11331
NREAD
9 Apr 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 March 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, 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)

Blind copy to:
BMO (Attn: Util Dir)
Supvy Chem (2)

Writer/Typist Betz / Trianoski
Date Typed 9 Apr 87
Word Processor Number 11331

Month MARCH HADNOT POINT WATER TREATMENT PLANT AT Camp Lejeune Method Code: 303

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

Serial # 04-67-041 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.	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.	PLANKTON
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31																		0 0									
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. 13/300.									0

LAB ID # 37807 Elizabeth A Bet CERT GRADE B-WELL # 4087-12-11

Month MARCH
Year 1987

MARINE CORPS AIR STATION 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 # 04-67-042

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	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.	PLANKTON
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17	317															0	7	0 0	0 0	0		0 0				35.3	
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24	324															0	7	0 0	0 0	0						35.1	
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30	331															0	7	0 0	0 0	0			0			35.4	
31																			0								
MF MEDIA		RBL mEndo			BACTERIAL DENSITY		ARITH. MEAN									0	DIST. SYSTEM	TOTAL NO. SAMPLES								35	
TPC MEDIA							GEO. MEAN									1.0		SAMPLES EXCEEDING 3/50. 4/100. 7/200. 13/400.								0	

LAB ID # 37807

Elizabeth A Betz

CERT. GRADE: B-WELL

ENCLOSURE #

Month MARCH HOLCOMB BLVD WATER TREATMENT PLANT AT Camp Lejeune Method Code: 303

Year 1987 Contaminant Code: 3000

REPORT OF BACTERIOLOGICAL RESULTS TO DIVISION OF HEALTH SERVICES

N. C. DEPARTMENT OF HUMAN RESOURCES

Serial # 04-67-043

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.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	INCUBATOR TEMP.	PLANKTON
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30	331															0	7	0	0	0	0	0	0	0			35.4	
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MF MEDIA	BBL mEndo	BACTERIAL DENSITY	ARITH. MEAN	0	DIST. SYSTEM	TOTAL NO. SAMPLES	35
TPC MEDIA			GEO. MEAN	1.0		SAMPLES EXCEEDING 3/50, 4/100, 7/200, 13/400	0

LAB ID # 37807 Elizabeth A Betz CERT GRADE: B-WELL # 4037-W

Month March — 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

N. C. DEPARTMENT OF HUMAN RESOURCES

Serial # 04-67-044

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.	PLANKTON
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MF MEDIA	BBL mEndo	BACTERIAL DENSITY	ARITH. MEAN		0	DIST. SYSTEM	TOTAL NO. SAMPLES
TPC MEDIA			GEO. MEAN		1.0		SAMPLES EXCEEDING 3/50. 4/100 7/200. 13/300.

LAB ID # 37807

Elizabeth A. Berg

CERT GRADE: B-WELL # 4037

ENCLOSURE (4)

Month MARCH — WATER TREATMENT PLANT AT Camp LeJeune — Method Code: 303

Year 1987

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.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	INCUBATOR TEMP.	PLANKTON
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MF MEDIA			BBL mEndo			DACTERIAL DENSITY		ARITH. MEAN								0	DIST. SYSTEM	TOTAL NO. SAMPLES									9
TPC MEDIA								GEO. MEAN								1.0		SAMPLES EXCEEDING 3/50. 4/100. 7/200. 13/300.									0

LAB ID # 37807

Elizabeth A Betz

CERT GRADE: B-WELL # 4087-44

ENCLOSURE 4

Month MARCH Year 1987

RIFLE RANGE 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 # 04-67-046

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.	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.	PLANKTON
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3																0	3	0	0	0						35.4	
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31																0	3	0	0	0						35.4	
MF MEDIA			BBL mEndo			DACTERIAL DENSITY		ARITH. MEAN								0	DIST. SYSTEM	TOTAL NO. SAMPLES									16
TPC MEDIA								GEO. MEAN								1.0		SAMPLES EXCEEDING 3/50. 4/100. 7/200. 13/300.									0

LAB ID # 37807

CERT. GRADE: B-WELL

ENCLOSURE (1)

Month MARCH 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	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.	PLANKTON
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31																0	4	0	0	0	0					35.4	
MF MEDIA			BBL mEndo			DACTERIAL DENSITY		ARITH. MEAN								0	DIST. SYSTEM	TOTAL NO. SAMPLES									19
TPC MEDIA								GEO. MEAN								1.0		SAMPLES EXCEEDING 3/50. 4/100. 7/200. 13/300.									0

LAB ID # 37807 Elizabeth A Betz CERT GRADE: B-WELL # 4037-4

ENCLOSURE (11)

Month MARCH — ONSLOW BEACH — 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 # 04-67-048

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.	PLANKTON
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29																											
30																											
31																0	2	0	0							35.4	

MF MEDIA	BBL mEndo	BACTERIAL DENSITY	ARITH. MEAN	0	DIST. SYSTEM
TPC MEDIA			GEO. MEAN	10	

TOTAL NO. SAMPLES 10

SAMPLES EXCEEDING 3/50. 4/100. 7/200. 13/300. 0

LAB ID # 37807

Elizabeth A Bell

CERT GRADE: B-WELL # 4087-W

BIOLOGIST III

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

DATE COLLECTED: 3-3-87
DATE OF ANALYSIS: 3-3-87

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)	8.8	7.3	8.6	7.4	8.1	8.2	8.3	8.6		
PHENOLTHALEIN ALKALINITY	4	0	4	0	0	2	0	14		
METHYL ORANGE ALKALINITY	50	168	52	160	180	164	60	130		
CARBONATES AS $CaCO_3$	8	0	8	0	0	4	0	28		
BICARBONATES AS $CaCO_3$	42	168	44	160	180	160	60	102		
CHLORIDES AS C1	10	10	18	20	16	66	14	60		
HARDNESS AS $CaCO_3$	72	54	62	60	56	60	64	60		
IRON AS Fe			A.A.	DOWN	FOR	REPAIRS				
FLUORIDE Am	0.80		0.84				0.79			
FLUORIDE PM	0.12	0.12	0.76	0.12	0.10	0.09	0.83	52		
CHLORINE RESIDUAL	1.0	1.2	1.0	0.5	1.4	0.8	1.0	1.0		
TURBIDITY Am	0.6		0.8				0.4			
TURBIDITY PM	0.3	0.7	5.8	0.4	0.2	0.5	0.4	1.2		
TOTAL PHOSPHATE		3.7								
ORTHO PHOSPHATE		1.2								
META PHOSPHATE		2.5								
STABILITY	+0.5	-0.6	+0.4	-0.6	0.0	+0.1	+0.1	+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: H. J. BURNS

ENCLOSURE (2)

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

DATE COLLECTED: 3-10-87
DATE OF ANALYSIS: 3-10-87

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	7.5	8.7	7.5	8.1	8.3	8.9	8.8		
PHENOLTHALEIN ALKALINITY	2	0	4	0	0	2	6	8		
METHYL ORANGE ALKALINITY	50	164	60	150	166	160	56	130		
CARBONATES AS $CaCO_3$	4	0	8	0	0	4	12	16		
BICARBONATES AS $CaCO_3$	46	164	52	150	166	156	44	114		
CHLORIDES AS C1	14	10	10	20	10	50	10	60		
HARDNESS AS $CaCO_3$	64	60	70	58	54	60	66	42		
IRON AS Fe			A.A.	DOWN						
FLUORIDE Am	0.76						1.01			
FLUORIDE pm	0.83	0.17	0.77	0.13	0.10	0.09	0.95	0.54		
CHLORINE RESIDUAL	1.1	1.0	0.9	1.1	1.2	1.0	1.2	0.8		
TURBIDITY Am	0.1						0.2			
TURBIDITY pm	0.1	1.5	0.8	0.2	0.1	0.1	0.2	0.7		
TOTAL PHOSPHATE		2.18								
ORTHO PHOSPHATE		1.03								
META PHOSPHATE		1.15								
STABILITY	+0.2	−0.6	+0.5	−0.7	−0.1	0.0	+0.6	+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: BURNS + BARBEE

ENCLOSURE 121

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

DATE COLLECTED: 3-17-87

DATE OF ANALYSIS: 3-17-87

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)	8.2	8.2	8.6	7.6	8.3	8.4	8.6	8.8		
PHENOLTHALEIN ALKALINITY	0	0	2	0	0	0	2	12		
METHYL ORANGE ALKALINITY	58	66	58	162	178	162	52	144		
CARBONATES AS $CaCO_3$	0	0	4	0	0	0	4	24		
BICARBONATES AS $CaCO_3$	58	66	54	162	178	162	48	120		
CHLORIDES AS C1	8	8	8	18	20	48	8	58		
HARDNESS AS $CaCO_3$	66	64	66	60	68	56	66	54		
IRON AS Fe			A.A.	DOWN						
FLUORIDE AM	0.25		—				0.80			
FLUORIDE PM	0.27	0.65	0.69	0.17	0.12	0.10	0.90	0.58		
CHLORINE RESIDUAL	1.0	1.0	1.0	1.2	1.2	1.1	—	0.7		
TURBIDITY AM	0.1		—				0.1			
TURBIDITY PM	0.1	0.2	0.3	0.1	0.1	0.1	0.3	0.1		
TOTAL PHOSPHATE		0.4								
ORTHO PHOSPHATE		0.2								
META PHOSPHATE		0.2								
STABILITY	0.0	+0.2	+0.1	-0.4	+0.2	+0.1	+0.2	+0.5		

