11331
NREAD
7 Apr 86

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 1986. 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 Quality Control Laboratory located in the Natural Resources and Environmental Affairs Division, Assistant Chief of Staff, Facilities, Marine Corps Base, Camp Lejeune. Ms. Elizabeth Betz, Supervisory Chemist, Quality Control Laboratory, telephone (919) 451-5977 is the point of contact in this matter.

Sincerely,

J. I. WOOTEN
Director

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

Copy to:
LANTNAVFACENGCOM (Code 114)

Blind copy to:
BMO (Util Dir)
QCL (2)

MEMBRANE FILTER PROCEDURE

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

Year 1986 REPORT OF BACTERIOLOGICAL RESULTS TO DIVISION OF HEALTH SERVICES Contaminant Code: 3000

N. C. DEPARTMENT OF HUMAN RESOURCES

Serial # 04-67-041

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.
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4	74															0	9	0	0	0	0	0				35
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10																										
11	74															0	9	0	0	1	0	0				35
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17																										
18	718															0	9	0	0	0	0	0				35
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25	725															0	9	0	0	0	0	0				35
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MF MEDIA	BBL mEndo	BACTERIAL DENSITY	ARITH. MEAN		0	DIST. SYSTEM	TOTAL NO. SAMPLES 36
* TPC MEDIA			GEO. MEAN		1		SAMPLES EXCEEDING 3/50. (4/100) 7/200. 13/500ml 0

Elizabeth A. Bt

B-Well

Month MARCH Year 1986

MARINE CORPS AIR STATION

MEMBRANE FILTER PROCEDURE
WATER TREATMENT PLANT AT Camp Lejeune
REPORT OF BACTERIOLOGICAL RESULTS TO DIVISION OF HEALTH SERVICES
N. C. DEPARTMENT OF HUMAN RESOURCES

Method Code: 303
Contaminant Code: 3000

Serial # 04-67-042

DATE	RAW WATER COLIFORMS (MFP) A: VOLUME FILTERED ml.	A: TOTAL COLONIES	A: COLIFORM COLONIES	B: VOLUME FILTERED ml.	B: TOTAL COLONIES	B: COLIFORM COLONIES	C: VOLUME FILTERED ml.	C: TOTAL COLONIES	C: COLIFORM COLONIES	NO. OF COLIFORMS PER 100 ml.	FILTERED: TOTAL PLATE COUNT	FILTERED: MFP COLIFORMS per 100 ml.	FINISHED: TOTAL PLATE COUNT	FINISHED: MFP COLIFORMS per 100 ml.	DISTRIBUTION SYSTEM: TOTAL PLATE COUNT	COLIFORMS (MFP): AVE. COLIFORMS per 100 ml.	NO. OF SAMPLES EXAMINED	1: COLIFORMS per 100 ml.	2: COLIFORMS per 100 ml.	3: COLIFORMS per 100 ml.	4: COLIFORMS per 100 ml.	5: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	INCUBATOR TEMP.
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11	>11															0	7	0/0	0/0	0/0	10					35.3
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18	>18															0	7	0/0	0/0	0/0		0/				35.2
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25	>25															0	7	0/0	0/0	0/0		10				35.3
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31																										
MF MEDIA			BBL mEndo			BACTERIAL DENSITY		ARITH. MEAN								0	DIST. SYSTEM	TOTAL NO. SAMPLES								28
TPC MEDIA								GEO. MEAN								1		SAMPLES EXCEEDING 3/50	4/100	7/200.	13/500ml					0

Elizabeth B. Roy

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

Year 1986 REPORT OF BACTERIOLOGICAL RESULTS TO DIVISION OF HEALTH SERVICES Contaminant Code: 3000

Serial # 04-67-043 N. C. DEPARTMENT OF HUMAN RESOURCES

DATE	RAW WATER COLIFORMS (MFP) A: VOLUME FILTERED ml.	A: TOTAL COLONIES	A: COLIFORM COLONIES	B: VOLUME FILTERED ml.	B: TOTAL COLONIES	B: COLIFORM COLONIES	C: VOLUME FILTERED ml.	C: TOTAL COLONIES	C: COLIFORM COLONIES	NO. OF COLIFORMS PER 100 ml.	FILTERED: TOTAL PLATE COUNT	FILTERED: MFP COLIFORMS per 100 ml.	FINISHED: TOTAL PLATE COUNT	FINISHED: MFP COLIFORMS per 100 ml.	DISTRIBUTION SYSTEM: TOTAL PLATE COUNT	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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MF MEDIA: BBL mEndo

TPC MEDIA:

BACTERIAL DENSITY: ARITH. MEAN 0 / GEO. MEAN 1

DIST. SYSTEM: TOTAL NO. SAMPLES 28

SAMPLES EXCEEDING 3/50. 4/100. 7/200. 13/500ml 0

Elizabeth A. Bell Cert. Grade B-well

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

Year 1986 REPORT OF BACTERIOLOGICAL RESULTS TO DIVISION OF HEALTH SERVICES Contaminant Code: 3000

Serial # 04-67-044 N. C. DEPARTMENT OF HUMAN RESOURCES

DATE	RAW WATER COLIFORMS (MFP) A: VOLUME FILTERED ml.	A: TOTAL COLONIES	A: COLIFORM COLONIES	B: VOLUME FILTERED ml.	B: TOTAL COLONIES	B: COLIFORM COLONIES	C: VOLUME FILTERED ml.	C: TOTAL COLONIES	C: COLIFORM COLONIES	NO. OF COLIFORMS PER 100 ml.	FILTERED: TOTAL PLATE COUNT	FILTERED: MFP COLIFORMS per 100 ml.	FINISHED: TOTAL PLATE COUNT	FINISHED: MFP COLIFORMS per 100 ml.	DISTRIBUTION SYSTEM: TOTAL PLATE COUNT	COLIFORMS (MFP): AVE. COLIFORMS per 100 ml.	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.	PLUMTON
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MF MEDIA			BBL mEndo			BACTERIAL DENSITY		ARITH. MEAN								0	DIST. SYSTEM	TOTAL NO. SAMPLES								12	
TPC MEDIA								GEO. MEAN								1		SAMPLES EXCEEDING 3/50. 4/100. 7/200. 13/500ml								0	

Elizabeth B[illegible]

4087-W

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

Year 1986 Contaminant Code: 3000

REPORT OF BACTERIOLOGICAL RESULTS TO DIVISION OF HEALTH SERVICES

Serial # 04-67-045 N. C. DEPARTMENT OF HUMAN RESOURCES

DATE	RAW WATER COLIFORMS (MFP) A: VOLUME FILTERED ml.	A: TOTAL COLONIES	A: COLIFORM COLONIES	B: VOLUME FILTERED ml.	B: TOTAL COLONIES	B: COLIFORM COLONIES	C: VOLUME FILTERED ml.	C: TOTAL COLONIES	C: COLIFORM COLONIES	NO. OF COLIFORMS PER 100 ml.	FILTERED: TOTAL PLATE COUNT	FILTERED: MFP COLIFORMS per 100 ml.	FINISHED: TOTAL PLATE COUNT	FINISHED: MFP COLIFORMS per 100 ml.	DISTRIBUTION SYSTEM: TOTAL PLATE COUNT	COLIFORMS (MFP): AVE. COLIFORMS per 100 ml.	NO. OF SAMPLES EXAMINED	1: COLIFORMS per 100 ml.	2: COLIFORMS per 100 ml.	3: COLIFORMS per 100 ml.	4: COLIFORMS per 100 ml.	5: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	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								12	
TPC MEDIA								GEO. MEAN								1		SAMPLES EXCEEDING 3/50, 4/100, 7/200, 13/500ml								0	

#37807

Elizabeth A Betz

Month MARCH RIFLE RANGE WATER TREATMENT PLANT AT Camp Lejeune Method Code: 303

Year 1986 REPORT OF BACTERIOLOGICAL RESULTS TO DIVISION OF HEALTH SERVICES Contaminant Code: 3000

Serial # 04-67-046 N. C. DEPARTMENT OF HUMAN RESOURCES

DATE	RAW WATER COLIFORMS (MFP) A: VOLUME FILTERED ml.	A: TOTAL COLONIES	A: COLIFORM COLONIES	B: VOLUME FILTERED ml.	B: TOTAL COLONIES	B: COLIFORM COLONIES	C: VOLUME FILTERED ml.	C: TOTAL COLONIES	C: COLIFORM COLONIES	NO. OF COLIFORMS PER 100 ml.	FILTERED: TOTAL PLATE COUNT	FILTERED: MFP COLIFORMS per 100 ml.	FINISHED: TOTAL PLATE COUNT	FINISHED: MFP COLIFORMS per 100 ml.	DISTRIBUTION SYSTEM: TOTAL PLATE COUNT	COLIFORMS (MFP): AVE. COLIFORMS per 100 ml.	COLIFORMS (MFP): NO. OF SAMPLES EXAMINED	COLIFORMS (MFP): 1 COLIFORMS per 100 ml.	COLIFORMS (MFP): 2 COLIFORMS per 100 ml.	COLIFORMS (MFP): 3 COLIFORMS per 100 ml.	COLIFORMS (MFP): 4 COLIFORMS per 100 ml.	COLIFORMS (MFP): 5 COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	INCUBATOR TEMP.
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MF MEDIA			BBL mEndo			BACTERIAL DENSITY		ARITH. MEAN								0	DIST. SYSTEM	TOTAL NO. SAMPLES								12
TPC MEDIA								GEO. MEAN								1		SAMPLES EXCEEDING 3/50 4/100 7/200 13/500ml								0

