

6288
NREAD

AUG 24 1987

Mr. Paul Wilms, Director
Division of Environmental Management
NC Department of Natural Resources
and Community Development
Post Office Box 27687
Raleigh, North Carolina 27611

Dear Sir:

In accordance with requirements of the National Pollutant Discharge Elimination System (NPDES) Permit Number NC0003239, two copies of Discharge Monitoring Reports (DMRs) for the month of July 1987 are submitted.

Questions regarding this report should be forwarded to Ms. Elizabeth Betz, Supervisory Chemist, Natural Resources and Environmental Affairs Division, Assistant Chief of Staff, Facilities at (919) 451-5977.

Sincerely,

J. I. WOOTEN
Director, Natural Resources Division
By direction of the Commanding General

Encls:

(1) DEM Forms MR-1, MR-2 & MR-3 (2 copies)

Copy to:
EPA Region IV
CNRD, LANTNAVFACENGCOM
NEESA

Blind copy to:
EC&MS, NREAD
UTIL, BMD

Writer/Typist Betz/Tranada
Date Typed 18 Aug
Word Processor Number 13

AUG 1 1987

William B. ...
Date ...
...

EFFLUENT

NPDES PERMIT NO: NC0063029 **DISCHARGE NO:** 001 **MONTH:** July **YEAR:** 1987
FACILITY NAME: Hadnot Point Sewage Treatment Plant **CLASS:** IV **COUNTY:** Onslow
Mack D. Davis **GRADE:** IV
OPERATOR IN RESPONSIBLE CHARGE (ORC): _____
CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory
PERSON(S) COLLECTING SAMPLES: SIP Operators

CHECK BLOCK IF ORC HAS CHANGED
 Mail original and one copy to:
 ATT: Central Files
 Division of Environmental Management
 N.C. Department of NRCD
 PO Box 27687
 Raleigh, North Carolina 27611

I CERTIFY THAT THIS REPORT
 IS ACCURATE AND COMPLETE TO
 THE BEST OF MY KNOWLEDGE.


 X _____
 Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050	00010	00403	00545	50060	00310	00340	00610	00500	00530	31616	00300	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW		
			FLOW EFF	TEMPERATURE CELSIUS	PH	SETTLABLE MATTER	RESIDUAL CHLORINE	BOD5 20°C	COD	AMMONIA NITROGEN	TOTAL RESIDUE	TOTAL SUSPENDED RESIDUE	FECAL COLIFORM	DISSOLVED OXYGEN	Nitrate	Total Nitrogen	Total Phosphorus
			INF <input type="checkbox"/>														
100	24	4.728		26	6.9		3.0	12		4.4		12	0	7.5			
200	24	4.169		26	6.8		3.0	12		3.5		13	0	6.0			
300	23	3.914		27	6.8		4.0							6.8			
400	24	3.455		26	6.9		4.0							7.0			
500	24	3.613		25	6.8		4.0							7.2			
600	24	4.217		26	6.9		4.0	14		1.5		13	0	7.0			
700	24	4.579		26	6.6		4.0	10		2.8		8	0	5.7			4.3
800	24	4.332		25	6.8		4.0	12		3.2		9	8	7.2	2.3		
900	24	4.488		26	6.8		4.0	12		4.1		8	0	6.8			
1000	24	4.398		27	6.8		4.0	11		3.2		7	20	6.4			
1100	24	3.806		26	6.9		4.0							6.6			
1200	24	3.842		27	7.0		4.0							5.7			
1300	24	4.282		27	6.6		4.0	10		2.3		12	70	5.6			
1400	24	4.374		27	6.2		2.0	15		3.6		10	0	5.9			
1500	24	5.529		27	6.6		4.0	10		4.4		14	6	5.7			
1600	24	5.647		26	6.6		4.0	13		3.1		9	6	5.6		11.75	
1700	24	5.763		25	6.8		4.0	12		3.1		8	2	6.8			
1800	24	4.381		25	6.8		4.0							7.0			
1900	24	4.753		25	6.6		4.0							6.9			
2000	24	5.541		25	6.2		4.0	10		2.2		13	0	7.0			
2100	24	5.842		25	6.6		4.0	19		4.8		10	2	6.2	1.2		
2200	24	4.696		25	6.6		4.0	12		5.9		9	0	5.9			
2300	24	5.656		27	6.8		5.0	12		5.1		8	0	6.1			
2400	24	5.503		26	6.8		3.0	17		5.9		6	0	5.2			
2500	24	4.944		26	6.9		4.0							4.4			
2600	24	4.640		26	6.8		4.0							5.4			
2700	24	5.108		26	6.9		4.0			3.3		10	4	5.6			
2800	24	5.324		25	6.6		4.0	9		3.6		10	0	5.0			
2900	24	5.526		25	6.5		4.0	11		4.7		11	2	5.0			
3000	24	5.893		25	6.8		4.0	12		7.7		13	4	5.1			
3100	24	5.750		33	6.8		4.0	10		4.7		10	4	5.4			
Average		4.829		26			3.9	12		4.0		12	2.39	6.1	1.8	11.75	4.3
Max.		5.842		33	7.0		5.0	19		7.7		14	70	7.5	2.3	11.75	4.3
Min.		3.455		25	6.2		2.0	9		1.5		6	0	4.4	1.2	11.75	4.3
Comp.(C)/ Grab(G)		G		G			G	G		G		G	G	G	G	G	G
Monthly Limit							6-8.5	22.0		13.0		30	14.0	5.0	30.0		

Facility Status: (Please check one of the following)

All monthly averages and / or other limitation do meet permit monitoring requirements (Compliant)

All monthly averages and / or other limitation do not meet permit monitoring requirements (Noncompliant)

If the facility is noncompliant, please comment on corrective actions being taken in respect to equipment, operation, maintenance, etc. and a time table for improvements to be made.
(Attach additional sheets if necessary)

I certify that this Report is accurate and complete to the best of my knowledge:

Julian D. Wooten
Signature of Permittee

PARAMETER CODES

00010 Temperature	00556 Oil and Grease	00950 Dissolved Fluoride	01077 Silver	39516 PCBS
00065 Stream Stage	00600 Total Nitrogen	01002 Total Arsenic	01087 Total Vanadium	39941 Roundup
00076 Turbidity	00610 Ammonia Nitrogen	01027 Cadmium	01092 Zinc	50047 Max. flow during 24-hr. period
00300 Dissolved Oxygen	00625 Total Kjeldahl Nitrogen	01032 Hexavalent Chromium	01105 Total Aluminum	50048 Min. flow during 24-hr. period
00310 BOD ₅	00665 Total Phosphorous	01034 Chromium	01147 Total Selenium	50050 Flow
00340 COD	00720 Cyanide	01037 Total Cobalt	31504 Total Coliform	50060 Total Residual Chlorine
00400 pH	00745 Total Sulfide	01042 Copper	31614 Fecal Coliform, MPN, Tube	71880 Formaldehyde
00500 Total Solids	00927 Total Magnesium	01045 Total Iron	31616 Fecal Coliform	71900 Mercury
00530 TSS	00929 Total Sodium	01051 Lead	32730 Total Phenolics	81318 Ferrocyanides
00545 Settleable Solids	00940 Total Chloride	01067 Nickel	38260 MBAS	85652 Time

The monthly average for fecal coliform is to be reported as a geometric MEAN.