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

LANE + BURNS

ENCLOSURE (2)

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

DATE COLLECTED: 3-24-87
DATE OF ANALYSIS: 3-24-87

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	8.1	8.2	8.4	8.8		
PHENOLTHALEIN ALKALINITY	4			0	0	4	4	20		
METHYL ORANGE ALKALINITY	70			160	174	156	56	130		
CARBONATES AS $CaCO_3$	8			0	0	8	8	40		
BICARBONATES AS $CaCO_3$	62			160	174	148	48	90		
CHLORIDES AS C1	10			18	20	50	10	60		
HARDNESS AS $CaCO_3$	74			64	54	54	68	48		
IRON AS Fe				A.A.	DOWN					
FLUORIDE AM	0.61						0.98			
FLUORIDE PM	0.65			0.14	0.11	0.09	0.96	0.52		
CHLORINE RESIDUAL	1.1			1.2	1.2	1.0	1.1	0.8		
TURBIDITY AM	1.2						0.2			
TURBIDITY PM	1.8			0.1	0.1	0.1	0.2	1.1		
TOTAL PHOSPHATE										
ORTHO PHOSPHATE										
META PHOSPHATE										
STABILITY	+0.4			-0.6	-0.1	-0.1	+0.2	+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: BURNS

ENCLOSURE (2)

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

DATE COLLECTED: 3-31-87
DATE OF ANALYSIS: 3-31-87

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)	7.9			7.5	8.1	7.8	8.3	8.7		
PHENOLTHALEIN ALKALINITY	0			0	0	0	2	16		
METHYL ORANGE ALKALINITY	56			168	194	186	58	148		
CARBONATES AS $CaCO_3$	0			0	0	0	4	32		
BICARBONATES AS $CaCO_3$	56			168	194	186	54	116		
CHLORIDES AS C1	6			26	16	48	10	60		
HARDNESS AS $CaCO_3$	60			54	60	62	66	44		
IRON AS Fe				A.A.	DOWN					
FLUORIDE AM	0.19						0.92			
FLUORIDE PM	0.17			0.14	0.12	0.11	0.93	0.58		
CHLORINE RESIDUAL	1.0			1.2	1.2	1.1	1.5	0.8		
TURBIDITY AM	0.1						0.1			
TURBIDITY PM	0.7			0.1	0.1	0.1	0.1	0.2		
TOTAL PHOSPHATE										
ORTHO PHOSPHATE										
META PHOSPHATE										
STABILITY	-0.4			-0.6	-0.2	-0.5	-0.1	0.0		

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: BARBEE

ENCLOSURE (2)

6240
NREAD
APR 08 1987

From: Commanding General, Marine Corps Base, Camp Lejeune
To: Commanding General, 2d Marine Division, Camp Lejeune

Subj: HAZARDOUS WASTE MANAGEMENT COMPLIANCE INSPECTION; RESULT OF

Ref: (a) BO 6240.5A
(b) CG MCB MSG 291625 Oct 85 86

Encl: (1) Hazardous Waste Management Compliance Inspection Report for 2d RECON BN, 2d MARDIV of 13 Mar 87

1. The subject inspection was conducted by Base Environmental personnel in accordance with references (a) and (b). Enclosure (1) provides findings, recommendations and supporting information relative to the subject inspections. It should be noted that discrepancies cited in enclosure (1) are violations of Environmental Protection Agency regulations described in reference (a).

2. During the subject inspection, it was mutually agreed that violations cited in enclosure (1) would be corrected within fifteen calendar days from the date of this letter. Addressee should immediately notify the Commanding General, Marine Corps Base, Attn: AC/S, Facilities, of any discrepancy which cannot be corrected within the stated time frame. A re-inspection will be conducted by Base environmental personnel in cooperation with the Hazardous Material Disposal Coordinator (HMDC), Division Engineers, 2d MARDIV.

3. Point of contact for this matter is Mr. Danny Sharpe, extensions 2083/1690.

T. J. DALZELL
By direction

ORGANIZATION:

2d MARDIV
2d RECON BN

INSPECTION DATE: 13 MARCH 87

INSPECTOR'S NAME SAMMY GWYNN

NO.	SPECIFIC LOCATION	DISCREPANCY	REF	RECOMMENDED CORRECTIVE ACTION
1.		COMMUNICATIONS SHOP Bldg. #BA-191		
2.		MOTOR TRANSPORT Bldg. #BA-130		

COMMENT: FOR THE PURPOSE OF THIS INSPECTION, THE FACILITIES WILL BE CONSIDERED IN COMPLIANCE WITH HAZARDOUS WASTE REGULATIONS.

2d MAR DIV

AUTHORIZED HW GENERATION AND STORAGE SITES FOR 2D AMTRAC BN

SITE NO. 1 GENERATION/ACCUMULATION	BLDG. #BA-130, MOTOR TRANSPORT SECTION DRY CLEANING SOLVENT, ELECTROLYTE, ANTI FREEZE AND WASTE OIL
SITE NO. 2 GENERATION/ACCUMULATION	BLDG. #BA-191, COMMUNICATIONS SHOP LITHIUM BATTERIES

APPENDIX A TO
ENCLOSURE (1)

NREAD

6240
NREAD
APR 08 1987

From: Commanding General, Marine Corps Base, Camp Lejeune
To: Commanding General, 2d Marine Division, Camp Lejeune

Subj: HAZARDOUS WASTE MANAGEMENT COMPLIANCE INSPECTION OF 2D AMTRAC BN DTD 16 DEC 86; FOLLOW UP ON

Ref: (a) CG MCB ltr dtd 7 Jan 87
(b) CG MCB MSG 291625 Oct 86
(c) CG MCB MSG 192005 Sep 84
(d) BO 6240.5A

Encl: (1) Hazardous Waste Management Compliance Re-Inspection Report for 2d AMTRACBN, 2d MARDIV of 13 Mar 87

1. On 13 March 87, a re-inspection was conducted by Base Environmental personnel to determine the adequacy of action taken to correct discrepancies identified during the subject inspection and documented in reference (a). The subject inspection was conducted in cooperation with the Hazardous Material Disposal Coordinator, 2D MARDIV, in accordance with references (b) and (c) to determine compliance with hazardous waste regulations described in reference (d). The enclosure provides findings during the re-inspection. Required corrective action was discussed with 2D AMTRAC personnel during the re-inspection.

2. Based on the enclosure and observations made during the re-inspection, the following comments are provided: (a) The level of compliance with hazardous waste regulations appears to have deteriorated since the subject inspection, and (b) In order to increase awareness to regulatory requirements, all personnel with significant hazardous waste management responsibilities should be provided formal classroom training. Base environmental personnel are available upon written request to conduct the recommended training. Addressee should arrange for training site. Classes should last approximately two hours.

3. Point of contact for this matter is Mr. Danny Sharpe, extensions 2083/1690.

T. J. DALZELL
By direction

ORGANIZATION:

2d MARDIV
2d AMTRAC BN

INSPECTION DATE: 13 March 87

INSPECTOR'S NAME SAMMY GWYNN

NO.	SPECIFIC LOCATION	DISCREPANCY	REF	RECOMMENDED CORRECTIVE ACTION
1.		COMMUNICATIONS SHOP		
a.	Bldg. #A-1	Failure to post hazardous waste spill contingency plan.	1	Post spill contingency plan at all hazardous waste sites.
b.	Bldg. #A-1	Failure to establish and maintain training records for all personnel involved in hazardous waste management.	2	Training records shall be maintained for hazardous waste handlers and alternate to include a description of duties and training received for personnel at each site.
c.	Bldg. #A-1	Failure to conduct weekly inspections and maintain a log of hazardous waste sites.	3	Conduct weekly inspections and maintain an inspections log on all hazardous waste sites.
d.	Bldg. #A-1	Failure to maintain copies of BO 6240.5A, BO 11090.1B and BO 11090.3.	4	Maintain copies of BO 6240.5A, BO 11090.1B and BO 11090.3 at all sites.
e.	Bldg. #A-1	Failure to post emergency spill response information.	5	Purchase/fabricate and post emergency spill response signs.

