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

2 July 2004

U-091-04

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 from June 28 - 30, 2004. The three-day outfall averaged 104,285 gallons per day (gpd) on June 28; 262,935 gpd on June 29; and 169,171 gpd on June 30, 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 June 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. Rod Hudson
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. DEPT. OF THE ARMY

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

FACILITY LOCATION U.S. DEPT. OF THE ARMY
BOERNE TX 78015-4800

ATTN: JASON D. SHIRLEY, INSTL. MGN.*

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 - 001
EFFLUENT

*** NO DISCHARGE | __ | ***

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	06	01	TO	04	06	30

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.2	******	******	(19)	0	1/7	Grab
	PERMIT REQUIREMENT			****				MG/L		WEEKLY	GRAB
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.5	******	(26)	******	< 2	< 2	(19)	0	1/7	Grab
	PERMIT REQUIREMENT	5.0 DAILY AV		LBS/DY		30 DAILY AV	45 DAILY MX	MG/L		WEEKLY	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.4	******	8.3	(12)	0	5/7	Grab
	PERMIT REQUIREMENT			****	6.0 MINIMUM		9.0 MAXIMUM	SU		5/CY/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.0	******	(26)	******	5.2	12	(19)	0	1/7	Grab
	PERMIT REQUIREMENT	5.0 DAILY AV		LBS/DY		30 DAILY AV	45 DAILY MX	MG/L		WEEKLY	GRAB
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	0	0	(19)	0		
	PERMIT REQUIREMENT			****		0.00784 DAILY AV	0.0161 DAILY MX	MG/L		2/DAY	GRAB
TETRACHLOROETHYLENE 34475 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	0	0	(19)	0		
	PERMIT REQUIREMENT			****		0.0010 DAILY AV	0.0077 DAILY MX	MG/L		THREE/WEEK	GRAB
TRICHLOROETHYLENE 39180 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	0	0	(19)	0		
	PERMIT REQUIREMENT			****		0.0010 DAILY AV	0.0077 DAILY MX	MG/L		THREE/WEEK	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Herman Stinson Chief Logistics Division		210	295-7420	04	06	30
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

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

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

SAMPLING REQUIRED ONLY WHEN DISCHARGING TREATED GROUNDWATER.

TPDES 03049 (MB)

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

NAME U. S. DEPT. OF THE ARMY

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

FACILITY U.S. DEPT. OF THE ARMY

LOCATION BOERNE TX 78015-4800

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TX0064505 — PERMIT NUMBER

001 A — DISCHARGE NUMBER

MINOR

F - FINAL
SANITARY WASTEWATER - 001
EFFLUENT
*** NO DISCHARGE | __ | ***

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
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FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.028	0.263	(03)	******	******	******		3	N/A	Cont.
	PERMIT REQUIREMENT	[illegible]	[illegible]	MGD				**** ****		5/TMS/WEEK	INSTAN
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		1.2	******	3.5	(19)	0	5/7	Grab
	PERMIT REQUIREMENT			*** ****	[illegible]		[illegible]	MG/L		5/TMS/WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Herman Stinson
Chief Logistics Division

TYPED OR PRINTED

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Herman E. Stinson

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	TELEPHONE NUMBER	DATE YEAR	DATE MO	DATE DAY
210	295-7420	04	06	30

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TPDES 03849 (MB)

EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.

This is a 4-part form.

00101/040120-1925