Elizabeth A. Bey GRADE B-WEEK 4087-W

Month MARCH COURTHOUSE BAY WATER TREATMENT PLANT AT Camp Lejeune Method Code: 303

Year 1986 REPORT OF BACTERIOLOGICAL RESULTS TO DIVISION OF HEALTH SERVICES Contaminant Code: 3000

MEMBRANE FILTER PROCEDURE

Serial # 04-67-047 N. C. DEPARTMENT OF HUMAN RESOURCES

DATE	RAW WATER COLIFORMS (MFP) A: VOLUME FILTERED ml.	A: TOTAL COLONIES	A: COLIFORM COLONIES	B: VOLUME FILTERED ml.	B: TOTAL COLONIES	B: COLIFORM COLONIES	C: VOLUME FILTERED ml.	C: TOTAL COLONIES	C: COLIFORM COLONIES	NO. OF COLIFORMS PER 100 ml.	FILTERED: TOTAL PLATE COUNT	FILTERED: MFP COLIFORMS per 100 ml.	FINISHED: TOTAL PLATE COUNT	FINISHED: MFP COLIFORMS per 100 ml.	DISTRIBUTION SYSTEM: TOTAL PLATE COUNT	COLIFORMS (MFP): AVE. COLIFORMS per 100 ml.	NO. OF SAMPLES EXAMINED	1: COLIFORMS per 100 ml.	2: COLIFORMS per 100 ml.	3: COLIFORMS per 100 ml.	4: COLIFORMS per 100 ml.	5: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	INCUBATOR TEMP.
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25	>25															0	4	0	0	0	1	0				35.3
26																										
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30																										
31																										
MF MEDIA			BBL mEndo			BACTERIAL DENSITY	ARITH. MEAN									0	DIST. SYSTEM	TOTAL NO. SAMPLES								16
TPC MEDIA							GEO. MEAN									1		SAMPLES EXCEEDING 10/50 ml. (4/100 ml.) 7/100 ml. 13/100 ml.								0

Elizabeth A. Baty GRADE B WELL 4087-W

Month MARCH ONSLOW BEACH WATER TREATMENT PLANT AT Camp Lejeune Method Code: 303

Year 1986 REPORT OF BACTERIOLOGICAL RESULTS TO DIVISION OF HEALTH SERVICES Contaminant Code: 3000

Serial # 04-67-048 N. C. DEPARTMENT OF HUMAN RESOURCES

DATE	RAW WATER COLIFORMS (MFP) A: VOLUME FILTERED ml.	A: TOTAL COLONIES	A: COLIFORM COLONIES	B: VOLUME FILTERED ml.	B: TOTAL COLONIES	B: COLIFORM COLONIES	C: VOLUME FILTERED ml.	C: TOTAL COLONIES	C: COLIFORM COLONIES	NO. OF COLIFORMS PER 100 ml.	FILTERED: TOTAL PLATE COUNT	FILTERED: MFP COLIFORMS per 100 ml.	FINISHED: TOTAL PLATE COUNT	FINISHED: MFP COLIFORMS per 100 ml.	DISTRIBUTION SYSTEM: TOTAL PLATE COUNT	COLIFORMS (MFP): AVE. COLIFORMS per 100 ml.	NO. OF SAMPLES EXAMINED	1: COLIFORMS per 100 ml.	2: COLIFORMS per 100 ml.	3: COLIFORMS per 100 ml.	4: COLIFORMS per 100 ml.	5: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	INCUBATOR TEMP.
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18	718															0	2	0	0							35.2
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25	725															0	2	0	0							35.3
26																										
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MF MEDIA			BBL mEndo			BACTERIAL DENSITY		ARITH. MEAN								0	DIST. SYSTEM	TOTAL NO. SAMPLES								8
TPC MEDIA								GEO. MEAN								1		SAMPLES EXCEEDING 3/50	4/100	7/200	13/500+					0

Elizabeth A. Baty

GREASE B-WELL 4087-W

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

DATE COLLECTED: 3-4-86
DATE OF ANALYSIS: 3-4-86

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)	8.1	7.5	8.9	7.3	8.0	8.2	8.7	9.3		
PHENOLTHALEIN ALKALINITY	0	0	6	0	2	2	4	20		
METHYL ORANGE ALKALINITY	78	180	42	154	160	174	60	90		
CARBONATES AS $CaCO_3$	0	0	12	0	4	4	8	40		
BICARBONATES AS $CaCO_3$	78	180	30	154	156	170	52	50		
CHLORIDES AS C1	10	30	12	20	20	20	10	50		
HARDNESS AS $CaCO_3$	90	60	64	52	60	54	66	46		
IRON AS Fe	<0.04	0.32	<0.04	0.24	<0.04	<0.04	0.09	0.24		
FLUORIDE AM	0.65		0.78				0.46			
FLUORIDE PM	0.85	0.19	0.67	0.16	0.12	0.10	0.46	0.34		
CHLORINE RESIDUAL	1.1	1.2	1.0	1.5	1.2	1.0	0.9	1.0		
TURBIDITY AM	0.2		0.3				1.1			
TURBIDITY PM	0.2	1.4	0.8	0.2	0.3	0.3	3.2	3.0		
TOTAL PHOSPHATE		1.32			0.05					
ORTHO PHOSPHATE		0.88			0.02					
META PHOSPHATE		0.44			0.03					
STABILITY	-0.1	-0.5	+0.5	-0.8	-0.2	0.0	+0.3	+0.4		

REMARKS

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

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

LABORATORY ANALYSIS BY

H. J. BURNS

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

DATE COLLECTED 3-11-86

DATE OF ANALYSIS 3-11-86

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)	8.0	7.2	8.6	7.5	8.1	8.2	8.8	8.4		
PHENOLTHALEIN ALKALINITY	0	0	4	0	4	10	8	4		
METHYL ORANGE ALKALINITY	70	190	44	150	164	170	64	110		
CARBONATES AS $CaCO_3$	0	0	8	0	8	20	16	8		
BICARBONATES AS $CaCO_3$	70	190	36	150	156	150	48	102		
CHLORIDES AS C1	10	16	10	20	20	24	10	32		
HARDNESS AS $CaCO_3$	70	64	70	56	72	52	60	62		
IRON AS Fe	<0.04	0.91	<0.04	0.21	<0.04	<0.04	<0.04	<0.04		
FLUORIDE AM	0.96		0.92				0.80			
FLUORIDE PM	1.11	0.20	0.99	0.23	0.18	0.14	0.80	0.48		
CHLORINE RESIDUAL	1.0	1.3	1.0	1.3	1.8	1.0	0.8	0.8		
TURBIDITY AM	0.2		0.5				1.2			
TURBIDITY PM.	0.7	1.8	9.9	0.2	0.1	0.4	1.4	0.5		
TOTAL PHOSPHATE		2.3			0.4					
ORTHO PHOSPHATE		1.4			0.3					
META PHOSPHATE		0.9			0.1					
STABILITY	-0.2	-0.9	+0.3	-0.8	-0.2	-0.2	+0.4	+0.1		

REMARKS

COPY TO:

☐ UTIL DIR ☐

☐ WATER TREATMENT

☐ PMU ☐ MCAS PMU

☐ NREAD ☐ FILE

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

LABORATORY ANALYSIS BY

H. J. BURNS

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

DATE COLLECTED 3-18-86

DATE OF ANALYSIS 3-18-86

PARAMETER SERIAL # 04-67	HADNOT POINT -041	CAMP JOHNSON -045	TARAWA TERRACE -044	ONSLOW BEACH -048	COURTHOUSE BAY -047	RIFLE RANGE -046	HOLCOMB BLVD -013	NEW RIVER -042		
PH (IN LAB NOT PLANT)	8.3	7.4	8.7	7.5	8.3	8.2	8.8	8.8		
PHENOLTHALEIN ALKALINITY	2	0	6	0	2	2	4	4		
METHYL ORANGE ALKALINITY	52	116	44	162	172	174	50	102		
CARBONATES AS $CaCO_3$	4	0	12	0	4	4	8	8		
BICARBONATES AS $CaCO_3$	48	116	32	162	168	170	42	94		
CHLORIDES AS C1	10	28	20	20	18	22	14	36		
HARDNESS AS $CaCO_3$	54	60	70	56	44	54	50	48		
IRON AS Fe	<0.04	0.29	0.07	0.29	<0.04	0.06	<0.04	0.11		
FLUORIDE AM	1.20		0.97				0.98			
FLUORIDE PM	1.33	0.26	0.98	0.23	0.16	0.14	0.93	0.48		
CHLORINE RESIDUAL	1.0	1.2	1.0	1.2	1.2	1.0	0.8	0.8		
TURBIDITY AM	0.3		0.3				0.6			
TURBIDITY PM	0.2	0.4	1.3	0.5	0.2	0.3	0.9	0.5		
TOTAL PHOSPHATE		1.17			0.03					
ORTHO PHOSPHATE		0.72			0.01					
META PHOSPHATE		0.45			0.02					
STABILITY	-0.1	-0.8	+0.3	-0.8	-0.2	-0.2	+0.3	+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