ORGANIZATION:

2d MARDIV
2d AMTRAC BN

INSPECTION DATE: 13 MARCH 87

INSPECTOR'S NAME SAMMY GWYNN

NO.	SPECIFIC LOCATION	DISCREPANCY	REF	RECOMMENDED CORRECTIVE ACTION
2.		ARMORY		
a.	Bldg. #A-2	Failure to post hazardous waste spill contingency plan.	1	Post spill contingency plan at all hazardous waste sites.
b.	Bldg. #A-2	Failure to establish and maintain training records for all personnel involved in hazardous waste management.	2	Training records shall be maintained for hazardous waste handlers and alternate to include a description of duties and training received for personnel at each site
c.	Bldg. #A-2	Failure to conduct weekly inspections and maintain a log of hazardous waste sites.	3	Conduct weekly inspections and maintain an inspection log on all hazardous waste sites.
d.	Bldg. #A-2	Failure to maintain copies of BO 6240.5A, BO 11090.1B and BO 11090.3.	4	Maintain copies of BO 6240.5A, BO 11090.1B and BO 11090.3 at all Hazardous waste sites.
3.		MAINTENANCE FACILITY		
a.	Bldg. #A-2	Failure to post hazardous waste spill contingency plan.	1	Post spill contingency plan at all hazardous waste sites.
4.		MOTOR TRANSPORT SECTION		
a.	Bldg. #A-2	Failure to post hazardous waste spill contingency plan.	1	Post spill contingency plan at all hazardous waste sites.
b.	Bldg. #A-2	Failure to close containers	2	Seal containers with bung hole caps.

REFERENCES:

1. CG ltr NREAD of 10 NOV 86, requires the posting and development of sites specific hazarduos waste spill responsibilities prevention and related guidance.

2. Section 1 of enclosure (1) CG ltr 6240 of 9 SEP 85 "Clear, concise training records shall be maintained on each person actively involved in hazardous waste management.

3. BO 6240.5A enclosure (1), para 2d - All HW containers and storage areas will be inspected weekly using format provided by cognizant HMDC/HMDO.

4. BO 6240.5A enclosure (1), para 1 & b - Each organization routinely generating or handling HW or disposing of HM will provide a copy of BO 6240.5A, BO 11090.1B, BO 11090.3 and related local instructions.

5. BO 11090.1B enclosure (2), para 1c - posting of Oil Spill Procedure - Signs shall be posted in every building, tank location and field service location where oil or hazardous materials are used. See BO 11090.1B for proper wording of sign.

6. CG MCB Message 192005 SEP 84, para 5E - Keep containers closed except when actually pouring wastes into them.

2d MAR DIV

AUTHORIZED HW GENERATION AND STORAGE SITES FOR 2d AMTRAC BN

SITE NO. 1 GENERAITON/ACCUMULATION	BLDG. #A-1, COMMUNICATIONS SHOP LITHIUM BATTERIES
SITE NO. 2 GENERATION/ACCUMULATION	BLDG. #A-2, MOTOR TRANSPORT DRY CLEANING SOLVENT & WASTE OIL
SITE NO. 3 GENERATION/ACCUMULATION	BLDG. #A-47, MAINTENANCE FACILITY DRY CLEANING SOLVENT, ELECTROLYTE AND WASTE OIL

APPENDIX B TO
ENCLOSURE (1)

6288
NREAD
22 Apr 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 March 1987 are submitted.

There is no stream sampling for the Onslow Beach Wastewater Treatment Plant or downstream analysis for the Courthouse Bay Wastewater Treatment Plant due to inclement weather, i.e., high winds, which halted sampling run.

The storm drains listed on the enclosed table may be correlated with base geography and facilities by referring to maps with numbered storm drain monitoring points that have been previously provided. Storm drains that have no values reported for the quarter were checked; however, each time they were checked they were either dry or had no flow. The Base Environmental staff is continuing to work on operational control methodology to reduce oil and grease and total suspended residue discharges. New construction to replace outdated base facilities should further reduce oil and grease and total suspended residue discharges.

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)

Writer/Typist Betz/Gnanosh
Date Typed 22 Apr 87
Word Processor Number 6288-L

Copy to:
EPA Region IV
CMDR LANTNAVFACENGCOM
NEESA

Blind Copy to: ECML, NREAD (2) BMO (UTILDIR)

EFFLUENT

NPDES PERMIT NO: NC0003239 **DISCHARGE NO:** 001 **MONTH:** March **YEAR:** 1987

FACILITY NAME: Camp Geiger STP **CLASS:** III **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 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	2.4548	18	7.0		4.0							10.0				
2	00	24	1.9113	19	6.5		4.0	21		7.1		38	0	11.0				
3	00	24	1.7221	17	6.8		4.0	26		7.9		16	0	10.5				
4	00	24	1.5803		6.8		4.0	20		12.7		20	2	9.0				
5	00	24	1.2050		6.5		4.0	11		10.6		7	0	9.8				
6	00	24	1.3235		6.8		4.0	8		11.4		4	0	7.7				
7	00	24	1.1334		7.0		4.0	8.						8.0				
8	00	24	1.2409		6.6		4.0							8.2				
9	00	24	1.2010		6.8		4.0	15		10.7		9	2	8.1				
10	00	24	1.1390	19	6.4		4.0	14		12.8		9	0	9.2				
11	00	24	1.2351	12	7.0		4.0	8		12.3		4	0	7.2	0			
12	00	24	1.1644	12	7.0		4.0	10		14.7		6	0	7.0			0.5	
13	00	24	1.1275	23	7.1		3.5	18		12.4		12	0	6.6				
14	00	24	1.0126	22	6.6		4.0							8.4				
15	00	24	1.1748	11	6.8		4.0							8.0				
16	00	24	.93570	25	6.6		4.0	5		15.1		3	0	8.0				
17	00	24	1.0571	22	6.8		4.0	25		13.5		15	0	8.2				
18	00	24	1.2363	15	6.8		3.0	27		13.5		11	0	4.5				
19	00	24	1.2339	15	6.6		4.0	22		12.9		16	2	7.0				
20	00	24	1.0422	15	6.6		4.0	14		7.8		8	0	7.0				
21	00	24	1.0395	15	6.8		4.0							7.0				
22	00	24	1.1449	15	7.0		4.0							7.0				
23	00	24	1.0533	16	7.0		3.0	10		12.7		12	0	7.0	0.8			
24	00	24	1.0557	16	7.0		4.0	13		11.9		7	0	7.0				
25	00	24	1.4530	17	6.8		4.0	10		12.3		2	0	7.8				
26	00	24	.9670	18	6.4		4.0	10		14.2		8	0	7.2				
27	00	24	.9144	18	6.6		4.0	19		13.0		12	0	7.8				
28	00	24	1.0271	18	6.8		4.0							7.0				
29	00	24	1.1355	18	6.8		4.0							7.4				
30	00	24	1.2909	19	6.8		4.0	11		12.8		8	0	6.8		18.3		
31	00	24	1.1885	19	6.6		4.0	11		12.7		6	0	7.2				
Average			1.2387	18			3.9	15		12.6		10	1.10	7.8	0.4	18.3	0.5	
Max.			2.4548	25	7.0		4.0	27		15.1		38	2	11.0	0.8	18.3	0.5	
Min.			.91440	12	6.4		3.0	5		7.1		2	0	4.5	0	18.3	0.5	
Comp.(C)/Grab(G)					G		G	C		C		C	G		G	C	C	
Monthly Limit					6-9			30				30	200					

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:

_____
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:** March **YEAR:** 1987

FACILITY NAME: Tarawa Terrace STP **CLASS:** III **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 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	1.3921	15	6.6		4.0							11.0				
2	00	24	.8351	15	6.2		5.0	11		6.1		6	0	9.7				
3	00	24	.8257	15	6.7		4.0	11		3.3		9	0	9.5				
4	00	24	.6390	14	6.6		4.0	11		3.6		10	2	9.7				
5	00	24	.6169	12	6.6		5.0	11		7.8		2	0	9.8				
6	00	24	.5696	12	6.6		4.0	10		5.6		2	0	9.4				
7	00	24	.6108	12	6.6		4.0							9.6				
8	00	24	.6967	14	6.5		4.0							9.8				
9	00	24	.7512	12	6.6		4.5	10		7.1		7	0	9.6				
10	00	24	.5727	12	6.6		4.0	11		5.4		12	0	9.8				
11	00	24	.5270	12	6.6		4.0	13		6.1		6	0	9.7	0.7			
12	00	24	.6111	12	6.6		4.5	12		6.4		9	0	10.0			6.2	
13	00	24	.5726	13	6.4		4.5	10		7.5		5	0	10.0				
14	00	24	.5750	13	6.5		4.0							9.9				
15	00	24	.6998	13	6.4		4.0							9.8				
16	00	24	.7137	15	6.7		4.5	19		7.7		14	0	10.0				
17	00	24	.7049	13	6.6		4.5	34		8.3		8	0	9.8				
18	00	24	.6229	13	6.7		4.5	17		5.7		13	0	10.4				
19	00	24	.8257	15	6.6		3.0	16		8.5		12	2	9.8				
20	00	24	.6613	14	6.4		4.0	19		3.2		9	6	10.4				
21	00	24	.6645	14	6.5		4.0							9.9				
22	00	24	.6884	15	6.6		4.0							10.0				
23	00	24	.6509	14	6.6		4.0	16		4.4		10	0	9.9	3.4			
24	00	24	.6999	15	6.6		4.0	17		6.3		13	0	10.0				
25	00	24	.6563	15	6.6		4.0	14		4.5		9	0	9.8				
26	00	24	.7777	15	6.8		5.0	14		1.3		8	0	9.4				
27	00	24	.7804	15	6.7		4.0	13		9.6		9	0	9.1				
28	00	24	.7771	15	6.5		4.0							9.6				
29	00	24	.7361	15	6.6		4.0							9.8				
30	00	24	.8610	17	6.9		4.0	14		5.1		10	0	9.6		15.0		
31	00	24	.7566	17	6.8		4.0	12		5.9		9	0	9.7				
Average			.70870	14			4.2	14		5.9		9	1.16	9.8	2.1	15.0	6.2	
Max.			1.3921	17	6.9		5.0	34		9.6		13	6	10.4	3.4	15.0	6.2	
Min.			.5270	12	6.2		3.0	10		1.3		2	0	9.1	0.7	15.0	6.2	
Comp.(C)/Grab(G)					G		G	C		C		C	G	G	G	C	C	
Monthly Limit					6-8	5		30				30	1000	5.0	30			

