6288
NREAD
21 Jul 87

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 May 1987 are submitted.

The Hadnot Point Wastewater Treatment Plant did not meet the weekly minimum average for Dissolved Oxygen of 5.0 mg/l. The weekly average for 1-6 June 1987 was 4.0 mg/l. The return filter effluent pumps to the trickling filters were determined to have a reduced capacity. A new pump was placed in operation on 9 June 1987 and the plant met the monthly minimum average for dissolved oxygen.

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
CMDR, LANTNAVFACENGCOM
NEESA

Writer/Typist Betz/Trionoski
Date Typed 21 Jul 87
6288-2

EFFLUENT

NPDES PERMIT NO: NC0063029 **DISCHARGE NO:** 001 **MONTH:** June **YEAR:** 1987

FACILITY NAME: Hadnot Point Sewage Treatment Plant **CLASS:** IV **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
P O 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 HRS	50050 FLOW EFF ☒ INF ☐ DAILY RATE MGD	00010 TEMPERATURE CELSIUS C°	00400 pH UNIT	00545 SETTLEABLE MATTER ML/L	50060 RESIDUAL CHLORINE MG/L	00310 BOD5 20°C MG/L	00340 COD MG/L	00610 AMMONIA NITROGEN MG/L	00500 TOTAL RESIDUE MG/L	00530 TOTAL SUSPENDED RESIDUE MG/L	31616 FECAL COLIFORM Geometric Mean /100 ML	00300 DISSOLVED OXYGEN MG/L	00556 OIL & GREASE mg/L	00600 TOTAL NITROGEN mg/L	00665 TOTAL PHOS-PHORUS mg/L
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW		
1	00	24	4.67300	25	6.8		3.0	18		3.6		15	0	3.0			
2	00	24	4.63800	24	6.6		4.0	27		5.5		15	70	4.6			
3	00	24	5.07200	23	6.9		3.0	27		5.7		13	2	3.4			
4	00	24	5.38100	24	6.8		3.0	28		4.3		17	0	4.0	2.0		
5	00	24	4.14700	24	6.6		3.0	24		4.2		19	0	4.4			
6	00	24	3.85300	24	6.8		4.0							4.7			
7	00	24	4.09500	24	6.8		3.0							4.9			
8	00	24	4.37100	25	6.8		4.0	18		4.1		15	10	5.0			5.1
9	00	24	4.49300	28	6.8		3.0	25		6.0		12	0	4.8			
10	00	24	4.50400	25	6.8		3.0	19		4.0		6	0	5.1			
11	00	24	4.83600	26	7.0		4.0	17		5.1		13	0	5.5			
12	00	24	4.52000	25	6.8		4.0	6		4.9		14	0	5.6			
13	00	24	3.93200	26	6.6		4.0							5.4			
14	00	24	4.27500	24	6.8		4.0							5.5			
15	00	24	4.65000	26	6.8		4.0	10		3.2		5	0	5.2			
16	00	24	4.62300	25	6.7		4.0	13		4.8		7	0	5.4		11.83	4.7
17	00	24	4.47000	25	6.8		4.0	15		6.4		7	0	6.0			
18	00	24	4.85500	25	6.4		4.0	7		5.1		11	2	6.4			
19	00	24	4.17500	25	6.8		4.0	17		4.8		10	0	5.8			
20	00	24	3.93300	25	6.8		4.0							5.7			
21	00	24	3.88700	25	6.6		4.0							5.3			
22	00	24	4.49000	25	6.7		4.0	17		2.7		15	0	5.4			
23	00	24	4.50600	25	6.6		4.0	13		2.9		9	0	5.0			
24	00	24	4.49000	25	6.9		4.0	11		4.5		15	0	6.0			5.9
25	00	24	4.42400	27	6.9		3.0	12		3.5		10	0	5.4	0		
26	00	24	4.37100	25	6.8		4.0	11		4.8		8	0	5.0			
27	00	24	3.75800	26	7.1		4.0							5.3			
28	00	24	3.68500	25	6.9		4.0							5.9			
29	00	24	4.22700	29	6.7		4.0	12		3.4		12	0	6.8			
30	00	24	4.1690	27	6.8		4.0	12		3.6		10	0	6.1			
31																	
Average			4.38343	25			3.7	16		4.4		12	1.43	5.2	1	11.83	5.2
Max.			5.38100	29	7.1		4.0	28		6.4		19	70	6.8	2	11.83	5.9
Min.			3.68500	23	6.4		3.0	6		2.7		5	0	3.0	0	11.83	4.7
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C
Monthly Limit					6-8.5			22		13		30	14	>5	30		

DEM Form MR-1 (11/84

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)

See Cover Letter for Explaination

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

Julian 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: NC0003239 **DISCHARGE NO:** 001 **MONTH:** June **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 Section

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
P O 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 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00403 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00556 OIL & GREASE	00600 TOTAL NITROGEN	00665 TOTAL PHOSPHORUS	
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		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	
1	00	24	.83570	22	6.4		4.0	7		11.8		4	0	6.3				
2	00	24	.76960	22	6.6		4.0	10		11.4		2	0	6.8				
3	00	24	.78470	22	6.8		4.0	10		13.1		4	0	7.0				
4	00	24	.86280	23	6.4		4.0	12		12.6		5	2	7.0				
5	00	24	.77440	23	6.3		4.0	12		15.3		10	0	7.0				
6	00	24	.73990	23	6.2		4.0							7.6				
7	00	24	.75650	23	6.2		4.0							7.6				
8	00	24	.93450	23	6.6		4.0	21		26.9		15	6	6.4	3.4		5.6	
9	00	24	.94370	23	6.6		3.0	18		19.3		14	0	6.0				
10	00	24	.84820	24	6.8		4.0	21		16.9		15	0	6.2				
11	00	24	.91990	24	6.6		3.0	17		14.2		10	0	5.0				
12	00	24	.81970	24	6.6		3.0	4		13.2		16	0	5.0				
13	00	24	.72520	24	6.6		4.0							6.0				
14	00	24	.89480	23	6.4		4.0							5.2				
15	00	24	.87110	26	6.4		4.0	14		13.9		2	0	5.2				
16	00	24	.80630	26	6.4		4.0	19		16.2		4	0	5.3		18.43	1.6	
17	00	24	.86820	26	6.8		4.0	15		11.8		5	2	6.0				
18	00	24	.90680	26	6.9		4.0	3		13.7		4	0	6.4				
19	00	24	.75600	26	6.8		4.0	18		12.0		8	0	6.2				
20	00	24	1.0670	24	6.8		4.0							6.4				
21	00	24	.75490	26	6.7		4.0							5.6				
22	00	24	.82200	24	6.8		4.0	18		11.9		12	0	6.6				
23	00	24	.82000	26	6.8		4.0	18		9.4		4	0	6.2				
24	00	24	.84710	24	6.4		4.0	8		10.6		6	0	6.6			0.8	
25	00	24	.82930	24	6.4		4.0	7		9.9		3	0	6.3	0			
26	00	24	.84260	23	6.6		4.0	8		11.3		3	0	6.5				
27	00	24	.71910	24	6.6		4.0							6.8				
28	00	24	.72160	24	6.6		4.0							7.1				
29	00	24	.75940	24	6.7		4.0			14.4		7	0	6.9				
30	00	24	.74500	25	6.8		4.0	11		10.8		4	0	6.8				
31																		
Average			.824933	24			3.9	13		13.7		7	1.16	6.3	1.7	18.43	2.7	
Max.			1.06700	26	6.9		4.0	21		26.9		15	6	7.6	3.4	18.43	5.6	
Min.			.719100	22	6.2		3.0	3		9.4		3	0	5.0	0	18.43	0.8	
Comp.(C)/Grab(G)			G		G		G	C		C		C	G	G	G	C	C	
Monthly Limit					6-9			30				30	200		>			

DEM Form MR-1 (11/84

ENCLOSURE (1)

Facility Status: (Please check one of the following)

All monthly averages and / or other limitation do meet permit monitoring requirements [X]
(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 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: NC0063002 **DISCHARGE NO:** 001 **MONTH:** June **YEAR:** 1987

FACILITY NAME: Tarawa Terrace Sewage Treatment Plant **CLASS:** III **COUNTY:** Onslow

OPERATOR IN RESPONSIBLE CHARGE (ORC): Mack D. Davis **GRADE:** IV

CERTIFIED LABORATORY: Environmental Chemistry & Microbiology Section

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
P.O. 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 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00556 OIL & GREASE	00600 TOTAL NITROGEN	00665 TOTAL PHOSPHORUS
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW		
		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
1	0002	24	.97940	25	6.6		4.2	14		1.8		8	0	8.7			
2	00	24	1.0454	25	6.5		4.0	10		6.0		7	0	8.9			
3	00	24	.96380	26	6.7		4.0	11		3.6		5	0	9.0	1.4		
4	00	24	.89620	24	6.7		4.0	12		1.8		6	0	8.8			
5	00	24	.85390	24	6.8		4.0	10		1.9		7	0	8.9			
6	00	24	.91470	24	6.8		4.0							8.9			
7	00	24	.96600	24	6.8		4.5							9.0			
8	00	24	.99790	24	6.9		4.0	12		2.1		9	0	9.0			5.1
9	00	24	.92180	25	6.6		4.0	13		3.8		7	0	8.8			
10	00	24	.64110	25	6.5		4.0	16		3.4		10	0	8.6			
11	00	24	.91720	24	6.8		3.0	11		2.7		6	0	9.3			
12	00	24	1.01340	25	6.7		4.0	2		2.4		14	0	9.0			
13	00	24	.95620	25	6.5		4.0							9.1			
14	00	24	.98400	24	6.8		4.0							8.9			
15	00	24	.99560	24	6.4		4.0	10		1.7		6	12	8.6			
16	00	24	1.07920	24	6.4		4.0	12		3.6		4	0	8.5		14.4	5.4
17	00	24	.94740	24	7.1		5.0	10		2.3		8	2	9.6			
18	00	24	.98220	24	6.7		3.0	7		1.9		8	0	9.1			
19	00	24	.92140	24	6.8		4.0	10		1.5		8	0	9.3			
20	00	24	1.04260	24	6.8		4.0							9.0			
21	00	24	.98910	24	6.7		4.0							8.8			
22	00	24	.94890	25	6.8		4.0	12		1.1		11	0	9.2			
23	00	24	.98730	25	6.6		4.0	12		1.7		8	0	9.1			
24	00	24	1.19090	25	6.6		4.0	14		2.9		11	0	9.0			4.3
25	00	24	.92120	23	7.1		2.5	11		1.5		8	0	8.6	0		
26	00	24	1.00340	25	6.5		4.0	11		3.6		12	0	8.5			
27	00	24	.93510	25	6.5		4.0							8.8			
28	00	24	.89560	23	6.6		4.0							8.6			
29	00	24	.89490	23	6.6		4.0	11		1.5		12	0	9.0			
30	00	24	.93590	25	6.5		4.0	9		1.5		10	0	8.5			
31																	
Average			.95739	24			3.9	11		2.5		8	1.6	8.9	1.4	14.4	14.8
Max.			1.1909	26	7.1		5.0	16		6.0		14	12	9.6	0.7	14.4	4.9
Min.			.64110	23	6.4		2.5	2		1.1		4	0	8.5	1.4	14.4	5.1
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C
Monthly Limit					6-8.5			30				30	1000	5	30		