LANE + WADDOUPS

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

DATE COLLECTED 3-25-86

DATE OF ANALYSIS 3-25-86

PARAMETER SERIAL # 04-67	HADNOT POINT -041	CAMP JOHNSON -045	TARAWA TERRACE -044	ONSLOW BEACH -048	COURTHOUSE BAY -047	RIFLE RANGE -046	HOLCOMB BLVD -013	NEW RIVER -042		
PH (IN LAB NOT PLANT)	8.8	7.4	8.6	7.5	8.2	8.4	8.6	8.7		
PHENOLTHALEIN ALKALINITY	6	0	4	0	6	6	4	6		
METHYL ORANGE ALKALINITY	54	190	48	164	180	170	60	102		
CARBONATES AS $CaCO_3$	12	0	8	0	12	12	8	12		
BICARBONATES AS $CaCO_3$	42	190	40	164	168	158	52	90		
CHLORIDES AS C1	10	30	18	22	22	28	20	40		
HARDNESS AS $CaCO_3$	84	80	96	84	76	60	74	68		
IRON AS Fe	<0.04	0.31	<0.04	0.20	<0.04	<0.04	<0.04	<0.04		
FLUORIDE AM	0.20		0.19				0.96			
FLUORIDE PM	1.24	0.24	0.99	0.18	0.13	0.11	0.95	0.44		
CHLORINE RESIDUAL	1.0	1.3	1.2	1.1	1.0	0.7	1.0	0.8		
TURBIDITY AM	0.3		1.5				0.3			
TURBIDITY PM	3.1	0.5	0.9	0.2	0.1	0.3	0.4	0.4		
TOTAL PHOSPHATE		1.5			0.07					
ORTHO PHOSPHATE		0.9			0.02					
META PHOSPHATE		0.6			0.05					
STABILITY	+0.5	-0.6	+0.2	-0.5	0.0	+0.1	+0.3	+0.1		

REMARKS

COPY TO:

☐ UTIL DIR ☐

☐ WATER TREATMENT

☐ PMU ☐ MCAS PMU

☐ NREAD ☐ FILE

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

LABORATORY ANALYSIS BY

WADDOUPS & LANE

6286/1
NREAD
21 Apr 1986

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

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

Encl: (1) Monthly Report of Waste Treatment Plant Water Quality

1. It is requested that the enclosure be routed to the Utilities Systems General Foreman. The enclosure summarizes the subject data for all sewage treatment plants for 1-31 March 1986.

2. The data/information except chlorine residuals shown under the "LAB" column are submitted to the EPA and State in accordance with the NPDES Permit.

J. I. WOOTEN

Blind copy to:
QCL, NREAD w/encl
LabReadFile w/o encl

Writer: E. Betz, NREAD 5977
Typist: J. Cross 21Apr86

MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY
MCBCL 11345/8 (REV 6-83)

ENCLOSURE (1)

PLANT COURTHOUSE BAY

MONTH MARCH 1986

DATE	PLANT EFFLUENT DATA: FLOW TOTAL DAILY M GPD	PH	CHLORINE RESIDUAL PLANT mg/1	CHLORINE RESIDUAL LAB mg/1	5 DAY 20° C. BOD RAW mg/1	5 DAY 20° C. BOD EFFLUENT mg/1	5 DAY 20° C. BOD PERCENT REMOVAL	SUSPENDED SOLIDS RAW mg/1	SUSPENDED SOLIDS EFFLUENT mg/1	SUSPENDED SOLIDS PERCENT REMOVAL	COLIFORM NUMBER PER 100 ml	COLIFORM GEOMETRIC MEAN
1	.25450	6.8	3.9									
2	.31430	6.8	2.7									
3	.46910	6.7	1.9									
4	.46340	6.7	2.0	1.3	60	13	78	52	3	92	0	
5	.44090	6.8	1.8									
6	.31212	6.9	1.6	1.8	120	13	89	3550	7	99	no sample	
7	.44714	6.7	2.9									
8	.45461	6.7	4.3									
9	.45408	6.7	4.0									
10	.45406	6.5	4.1									
11	.35794	6.7	2.8	1.8	148	13	91	278	12	96	0	
12	.56220	6.7	3.1									
13	.50620	6.6	1.9	1.9	172	8	95	100	4	96	0	
14	.48580	6.7	1.7									
15	.48380	6.7	1.8									
16	.48710	6.6	2.0									
17	.48560	6.7	2.0									
18	.44900	6.7	2.0	1.5	60	8	87	56	1	98	2	
19	.46550	6.6	2.4									
20	.48820	6.6	1.5	2.2	84	8	90	28	1	96	0	
21	.44360	6.7	2.0									
22	.44600	6.6	1.8									
23	.49230	6.6	3.3									
24	.33430	6.7	3.1									
25	.33210	6.8	1.8	1.2	104	7	93	144	10	93	20	
26	.30310	6.8	1.4									
27	.36300	6.8	2.4	1.4	100	11	89	70	9	87	0	
28	.36300	6.6	2.8									
29	.47130	6.9	2.9									
30	.21750	6.7	4.2									
31	.42430	6.8	2.1									
Tot.	12.02625		78.2	13	848	81	712	4270				

MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY
MCBCL 11345.8 (REV. 6-83)

PLANT RIFLE RANGE

MONTH MARCH 1986

DATE	PLANT EFFLUENT DATA: FLOW TOTAL DAILY M GPD	PH	CHLORINE RESIDUAL PLANT mg/1	CHLORINE RESIDUAL LAB mg/1	5 DAY 20° C. BOD RAW mg/1	BOD EFFLUENT mg/1	BOD PERCENT REMOVAL	SUSPENDED SOLIDS RAW mg/1	SS EFFLUENT mg/1	SS PERCENT REMOVAL	COLIFORM NUMBER PER 100 ml	COLIFORM GEOMETRIC MEAN
1	.157450	6.4	5.3									
2	.208260	6.5	4.7									
3	.168410	6.6	7.5									
4	.168982	6.5	3.5	1.5	44	11	75	48	1	98	0	
5	.210210	6.5	2.6									
6	.167910	6.5	5.0	2.0	40	7	83	14	4	71	0	
7	.183030	6.5	3.7									
8	.176560	6.6	4.6									
9	.179390	6.5	5.7									
10	.166680	6.6	4.6									
11	.193790	6.5	4.5	2.0	20	6	70	38	5	87	0	
12	.194920	6.5	3.3									
13	.170850	6.6	3.3	1.9	24	6	75	38	2	95	0	
14	.313340	6.5	3.5									
15	.242160	6.5	5.1									
16	.235580	6.6	6.0									
17	.243580	6.5	6.0									
18	.227620	6.5	6.0	0.5	40	9	78	29	3	90	0	
19	.234850	6.5	3.0									
20	.252920	6.5	3.3	1.2	68	11	84	24	5	79	0	
21	.240640	6.5	4.9									
22	.223290	6.4	2.7									
23	.240040	6.3	5.5									
24	.207930	6.4	5.0									
25	.227230	6.4	4.2	1.0	64	8	88	33	6	82	10	
26	.231170	6.4	5.0									
27	.296990	6.6	4.0	2.2	80	11	86	110	4	96	2	
28	.169490	6.3	3.4									
29	.213380	6.3	7.4									
30	.198860	6.3	8.0									
31	.189920	6.3	8.0									
Tot.	6.535432		149.3	12.3	380	69	639	334	30	698		
Ave.	.210820		4.8	1.5	48	9	80	42	4	87		1.6

MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY

MCBCL 11345/8 (REV. 6-83)

