6288
NREAD
22 Jun 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 averages for 17-23 May 1987, 24-30 May 1987, and 31 May 1987 were 4.4 mg/l, 4.2 mg/l, and 3.8 mg/l respectively. 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. The plant did meet 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

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

EFFLUENT

NPDES PERMIT NO: NC0003239 DISCHARGE NO: 001 MONTH: May 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 ☐

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 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	.8500	19	6.4		4.0	23		14.9		23	0	6.3				
2	00	24	.8500	19	6.4		4.0							6.6				
3	00	24	.8500	19	6.6		4.0							6.3				
4	00	24	.8500	19	6.7		4.0	14		20.8		5	0	6.8				
5	00	24	.8500	17	6.6		4.0	15		15.6		8	0	7.0	1.3		1.4	
6	00	24	.8500	18	6.9		4.0	10		13.7		8	0	6.8				
7	00	24	.8500	17	6.6		4.0	15		14.3		7	0	6.8				
8	00	24	.8500	21	6.2		4.5	16		10.6		7	0	6.2				
9	00	24	.8555	20	6.3		4.0							7.6				
10	00	24	.8620	20	6.6		4.0							7.0				
11	00	24	.8611	20	6.8		4.0	12		18.1		8	0	6.5				
12	00	24	.8761	20	6.9		3.0	22		13.5		11	0	5.4				
13	00	24	.8632	21	6.0		5.0	17		13.3		10	0	5.3				
14	00	24	.9558	21	6.6		4.0	15		12.6		12	0	6.7				
15	00	24	.9100	21	6.8		4.0	20		12.9		16	10	6.6				
16	00	24	.7470	21	6.6		4.0							6.8				
17	00	24	.8794	21	6.6		4.0							5.5				
18	00	24	.8742	22	6.6		4.0	2		10.7		2	0	6.0				
19	00	24	.9942	27	6.6		4.0	14		10.6		9	0	6.8				
20	00	24	.9675	22	6.6		4.0	12		12.7		13	0	6.5			1.1	
21	00	24	.8996	21	6.4		4.0	12		15.8		5	0	7.0				
22	00	24	.7806	22	6.8		4.0	12		13.5		7	0	6.8				
23	00	24	.7537	22	6.6		4.0							7.0				
24	00	24	.7302	22	6.6		4.0							6.6				
25	00	24	.7445	22	6.6		4.0	HOLIDAY						7.0				
26	00	24	.8752	22	6.8		4.0	8		9.2		3	0	6.4	L/E			
27	00	24	.9158	25	6.6		4.0	19		11.2		8	0	7.0				
28	00	24	.9279	23	6.4		4.0	13		12.2		7	0	6.1			1.2	
29	00	24	.8570	23	6.3		4.0	12		13.1		8	0	6.6		11.49		
30	00	24	.7500	23	6.6		4.0							6.4				
31	00	24	.7528	23	6.6		4.0							6.8				
Average			.8526	21			4.0	14		13		9	1.12*	6.6	1.3	11.49	1.2	
Max.			.9942	27	6.9		5.0	23		20.8		23	10	7.6	1.3	11.49	1.4	
Min.			.7302	17	6.0		3.0	2		9.2		3	0	5.3	1.3	11.49	1.1	
Comp.(C)/Grab(G)			G	G			G	C		C		C	G	G	G	C	C	
Monthly Limit				6-8.5				30				30	200	>5	30			

DEM Form MR-1 (11/84 L/E = LAB ERROR

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: NC0063002 DISCHARGE NO: 001 MONTH: May 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 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: ~~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	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	.7355	19	6.6		4.0	9		2.4		10	4	9.6				
2	00	24	.8012	19	6.6		4.0							9.4				
3	00	24	.7867	20	6.5		4.0							10.0				
4	00	24	.7303	20	6.5		5.0	13		3.4		12	2	9.8				
5	00	24	.5539	18	6.6		4.0	12		1.9		13	0	9.0			6.6	
6	00	24	.6427	18	6.6		4.0	12		2.6		5	0	9.2				
7	00	24	.7020	20	6.8		4.5	12		9.0		11	0	7.4				
8	00	24	.6813	20	7.0		4.5	15		3.4		15	0	9.3				
9	00	24	.7670	19	6.8		4.0							9.5				
10	00	24	.8395	19	6.8		4.5							9.6				
11	00	24	.8013	20	6.9		4.0	12		3.4		12	0	9.6				
12	00	24	.7847	20	6.9		4.0	12		2.7		7	0	9.6				
13	00	24	.8122	19	6.6		4.0	8		2.6		7	0	9.5				
14	00	24	.7969	22	6.6		4.0	10		6.5		13	4	8.8				
15	00	24	.7818	21	6.7		4.0	982		3.1		13	0	9.2				
16	00	24	.8321	21	6.7		4.0							9.4				
17	00	24	.8888	21	6.5		5.0							10.5				
18	00	24	.8893	21	6.6		4.0	10		2.3		2	0	10.2				
19	00	24	.8871	22	6.6		4.0	12		2.1		4	2	8.7				
20	00	24	.8112	22	6.6		4.0	12		3.0		6	0	9.5			5.3	
21	00	24	.8620	21	6.6		4.0	10		5.6		4	0	9.4	0			
22	00	24	.8759	21	6.8		4.0	11		4.2		8	0	9.6				
23	00	24	.8547	22	6.7		4.0							9.2				
24	00	24	.9515	22	6.6		4.0							9.0				
25	00	24	.9267	23	6.7		4.0	HOLIDAY						9.6				
26	00	24	.8784	23	6.8		4.0	12		2.4		5	0	9.5	2.3	[illegible]		
27	00	24	.8543	22	6.6		4.0	10		2.7		7	0	9.6				
28	00	24	.8591	23	6.6		4.5	12		2.0		10	0	8.9			5.5	
29	00	24	.9187	25	6.5		4.0	12		3.6		7	0	9.4		9.22		
30	00	24	.8768	23	6.5		4.0							9.6				
31	00	24	.9815	23	6.5		4.0							9.0				
Average			.8182	21			4.1	11		3.3		9	1.23	9.4	1.2	9.22	5.8	
Max.			.9815	25	7.0		5.0	15		9.0		15	4	10.5	2.3	9.22	6.6	
Min.			.5539	18	6.5		4.0	8		1.9		2	0	8.7	0	9.22	5.3	
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