DEM Form MR-1 (11/84

ENCLOSURE (1)

Facility Status: (Please check one of the following)

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

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(Attach additional sheets if necessary)

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

Johann 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: NC0063011 **DISCHARGE NO:** 001 **MONTH:** June **YEAR:** 1987

FACILITY NAME: Camp Johnson (Montford Point) STP **CLASS:** II **COUNTY:** Onslow

OPERATOR IN RESPONSIBLE CHARGE (ORC): Mack D. Davis **GRADE:** IV

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

PERSON(s) COLLECTING SAMPLES: STP Operators

Mail original and one copy to:
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N C Department of NRCD
P O 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 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00556 OIL & GREASE	00620 TOTAL NITROGEN	00665 TOTAL PHOS-PHORUS	
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		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	µg/L	
1	00	24	.73400	23	7.0		2.0	7		1.1		3	0	8.0				
2	00	24	.87100				2.5											
3	00	24	.62700				4.0								5.3			
4	00	24	.75500				4.0											
5	00	24	.66500	22	6.8		5.0	19		3.3		9	0	7.1				
6	00	24	.56000				5.0											
7	00	24	.68000				5.0											
8	00	24	.69400	23	7.1		3.0	14		1.4		6	0	7.4			2.2	
9	00	24	.69900				2.5											
10	00	24	.57900				4.0											
11	00	24	.63800				4.0											
12	00	24	.61800	25	7.0		4.0	1		3.2		11	0	7.5				
13	00	24	.36800				0.4											
14	00	24	.90300				1.5											
15	00	24	.80700	24	7.0		4.0	16		5.0		6	0	7.4				
16	00	24	.69400				4.0											
17	00	24	.54100				5.0											
18	00	24	.50200				4.0											
19	00	24	.36400	24	7.0		4.0	11		6.7		5	2	7.5				
20	00	24	.50100				6.0											
21	00	24	.51300				4.0											
22	00	24	.48400	25	7.0		4.0	18		2.1		6	0	7.4				
23	00	24	.65700				4.0											
24	00	24	.77400				4.0											
25	00	24	.66400				4.0								0			
26	00	24	.68000	2.4	7.0		5.0	12		3.0		3	0	6.5				
27	00	24	.72000	24	6.8		2.0							6.0				
28	00	24	.68000				4.0											
29	00	24	.70400	24	6.6		4.0	10		2.0		4	0	7.2				
30	00	24	.62500				4.0											
31																		
Average			.643367	24			3.8	12		3.1		6	1.08	7.2	2.7		2.2	
Max.			.90300	25	7.0		6.0	19		6.7		11	2	8.0	5.3		2.2	
Min.			.36400	22	6.6		0.4	1		1.1		3	0	6.0	0		2.2	
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C	
Monthly Limit					6-8.5			30				30	14	>5	30			

DEM Form MR-1 (11/84)

ENCLOSURE (1)

Facility Status: (Please check one of the following)

All monthly averages and / or other limitation do meet permit monitoring requirements [X]
(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 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: NC0063045 **DISCHARGE NO:** 001 **MONTH:** June **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 NRCD
P O 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 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00556 OIL & GREASE	00600 TOTAL NITROGEN	00665 TOTAL PHOS-PHORUS	
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		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	
1	00	24	.34160				3.5							6.0				
2	00	24	.35900	21	7.4		2.5	7		0.38		7	2					
3	00	24	.34280				3.5											
4	00	24	.42300				4.0											
5	00	24	.49080				4.0											
6	00	24	.23660				4.0											
7	00	24	.30160				4.5											
8	00	24	.29360				4.0								0			
9	00	24	.33070	21	6.7		4.0	10		0.27		6	0	7.4				
10	00	24	.18230				4.0											
11	00	24	.29280				4.0											
12	00	24	.36550				4.0											
13	00	24	.46580				4.0											
14	00	24	.64290				4.0											
15	00	24	.42790				4.0											
16	00	24	.41010	21	7.0		3.5	10		0.57		7	10	6.2		7.83	1.6	
17	00	24	.36040				3.0											
18	00	24	.51740				3.0											
19	00	24	.32010				3.0											
20	00	24	.31870				4.0											
21	00	24	.43800				4.5											
22	00	24	.33850				4.0											
23	00	24	.64160	22	7.2		3.0	5		0.37		3	560	5.8				
24	00	24	.40360				3.5											
25	00	24	.39640				3.0								0.4			
26	00	24	.35810				3.5											
27	00	24	.26100				4.0											
28	00	24	.25530				5.0											
29	00	24	.30070				4.5											
30	00	24	.30000	24	7.4		5.0	6		0.16		1	0	6.6				
31																		
Average			.37056	22			3.8	8		92		5	5.45	32.0	0.2	7.83	1.6	
Max.			.64290	24	7.4		5.0	10		166		7	560	7.4	0.4	7.83	1.6	
Min.			.18230	21	6.7		2.5	5		48		1	0	5.8	0	7.83	1.6	
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C	
Monthly Limit					6-8.5			30				30	14	>5	30			

DEM Form MR-1 (11/84)

ENCLOSURE

Facility Status: (Please check one of the following)

All monthly averages and / or other limitation do meet permit monitoring requirements [X]
(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 L 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:** June **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

CHECK BLOCK IF ORC HAS CHANGED ☐

PERSON(s) COLLECTING SAMPLES: STP Operators

Mail original and one copy to:
ATT: Central Files
Division of Environmental Management
N C Department of NRCD
P O 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 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00556 OIL & GREASE	00600 TOTAL NITROGEN	00665 TOTAL PHOS-PHORUS	
																ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
			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	
1		00	24	.19006				5.0											
2		00	24	.18390				4.0											
3		00	24	.19654	21	6.7		6.0							9.1				
4		00	24	.15903				5.0	4		0.31		1	0					
5		00	24	.13138				5.0											
6		00	24	.17977				4.0											
7		00	24	.17959				4.0											
8		00	24	.20892				5.0								0			
9		00	24	.21881				4.0											
10		00	24	.21260	20	6.6		4.0	6		0.14		4	0	8.0				
11		00	24	.15555				5.0											
12		00	24	.20555				4.0											
13		00	24	.20035				5.0											
14		00	24	.18900				4.0											
15		00	24	.19860				4.0											
16		00	24	.19822				5.0											
17		00	24	.20717	21	6.4		4.0	4		0.15		1	0	7.8		5.94		
18		00	24	.14650				6.0											
19		00	24	.14535				6.0											
20		00	24	.20359				6.0											
21		00	24	.13991				4.0											
22		00	24	.20156				5.0											
23		00	24	.16907	24	6.6		8.0							7.0				
24		00	24	.20578	24	6.6		8.0	5		0.31		2	0	9.0			1.5	
25		00	24	.26588	22	6.5		6.0							8.9	0			
26		00	24	.18746				6.0											
27		00	24	.17711				5.0											
28		00	24	.15140				5.0											
29		00	24	.18764				6.0											
30		00	24	.18976				5.0											
31																			
Average				.136102	22			153	19		0.91		8	0	3.3	0	5.94	1.5	
Max.				265880	24	6.7		5.1	5		0.23		2	0	9.1	0	5.94	1.5	
Min.				131380	21	6.4		4.0	6		0.31		4	0	7.0	0	5.94	1.5	
Comp.(C)/Grab(G)					G	G		G	C		C		C	C	G	G	C	C	
Monthly Limit						6-8.5			30				30	14	5	30			

DEM Form MR-1 (11/84

ENCLOSURE (1)

Facility Status: (Please check one of the following)

All monthly averages and / or other limitation do meet permit monitoring requirements [X]
(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 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:** June **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
P O Box 27687
Raleigh, North Carolina 27611

