

PARSONS ENGINEERING SCIENCE, INC.

A UNIT OF PARSONS INFRASTRUCTURE & TECHNOLOGY GROUP INC.

8000 Centre Park Drive, Suite 200 • Austin, Texas 78754-5140 • (512) 719-6000 • Fax: (512) 719-6099

August 12, 1997

USEPA Water Enforcement Branch (6EN-WC)

Attn: Ms. Ruth Gibson

1445 Ross Avenue

Dallas, TX 75202-2733

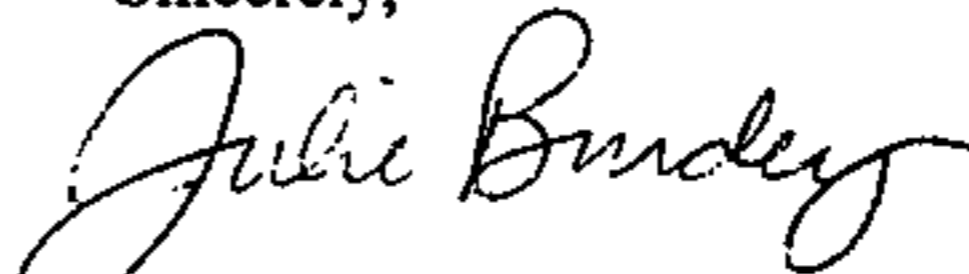
Subject: NPDES Discharge Monitoring Report
Camp Stanley Storage Activity, Boerne, Texas
Contract F11623-94-D-0024, Order RL33
EPA Permit Number: TX 0064505

Dear Ms. Greensage:

On behalf of our client, Camp Stanley Storage Activity (CSSA), we are requesting your approval to use the attached form for their Discharge Monitoring Report. Parsons ES used the forms that CSSA is currently using to develop the attached form. This form meets the requirements of 40 CFR §122. CSSA plans to begin using this form by September 15, 1997.

If you have any questions or comments, please call Brian Murphy of CSSA at (210)698-5208 or me at (512)719-6062.

Sincerely,



Julie Burdey, P.G.
Project Manager

xc: Brian Murphy, CSSA
Jo Jean Mullen, AFCEE ERD
Nancy Stine, AMC CONF/LGCFB
John Stewart, Parsons ES - St. Louis

NAME: Carr. nley Storage Activity
 ADDRESS: Paul Oliver
 25800 Ralph Fair Road
 Boerne, Texas 78015-4800

TX 006 05 (17-19)
 PERMIT NUMBER: 001
 DISCHARGE NUMBER

FACILITY LOCATION

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)		UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW		0.9	*****	****	*****	*****	*****	****			
BOD5											
	PERMIT REQUIREMENT			****			0	MG/L			
TSS											
	PERMIT REQUIREMENT			****			20	MG/L			
CHLORINE RESIDUAL											
	PERMIT REQUIREMENT			****			10	MG/L			
PH											
	PERMIT REQUIREMENT			****			6.0	****			
	PERMIT REQUIREMENT			****				****			
	PERMIT REQUIREMENT			****				****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT, SEE 16 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: (210) 295-7416
 DATE: YEAR MO DAY

TYPED OR PRINTED
 COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)