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:

_____
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:** March **YEAR:** 1987

FACILITY NAME: Onslow Beach WTP Pond **CLASS:** ___ **COUNTY:** Onlslow

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																		
3	0024				8.1							7						
4																		
5																		
6																		
7																		
8																		
9																		
10	0024				7.9							6.4						
11																		
12																		
13																		
14																		
15																		
16																		
17	0024				8.0							1.0						
18																		
19																		
20																		
21																		
22																		
23																		
24	0024				8.0							1.6						
25																		
26																		
27																		
28																		
29																		
30																		
31	0024				7.8							0.8						
Average												3.4						
Max.					8.1							7						
Min.					7.9							0.8						
Comp.(C)/Grab(G)					G							C						
Monthly Limit					6-9							30						

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:

_____
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:** March **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

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	00600	00665	
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
															OIL & GREASE	TOTAL NITROGEN	TOTAL PHOSPHATES	
		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	1.2148				2.0											
2	00	24	.9169				3.0											
3	00	24	.4933	17	7.0		4.0	7		1.1		8	4	8.9				
4	00	24	.4213				3.0											
5	00	24	.3785				4.0											
6	00	24	.4016				4.0											
7	00	24	.3293				5.0											
8	00	24	.5017				4.5											
9	00	24	.5214				4.5											
10	00	24	.3905	17	6.6		4.0	8		2.1		8	0	8.0				
11	00	24	.3694				4.0								0			
12	00	24	.4276				4.5											
13	00	24	.3172				4.5											
14	00	24	.2701				4.5											
15	00	24	.3210				3.0											
16	00	24	.3866	18	6.6		4.0							7.8				
17	00	24	.3375				4.0	10		1.5		6	0					
18	00	24	.3377				4.5											
19	00	24	.6462				4.0											
20	00	24	.4677				4.0											
21	00	24	.2288				4.0											
22	00	24	.3099	18	.68		4.0							7.5				
23	00	24	.3940				4.0								6.0			
24	00	24	.2947				4.0	8		2.2		6	0					
25	00	24	.3278				4.0											
26	00	24					4.0											
27	00	24	.4745				4.0											
28	00	24	.5412				3.0											
29	00	24	.3768				2.0											
30	00	24	.8170				4.0											
31	00	24	.4659	18	6.8		4.0	24		1.2		7	0	8.7				
Average			.4566	17.6	[redacted]		3.9	11		1.6		7	1.32	8.2	3.0			
Max.			1.2148	18	7.0		5.0	24		2.2		8	4	8.9	6.0			
Min.			.2288	17	6.6		2.0	7		1.1		6	0	7.5	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			

ENCLOSURE (A)

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: NC0063029 **DISCHARGE NO:** 001 **MONTH:** March **YEAR:** 1987

FACILITY NAME: Hadnot Point STP **CLASS:** IV **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: 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 00602 00665 ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW: OIL & GREASE	TOTAL NITROGEN	TOTAL PHOSPHORUS	
		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	9.261	20	6.8		3.0							6.9				
2			8.250	15	6.7		3.0	11		4.2		10	0	7.6				
3	00	24	7.380	17	6.8		4.0	12		4.7		11	0	7.6				
4	00	24	7.090	16	6.9		4.0	14		5.6		12	0	7.4				
5	00	24	7.555	15	7.0		4.0	12		5.2		8	6	7.7				
6	00	24	6.685	16	6.8		4.0	19		6.1		10	0	7.6				
7	00	24	6.553	18	6.8		3.0							6.2				
8	00	24	6.009	18	6.7		4.0							6.6				
9	00	24	6.659	18	6.7		4.0	11		4.0		8	2	6.7				
10	00	24	6.185	19	6.7		4.0	13		5.6		14	10	6.0				
11	00	24	6.005	13	6.9		4.0	14		6.7		10	0	8.0	0			
12	00	24	5.944	15	6.9		4.0	15		6.6		8	2	8.1			4.9	
13	00	24	5.749	13	6.6		4.0	13		4.6		13	0	7.2				
14	00	24	5.428	17	6.8		4.0							7.5				
15	00	24	5.414	19	6.8		4.0							7.2				
16	00	24	5.757	16	6.9		4.0	11		3.0		7	0	6.5				
17	00	24	5.482	16	6.8		4.0	15		5.8		7	0	6.8				
18	00	24	5.536	16	6.9		4.0	11		5.1		8	4	6.5				
19	00	24	4.838	18	6.9		4.0	10		4.5		10	0	6.5				
20	00	24	2.959	16	6.9		4.0	21		5.5		7	0	6.6				
21	00	24	2.639	17	6.9		4.0							6.7				
22	00	24	2.592	18	6.8		4.0							6.6				
23	00	24	4.090	17	6.7		4.0	11		3.5		8	0	7.0	2.1			
24	00	24	4.827	18	7.0		4.0	13		4.6		8	0	7.1				
25	00	24	5.000	18	6.8		4.0	12		4.4		9	0	7.5				
26	00	24	5.294	20	6.8		4.0	15		4.2		10	0	7.3				
27	00	24	5.226	20	6.8		4.0	12		4.3		8	2	7.2				
28	00	24	4.650	20	6.8		4.0							7.2				
29	00	24	4.560	21	6.8		4.0							7.1				
30	00	24	5.745	20	6.8		4.0	10		3.0		8	0	7.7		9.98		
31	00	24	4.350	20	7.0		4.0	13		5.0		7	0	6.6				
Average			5.603	17			3.9	13		4.8		9	1.41	7.1	1.1	9.98	4.9	
Max.			9.261	21	7.0		4.0	21		6.7		14	10	8.1	2.1	9.98	4.9	
Min.			2.592	13	6.6		3.0	10		3.0		7	0	6.2	0	9.98	4.0	
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C	
Monthly Limit					6-8.5			22		19		30	14	>5	30			

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:

_____
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:** March **YEAR:** 1987

FACILITY NAME: Rifle Range STP **CLASS:** II **COUNTY:** Onslow

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operatprs

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	00	24	.32335				2.0											
2	00	24	.30562				3.0											
3	00	24	.26533				5.0											
4	00	24	.26895	17	6.7		5.0	7		0.41		10	0	10.4				
5	00	24	.2299				4.0											
6	00	24	.2237				4.0											
7	00	24	.2240				5.0											
8	00	24	.2230				5.0											
9	00	24	.1918				5.0											
10	00	24	.2231				4.0											
11	00	24	.2251	14	6.7		3.0	6		0.39		6	12,500	10.5	0			
12	00	24	.2023				3.0											
13	00	24	.2587				3.0											
14	00	24	.2259				4.0											
15	00	24	.2160				4.0											
16	00	24	.2280				4.0											
17	00	24	.2322				4.0											
18	00	24	.2421	17	6.8		4.0	6				8	0	10.9				
19	00	24	.2399				5.0			0.21								
20	00	24	.2258				4.0											
21	00	24	.1150				5.0											
22	00	24	.2300				4.0											
23	00	24	.2346				5.0								0.5			
24	00	24	.2307				5.0											
25	00	24	.2382	16	6.7		4.0	8				6	0	10.3				
26	00	24	.3191				4.0			0.26								
27	00	24	.2990				4.0											
28	00	24	.3202				4.0											
29	00	24	.2523				4.0											
30	00	24	.3355				4.0											
31	00	24	.3307				4.0											
Average			.2477	16			4.1	7		0.32		8	10.57*	10.5	0.25			
Max.			.3355	17	6.8		5.0	8		0.41		10	12,500	10.9	0.5			
Min.			.1150	14	6.7		2.0	6		0.21		6	0	10.3	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			

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:

_____
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:** March **YEAR:** 1987

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

OPERATOR IN RESPONSIBLE CHARGE (ORC): Mach D. DAvis **GRADE:** IV

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratroy

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	00625	00665	
															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	OIL & GREASE mg/L	TOTAL NITROGEN mg/L	TOTAL PHOSPHORUS mg/L	
1	00	24	.3188				1.0											
2	00	24	.2868	17	7.1		2.0	16		2.4		11	0	8.7				
3	00	24	.3878				4.0											
4	00	24	.3783				5.0											
5	00	24	.3997				5.0											
6	00	24	.4190	16	7.0		4.0	17		4.9		6	0	8.9				
7	00	24	.3131				4.0											
8	00	24	.2812				4.0											
9	00	24	.3375	17	7.0		4.0	13		4.3		8	0	8.1				
10	00	24	.3425				5.0											
11	00	24	.3300				4.0								0			
12	00	24	.3460				4.0											
13	00	24	.3518	15	6.8		4.0	15		5.4		8	0	8.9				
14	00	24	.3553				5.0											
15	00	24	.3174				4.0											
16	00	24	.3585	16	6.8		4.0	12		5.2		6	0	9.4				
17	00	24	.3290				4.0											
18	00	24	.3582				4.0											
19	00	24	.3055				4.0											
20	00	24	.3424	16	7.0		4.0	16		5.7		6	2	9.5				
21	00	24	.3003				4.0											
22	00	24	.3424				4.0											
23	00	24	.3341	17	7.0		2.5	12		4.7		9	0	9.3	6.2			
24	00	24	.3421				0.0											
25	00	24	.3440				5.0											
26	00	24	.3589				5.0											
27	00	24	.3525	19	6.9		4.0	18		7.1		7	4	7.7				
28	00	24	.3329				6.0											
29	00	24	.3232				8.0											
30	00	24	.3702	19	7.1		4.0	16		6.3		8	0	8.0				
31	00	24	.3158				8.0										5.2	
Average			.3411	17			4.1	15		5.1		9	1.30	8.7	3.1		5.2	
Max.			.4190	19	7.1		8.0	18		7.1		11	4	9.5	6.2		5.2	
Min.			.2812	16	6.8		0.0	12		2.4		6	0	7.7	0		5.2	
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C	
Monthly Limit					6-8.5			30				30	14.0	>5.0	30			

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: NC0063053 **DISCHARGE NO:** 001 **MONTH:** March **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

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 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	.1736				6.0											
2	00	24	.1458				6.0											
3	00	24	.1520				5.0											
4	00	24	.1793				4.0											
5	00	24	.1868	13	6.8		5.0	6		.40		3	10	10.2				
6	00	24	.1168				6.0											
7	00	24	.1317				5.0											
8	00	24	.1386				5.5											
9	00	24	.1500				8.0											
10	00	24	.1643				6.0											
11	00	24	.1759				4.5								0			
12	00	24	.1566	14	6.8		5.0	6		.23		9	0	9.8			1.4	
13	00	24	.2783				5.0											
14	00	24	.1495				5.0											
15	00	24	.1472				5.0											
16	00	24	.1393				5.0											
17	00	24	.1305				5.0											
18	00	24	.1170				4.0											
19	00	24	.1627	14	7.1		4.0	9		.21		9	2	9.2				
20	00	24	.0899				8.0											
21	00	24	.0634				8.0											
22	00	24	.079				6.0											
23	00	24	.1012				5.5								0.6			
24	00	24	.0921				5.0											
25	00	24	.0984				4.5											
26	00	24	.930	13	6.8		5.0	6		.26		8	0	9.5				
27	00	24	.771				5.0											
28	00	24	.0975				5.0											
29	00	24	.798				6.0											
30	00	24	.1019				3.0											
31	00	24	.1126	14	7.0		5.0							9.3				
Average			.1322	13.6			5.3	7		.28		7	2.11	9.6	0.3		1.4	
Max.			.2783	14	7.1		8.0	9		.40		9	10	10.2	0.6		1.4	
Min.			.0634	13	6.8		3.0	6		.21		3	0	9.2	0		1.4	
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C	
Monthly Limit					6-8	5		30				30	14	> 5	30			

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:

_____
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: NC0063029 DISCHARGE NO: 001 MONTH: March YEAR: 1987

FACILITY NAME: Hadnot Point 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
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L
1										
2	00	24				96			106	
3	00 24	24				132			118	
4	00	24				120			110	
5	00	24				136			106	
6	00	24				140			112	
7										
8										
9	00	24				116			88	
10	00	24				100			82	
11	00	24				124			112	
12	00	24				112			104	
13	00	24				132			106	
14										
15										
16	00	24				124			144	
17	00	24				120			96	
18	00	24				108			80	
19	00	24				164			104	
20	00	24				128			176	
21										
22										
23	00	24				132			100	
24	00	24				104			132	
25	00	24				136			86	
26	00	24				148			170	
27	00	24				108			84	
28										
29										
30	00	24				124			86	
31	00	24				128			140	
AVERAGE						124			111	
MONTHLY MAXIMUM						164			176	
MONTHLY MINIMUM						96			80	
SAMPLE TYPE C or G						C			C	

ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW

DEM Form MR-2 (11 84)

Influent

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

FACILITY NAME: Camp Geiger 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
		HRS	STD UNITS	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L
1										
2	00	24				168			256	
3	00	24				148			116	
4	00	24				180			108	
5	00	24				248			182	
6	00	24				180			94	
7										
8										
9	00	24				188			128	
10	00	24				224			186	
11	00	24				220			172	
12	00	24				188			220	
13	00	24				216			138	
14										
15										
16	00	24				148			164	
17	00	24				244			258	
18	00	24				220			140	
19	00	24				180			216	
20	00	24				200			176	
21										
22										
23	00	24				184			94	
24	00	24				220			158	
25	00	24				300			210	
26	00	24				332			186	
27	00	24				196			200	
28										
29										
30	00	24				260			290	
31	00	24				204			146	
AVERAGE						211			174	
MONTHLY MAXIMUM						332			258	
MONTHLY MINIMUM						148			94	
SAMPLE TYPE C or G						C			C	

ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW

DEM Form MR-2 (11 84)

ENCLOSURE (1)

Influent

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

FACILITY NAME: Tarawa Terrace 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	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2	00	24				750			1510								
3	00	24				156			254								
4	00	24				196			184								
5	00	24				760			1084								
6	00	24				470			760								
7																	
8																	
9	00	24				260			192								
10	00	24				264			230								
11	00	24				212			120								
12	00	24				344			330								
13	00	24				320			755								
14																	
15																	
16	00	24				340			2670								
17	00	24				324			884								
18	00	24				272			158								
19	00	24				276			288								
20	00	24				280			724								
21																	
22																	
23	00	24				207			158								
24	00	24				208			152								
25	00	24				256			1182								
26	00	24				232			186								
27	00	24				288			548								
28																	
29																	
30	00	24				253			850								
31	00	24				208			116								
AVERAGE						313			606								
MONTHLY MAXIMUM						760			2670								
MONTHLY MINIMUM						156			116								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11 84)

ENCLOSURE (1)

Influent

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

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

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	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L
1										
2	00	24				184			206	
3										
4										
5										
6	00	24				84			72	
7										
8										
9	00	24				156			168	
10										
11										
12										
13	00	24				120			48	
14										
15										
16	00	24				116			48	
17										
18										
19										
20	00	24				145			192	
21										
22										
23	00	24				56			26	
24										
25										
26										
27	00	24				124			150	
28										
29										
30	00	24				236			260	
31										
AVERAGE						136			130	
MONTHLY MAXIMUM						236			260	
MONTHLY MINIMUM						56			26	
SAMPLE TYPE C or G						C			C	

ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW

DEM Form MR-2 (11 84)

Influent

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

FACILITY NAME: Courthouse Bay STP COUNTY: Onlsow

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	00	24				76			84								
4																	
5																	
6																	
7																	
8																	
9																	
10	00	24				60			78								
11																	
12																	
13																	
14																	
15																	
16																	
17	00	24				104			58								
18																	
19																	
20																	
21																	
22																	
23																	
24	00	24				64			42								
25																	
26																	
27																	
28																	
29																	
30																	
31	00	24				144			70								
AVERAGE						90			66								
MONTHLY MAXIMUM						144			84								
MONTHLY MINIMUM						60			42								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11-84)

ENCLOSURE

Influent

NPDES NO: NC0063037 DISCHARGE NO: 001 MONTH: March 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
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L
1										
2										
3										
4	00	24				73			284	
5										
6										
7										
8										
9										
10										
11	00	24				88			253	
12										
13										
14										
15										
16										
17										
18	00	24				88			136	
19										
20										
21										
22										
23										
24										
25	00	24				240			3190	
26										
27										
28										
29										
30										
31										
AVERAGE						122			966	
MONTHLY MAXIMUM						240			3190	
MONTHLY MINIMUM						73			136	
SAMPLE TYPE C or G						C			C	

ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW

DEM Form MR-2 (11 84)

ENCLOSURE

Influent

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

FACILITY NAME: Obslow Beach STP 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	00	24				72			14								
6																	
7																	
8																	
9																	
10																	
11																	
12	00	24				152			56								
13																	
14																	
15																	
16																	
17																	
18																	
19	00	24				128			72								
20																	
21																	
22																	
23																	
24																	
25																	
26	00	24				164			80								
27																	
28																	
29																	
30																	
31																	
AVERAGE						129			56								
MONTHLY MAXIMUM						164			80								
MONTHLY MINIMUM						72			14								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11 84)

ENCLOSURE (1)

NPDES NO: NC0003239 CHARGE NO: 001 MONTH: March YEAR: 1987

FACILITY NAME: Camp Geiger STP COUNTY: Onslow

STREAM: New River STREAM: New River

LOCATION: RW-01 At Hughes Marina LOCATION: RW-04 Hospital Point

Upstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below			
		00010	00300	00400	00310	00340	31616	00556			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
1											
2											
3											
W 4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16	10	12	9.0	7.1	2.2		120	2.0			
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		12	9.0		2.2		120	2.			
Monthly Maximum		12	9.0	7.1	2.2		120	2			
Monthly Minimum		12	9.0	7.1	2.2		120	2			

Downstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below			
		00010	00300	00400	00310	00340	31616	00556			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16	10	-	12.5	8.2	6.9		4	0			
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average			12.5		6.9		4	0			
Monthly Maximum			12.5	8.2	6.9		4	0			
Monthly Minimum			12.5	8.2	6.9		4	0			

DEM Form MR-3 (11/81)

ENCLOSURE 17

NPDES NO: NC0063002 CHARGE NO: 001 MONTH: March YEAR: 1987

FACILITY NAME: Tarawa Terrace STP COUNTY: Onslow

STREAM: Northeast Creek STREAM: Northeast Creek

LOCATION: RW-02 At Hgy 24 Bridge LOCATION: RW-03 Between TT & CJ

Upstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below			
		00010	00300	00400	00310	00340	31616	00556			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16	10	12	11.0	7.2	6.7		70	1.0			
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		12	11		6.7		70*	1			
Monthly Maximum		12	11	7.2	6.7		70	1			
Monthly Minimum		12	11	7.2	6.7		70	1			

Downstream

Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below			
	00010	00300	00400	00310	00340	31616	00556			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
10	11.5	12.	8.6	12.2		20	0			
	11.5	12.		12.2		20*	0			
	11.5	12.	8.6	12.2		20	0			
	11.5	12.	8.6	12.2		20	0			

DEM Form MR-3 (11-84)

NPDES NO: NC0063011 CHARGE NO: 001 MONTH: March YEAR: 1987

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

STREAM: Northeast Creek STREAM: New River

LOCATION: RW-03 Between TT & CJ LOCATION: RW-04 Hospital Point

Upstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below			
		00010	00300	00400	00310	00340	31616	00556			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16	10	11.5	12.4	8.6	12.2		20	0			
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		11.5	12.4	[redacted]	12.2		20*	0			
Monthly Maximum		11.5	12.4	8.6	12.2		20	0			
Monthly Minimum		11.5	12.4	8.6	12.2		20	0			

Downstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below			
		00010	00300	00400	00310	00340	31616	00556			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16	10	–	12.5	8.2	6.9		4	0			
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		–	12.5	[redacted]	6.9		4*	0			
Monthly Maximum		–	12.5	8.2	6.9		4	0			
Monthly Minimum		–	12.5	8.2	6.9		4	0			

DEM: Form MR-3 (11/84)

NPDES NO: NC0063029 CHARGE NO: 001 MONTH: March YEAR: 1987

FACILITY NAME: Hadnot Point STP COUNTY: Onlsow

STREAM: New River STREAM: New River

LOCATION: RW-04 Hospital Point LOCATION: RW-05 Marker #35

Upstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Oil & Grease			
		00010	00300	00400	00310	00340	31616	00556			
								Enter Parameter Code above Name and Units Below			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16	10	–	12.5	8.2	6.9		4	0			
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		–	12.5		6.9		4	0			
Monthly Maximum		–	12.5	8.2	6.9		4	0			
Monthly Minimum		–	12.5	8.2	6.9		4	0			

Downstream

Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Oil & Grease			
	00010	00300	00400	00310	00340	31616	00556			
							Enter Parameter Code above Name and Units Below			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
11	–	11.9	8.1	5.7		8	0			
	–	11.9		5.7		8	0			
	–	11.9	8.1	5.7		8	0			
	–	11.9	8.1	5.7		8	0			

DEM Form MR-3 (11/81)

ENCLOSURE (1)

NPDES NO: NC0063037 CHARGE NO: 001 MONTH: March YEAR: 1987

FACILITY NAME: Rifle Range STP COUNTY: Onslow

STREAM: New River STREAM: New River

LOCATION: RW-05 Marker #35 LOCATION: RW-06 Sneads Ferry Bridge

Upstream

Date	Time 2400 Clock	Temperature (Celsius) 00010	Dissolved Oxygen 00300	PH 00400	BOD_5 20°C 00310	COD 00340	Fecal Coliform *Geometric Mean 31616	Oil & Grease 00556			
								Enter Parameter Code above Name and Units Below			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16	11	–	11.9	8.1	5.7		8	0			
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		–	11.9		5.7		8	0			
Monthly Maximum		–	11.9	8.1	5.7		8	0			
Monthly Minimum		–	11.9	8.1	5.7		8	0			

Downstream

Date	Time 2400 Clock	Temperature (Celsius) 00010	Dissolved Oxygen 00300	PH 00400	BOD_5 20°C 00310	COD 00340	Fecal Coliform *Geometric Mean 31616	Oil & Grease 00556			
								Enter Parameter Code above Name and Units Below			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16	11	–	10.	7.9	2		4	0			
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		–	10.		2		4	0			
Monthly Maximum		–	10	7.9	2		4	0			
Monthly Minimum		–	10	7.9	2		4	0			

DEM Form MR-3 (11/84)

ENCLOSURE

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

FACILITY NAME: Courthouse Bay STP COUNTY: Onslow

STREAM: New River STREAM:

LOCATION: RW-06 Sneads Ferry Bridge LOCATION:

Upstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below			
		00010	00300	00400	00310	00340	31616	00556			
								OIL & GREASE			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16	11	–	10.	7.9	2		4	0			
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		–	10		2		4	0			
Monthly Maximum		–	10	7.9	2		4	0			
Monthly Minimum		–	10	7.9	2		4	0			

Downstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below			
		00010	00300	00400	00310	00340	31616				
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml				
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average											
Monthly Maximum											
Monthly Minimum											

STORM DRAINS

MONTH: March YEAR: 1987

LOCATION: Marine Corps Base, Camp Lejeune, NC COUNTY: Onslow

STORM DRAIN NUMBER	DATE COLLECTED	FLOW 50050	pH 00400	TOTAL SUSPENDED RESIDUE 00530	OIL & GREASE 00556
On March 4, the following storm drains had no flow: SD - 34, SD - 37. SD - 39, SD - 5					
On March 4, the following storm drains were dry: SD - 38, SD - 50					
33	3-4	9,331,200	6.4	1	13.6
35	3-4	583,200	7.0	2	0.2
36	3-4	2,624,400	6.7	6	2.2
40	3-4	3.499,200	7.3	0.4	0.2
41	3-4	1,749,600	7.2	0.4	1.6
42	3-4	11,664,000	7.0	1	3.3
43	3-4	9,331,200	7.1	1	1.1
44	3-4	9,331,200	7.2	1	1.2
51	3-4	9,331,200	6.6	2	1.4
52	3-4	3,499,200	6.9	11	5.9
53	3-4	5,248,000	7.0	1	0
54	3-4	9,331,200	7.0	9	0
55	3-4	1,749,600	7.1	2	9.5
57	3-4	2,187,000	7.6	1	0.6
72	3-13	291,600	6.7	1	1.9
89	3-4	1,749,600	6.2	2	0.4
90	3-4	1,458,000	7.1	2	2.6

PARAMETER	UNITS	LIMITS
Flow	GPD	None
pH	None	6 - 9
TSR	mg/l	50 mg/l
O&G	mg/l	15 mg/l

6286/1
NREAD
24 Apr 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 Teatment 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 months of February and March 1987.

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:
ECML (2)

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

PLANT	NPDES PERMIT NO.	MONTH	YEAR
HADNOT POINT	NC0063029	FEB.	1987

DATE	00310 5 DAY 20°C BOD			00610 AMMONIA	00530 TOTAL SUSPENDED RESIDUE			T/F 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											
2	104	21	(80)	4.0	78	6	92	12/4			
3	174	26	(79)	4.9	144	9	94	10/0			
4	152	22	86	5.7	98	8	92	>30,000/820			
5	136	22	(84)	4.8	98	8	92	200/0			
6	128	29	(77)	5.8	105	10	91	8/2			
7											
8											
9	112	34	(70)	6.9	90	22	(76)	2/0			
10	120	26	(80)	8.8	82	11	87	6/0			
11	108	26	(80)	8.2	66	7	89	2/0			
12	132	29	(78)	10.1	80	10	88	2/0			
13	148	38	(74)	11.1	98	10	90	6/0			
14											
15											
16	100	21	(79)	8.2	82	9	89	10/4			
17	116	24	(79)	9.2	120	8	93	10/0			
18	156	28	(82)	7.7	114	9	92	12/0			
19	128	23	(82)	8.2	86	10	88	32/10			
20	152	28	(82)	8.7	132	9	93	350/2			5.5
21											
22											
23	112	38	(66)	6.6	88	10	89	30/0			
24	224	23	90	7.6	146	10	93	2/0	0.2		
25	160	27	(83)	9.7	172	12	93	10/0			4.6
26	240	27	89	8.7	172	10	94	6/30		11.49	5.7
27	180	29	(84)	8.5	88	12	86	8/0	1.5		
28											
29											
30											
31											
TOTAL	2832	541		153.4	2139	200			1.7	11.49	16.0
AVERAGE	142	27	(81)	7.7	107	10	91	[illegible]	0.9	11.49	5.3
MAXIMUM	240	38		11.1	172	22		>30,000/820	1.5	11.49	5.9
MINIMUM	100	21		4.0	66	6		2/0	0.2	11.49	4.6
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		22		19		30		70/14	30		