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

X [signature]
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME (HRS)	50050 FLOW EFF ☐ INF ☒ DAILY RATE (MGD)	00010 TEMPERATURE CELSIUS (C°)	00400 pH (UNIT)	00545 SETTLEABLE MATTER (ML/L)	50060 RESIDUAL CHLORINE (MG/L)	00310 BOD5 20°C (MG/L)	00340 COD (MG/L)	00610 AMMONIA NITROGEN (MG/L)	00500 TOTAL RESIDUE (MG/L)	00530 TOTAL SUSPENDED RESIDUE (MG/L)	31616 FECAL COLIFORM Geometric Mean (/100 ML)	00300 DISSOLVED OXYGEN (MG/L)	00556 OIL & GREASE	00602 TOTAL NITROGEN	00665 TOTAL PHOS-PHORUS	
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
1	00	24	.13204				[illegible]											
2	00	24	.09781				4.5											
3	00	24	.09152				5.0											
4	00	24	.09911	19	6.7		4.0	8		0.26		4	S.E.*	8.4	0.2			
5	00	24	.08134				4.0											
6	00	24	.18912				4.0											
7	00	24	.09863				4.0											
8	00	24	.08163				4.0											
9	00	24	.021492	19	6.6	6.0	8.0							9.0				
10	00	24	.090053				5.0											
11	00	24	.037114	18	6.4		8.0	11		0.37		6	0	8.0	0			
12	00	24	.079170				5.0											
13	00	24	.106730				5.0											
14	00	24	.092090				5.0											
15	00	24	.151870				5.0											
16	00	24	.049620				5.0											
17	00	24	.113960				5.0											
18	00	24	.123030	19	6.7		5.0	6		0.48		5	26	8.1				
19	00	24	.093290				4.0											
20	00	24	.104570				4.5											
21	00	24	.091970				4.5											
22	00	24	.125490				4.5											
23	00	24	.104140				4.5											
24	00	24	.091820				4.5											
25	00	24	.106950	18	6.6		4.5	6		0.22		2	0	8.3	0			
26	00	24	.09331				5.0											
27	00	24	.087890				5.0											
28	00	24	.094180				5.0											
29	00	24	.116580				4.0											
30	00	24	.104610				4.5											
31																		
Average			.098371	19			4.8	3		0.33		4	2.96	8.4				
Max.			.098371	19	6.7		8.0	11		0.48		6	26	9.0				
Min.			.021492	18	6.4		4.0	6		0.22		2	0	8.0				
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C	
Monthly Limit					6-8.5			30				30	14	>5	30			

DEM Form MR-1 (11/84

S.E. = Sample Error

ENCLOSURE (1)

Facility Status: (Please check one of the following)

All monthly averages and / or other limitation do meet permit monitoring requirements [X]
(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:

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: NC0003[illegible] DISCHARGE NO: 014 MONTH: June 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

CHECK BLOCK IF ORC HAS CHANGED ☐

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

PERSON(s) COLLECTING SAMPLES: WTP 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	50050 FLOW EFF ☐ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L				
1																		
2	00	24			8.4							2.0						
3																		
4																		
5																		
6																		
7																		
8																		
9	00	24			7.8							3.2						
10																		
11																		
12																		
13																		
14																		
15																		
16	00	24			8.5							1.2						
17																		
18																		
19																		
20																		
21																		
22																		
23	00	24			8.0							1.2						
24																		
25																		
26																		
27																		
28																		
29																		
30	00	24			8.1							1.2						
31																		
Average												1.3						
Max.					8.5							3.2						
Min.					7.8							1.2						
Comp.(C)/Grab(G)					G							C						
Monthly Limit					6-9							30						

DEM Form MR-1 (11/84)

ENCLOSURE (1)

Facility Status: (Please check one of the following)

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

(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 [illegible] and complete to the best of [illegible]ge:

[illegible]

Signature of Permitted

PARAMETER CODES

00010	Temperature	00556	Oil and Grease	00950	Dissolved Fluoride	01077	Silver	39516	PCBS
00065	Stream Stage	00600	Total Nitrogen	01002	Total Arsenic	01097	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	31508	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	[illegible]	Total Phenolics	81318	Ferrocyanides
00545	Settleable Solids	00940	Total Chloride	01067	Nickel	[illegible]	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: _____ MONTH: June YEAR: 1987

FACILITY NAME: Camp Geiger Sewage Treatment Plant COUNTY: Onslow

			00400	00010	00545	00310	00610	00500	00530	00340							
Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1	00	24				250			176								
2	00	24				308			173								
3	00	24				265			193								
4	00	24				390			340								
5	00	24				295			217								
6																	
7																	
8	00	24				308			237								
9	00	24				405			252								
10	00	24				275			173								
11	00	24				245			166								
12	00	24				284			190								
13																	
14																	
15	00	24				296			153								
16	00	24				324			314								
17	00	24				224			156								
18	00	24				316			183								
19	00	24				284			242								
20																	
21																	
22	00	24				332			206								
23	00	24				260			316								
24	00	24				200			174								
25	00	24				216			76								
26	00	24				410			283								
27																	
28																	
29	00	24				235			150								
30	00	24				250			134								
31																	
AVERAGE						290			205								
MONTHLY MAXIMUM						410			340								
MONTHLY MINIMUM						200			76								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

ENCLOSURE (1)

Influent

NPDES NO: NC006300[redacted] DISCHARGE NO: 001 MONTH: [redacted] June YEAR: 1987

FACILITY NAME: Tarawa Terrace Sewage Treatment Plant COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD							
			00400	00010	00545	00310	00610	00500	00530	00340							
											ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1	00	24				216			216								
2	00	24				196			86								
3	00	24				196			86								
4	00	24				204			134								
5	00	24				255			174								
6																	
7																	
8	00	24				208			124								
9	00	24				176			96								
10	00	24				184			118								
11	00	24				188			116								
12	00	24				124			78								
13																	
14																	
15	00	24				180			106								
16	00	24				160			96								
17	00	24				100			92								
18	00	24				204			110								
19	00	24				256			358								
20																	
21																	
22	00	24				208			132								
23	00	24				148			126								
24	00	24				176			180								
25	00	24				184			108								
26	00	24				184			88								
27																	
28																	
29	00	24				152			122								
30	00	24				164			90								
31																	
AVERAGE						185			129								
MONTHLY MAXIMUM						256			358								
MONTHLY MINIMUM						100			78								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11 84)

ENCLOSURE (1)

Influent

NPDES NO: NC0063011 DISCHARGE NO: 001 MONTH: June YEAR: 1987

FACILITY NAME: Camp Johnson (Montford Point) STP COUNTY: Onslow

			00400	00010	00545	00310	00610	00500	00530	00340							
Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1	00	24				188			120								
2																	
3																	
4																	
5	00	24				573			344								
6																	
7																	
8	00	24				324			122								
9																	
10																	
11																	
12	00	24				276			108								
13																	
14																	
15	00	24				200			202								
16																	
17																	
18																	
19	00	24				324			441								
20																	
21																	
22	00	24				345			313								
23																	
24																	
25																	
26	00	24				184			182								
27																	
28																	
29	00	24				135			102								
30																	
31																	
AVERAGE						283			215								
MONTHLY MAXIMUM						573			441								
MONTHLY MINIMUM						135			102								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

ENCLOSURE (1)

Influent

NPDES NO: NC0063029 DISCHARGE NO: 001 MONTH: June YEAR: 1987

FACILITY NAME: Hadnot Point Sewage Treatment Plant COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD
			00400	00010	00545	00310	00610	00500	00530	00340
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L
1	00	24				188			104	
2	00	24				172			128	
3	00	24				184			76	
4	00	24				216			86	
5	00	24				230			146	
6										
7										
8	00	24				204			112	
9	00	24				224			132	
10	00	24				184			120	
11	00	24				136			66	
12	00	24				200			212	
13										
14										
15	00	24				164			124	
16	00	24				140			130	
17	00	24				192			140	
18	00	24				196			98	
19	00	24				160			92	
20										
21										
22	00	24				124			108	
23	00	24				204			218	
24	00	24				164			154	
25	00	24				200			92	
26	00	24				168			113	
27										
28										
29	00	24				184			142	
30	00	24				160			118	
31										
AVERAGE						182			123	
MONTHLY MAXIMUM						230			212	
MONTHLY MINIMUM						124			66	
SAMPLE TYPE C or G						C			C	

ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW

DEM Form MR-2 (11/84)

ENCLOSURE 11

Influent

NPDES NO: NC0063045 DISCHARGE NO: 001 MONTH: June YEAR: 1987

FACILITY NAME: Courthouse Bay STP COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD							
			00400	00010	00545	00310	00610	00500	00530	00340							
											ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2	00	24				80			48								
3																	
4																	
5																	
6																	
7																	
8																	
9	00	24				132			62								
10																	
11																	
12																	
13																	
14																	
15																	
16	00	24				148			166								
17																	
18																	
19																	
20																	
21																	
22																	
23	00	24				220			136								
24																	
25																	
26																	
27																	
28																	
29																	
30	00	24				68			46								
31																	
AVERAGE						130			92								
MONTHLY MAXIMUM						220			166								
MONTHLY MINIMUM						68			48								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

ENCLOSURE (1)

Influent

NPDES NO: NC006303[redacted] DISCHARGE NO: 001 MONTH: [redacted] June YEAR: 1987

FACILITY NAME: Rifle Range STP COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD							
			00400	00010	00545	00310	00610	00500	00530	00340							
											ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	ml/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2																	
3																	
4	00	24				40			136								
5																	
6																	
7																	
8																	
9																	
10	00	24				68			70								
11																	
12																	
13																	
14																	
15																	
16																	
17	00	24				44			76								
18																	
19																	
20																	
21																	
22																	
23																	
24	00	24				60			200								
25																	
26																	
27																	
28																	
29																	
30																	
31																	
AVERAGE			[redacted]			53			121								
MONTHLY MAXIMUM						68			200								
MONTHLY MINIMUM						40			70								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

ENCLOSURE 1/1

Influent

NPDES NO: NC0063073 DISCHARGE NO: 001 MONTH: June YEAR: 1987

FACILITY NAME: Onslow Beach 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																	
2																	
3																	
4	00	24				268			346								
5																	
6																	
7																	
8																	
9																	
10																	
11	00	24				180			264								
12																	
13																	
14																	
15																	
16																	
17																	
18	00	24				164			156								
19																	
20																	
21																	
22																	
23																	
24																	
25	00	24				184			232								
26																	
27																	
28																	
29																	
30																	
31																	
AVERAGE						199			250								
MONTHLY MAXIMUM						268			346								
MONTHLY MINIMUM						164			156								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11 84)

ENCLOSURE 1/1

6286/1
NREAD
13 Jul 87

From: Director, Natural Resources and Environmental Affairs Division, Marine Corps Base, Camp Lejeune
To: Base Maintenance Officer, Marine Corps Base, Camp Lejeune (Attn: Utilities Director)

Subj: NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) PERMIT RELATED REPORTING DATA

Encl: (1) Monthly Report of Waste Treatment Plant Water Quality
(2) Violations of Camp Geiger's Proposed NPDES Limits

1. It is requested that the enclosures be routed to the Utilities Systems General Foreman. The enclosures summarize the subject data generated by the Environmental Chemistry and Microbiology Laboratory and contract laboratories for the seven wastewater treatment plants aboard the Camp Lejeune complex for the month of June 1987.

