



**DEPARTMENT OF THE ARMY**  
Headquarters, U.S. Army Garrison Fort Monmouth  
Fort Monmouth, New Jersey 07703-5000



REPLY TO  
ATTENTION OF

28 FEB 1995

**Directorate of Public Works**

New Jersey Department of  
Environmental Protection  
Community Right to Know Survey  
CN 405  
Trenton, NJ 08625-0405

**SUBJECT: Emergency Planning and Community Right-to-Know Act,  
Section 312 Submission.**

Dear Sir or Madam:

The Main Post area of Fort Monmouth is subject to reporting requirements of the Emergency Planning and Community Right-to-Know Act (EPCRA), Section 312 (40 CFR Part 370.21). The information provided on the attached NJDEP forms serves as Fort Monmouth's EPCRA 312 submission for the Main Post.

Should you have any questions or require further information, please contact Mr. Joseph Fallon. Mr. Fallon is a Certified Hazardous Materials Manager (CHMM) and will serve as Fort Monmouth's Facility Emergency Coordinator. He can be reached at the following telephone number: 908-532-6223.

Sincerely,

James Ott  
Acting Director  
Directorate of Public Works

CF: Chief, Fort Monmouth Fire Department

# COMMUNITY RIGHT TO KNOW SURVEY FOR 1994

## For State and Federal Community Right to Know Reporting

Please type this form.

THIS PAGE MUST BE COMPLETED, SIGNED, AND RETURNED.

9 9 9 4 2 2 0 3 0 0 2 9 7 1 1

*Joseph*  
ATTN: ~~JAMES~~ FALLON,  
U S ARMY FORT MONMOUTH B  
DIRECTORATE OF PUBLIC WORKS  
BUILDING 173, ATTN: SELFM-PW-EV  
FORT MONMOUTH, NJ 07703-~~5000~~ 5108

(A)

9 9 9 4 2 2 0 3 0 0 2 | 1 3 3 8

U S ARMY FORT MONMOUTH B  
MAIN POST

See instructions (Pages 8-9) if information on these labels is incorrect.

<b>(B)</b> Does this facility <b>Produce, Store or Use</b> any Environmental Hazardous Substances listed on Table A: 1. in any quantity? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 2. above thresholds? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>(D)</b> Number of employees at facility <u>7,732</u>
	<b>(E)</b> Number of facilities in New Jersey <u>3</u>
<b>(C)</b> Briefly describe the nature of the operations or business conducted at this facility:  <u>Military Installation</u>	<b>(F)</b> Federal EIN <u>NA</u>
	<b>(G)</b> If you are claiming an R&D lab exemption for this facility, enter your approval number here.
<b>(H)</b> Check box if facility is reporting pursuant only to Section 312 of the Federal Emergency Planning and Community Right to Know Act (EPCRA/SARA, Title III) <input checked="" type="checkbox"/>	
<b>(I)</b> FACILITY EMERGENCY CONTACT Name <u>Joseph M. Fallon</u> Title <u>Environmental Specialist</u> Facility Phone Number <u>(908) 532-6223</u> Emergency Contact Phone Number <u>(908) 532-9911</u>	

**NOTE:** Check box only if the facility information in boxes A, D, E, I or J has changed since your last submittal.

**(J)** CERTIFICATION OF OWNER/OPERATOR OR AUTHORIZED REPRESENTATIVE — I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Signature *James W. Ott* Date 02/28/95 Fax # (908) 532-3484  
 Name James W. Ott Title Acting Director, DPW Phone # (908) 532-3854

RETURN SIGNED ORIGINAL TO:  
NJDEP  
Community Right To Know Survey  
CN 405  
Trenton, NJ 08625-0405

\* You are required to send copies of this survey to the agencies listed on Page 28 of the Instruction guide.  
You must also keep a copy at your facility.