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

PDES PERMIT NO: NC0063011 DISCHARGE NO: 001 MONTH: May YEAR: 1987

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

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

ERTIFIED LABORATORY: Environmental Chemistry & 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	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	MG/L	
1	00	24	.632	19	7.0		2.5	16		6.6		7	0	7.8				
2	00	24	.535				4.0											
3	00	24	.600				4.0											
4	00	24	.590	20	6.9		4.0	15		4.6		5	0	7.8				
5	00	24	.550				4.0								2.8			
6	00	24	.523				4.0											
7	00	24	.519				5.0											
8	00	24	.607	19	6.7		4.0	14		6.0		6	0	8.0				
9	00	24	.1601				5.0											
10	00	24	.537				6.0											
11	00	24	.594	20	6.6		6.0	10		6.6		8	0	8.4				
12	00	24	.498				4.0											
13	00	24	.554				5.0											
14	00	24	.519				5.0											
15	00	24	.340	20	6.6		4.0	17		6.4		8		7.3				
16	00	24	.513				4.0											
17	00	24	.673				4.0											
18	00	24	.539	21	7.0		3.0	22		6.8		4	0	6.1				
19	00	24	.619				4.0											
20	00	24	.625				4.0											
21	00	24	.632				4.0								0.6			
22	00	24	.611	20	6.7		4.0	14		6.2		7	0	6.4				
23	00	24	.576	20	6.8		4.0							8.1				
24	00	24	.519				4.0											
25	00	24	.536				5.0	HOLI	DAY									
26	00	24	.674				5.0											
27	00	24	.635				5.0											
28	00	24	.555				4.0											
29	00	24	.765	23	6.9		3.0	10		2.7		3	6	7.5				
30	00	24	.496				4.0											
31	00	24	.665				4.0											
Average			.5468	20			4.2	15		5.7		6	1.29	7.5	1.7			
Max.			.765	23	7.0		6.0	22		6.8		8	6	8.4	2.8			
Min.			.160	19	6.6		2.5	10		2.7		3	0	6.1	0.6			
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G			
Monthly Limit					6-8.5			30				30	14	>5	30			

DEM Form MR-1 (11/84

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: NC0063029 DISCHARGE NO: 001 MONTH: May 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 & 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 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	4.070	20	6.6		4.0	12		4.8		5	0	6.0				
2	00	24	3.957	22	6.7		3.0							5.1				
3	00	24	4.202	22	6.6		4.0							5.5				
4	00	24	4.365	22	6.4		4.0	12		4.0		10	0	6.2				
5	00	24	4.477	20	6.8		4.0	11		4.9		7	0	6.1			4.9	
6	00	24	4.145	20	6.8		4.0	12		4.6		6	0	6.3				
7	00	24	4.249	22	6.8		4.0	10		4.4		8	6	6.7				
8	00	24	4.831	22	6.6		4.0	15		4.8		11	0	6.5				
9	00	24	4.611	20	6.6		4.0							6.0				
10	00	24	4.794	20	6.8		4.0							6.5				
11	00	24	4.837	20	6.2		3.0	10		3.9		10	0	6.0	0.3			
12	00	24	4.105	22	6.6		4.0	12		4.1		7	0	5.2				
13	00	24	4.132	20	6.6		4.0	10		5.1		5	0	5.0				
14	00	24	4.201	22	6.6		3.0	14		5.3		13	0	5.5				
15	00	24	4.448	22	6.8		4.0	14		4.9		19	0	5.0				
16	00	24	4.196	21	6.8		4.0							5.2				
17	00	24	4.295	23	6.7		4.0							5.1				
18	00	24	5.582	22	6.6		3.0	16		3.8		11	6	4.8				
19	00	24	4.582	24	6.5		3.0	22		4.3		11	0	4.6				
20	00	24	4.588	23	6.5		3.0	23		5.3		13	0	4.4			4.9	
21	00	24	4.552	22	6.4		3.0	13		5.8		14	0	4.0	3.1			
22	00	24	4.240	23	6.7		4.0	22		4.7		18	0	4.0				
23	00	24	3.918	23	6.8		4.0							4.2				
24	00	24	3.773	23	6.8		4.0							4.1				
25	00	24	4.029	24	6.6		4.0	HOLIDAY						4.7				
26	00	24	4.608	24	6.8		3.0	18		2.6		12	0	4.2				
27	00	24	4.455	24	6.6		4.0	17		3.9		11	2	4.8				
28	00	24	4.564	24	6.7		4.0	19		4.7		16	0	4.2			4.9	
29	00	24	4.600	24	6.8		3.0	23		5.2		18	2	3.5		16.21		
30	00	24	4.098	24	6.8		3.0							3.7				
31	00	24	4.064	24	6.6		4.0							3.8				
Average			4.374	22			3.7	15		4.6		11	1.28	5.1	1.7	16.21	4.9	
Max.			5.582	24	6.8		4.0	23		5.8		19	6	6.7	3.1	16.21	4.9	
Min.			3.773	20	5.8		3.0	10		2.6		5	0	3.5	0.3	16.21	4.9	
Comp.(C)/Grab(G)			G	G			G	C		C		C	G	G	G	C	C	
Monthly Limit				6-8.5				22				30	14	>5	30			