2. The wastewater treatment compliance monitoring data for the month of June 1987, provided by your office, shows that the Hadnot Point Wastewater Treatment Plant did not meet the weekly minimum average for Dissolved Oxygen of 5.0 mg/l. The weekly averages for 1-6 June 1987, were 4.0 mg/l. Natural Resources will need a letter explaining the violation by 17 July 1987 for inclusion in the monthly report.

3. The Camp Geiger Wastewater Treatment Plant still operates under a 1980 permit. Based on the proposed limits, enclosure (2) lists the violations Camp Geiger would have for June 1987 if a new permit were issued. The new permit is suppose to contain a compliance schedule for Ammonia (NH3) that would eliminate the NH3 limits once a diffuser was installed.

4. Questions regarding the enclosures should be forwarded to the Supervisory Chemist, Environmental Chemistry and Microbiology Laboratory, Natural Resources and Environmental Affairs Division, x5977.

J. I. WOOTEN

Blind copy to:
EC&M Lab

[illegible]
[illegible]
13 Jul 87

From: Director, Natural Resources and Environmental Affairs Division, Marine Corps Base, Camp Lejeune
To: Base Maintenance Officer, Marine Corps Base, Camp Lejeune (Attn: Utilities Director)

Subj: NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) PERMIT RELATED REPORTING DATA

Encl: (1) Monthly Report of Waste Treatment Plant Water Quality
(2) Violations of Camp Geiger's Proposed NPDES Limits

1. It is requested that the enclosures be routed to the Utilities System, General Foreman. The enclosures summarize the subject data generated by the Environmental Chemistry and Microbiology Laboratory and contract laboratories for the seven wastewater treatment plants aboard the Camp Lejeune complex for the month of June 1987.

2. The wastewater treatment compliance monitoring data for the month of June 1987, provided by your office, shows that the Hadnot Point Wastewater Treatment Plant did not meet the weekly minimum average for Dissolved Oxygen of 5.0 mg/l. The weekly averages for 1-5 June 1987, were 4.0 mg/l. Natural Resources will need a letter explaining the violation by 17 July 1987 for inclusion in the monthly report.

3. The Camp Geiger Wastewater Treatment Plant still operates under a 1980 permit. Based on the proposed limits, enclosure (2) lists the violations Camp Geiger would have for June 1987 if a new permit were issued. The new permit is supposed to contain a compliance schedule for Ammonia (NH3) that would eliminate the NH3 limits once a diffuser was installed.

4. Questions regarding the enclosures should be forwarded to the Supervisory Chemist, Environmental Chemistry and Microbiology Laboratory, Natural Resources and Environmental Affairs Division, x5977.

W. L. SOOTEN

Blind copy to:
RCSM Lab

MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY
MCBCL 11345/6 (REV. 9-86)

PLANT	NPDES PERMIT NO.	MONTH	YEAR
HADNOT POINT STP	NC0006029	JUNE	1987

DATE	00310 5 DAY 20°C BOD			00610 AMMONIA	00530 TOTAL SUSPENDED RESIDUE			COLIFORM	00556 OIL & GREASE	00600 TOTAL NITROGEN	00665 TOTAL PHOSPHORUS
	INFLUENT mg/L	EFFLUENT mg/L	%	EFFLUENT mg/L	INFLUENT mg/L	EFFLUENT mg/L	%	EFFLUENT MF/100 ML	EFFLUENT mg/L	EFFLUENT mg/L	EFFLUENT mg/L
1	188	18	90	3.6	104	15	86	0			
2	172	27	84	5.5	128	15	88	70			
3	184	27	85	5.7	76	13	83	2			
4	216	28	87	4.3	86	17	80	0	2.0		
5	230	24	90	4.2	146	19	87	0			
6											
7											
8	204	18	91	4.1	112	15	87	10			5.1
9	224	25	89	6.0	132	12	91	0			
10	184	19	90	4.0	120	6	95	0			
11	136	17	88	5.1	66	13	80	0			
12	200	6	97	4.9	212	14	93	0			
13											
14											
15	164	10	94	3.2	124	5	96	0			
16	140	13	91	4.8	130	7	95	0		11.83	4.7
17	192	15	92	6.4	140	7	95	0			
18	196	7	96	5.1	98	11	89	2			
19	160	17	89	4.8	92	10	89	0			
20											
21											
22	124	17	86	2.7	108	15	86	0			
23	204	13	94	2.9	218	9	95	0			
24	164	11	93	4.5	154	15	90	0			5.9
25	200	12	94	3.5	92	16	89	0	0		
26	168	11	93	4.8	113	8	93	0			
27											
28											
29	184	12	93	3.4	142	12	92	0			
30	160	12	93	3.6	118	10	91	0			
31											
TOTAL	3994	359		97.1	2711	258			2.0	11.83	15.7
AVERAGE	182	16	91	4.4	123	12	90	1.43	1.	11.83	5.2
MAXIMUM	230	28		6.4	212	19		70	2	11.83	5.9
MINIMUM	124	6		2.7	66	5		0	0	11.83	4.7
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		22		13		30		14	30		

INSTRUCTIONS:
1. Complete this form in ink, neatly and clearly or it will be typed.
2. Head the form with plant name, permit number, month & year. Indicate Total or Fecal in Coliform heading. Add the appropiate monthly limits at the bottom.
3. At the end of the month, calculate totals, averages, maximums and minimums.
4. Submit completed forms to laboratory supervisor by the 10th of the following month.

ENCLOSURE (1)

MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY
MCBCL 11245/6 (REV. 9-86)

PLANT	NPDES PERMIT NO.	MONTH	YEAR
CAMP GEIGER STP	NC0003239	JUNE	1987

	00310 5 DAY 20°C BOD			00610 AMMONIA	00530 TOTAL SUSPENDED RESIDUE			COLIFORM	00556 OIL & GREASE	00600 TOTAL NITROGEN	00665 TOTAL PHOSPHORUS
DATE	INFLUENT mg/L	EFFLUENT mg/L	%	EFFLUENT mg/L	INFLUENT mg/L	EFFLUENT mg/L	%	EFFLUENT MF/100 ML	EFFLUENT mg/L	EFFLUENT mg/L	EFFLUENT mg/L
1	250	7	97	11.8	176	4	98	0			
2	308	10	97	11.4	173	2	99	0			
3	265	10	96	13.1	193	4	98	0			
4	390	12	97	12.6	340	5	98	2			
5	295	12	96	15.3	217	10	95	0			
6											
7											
8	308	21	93	26.9	237	15	94	6	3.4		5.6
9	405	18	96	19.3	252	14	94	0			
10	275	21	92	16.9	173	15	91	0			
11	245	17	93	14.2	166	10	94	0			
12	284	4	99	13.2	190	16	92	0			
13											
14											
15	296	14	95	13.9	153	2	99	0			
16	324	19	94	16.2	314	4	99	0		18.43	1.6
17	224	15	93	11.8	156	5	97	2			
18	316	3	99	13.7	183	4	98	0			
19	284	18	94	12.0	242	8	97	0			
20											
21											
22	332	18	95	11.9	206	12	94	0			
23	260	18	93	9.4	316	4	99	0			
24	200	8	96	10.6	174	6	96	0			0.8
25	216	7	97	9.9	76	3	96	0	0		
26	410	8	98	11.3	283	3	99	0			
27											
28											
29	235	9	96	14.4	150	7	95	0			
30	250	11	96	10.6	134	4	97	0			
31											
TOTAL	6372	280		300.4	4504	157			3.4	18.43	8.0
AVERAGE	290	13	96	13.7	205	7	97	1.16	1.7	18.43	2.7
MAXIMUM	410	21		26.9	340	15		6	3.4	18.43	5.6
MINIMUM	200	3		9.4	76	3		0	0	18.43	0.8
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		30		—		30		200	30		

INSTRUCTIONS:
1. Complete this form ~~in~~ ink, neatly and clearly or it will be typed.
2. Head the form with plant name, permit number, month & year. Indicate Total or Fecal in Coliform heading. Add the appropiate monthly limits at the bottom.
3. At the end of the month, calculate totals, averages, maximums and minimums.
4. Submit completed forms to laboratory supervisor by the 10th of the following month.

MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY
MCBCL 11345/6 (REV. 9-86)

PLANT	NPDES PERMIT NO.	MONTH	YEAR
TARAWA TERRACE STP	NC0063002	JUNE	1987

DATE	00310 5 DAY 20°C BOD INFLUENT mg/L	00310 5 DAY 20°C BOD EFFLUENT mg/L	00310 5 DAY 20°C BOD %	00610 AMMONIA EFFLUENT mg/L	00530 TOTAL SUSPENDED RESIDUE INFLUENT mg/L	00530 TOTAL SUSPENDED RESIDUE EFFLUENT mg/L	00530 TOTAL SUSPENDED RESIDUE %	COLIFORM EFFLUENT MF/100 ML	00556 OIL & GREASE EFFLUENT mg/L	00600 TOTAL NITROGEN EFFLUENT mg/L	00665 TOTAL PHOSPHORUS EFFLUENT mg/L
1	216	14	94	1.8	216	8	96	0			
2	196	10	95	6.0	86	7	92	0			
3	196	11	94	3.6	86	5	94	0	1.4		
4	204	12	94	1.8	134	6	96	0			
5	255	10	96	1.9	174	7	96	0			
6											
7											
8	208	12	94	2.1	124	9	93	0			5.1
9	176	13	93	3.8	96	7	93	0			
10	184	16	91	3.4	118	10	92	0			
11	188	11	94	2.7	116	6	95	0			
12	124	2	98	2.4	78	14	82	0			
13											
14											
15	180	10	94	1.7	106	6	94	12			
16	160	12	93	3.6	96	4	96	0		14.41	5.4
17	100	10	90	2.3	92	8	91	2			
18	204	7	97	1.9	110	8	93	0			
19	256	10	96	1.5	358	8	98	0			
20											
21											
22	208	12	94	1.1	132	11	92	0			
23	148	12	92	1.7	126	8	94	0			
24	176	14	92	2.9	180	11	94	0			4.3
25	184	11	94	1.5	108	8	93	0	0		
26	184	11	94	3.6	88	12	86	0			
27											
28											
29	152	11	93	1.5	122	12	90	0			
30	164	9	95	1.5	90	10	89	0			
31											
TOTAL	4063	240		54.3	2836	185			1.4	14.41	14.8
AVERAGE	185	11	94	2.5	129	8	94	1.16	0.7	14.41	4.9
MAXIMUM	256	16		6.0	358	14		12	1.4	14.41	5.4
MINIMUM	100	2		1.1	78	4		0	0	14.41	4.3
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		30		—		30		1000	30		

INSTRUCTIONS:

1. Complete this form in ink, neatly and clearly or it will be typed.
2. Head the form with plant name, permit number, month & year. Indicate Total or Fecal in Coliform heading. Add the appropiate monthly limits at the bottom.
3. At the end of the month, calculate totals, averages, maximums and minimums.
4. Submit completed forms to laboratory supervisor by the 10th of the following month.

MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY
MCBCL 11345/6 (REV. 9-86)

PLANT	NPDES PERMIT NO.	MONTH	YEAR
CAMP JOHNSON	NC 00 63011	JUNE	1987

	00310 5 DAY 20°C BOD			00610 AMMONIA	00530 TOTAL SUSPENDED RESIDUE			COLIFORM	00556 OIL & GREASE	00600 TOTAL NITROGEN	00665 TOTAL PHOSPHORUS
DATE	INFLUENT mg/L	EFFLUENT mg/L	%	EFFLUENT mg/L	INFLUENT mg/L	EFFLUENT mg/L	%	EFFLUENT MF/100 ML	EFFLUENT mg/L	EFFLUENT mg/L	EFFLUENT mg/L
1	188	7	97	1.1	120	3	98	0			
2											
3									5.3		
4											
5	573	19	97	3.3	344	8	97	0			
6											
7											
8	324	14	96	1.4	122	6	95	0			2.2
9											
10											
11											
12	276	1	99	3.2	108	11	90	0			
13											
14											
15	200	16	92	5.0	202	6	97	0			
16											
17											
18											
19	324	11	97	6.7	441	5	99	2			
20											
21											
22	345	18	95	2.1	313	6	98	0			
23											
24											
25									0		
26	184	12	93	3.0	182	3	98	0			
27											
28											
29	135	10	93	2.0	102	4	96	0			
30											
31											
TOTAL	2549	108		27.8	1934	53			5.3		2.2
AVERAGE	283	12	96	3.1	215	6	97	1.08	2.7		2.2
MAXIMUM	573	19		6.7	441	11		2	5.3		2.2
MINIMUM	135	1		1.1	102	3		0	0		2.2
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		30		—		30		1000	30		

INSTRUCTIONS:
1. Complete this form in ink, neatly and clearly or it will be typed.
2. Head the form with plant name, permit number, month & year. Indicate Total or Fecal in Coliform heading. Add the appropiate monthly limits at the bottom.
3. At the end of the month, calculate totals, averages, maximums and minimums.
4. Submit completed forms to laboratory supervisor by the 10th of the following month.

MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY
MCBCL 11345/6 (REV. 9-86)

PLANT	NPDES PERMIT NO.	MONTH	YEAR
COURTHOUSE BAY STP	NC0063045	JUNE	1987

	00310 5 DAY 20°C BOD			00610 AMMONIA	00530 TOTAL SUSPENDED RESIDUE			COLIFORM	00556 OIL + GREASE	00600 TOTAL NITROGEN	00665 TOTAL PHOSPHOROUS
DATE	INFLUENT mg/L	EFFLUENT mg/L	%	EFFLUENT mg/L	INFLUENT mg/L	EFFLUENT mg/L	%	EFFLUENT MF/100 ML	EFFLUENT mg/L	EFFLUENT mg/L	EFFLUENT mg/L
1											
2	80	7	91	0.38	48	7	85	2			
3											
4											
5											
6											
7											
8									0		
9	132	10	92	0.27	62	6	90	0			
10											
11											
12											
13											
14											
15											
16	148	10	93	0.57	166	7	96	10		7.83	1.6
17											
18											
19											
20											
21											
22											
23	220	5	98	0.37	136	3	98	560			
24											
25									0.4		
26											
27											
28											
29											
30	68	6	91	0.16	46	1	98	0			
31											
TOTAL	648	38		1.75	458	24			0.4	7.83	1.6
AVERAGE	130	8	94	0.35	92	5	95	6.45	0.2	7.83	1.6
MAXIMUM	220	10		0.57	166	7		560	0.4	7.83	1.6
MINIMUM	68	5		0.27	48	1		0	0	7.83	1.6
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		30		—		30		14	30		

INSTRUCTIONS:
1. Complete this form in ink, neatly and clearly or it will be typed.
2. Head the form with plant name, permit number, month & year. Indicate Total or Fecal in Coliform heading. Add the appropiate monthly limits at the bottom.
3. At the end of the month, calculate totals, averages, maximums and minimums.
4. Submit completed forms to laboratory supervisor by the 10th of the following month.

MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY
MCBCL 11345/8 (REV. 9-86)

PLANT	NPDES PERMIT NO.	MONTH	YEAR
RIFLE RANGE STP	NC 0063037	JUNE	1987

DATE	00310 5 DAY 20°C BOD			00610 AMMONIA	00530 TOTAL SUSPENDED RESIDUE			COLIFORM	00556 OIL & GREASE	00600 TOTAL NITROGEN	00665 TOTAL PHOSPHOROUS
	INFLUENT mg/L	EFFLUENT mg/L	%	EFFLUENT mg/L	INFLUENT mg/L	EFFLUENT mg/L	%	EFFLUENT MF/100 ML	EFFLUENT mg/L	EFFLUENT mg/L	EFFLUENT mg/L
1											
2											
3											
4	40	4	90	0.31	136	1	99	0			
5											
6											
7											
8									0		
9											
10	68	6	94	0.14	70	4	94	0			
11											
12											
13											
14											
15											
16											
17	44	4	91	0.15	76	1	99	0		5.94	
18											
19											
20											
21											
22											
23											
24	60	5	92	0.31	200	2	99	0			1.5
25									0		
26											
27											
28											
29											
30											
31											
TOTAL	212	19		0.91	482	8			0	5.94	1.5
AVERAGE	53	5	91	0.23	121	2	98	0	0	5.94	1.5
MAXIMUM	68	6		0.31	200	4		0	0	5.94	1.5
MINIMUM	40	4		0.14	70	1		0	0	5.94	1.5
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		30		—		30		14	30		

INSTRUCTIONS:

1. Complete this form in ink, neatly and clearly or it will be typed.
2. Head the form with plant name, permit number, month & year. Indicate Total or Fecal in Coliform heading. Add the appropiate monthly limits at the bottom.
3. At the end of the month, calculate totals, averages, maximums and minimums.
4. Submit completed forms to laboratory supervisor by the 10th of the following month.

MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY

PLANT	NPDES PERMIT NO.	MONTH	YEAR
ONSLOW BEACH STP	NC00 63053	JUNE	1987

	00310 5 DAY 20°C BOD			00610 AMMONIA	00530 TOTAL SUSPENDED RESIDUE			COLIFORM	00556 OIL & GREASE	00600 TOTAL NITROGEN	00665 TOTAL PHOSPHORUS
DATE	INFLUENT mg/L	EFFLUENT mg/L	%	EFFLUENT mg/L	INFLUENT mg/L	EFFLUENT mg/L	%	EFFLUENT MF/100 ML	EFFLUENT mg/L	EFFLUENT mg/L	EFFLUENT mg/L
1											
2											
3											
4	268	8	97	0.26	346	4	99	S/C IN BACT. SAMPLE	0.2		
5											
6											
7											
8											
9											
10											
11	180	11	94	0.37	264	6	98	0	0		
12											
13											
14											
15											
16											
17											
18	164	6	96	0.48	156	5	97	26			
19											
20											
21											
22											
23											
24											
25	184	6	97	0.22	232	2	99	0	0		
26											
27											
28											
29											
30											
31											
TOTAL	796	31		1.33	998	17			0.20		
AVERAGE	199	8	96	0.33	250	4	98	2.96	0.07		
MAXIMUM	268	11		0.48	346	6		26	0.20		
MINIMUM	164	6		0.22	156	2		0	0		
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		30		—		30		14	30		

INSTRUCTIONS:

1. Complete this form in ink, neatly and clearly or it will be typed.
2. Head the form with plant name, permit number, month & year. Indicate Total or Fecal in Coliform heading. Add the appropiate monthly limits at the bottom.
3. At the end of the month, calculate totals, averages, maximums and minimums.
4. Submit completed forms to laboratory supervisor by the 10th of the following month.

Violations of Camp Geiger's Proposed NPDES limits

Parameter	Limit	Date	Value
Biochemical Oxygen Demand - Weekly	15 mg/l	7-13 Jun 87	16.2 mg/l
Biochemical Oxygen Demand - Monthly	10 mg/l	Jun 87	13.0 mg/l
Ammonia - Weekly	4.5 mg/l	1-6 Jun 87	12.8 mg/l
Ammonia - Weekly	4.5 mg/l	7-13 Jun 87	18.1 mg/l
Ammonia - Weekly	4.5 mg/l	14-20 Jun 87	13.5 mg/l
Ammonia - Weekly	4.5 mg/l	21-27 Jun 87	10.6 mg/l
Ammonia - Weekly	4.5 mg/l	28-30 Jun 87	12.5 mg/l
Ammonia - Monthly	3.0 mg/l	Jun 87	13.7 mg/l
Phosphorus - Monthly	2.0 mg/l	Jun 87	2.7 mg/l

ENCLOSURE 121

11331
NREAD
8 July 87

Mr. John McFadyen
Water Supply Branch
Division of Health Services
North Carolina Department of
Human Resources
Post Office Box 2091
Raleigh, North Carolina 27602

Dear Mr. McFadyen:

Enclosed are the completed Department of Health Forms (DHS 1942 2/74) for all water treatment plants aboard Marine Corps Base, Camp Lejeune for the period 1-30 June 1987. Also enclosed are the weekly Chemical Analysis forms (MCBCL 11330/3)(Revised 3-82) for the same period, as requested in the 25 October 1982 letter from Mr. Charles Rundgren of your office.