ENCLOSURE (1)

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

PLANT	NPDES PERMIT NO.	MONTH	YEAR
CAMP GEIGER	NC0032339	FEB.	1987

	00310 5 DAY 20°C BOD			00610 AMMONIA	00530 TOTAL SUSPENDED RESIDUE			FECAL 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	172	8	95	9.9	96	4	96	0			
3	168	11	93	11.5	118	6	95	0			
4	148	18	88	9.5	112	6	95	0			
5	176	11	94	12.8	114	2	98	0			
6	172	21	88	11.5	114	6	95	0			
7											
8											
9	108	7	94	11.8	102	2	98	0			
10	204	14	93	13.1	139	6	96	0			
11	160	13	92	14.5	158	6	96	0			
12	216	17	92	13.5	146	8	95	2			
13	120	18	85	13.6	68	3	96	NO SAMPLE			
14											
15											
16	96	14	85	10.9	54	8	85	0			
17	112	11	90	7.8	120	5	96	0			
18	136	12	91	11.6	142	2	99	0			
19	160	15	91	11.5	128	4	97	0			
20	156	11	93	11.7	112	2	98	0			1.1
21											
22											
23	308	12	96	12.0	156	1	99	0			
24	316	16	95	12.6	162	2	99	0	0		
25	220	18	92	17.3	212	7	97	0			1.1
26	188	20	89	12.7	108	2	98	0		15.33	2.6
27	308	40	87	12.0	170	16	91	2	1.0		
28											
29											
30											
31											
TOTAL	3644	417		241.8	2531	98			1.0	15.33	4.8
AVERAGE	182	21	88	12.1	127	5	96	1.02	0.5	15.33	1.6
MAXIMUM	316	40		17.3	212	16		2	1.0	15.33	2.6
MINIMUM	96	7		7.8	54	1		0	0	15.33	1.1
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		30		—		30		200	30		

MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY

MCBCL 11345/6 (REV. 9-86)

PLANT	NPDES PERMIT NO.	MONTH	YEAR
TARAWA TERRACE	NC 0063002	FEB.	1987

	00310 5 DAY 20°C BOD			00610 AMMONIA	00530 TOTAL SUSPENDED RESIDUE			FECAL 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	168	30	82	3.4	644	6	99	0			
3	216	25	88	3.3	333	7	98	0			
4	312	28	91	4.3	1,130	7	99	0			
5	248	24	90	3.5	344	8	98	0			
6	387	25	94	3.4	492	4	99	0			
7											
8											
9	208	31	85	8.7	456	6	99	0			
10	344	24	93	5.8	1090	5	99	0			
11	212	27	87	4.6	124	3	98	0			
12	344	23	93	4.3	240	6	98	0			
13	244	22	91	4.0	210	7	97	0			
14											
15											
16	328	30	92	4.3	316	10	97	0			
17	328	24	93	3.5	1245	6	99	0			
18	304	24	92	6.9	123	5	96	0			
19	332	21	94	4.6	144	7	95	0			
20	272	23	92	4.7	398	5	99	0			
21											
22											
23	280	31	90	6.9	164	8	95	0			
24	527	22	96	4.6	386	12	97	480	0		
25	573	26	95	6.1	1488	5	99	0			5.3
26	493	28	94	8.1	868	6	99	0		10.89	
27	276	25	91	5.9	157	7	96	4	3.2		
28											
29											
30											
31											
TOTAL	6396	513		100.9	10,352	125			3.2	10.89	5.3
AVERAGE	320	26	92	5.0	518	6	99	[illegible]	1.6	10.89	5.3
MAXIMUM	573	31		8.7	1488	12		480	3.2	10.89	5.3
MINIMUM	208	21		3.3	123	3		0	0	10.89	5.3
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		30		~~NL~~		30		1000	30		

MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY
NCBCL 11245/8 (REV. 9-86)

PLANT	NPDES PERMIT NO.	MONTH	YEAR
CAMP JOHNSON	NC0063011	FEB.	1987

	00310 5 DAY 20°C BOD			00610 AMMONIA	00530 TOTAL SUSPENDED RESIDUE			FECAL 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	204	22	89	5.2	96	8	92	0			
3											
4											
5											
6	128	26	80	5.3	190	8	96	0			
7											
8											
9	204	23	89	4.2	218	5	98	0			
10											
11											
12											
13	96	28	71	7.1	104	9	91	0			
14											
15											
16				1.4							
17	172	18	90		78	11	86	0			
18											
19											
20	156	37	76	6.5	45	10	78	0			
21											
22											
23	128	28	94	5.3	74	13	82	0			
24											
25											
26											
27	204	37	82	6.7	98	12	88	0	0		
28											
29											
30											
31											
TOTAL	1448	219		41.7	903	76			0		
AVERAGE	181	27	85	5.2	113	10	91	0	0		
MAXIMUM	204	37		7.1	218	13		0	0		
MINIMUM	96	18		1.4	45	5		0	0		
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		30		NL		30		NOTE	30		

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

PLANT	NPDES PERMIT NO.	MONTH	YEAR
COURTHOUSE BAY	NC0063045	FEB.	1987

DATE	00310 5 DAY 20°C BOD			00610 AMMONIA	00530 TOTAL SUSPENDED RESIDUE			TOTAL 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											
2											
3	100	13	87	3.6	64	6	91	30			
4											
5											
6											
7											
8											
9											
10	152	15	90	1.7	315	5	98	12			
11											
12											
13											
14											
15											
16											
17	88	15	83	0.3	76	6	92	12			
18											
19											
20											
21											
22											
23											
24	88	16	82	2.6	32	8	75	2	1.1		
25											
26											
27									1.0		
28											
29											
30											
31											
TOTAL	428	59		8.2	487	25			2.1		
AVERAGE	107	15	86	2.1	122	6	95	9.64	1.1		
MAXIMUM	152	16		3.6	315	8		30	1.1		
MINIMUM	88	13		0.3	32	5		2	1.0		
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		30		NL		30		70	30		

MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY

MCBCL 11345/6 (REV. 9-86)

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

DATE	00310 5 DAY 20°C BOD			00610 AMMONIA	00530 TOTAL SUSPENDED RESIDUE			~~FECAL~~ TOTAL 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											
2											
3											
4	52	10	(81)	0.16	.162	7	96	0			
5											
6											
7											
8											
9											
10											
11	72	13	(82)	4.25	88	3	97	0			
12											
13											
14											
15											
16											
17											
18	28	10	(64)	0.14	[illegible]	4	96	0			
19											
20											
21											
22											
23											
24									0		
25	196	17	91	3.0	508	8	98	0			1.6
26											
27									0		
28											
29											
30											
31											
TOTAL	348	50		4.55	858	22			0		1.6
AVERAGE	87	13	85	1.12	215	6		0	0		1.6
MAXIMUM	196	17		3.0	508	8		0	0		1.6
MINIMUM	28	10		0.14	88	3		0	0		1.6
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		30		NL		30		70	30		

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

PLANT	NPDES PERMIT NO.	MONTH	YEAR
ONSLOW BEACH	NC0063053	FEB.	1987

	00310 5 DAY 20°C BOD			00610 AMMONIA	00530 TOTAL SUSPENDED RESIDUE			TOTAL 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	108	16	85	0.26	84	6	93	2			
6											
7											
8											
9											
10											
11											
12	96	21	78	0.21	42	10	76	0			
13											
14											
15											
16											
17											
18											
19	68	12	82	0.19	29	7	76	10			
20											
21											
22											
23											
24									0.5		
25											
26	228	21	91	0.43	58	6	90	90		1.75	
27									0		
28											
29											
30											
31											
TOTAL	500	70		1.09	213	29			0.5	1.75	
AVERAGE	125	18	86	0.27	53	7	87	651	0.25	1.75	
MAXIMUM	228	21		0.43	84	10		90	0.5	1.75	
MINIMUM	68	12		0.19	29	6		0	0	1.75	
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		30				30		70	30		

