



DEPARTMENT OF THE ARMY
HEADQUARTERS, U.S. ARMY GARRISON FORT MONMOUTH
FORT MONMOUTH, NEW JERSEY 07703-5101



REPLY TO
ATTENTION OF

Directorate of Public Works

February 25, 2005

New Jersey Department of
Environmental Protection
Office of Pollution Prevention and Right to Know
P.O. Box 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: 732-532-6223.

Sincerely,

James Ott
Director, Public Works

CF: Chief, Fort Monmouth Fire Department

COMMUNITY RIGHT TO KNOW SURVEY FOR 2004

For State and Federal Community Right to Know Reporting

Please type or print legibly.

THIS PAGE MUST BE COMPLETED, SIGNED, AND RETURNED.

99942203002

ATTN: JOSEPH FALLON
U S ARMY FORT MONMOUTH
DIRECTORATE OF PUBLIC WORKS
BUILDING 173
FORT MONMOUTH, NJ 07703

A Facility Location - Street, City, State, Zip and County
MUST BE PROVIDED

1338

MAIN POST
OCEANPORT, NJ 07757
COUNTY: MONMOUTH

Please indicate the reason for changing this information
[] this facility moved [] additional facility
[] correction to existing location

See instructions if information on these forms is incorrect.

B Does this facility Produce, Store or Use Environmental Hazardous Substances on Table A in a pure or mixture state: Darken either yes or no box 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	D Number of employees at facility 7732
	E Number of facilities in New Jersey 3
C Briefly describe the current operations or business conducted at this facility: <p style="font-size: 1.5em; font-family: cursive;">Military Installation</p>	F Federal EIN Please verify
	G If you are claiming an R&D lab exemption for this facility, enter your approval number.

H Check box if you have reported any substances pursuant to Section 312 of the Federal Emergency Planning and Community Right to Know Act (EPCRA/SARA, Title III)

I FACILITY EMERGENCY CONTACT

Name JOSEPH M FALLON	Title ENVIRONMENTAL SPEC
Facility Phone Number (732) 532-6223	Emergency Contact Phone Number (732) 532-9911

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 Off* Date 2/25/05 Fax # 732 532-6263
 Name James Off Title Director, DPW Phone # 732 532-3854

K UNION REPRESENTATIVE

Union Name/Local # _____ Email _____
 Name _____ Phone # () _____

RETURN SIGNED ORIGINAL TO:

NJDEP
Office of Pollution Prevention &
Right To Know
PO Box 405
Trenton, NJ 08625-0405

You are required to send copies of this survey to the agencies listed on Page 23 of the instruction guide. You must also keep a copy at your facility.



99942203002

U S ARMY FORT MONMOUTH
MAIN POST
OCEANPORT, NJ 07757

PART 2
2004 CHEMICAL INVENTORY REPORT

Reporting Period: January 1 - December 31, 2004

Please type or print legibly.
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>Diezel Fuel</u> Substance Number: <u>2444</u> CAS Number: <u>68476-34-6</u> DOT Number: <u>1993</u> <input type="radio"/> EPCRA Only Check one <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mixture Check one <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas Trade Secret: <input type="radio"/> (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>TA</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>14</u> Days on site <u>366</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Name: <u>Diezel Fuel</u> Substance Number: <u>2444</u> CAS Number: <u>68476-34-6</u> DOT Number: <u>1993</u> <input type="radio"/> EPCRA Only Check one <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mixture Check one <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas Trade Secret: <input type="radio"/> (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>17</u> Avg. daily inventory <u>16</u> Days on site <u>366</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Name: <u>Ethylana Glycol (Anti-Freeze)</u> Substance Number: <u>0878</u> CAS Number: <u>107-21-1</u> DOT Number: <u>1142</u> <input type="radio"/> EPCRA Only Check one <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mixture Check one <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas Trade Secret: <input type="radio"/> (Check if claiming)	<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 Location(s) <u>Facility Wide</u>	Container Type <u>TI</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>366</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Name: <u>Ethylana Glycol (Anti-Freeze)</u> Substance Number: <u>0878</u> CAS Number: <u>107-21-1</u> DOT Number: <u>1142</u> <input type="radio"/> EPCRA Only Check one <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mixture Check one <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas Trade Secret: <input type="radio"/> (Check if claiming)	<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 Location(s) <u>Facility Wide</u>	Container Type <u>DP</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>14</u> Days on site <u>366</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Name: <u>Gasolina</u> Substance Number: <u>0957</u> CAS Number: <u>8006-61-9</u> DOT Number: <u>1203</u> <input type="radio"/> EPCRA Only Check one <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mixture Check one <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas Trade Secret: <input type="radio"/> (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>TA</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>366</u> Storage pressure <u>01</u> Storage temperature <u>04</u>