The analysis is run by the Environmental Chemistry and Microbiology Laboratory, located in the Natural Resources and Environmental Affairs Division, Assistant Chief of Staff, Facilities. Ms. Betz, Supervisory Chemist, Environmental Chemistry and Microbiology Laboratory, telephone (919) 451-5977, is the point of contact in this matter.

Sincerely,

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

Encls: (1) Dept of Health Forms
(2) Chemical Analysis Forms

Copy to:
LANTNAVFACENGCOM (Code 114)

Year JUNE 1987 HADNOT 75IN1

REPORT OF BACTERIOLOGICAL RESULTS TO DIVISION OF HEALTH SERVICES

Contaminant Code: 3000

Serial # 04-67-041

N. C. DEPARTMENT OF HUMAN RESOURCES

DATE	RAW WATER COLIFORMS (MFP) A: VOLUME FILTERED ml.	A: TOTAL COLONIES	A: COLIFORM COLONIES	B: VOLUME FILTERED ml.	B: TOTAL COLONIES	B: COLIFORM COLONIES	C: VOLUME FILTERED ml.	C: TOTAL COLONIES	C: COLIFORM COLONIES	NO. OF COLIFORMS PER 100 ml.	FILTERED: TOTAL PLATE COUNT	FILTERED: MFP COLIFORMS per 100 ml.	FINISHED: TOTAL PLATE COUNT	FINISHED: MFP COLIFORMS per 100 ml.	DISTRIBUTION SYSTEM: TOTAL PLATE COUNT	COLIFORMS (MFP): AVE. COLIFORMS per 100 ml.	COLIFORMS (MFP): NO. OF SAMPLES EXAMINED	COLIFORMS (MFP) 1: COLIFORMS per 100 ml.	COLIFORMS (MFP) 2: COLIFORMS per 100 ml.	COLIFORMS (MFP) 3: COLIFORMS per 100 ml.	COLIFORMS (MFP) 4: COLIFORMS per 100 ml.	COLIFORMS (MFP) 5: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	INCUBATOR TEMP.
1																										
2																0	9	0 0	0 0	0 0	0 0	0				35.0
3																										
4																										
5																										
6																										
7																										
8																										
9																0	9	0 0	0 0	0 0	0 0	0 0				35.5
10																										
11																										
12																										
13																										
14																										
15																										
16																0	9	0 0	0 0	0 0	0 0	0				35.4
17																										
18																										
19																										
20																										
21																										
22																										
23																0	9	0 0	0 0	0 0	0 0	0				35.3
24																										
25																										
26																										
27																										
28																										
29																										
30																	9	0 0	0 0	0 0	0	0 0				35.5
31																										

MF MEDIA	BBL mEndo	BACTERIAL DENSITY	ARITH. MEAN		0	DIST. SYSTEM	TOTAL NO. SAMPLES 45
TPC MEDIA			GEO. MEAN		1.0		SAMPLES EXCEEDING 3/50, 4/100, 7/200, 15/500

LAB ID # 37807

Elizabeth A. Betz CERT GRADE: B-WELL # 4687-W

Year JUNE 1981 MARINE CORPS AIR STATION

REPORT OF BACTERIOLOGICAL RESULTS TO DIVISION OF HEALTH SERVICES

N. C. DEPARTMENT OF HUMAN RESOURCES

Contaminant Code: 3000

Serial # 04-67-042

DATE	RAW WATER COLIFORMS (MFP) A: VOLUME FILTERED ml.	A: TOTAL COLONIES	A: COLIFORM COLONIES	B: VOLUME FILTERED ml.	B: TOTAL COLONIES	B: COLIFORM COLONIES	C: VOLUME FILTERED ml.	C: TOTAL COLONIES	C: COLIFORM COLONIES	NO. OF COLIFORMS PER 100 ml.	FILTERED: TOTAL PLATE COUNT	FILTERED: MFP COLIFORMS per 100 ml.	FINISHED: TOTAL PLATE COUNT	FINISHED: MFP COLIFORMS per 100 ml.	DISTRIBUTION SYSTEM: TOTAL PLATE COUNT	COLIFORMS (MFP): AVE. COLIFORMS per 100 ml.	NO. OF SAMPLES EXAMINED	1: COLIFORMS per 100 ml.	2: COLIFORMS per 100 ml.	3: COLIFORMS per 100 ml.	4: COLIFORMS per 100 ml.	5: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	INCUBATOR TEMP.
1																										
2																0	7	0 0	0 0	0 0	0					35.0
~~3~~																										
4																										
5																										
6																										
7																										
8																										
9	59															0	7	0 0	0 0	0	0 0					35.5
~~10~~																										
11																										
12																										
13																										
14																										
15																										
16	516															0	7	0	0 0		0	0 0				35.4
~~17~~																		0								
18																										
19																										
20																										
21																										
22																										
~~23~~	523															0	7	0 0	0 0	0	0					35.3
~~24~~																		0								
25																										
26																										
27																										
28																										
29																										
30	530															0	9	0 0	0 0	0	0					35.5
~~31~~																			0 0	0						
MF MEDIA			BBL mEndo			DACTERIAL DENSITY		ARITH. MEAN								0	DIST. SYSTEM	TOTAL NO. SAMPLES								37
TPC MEDIA								GEO. MEAN								1.0		SAMPLES EXCEEDING 3/50. 4/100. 7/200. 10/500ml								0

LAB ID # 31807

Elizabeth A Bey CERT GRADE B-WELL # 4587-W

Year JUNE 1987 HOLCOMB BLVD

REPORT OF BACTERIOLOGICAL RESULTS TO DIVISION OF HEALTH SERVICES

Contaminant Code: 3000

Serial # 04-67-043

N. C. DEPARTMENT OF HUMAN RESOURCES

DATE	RAW WATER COLIFORMS (MFP) A: VOLUME FILTERED ml.	A: TOTAL COLONIES	A: COLIFORM COLONIES	B: VOLUME FILTERED ml.	B: TOTAL COLONIES	B: COLIFORM COLONIES	C: VOLUME FILTERED ml.	C: TOTAL COLONIES	C: COLIFORM COLONIES	NO. OF COLIFORMS PER 100 ml.	FILTERED: TOTAL PLATE COUNT	FILTERED: MFP COLIFORMS per 100 ml.	FINISHED: TOTAL PLATE COUNT	FINISHED: MFP COLIFORMS per 100 ml.	DISTRIBUTION SYSTEM: TOTAL PLATE COUNT	COLIFORMS (MFP): AVE. COLIFORMS per 100 ml.	NO. OF SAMPLES EXAMINED	1: COLIFORMS per 100 ml.	2: COLIFORMS per 100 ml.	3: COLIFORMS per 100 ml.	4: COLIFORMS per 100 ml.	5: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	INCUBATOR TEMP.
1																										
2	2															0	7	0 0	0 0	0 0	0					35.0
~~3~~																										
4																										
5																										
6																										
7																										
8																										
9	9															0	7	0 0	0 0		0	0 0				35.5
~~10~~																										
11																										
12																										
13																										
14																										
15																										
16	16															0	7	0 0	0 0	0		0				35.4
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19																										
20																										
21																										
22																										
23	23															0	7	0 0	0 0	0						35.3
~~24~~																		0 0	0							
25																										
26																										
27																										
28																										
29																										
30	31															0	7	0 0	0 0		0	0 0				35.5
~~31~~																										
MF MEDIA		BBL mEndo														0	DIST. SYSTEM	TOTAL NO. SAMPLES								35
TPC MEDIA																1.0		SAMPLES EXCEEDING 3/50 4/100 7/200 13/500								0

LAB ID # 37807

Elizabeth A. Bey

CERT GRADE B-WELL # 4587-W

Year JUNE 1981 TARAWA TERRACE

REPORT OF BACTERIOLOGICAL RESULTS TO DIVISION OF HEALTH SERVICES

Contaminant Code: 3000

Serial # 04-67-044

N. C. DEPARTMENT OF HUMAN RESOURCES

DATE	RAW WATER COLIFORMS (MFP) A: VOLUME FILTERED ml.	A: TOTAL COLONIES	A: COLIFORM COLONIES	B: VOLUME FILTERED ml.	B: TOTAL COLONIES	B: COLIFORM COLONIES	C: VOLUME FILTERED ml.	C: TOTAL COLONIES	C: COLIFORM COLONIES	NO. OF COLIFORMS PER 100 ml.	FILTERED: TOTAL PLATE COUNT	FILTERED: MFP COLIFORMS per 100 ml.	FINISHED: TOTAL PLATE COUNT	FINISHED: MFP COLIFORMS per 100 ml.	DISTRIBUTION SYSTEM: TOTAL PLATE COUNT	COLIFORMS (MFP): AVE. COLIFORMS per 100 ml.	COLIFORMS (MFP): NO. OF SAMPLES EXAMINED	COLIFORMS (MFP) 1: COLIFORMS per 100 ml.	COLIFORMS (MFP) 2: COLIFORMS per 100 ml.	COLIFORMS (MFP) 3: COLIFORMS per 100 ml.	COLIFORMS (MFP) 4: COLIFORMS per 100 ml.	COLIFORMS (MFP) 5: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	INCUBATOR TEMP.
1																										
2																0	4	0 0	0 0							35.0
3																										
4																										
5																										
6																										
7																										
8																										
9	9															0	4	0 0		0 0						35.5
10																										
11																										
12																										
13																										
14																										
15																										
16	16															0	4	0 0			0 0					35.4
17																										
18																										
19																										
20																										
21																										
22																										
23	23															0	4	0 0				0 0				35.3
24																										
25																										
26																										
27																										
28																										
29																										
30	30															0	4	0 0								35.5
31																		0 0								