DEM Form MR-1 (11/84

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 [X]
(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:

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: May YEAR: 1987

FACILITY NAME: Rifle Range Sewage Treatment Plant CLASS: II 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
P O 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	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 N ITROGEN	00665 TOTAL PHOSPH-ORUS	
															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	.26452				4.0											
2	00	24	.2533				5.0											
3	00	24	.2497				6.0											
4	00	24	.2308				5.0											
5	00	24	.2766				5.0											
6	00	24	.26728	18	6.6		4.0	8		0.66		4	0	9.6				
7	00	24	.2485				3.0											
8	00	24	.2585				4.0											
9	00	24	.2367				4.0											
10	00	24	.2269				4.0											
11	00	24	.2683				4.0								0			
12	00	24	.2380				4.0											
13	00	24	.2310	17	6.6		5.0	5		0.14		3	0	8.4				
14	00	24	.2317				5.0											
15	00	24	.1965				5.0											
16	00	24	.2187				5.0											
17	00	24	.1970				4.0											
18	00	24	.2020				5.0											
19	00	24	.2066				5.0											
20	00	24	.2171	19	6.5		6.0	5		0.35		4	0	9.7			1.4	
21	00	24	.2050				5.0											
22	00	24	.2163				4.0											
23	00	24	.3113	20	6.6		3.0							8.1				
24	00	24	.1883				5.0											
25	00	24	.1926				4.0											
26	00	24	.1530				5.0								0			
27	00	24	.1843	20	6.5		6.0	2		0.26		3	0	8.9				
28	00	24	.2885				4.0											
29	00	24	.1621				4.0											
30	00	24	.1855		6.4		5.0							9.2				
31	00	24	.1582				5.0											
Average			.2247	19			4.6	5		0.35		4	0	9.0	0		1.4	
Max.			.3153	20	6.6		6.0	8		0.66		4	0	9.7	0		1.4	
Min.			.1530	17	6.4		3.0	2		0.14		3	0	8.1	0		1.4	
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G		C	
Monthly Limit					6-8.5			30				30	14	>5	30			

DEM Form MR-1 (11/84

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)

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_____

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: NC0063045 DISCHARGE NO: 001 MONTH: May YEAR: 1987

FACILITY NAME: ~~Courthouse Bay Sewage Treatment Plant~~ CLASS: II COUNTY: Onslow

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

CERTIFIED LABORATORY: Environmental Chemistry & 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	00620 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	.2758		6.8		5.0											
2	00	24	.4426				4.0											
3	00	24	.4973				4.5											
4	00	24	.3778				4.0											
5	00	24	.2854	19	7.5		2.5	7		0.69		14	0	7.8			1.4	
6	00	24	.2957				4.0											
7	00	24	.3446				4.0											
8	00	24	.4614				4.0											
9	00	24	.2875				4.0											
10	00	24	.2430				4.5											
11	00	24	.3890				3.0								0.5			
12	00	24	.3710	21	7.2		3.0	6		0.44		3	0	7.8				
13	00	24	.3194				3.0											
14	00	24	.3085				4.0											
15	00	24	.2504				4.0											
16	00	24	.2579				3.0											
17	00	24	.2344				3.5											
18	00	24	.3170				3.0											
19	00	24	.3486	21	7.2		4.0	5		0.22		4	0	7.3				
20	00	24	.4350				4.0											
21	00	24	.3708				3.0											
22	00	24	.3286				2.0											
23	00	24	.1609				2.0											
24	00	24	.3504				4.5											
25	00	24	.2532				4.5											
26	00	24	.2932	23	7.3		4.5	5		0.17		1	0	8.9	0.4			
27	00	24	.2970				4.0											
28	00	24	.3240				4.5											
29	00	24	.2996				5.0											
30	00	24	.3232				3.5											
31	00	24	.2510				4.0											
Average			.3243	21			3.79	6		0.39		6	0	8.0	0.5		1.4	
Max.			.4973	23	7.5		5.0	7		0.69		14	0	8.9	0.5		1.4	
Min.			.1609	14	6.8		2.0	5		0.19		1	0	7.3	0.4		1.4	
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G		C	
Monthly Limit					6-8.5			30				30	14	>5	30			

DEM Form MR-1 (11/84

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)

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_____

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: NC0063053 DISCHARGE NO: 001 MONTH: May YEAR: 1987

FACILITY NAME: Onslow Beach Sewage Treatment Plant CLASS: II 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
P O 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	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	.09873				4.0											
2	00	24	.09059				4.0											
3	00	24	.09568				4.5											
4	00	24	.09266				5.0											
5	00	24	0.06392				4.0											
6	00	24	.09206				4.5											
7	00	24	.08963	18	6.7		4.0	8		0.21		11	0	8.9				
8	00	24	.09086				4.0											
9	00	24	.08906				4.0											
10	00	24	.08818				4.0											
11	00	24	.09048				3.0								5.1			
12	00	24	.09661				4.0											
13	00	24	.08622				5.0											
14	00	24	.09489	19	6.8		4.5	9		1.50		13	0	8.2				
15	00	24	.08360				4.0											
16	00	24	.08549				4.5											
17	00	24	0.10045				5.0											
18	00	24	.08352				5.5											
19	00	24	.09054				4.5											
20	00	24	.07430				4.0											
21	00	24	0.14431	18	6.7		4.5	8		0.60		5	0	8.5				
22	00	24	.08030				2.0											
23	00	24	0.14637				4.0											
24	00	24	0.13566				5.0											
25	00	24	0.10628				5.0											
26	00	24	0.10422				4.5								0.5			
27	00	24	.08913				2.0											
28	00	24	0.10536	19	6.6		4.5	8		0.22		6	0	7.8			3.4	
29	00	24	.08472				4.0									17.92		
30	00	24	.09998				5.0											
31	00	24	.09748				5.0											
Average			.09617	19			4.2	8		0.63		9	0	8.4	2.8	17.92	3.4	
Max.			0.14637	19	6.8		5.5	9		1.50		13	0	8.9	5.1	17.92	3.4	
Min.			.07430	18	6.6		2.0	8		0.21		5	0	7.8	0.5	17.92	3.4	
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C	
Monthly Limit					6-8.5			30				30	14	>5.0	30			