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0063002 **DISCHARGE NO:** 001 **MONTH:** July **YEAR:** 1987
FACILITY NAME: Tarawa Terrace Sewage Treatment Plant **CLASS:** III **COUNTY:** Onslow
OPERATOR IN RESPONSIBLE CHARGE (ORC): Mack D. Davis **GRADE:** IV
Environmental Chemistry & Microbiology Section
CERTIFIED LABORATORY: STP Operators

CHECK BLOCK IF ORC HAS CHANGED

PERSON(S) COLLECTING SAMPLES: _____

Mail original and one copy to:
 ATT: Central Files
 Division of Environmental Management
 NC Department of NRCDC
 PO Box 27687
 Raleigh, North Carolina 27611

I CERTIFY THAT THIS REPORT
 IS ACCURATE AND COMPLETE TO
 THE BEST OF MY KNOWLEDGE.
 X _____

Mack D. Davis

Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050	00010	00409	00545	50060	00310	00340	00610	00500	00530	316°C	00300	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
			FLOW EFF INF	TEMPERATURE CELSIUS	PH	SETTLABLE MATTER	RESIDUAL CHLORINE	BOD5 20°C	COD	AMMONIA NITROGEN	TOTAL RESIDUE	TOTAL SUSPENDED RESIDUE	FECAL COLIFORM	DISSOLVED OXYGEN	OIL & GREASE	TOTAL NITROGEN	TOTAL PHOSPHORUS	
			DAILY RATE															
1	00	24	9582	26	6.6		4.0	13		3.0		14	6	8.0				
2	00	24	8690	25	6.5		4.0	12		2.8		8	0	8.6				
3	00	24	8000	25	6.5		4.0							8.5				
4	00	24	8506	25	6.9		5.0							8.5				
5	00	24	8505	25	6.7		5.0							8.6				
6	00	24	8505	26	6.8		4.0	10		1.7		9	0	8.2				
7	00	24	12500	26	6.5		5.0	14		2.8		10	0	8.0			0.7	
8	00	24	8500	25	6.8		4.0	14		1.5		11	0	8.5	0.0			
9	00	24	8700	27	6.4		3.0	12		0.8		8	16	7.5				
10	00	24	9000	27	6.4		4.0	10		1.6		11	28	7.6				
11	00	24	8500	26	6.4		4.0							7.3				
12	00	24	8500	26	6.5		4.0							7.9				
13	00	24	9000	26	6.5		4.0	10		2.1		9	0	8.3				
14	00	24	9000	26	6.5		4.0	7		1.8		7	0	8.1				
15	00	24	9000	26	6.7		4.0	7		1.8		4	6	8.2				
16	00	24	9000	26	6.7		4.0	10		0.9		7	0	8.5		14.09		
17	00	24	8500	26	6.6		4.0	11		1.8		8	0	8.0				
18	00	24	8500	26	6.8		4.0							8.2				
19	00	24	8500	26	6.7		4.0							7.9				
20	00	24	8500	26	6.7		4.0	12		1.4		8	0	7.8				
21	00	24	8500	27	6.6		4.0	12		2.0		9	0	8.1	0.9			
22	00	24	8500	27	6.6		4.5	9		2.8		8	0	7.8				
23	00	24	8500	26	6.5		4.0	12		1.0		8	0	8.5				
24	00	24	8500	27	6.3		4.0	11		1.2		9	0	8.0				
25	00	24	8500	27	6.3		4.0							8.2				
26	00	24	8500	27	6.6		4.0							8.1				
27	00	24	9500	27	6.4		4.0	12		1.4		8	0	7.8				
28	00	24	8500	26	6.4		4.0	10		2.0		12	0	8.2				
29	00	24	8500	27	6.8		4.0	10		2.3		9	0	8.2				
30	00	24	8500	26	6.8		4.0	9		1.6		5	0	8.5				
31	00	24	8500	25	6.8		4.0	8		0.8		8	0	8.8				
Average			880606	26			4.1	11		2.0		9	1.56	7.9	0.5	14.09	6.7	
Max.			12500	27	6.9		5.0	14		3.0		14	28	9.2	0.9	14.09	6.7	
Min.			80000	25	6.3		3.0	7		0.8		4	0	7.3	0.0	14.09	6.7	
Comp.(C)/Grab(G)			G	-G			G	C		C		C	G	G	G	C	C	
Monthly Limit					6-8.5			30				30	1000	5.0	30.0			

Facility Status: (Please check one of the following)

All monthly averages and / or other limitation do meet permit monitoring requirements (Compliant)

All monthly averages and / or other limitation do not meet permit monitoring requirements (Noncompliant)

If the facility is noncompliant, please comment on corrective actions being taken in respect to equipment, operation, maintenance, etc. and a time table for improvements to be made. (Attach additional sheets if necessary)

I certify that this Report is accurate and complete to the best of my knowledge:

Jubain J. Winters

Signature of Permittee

PARAMETER CODES

00010 Temperature	00556 Oil and Grease	00950 Dissolved Fluoride	01077 Silver	39516 PCBS
00065 Stream Stage	00600 Total Nitrogen	01002 Total Arsenic	01087 Total Vanadium	39941 Roundup
00076 Turbidity	00610 Ammonia Nitrogen	01027 Cadmium	01092 Zinc	50047 Max. flow during 24-hr. period
00300 Dissolved Oxygen	00625 Total Kjeldahl Nitrogen	01032 Hexavalent Chromium	01105 Total Aluminum	50048 Min. flow during 24-hr. period
00310 BOD ₅	00665 Total Phosphorous	01034 Chromium	01147 Total Selenium	50050 Flow
00340 COD	00720 Cyanide	01037 Total Cobalt	31504 Total Coliform	50060 Total Residual Chlorine
00400 pH	00745 Total Sulfide	01042 Copper	31614 Fecal Coliform, MPN, Tube	71880 Formaldehyde
00500 Total Solids	00927 Total Magnesium	01045 Total Iron	31616 Fecal Coliform	71900 Mercury
00530 TSS	00929 Total Sodium	01051 Lead	32730 Total Phenolics	81318 Ferrocyanides
00545 Settleable Solids	00940 Total Chloride	01067 Nickel	38260 MBAS	85652 Time

The monthly average for fecal coliform is to be reported as a geometric MEAN.