PLANT ONSLOW BEACH

MONTH MARCH 1986

	PLANT EFFLUENT DATA				5 DAY 20° C. BOD			SUSPENDED SOLIDS			COLIFORM	
	FLOW	PH	CHLORINE RESIDUAL									
DATE	TOTAL DAILY M GPD		PLANT mg/1	LAB mg/1	RAW mg/1	EFFLUENT mg/1	PERCENT REMOVAL	RAW mg/1	EFFLUENT mg/1	PERCENT REMOVAL	NUMBER PER 100 ml	GEOMETRIC MEAN
1	.080140	6.5	4.0									
2	.069520	6.5	4.0									
3	.093610	6.3	4.1									
4	.166950	6.3	4.0	1.8	60	12	80	32	2	94	0	
5	.178430	6.5	6.0									
6	.191180	6.6	5.0	1.8	72	18	75	32	5	77	12	
7	.135220	6.4	4.0									
8	.168870	6.4	5.0									
9	.193850	6.6	5.0									
10	.191940	6.4	4.0									
11	.148160	6.6	5.0	4.3	64	17	73	26	11	58	0	
12	.167130	6.5	4.0									
13	.102940	6.8	4.0	1.8	88	20	77	13	3	77	16	
14	.158700	6.5	5.0									
15	.124830	6.4	6.0									
16	.144010	6.6	5.0									
17	.158180	6.0	5.0									
18	.175120	6.3	5.0	1.5	44	26	41	15	Lab Error		2	
19	.116200	6.6	5.0									
20	.135740	6.5	4.0	2.3	212	17	92	35	2	94	0	
21	.110390	6.5	5.0									
22	.110390	6.5	5.0									
23	.165610	6.4	4.0									
24	.107960	6.4	4.0									
25	.104640	6.5	6.0	4.2	92	9	90	26	6	77	10	
26	.084380	6.6	6.0									
27	.084380	6.4	5.0	2.2	100	15	85	44	1	98	0	
28	.068880	6.4	6.0									
29	.076610	6.4	4.0									
30	.091110	6.6	6.0									
31	.081460	7.0	4.0									
Tot.	3.98653		148.1	19.9	732	134	613	233	30	575		
Ave.	.128597		4.8	2.5	92	17	77	28	4	82		2.8

MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY
MCBCL 11345/8 (REV. 6-83)

PLANT RIFLE RANGE

MONTH MARCH 1986

DATE	PLANT EFFLUENT DATA: FLOW TOTAL DAILY M GPD	PH	CHLORINE RESIDUAL: PLANT mg/1	CHLORINE RESIDUAL: LAB mg/1	5 DAY 20° C. BOD: RAW mg/1	5 DAY 20° C. BOD: EFFLUENT mg/1	5 DAY 20° C. BOD: PERCENT REMOVAL	SUSPENDED SOLIDS: RAW mg/1	SUSPENDED SOLIDS: EFFLUENT mg/1	SUSPENDED SOLIDS: PERCENT REMOVAL	COLIFORM: NUMBER PER 100 ml	COLIFORM: GEOMETRIC MEAN
1	.157450	6.4	5.3									
2	.208260	6.5	4.7									
3	.168410	6.6	7.5									
4	.168982	6.5	3.5	1.5	44	11	75	48	1	98	0	
5	.210210	6.5	2.6									
6	.167910	6.5	5.0	2.0	40	7	83	14	4	71	0	
7	.183030	6.5	3.7									
8	.176560	6.6	4.6									
9	.179390	6.5	5.7									
10	.166680	6.6	4.6									
11	.193790	6.5	4.5	2.0	20	6	70	38	5	87	0	
12	.194920	6.5	3.3									
13	.170850	6.6	3.3	1.9	24	6	75	38	2	95	0	
14	.313340	6.5	3.5									
15	.242160	6.5	5.1									
16	.235580	6.6	6.0									
17	.243580	6.5	6.0									
18	.227620	6.5	6.0	0.5	40	9	78	29	3	90	0	
19	.234850	6.5	3.0									
20	.252920	6.5	3.3	1.2	68	11	84	24	5	79	0	
21	.240640	6.5	4.9									
22	.223290	6.4	2.7									
23	.240040	6.3	5.5									
24	.207930	6.4	5.0									
25	.227230	6.4	4.2	1.0	64	8	88	33	6	82	10	
26	.231170	6.4	5.0									
27	,296990	6.6	4.0	2.2	80	11	86	110	4	96	2	
28	.169490	6.3	3.4									
29	.213380	6.3	7.4									
30	.198860	6.3	8.0									
31	.189920	6.3	8.0									

MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY
MCBCL 11345.8 (REV. 6-83)

PLANT RIFLE RANGE

MONTH MARCH 1986

DATE	PLANT EFFLUENT DATA: FLOW TOTAL DAILY M GPD	PH	CHLORINE RESIDUAL PLANT mg/1	CHLORINE RESIDUAL LAB mg/1	5 DAY 20° C. BOD RAW mg/1	5 DAY 20° C. BOD EFFLUENT mg/1	5 DAY 20° C. BOD PERCENT REMOVAL	SUSPENDED SOLIDS RAW mg/1	SUSPENDED SOLIDS EFFLUENT mg/1	SUSPENDED SOLIDS PERCENT REMOVAL	COLIFORM NUMBER PER 100 ml	COLIFORM GEOMETRIC MEAN
1	.157450	6.4	5.3									
2	.208260	6.5	4.7									
3	.168410	6.6	7.5									
4	.168982	6.5	3.5	1.5	44	11	75	48	1	98	0	
5	.210210	6.5	2.6									
6	.167910	6.5	5.0	2.0	40	7	83	14	4	71	0	
7	.183030	6.5	3.7									
8	.176560	6.6	4.6									
9	.179390	6.5	5.7									
10	.166680	6.6	4.6									
11	.193790	6.5	4.5	2.0	20	6	70	38	5	87	0	
12	.194920	6.5	3.3									
13	.170850	6.6	3.3	1.9	24	6	75	38	2	95	0	
14	.313340	6.5	3.5									
15	.242160	6.5	5.1									
16	.235580	6.6	6.0									
17	.243580	6.5	6.0									
18	.227620	6.5	6.0	0.5	40	9	78	29	3	90	0	
19	.234850	6.5	3.0									
20	.252920	6.5	3.3	1.2	68	11	84	24	5	79	0	
21	.240640	6.5	4.9									
22	.223290	6.4	2.7									
23	.240040	6.3	5.5									
24	.207930	6.4	5.0									
25	.227230	6.4	4.2	1.0	64	8	88	33	6	82	10	
26	.231170	6.4	5.0									
27	.296990	6.6	4.0	2.2	80	11	86	110	4	96	2	
28	.169490	6.3	3.4									
29	.213380	6.3	7.4									
30	.198860	6.3	8.0									
31	.189920	6.3	8.0									

MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY
MCBCL 11345.8 (REV 6-83)

PLANT RIFLE RANGE

MONTH MARCH 1986

DATE	PLANT EFFLUENT DATA: FLOW TOTAL DAILY M GPD	PH	CHLORINE RESIDUAL: PLANT mg/1	CHLORINE RESIDUAL: LAB mg/1	5 DAY 20° C BOD: RAW mg/1	5 DAY 20° C BOD: EFFLUENT mg/1	5 DAY 20° C BOD: PERCENT REMOVAL	SUSPENDED SOLIDS: RAW mg/1	SUSPENDED SOLIDS: EFFLUENT mg/1	SUSPENDED SOLIDS: PERCENT REMOVAL	COLIFORM: NUMBER PER 100 ml	COLIFORM: GEOMETRIC MEAN
1	.157450	6.4	5.3									
2	.208260	6.5	4.7									
3	.168410	6.6	7.5									
4	.168982	6.5	3.5	1.5	44	11	75	48	1	98	0	
5	.210210	6.5	2.6									
6	.167910	6.5	5.0	2.0	40	7	83	14	4	71	0	
7	.183030	6.5	3.7									
8	.176560	6.6	4.6									
9	.179390	6.5	5.7									
10	.166680	6.6	4.6									
11	.193790	6.5	4.5	2.0	20	6	70	38	5	87	0	
12	.194920	6.5	3.3									
13	.170850	6.6	3.3	1.9	24	6	75	38	2	95	0	
14	.313340	6.5	3.5									
15	.242160	6.5	5.1									
16	.235580	6.6	6.0									
17	.243580	6.5	6.0									
18	.227620	6.5	6.0	0.5	40	9	78	29	3	90	0	
19	.234850	6.5	3.0									
20	.252920	6.5	3.3	1.2	68	11	84	24	5	79	0	
21	.240640	6.5	4.9									
22	.223290	6.4	2.7									
23	.240040	6.3	5.5									
24	.207930	6.4	5.0									
25	.227230	6.4	4.2	1.0	64	8	88	33	6	82	10	
26	.231170	6.4	5.0									
27	.296990	6.6	4.0	2.2	80	11	86	110	4	96	2	
28	.169490	6.3	3.4									
29	.213380	6.3	7.4									
30	.198860	6.3	8.0									
31	.189920	6.3	8.0									

MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY
MCBCL 11345 8 (REV. 5-63)