MF MEDIA	BBL mEndo	BACTERIAL DENSITY	ARITH. MEAN	0	DIST. SYSTEM	TOTAL NO. SAMPLES 0
TPC MEDIA			GEO. MEAN	0		SAMPLES EXCEEDING 3/50, 4/100, 7/200, 13/500 ml 0

LAB ID # 37807

Elizabeth A. Byf CERT GRADE B-WELL # 4587-W

Year JUNE 1981 CAMP JOHNSON

REPORT OF BACTERIOLOGICAL RESULTS TO DIVISION OF HEALTH SERVICES

N. C. DEPARTMENT OF HUMAN RESOURCES

Contaminant Code: 3000

Serial # 04-67-045

DATE	RAW WATER COLIFORMS (MFP) A: VOLUME FILTERED ml.	A: TOTAL COLONIES	A: COLIFORM COLONIES	B: VOLUME FILTERED ml.	B: TOTAL COLONIES	B: COLIFORM COLONIES	C: VOLUME FILTERED ml.	C: TOTAL COLONIES	C: COLIFORM COLONIES	NO. OF COLIFORMS PER 100 ml.	FILTERED: TOTAL PLATE COUNT	FILTERED: MFP COLIFORMS per 100 ml.	FINISHED: TOTAL PLATE COUNT	FINISHED: MFP COLIFORMS per 100 ml.	DISTRIBUTION SYSTEM: TOTAL PLATE COUNT	COLIFORMS (MFP): AVE. COLIFORMS per 100 ml.	NO. OF SAMPLES EXAMINED	1: COLIFORMS per 100 ml.	2: COLIFORMS per 100 ml.	3: COLIFORMS per 100 ml.	4: COLIFORMS per 100 ml.	5: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	COLIFORMS per 100 ml.	COLIFORMS per 100 ml.	INCUBATOR TEMP.
1																										
2																0	2	0	0			1				35.0
3																										
4																										
5																										
6																										
7																										
8																										
9																0	2	0		0		1				35.5
10																										
11																										
12																										
13																										
14																										
15																										
16																0	2	0			0	1				35.4
17																										
18																										
19																										
20																										
21																										
22																										
23																0	2	0				0				35.3
24																										
25																										
26																										
27																										
28																										
29																										
30																0	2	0				0				35.5
31																										

MF MEDIA	BBL mEndo	BACTERIAL DENSITY	ARITH. MEAN		0	DIST. SYSTEM	TOTAL NO. SAMPLES 10
TPC MEDIA			GEO. MEAN		70		SAMPLES EXCEEDING 3/50. 4/100. 7/200. 0

LAB ID # 37307

Elizabeth Betz CERT GRADE B-WELL # 4587

Year JUNE 1987 RIFLE RANGE

REPORT OF BACTERIOLOGICAL RESULTS TO DIVISION OF HEALTH SERVICES

N. C. DEPARTMENT OF HUMAN RESOURCES

Contaminant Code: 3000

Serial # 04-67-046

DATE	RAW WATER COLIFORMS (MFP) A: VOLUME FILTERED ml.	A: TOTAL COLONIES	A: COLIFORM COLONIES	B: VOLUME FILTERED ml.	B: TOTAL COLONIES	B: COLIFORM COLONIES	C: VOLUME FILTERED ml.	C: TOTAL COLONIES	C: COLIFORM COLONIES	NO. OF COLIFORMS PER 100 ml.	FILTERED: TOTAL PLATE COUNT	FILTERED: MFP COLIFORMS per 100 ml.	FINISHED: TOTAL PLATE COUNT	FINISHED: MFP COLIFORMS per 100 ml.	DISTRIBUTION SYSTEM: TOTAL PLATE COUNT	COLIFORMS (MFP): AVE. COLIFORMS per 100 ml.	COLIFORMS (MFP): NO. OF SAMPLES EXAMINED	COLIFORMS (MFP) 1: COLIFORMS per 100 ml.	COLIFORMS (MFP) 2: COLIFORMS per 100 ml.	COLIFORMS (MFP) 3: COLIFORMS per 100 ml.	COLIFORMS (MFP) 4: COLIFORMS per 100 ml.	COLIFORMS (MFP) 5: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	INCUBATOR TEMP.
1																										
2																0	3	0	0	0						35.0
3																										
4																										
5																										
6																										
7																										
8																										
9																0	3	0	0		0					35.5
10																										
11																										
12																										
13																										
14																										
15																										
16																0	3	0	0		0					35.4
17																										
18																										
19																										
20																										
21																										
22																										
23																0	3	0	0		0					35.3
24																										
25																										
26																										
27																										
28																										
29																										
30																0	3	0	0	0						35.5
31																										
MF MEDIA			BBL mEndo			BACTERIAL DENSITY		ARITH. MEAN								0	DIST. SYSTEM	TOTAL NO. SAMPLES								15
TPC MEDIA								GEO. MEAN								1.0		SAMPLES EXCEEDING 3/50. 4/100. 7/200. 13/500.								0

LAB ID # 37807

Elizabeth A. Bey CERT GRADE B-WELL # 4587-W

Year 1987

WATER TREATMENT PLANT AT Camp LeJeune

Method Code: 303

Contaminant Code: 3000

REPORT OF BACTERIOLOGICAL RESULTS TO DIVISION OF HEALTH SERVICES

N. C. DEPARTMENT OF HUMAN RESOURCES

Serial # 04-67-047

DATE	RAW WATER COLIFORMS (MFP) A: VOLUME FILTERED ml.	A: TOTAL COLONIES	A: COLIFORM COLONIES	B: VOLUME FILTERED ml.	B: TOTAL COLONIES	B: COLIFORM COLONIES	C: VOLUME FILTERED ml.	C: TOTAL COLONIES	C: COLIFORM COLONIES	NO. OF COLIFORMS PER 100 ml.	FILTERED: TOTAL PLATE COUNT	FILTERED: MFP COLIFORMS per 100 ml.	FINISHED: TOTAL PLATE COUNT	FINISHED: MFP COLIFORMS per 100 ml.	DISTRIBUTION SYSTEM: TOTAL PLATE COUNT	COLIFORMS (MFP): AVE. COLIFORMS per 100 ml.	NO. OF SAMPLES EXAMINED	1: COLIFORMS per 100 ml.	2: COLIFORMS per 100 ml.	3: COLIFORMS per 100 ml.	4: COLIFORMS per 100 ml.	5: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	INCUBATOR TEMP.
1																										
2	2															0	4	0	0	0	1	1	1			35.0
3																										
4																										
5																										
6																										
7																										
8																										
9	39															0	4	0	0	1	0	0	1	1		35.5
10																										
11																										
12																										
13																										
14																										
15																										
16	316															0	4	0	1	0	0	0	1			35.4
17																										
18																										
19																										
20																										
21																										
22																										
23	323															0	4	0	1	0	1	0	0			35.3
24																										
25																										
26																										
27																										
28																										
29																										
30	330															0	4	0	0	0	1	1	1			35.5
31																		0								
MF MEDIA		BBL mEndo				BACTERIAL DENSITY		ARITH. MEAN								0	DIST. SYSTEM	TOTAL NO. SAMPLES								20
TPC MEDIA								GEO. MEAN								1.0		SAMPLES EXCEEDING 3/50 4/100 7/200 13/500ml								0

LAB ID # 37807

Elizabeth C. Berg

CERT GRADE: B-WELL # 4087-W

Year 1987

REPORT OF BACTERIOLOGICAL RESULTS TO DIVISION OF HEALTH SERVICES

N. C. DEPARTMENT OF HUMAN RESOURCES

Contaminant Code: 3000

Serial # 04-67-048

DATE	RAW WATER COLIFORMS (MFP) A: VOLUME FILTERED ml.	A: TOTAL COLONIES	A: COLIFORM COLONIES	B: VOLUME FILTERED ml.	B: TOTAL COLONIES	B: COLIFORM COLONIES	C: VOLUME FILTERED ml.	C: TOTAL COLONIES	C: COLIFORM COLONIES	NO. OF COLIFORMS PER 100 ml.	FILTERED: TOTAL PLATE COUNT	FILTERED: MFP COLIFORMS per 100 ml.	FINISHED: TOTAL PLATE COUNT	FINISHED: MFP COLIFORMS per 100 ml.	DISTRIBUTION SYSTEM: TOTAL PLATE COUNT	COLIFORMS (MFP): AVE. COLIFORMS per 100 ml.	NO. OF SAMPLES EXAMINED	1: COLIFORMS per 100 ml.	2: COLIFORMS per 100 ml.	3: COLIFORMS per 100 ml.	4: COLIFORMS per 100 ml.	5: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	COLIFORMS per 100 ml.	COLIFORMS per 100 ml.	INCUBATOR TEMP.
1																										
2																0	2	0	0							35.0
3																										
4																										
5																										
6																										
7																										
8																										
9																0	2	0		0						35.5
10																										
11																										
12																										
13																										
14																										
15																										
16																0	2	0	0							35.4
17																										
18																										
19																										
20																										
21																										
22																										
23																0	2	0			0					35.3
24																										
25																										
26																										
27																										
28																										
29																										
30																0	2	0	0							35.5
31																										
MF MEDIA			BBL mEndo			BACTERIAL DENSITY		ARITH. MEAN								0	DIST. SYSTEM	TOTAL NO. SAMPLES								10
TPC MEDIA								GEO. MEAN								1.0		SAMPLES EXCEEDING 3/50, 4/100, 7/200, 13/500ml								0

LAB ID # 37807

Elizabeth A. Berry

CERT GRADE B-WELL # 4087-W

CHEMICAL ANALYSIS WATER TREATMENT PLANTS
MCBCL 11330 3 (REV 6-84)