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO.: NC0003239 **DISCHARGE NO.:** 014 **MONTH:** July **YEAR:** 1987
FACILITY NAME: Onslow Beach WTP Pond **CLASS:** _____ **COUNTY:** Onslow
OPERATOR IN RESPONSIBLE CHARGE (ORC): Mack D. Davis **GRADE:** IV
CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

PERSON(S) COLLECTING SAMPLES: WTP Operators

CHECK BLOCK IF ORC HAS CHANGED
 Mail original and one copy to:
 ATT: Central Files
 Division of Environmental Management
 N.C. Department of NRCD
 PO Box 27687
 Raleigh, North Carolina 27611

I CERTIFY THAT THIS REPORT
 IS ACCURATE AND COMPLETE TO
 THE BEST OF MY KNOWLEDGE.

X _____
 Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050	00010	00403	00545	50060	00310	00340	00610	00500	00530	31616	00300	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW
			FLOW EFF <input type="checkbox"/>	INF <input type="checkbox"/>	TEMPERATURE	PH	SETTLABLE MATTER	RESIDUAL CHLORINE	BOD5 20°C	COD	AMMONIA NITROGEN	TOTAL RESIDUE	TOTAL SUSPENDED RESIDUE	FECAL COLIFORM Geometric Mean	
			DAILY RATE	TEMPERATURE	PH	SETTLABLE MATTER	RESIDUAL CHLORINE	BOD5 20°C	COD	AMMONIA NITROGEN	TOTAL RESIDUE	TOTAL SUSPENDED RESIDUE	FECAL COLIFORM Geometric Mean	DISSOLVED OXYGEN	
			HRS MGD	°C	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	
1															
2															
3															
4															
5															
6															
7	00				7.8							6.0			
8															
9															
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16															
17															
18															
19															
20															
21	00				8.3							3.2			
22															
23															
24															
25															
26															
27															
28	00				8.3							5.2			
29															
30															
31															
Average												4.8			
Max.					8.3							6.0			
Min.					7.8							3.2			
Comp.(C)/ Grab(G)					G							C			
Monthly Limit					6-9							30			

Facility Status: (Please check one of the following)

All monthly averages and / or other limitation do meet permit monitoring requirements

(Compliant)

All monthly averages and / or other limitation do not meet permit monitoring requirements

(Noncompliant)

If the facility is noncompliant, please comment on corrective actions being taken in respect to equipment, operation, maintenance, etc. and a time table for improvements to be made.

(Attach additional sheets if necessary)

I certify that this Report is accurate and complete to the best of my knowledge:

Julian J. Woods
 Signature of Permittee

PARAMETER CODES

00010 Temperature	00556 Oil and Grease	00950 Dissolved Fluoride	01077 Silver	39516 PCBS
00065 Stream Stage	00600 Total Nitrogen	01002 Total Arsenic	01087 Total Vanadium	39941 Roundup
00076 Turbidity	00610 Ammonia Nitrogen	01027 Cadmium	01092 Zinc	50047 Max. flow during 24-hr. period
00300 Dissolved Oxygen	00625 Total Kjeldahl Nitrogen	01032 Hexavalent Chromium	01105 Total Aluminum	50048 Min. flow during 24-hr. period
00310 BOD ₅	00665 Total Phosphorous	01034 Chromium	01147 Total Selenium	50050 Flow
00340 COD	00720 Cyanide	01037 Total Cobalt	31504 Total Coliform	50060 Total Residual Chlorine
00400 pH	00745 Total Sulfide	01042 Copper	31614 Fecal Coliform, MPN, Tube	71880 Formaldehyde
00500 Total Solids	00927 Total Magnesium	01045 Total Iron	31616 Fecal Coliform	71900 Mercury
00530 TSS	00929 Total Sodium	01051 Lead	32730 Total Phenolics	81318 Ferrocyanides
00545 Settleable Solids	00940 Total Chloride	01067 Nickel	38260 MBAS	85652 Time

The monthly average for fecal coliform is to be reported as a geometric MEAN.

If using alternate units for reporting data, please designate.

EFFLUENT


NPDES PERMIT NO: NC0003239 DISCHARGE NO: 001 MONTH: July YEAR: 1987
 FACILITY NAME: Camp Geiger Sewage Treatment Plant CLASS: III COUNTY: Onslow
 OPERATOR IN RESPONSIBLE CHARGE (ORC): Mack D. Davis GRADE: IV
 CERTIFIED LABORATORY: Environmental Chemistry & Microbiology Laboratory

CHECK BLOCK IF ORC HAS CHANGED

Mail original and one copy to:
 ATT: Central Files
 Division of Environmental Management
 N.C. Department of NRCD
 PO Box 27687
 Raleigh, North Carolina 27611

PERSON(S) COLLECTING SAMPLES: STP Operators

I CERTIFY THAT THIS REPORT
 IS ACCURATE AND COMPLETE TO
 THE BEST OF MY KNOWLEDGE.

X 
 Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	58050	00010	00405	00545	50060	00310	00340	00610	00500	00530	31815	00300	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
			FLOW EFF <input checked="" type="checkbox"/>	INF <input type="checkbox"/>	DAILY RATE	TEMPERATURE CELSIUS	pH	SETTLABLE MATTER	RESIDUAL CHLORINE	BOD5 20°C	COD	AMMONIA NITROGEN	TOTAL RESIDUE	TOTAL SUSPENDED RESIDUE	FECAL COLIFORM	DISSOLVED OXYGEN	Oil & Grease	TDTH
		HRS	MGD	°C	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MG/L	MG/L	MG/L	MG/L
1	00	24	9306	28	6.6		4.0	13		13.0		9	0	6.3				
2	00	24	7502	28	6.8		4.0	10		10.3		6	230	6.9				
3	00	24	40390	28	6.6		4.0	7						6.6				
4	00	24	6851	28	6.6									6.6				
5	00	24	6673	28	6.8		4.0							6.8				
6	00	24	9169	26	6.4		4.0	12		5.1		8	0	7.0				
7	00	24	8292	28	6.8		4.0	13		7.2		4	0	6.9				2.8
8	00	24	8745	28	6.6		4.0	10		8.9		4	0	4.6				
9	00	24	9618	29	6.7		4.0	9		7.9		5	0	5.1				
10	00	24	8623	29	6.8		4.0	13		10.2		6	0	6.5				
11	00	24	7559	29	6.5		4.0							6.5				
12	00	24	7487	29	6.4		4.0							6.7				
13	00	24	8326	29	6.5		4.0	9		14.4		7	0	5.1				
14	00	24	9002	28	6.6		4.0	11		10.7		12	0	6.4				
15	00	24	0909	27	6.4		4.0	13		10.0		6	8	6.0				
16	00	24	8735	26	6.8		4.0	13		8.7		5	0	6.2			16.34	
17	00	24	8690	26	6.8		4.0	14		9.7		6	2	6.2				
18	00	24	8000	26	6.9		4.0							6.2				
19	00	24	7000	26	6.6		4.0							6.4				
20	00	24	8000	28	6.2		4.0	10		8.4		3	0	6.0				
21	00	24	7000	28	6.6		4.0	12		11.3		5	0	6.7	0.0			
22	00	24	8000	28	6.4		4.0	17		14.0		7	0	5.5				
23	00	24	7000	28	6.6		4.0	14		15.1		8	0	6.0				
24	00	24	8000	28	6.6		4.0	18		12.2		10	0	6.0	0.0			
25	00	24	7000	28	6.7		4.0							6.0				
26	00	24	8000	28	6.7		4.0							5.2				
27	00	24	10000	28	6.7		4.0	19		11.0		8	0	5.2				
28	00	24	9025	28	6.8		4.0	17		9.5		16	0	5.2				
29	00	24	7489	28	6.6		4.0	9		14.3		9	0	5.4				
30	00	23	7966	28	6.6		4.0	6		16.0		5	28	6.0				
31	00	24	8920	28	6.4		5.0	11		12.3		8	30	6.7				
Average			8299	28			4.0	12		11		7	1.97	6.2	0.0	16.34	2.8	
Max.			1.0909	29	6.9		5.0	19		15.1		16	230	7.0	0.0	16.34	2.8	
Min.			6673	26	6.2		4.0	6		5.1		3	0	6.1	0.0	16.34	2.8	
Comp.(C)/Grab(G)			G	G			G	C		C		C	G	G	G	C	G	
Monthly Limit					6-9			30				30	200	750	30.0			