DEM Form MR-1 (11/84

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)

_____

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_____

_____

_____

_____

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: NC0003239 DISCHARGE NO: 014 MONTH: May 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 & 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 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 BOD_5 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	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
1																		
2																		
3																		
4																		
5	08	8			7.8							5.2						
6																		
7																		
8																		
9																		
10																		
11																		
12	08	8			7.9							0.8						
13																		
14																		
15																		
16																		
17																		
18																		
19	08	8			8.0							3.2						
20																		
21																		
22																		
23																		
24																		
25																		
26	08	8			8.2							1.6						
27																		
28																		
29																		
30																		
31																		
Average												2.7						
Max.					8.2							5.2						
Min.					7.8							0.8						
Comp.(C)/Grab(G)					G							C						
Monthly Limit					6-9							30						

DEM Form MR-1 (11/84

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)

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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.

Influent

NPDES NO: NC0003239 DISCHARGE NO: 001 MONTH: May YEAR: 1987

FACILITY NAME: Camp Geiger Sewage Treatment Plant 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				340			174								
2																	
3																	
4	00	24				250			238								
5	00	24				296			144								
6	00	24				320			190								
7	00	24				256			190								
8	00	24				256			142								
9																	
10																	
11	00	24				305			194								
12	00	24				204			132								
13	00	24				280			206								
14	00	24				296			162								
15	00	24				224			206								
16																	
17																	
18	00	24				200			168								
19	00	24				235			182								
20	00	24				310			210								
21	00	24				375			210								
22	00	24				344			232								
23																	
24																	
25	HOLIDAY																
26	00	24				324			203								
27	00	24				276			214								
28	00	24				228			116								
29	00	24				320			123								
30																	
31																	
AVERAGE						282			182								
MONTHLY MAXIMUM						375			238								
MONTHLY MINIMUM						200			116								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11.84)

Influent

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

FACILITY NAME: Tarawa Terrace 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				212			134								
2																	
3																	
4	00	24				184			102								
5	00	24				236			168								
6	00	24				220			96								
7	00	24				284			446								
8	00	24				184			120								
9																	
10																	
11	00	24				192			124								
12	00	24				208			134								
13	00	24				228			102								
14	00	24				180			112								
15	00	24				260			193								
16																	
17																	
18	00	24				345			350								
19	00	24				220			164								
20	00	24				212			122								
21	00	24				232			122								
22	00	24				204			112								
23																	
24																	
25	HOLIDAY																
26	00	24				220			132								
27	00	24				168			78								
28	00	24				216			104								
29	00	24				212			83								
30																	
31																	
AVERAGE						221			150								
MONTHLY MAXIMUM						345			446								
MONTHLY MINIMUM						168			78								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11 84)

Influent

NPDES NO: NC0063011 DISCHARGE NO: 001 MONTH: May 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	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1	00	24				324			148								
2																	
3																	
4	00	24				810			505								
5																	
6																	
7																	
8	00	24				160			158								
9																	
10																	
11	00	24				84			34								
12																	
13																	
14																	
15	00	24				144			128								
16																	
17																	
18	00	24				156			100								
19																	
20																	
21																	
22	00	24				116			68								
23																	
24																	
25						HOLIDAY											
26																	
27																	
28																	
29	00	24				467			333								
30																	
31																	
AVERAGE						283			184								
MONTHLY MAXIMUM						467			505								
MONTHLY MINIMUM						84			34								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11 84)

Influent

NPDES NO: NC0063029 DISCHARGE NO: 001 MONTH: May 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				156			94	
2										
3										
4	00	24				124			100	
5	00	24				168			110	
6	00	24				176			120	
7	00	24				136			128	
8	00	24				168			108	
9										
10										
11	00	24				120			102	
12	00	24				124			92	
13	00	24				136			100	
14	00	24				204			118	
15	00	24				148			118	
16										
17										
18	00	24				136			104	
19	00	24				216			112	
20	00	24				180			138	
21	00	24				256			134	
22	00	24				152			88	
23										
24										
25	HOLIDAY									
26	00	24				312			144	
27	00	24				168			116	
28	00	24				188			124	
29	00	24				216			235	
30										
31										
AVERAGE						174			119	
MONTHLY MAXIMUM						312			235	
MONTHLY MINIMUM						120			88	
SAMPLE TYPE C or G						C			C	

ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW

DEM Form MR-2 (11 84)

Influent

NPDES NO: NC0063037 DISCHARGE NO: 001 MONTH: May YEAR: 1987

FACILITY NAME: Rifle Range 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																	
2																	
3																	
4																	
5																	
6	00	24				56			74								
7																	
8																	
9																	
10																	
11																	
12																	
13	00	24				52			100								
14																	
15																	
16																	
17																	
18																	
19																	
20	00	24				48			82								
21																	
22																	
23																	
24																	
25																	
26																	
27	00	24				32			142								
28																	
29																	
30																	
31																	
AVERAGE						47			100								
MONTHLY MAXIMUM						56			142								
MONTHLY MINIMUM						32			74								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11.84)