PLANT RIFLE RANGE

MONTH MARCH 1986

DATE	PLANT EFFLUENT DATA: FLOW TOTAL DAILY M GPD	PH	CHLORINE RESIDUAL PLANT mg/1	CHLORINE RESIDUAL LAB mg/1	5 DAY 20° C. BOD RAW mg/1	5 DAY 20° C. BOD EFFLUENT mg/1	5 DAY 20° C. BOD PERCENT REMOVAL	SUSPENDED SOLIDS RAW mg/1	SUSPENDED SOLIDS EFFLUENT mg/1	SUSPENDED SOLIDS PERCENT REMOVAL	COLIFORM NUMBER PER 100 ml	COLIFORM GEOMETRIC MEAN
1	.157450	6.4	5.3									
2	.208260	6.5	4.7									
3	.168410	6.6	7.5									
4	.168982	6.5	3.5	1.5	44	11	75	48	1	98	0	
5	.210210	6.5	2.6									
6	.167910	6.5	5.0	2.0	40	7	83	14	4	71	0	
7	.183030	6.5	3.7									
8	.176560	6.6	4.6									
9	.179390	6.5	5.7									
10	.166680	6.6	4.6									
11	.193790	6.5	4.5	2.0	20	6	70	38	5	87	0	
12	.194920	6.5	3.3									
13	.170850	6.6	3.3	1.9	24	6	75	38	2	95	0	
14	.313340	6.5	3.5									
15	.242160	6.5	5.1									
16	.235580	6.6	6.0									
17	.243580	6.5	6.0									
18	.227620	6.5	6.0	0.5	40	9	78	29	3	90	0	
19	.234850	6.5	3.0									
20	.252920	6.5	3.3	1.2	68	11	84	24	5	79	0	
21	.240640	6.5	4.9									
22	.223290	6.4	2.7									
23	.240040	6.3	5.5									
24	.207930	6.4	5.0									
25	.227230	6.4	4.2	1.0	64	8	88	33	6	82	10	
26	.231170	6.4	5.0									
27	.296990	6.6	4.0	2.2	80	11	86	110	4	96	2	
28	.169490	6.3	3.4									
29	.213380	6.3	7.4									
30	.198860	6.3	8.0									
31	.189920	6.3	8.0									

MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY
MCBCL 11345.8 (REV. 6-83)

PLANT CAMP JOHNSON

MONTH MARCH 1986

DATE	PLANT EFFLUENT DATA: FLOW TOTAL DAILY M GPD	PH	CHLORINE RESIDUAL: PLANT mg/1	CHLORINE RESIDUAL: LAB mg/1	5 DAY 20° C. BOD: RAW mg/1	5 DAY 20° C. BOD: EFFLUENT mg/1	5 DAY 20° C. BOD: PERCENT REMOVAL	SUSPENDED SOLIDS: RAW mg/1	SUSPENDED SOLIDS: EFFLUENT mg/1	SUSPENDED SOLIDS: PERCENT REMOVAL	COLIFORM: NUMBER PER 100 ml	COLIFORM: GEOMETRIC MEAN
1	.363	6.7	5.0									
2	.402	6.6	5.0									
3	.401	7.1	5.0									
4	.460	6.8	5.0	7.5	68	19	72	28	6	79	260	
5	.370	6.8	5.0									
6	.389	6.6	0.0	6.2	112	19	83	93	14	85	0	
7	.367	6.9	5.0									
8	.531	6.8	5.0									
9	.391	6.9	5.0									
10	.425	6.7	5.0									
11	.412	7.1	5.0	4.9	188	17	91	148	16	89	0	
12	.430	6.8	4.0									
13	.394	6.8	6.0	4.2	160	18	89	64	8	88	0	
14	.742	7.0	5.0									
15	.380	7.0	5.0									
16	.396	6.5	5.0									
17	.487	7.0	4.0									
18	.416	6.5	5.0	4.5	28	14	50	16	5	69	0	
19	.675	6.4	4.0									
20	.490	6.6	2.0	3.0	52	12	77	32	6	81	0	
21	.423	6.6	5.0									
22	.407	6.5	4.0									
23	.434	6.6	4.0									
24	.438	6.8	4.0									
25	.447	6.8	4.0	5.6	144	12	92	105	9	91	0	
26	.511	6.9	4.0									
27	.547	7.0	4.0	4.0	80	13	84	46	6	87	0	
28	.519	6.9	4.0									
29	.333	6.4	6.0									
30	.359	6.5	6.0									
31	.413	7.0	6.0									
Tot.	13.752		141.0	39.9	832	124	638	532	70	669		
Ave.	.444		4.5	5.0	104	16	80	67	9	84		2.0

MONTHLY REPORT — WASTE TREATMENT PLANT WATER QUALITY
MCBCL 11345 8 REV (1-83)

PLANT CAMP GEIGER | MONTH MARCH 1986

DATE	PLANT EFFLUENT DATA: FLOW TOTAL DAILY MGPD	PH	CHLORINE RESIDUAL: PLANT mg/1	CHLORINE RESIDUAL: LAB mg/1	5 DAY 20° C. BOD: RAW mg/1	5 DAY 20° C. BOD: EFFLUENT mg/1	5 DAY 20° C. BOD: PERCENT REMOVAL	SUSPENDED SOLIDS: RAW mg/1	SUSPENDED SOLIDS: EFFLUENT mg/1	SUSPENDED SOLIDS: PERCENT REMOVAL	COLIFORM: NUMBER PER 100 ml	COLIFORM: GEOMETRIC MEAN
1	1.250	7.0	3.7									
2	1.000	6.8	4.0									
3	1.000	6.8	4.0	2.9	104	7	93	122	6	95	0	
4	1.250	6.8	4.0	2.7	120	4	97	110	2	98	0	
5	1.000	7.3	4.0	2.3	112	9	92	64	7	89	0	
6	1.250	7.1	3.8	2.4	144	11	92	78	7	91	0	
7	1.500	7.1	4.0	3.6	228	12	95	180	3	98	0	
8	1.500	7.2	4.0									
9	1.250	7.1	4.0									
10	1.250	7.1	4.0	2.2	120	9	93	104	7	93	0	
11	1.300	6.8	3.9	3.9	132	9	92	118	8	93	0	
12	1.250	6.9	3.6	2.7	124	7	94	94	4	96	0	
13	1.500	6.8	4.0	2.4	196	5	97	226	8	97	0	
14	1.000	6.9	2.9	2.5	168	12	93	168	6	96	2	
15	1.000	6.6	4.0									
16	1.000	6.6	4.0									
17	1.495	6.2	4.0	3.5	84	9	89	36	3	92	0	
18	1.500	7.0	4.0	3.5	72	10	86	18	5	72	1000	
19	1.283	6.8	4.0	4.3	136	9	93	66	6	91	0	
20	1.382	6.7	4.0	3.4	84	6	93	60	6	90	0	
21	1.000	6.8	4.0	3.7	88	8	91	50	2	96	0	
22	1.500	6.6	4.0									
23	1.518	6.6	4.0									
24	1.008	6.5	4.0	3.2	92	7	92	53	6	89	0	
25	1.250	6.6	4.0	4.0	100	7	93	92	7	92	0	
26	1.000	7.0	4.0	3.7	52	5	90	92	5	95	0	
27	1.578	6.9	4.0	0.4	216	8	96	34	5	85	0	
28	1.455	6.6	3.8	2.6	140	41	71	82	5	94	0	
29	1.321	6.8	4.0									
30	1.372	6.9	4.0									
31	1.402	6.9	4.0	3.0	188	7	96	96	4	96	0	
Tot.	39.364		121.7	62.9	3700	202	1928	1943	112	1938		
Ave.	1.270		3.9	3.0	129	10	92	93	5	92		1.4

MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY

PLANT TARAWA TERRACE

MONTH MARCH 1986

DATE	PLANT EFFLUENT DATA: FLOW TOTAL DAILY MGD	PH	CHLORINE RESIDUAL PLANT mg/1	CHLORINE RESIDUAL LAB mg/1	5 DAY 20° C. BOD RAW mg/1	5 DAY 20° C. BOD EFFLUENT mg/1	5 DAY 20° C. BOD PERCENT REMOVAL	SUSPENDED SOLIDS RAW mg/1	SUSPENDED SOLIDS EFFLUENT mg/1	SUSPENDED SOLIDS PERCENT REMOVAL	COLIFORM NUMBER PER 100 ml	COLIFORM GEOMETRIC MEAN
1	.830	6.4	5.0									
2	.880	6.6	4.0									
3	.880	6.7	5.0	2.7	200	20	90	222	8	96	0	
4	.850	6.6	5.0	3.0	152	17	89	398	5	99	0	
5	.820	6.7	4.0	3.3	164	20	88	118	5	96	210	
6	.850	6.6	4.5	2.8	140	21	85	112	6	95	0	
7	.830	6.6	4.5	3.6	220	26	88	73	7	90	2	
8	.840	6.5	4.5									
9	.850	6.6	5.0									
10	.840	6.6	5.0	2.7	176	19	89	93	8	91	0	
11	.830	6.6	5.0	3.1	176	21	88	170	13	92	0	
12	.830	6.6	4.0	2.2	164	24	85	94	11	88	0	
13	.850	6.6	4.0	2.6	168	3	98	166	12	93	0	
14	.800	6.4	5.0	2.4	136	27	80	396	23	94	0	
15	.880	6.3	5.0									
16	.870	6.4	5.0									
17	.860	6.4	4.0	2.8	136	21	85	146	6	96	0	
18	.880	6.5	4.0	3.0	136	23	83	183	8	96	6	
19	.885	6.5	4.0	3.5	184	21	89	174	4	98	4	
20	.900	6.5	4.0	3.0	148	24	84	178	11	94	0	
21	.895	6.5	4.0	3.0	116	19	84	435	8	98	0	
22	.870	6.4	4.0									
23	.860	6.4	5.0									
24	.860	6.5	4.0	3.6	168	25	85	124	9	93	10	
25	.870	6.5	4.0	4.5	172	19	89	173	8	95	4	
26	.860	6.5	4.0	4.2	152	9	94	132	7	95	6	
27	.860	6.6	4.0	3.2	200	19	91	76	8	89	2	
28	.860	6.5	4.0	4.3	228	25	89	170	14	92	0	
29	.880	6.6	5.0									
30	.724	6.6	4.0									
31	.868	6.7	5.0	4.0	164	22	87	268	12	96	0	
Tot.	26.462		137.5	67.5	3500	425	1840	3901	193	1076		
Ave.	.854											

MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY
MDEQ 11340-B (REV. 6-83)

PLANT HADNOT POINT

MONTH MARCH 1986

DATE	PLANT EFFLUENT DATA: FLOW TOTAL DAILY M GPD	PH	CHLORINE RESIDUAL PLANT mg/1	CHLORINE RESIDUAL LAB mg/1	5 DAY 20° C. BOD RAW mg/1	5 DAY 20° C. BOD EFFLUENT mg/1	5 DAY 20° C. BOD PERCENT REMOVAL	SUSPENDED SOLIDS RAW mg/1	SUSPENDED SOLIDS EFFLUENT mg/1	SUSPENDED SOLIDS PERCENT REMOVAL	COLIFORM NUMBER PER 100 ml	COLIFORM GEOMETRIC MEAN
1	3.754	6.9	4.0									
2	3.699	6.8	4.0									
3	4.301	6.8	4.0	2.6	112	16	86	122	9	93	20/2	
4	4.320	6.8	4.0	2.5	136	16	88	96	4	96	20/0	
5	4.403	6.8	4.0	2.4	132	21	84	114	5	96	0/0	
6	4.016	6.8	4.0	2.6	96	21	78	58	6	90	30/0	
7	4.011	6.9	4.0	3.0	116	27	77	56	6	89	1000/2	
8	3.650	6.8	4.0									
9	3.609	6.8	4.0									
10	4.059	6.8	4.0	3.0	156	18	88	160	8	95	10/0	
11	4.200	6.9	3.7	3.2	96	18	81	68	12	82	0/0	
12	3.971	6.9	3.9	2.5	112	15	87	64	7	89	8/0	
13	4.323	6.9	4.0	2.8	188	15	92	108	6	94	10/0	
14	5.970	7.0	4.0	2.2	244	26	89	325	21	94	4/2	
15	4.757	6.9	4.0									
16	4.777	6.8	4.0									
17	5.571	6.8	4.0	2.9	116	16	86	62	9	85	104/2	
18	5.922	6.9	4.0	2.6	144	17	88	162	7	96	16/4	
19	4.966	7.0	4.0	4.0	192	26	86	102	10	90	160/8	
20	5.179	6.9	4.0	5.6	108	19	82	108	8	93	6/4	
21	4.664	6.9	4.0	4.0	116	20	83	88	8	91	0/0	
22	3.813	6.8	4.0									
23	3.882	6.8	4.0									
24	3.721	–	4.0	3.0	116	16	86	102	5	95	66/10	
25	3.720	6.8	4.0	3.5	132	15	89	110	6	95	16/2	
26	3.835	6.9	4.0	3.0	136	9	93	150	5	97	12/0	
27	4.258	6.9	4.0	2.1	132	25	81	116	9	92	30/8	
28	4.012	6.8	4.0	2.9	128	23	82	100	11	89	20/4	
29	3.748	6.9	4.0									
30	4.073	–	4.0									
31	4.525	6.8	4.0	2.5	148	13	91	108	6	94	14/0	
Tot.	133.709		123.6	62.9	2856	392	1797	2379	168	1935		
Ave.	4.313		4.0	3.0	136	19	86	113	8	92		15.2/2.0

6288
NREAD(L)
23 Apr 1986

Mr. Paul Wilms, Director
Division of Environmental Management
North Carolina 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 NC 0003239, two copies of the Discharge Monitoring Reports (DRMs) for the month of March 1986 are submitted.

Camp Johnson Wastewater Treatment Plant violated the NPDES permit requirements for monthly Biochemical Oxygen Demand (BOD) and Total Suspended Residue (TSR) percent removal averages for March 1986. The violation is attributed to low influent couples with a partially obstructed secondary sludge drawoff line. March's BOD influent and effluent monthly averages were 104mg/l and 16mg/l respectively. March's TSR influent and effluent monthly averages were 67mg/l and 9mg/l respectively.

Rifle Range Wastewater Treatment Plant violated the NPDES permit requirement for monthly BOD percent removal average for March 1986. The violation is attributed to the low BOD loading. March's influent and effluent monthly averages were 48mg/l and 9mg/l respectively.

Onslow Beach Wastewater Treatment Plant violated the NPDES permit requirement for monthly BOD and TSR percent removal averages for March 1986. The violation is attributed to low influent. March's BOD influent and effluent monthly averages were 92mg/l and 17mg/l respectively. March's TSR influent and effluent monthly averages were 28mg/l and 4mg/l respectively.

There are no oil and grease analysis for River Water points RW 02 to RW 09 for March. The laboratory ran out of liquid freon used in the analysis and was unable to get some more before the holding time on the samples ran out.

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 A. Betz, Supervisory Chemist, Natural Resources and Environmental Affairs Division, Assistant Chief of Staff, Facilities at (919) 451-5977.

Sincerely,

J. I. WOOTEN
Director

Encl:
(1) DEM Forms MR-1, 2 and 3

Copy to:
EPA Region IV
CMDR LANTNAVFACENGCOM
NEESA

Blind copy to:
BMaint(UtilDir)
QCL NREAD (2)

EFFLUENT

NPDES PERMIT NO: NC0003239 DISCHARGE NO: 001 MONTH: March YEAR: 1986

FACILITY NAME: Camp Geiger STP CLASS: III COUNTY: Onslow

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

CERTIFIED LABORATORY: Water Quality Control 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	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	08		1.250		7.0		3.7											
2	08		1.000		6.8		4.0											
3	08	24	1.000		6.8		4.0	7				6	0					
4	08	24	1.250		6.8		4.0	4				2	0					
5	08	24	1.000		7.3		4.0	9				7	0					
6	08	24	1.250		7.1		3.8	11				7	0					
7	08	24	1.500		7.1		4.0	12				3	0					
8	08		1.500		7.2		4.0											
9	08		1.250		7.1		4.0											
10	08	24	1.250		7.1		4.0	9				7	0					
11	08	24	1.300		6.8		3.9	9				8	0					
12	08	24	1.250		6.9		3.6	7				4	0					
13	08	24	1.500		6.8		4.0	5				8	0					
14	08	24	1.000		6.9		2.9	12				6	2					
15	08		1.000		6.6		4.0											
16	08		1.000		6.6		4.0											
17	08	24	1.495		6.2		4.0	9				3	0					
18	08	24	1.500		7.0		4.0	10				5	1000					
19	08	24	1.283		6.8		4.0	9				6	0					
20	08	24	1.382		6.7		4.0	6				6	0					
21	08	24	1.000		6.8		4.0	8				2	0					
22	08		1.500		6.6		4.0											
23	08		1.518		6.6		4.0											
24	08	24	1.008		6.5		4.0	7				6	0					
25	08	24	1.250		6.6		4.0	7				7	0					
26	08	24	1.000		7.0		4.0	5				5	0					
27	08	24	1.578		6.9		4.0	8				5	0					
28	08	24	1.455		6.6		3.8	41				5	0					
29	08		1.321		6.8		4.0											
30	08		1.372		6.9		4.0											
31	08	24	1.402		6.9		4.0	7				4	0					
Average			1.270				3.9	10				5	1.4					
Max.			1.578		7.1		4.0	41				8	1000					
Min.			1.000		6.2		2.9	4				2	0					
Comp.(C)/ Grab(G)					G		G	C				C	G					
Monthly Limit					6-9			30				30	200					