Facility Status: (Please check one of the following)

All monthly averages and / or other limitation do meet permit monitoring requirements (Compliant)

All monthly averages and / or other limitation do not meet permit monitoring requirements (Noncompliant)

If the facility is noncompliant, please comment on corrective actions being taken in respect to equipment, operation, maintenance, etc. and a time table for improvements to be made.
(Attach additional sheets if necessary)

I certify that this Report is accurate and complete to the best of my knowledge:
Julian D. Wooten
Signature of Permittee

PARAMETER CODES

00010 Temperature	00556 Oil and Grease	00950 Dissolved Fluoride	01077 Silver	39516 PCBS
00065 Stream Stage	00600 Total Nitrogen	01002 Total Arsenic	01087 Total Vanadium	39941 Roundup
00076 Turbidity	00610 Ammonia Nitrogen	01027 Cadmium	01092 Zinc	50047 Max. flow during 24-hr. period
00300 Dissolved Oxygen	00625 Total Kjeldahl Nitrogen	01032 Hexavalent Chromium	01105 Total Aluminum	50048 Min. flow during 24-hr. period
00310 BOD ₅	00665 Total Phosphorous	01034 Chromium	01147 Total Selenium	50050 Flow
00340 COD	00720 Cyanide	01037 Total Cobalt	31504 Total Coliform	50060 Total Residual Chlorine
00400 pH	00745 Total Sulfide	01042 Copper	31614 Fecal Coliform, MPN, Tube	71880 Formaldehyde
00500 Total Solids	00927 Total Magnesium	01045 Total Iron	31616 Fecal Coliform	71900 Mercury
00530 TSS	00929 Total Sodium	01051 Lead	32730 Total Phenolics	81318 Ferrocyanides
00545 Settleable Solids	00940 Total Chloride	01067 Nickel	38260 MBAS	85652 Time

The monthly average for fecal coliform is to be reported as a geometric MEAN.

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0063045 **DISCHARGE NO:** 001 **MONTH:** July **YEAR:** 1987
FACILITY NAME: Courthouse Bay STP **CLASS:** II **COUNTY:** Onslow
OPERATOR IN RESPONSIBLE CHARGE (ORC): Mack D. Davis **GRADE:** IV
CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory
PERSON(S) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED

Mail original and one copy to:

ATT: Central Files
 Division of Environmental Management
 N.C. Department of NRC
 PO Box 27687
 Raleigh, North Carolina 27611

I CERTIFY THAT THIS REPORT
 IS ACCURATE AND COMPLETE TO
 THE BEST OF MY KNOWLEDGE.

X

Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050	09010	00403	00535	50060	00310	00340	00610	00590	00530	31610	00300	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
			FLOW EFF	INF	TEMPERATURE CELSIUS	PH	SETTLABLE MATTER	RESIDUAL CHLORINE	BOD5 20°C	COD	AMMONIA NITROGEN	TOTAL RESIDUE	TOTAL SUSPENDED RESIDUE	FECAL COLIFORM	DISSOLVED OXYGEN	BOD5	TOTAL Nitrogen	TOTAL Phosphorus
HRS	MGD	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MG/L	MG/L	MG/L	
1	00	24	4363				4.5											
2	00	24	4941				2.0											
3	00	24	5017				4.0											
4	00	24	5891				4.0											
5	00	24	5603				4.0											
6	00	24	4262				6.0											
7	00	24	4668	26	7.4		4.0	5		0.12		8	0	6.5			2.1	
8	00	24	4763				5.0											
9	00	24	5060	26	7.6		4.0							6.9				
10	00	24	4245				4.5											
11	00	24	3858				4.0											
12	00	24	4050				4.0											
13	00	24	4464				4.0											
14	00	24	4372	26	7.4		4.0	7		0.10		4	0	6.8				
15	00	24	5383				4.0											
16	00	24	5704				3.0											
17	00	24	4677				3.0											
18	00	24	3046				4.5											
19	00	24	4123				5.0											
20	00	24	4536				4.5											
21	00	24	4573	26	7.4		4.0	4		0.13		2	0	6.9	7.6			
22	00	24	4398				3.0											
23	00	24	4461				4.5											
24	00	24	4890				4.5							0.0				
25	00	24	5956				4.0											
26	00	24	5060				4.5											
27	00	24	5645				4.0											
28	00	24	5257	25	7.4		2.0	3		0.32		3	0	5.8			1.4	
29	00	24	4046				3.0											
30	00	24	45432				4.0											
31	00	24	5609				4.0											
Average			.4757	26			123.5	5		0.68		4	0	6.6	3.8		1.8	
Max.			.5950	26	7.6		4.0	7		0.32		8	0	6.9	7.6		2.1	
Min.			.3046	25	7.4		2.0	3		0.10		4	0	5.8	0.0		1.4	
Comp.(C)/Grab(G)			G	G			G	C		C		C	G	G	G	C	C	
Monthly Limit					6-8.5			30				30	14.0	5.0	30.0			

Facility Status: (Please check one of the following)

All monthly averages and / or other limitation do meet permit monitoring requirements

(Compliant)

All monthly averages and / or other limitation do not meet permit monitoring requirements

(Noncompliant)

If the facility is noncompliant, please comment on corrective actions being taken in respect to equipment, operation, maintenance, etc. and a time table for improvements to be made.
(Attach additional sheets if necessary)

I certify that this Report is accurate and complete to the best of my knowledge:

Julian J. Wooten
Signature of Permittee

PARAMETER CODES

00010	Temperature	00556	Oil and Grease	00950	Dissolved Fluoride	01077	Silver	39516	PCBS
00065	Stream Stage	00600	Total Nitrogen	01002	Total Arsenic	01087	Total Vanadium	39941	Roundup
00076	Turbidity	00610	Ammonia Nitrogen	01027	Cadmium	01092	Zinc	50047	Max. flow during 24-hr. period
00300	Dissolved Oxygen	00625	Total Kjeldahl Nitrogen	01032	Hexavalent Chromium	01105	Total Aluminum	50048	Min. flow during 24-hr. period
00310	BOD ₅	00665	Total Phosphorous	01034	Chromium	01147	Total Selenium	50050	Flow
00340	COD	00720	Cyanide	01037	Total Cobalt	31504	Total Coliform	50060	Total Residual Chlorine
00400	pH	00745	Total Sulfide	01042	Copper	31614	Fecal Coliform, MPN, Tube	71880	Formaldehyde
00500	Total Solids	00927	Total Magnesium	01045	Total Iron	31616	Fecal Coliform	71900	Mercury
00530	TSS	00929	Total Sodium	01051	Lead	32730	Total Phenolics	81318	Ferrocyanides
00545	Settleable Solids	00940	Total Chloride	01067	Nickel	38260	MBAS	85652	Time

The monthly average for fecal coliform is to be reported as a geometric MEAN.

If using alternate units for reporting data, please designate.


EFFLUENT

NPDES PERMIT NO.: NC0063037 **DISCHARGE NO.:** 001 **MONTH:** July **YEAR:** 1987
FACILITY NAME: Rifle Range STP **CLASS:** II **COUNTY:** Onslow
OPERATOR IN RESPONSIBLE CHARGE (ORC): Mack D. Davis **GRADE:** IV
CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory
PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED

Mail original and one copy to:
 ATT: Central Files
 Division of Environmental Management
 N.C. Department of NRCDD
 PO Box 27687
 Raleigh, North Carolina 27611

I CERTIFY THAT THIS REPORT
 IS ACCURATE AND COMPLETE TO
 THE BEST OF MY KNOWLEDGE.



X _____
 Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050	00010	00403	00545	50060	00310	00340	00610	00500	00530	31616	00300	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW		
			FLOW EFF <input type="checkbox"/>	TEMPERATURE CELSIUS	PH	SETTLABLE MATTER	RESIDUAL CHLORINE	BOD5 20°C	COD	AMMONIA NITROGEN	TOTAL RESIDUE	TOTAL SUSPENDED RESIDUE	FECAL COLIFORM Geometric Mean	DISSOLVED OXYGEN			
			DAILY RATE														
	HRS		MGD	C	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L			
1	00	24	.16104	21	6.6		5.0	4		0.16		4	0	8.6			
2	00	24	.26895				4.0										
3	00	24	.19933				4.0										
4	00	24	.16559		6.7		5.0							8.9			
5	00	24	.17414				5.0										
6	00	24	.17002				4.0										
7	00	24	.21198				5.0										
8	00	24	.19200	22	6.4		6.0	4		0.12		5	0	9.2			
9	00	24	.14690				5.0										
10	00	24	.17631				5.0										
11	00	24	.15965				5.0										
12	00	24	.15306				5.0										
13	00	24	.15331				5.0										
14	00	24	.33539				4.0										
15	00	24	.20086	23	6.8		4.0	3		1.15		3	4.5/6	8.3			
16	00	24	.19447				4.0										
17	00	24	.17415				4.0										
18	00	24	.1148				5.0										
19	00	24	.13350				5.0										
20	00	24	.14538				5.0										
21	00	24	.13871				6.0										
22	00	24	.17444	22	6.5		5.0	2		0.11		2	0	9.6			
23	00	24	.28757				6.0										
24	00	24	.16974				3.0										0.7
25	00	24	.16800				4.0										
26	00	24	.17360				5.0										
27	00	24	.18500				5.0										
28	00	24	.18129				5.0										
29	00	24	.14100	22	6.6		5.0	1		0.17		4	0	9.3			
30	00	24	.21146				5.0										
31	00	24	.19964				5.0										
Average			5.65800	22			4.7	3		0.34		4	0	9.0	0.6		
Max.			.182516	23	6.8		6.0	4		0.11		5	0	9.6	0.7		
Min.			.111480	21	6.4		4.0	1		0.17		2	0	8.3	0.4		
Comp.(C)/Grab(G)							G	C		e		C	G	G	G	C	C
Monthly Limit					6-8.5			30				30	14.0	5.0	20.0		

Facility Status: (Please check one of the following)

All monthly averages and / or other limitation do meet permit monitoring requirements (Compliant)

All monthly averages and / or other limitation do not meet permit monitoring requirements (Noncompliant)

If the facility is noncompliant, please comment on corrective actions being taken in respect to equipment, operation, maintenance, etc. and a time table for improvements to be made.
(Attach additional sheets if necessary)

I certify that this Report is accurate and complete to the best of my knowledge:

Johari A. Wooten
Signature of Permittee

PARAMETER CODES

00010	Temperature	00556	Oil and Grease	00950	Dissolved Fluoride	01077	Silver	39516	PCBS
00065	Stream Stage	00600	Total Nitrogen	01002	Total Arsenic	01087	Total Vanadium	39941	Roundup
00076	Turbidity	00610	Ammonia Nitrogen	01027	Cadmium	01092	Zinc	50047	Max. flow during 24-hr. period
00300	Dissolved Oxygen	00625	Total Kjeldahl Nitrogen	01032	Hexavalent Chromium	01105	Total Aluminum	50048	Min. flow during 24-hr. period
00310	BOD ₅	00665	Total Phosphorous	01034	Chromium	01147	Total Selenium	50050	Flow
00340	COD	00720	Cyanide	01037	Total Cobalt	31504	Total Coliform	50060	Total Residual Chlorine
00400	pH	00745	Total Sulfide	01042	Copper	31614	Fecal Coliform, MPN, Tube	71880	Formaldehyde
00500	Total Solids	00927	Total Magnesium	01045	Total Iron	31616	Fecal Coliform	71900	Mercury
00530	TSS	00929	Total Sodium	01051	Lead	32730	Total Phenolics	81318	Ferrocyanides
00545	Settleable Solids	00940	Total Chloride	01067	Nickel	38260	MBAS	85652	Time

The monthly average for fecal coliform is to be reported as a geometric MEAN.

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0063053 **DISCHARGE NO:** 001 **MONTH:** July **YEAR:** 1987
FACILITY NAME: Onslow Beach STP **CLASS:** II **COUNTY:** Onslow
OPERATOR IN RESPONSIBLE CHARGE (ORC): Mack D. Davis **GRADE:** IV
CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

PERSON(S) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED

Mail original and one copy to:
 ATT: Central Files
 Division of Environmental Management
 N.C. Department of NRCD
 PO Box 27687
 Raleigh, North Carolina 27611

I CERTIFY THAT THIS REPORT
 IS ACCURATE AND COMPLETE TO
 THE BEST OF MY KNOWLEDGE.