Influent

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

FACILITY NAME: Courthouse Bay 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	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2																	
3																	
4																	
5	00	24				124			58								
6																	
7																	
8																	
9																	
10																	
11																	
12	00	24				72			40								
13																	
14																	
15																	
16																	
17																	
18																	
19	00	24				72			38								
20																	
21																	
22																	
23																	
24																	
25																	
26	00	24				104			54								
27																	
28																	
29																	
30																	
31																	
AVERAGE						93			49								
MONTHLY MAXIMUM						124			58								
MONTHLY MINIMUM						72			38								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11 84)

Influent

NPDES NO: NC0063053 DISCHARGE NO: 001 MONTH: May YEAR: 1987

FACILITY NAME: Onslow Beach 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																	
2																	
3																	
4																	
5																	
6																	
7	00	24				327			565								
8																	
9																	
10																	
11																	
12																	
13																	
14	00	24				176			162								
15																	
16																	
17																	
18																	
19																	
20																	
21	00	24				195			142								
22																	
23																	
24																	
25																	
26																	
27																	
28	00	24				196			90								
29																	
30																	
31																	
AVERAGE						224			240								
MONTHLY MAXIMUM						327			565								
MONTHLY MINIMUM						176			90								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11 84)

6286/1
NREAD
10 Jun 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

1. It is requested that the enclosure be routed to the Utilities Systems General Foreman. The enclosure summarizes 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 1-31 May 1987.

2. The wastewater treatment compliance monitoring data for the month of May 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 17-23 May 1987, 24-30 May 1987, and 31 May 1987, were 4.4 mg/l, 4.2 mg/l, and 3.8 mg/l respectively. Natural Resources will need a letter explaining these violations by 18 June 1987 for inclusion in the monthly report.

3. Questions regarding the enclosure 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&MS (2)

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

PLANT	NPDES PERMIT NO.	MONTH	YEAR
CAMP GEIGER	NC000 3239	MAY	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	340	23	93	14.9	174	23	87	0			
2											
3											
4	250	14	94	20.8	238	5	98	0			
5	296	15	95	15.6	144	8	94	0	1.3		1.4
6	320	10	97	13.7	190	8	96	0			
7	256	15	94	14.3	190	7	96	0			
8	256	16	94	10.6	142	7	95	0			
9											
10											
11	305	12	96	18.1	194	8	96	0			
12	204	22	89	13.5	132	11	92	0			
13	280	17	94	13.3	206	10	95	0			
14	296	15	95	12.6	162	12	93	0			
15	224	20	91	12.9	206	16	92	10			
16											
17											
18	200	2	99	10.7	168	2	99	0			
19	235	14	94	10.6	182	9	95	0			
20	310	12	96	12.7	210	13	94	0			1.1
21	375	12	97	15.8	210	5	98	0			
22	344	12	97	13.5	232	7	97	0			
23											
24											
25	HOLIDAY	→									
26	324	8	97	9.2	203	3	99	0	LAB ACCIDENT		
27	276	19	93	11.2	214	8	92	0			
28	228	13	94	12.2	116	7	94	0			1.2
29	320	12	96	13.1	123	8	93	0		11.49	
30											
31											
TOTAL	5639	283		269.3	3636	177			1.3	11.49	3.7
AVERAGE	282	14	95	13	182	9	95	1.12 GM	1.3	11.49	1.2
MAXIMUM	375	23		20.8	238	23		10	1.3	11.49	1.4
MINIMUM	200	2		9.2	116	3		0	1.3	11.49	1.1
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.

[redacted] (1)

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

PLANT	NPDES PERMIT NO.	MONTH	YEAR
TARAWA TERRACE	NC0063002	MAY	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	212	9	96	2.4	134	10	93	4			
2											
3											
4	184	13	93	3.4	102	12	88	2			
5	236	12	95	1.9	168	13	92	0			6.6
6	220	12	95	2.6	96	5	95	0			
7	284	12	96	9.0	446	11	98	0			
8	184	15	92	3.4	120	15	88	0			
9											
10											
11	192	12	94	3.4	124	12	90	0			
12	208	12	94	2.7	134	7	95	0			
13	228	8	96	2.6	102	7	93	0			
14	180	10	94	6.5	112	13	88	4			
15	260	8	97	3.1	193	13	93	0			
16											
17											
18	345	10	97	2.3	350	2	99	0			
19	220	12	95	2.1	164	4	98	2			
20	212	12	94	3.0	122	6	95	0			5.3
21	232	10	96	5.6	122	4	97	0	0.		
22	204	11	95	4.2	112	8	93	0			
23											
24											
25	HOLIDAY	→									
26	220	12	95	2.4	132	5	96	0	2.3		
27	168	10	94	2.7	78	7	91	0			
28	216	12	94	2.0	104	10	90	0			5.5
29	212	12	94	3.6	83	7	92	0		9.22	
30											
31											
TOTAL	4417	224		66.8	2998	171			2.3	9.22	17.4
AVERAGE	221	11	95	3.3	150	9	94	1.23 GM	1.2	9.22	5.8
MAXIMUM	345	15		9.0	446	15		4	2.3	9.22	6.6
MINIMUM	168	8		1.9	78	2		0	0	9.22	5.3
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	NC0063011	MAY	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	324	16	95	6.6	148	7	95	0			
2											
3											
4	810	15	98	4.6	505	5	99	0			
5									2.8		
6											
7											
8	160	14	91	6.0	158	6	96	0			
9											
10											
11	84	10	88	6.6	34	8	76	0			
12											
13											
14											
15	144	17	88	6.4	128	8	94	Cl_2 IN SAMPLE			
16											
17											
18	156	22	86	6.8	100	4	96	0			
19											
20											
21									0.6		
22	116	14	88	6.2	68	7	90	0			
23											
24											
25	HOLIDAY										
26											
27											
28											
29	467	10	98	2.7	333	3	99	6			
30											
31											
TOTAL	2261	118		45.9	1474	48			3.4		
AVERAGE	283	15	95	5.7	184	6	97	1.29 GM	1.7		
MAXIMUM	467	22		6.8	505	8		6	2.8		
MINIMUM	84	10		2.7	34	3		0	0.6		
LOND (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 11345/6 (REV. 9-86)