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**PART 2**  
**1994 CHEMICAL INVENTORY REPORT**

U S ARMY FORT MONMOUTH B  
MAIN POST

Reporting Period: January 1 - December 31, **1994**

Please type all responses.  
Photocopy this page if you need additional forms.  
Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>Ammonia</u> Substance Number: <u>0084</u> CAS Number: <u>7664-41-7</u> DOT Number: <u>1005</u> Pure <input checked="" type="checkbox"/> or Mixture <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Trade Secret: <input type="checkbox"/> Check if claiming	Location(s) <u>Facility Wide</u> <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container Type <u>CY</u> Max. daily inventory <u>12</u> Avg. daily inventory <u>12</u> Days on site <u>365</u> Storage pressure <u>02</u> Storage temperature <u>04</u>
Name: <u>Anti-Freeze</u> Substance Number: CAS Number: <u>107-21-1</u> DOT Number: <u>1142</u> Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Trade Secret: <input type="checkbox"/> Check if claiming	Location(s) <u>Facility Wide</u> <input type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container Type <u>TA</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Name: <u>Anti-Freeze</u> Substance Number: CAS Number: <u>107-21-1</u> DOT Number: <u>1142</u> Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Trade Secret: <input type="checkbox"/> Check if claiming	Location(s) <u>Facility Wide</u> <input type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container Type <u>DP</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>14</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Name: <u>Diesel Fuel</u> Substance Number: <u>2651</u> CAS Number: <u>168476-34-6</u> DOT Number: <u>1993</u> Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Trade Secret: <input type="checkbox"/> Check if claiming	Location(s) <u>Facility Wide</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container Type <u>TB</u> Max. daily inventory <u>17</u> Avg. daily inventory <u>17</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Name: <u>Fuel Oil No. 2</u> Substance Number: <u>2651</u> CAS Number: <u>168476-30-2</u> DOT Number: <u>1993</u> Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Trade Secret: <input type="checkbox"/> Check if claiming	Location(s) <u>Facility Wide</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container Type <u>TA</u> Max. daily inventory <u>17</u> Avg. daily inventory <u>17</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>

INVENTORY RANGE CODES <sup>1</sup>	CONTAINER CODES AND DESCRIPTIONS	STORAGE TEMPERATURE AND PRESSURE CODES	
20 Greater than 10 million pounds	TA Above ground tank	Pressure	
19 1,000,001 to 10 million pounds	TB Below ground tank		
18 500,001 to 1 million pounds	TI Tank inside building	01 Ambient* pressure	
17 250,001 to 500,000 pounds	DS Steel drum	02 Greater than ambient pressure	
16 100,001 to 250,000 pounds	DP Plastic drum	03 Less than ambient pressure	
15 50,001 to 100,000 pounds	DF Fiber drum	Temperature	
14 10,001 to 50,000 pounds	CN Can		04 Ambient temperature
13 1,001 to 10,000 pounds	CB Carboy		05 Greater than ambient temperature
12 101 to 1,000 pounds	SI Silo		06 Less than ambient temperature but not cryogenic (freezing conditions)
11 11 to 100 pounds	BA Bag		07 Cryogenic conditions (less than -200°C)
10 1 to 10 pounds	BX Box		
09 Less than 1 pound	BY Cylinder		
	BG Bottles or jugs (glass)		
	BP Bottles or jugs (plastic)		
	BN Tote bin		
	TW Tank Wagon		
	RC Railcar		
	OT Other (Describe)		

<sup>1</sup>NOTE: Please see pages 14 thru 16 for gallon and cubic feet conversion factors.

\*Ambient means "normal," "surrounding," or "room" conditions.