X

Signature of operator in responsible charge



DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050	00010	00403	00545	50060	00310	00340	00610	00500	00530	31616	00300	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW		
			FLOW EFF <input type="checkbox"/>	TEMPERATURE CELSIUS	PH	SETTLABLE MATTER	RESIDUAL CHLORINE	BOD5 20°C	COD	AMMONIA NITROGEN	TOTAL RESIDUE	TOTAL SUSPENDED RESIDUE	FECAL COLIFORM Geometric Mean	DISSOLVED OXYGEN	Oil & Grease	TPH	NITROGEN
		DAILY RATE	°C	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	00556	00600	00666
10	00	24	09799				5.0			0.25							
2	00	24	10885	24	6.6		6.0	7		0.29		1	60	8.2			
3	00	24	08197				6.0										
4	00	24	08979				5.0										
5	00	24	08562				6.0										
6	00	24	09592				4.0										
7	00	24	10809				5.0										
8	00	24	11453				5.0										
9	00	24	10286	24	6.7		5.0	7		0.18		1	0	8.2			
10	00	24	03622		6.6		5.5										
11	00	24	09471		6.6		5.0										
12	00	24	10353				5.5										
13	00	24	08825				5.8										
14	00	24	10408				6.0										
15	00	24	08412														
16	00	24	10037	23	6.7		3.0	8		0.31		6	0	8.6		6.37	
17	00	24	09355				4.0										
18	00	24	08886				3.0										
19	00	24	10327				2.0										
20	00	24	10155				4.0										
21	00	24	10678				5.0										
22	00	24	12128				2.0										
23	00	24	12334	24	6.7		4.0	6		1.1		4	0	8.0	0.0		
24	00	24	10964				4.0								4.4		
25	00	24	13470				4.0										
26	00	24	08500				4.5										
27	00	24	09000				4.5										
28	00	24	13000				5.0										
29	00	24	12500				6.0										
30	00	24	15244	25	6.9		5.0	11		2.8		9	2	8.1			
31	00	24	12342				4.0										
Average			104379	24			4.0	8		0.9		4	2.61	8.2	2.2	6.37	
Max.			152440	25	6.9		6.0	8		2.8		9	60	8.6	4.4	6.37	
Min.			81970	23	6.6		2.0	7		0.18		1	0	8.0	0.4	6.37	
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	C	C	
Monthly Limit					6-9			30.0				30	14.0	5.0	30.0		

ENCLOSURE

Facility Status: (Please check one of the following)

All monthly averages and / or other limitation do meet permit monitoring requirements (Compliant)

All monthly averages and / or other limitation do not meet permit monitoring requirements (Noncompliant)

If the facility is noncompliant, please comment on corrective actions being taken in respect to equipment, operation, maintenance, etc. and a time table for improvements to be made.
(Attach additional sheets if necessary)

I certify that this Report is accurate and complete to the best of my knowledge:

Jubair J. Woods
 Signature of Permittee

PARAMETER CODES

00010 Temperature	00556 Oil and Grease	00950 Dissolved Fluoride	01077 Silver	39516 PCBs
00065 Stream Stage	00600 Total Nitrogen	01002 Total Arsenic	01087 Total Vanadium	39941 Roundup
00076 Turbidity	00610 Ammonia Nitrogen	01027 Cadmium	01092 Zinc	50047 Max. flow during 24-hr. period
00300 Dissolved Oxygen	00625 Total Kjeldahl Nitrogen	01032 Hexavalent Chromium	01105 Total Aluminum	50048 Min. flow during 24-hr. period
00310 BOD ₅	00665 Total Phosphorous	01034 Chromium	01147 Total Selenium	50050 Flow
00340 COD	00720 Cyanide	01037 Total Cobalt	31504 Total Coliform	50060 Total Residual Chlorine
00400 pH	00745 Total Sulfide	01042 Copper	31614 Fecal Coliform, MPN, Tube	71880 Formaldehyde
00500 Total Solids	00927 Total Magnesium	01045 Total Iron	31616 Fecal Coliform	71900 Mercury
00530 TSS	00929 Total Sodium	01051 Lead	32730 Total Phenolics	81318 Ferrocyanides
00545 Settleable Solids	00940 Total Chloride	01067 Nickel	38260 MBAS	85652 Time

The monthly average for fecal coliform is to be reported as a geometric MEAN.

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0063011 **DISCHARGE NO:** 001 **MONTH:** July **YEAR:** 1987
FACILITY NAME: Camp Johnson (Montford Point) STP **CLASS:** IV **COUNTY:** Onslow
Mack D. Davis **GRADE:** IV
OPERATOR IN RESPONSIBLE CHARGE (ORC): _____
CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory
STP Operators

CHECK BLOCK IF ORC HAS CHANGED
 Mail original and one copy to:
 ATT: Central Files
 Division of Environmental Management
 N.C. Department of NRC
 PO Box 27687
 Raleigh, North Carolina 27611

PERSON(S) COLLECTING SAMPLES: _____
 I CERTIFY THAT THIS REPORT
 IS ACCURATE AND COMPLETE TO
 THE BEST OF MY KNOWLEDGE.
 X _____
 Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050	00010	00403	00545	50060	00310	00340	00610	00530	00530	31616	00300	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
			FLOW	EFF <input type="checkbox"/>	TEMPERATURE CELSIUS	pH	SETTLABLE MATTER	RESIDUAL CHLORINE	BOD5 20°C	COD	AMMONIA NITROGEN	TOTAL RESIDUE	TOTAL SUSPENDED RESIDUE	FECAL COLIFORM Geometric Mean	DISSOLVED OXYGEN	Oil & Grease	TOTAL Nitrogen	TOTAL Phosphorus
			DAILY RATE	INF <input type="checkbox"/>														
1	00	24	.647				4.0											
2	00	24	.632				4.0											
3	00	24	.958				4.0											
4	00	24	.684				4.0											
5	00	24	.726				4.0											
6	00	24	.612	24	6.8		3.0	10		4.6		9	0	7.6				
7	00	24	.795				5.0											
8	00	24	.667				2.0							7.9				
9	00	24	.624				4.0											
10	00	24	.538	27	6.8		4.0	17		3.5		10	0	6.6				
11	00	24	.674				5.0											
12	00	24	.731				4.0											
13	00	24	.677	26	6.8		4.0	14		3.7		7	0	7.1				
14	00	24	.648				4.0											
15	00	24	.449				4.0											
16	00	24	.461				4.0											
17	00	24	.525	25	6.8		5.0	17		2.6		7	0	6.8		12.75		
18	00	24	.467				4.0											
19	00	24	.505				4.0											
20	00	24	.517	25	6.6		5.0	Sample Error		3.0		4	0	6.8				
21	00	24	.673				4.0							0.1				
22	00	24	.717				4.0											
23	00	24	.674				4.0											
24	00	24	.653	26	6.8		4.0	17		4.5		7	0	7.1				
25	00	24	.616				5.0											
26	00	24	.655				4.0											
27	00	24	.861	27	6.9		2.0	13		2.7		12	0	7.1				
28	00	24	.638				5.0											
29	00	24	.524				4.0											
30	00	24	.473				4.0											
31	00	24	.447	26	6.8		4.0	13		4.6		6	2	7.4				
Average			.628	26			4.1	14		3.7		8	1.09	7.1	4	12.75		
Max.			.958	27	6.9		6.0	17		4.6		12	2	7.6	7.9	12.75		
Min.			.447	24	6.8		2.0	10		2.6		4	0	6.6	0.1	12.75		
Comp.(C)/Grab(G)			G	G			G	C		C		G	G	G	G	C	C	
Monthly Limit					6-8.5			30				30	14.0	5.0	30	ENCLOSURE (1)		