PLANT	NPDES PERMIT NO.	MONTH	YEAR
HADNOT POINT	NC0063029	MAY	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	156	12	92	4.8	94	5	95	0			
2											
3											
4	124	12	90	4.0	100	10	90	0			
5	168	11	93	4.9	110	7	94	0			4.9
6	176	12	93	4.6	120	6	95	0			
7	136	10	93	4.4	128	8	94	6			
8	168	15	91	4.8	108	11	92	0			
9											
10											
11	120	10	92	3.9	102	10	90	0	0.3		
12	124	12	89	4.1	92	7	92	0			
13	136	10	93	5.1	100	5	95	0			
14	204	14	93	5.3	118	13	89	0			
15	148	14	91	4.9	118	19	84	0			
16											
17											
18	136	16	88	3.8	104	11	89	6			
19	216	22	90	4.3	112	11	90	0			
20	180	23	87	5.3	138	13	91	0			4.9
21	256	13	95	5.8	134	14	89	6	3.1		
22	152	22	86	4.7	88	18	80	0			
23											
24											
25	HOLIDAY	→						→			
26	312	18	92	2.6	144	12	92	0			
27	168	17	90	3.9	116	11	91	2			
28	188	19	90	4.7	124	16	87	0			4.9
29	216	23	89	5.2	235	18	92	2		16.21	
30											
31											
TOTAL	3484	305		91.1	2385	225			3.4	16.21	14.7
AVERAGE	174	15	91	4.6	119	11	91	1.28 GM	1.7	16.21	4.9
MAXIMUM	312	23		5.8	235	19		6	3.1	16.21	4.9
MINIMUM	120	10		2.6	88	5		0	0.3	16.21	4.9
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		22				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 11345/6 (REV. 9-86)

PLANT	NPDES PERMIT NO.	MONTH	YEAR
RIFLE RANGE	NC0063037	MAY	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											
5											
6	56	8	86	0.66	74	4	95	0			
7											
8											
9											
10											
11									0		
12											
13	52	5	90	0.14	100	3	97	0			
14											
15											
16											
17											
18											
19											
20	48	5	90	0.35	82	4	95	0			1.4
21											
22											
23											
24											
25											
26									0.		
27	32	2	94	0.26	142	3	98	0			
28											
29											
30											
31											
TOTAL	188	20		1.41	398	14			0		1.4
AVERAGE	47	5	89	0.35	100	4	96	0	0		1.4
MAXIMUM	56	8		0.66	142	4		0	0		1.4
MINIMUM	32	2		0.14	74	3		0	0		1.4
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 WASTETREATMENT PLANT WATER QUALITY
MCBCL 11345/3 (REV. 9-86)

PLANT	NPDES PERMIT NO.	MONTH	YEAR
COURTHOUSE BAY	NC0063045	MAY	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											
5	124	7	94	0.69	58	14	76	0			1.4
6											
7											
8											
9											
10											
11									0.5		
12	72	6	92	0.44	40	3	93	0			
13											
14											
15											
16											
17											
18											
19	72	5	93	0.22	38	4	89	0			
20											
21											
22											
23											
24											
25											
26	104	5	95	0.19	54	1	98	0	0.4		
27											
28											
29											
30											
31											
TOTAL	372	23		1.54	190	22		0	0.9		1.4
AVERAGE	93	6	94	0.39	49	6	88	0	0.5		1.4
MAXIMUM	124	7		0.69	58	14		0	0.5		1.4
MINIMUM	72	5		0.19	38	1		0	0.4		1.4
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
ONSLOW BEACH	NC 0063053	MAY	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											
5											
6											
7	327	8	98	0.21	565	11	98	0			
8											
9											
10											
11									5.1		
12											
13											
14	176	9	95	1.50	162	13	92	0			
15											
16											
17											
18											
19											
20											
21	195	8	96	0.60	142	5	96	0			
22											
23											
24											
25											
26									0.5		
27											
28	196	8	96	0.22	90	6	93	0			3.4
29										17.92	
30											
31											
TOTAL	894	33		2.53	959	35		0	5.6	17.92	3.4
AVERAGE	224	8	96	0.63	240	9	96	0	2.8	17.92	3.4
MAXIMUM	327	9		1.50	565	13		0	5.1	17.92	3.4
MINIMUM	176	8		0.21	90	5		0	0.5	17.92	3.4
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.

11331
NREAD
9 June 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 1-31 May 1987. Also enclosed are the weekly Chemical Analysis Forms (MCBCL 11330/3 Rev 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, 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)

Blind copy to:
BMO (ATTN: UTIL DIR)
Supvy Chem (2)

Writer/Typist Betz / Granadi
Date Typed 9 June 87
Word Processor Number 11331

Month [illegible] WATER TREATMENT PLANT AT [illegible] Method Code: [illegible]

Year 1987

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.
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MF MEDIA			BBL mEndo			BACTERIAL DENSITY		ARITH. MEAN								0	DIST. SYSTEM	TOTAL NO. SAMPLES								36
TPC MEDIA								GEO. MEAN								1.0		SAMPLES EXCEEDING 3/50. 4/100. 7/200. 13/500ml								0

LAB ID # 37807

Elizabeth A Betz CERT GRADE B-WELL # 4087-W

ENCLOSURE (1)

Month [illegible] Holcomb Blvd WATER TREATMENT PLANT AT Camp Lejeune Method Code: 303