CONTAINER CODES AND DESCRIPTIONS	INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank TB Below ground tank TI Tank inside building DS Steel drum DP Plastic drum DF Fiber drum CN Can CB Carboy SI Silo BA Bag BX Box CY Cylinder BG Bottles or jugs (glass) BP Bottles or jugs (plastic) BN Tote bin TW Tank Wagon RC Railcar OT Other (describe)	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 ¹ NOTE: Please see pages 14 thru 17 for gallon & cubic feet conversion factors.	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.

99942203002

U S ARMY FORT MONMOUTH
MAIN POST
OCEANPORT, NJ 07757

PART 2

2004 CHEMICAL INVENTORY REPORT

Reporting Period: January 1 - December 31, 2004

Please type or print legibly.
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>Gasoline</u> Substance Number: <u>0957</u> CAS Number: <u>8006-61-9</u> DOT Number: <u>1203</u> <input type="radio"/> EPCRA Only Check one <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mixture Check one <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas Trade Secret: <input type="radio"/> (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>366</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Name: <u>Halon 1301 (Bromo trifluoro - methane)</u> Substance Number: <u>1912</u> CAS Number: <u>75-68-8</u> DOT Number: <u>1009</u> <input type="radio"/> EPCRA Only Check one <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mixture Check one <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas Trade Secret: <input type="radio"/> (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>TI</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>14</u> Days on site <u>366</u> Storage pressure <u>02</u> Storage temperature <u>06</u>
Name: <u>Insulating Oil (Transformer Oil)</u> Substance Number: <u>--</u> CAS Number: <u>64742-53-6</u> DOT Number: <u>--</u> <input checked="" type="radio"/> EPCRA Only Check one <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mixture Check one <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas Trade Secret: <input type="radio"/> (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 checked="" type="checkbox"/> None per MSDS Location(s) <u>Facility Wide</u>	Container Type <u>OT</u> Max. daily inventory <u>16</u> Avg. daily inventory <u>16</u> Days on site <u>366</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Name: <u>R22-Chlorodifluoromethane</u> Substance Number: <u>0386</u> CAS Number: <u>75-45-6</u> DOT Number: <u>1018</u> <input type="radio"/> EPCRA Only Check one <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mixture Check one <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas Trade Secret: <input type="radio"/> (Check if claiming)	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input checked="" 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>OT</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>14</u> Days on site <u>366</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Name: <u>Sodium Hypochlorite</u> Substance Number: <u>--</u> CAS Number: <u>7681-52-9</u> DOT Number: <u>1791</u> <input type="radio"/> EPCRA Only Check one <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mixture Check one <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas Trade Secret: <input type="radio"/> (Check if claiming)	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input checked="" 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>TA</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>366</u> Storage pressure <u>01</u> Storage temperature <u>04</u>

CONTAINER CODES AND DESCRIPTIONS	INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank TB Below ground tank TI Tank inside building DS Steel drum DP Plastic drum DF Fiber drum CN Can CB Carboy SI Silo BA Bag BX Box CY Cylinder BG Bottles or jugs (glass) BP Bottles or jugs (plastic) BN Tote bin TW Tank Wagon RC Railcar OT Other (describe)	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 ¹ NOTE: Please see pages 14 thru 17 for gallon & cubic feet conversion factors.	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.



