DEPARTMENT OF THE ARMY
CAMP STANLEY STORAGE ACTIVITY, RRAD
25800 RALPH FAIR ROAD, BOERNE, TX 78015-4800

14 May 2004

U-058-04

Executive Director
Texas Commission on Environmental Quality
Wastewater Compliance Section
Attn.: Ms. Jan Sills
P.O. Box 13087 (MC-148)
Austin, Texas 78711-3087

Subject: Self-Reporting of an Exceedance for Monthly Daily Flow Average Permit Limit, Camp Stanley Storage Activity, Boerne, TX, TCEQ Permit 03849

Dear Executive Director:

Per your requirements set forth in 30 TAC §§319.4-319.12, Camp Stanley Storage Activity (CSSA), permit number 03849, is self-reporting that Outfall 001 exceeded our maximum allowable daily flow on April 24, 2004. This outfall averaged 61,348 gallons per day (gpd) on that specific date, which exceeds our allowable daily maximum of 60,000 gpd. The elevated flow levels were a direct result of heavy rains that have fallen in our area. Our permit limitation is for 30,000 gpd average daily flow. CSSA has attached the April Monthly Effluent Report.

If you have any questions or comments, please feel free to contact me at (210) 295-7416.

Sincerely,

JASON D. SHIRLEY
Installation Manager

Attachment

cc: Mr. Greg Lyssy
EPA Region 6

Mr. Tom Haberle
TCEQ Region 13

Mr. Kent Grubb
U.S. Army, Army Medical Command, Fort Sam Houston, Staff Judge Advocate

Ms. Julie Burdey
Parson

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME U. S. DEPARTMENT OF THE ARMY
ADDRESS CBR-CFFA
25800 RALPH FAIR ROAD
BOERNE TX 78015-4800
FACILITY CAMP STANLEY STORAGE ACTIVITY
LOCATION BOERNE TX 78015-4800
ATTN: LTC JASON D. SHIRLEY, COMMANDER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
TX0064505	001 A

MINOR
F - FINAL
SANITARY WASTEWATER - C01
EFFLUENT
*** NO DISCHARGE [ ] ***

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	04	01	TO	04	04	30

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.8	*****	*****	(19)	0	1/7	grab
	PERMIT REQUIREMENT	*****	*****	*****	2.0 MINIMUM	*****	*****	MG/L		WEEKLY	GRAB
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	< 2.0	*****	(26)	*****	< 2.0	< 2.0	(19)	0	1/7	grab
	PERMIT REQUIREMENT	5.0 DAILY AVG	*****	LBS/DY	*****	20 DAILY AVG	45 DAILY MX	MG/L		WEEKLY	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.4	*****	7.8	(12)	0	1/7	grab
	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	< 1.2	*****	(26)	*****	< 1.2	< 1.2	(19)	0	1/7	grab
	PERMIT REQUIREMENT	5.0 DAILY AVG	*****	LBS/DY	*****	20 DAILY AVG	45 DAILY MX	MG/L		WEEKLY	GRAB
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0	0	(19)	0	5/7	grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.075 DAILY AVG	0.161 DAILY MX	MG/L		DAILY	GRAB
TETRACHLOROETHYLENE 34475 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0	0	(19)	0	2/7	grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.036 DAILY AVG	0.077 DAILY MX	MG/L		TWICE/WEEK	GRAB
TRICHLOROETHYLENE 39180 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0	0	(19)	0	2/7	grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.036 DAILY AVG	0.077 DAILY MX	MG/L		TWICE/WEEK	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
R Herman Stinson Chief - Logistics Division TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	210-295-7420 AREA CODE NUMBER	04 05 14 YEAR MO DAY			
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLING REQUIRED ONLY WHEN DISCHARGING TREATED GROUNDWATER.

TPDES 03849 (MB)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME U. S. DEPARTMENT OF THE ARMY

ADDRESS CBR-CFFA
25800 RALPH FAIR ROAD
BOERNE TX 78015-4800

FACILITY CAMP STANLEY STORAGE ACTIVITY

LOCATION BOERNE TX 78015-4800

ATTN: LTC JASON D. SHIRLEY,COMMANDER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved.
OMB No. 2040-0004

MINOR

PERMIT NUMBER	DISCHARGE NUMBER
TX0068505	001 A

F - FINAL
SANITARY WASTEWATER - 001
EFFLUENT

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	04	01	TO	04	04	30

*** NO DISCHARGE | | ***

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FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.008	0.061	(03)	*****	*****	*****		1	na	cont.
	PERMIT REQUIREMENT	0.030 DAILY AVG	0.060 DAILY MAX	MGD				**** ****		1 TIME /WEEK	INSTAN
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		1.2	*****	3.6	(19)	0	5/7	grab
	PERMIT REQUIREMENT	*****	*****	**** ****	1.0 MO MIN	*****	4.0 MO MAX	MG/L		5 TIME /WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE		
Herman Stinson Chief - Logistics Division	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	210-295-7420	04	05	14
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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TPDES 03849 (MB)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

TX0064505 — PERMIT NUMBER

002 A — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	04	01	TO	04	04	30

MINOR

F - FINAL

GROUNDWATER - 002

EFFLUENT

*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	********	********		7.01	********	7.05	(12)	0	Daily	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	**** ****	6.0 MINIMUM	********	9.0 MAXIMUM	SU		DAILY	GRAB
TETRACHLOROETHYLENE	SAMPLE MEASUREMENT	********	********		********	0	0	(19)	0	2/7	Grab
34475 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	**** ****	********	0.036 DAILY AV	0.077 DAILY MX	MG/L		TWICE/WEEK	GRAB
TRICHLOROETHYLENE	SAMPLE MEASUREMENT	********	********		********	0	0	(19)	0	2/7	Grab
39180 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	**** ****	********	0.036 DAILY AV	0.077 DAILY MX	MG/L		TWICE/WEEK	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.017027	0.018263	(03)	********	********	********		0	Daily	Instan
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.030 DAILY AV	0.060 DAILY MX	MGD	********	********	********	**** ****		DAILY	INSTAN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Howard E. Stinson
Chief, Facilities Engr & Div

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE | NUMBER

DATE: YEAR | MO | DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN DISCHARGE OCCURS. RECEIVED NOTIFICATION LETTER OUTFALL 002 ACTIVE EFFECTIVE.

TPDES 03845 (MB)