Year 1987 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.	COLIFORMS (MFP): 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.
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30																										
31																										

MF MEDIA	BBL mEndo	BACTERIAL DENSITY	ARITH. MEAN	0	DIST. SYSTEM	TOTAL NO. SAMPLES	28
TPC MEDIA			GEO. MEAN	1.0		SAMPLES EXCEEDING 3/50, 4/100, 7/200, 13/500ml	0

LAB ID # 37807

Elizabeth A Betz CERT GRADE B-WELL # 4087-W

ENCLOSURE (1)

Month MAY — MARINE CORPS AIR STATION — WATER TREATMENT PLANT AT Camp Lejeune — Method Code: 303

Year 1987 — REPORT OF BACTERIOLOGICAL RESULTS TO DIVISION OF HEALTH SERVICES — Contaminant Code: 3000

Serial # 04-67-042 — N. C. DEPARTMENT OF HUMAN RESOURCES

DATE	RAW WATER COLIFORMS (MFF) 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.
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MF MEDIA			BBL mEndo			BACTERIAL DENSITY		ARITH. MEAN								0	DIST. SYSTEM	TOTAL NO. SAMPLES								28
TPC MEDIA								GEO. MEAN								1.0		SAMPLES EXCEEDING 3/50. 4/100. 7/200. 13/500ml								0

LAB ID # 37807

Elizabeth A Betz

CERT GRADE B-WELL # 4087-W

ENCLOSURE (1)

Month MAY TARAWA TERRACE WATER TREATMENT PLANT AT Camp Lejeune Method Code: 303

Year 1987 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 (MFF) 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: MFF COLIFORMS per 100 ml.	FINISHED: TOTAL PLATE COUNT	FINISHED: MFF COLIFORMS per 100 ml.	DISTRIBUTION SYSTEM: TOTAL PLATE COUNT	COLIFORMS (MFF): 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.
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MF MEDIA			BBL mEndo			BACTERIAL DENSITY		ARITH. MEAN								1.0	DIST. SYSTEM	TOTAL NO. SAMPLES								16
TPC MEDIA								GEO. MEAN								1.0		SAMPLES EXCEEDING 3/50. 4/100 7/200. 13/500ml								0

LAB ID # 37807

Elizabeth A Berg CERT GRADE B-WELL # 4087 (W)

ENCLOSURE (1)

Month MAY CAMP JOHNSON WATER TREATMENT PLANT AT Camp Lejeune Method Code: 303

Year 1987 REPORT OF BACTERIOLOGICAL RESULTS TO DIVISION OF HEALTH SERVICES Contaminant Code: 3000

Serial # 04-67-045 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.	COLIFORMS per 100 ml.	COLIFORMS per 100 ml.	INCUBATOR TEMP.
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MF MEDIA			BBL mEndo			BACTERIAL DENSITY		ARITH. MEAN								0	DIST. SYSTEM	TOTAL NO. SAMPLES								8
TPC MEDIA								GEO. MEAN								1.0		SAMPLES EXCEEDING 3/50. 4/100. 7/200. 13/500ml								0

LAB ID # 37807

Elizabeth [illegible] CERT GRADE B-WELL # 4087-W

[illegible] GUIDE, (1)

Month MAY Year 1987

RIFLE RANGE WATER TREATMENT PLANT AT Camp Lejeune

Method Code: 305

Contaminant Code: 3000

REPORT OF BACTERIOLOGICAL RESULTS TO DIVISION OF HEALTH SERVICES

N. C. DEPARTMENT OF HUMAN RESOURCES

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.
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31																										
MF MEDIA			BBL mEndo			BACTERIAL DENSITY		ARITH. MEAN								0	DIST. SYSTEM	TOTAL NO. SAMPLES								12
MPC MEDIA								GEO. MEAN								1.0		SAMPLES EXCEEDING 3/50. 8/100. 7/200. 13/500ml								0

LAB ID # 37857

Elizabeth C Betz

CERT GRADE B-WELL # 4087-W

GUIDE 11

Month MAY Courthouse Bay WATER TREATMENT PLANT AT Camp Lejeune Method Code: 303

Year 1987 REPORT OF BACTERIOLOGICAL RESULTS TO DIVISION OF HEALTH SERVICES Contaminant Code: 3000

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	AVE. COLIFORMS per 100 ml.	NO. OF SAMPLES EXAMINED	COLIFORMS (MFP) 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																										
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5																0	4	0	0	0						35.5
6																										
7																										
8																										
9																										
10																										
11																										
12																0	4	0	0	0	0					35.5
13																										
14																										
15																										
16																										
17																										
18																										
19																0	4	0	0			0	0			35.1
20																										
21																										
22																										
23																										
24																										
25																										
26																0	4	0	0			0	0			35.0
27																										
28																										
29																										
30																										
31																										

MF MEDIA	BBL mEndo	BACTERIAL DENSITY	ARITH. MEAN		0	DIST. SYSTEM	TOTAL NO. SAMPLES 16
TPC MEDIA			GEO. MEAN		1.0		SAMPLES EXCEEDING 3/50 4/100 7/200 13/500ml 0

LAB ID # 37807

Elizabeth O Berry CERT GRADE B-WELL # 4087-W

ENCLOSURE (1)

Month MAY ONSLOW BEACH WATER TREATMENT PLANT AT Camp Lejeune Method Code: 305

Year 1987 REPORT OF BACTERIOLOGICAL RESULTS TO DIVISION OF HEALTH SERVICES Contaminant Code: 3000