DEM Form MR-1 (11-84)

ENCLOSURE (1)

Facility Status: (Please check one of the following)

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

(Compliant)

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

(Noncompliant)

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

_____

_____

_____

_____

_____

_____

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

_____
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: 002 MONTH: March YEAR: 1986

FACILITY NAME: Tarawa Terrace STP CLASS: III COUNTY: Onslow

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

CERTIFIED LABORATORY: Water Quality Control 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	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	08		.830		6.4		5.0											
2	08		.880		6.6		4.0											
3	08	24	.880		6.7		5.0	20				8	0					
4	08	24	.850		6.6		5.0	17				5	0					
5	08	24	.820		6.7		4.0	20				5	210					
6	08	24	.850		6.6		4.5	21				6	0					
7	08	24	.830		6.6		4.5	26				7	2					
8	08		.840		6.5		4.5											
9	08		.850		6.6		5.0											
10	08	24	.840		6.6		5.0	19				8	0					
11	08	24	.830		6.6		5.0	21				13	0					
12	08	24	.830		6.6		4.0	24				11	0					
13	08	24	.850		6.6		4.0	3				12	0					
14	08	24	.800		6.4		5.0	27				23	0					
15	08		.880		6.3		5.0											
16	08		.870		6.4		5.0											
17	08	24	.860		6.4		4.0	21				6	0					
18	08	24	.880		6.5		4.0	23				8	6					
19	08	24	.885		6.5		4.0	21				4	4					
20	08	24	.900		6.5		4.0	24				11	0					
21	08	24	.895		6.5		4.0	19				8	0					
22	08		.870		6.4		4.0											
23	08		.860		6.4		5.0											
24	08	24	.860		6.5		4.0	25				9	10					
25	08	24	.870		6.5		4.0	19				8	4					
26	08	24	.860		6.5		4.0	9				7	6					
27	08	24	.860		6.6		4.0	19				8	2					
28	08	24	.860		6.5		4.0	25				14	0					
29	08		.880		6.6		5.0											
30	08		.724		6.6		4.0											
31	08	24	.868		6.7		5.0	22				12	0					
Average			.854				4.4	20				9	2.0					
Max.			.900		6.7		5.0	27				23	210					
Min.			.724		6.3		4.0	3				4	0					
Comp (C)/ Grab(G)					G		G	C				C	G					
Monthly Limit					6–9			30				30	200					

DEM [illegible] MR-1 [illegible] 84

Facility Status: (Please check one of the following)

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

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

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

_____

_____

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_____

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

_____
Signature of Permittee

PARAMETER CODES

00010	Temperature	00556	Oil and Grease	00950	Dissolved Fluoride	01077	Silver	39516	PCBS
00065	Stream Stage	00600	Total Nitrogen	01002	Total Arsenic	01087	Total Vanadium	39941	Roundup
00076	Turbidity	00610	Ammonia Nitrogen	01027	Cadmium	01092	Zinc	50047	Max. flow during 24-hr. period
00300	Dissolved Oxygen	00625	Total Kjeldahl Nitrogen	01032	Hexavalent Chromium	01105	Total Aluminum	50048	Min. flow during 24-hr. period
00310	BOD_5	00665	Total Phosphorous	01034	Chromium	01147	Total Selenium	50050	Flow
00340	COD	00720	Cyanide	01037	Total Cobalt	31504	Total Coliform	50060	Total Residual Chlorine
00400	pH	00745	Total Sulfide	01042	Copper	31614	Fecal Coliform, MPN, Tube	71880	Formaldehyde
00500	Total Solids	00927	Total Magnesium	01045	Total Iron	31616	Fecal Coliform	71900	Mercury
00530	TSS	00929	Total Sodium	01051	Lead	32730	Total Phenolics	81318	Ferrocyanides
00545	Settleable Solids	00940	Total Chloride	01067	Nickel	38260	MBAS	85652	Time

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

If using alternate units for reporting data, please designate.

EFFLUENT

DES PERMIT NO: NC0003239 DISCHARGE NO: 003 MONTH: March YEAR: 1986

CILITY NAME: Camp Johnson STP CLASS: II COUNTY: Onslow

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

RTIFIED LABORATORY: Water Quality Control 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 HRS	50050 FLOW EFF ☒ INF ☐ DAILY RATE MGD	00010 TEMPERATURE CELSIUS C°	00400 pH UNIT	00545 SETTLEABLE MATTER ML/L	50060 RESIDUAL CHLORINE MG/L	00310 BOD5 20°C MG/L	00340 COD MG/L	00610 AMMONIA NITROGEN MG/L	00500 TOTAL RESIDUE MG/L	00530 TOTAL SUSPENDED RESIDUE MG/L	31616 FECAL COLIFORM Geometric Mean /100 ML	00300 DISSOLVED OXYGEN MG/L	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
1	08		.363		6.7		5.0											
2	08		.402		6.6		5.0											
3	08		.401		7.1		5.0											
4	08	8	.460		6.8		5.0	19				6	260					
5	08		.370		6.8		5.0											
6	08	8	.389		6.6		0.0	19				14	0					
7	08		.367		6.9		5.0											
8	08		.531		6.8		5.0											
9	08		.391		6.9		5.0											
10	08		.425		6.7		5.0											
11	08	8	.412		7.1		5.0	17				16	0					
12	08		.430		6.8		4.0											
13	08	8	.394		6.8		6.0	18				8	0					
14	08		.742		7.0		5.0											
15	08		.380		7.0		5.0											
16	08		.396		6.5		5.0											
17	08		.487		7.0		4.0											
18	08	8	.416		6.5		5.0	14				5	0					
19	08		.675		6.4		4.0											
20	08	8	.490		6.6		2.0	12				6	0					
21	08		.423		6.6		5.0											
22	08		.407		6.5		4.0											
23	08		.434		6.6		4.0											
24	08		.438		6.8		4.0											
25	08	8	.447		6.8		4.0	12				9	0					
26	08		.511		6.9		4.0											
27	08	8	.547		7.0		4.0	13				6	0					
28	08		.519		6.9		4.0											
29	08		.333		6.4		6.0											
30	08		.359		6.5		6.0											
31	08		.413		7.0		6.0											
Average			.444				4.5	16				9	2.0					
Max.			.675		7.1		6.0	19				16	260					
Min.			.333		6.4		0.0	12				5	0					
Comp.(C)/ Grab(G)					G		G	C				C	G					
Monthly Limit					6–9			30				30	200					

DEM Form MR-1 (11-84)

Facility Status: (Please check one of the following)

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

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

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

See cover letter for explanation.

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

DES PERMIT NO: NC0003239 DISCHARGE NO: 004 MONTH: March YEAR: 1986

ILITY NAME: Hadnot Point STP CLASS: IV COUNTY: Onslow

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

RTIFIED LABORATORY: Water Quality 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 HRS	50050 FLOW EFF ☐ INF ☒ DAILY RATE MGD	00010 TEMPERATURE CELSIUS C°	00400 pH UNIT	00545 SETTLEABLE MATTER ML/L	50060 RESIDUAL CHLORINE MG/L	00310 BOD5 20°C MG/L	00340 COD MG/L	00610 AMMONIA NITROGEN MG/L	00500 TOTAL RESIDUE MG/L	00530 TOTAL SUSPENDED RESIDUE MG/L	31616 FECAL COLIFORM Geometric Mean /100 ML	00300 DISSOLVED OXYGEN MG/L	31504 TOTAL COLIFORM GEOMETRIC MEAN /100 ML			
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
1	08		3.754		6.9		4.0											
2	08		3.699		6.8		4.0											
3	08	24	4.301		6.8		4.0	16				9			20			
4	08	24	4.320		6.8		4.0	16				4			20			
5	08	24	4.403		6.8		4.0	21				5			0			
6	08	24	4.016		6.8		4.0	21				6			30			
7	08	24	4.011		6.9		4.0	27				6			1000			
8	08		3.650		6.8		4.0											
9	08		3.609		6.8		4.0											
10	08	24	4.059		6.8		4.0	18				8			10			
11	08	24	4.200		6.9		3.7	18				12			0			
12	08	24	3.971		6.9		3.9	15				7			8			
13	08	24	4.323		6.9		4.0	15				6			10			
14	08	24	5.970		7.0		4.0	26				21			4			
15	08		4.757		6.9		4.0											
16	08		4.777		6.8		4.0											
17	08	24	5.571		6.8		4.0	16				9			104			
18	08	24	5.922		6.9		4.0	17				7			16			
19	08	24	4.966		7.0		4.0	26				10			160			
20	08	24	5.179		6.9		4.0	19				8			6			
21	08	24	4.664		6.9		4.0	20				8			0			
22	08		3.813		6.8		4.0											
23	08		3.882		6.8		4.0											
24	08	24	3.721		–		4.0	16				5			66			
25	08	24	3.720		6.8		4.0	15				6			16			
26	08	24	3.835		6.9		4.0	9				5			12			
27	08	24	4.258		6.9		4.0	25				9			30			
28	08	24	4.012		6.8		4.0	23				11			20			
29	08		3.748		6.9		4.0											
30	08		4.073		–		4.0											
31	08	24	4.525		6.8		4.0	13				6			14			
Average			4.313				4.0	19				8			15.2*			
Max.			5.970		7.0		4.0	27				21			1000			
Min.			3.609		6.8		3.7	9				4			0			
Comp.(C)/Grab(G)					G		G	C				C			G			
Monthly Limit					6–9			30				30			70			