**PART 2**

**1994 CHEMICAL INVENTORY REPORT**

9 9 9 4 2 2 0 3 0 0 2 | 1 3 3 8

U S ARMY FORT MONMOUTH B  
MAIN POST

Reporting Period: January 1 - December 31, 1994

Please type all responses.  
Photocopy this page if you need additional forms.  
Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>Fuel Oil No. 2</u> Substance Number: <u>2651</u> CAS Number: <u>68476-30-2</u> DOT Number: <u>1993</u> Pure ( ) or Mixture (X) Solid ( ) Liquid (X) Gas ( ) Trade Secret: ( ) Check if claiming	(X) Fire ( ) Sudden release of pressure ( ) Reactive (X) Acute health effects (X) Chronic health effects ( ) None per MSDS Location(s): <u>Facility Wide</u>	Container Type <u>TB</u> Max. daily inventory <u>18</u> Avg. daily inventory <u>18</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Name: <u>Fuel Oil No. 6</u> Substance Number: <u>2651</u> CAS Number: <u>68553-00-4</u> DOT Number: <u>1993</u> Pure ( ) or Mixture (X) Solid ( ) Liquid (X) Gas ( ) Trade Secret: ( ) Check if claiming	(X) Fire ( ) Sudden release of pressure ( ) Reactive (X) Acute health effects (X) Chronic health effects ( ) None per MSDS Location(s): <u>Facility Wide</u>	Container Type <u>TB</u> Max. daily inventory <u>17</u> Avg. daily inventory <u>17</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>05</u>
Name: <u>Gasolina</u> Substance Number: <u>0957</u> CAS Number: <u>8006-61-9</u> DOT Number: <u>1203</u> Pure ( ) or Mixture (X) Solid ( ) Liquid (X) Gas ( ) Trade Secret: ( ) Check if claiming	(X) Fire ( ) Sudden release of pressure ( ) Reactive (X) Acute health effects (X) Chronic health effects ( ) None per MSDS Location(s): <u>Facility Wide</u>	Container Type <u>TB</u> Max. daily inventory <u>16</u> Avg. daily inventory <u>16</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Name: <u>Sodium Hypochlorite</u> Substance Number: _____ CAS Number: <u>7681-52-9</u> DOT Number: <u>1791</u> Pure ( ) or Mixture (X) Solid ( ) Liquid (X) Gas ( ) Trade Secret: ( ) Check if claiming	( ) Fire ( ) Sudden release of pressure (X) Reactive (X) Acute health effects (X) Chronic health effects ( ) None per MSDS Location(s): <u>Facility Wide</u>	Container Type <u>TA</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Name: _____ Substance Number: _____ CAS Number: _____ DOT Number: _____ Pure ( ) or Mixture ( ) Solid ( ) Liquid ( ) Gas ( ) Trade Secret: ( ) Check if claiming	( ) Fire ( ) Sudden release of pressure ( ) Reactive ( ) Acute health effects ( ) Chronic health effects ( ) None per MSDS Location(s): _____	Container Type _____ Max. daily inventory _____ Avg. daily inventory _____ Days on site _____ Storage pressure _____ Storage temperature _____

**INVENTORY RANGE CODES<sup>1</sup>**

20	Greater than 10 million pounds
19	1,000,001 to 10 million pounds
18	500,001 to 1 million pounds
17	250,001 to 500,000 pounds
16	100,001 to 250,000 pounds
15	50,001 to 100,000 pounds
14	10,001 to 50,000 pounds
13	1,001 to 10,000 pounds
12	101 to 1,000 pounds
11	11 to 100 pounds
10	1 to 10 pounds
09	Less than 1 pound

<sup>1</sup>NOTE: Please see pages 14 thru 16 for gallon and cubic feet conversion factors.

**CONTAINER CODES AND DESCRIPTIONS**

TA	Above ground tank	BA	Bag
TB	Below ground tank	BX	Box
TI	Tank inside building	CY	Cylinder
DS	Steel drum	BG	Bottles or jugs (glass)
DP	Plastic drum	BP	Bottles or jugs (plastic)
DF	Fiber drum	BN	Tote bin
CN	Can	TW	Tank Wagon
CB	Carboy	RC	Railcar
SI	Silo	OT	Other (Describe)

**STORAGE TEMPERATURE AND PRESSURE CODES**

<b>Pressure</b>	
01	Ambient* pressure
02	Greater than ambient pressure
03	Less than ambient pressure
<b>Temperature</b>	
04	Ambient temperature
05	Greater than ambient temperature
06	Less than ambient temperature but not cryogenic (freezing conditions)
07	Cryogenic conditions (less than -200°C)

\*Ambient means "normal," "surrounding," or "room" conditions.