DEPARTMENT OF THE ARMY
HEADQUARTERS, U.S. ARMY GARRISON FORT MONMOUTH
FORT MONMOUTH, NEW JERSEY 07703-5101



REPLY TO
ATTENTION OF

Directorate of Public Works

February 25, 2005

New Jersey Department of
Environmental Protection
Office of Pollution Prevention and Right to Know
P.O. Box 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: 732-532-6223.

Sincerely,

James Ott
Director, Public Works

CF: Chief, Fort Monmouth Fire Department

COMMUNITY RIGHT TO KNOW SURVEY FOR 2004

For State and Federal Community Right to Know Reporting

Please type or print legibly.

THIS PAGE MUST BE COMPLETED, SIGNED, AND RETURNED.

99942203000

ATTN: JAMES OTT
DEPARTMENT OF THE ARMY
DIRECTORATE OF PUBLIC WORKS BLDG #1
SFLFM PW EV
FORT MONMOUTH, NJ 07703-

A Facility Location - Street, City, State, Zip and County
MUST BE PROVIDED

1311

CHARLES WOOD AREA
EATONTOWN, NJ 07724
COUNTY: MONMOUTH

Please indicate the reason for changing this information
[] this facility moved [] additional facility
[] correction to existing location

See instructions if information on these forms is incorrect.

<p>B Does this facility Produce, Store or Use Environmental Hazardous Substances on Table A in a pure or mixture state: Darken either yes or no box</p> <p>1. in any quantity? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. above thresholds? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>D Number of employees at facility 7732</p>
<p>C Briefly describe the current operations or business conducted at this facility:</p> <p>Military Installation</p>	<p>E Number of facilities in New Jersey 3</p>
<p>H Check box if you have reported any substances pursuant to Section 312 of the Federal Emergency Planning and Community Right to Know Act (EPCRA/SARA, Title III) <input checked="" type="checkbox"/></p>	<p>F Federal EIN Please verify</p> <p>G If you are claiming an R&D lab exemption for this facility, enter your approval number.</p>
<p>I FACILITY EMERGENCY CONTACT</p> <p>Name JOSEPH FALLON Title FAC EMERGENCY Facility Phone Number (732) 532-6223 Emergency Contact Phone Number (732) 532-9911</p>	
<p>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.</p> <p>Signature <u><i>James Ott</i></u> Date <u>2/25/05</u> Fax # <u>732 532-6263</u> Name <u>James Ott</u> Title <u>Director, DPW</u> Phone # <u>(732) 532-3854</u></p>	
<p>K UNION REPRESENTATIVE Union Name/Local # _____ Email _____ Name _____ Phone # () _____</p>	

RETURN SIGNED ORIGINAL TO:

NJDEP
Office of Pollution Prevention &
Right To Know
PO Box 405
Trenton, NJ 08625-0405

You are required to send copies of this survey to the agencies listed on Page 23 of the instruction guide. You must also keep a copy at your facility.