Facility Status: (Please check one of the following)

All monthly averages and / or other limitation do meet permit monitoring requirements

(Compliant)

All monthly averages and / or other limitation do not meet permit monitoring requirements

(Noncompliant)

If the facility is noncompliant, please comment on corrective actions being taken in respect to equipment, operation, maintenance, etc. and a time table for improvements to be made.
(Attach additional sheets if necessary)

I certify that this Report is accurate and complete to the best of my knowledge:

Johann J. Wooten
Signature of Permittee

PARAMETER CODES

00010 Temperature	00556 Oil and Grease	00950 Dissolved Fluoride	01077 Silver	39516 PCBS
00065 Stream Stage	00600 Total Nitrogen	01002 Total Arsenic	01087 Total Vanadium	39941 Roundup
00076 Turbidity	00610 Ammonia Nitrogen	01027 Cadmium	01092 Zinc	50047 Max. flow during 24-hr. period
00300 Dissolved Oxygen	00625 Total Kjeldahl Nitrogen	01032 Hexavalent Chromium	01105 Total Aluminum	50048 Min. flow during 24-hr. period
00310 BOD ₅	00665 Total Phosphorous	01034 Chromium	01147 Total Selenium	50050 Flow
00340 COD	00720 Cyanide	01037 Total Cobalt	31504 Total Coliform	50060 Total Residual Chlorine
00400 pH	00745 Total Sulfide	01042 Copper	31614 Fecal Coliform, MPN, Tube	71880 Formaldehyde
00500 Total Solids	00927 Total Magnesium	01045 Total Iron	31616 Fecal Coliform	71900 Mercury
00530 TSS	00929 Total Sodium	01051 Lead	32730 Total Phenolics	81318 Ferrocyanides
00545 Settleable Solids	00940 Total Chloride	01067 Nickel	38260 MBAS	85652 Time

The monthly average for fecal coliform is to be reported as a geometric MEAN.

If using alternate units for reporting data, please designate.

Influent

NPDES NO: NC0003239

DISCHARGE NO: 001

MONTH: July

YEAR: 1987

FACILITY NAME: Camp Geiger STP

COUNTY: Onslow

			00400	00010	00545	00310	00610	00500	00530	00340	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW									
Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD ₅ 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD										
		HRS	STD UNITS	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L										
1	00	24				415			106											
2	00	24				336			146											
3																				
4																				
5																				
6	00	24				180			146											
7	00	24				270			298											
8	00	24				296			204											
9	00	24				290			178											
10	00	24				310			156											
11																				
12																				
13	00	24				208			310											
14	00	24				164			96											
15	00	24				356			108											
16	00	24				328			300											
17	00	24				344			183											
18																				
19																				
20	00	24				340			214											
21	00	24				220			216											
22	00	24				300			174											
23	00	24				407			246											
24	00	24				336			216											
25																				
26																				
27	00	24				184			170											
28	00	24				164			180											
29																				
30	00	24				140			150											
31	00	25				273			128											
32	00	24				224			143											
AVERAGE									277	185										
MONTHLY MAXIMUM									415	310										
MONTHLY MINIMUM									164	96										
SAMPLE TYPE C or G									C	C										

Influent

NPDES NO: NC0063002 DISCHARGE NO: 001 MONTH: July YEAR: 1987

FACILITY NAME: Tarawa Terrace STP COUNTY: Onslow

		00400	00010	00545	00310	00610	00500	00530	00340	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW					
Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD ₅ 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD					
		HRS	STD UNITS	°C	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L					
1	00	24				196			158						
2	00	24				180			88						
3															
4															
5															
6	00	24				164			130						
7	00	24				160			96						
8	00	24				196			164						
9	00	24				172			106						
10	00	24				208			130						
11															
12															
13	00	24				140			92						
14	00	24				208			120						
15	00	24				152			118						
16	00	24				172			120						
17	00	24				164			68						
18															
19															
20	00	24				245			228						
21	00	24				172			96						
22	00	24				172			100						
23	00	24				204			134						
24	00	24				164			88						
25															
26															
27	00	24				160			94						
28	00	24				132			88						
29	00	24				180			128						
30	00	24				168			82						
31	00	24				211			120						
AVERAGE						178			116						
MONTHLY MAXIMUM						240			228						
MONTHLY MINIMUM						152			82						
SAMPLE TYPE C or G						C			C						

Influent

NPDES NO: NC0063029 DISCHARGE NO: 001 MONTH: July
 Hadnot Point Sewage Treatment Plant

YEAR: 1987
 Onslow

FACILITY NAME: _____

COUNTY: _____

			00400	00010	00545	00310	00610	00500	00530	00340	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW			
Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD ₅ 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD				
		HRS	STD UNITS	°C	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L				
1	00	24				180	4.4		152					
2	00	24				184	3.5		158					
3														
4														
5														
6	00	24				84	2.5		78					
7	00	24				164	2.3		175					
8	00	24				152	3.2		108					
9	00	24				192	3.0		134					
10	00	24				168	3.2		76					
11														
12														
13	00	24				136	2.3		100					
14	00	24				156			98					
15	00	24				200			115					
16	00	24				204			134					
17	00	24				200			126					
18														
19														
20	00	24				196			116					
21	00	24				188			150					
22	00	24				240			176					
23	00	24				164			110					
24	00	24				204			160					
25														
26														
27	00	24				132			100					
28	00	24				140			120					
29	00	24				148			86					
30	00	24				200			120					
31	00	24				164			95					
AVERAGE						173			122					
MONTHLY MAXIMUM						204			158					
MONTHLY MINIMUM						84			75					
SAMPLE TYPE C or G						C			C					

Influent

NPDES NO: NC0063011 DISCHARGE NO: 001 MONTH: July YEAR: 1987
Camp Johnson (Montford Point) STP Onslow

FACILITY NAME: _____ COUNTY: _____

Date	Time	Composite Time	00400	00010	00545	00310	00610	00500	00530	00340	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW					
			PH	Temperature (Celsius)	Settleable Matter	BODs 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD						
			STD UNITS	°C	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L					
1	00	24				247			260							
2																
3																
4																
5																
6																
7																
8																
9																
10	00	24				267			230							
11																
12																
13	00	24				255			180							
14																
15																
16																
17	00	24				344			92							
18																
19																
20	00	24				332			186							
21																
22																
23																
24	00	24				275			213							
25																
26																
27	00	24				279			363							
28																
29																
30	00	24				260			358							
31																
AVERAGE						282			236							
MONTHLY MAXIMUM						344			363							
MONTHLY MINIMUM						247			92							
SAMPLE TYPE C or G						C			C							