**DEPARTMENT OF THE ARMY**  
Headquarters, U.S. Army Garrison Fort Monmouth  
Fort Monmouth, New Jersey 07703-5000



REPLY TO  
ATTENTION OF

28 FEB 1995

**Directorate of Public Works**

New Jersey Department of  
Environmental Protection  
Community Right to Know Survey  
CN 405  
Trenton, NJ 08625-0405

**SUBJECT: Emergency Planning and Community Right-to-Know Act,  
Section 312 Submission.**

**Dear Sir or Madam:**

The Charles Wood Area of Fort Monmouth is subject to reporting requirements of the Emergency Planning and Community Right-to-Know Act (EPCRA), Section 312 (40 CFR Part 370.21). The information provided on the attached NJDEP forms serves as Fort Monmouth's EPCRA 312 submission for the Charles Wood Area.

Should you have any questions or require further information, please contact Mr. Joseph Fallon. Mr. Fallon is a Certified Hazardous Materials Manager (CHMM) and will serve as Fort Monmouth's Facility Emergency Coordinator. He can be reached at the following telephone number: 908-532-6223.

Sincerely,

James Ott  
Acting Director  
Directorate of Public Works

**CF: Chief, Fort Monmouth Fire Department**

# COMMUNITY RIGHT TO KNOW SURVEY FOR 1994

## For State and Federal Community Right to Know Reporting

Please type this form.

THIS PAGE MUST BE COMPLETED, SIGNED, AND RETURNED.

9 9 9 4 2 2 0 3 0 0 0 9 7 1 1

ATTN: Joseph Fallon  
US Army Fort Monmouth  
Directorate of Public Works  
Building 173, ATTN: SELFM-PW-EV  
Fort Monmouth, NJ 07703-5108

(A)

9 9 9 4 2 2 0 3 0 0 0 1 1 3 1 1

DEPARTMENT OF THE ARMY  
CHARLES WOOD AREA

See instructions (Pages 8-9) if information on these labels is incorrect.

<b>(B)</b> Does this facility Produce, Store or Use any Environmental Hazardous Substances listed on Table A: 1. in any quantity? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 2. above thresholds? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>(D)</b> Number of employees at facility 7,732
	<b>(E)</b> Number of facilities in New Jersey 3
<b>(C)</b> Briefly describe the nature of the operations or business conducted at this facility:  Military Installation	<b>(F)</b> Federal EIN NA
	<b>(G)</b> If you are claiming an R&D lab exemption for this facility, enter your approval number here.
<b>(H)</b> Check box if facility is reporting pursuant only to Section 312 of the Federal Emergency Planning and Community Right to Know Act (EPCRA/SARA, Title III) <input checked="" type="checkbox"/>	
<b>(I)</b> FACILITY EMERGENCY CONTACT Name Joseph M. Fallon Title Environmental Specialist Facility Phone Number (908) 532-6223 Emergency Contact Phone Number (908) 532-9911	

NOTE: Check box only if the facility information in boxes A, D, E, I or J has changed since your last submittal.

**(J)** CERTIFICATION OF OWNER/OPERATOR OR AUTHORIZED REPRESENTATIVE — I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Signature James W. Ott Date 02/28/95 Fax # (908) 532-3484  
 Name James W. Ott Title Acting Director, DPW Phone # (908) 532-3854

RETURN SIGNED ORIGINAL TO:  
NJDEP  
Community Right To Know Survey  
CN 405  
Trenton, NJ 08625-0405

\* You are required to send copies of this survey to the agencies listed on Page 28 of the instruction guide. You must also keep a copy at your facility.