99942203000

DEPARTMENT OF THE ARMY
CHARLES WOOD AREA
EATONTOWN, NJ 07724

PART 2
2004 CHEMICAL INVENTORY REPORT

Reporting Period: January 1 - December 31, 2004

Please type or print legibly.
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>Diesel Fuel</u> Substance Number: <u>2444</u> CAS Number: <u>68476-34-6</u> DOT Number: <u>1993</u> <input type="radio"/> EPCRA Only Check one <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mixture Check one <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas Trade Secret: <input type="radio"/> (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>TA</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>14</u> Days on site <u>3606</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Facility wide</u>		
Name: <u>Gasoline</u> Substance Number: <u>0957</u> CAS Number: <u>8006-61-9</u> DOT Number: <u>1203</u> <input type="radio"/> EPCRA Only Check one <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mixture Check one <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas Trade Secret: <input type="radio"/> (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>TA</u> Max. daily inventory <u>13</u> Avg. daily inventory <u>13</u> Days on site <u>3606</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Facility wide</u>		
Name: <u>Insulating Oil (Transformer Oil)</u> Substance Number: <u>- - - 011</u> CAS Number: <u>64742-53-6</u> DOT Number: <u>- - -</u> <input checked="" type="radio"/> EPCRA Only Check one <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mixture Check one <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas Trade Secret: <input type="radio"/> (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 checked="" type="checkbox"/> None per MSDS	Container Type <u>OT</u> Max. daily inventory <u>15</u> Avg. daily inventory <u>15</u> Days on site <u>3606</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Facility wide OT-Transformers</u>		
Name: <u>Sodium Hypochlorite</u> Substance Number: <u>- -</u> CAS Number: <u>7681-52-9</u> DOT Number: <u>1791</u> <input type="radio"/> EPCRA Only Check one <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mixture Check one <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas Trade Secret: <input type="radio"/> (Check if claiming)	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden release of pressure <input checked="" 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>3606</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Location(s) <u>Facility wide</u>		
Name: _____ Substance Number: _____ CAS Number: _____ DOT Number: _____ <input type="radio"/> EPCRA Only Check one <input type="checkbox"/> Pure <input type="checkbox"/> Mixture Check one <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas Trade Secret: <input type="radio"/> (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) _____		

CONTAINER CODES AND DESCRIPTIONS	INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank	20 Greater than 10 million pounds	Pressure
TB Below ground tank	19 1,000,001 to 10 million pounds	01 Ambient* pressure
TI Tank inside building	18 500,001 to 1 million pounds	02 Greater than ambient pressure
DS Steel drum	17 250,001 to 500,000 pounds	03 Less than ambient pressure
DP Plastic drum	16 100,001 to 250,000 pounds	Temperature
DF Fiber drum	15 50,001 to 100,000 pounds	04 Ambient temperature
CN Can	14 10,001 to 50,000 pounds	05 Greater than ambient temperature
CB Carboy	13 1,001 to 10,000 pounds	06 Less than ambient temperature but not cryogenic (freezing conditions)
SI Silo	12 101 to 1,000 pounds	07 Cryogenic conditions (less than -200 C)
BA Bag	11 11 to 100 pounds	*Ambient means "normal," "surrounding," or "room" conditions.
BX Box	10 1 to 10 pounds	
CY Cylinder	09 Less than 1 pound	
BG Bottles or jugs (glass)	¹ NOTE: Please see pages 14 thru 17 for gallon & cubic feet conversion factors.	
BP Bottles or jugs (plastic)		
BN Tote bin		
TW Tank Wagon		
RC Railcar		
OT Other (describe)		



DEPARTMENT OF THE ARMY
HEADQUARTERS, U.S. ARMY GARRISON FORT MONMOUTH
FORT MONMOUTH, NEW JERSEY 07703-5101



REPLY TO
ATTENTION OF

Directorate of Public Works

February 25, 2005

New Jersey Department of
Environmental Protection
Office of Pollution Prevention and Right to Know
P.O. Box 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 (CHMM) and will serve as Fort Monmouth's Facility Emergency Coordinator. He can be reached at the following telephone number: 732-532-6223.

Sincerely,

James Ott
Director, Public Works

CF: Chief, Fort Monmouth Fire Department

COMMUNITY RIGHT TO KNOW SURVEY FOR 2004

For State and Federal Community Right to Know Reporting

Please type or print legibly.

THIS PAGE MUST BE COMPLETED, SIGNED, AND RETURNED.

99942203001

ATTN: JAMES W OTT
U S ARMY FORT MONMOUTH
DIRECTORATE OF PUBLIC WORKS
BLDG 173 SFLFM PW EV
FORT MONMOUTH, NJ 07703-5101

A Facility Location - Street, City, State, Zip and County
MUST BE PROVIDED

1352

EVANS AREA MONMOUTH RD
WALL TWP, NJ 07719
COUNTY: MONMOUTH

Please indicate the reason for changing this information
 this facility moved additional facility
 correction to existing location

See instructions if information on these forms is incorrect.