N. C. DEPARTMENT OF HUMAN RESOURCES

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.	COLIFORMS (MFP): 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																										
3																										
4																										
5																0	2	0	0							35.5
6																										
7																										
8																										
9																										
10																										
11																										
12																0	2	0		0						35.5
13																										
14																										
15																										
16																										
17																										
18																										
19																0	2	0			0					35.1
20																										
21																										
22																										
23																										
24																										
25																										
26																0	2	0	0							35.0
27																										
28																										
29																										
30																										
31																										

MF MEDIA	BBL mEndo	BACTERIAL DENSITY	ARITH. MEAN		0	DIST. SYSTEM	TOTAL NO. SAMPLES 8
MPC MEDIA			GEO. MEAN		1.0		SAMPLES EXCEEDING 3/50 4/100 7/200 13/500ml 0

LAB ID # 37807

Elizabeth R Betz CERT GRADE B-WELL # 4087-W

DISCLOSURE (1)

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

DATE COLLECTED: 5-26-87
DATE OF ANALYSIS: 5-26-87

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			7.4	8.0	8.3	8.7	8.9		
PHENOLTHALEIN ALKALINITY	20			0	0	4	14	12		
METHYL ORANGE ALKALINITY	58			176	186	200	72	120		
CARBONATES AS $CaCO_3$	40			0	0	8	28	24		
BICARBONATES AS $CaCO_3$	18			176	186	192	44	96		
CHLORIDES AS C1	16			48	20	44	18	60		
HARDNESS AS $CaCO_3$	60			44	54	58	62	64		
IRON AS Fe	A.A.	DOWN.								
FLUORIDE Am	1.11						0.65			
FLUORIDE pm	1.42			0.18	0.16	0.12	1.07	0.54		
CHLORINE RESIDUAL	0.9			1.4	1.4	1.0	1.2	1.0		
TURBIDITY Am	0.1						1.0			
TURBIDITY pm	0.2			0.2	0.1	0.1	0.5	0.4		
TOTAL PHOSPHATE										
ORTHO PHOSPHATE										
META PHOSPHATE										
STABILITY	+0.4			-0.9	-0.4	-0.1	+0.3	+0.1		

REMARKS

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: CAROL SHORES

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

ENCLOSURE (21)

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

DATE COLLECTED 5-19-87

DATE OF ANALYSIS 5-19-87

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	8.4	8.6	8.8		
PHENOLTHALEIN ALKALINITY	4			0	0	2	4	14		
METHYL ORANGE ALKALINITY	60			170	182	170	66	120		
CARBONATES AS $CaCO_3$	8			0	0	4	8	28		
BICARBONATES AS $CaCO_3$	52			170	182	166	58	92		
CHLORIDES AS C1	14			24	18	26	12	66		
HARDNESS AS $CaCO_3$	60			52	50	48	78	50		
IRON AS Fe	A.A.	DOWN								
FLUORIDE Am	0.80						1.14			
FLUORIDE pm	0.63			0.15	0.12	0.09	0.96	0.43		
CHLORINE RESIDUAL	1.0			1.4	1.5	1.1	1.0	0.8		
TURBIDITY Am	0.2						0.2			
TURBIDITY pm	0.3			0.1	0.1	0.1	0.3	0.5		
TOTAL PHOSPHATE										
ORTHO PHOSPHATE										
META PHOSPHATE										
STABILITY	+0.4			-0.6	-0.2	+0.1	+0.3	+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

CAROL SHORES

ENCLOSURE (2)

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

DATE COLLECTED 5-12-87

DATE OF ANALYSIS 5-12-87

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			7.7	7.9	7.9	8.6	9.0		
PHENOLTHALEIN ALKALINITY	14			0	0	0	2	12		
METHYL ORANGE ALKALINITY	62			172	178	176	62	118		
CARBONATES AS $CaCO_3$	28			0	0	0	4	24		
BICARBONATES AS $CaCO_3$	34			172	178	176	58	94		
CHLORIDES AS C1	26			38	36	64	26	68		
HARDNESS AS $CaCO_3$	82			60	48	72	98	78		
IRON AS Fe	A.A.	DOWN								
FLUORIDE Am	0.89						0.93			
FLUORIDE pm	0.88			0.14	0.11	0.09	0.97	0.40		
CHLORINE RESIDUAL	1.0			1.2	1.2	1.0	1.2	0.8		
TURBIDITY Am	0.2						0.5			
TURBIDITY pm	0.3			0.1	0.1	0.1	0.3	0.4		
TOTAL PHOSPHATE										
ORTHO PHOSPHATE										
META PHOSPHATE										
STABILITY	+0.3			-0.5	-0.4	-0.3	+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

CAROL SHORES

ENCLOSURE (2)

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

DATE COLLECTED 5-5-87

DATE OF ANALYSIS 5-5-87

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)	8.4			7.4	7.9	8.3	8.3	8.4		
PHENOLTHALEIN ALKALINITY	4			0	0	4	2	8		
METHYL ORANGE ALKALINITY	68			134	188	186	56	130		
CARBONATES AS $CaCO_3$	8			0	0	8	4	16		
BICARBONATES AS $CaCO_3$	60			134	188	178	52	114		
CHLORIDES AS C1	16			26	20	30	10	58		
HARDNESS AS $CaCO_3$	104			60	52	74	78	70		
IRON AS Fe	A.A.	DOWN								
FLUORIDE Am	1.03						0.98			
FLUORIDE PM	1.08			0.16	0.11	0.09	0.94	0.41		
CHLORINE RESIDUAL	1.0			1.3	1.5	1.0	1.1	0.8		
TURBIDITY Am	3.1						0.2			
TURBIDITY PM	0.2			0.2	0.1	0.1	0.6	0.8		
TOTAL PHOSPHATE										
ORTHO PHOSPHATE										
META PHOSPHATE										
STABILITY	+0.2			-0.5	-0.2	+0.2	0.0	+0.2		

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

CAROL SHORES

ENCLOSURE (2)