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DEPARTMENT OF THE ARMY  
CHARLES WOOD AREA

**PART 2**  
**1994 CHEMICAL INVENTORY REPORT**

Reporting Period: January 1 - December 31, 1994

Please type all responses.  
Photocopy this page if you need additional forms.  
Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>Ammonia</u> Substance Number: <u>0084</u> CAS Number: <u>7664-41-7</u> DOT Number: <u>1005</u> Pure <input checked="" type="checkbox"/> or Mixture <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Trade Secret: <input type="checkbox"/> Check if claiming	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS Location(s) <u>Facility Wide</u>	Container Type <u>CY</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>365</u> Storage pressure <u>02</u> Storage temperature <u>04</u>
Name: <u>Fuel Oil No. 2</u> Substance Number: <u>2651</u> CAS Number: <u>68476-30-2</u> DOT Number: <u>1993</u> Pure <input type="checkbox"/> or Mixture <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Trade Secret: <input type="checkbox"/> Check if claiming	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS Location(s) <u>Facility Wide</u>	Container Type <u>TB</u> Max. daily inventory <u>16</u> Avg. daily inventory <u>16</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
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Name: _____ Substance Number: _____ CAS Number: _____ DOT Number: _____ Pure <input type="checkbox"/> or Mixture <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Trade Secret: <input type="checkbox"/> Check if claiming	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input type="checkbox"/> Acute health effects <input type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS Location(s) _____	Container Type _____ Max. daily inventory _____ Avg. daily inventory _____ Days on site _____ Storage pressure _____ Storage temperature _____

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REPLY TO  
ATTENTION OF

28 FEB 1995

**Directorate of Public Works**

**New Jersey Department of  
Environmental Protection  
Community Right to Know Survey  
CN 405  
Trenton, NJ 08625-0405**

**SUBJECT: Emergency Planning and Community Right-to-Know Act,  
Section 312 Submission.**

**Dear Sir or Madam:**

The Evans Area of Fort Monmouth is subject to reporting requirements of the Emergency Planning and Community Right-to-Know Act (EPCRA), Section 312 (40 CFR Part 370.21). The information provided on the attached NJDEP forms serves as Fort Monmouth's EPCRA 312 submission for the Evans Area.

Should you have any questions or require further information, please contact Mr. Joseph Fallon. Mr. Fallon is a Certified Hazardous Materials Manager (CEMM) and will serve as Fort Monmouth's Facility Emergency Coordinator. He can be reached at the following telephone number: 908-532-6223.

Sincerely,

**James Ott  
Acting Director  
Directorate of Public Works**

**CF: Chief, Fort Monmouth Fire Department**



# COMMUNITY RIGHT TO KNOW SURVEY FOR 1994

## For State and Federal Community Right to Know Reporting

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9 9 9 4 2 2 0 3 0 0 1 9 7 1 1

ATTN: Joseph Fallon  
US Army Fort Monmouth  
Directorate of Public Works  
Building 173, ATTN: SELFM-PW-EV  
Fort Monmouth, NJ 07703-5108

① 9 9 9 4 2 2 0 3 0 0 1 | 1 3 5 2

U S DEPARTMENT OF THE ARMY  
EVANS AREA

See instructions (Pages 8-9) if information on these labels is incorrect.

(B) Does this facility Produce, Store or Use any Environmental Hazardous Substances listed on Table A: 1. in any quantity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 2. above thresholds? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(D) Number of employees at facility 7,732
	(E) Number of facilities in New Jersey 3
(C) Briefly describe the nature of the operations or business conducted at this facility:  Military Installation	(F) Federal EIN NA
	(G) If you are claiming an R&D lab exemption for this facility, enter your approval number here.
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(I) FACILITY EMERGENCY CONTACT Name Joseph M. Fallon Title Environmental Specialist Facility Phone Number (908) 532-6223 Emergency Contact Phone Number (908) 532-9911	

NOTE: Check box only if the facility information in boxes A, D, E, I or J has changed since your last submittal.

