastrophic events or other one time events not associated with production processes

TR Facility DNumber
<a href="#">23337SNSGDWALLO</a>
Toxic Chemical Category or Generic Name
<a href="#">Naphthalene</a>

<b>Additional optional information on source reduction, recycling, or pollution control activities.</b>

<b>Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.</b>	
<b>Topic</b>	<b>Comment</b>

<b>Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.</b>	
<b>Topic</b>	<b>Comment</b>
Production or Activity Variable	<a href="#">Ratio of Jet Fuel in CY2018 to Jet Fuel in CY2017</a>