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

PLANT	NPDES PERMIT NO.	MONTH	YEAR
HADNOT POINT	NC 0063029	MARCH	1987

DATE	00310 5 DAY 20°C BOD INFLUENT mg/L	00310 5 DAY 20°C BOD EFFLUENT mg/L	00310 %	00610 AMMONIA EFFLUENT mg/L	00530 TOTAL SUSPENDED RESIDUE INFLUENT mg/L	00530 TOTAL SUSPENDED RESIDUE EFFLUENT mg/L	00530 %	FECAL COLIFORM EFFLUENT MF/100 ML	00556 OIL & GREASE EFFLUENT mg/L	00600 TOTAL NITROGEN EFFLUENT mg/L	00665 TOTAL PHOSPHORUS EFFLUENT mg/L
1											
2	96	11	89	4.2	106	10	91	0			
3	132	12	91	4.7	118	11	91	0			
4	120	14	88	5.6	110	12	89	0			
5	136	12	91	5.2	106	8	92	6			
6	140	19	86	6.1	112	10	91	0			
7											
8											
9	116	11	91	4.0	88	8	91	2			
10	100	13	87	5.6	82	14	(83)	10			
11	124	14	89	6.7	112	10	91	0	0		
12	112	15	87	6.6	104	8	92	2			4.9
13	132	13	90	4.6	106	13	88	0			
14											
15											
16	124	11	91	3.0	144	7	95	0			
17	120	15	88	5.8	96	7	93	0			
18	108	11	90	5.1	80	8	90	4			
19	164	10	94	4.5	104	10	90	0			
20	128	21	(84)	5.5	176	7	96	0			
21											
22											
23	132	11	92	3.5	100	8	92	0	2.1		
24	104	13	88	4.6	132	8	95	0			
25	136	12	91	4.4	86	9	90	0			
26	148	15	90	4.2	170	10	94	0			
27	108	12	89	4.3	84	8	95	2			
28											
29											
30	124	10	92	3.0	86	8	91	0		9.98	
31	128	13	90	5.4	140	7	95	0			
TOTAL	2732	288		106.2	2442	201			2.1	9.98	4.9
AVERAGE	124	13	90	4.8	111	9	92	1.41 GM	1.1	9.98	4.9
MAXIMUM	164	21		6.7	176	14		10	2.1	9.98	4.9
MINIMUM	96	10		3.0	80	7		0	0.	9.98	4.9
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT						30			30		

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

PLANT	NPDES PERMIT NO.	MONTH	YEAR
CAMP GEIGER	NC 0003239	MARCH	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	168	21	88	7.1	256	38	85	0			
3	148	26	82	7.9	116	16	86	0			
4	180	20	89	12.7	108	20	81	2			
5	248	11	96	10.6	182	7	96	0			
6	180	8	96	11.4	94	4	96	0			
7											
8											
9	188	15	92	10.7	128	9	93	2			
10	224	14	94	12.8	186	9	95	0			
11	220	8	96	12.3	172	4	98	0	0		
12	188	10	95	14.7	220	6	97	0			0.5
13	216	18	92	12.4	138	12	91	0			
14											
15											
16	148	5	97	15.1	164	3	98	0			
17	244	25	82	13.5	258	15	94	0			
18	220	27	88	13.5	140	11	92	0			
19	180	22	88	12.9	216	16	93	2			
20	200	14	93	7.8	176	8	95	0			
21											
22											
23	184	10	95	12.7	94	12	87	0	0.8		
24	220	13	94	11.9	158	7	96	0			
25	300	10	97	12.3	210	2	99	0			
26	332	10	97	14.2	186	8	96	0			
27	196	19	90	13.0	200	12	94	0			
28											
29											
30	260	11	96	12.8	290	8	97	0		18.26	
31	204	11	95	12.7	146	6	96	0			
TOTAL	4648	328		265	3818	222			0.8	18.26	0.5
AVERAGE	211	15	93	12.6	174	10	94	1.10	0.4	18.26	0.5
MAXIMUM	332	27		15.1	258	38		2	0.8	18.26	0.5
MINIMUM	148	5		7.1	94	2		0	0	18.26	0.5
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT						30			30		

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

PLANT	NPDES PERMIT NO.	MONTH	YEAR
TARAWA TERRACE	NC0063002	MARCH	1987

DATE	00310 5 DAY 20°C BOD INFLUENT mg/L	00310 5 DAY 20°C BOD EFFLUENT mg/L	00310 %	00610 AMMONIA EFFLUENT mg/L	00530 TOTAL SUSPENDED RESIDUE INFLUENT mg/L	00530 TOTAL SUSPENDED RESIDUE EFFLUENT mg/L	00530 %	COLIFORM EFFLUENT MF/100 ML	00556 OIL & GREASE EFFLUENT mg/L	00600 TOTAL NITROGEN EFFLUENT mg/L	00665 TOTAL PHOSPHORUS EFFLUENT mg/L
1											
2	750	11	99	6.1	1510	6	99	0			
3	156	11	93	3.3	254	9	96	0			
4	196	11	94	3.6	184	10	95	2			
5	760	11	99	7.8	1084	8	99	0			
6	470	10	98	5.6	760	2	99	0			
7											
8											
9	260	10	96	7.1	192	7	96	0			
10	264	11	96	5.4	230	12	95	0			
11	212	13	94	6.1	120	6	95	0	0.7		
12	344	12	97	6.4	330	9	97	0			6.2
13	320	10	97	7.5	755	5	99	0			
14											
15											
16	340	19	99	7.7	2670	14	99	0			
17	324	34	90	8.3	884	8	99	0			
18	272	17	94	5.7	158	13	92	0			
19	276	16	94	8.5	288	12	96	2			
20	280	19	93	5.2	724	9	99	6			
21											
22											
23	207	16	92	4.4	158	10	94	0	3.4		
24	208	17	92	6.3	152	13	91	0			
25	256	14	95	4.5	1182	9	99	0			
26	232	14	94	1.3	186	8	96	0			
27	288	13	95	8.6	548	9	98	0			
28											
29											
30	253	14	94	5.1	850	10	99	0		14.99	
31	208	12	94	5.9	116	9	92	0			
TOTAL	6876	315		129.4	13,335	192			4.1	14.99	6.2
AVERAGE	313	14	96	5.9	606	9	99	1.16	2.1	14.99	6.2
MAXIMUM	760	34		8.6	2670	13		6	3.4	14.99	6.2
MINIMUM	156	10		1.3	116	2		0	0.7	14.99	6.2
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT						30			30		

MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY
NCBCL 11245/8 (REV. 9-86)

PLANT	NPDES PERMIT NO.	MONTH	YEAR
CAMP JOHNSON	NC0063011	MARCH	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	184	16	91	2.4	206	11	95	0			
3											
4											
5											
6	84	17	80	4.9	72	6	92	0			
7											
8											
9	156	13	92	4.3	168	8	95	0			
10											
11									0		
12											
13	120	15	88	5.4	48	8	83	0			
14											
15											
16	116	12	90	5.2	48	6	88	0			
17											
18											
19											
20	145	16	89	5.7	192	6	97	2			
21											
22											
23	56	12	78	4.7	26	9	65	0	6.2		
24											
25											
26											
27	124	18	85	7.1	150	7	95	4			
28											
29											
30	236	16	93	6.3	260	8	97	0			
31											5.2
TOTAL	1221	135		46.0	1170	69			62		5.2
AVERAGE	136	15	89	5.1	130	9	93	1.30 GM	3.1		5.2
MAXIMUM	236	18		7.1	260	11		4	6.2		5.2
MINIMUM	56	12		2.4	26	6		0	0		5.2
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		30				30		14.0	30		

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

PLANT	NPDES PERMIT NO.	MONTH	YEAR
COURTHOUSE BAY	NC0063045	MARCH	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											
2											
3	76	7	91	1.1	84	8	90	4			
4											
5											
6											
7											
8											
9											
10	60	8	87	2.1	78	8	90	0			
11									0		
12											
13											
14											
15											
16											
17	104	10	90	1.5	58	6	90	0			
18											
19											
20											
21											
22											
23									6.0		
24	64	8	88	2.2	42	6	86	0			
25											
26											
27											
28											
29											
30											
31	144	24	83	1.2	70	7	90	0			
TOTAL	448	57		8.1	332	35			6.0		
AVERAGE	90	11	88	1.6	66	7	89	1.32	3.0		
MAXIMUM	144	24		2.2	84	8		4	6.0		
MINIMUM	60	7		1.1	42	6		0	0		
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT						30			30		

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

PLANT	NPDES PERMIT NO.	MONTH	YEAR
RIFLE RANGE	NC 00 63037	MARCH	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	73	7	90	0.41	284	10	96	0			
5											
6											
7											
8											
9											
10											
11	88	6	93	0.39	253	6	98	12,500	0		
12											
13											
14											
15											
16											
17											
18	88	6	93		136	8	94	0			
19				0.21							
20											
21											
22											
23									0.5		
24											
25	240	8	97		3190	6	99	0			
26				0.26							
27											
28											
29											
30											
31											
TOTAL	489	27		1.27	3863	30			0.5		
AVERAGE	122	7	94	0.32	966	8	99	10.57 GM	0.25		
MAXIMUM	240	8		0.41	3190	10		12,500	0.5		
MINIMUM	73	6		0.21	136	6		0	0		
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT						30			30		

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

PLANT	NPDES PERMIT NO.	MONTH	YEAR
ONSLOW BEACH	NC0063053	MARCH	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	72	6	92	0.40	14	3	86	10			
6											
7											
8											
9											
10											
11									0		
12	152	6	96	0.23	56	9	84	0			1.4
13											
14											
15											
16											
17											
18											
19	128	9	93	0.21	72	9	88	2			
20											
21											
22											
23									0.6		
24											
25											
26	164	6	96	0.26	80	8	91	0			
27											
28											
29											
30											
31											
TOTAL	516	27		1.1	222	29			0.6		1.4
AVERAGE	129	7	95	0.28	56	7	88	2.11	0.3		1.4
MAXIMUM	164	9		0.40	80	9		10	0.6		1.4
MINIMUM	72	6		0.21	14	3		0	0		1.4
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT						30			30		