DATE COLLECTED 6-2-87 | DATE OF ANALYSIS 6-2-87

PARAMETER SERIAL #04-67	HADNOT POINT -041	CAMP JOHNSON -045	TARAWA TERRACE -044	ONSLOW BEACH -048	COURTHOUSE BAY -047	RIFLE RANGE -046	HOLCOMB BLVD -043	NEW RIVER -042		
PH (IN LAB NOT PLANT)	8.5			7.7	8.2	8.4	8.5	8.8		
PHENOLTHALEIN ALKALINITY	4			0	0	2	2	6		
METHYL ORANGE ALKALINITY	62			160	170	160	60	100		
CARBONATES AS $CaCO_3$	8			0	0	4	4	12		
BICARBONATES AS $CaCO_3$	54			160	170	156	56	88		
CHLORIDES AS C1	14			20	20	46	10	50		
HARDNESS AS $CaCO_3$	76			76	56	56	72	60		
IRON AS Fe			A.A.	DOWN						
FLUORIDE AM	0.80						0.88			
FLUORIDE PM	0.92			0.17	0.14	0.11	0.89	0.42		
CHLORINE RESIDUAL	1.1			1.3	1.5	1.0	1.1	0.8		
TURBIDITY AM	0.1						0.5			
TURBIDITY PM	0.1			0.2	0.1	0.1	0.8	0.9		
TOTAL PHOSPHATE										
ORTHO PHOSPHATE										
META PHOSPHATE										
STABILITY	+0.1			-0.5	-0.2	0.0	0.0	+0.4		

REMARKS

COPY TO
- ☐ UTIL DIR ☐
- ☐ WATER TREATMENT
- ☐ PMU ☐ MCAS PMU
- ☐ NREAD ☐ FILE

NOTE All results reported in parts per million unless otherwise noted except for pH, temperature, and specific conductance. One liter of potable water is assumed to weigh one kilogram

LABORATORY ANALYSIS BY H.J. BURNS

CHEMICAL ANALYSIS WATER TREATMENT PLANTS

MCBCL 11330 3 (REV 6-84)

DATE COLLECTED 6-9-87 | DATE OF ANALYSIS 6-9-87

PARAMETER SERIAL# 04-67	HADNOT POINT -041	CAMP JOHNSON -045	TARAWA TERRACE -044	ONSLOW BEACH -048	COURTHOUSE BAY -047	RIFLE RANGE -046	HOLCOMB BLVD -043	NEW RIVER -042		
PH (IN LAB NOT PLANT)	8.7			7.5	7.9	8.3	8.5	8.8		
PHENOLTHALEIN ALKALINITY	4			0	0	0	4	4		
METHYL ORANGE ALKALINITY	54			156	170	150	60	90		
CARBONATES AS $CaCO_3$	8			0	0	0	8	8		
BICARBONATES AS $CaCO_3$	46			156	170	150	52	82		
CHLORIDES AS C1	12			20	18	24	10	56		
HARDNESS AS $CaCO_3$	58			56	50	46	64	50		
IRON AS Fe	<0.04			<0.04	<0.04	<0.04	<0.04	<0.04		
FLUORIDE AM	0.96			0.18	0.13	0.10	0.94	0.47		
FLUORIDE PM	0.96						0.94			
CHLORINE RESIDUAL	1.1			1.2	1.5	0.8	1.1	0.9		
TURBIDITY AM	0.1			0.1	0.4	0.4	0.2	0.2		
TURBIDITY PM	0.1						0.7			
TOTAL PHOSPHATE										
ORTHO PHOSPHATE										
META PHOSPHATE										
STABILITY	+0.4			-0.7	-0.4	-0.1	+0.2	+0.3		

REMARKS

COPY TO

☐ UTIL DIR ☐

☐ WATER TREATMENT

☐ PMU ☐ MCAS PMU

☐ NREAD ☐ FILE

NOTE All results reported in parts per million unless otherwise noted except for pH, temperature, and specific conductance One liter of potable water is assumed to weigh one kilogram

LABORATORY ANALYSIS BY

H.J. BURNS

MCBCL 11330.3 (REV. 6-84)

DATE COLLECTED: 6-16-87 | DATE ANALYZED: 6-16-87

PARAMETER SERIAL#04-67	HADNOT POINT -041	CAMP JOHNSON -045	TARAWA TERRACE -044	ONSLOW BEACH -048	COURTHOUSE BAY -047	RIFLE RANGE -046	HOLCOMB BLVD -043	NEW RIVER -042		
PH (IN LAB NOT PLANT)	8.8			7.6	8.0	8.3	8.6	8.9		
PHENOLTHALEIN ALKALINITY	4			0	0	4	4	12		
METHYL ORANGE ALKALINITY	50			160	170	150	58	106		
CARBONATES AS $CaCO_3$	8			0	0	8	8	24		
BICARBONATES AS $CaCO_3$	42			160	170	142	50	82		
CHLORIDES AS C1	10			20	14	40	10	50		
HARDNESS AS $CaCO_3$	64			50	50	56	60	60		
IRON AS Fe			A.A	DOWN						
FLUORIDE AM	1.05						1.05			
FLUORIDE PM	1.06			0.15	0.12	0.11	1.05	0.46		
CHLORINE RESIDUAL	1.0			1.2	1.5	1.1	1.0	0.8		
TURBIDITY AM	0.6						0.2			
TURBIDITY PM	0.5			0.2	0.3	0.1	0.3	1.4		
TOTAL PHOSPHATE										
ORTHO PHOSPHATE										
META PHOSPHATE										
STABILITY	+0.4			-0.7	-0.3	-0.1	+0.3	+0.4		

REMARKS

COPY TO

☐ UTIL DIR ☐

☐ WATER TREATMENT

☐ PMU ☐ MCAS PMU

☐ NREAD ☐ FILE

NOTE All results reported in parts per million unless otherwise noted except for pH, temperature, and specific conductance. One liter of potable water is assumed to weigh one kilogram.

LABORATORY ANALYSIS BY

H. J. BURNS

CHEMICAL [illegible] WATER [illegible]
MCBCL 11330 3 (REV 6-84)

DATE COLLECTED: 6-23-87
DATE OF ANALYSIS: 6-23-87

PARAMETER SERIAL# 0467	HADNOT POINT -041	CAMP JOHNSON -045	TARAWA TERRACE -044	ONSLOW BEACH -048	COURTHOUSE BAY -047	RIFLE RANGE -046	HOLCOMB BLVD -043	NEW RIVER -042		
PH (IN LAB NOT PLANT)	8.7			7.5	7.5	7.9	8.4	8.7		
PHENOLTHALEIN ALKALINITY	4			0	0	0	2	6		
METHYL ORANGE ALKALINITY	56			160	164	170	60	96		
CARBONATES AS $CaCO_3$	8			0	0	0	4	12		
BICARBONATES AS $CaCO_3$	48			160	164	170	56	84		
CHLORIDES AS C1	16			30	20	54	10	60		
HARDNESS AS $CaCO_3$	58			52	46	52	68	54		
IRON AS Fe			A.A.	DOWN						
FLUORIDE Am	1.12						1.09			
FLUORIDE pm	1.07			0.16	0.12	0.10	1.07	0.45		
CHLORINE RESIDUAL	1.0			1.4	1.4	1.0	1.4	0.8		
TURBIDITY Am	0.4						0.2			
TURBIDITY pm	0.2			0.2	0.2	0.2	0.8	0.3		
TOTAL PHOSPHATE										
ORTHO PHOSPHATE										
META PHOSPHATE										
STABILITY	+0.3			-0.7	-0.8	-0.4	0.0	+0.1		

REMARKS

COPY TO
- ☐ UTIL DIR ☐
- ☐ WATER TREATMENT
- ☐ PMU ☐ MCAS PMU
- ☐ NREAD ☐ FILE

NOTE: All results reported in parts per million unless otherwise noted except for pH, temperature, and specific conductance. One liter of potable water is assumed to weigh one kilogram

LABORATORY ANALYSIS BY
H-J. BURNS

MCBCL 11330 3 (REV 6-84)

DATE COLLECTED: 6-30-87

DATE OF ANALYSIS: 6-30-87

PARAMETER SERIAL# 04-67	HADNOT POINT -041	CAMP JOHNSON -045	TARAWA TERRACE -044	ONSLOW BEACH -048	COURTHOUSE BAY -047	RIFLE RANGE -046	HOLCOMB BLVD -043	NEW RIVER -042		
PH (IN LAB NOT PLANT)	8.8			7.1	7.9	8.3	8.7	8.6		
PHENOLTHALEIN ALKALINITY	4			0	0	2	4	8		
METHYL ORANGE ALKALINITY	52			160	170	160	60	110		
CARBONATES AS $CaCO_3$	8			0	0	4	8	16		
BICARBONATES AS $CaCO_3$	44			160	170	156	52	94		
CHLORIDES AS C1	10			20	20	44	14	60		
HARDNESS AS $CaCO_3$	56			68	54	54	68	60		
IRON AS Fe			A.A.	DOWN						
FLUORIDE Am	1.20						1.00			
FLUORIDE pm	1.15			0.16	0.13	0.13	0.72	0.46		
CHLORINE RESIDUAL	1.1			0.7	1.2	1.0	1.3	0.8		
TURBIDITY Am	0.2						0.2			
TURBIDITY pm	0.2			0.4	0.1	0.2	0.3	0.3		
TOTAL PHOSPHATE										
ORTHO PHOSPHATE										
META PHOSPHATE										
STABILITY	+0.1			-1.2	-0.4	0.0	+0.4	+0.1		

REMARKS

COPY TO

☐ UTIL DIR ☐

☐ WATER TREATMENT

☐ PMU ☐ MCAS PMU

☐ NREAD ☐ FILE

NOTE: All results reported in parts per million unless otherwise noted except for pH, temperature, and specific conductance. One liter of potable water is assumed to weigh one kilogram.

LABORATORY ANALYSIS BY

H.J. BURNS