Influent

NPDES NO: NC0063045 DISCHARGE NO: 001 MONTH: July

YEAR: 1987
Onslow

FACILITY NAME: Courthouse Bay STP

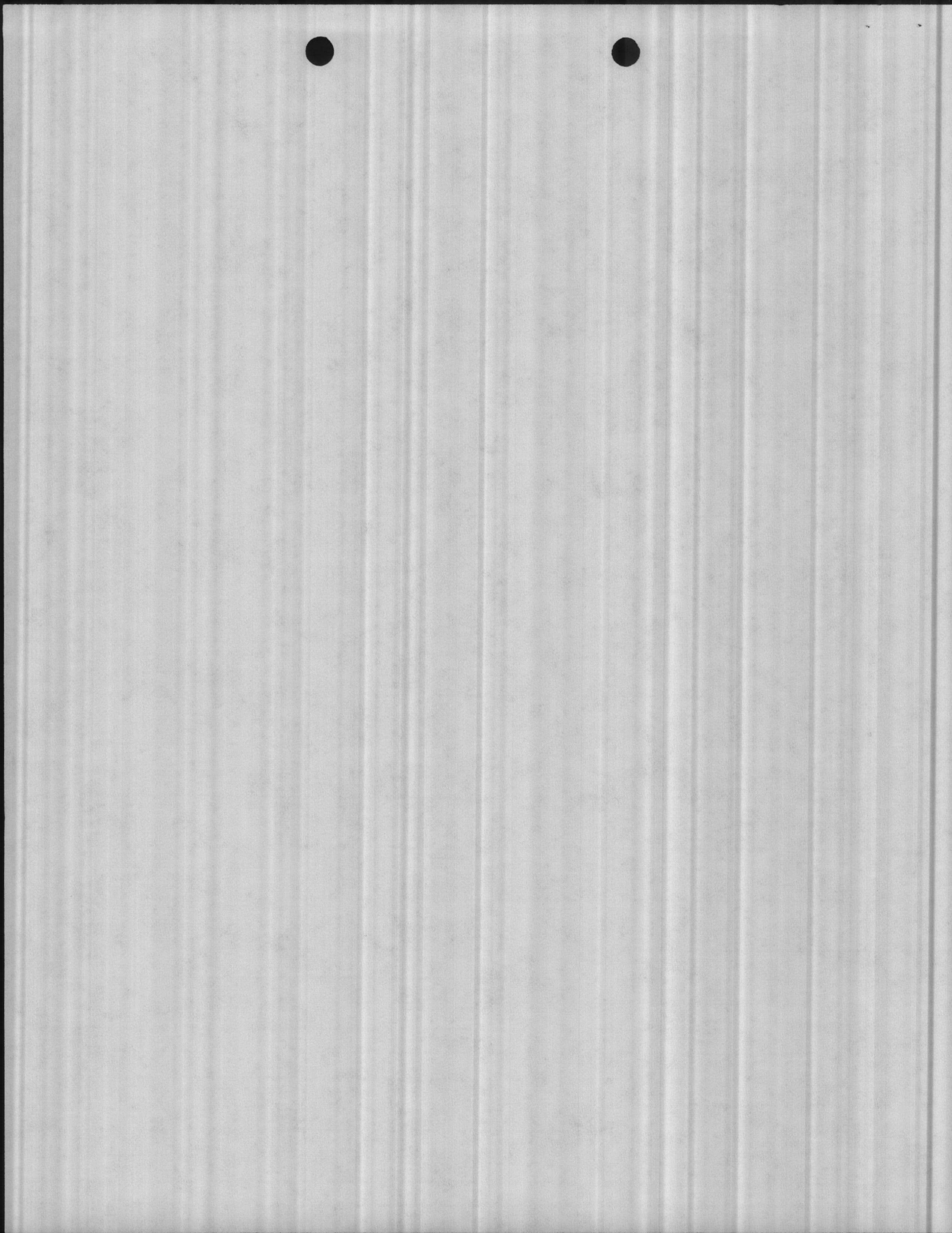
COUNTY: _____

		00400	00010	00545	00310	00610	00500	00530	00340	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW										
Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD ₅ 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD										
	HRS	STD UNITS	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L										
1																				
2																				
3																				
4																				
5																				
6																				
7	00	24				144			88											
8																				
9																				
10																				
11																				
12																				
13																				
14	00	24				78			74											
15																				
16																				
17																				
18																				
19																				
20																				
21	00	24				188			94											
22																				
23																				
24	00	24				54			82											
25																				
26																				
27																				
28	00	24				54			82											
29																				
30																				
31																				
AVERAGE						116			85											
MONTHLY MAXIMUM						188			88											
MONTHLY MINIMUM						54			74											
SAMPLE TYPE C or G						C			C											

Influent

NPDES NO: NC0063037 DISCHARGE NO: 001 MONTH: July YEAR: 1987
Rifle Range STP
 FACILITY NAME: _____ COUNTY: Onslow

		00400	00010	00545	00310	00610	00500	00530	00340	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW			
Date	Time	PH	Temperature (Celsius)	Settleable Matter	BOD ₅ 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD				
	HRS	STD UNITS	°C	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L				
1	00	24			56			121					
2													
3													
4													
5													
6													
7													
8	00	24			52			64					
9													
10													
11													
12													
13													
14													
15	00	24			52			55					
16													
17													
18													
19													
20													
21													
22	00	24			65			96					
23													
24													
25													
26													
27													
28													
29	00	24			70			206					
30													
31													
AVERAGE					59			109					
MONTHLY MAXIMUM					70			206					
MONTHLY MINIMUM					52			55					
SAMPLE TYPE C or G					C			C					



Influent

NPDES NO: NC0063053 DISCHARGE NO: 001 MONTH: July YEAR: 1987
 Onslow Beach STP
 FACILITY NAME: _____ COUNTY: Onslow

Date	Time	Composite Time	00400	00010	00545	00310	00610	00500	00530	00340	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW					
			PH	Temperature (Celsius)	Settleable Matter	BOD ₅ 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD						
			STD UNITS	°C	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L					
1	00	24				148			152							
2																
3																
4																
5																
6																
7																
8																
9	00	24				256			102							
10																
11																
12																
13																
14																
15																
16	00	24				284			158							
17																
18																
19																
20																
21																
22																
23	00	24				275			116							
24																
25																
26																
27																
28																
29																
30	00	24				104			116							
31																
AVERAGE						213			129							
MONTHLY MAXIMUM						284			158							
MONTHLY MINIMUM						104			102							
SAMPLE TYPE C or G						C			C							