(J) CERTIFICATION OF OWNER/OPERATOR OR AUTHORIZED REPRESENTATIVE — I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Signature James W. Ott Date 02/28/95 Fax # (908) 532-3484  
 Name James W. Ott Title Acting Director, DPW Phone # (908) 532-3854

RETURN SIGNED ORIGINAL TO:  
NJDEP  
Community Right To Know Survey  
CN 405  
Trenton, NJ 08625-0405

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99942203001 | 1352

U S DEPARTMENT OF THE ARMY  
EVANS AREA

**PART 2**  
**1994 CHEMICAL INVENTORY REPORT**

Reporting Period: January 1 - December 31, 1994

Please type all responses.  
Photocopy this page if you need additional forms.  
Read instructions carefully before completing this form.

SUBSTANCE DESCRIPTION	HAZARDS (Check all that apply)	INVENTORY INFORMATION
Name: <u>Fuel Oil No. 2</u> Substance Number: <u>2651</u> CAS Number: <u>68476-30-2</u> DOT Number: <u>1993</u> Pure ( ) or Mixture (X) Solid ( ) Liquid (X) Gas ( ) Trade Secret: ( ) Check if claiming	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Acute health effects <input checked="" type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container Type <u>TB</u> Max. daily inventory <u>18</u> Avg. daily inventory <u>18</u> Days on site <u>365</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Facility Wide</u>		

Name: _____ Substance Number: _____ CAS Number: _____ DOT Number: _____ Pure ( ) or Mixture ( ) Solid ( ) Liquid ( ) Gas ( ) Trade Secret: ( ) Check if claiming	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input type="checkbox"/> Acute health effects <input type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container Type _____ Max. daily inventory _____ Avg. daily inventory _____ Days on site _____ Storage pressure _____ Storage temperature _____
Location(s) _____		

Name: _____ Substance Number: _____ CAS Number: _____ DOT Number: _____ Pure ( ) or Mixture ( ) Solid ( ) Liquid ( ) Gas ( ) Trade Secret: ( ) Check if claiming	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input type="checkbox"/> Reactive <input type="checkbox"/> Acute health effects <input type="checkbox"/> Chronic health effects <input type="checkbox"/> None per MSDS	Container Type _____ Max. daily inventory _____ Avg. daily inventory _____ Days on site _____ Storage pressure _____ Storage temperature _____
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Location(s) _____		

INVENTORY RANGE CODES <sup>1</sup>	
20	Greater than 10 million pounds
19	1,000,001 to 10 million pounds
18	500,001 to 1 million pounds
17	250,001 to 500,000 pounds
16	100,001 to 250,000 pounds
15	50,001 to 100,000 pounds
14	10,001 to 50,000 pounds
13	1,001 to 10,000 pounds
12	101 to 1,000 pounds
11	11 to 100 pounds
10	1 to 10 pounds
09	Less than 1 pound

<sup>1</sup>NOTE: Please see pages 14 thru 16 for gallon and cubic feet conversion factors.

CONTAINER CODES AND DESCRIPTIONS			
TA	Above ground tank	BA	Bag
TB	Below ground tank	BX	Box
TI	Tank inside building	CY	Cylinder
DS	Steel drum	BG	Bottles or jugs (glass)
DP	Plastic drum	BP	Bottles or jugs (plastic)
DF	Fiber drum	BN	Tote bin
CN	Can	TW	Tank Wagon
CB	Carboy	RC	Railcar
SI	Silo	OT	Other (Describe)

STORAGE TEMPERATURE AND PRESSURE CODES	
Pressure	01 Ambient* pressure
	02 Greater than ambient pressure
	03 Less than ambient pressure
Temperature	04 Ambient temperature
	05 Greater than ambient temperature
	06 Less than ambient temperature but not cryogenic (freezing conditions)
	07 Cryogenic conditions (less than -200°C)

\*Ambient means "normal," "surrounding," or "room" conditions.