<p>B Does this facility Produce, Store or Use Environmental Hazardous Substances on Table A in a pure or mixture state: Darken either yes or no box</p> <p>1. in any quantity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>2. above thresholds? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>D Number of employees at facility 7732</p>
<p>C Briefly describe the current operations or business conducted at this facility:</p> <p><i>Military Installation</i></p>	<p>E Number of facilities in New Jersey 3</p>
<p>F Federal EIN Please verify</p>	
<p>G If you are claiming an R&D lab exemption for <u>this facility</u>, enter your approval number.</p>	

H Check box if you have reported any substances pursuant to Section 312 of the Federal Emergency Planning and Community Right to Know Act (EPCRA/SARA, Title III)

I FACILITY EMERGENCY CONTACT

Name **JOSEPH M FALLON** Title **ENVIRONMENTAL SPEC**
 Facility Phone Number (732) 532-6223 Emergency Contact Phone Number (732) 532-9911

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 Ott* Date 2/25/05 Fax # 732 532-6263
 Name James Ott Title Director, DPW Phone # 732 532-3854

K UNION REPRESENTATIVE

Union Name/Local # _____ Email _____
 Name _____ Phone # () _____

RETURN SIGNED ORIGINAL TO:
NJDEP
Office of Pollution Prevention &
Right To Know
PO Box 405
Trenton, NJ 08625-0405

You are required to send copies of this survey to the agencies listed on Page 23 of the instruction guide. You must also keep a copy at your facility.



99942203001

U S ARMY FORT MONMOUTH
EVANS AREA MONMOUTH RD
WALL TWP, NJ 07719

PART 2
2004 CHEMICAL INVENTORY REPORT

Reporting Period: January 1 - December 31, 2004

Please type or print legibly.
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>Heating Oil No. 2</u> Substance Number: <u>2444</u> CAS Number: <u>68476-34-6</u> EPCRA DOT Number: <u>1993</u> Only Check one <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mixture Check one <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas 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>TA</u> Max. daily inventory <u>16</u> Avg. daily inventory <u>16</u> Days on site <u>366</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Name: <u>Insulating Oil (Transformer Oil)</u> Substance Number: <u>- - -</u> CAS Number: <u>68476-30-2</u> EPCRA DOT Number: <u>1993</u> Only Check one <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mixture Check one <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas 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 checked="" type="checkbox"/> None per MSDS Location(s) <u>Facility Wide</u>	Container Type <u>OT</u> Max. daily inventory <u>14</u> Avg. daily inventory <u>14</u> Days on site <u>366</u> Storage pressure <u>01</u> Storage temperature <u>04</u>
Name: _____ Substance Number: _____ CAS Number: _____ EPCRA DOT Number: _____ Only Check one <input type="checkbox"/> Pure <input type="checkbox"/> Mixture Check one <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas 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 _____
Name: _____ Substance Number: _____ CAS Number: _____ EPCRA DOT Number: _____ Only Check one <input type="checkbox"/> Pure <input type="checkbox"/> Mixture Check one <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas 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 _____
Name: _____ Substance Number: _____ CAS Number: _____ EPCRA DOT Number: _____ Only Check one <input type="checkbox"/> Pure <input type="checkbox"/> Mixture Check one <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas 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 _____

CONTAINER CODES AND DESCRIPTIONS	INVENTORY RANGE CODES ¹	STORAGE TEMPERATURE AND PRESSURE CODES
TA Above ground tank TB Below ground tank TI Tank inside building DS Steel drum DP Plastic drum DF Fiber drum CN Can CB Carboy SI Silo BA Bag BX Box CY Cylinder BG Bottles or jugs (glass) BP Bottles or jugs (plastic) BN Tote bin TW Tank Wagon RC Railcar OT Other (describe)	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 ¹ NOTE: Please see pages 14 thru 17 for gallon & cubic feet conversion factors.	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.