DEM Form MR-1 (11-84)

Facility Status: (Please check one of the following)

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

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

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

_____

_____

_____

_____

_____

_____

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

_____
Signature of Permittee

PARAMETER CODES

00010	Temperature	00556	Oil and Grease	00950	Dissolved Fluoride	01077	Silver	39516	PCBS
00065	Stream Stage	00600	Total Nitrogen	01002	Total Arsenic	01087	Total Vanadium	39941	Roundup
00076	Turbidity	00610	Ammonia Nitrogen	01027	Cadmium	01092	Zinc	50047	Max. flow during 24-hr. period
00300	Dissolved Oxygen	00625	Total Kjeldahl Nitrogen	01032	Hexavalent Chromium	01105	Total Aluminum	50048	Min. flow during 24-hr. period
00310	BOD_5	00665	Total Phosphorous	01034	Chromium	01147	Total Selenium	50050	Flow
00340	COD	00720	Cyanide	01037	Total Cobalt	31504	Total Coliform	50060	Total Residual Chlorine
00400	pH	00745	Total Sulfide	01042	Copper	31614	Fecal Coliform, MPN, Tube	71880	Formaldehyde
00500	Total Solids	00927	Total Magnesium	01045	Total Iron	31616	Fecal Coliform	71900	Mercury
00530	TSS	00929	Total Sodium	01051	Lead	32730	Total Phenolics	81318	Ferrocyanides
00545	Settleable Solids	00940	Total Chloride	01067	Nickel	38260	MBAS	85652	Time

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0003239 DISCHARGE NO: 005 MONTH: March YEAR: 1986

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

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

CERTIFIED LABORATORY: Water Quality Control 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 HRS	50050 FLOW EFF ☒ INF ☐ DAILY RATE MGD	00010 TEMPERATURE CELSIUS C°	00400 pH UNIT	00545 SETTLEABLE MATTER ML/L	50060 RESIDUAL CHLORINE MG/L	00310 BOD_5 20°C MG/L	00340 COD MG/L	00610 AMMONIA NITROGEN MG/L	00500 TOTAL RESIDUE MG/L	00530 TOTAL SUSPENDED RESIDUE MG/L	31616 FECAL COLIFORM Geometric Mean /100 ML	00300 DISSOLVED OXYGEN MG/L	31504 TOTAL COLIFORM GEOMETRIC MEAN			
1	08		.15745		6.4		5.3											
2	08		.20826		6.5		4.7											
3	08		.16841		6.6		7.5											
4	08	8	.16898		6.5		3.5	11				1			0			
5	08		.21021		6.5		2.6											
6	08	8	.16791		6.5		5.0	7				4			0			
7	08		.18303		6.5		3.7											
8	08		.17656		6.6		4.6											
9	08		.17939		6.5		5.7											
10	08		.16668		6.6		4.6											
11	08	8	.19379		6.5		4.5	6				5			0			
12	08		.19492		6.5		3.3											
13	08	8	.17085		6.6		3.3	6				2			0			
14	08		.31334		6.5		3.5											
15	08		.24216		6.5		5.1											
16	08		.23558		6.6		6.0											
17	08		.24358		6.5		6.0											
18	08	8	.22752		6.5		6.0	9				3			0			
19	08		.23485		6.5		3.0											
20	08	8	.25292		6.5		3.3	11				5			0			
21	08		.24064		6.5		4.9											
22	08		.22329		6.4		2.7											
23	08		.24004		6.3		5.5											
24	08		.20793		6.4		5.0											
25	08	8	.22723		6.4		4.2	8				6			10			
26	08		.23117		6.4		5.0											
27	08	8	.29699		6.6		4.0	11				4			2			
28	08		.16949		6.3		3.4											
29	08		.21338		6.3		7.4											
30	08		.19886		6.3		8.0											
31	08		.18992		6.3		8.0											
Average			.21082				4.8	9				4			1.6			
Max.			.31334		6.6		8.0	11				6			10			
Min.			.15745		6.3		2.6	6				1			0			
Comp.(C)/Grab(G)					G		G	C				C			G			
Monthly Limit					6-9			30				30			70			

DEM Form MR-1 (11-84)

Facility Status: (Please check one of the following)

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

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

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

See cover letter for explanation.

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	[illegible]	00665	Total Phosphorous	01034	Chromium	01147	Total Selenium	50050	Flow
00530	[illegible]	00720	Cyanide	01037	Total Cobalt	31504	Total Coliform	50060	Total Residual Chlorine
00400	pH	00745	Total Sulfide	01042	Copper	31614	Fecal Coliform, MPN, Tube	71880	Formaldehyde
00500	Total Solids	00927	Total Magnesium	01045	Total Iron	31616	Fecal Coliform	71900	Mercury
00530	TSS	00929	Total Sodium	01051	Lead	32730	Total Phenolics	81318	Ferrocyanides
00545	Settleable Solids	00940	Total Chloride	01067	Nickel	38260	MBAS	85652	Time

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

If using alternate units for reporting data, please designate.

EFFLUENT

PDES PERMIT NO: NC0003239 DISCHARGE NO: 006 MONTH: March YEAR: 1986

ACILITY NAME: Courthouse Bay STP CLASS: II COUNTY: Onslow

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

ERTIFIED LABORATORY: Water Quality 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 HRS	50050 FLOW EFF ☒ INF ☐ DAILY RATE MGD	00010 TEMPERATURE CELSIUS C°	00400 pH UNIT	00545 SETTLEABLE MATTER ML/L	50060 RESIDUAL CHLORINE MG/L	00310 BOD5 20°C MG/L	00340 COD MG/L	00610 AMMONIA NITROGEN MG/L	00500 TOTAL RESIDUE MG/L	00530 TOTAL SUSPENDED RESIDUE MG/L	31616 FECAL COLIFORM *Geometric Mean /100 ML	00300 DISSOLVED OXYGEN MG/L	31504 TOTAL COLIFORM *GEOMETRIC MEAN /100ML			
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
1	08		.25450		6.8		3.9											
2	08		.31430		6.8		2.7											
3	08		.46910		6.7		1.9											
4	08	8	.46340		6.7		2.0	13				3			0			
5	08		.44090		6.8		1.8											
6	08	8	.31212		6.9		1.6	13				7			N.S.			
7	08		.44714		6.7		2.9											
8	08		.45461		6.7		4.3											
9	08		.45408		6.7		4.0											
10	08		.45406		6.5		4.1											
11	08	8	.35794		6.7		2.8	13				12			0			
12	08		.56220		6.7		3.1											
13	08	8	.50620		6.6		1.9	8				4			0			
14	08		.48580		6.7		1.7											
15	08		.48380		6.7		1.8											
16	08		.48710		6.6		2.0											
17	08		.48560		6.7		2.0											
18	08	8	.44900		6.7		2.0	8				1			2			
19	08		.46550		6.6		2.4											
20	08	8	.48820		6.6		1.5	8				1			0			
21	08		.44360		6.7		2.0											
22	08		.44600		6.6		1.8											
23	08		.49230		6.6		3.3											
24	08		.33430		6.7		3.1											
25	08	8	.33210		6.8		1.8	7				10			20			
26	08		.30310		6.8		1.4											
27	08	8	.36300		6.8		2.4	11				9			0			
28	08		.36300		6.6		2.8											
29	08		.47130		6.9		2.9											
30	08		.21750		6.7		4.2											
31	08		.42430		6.8		2.1											
Average			.420195				2.5	10				6			1.6*			
Max.			.56220		6.9		4.3	13				12			20			
Min.			.25450		6.5		1.4	7				1			0			
Comp. Cl/Grab(G)					G		G	C				C			G			
Monthly Limit					6-9			30				30			70			

N.S. = No Sample

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	00665	Total Phosphorous	01034	Chromium	01147	Total Selenium	50050	Flow
00340	COD	00720	Cyanide	01037	Total Cobalt	31504	Total Coliform	50060	Total Residual Chlorine
00350	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: 007 MONTH: March YEAR: 1986

FACILITY NAME: Onslow Beach STP CLASS: II COUNTY: Onslow

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

Mail original and one copy to:
ATTN: 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 HRS	50050 FLOW EFF ☐ INF ☒ DAILY RATE MGD	00010 TEMPERATURE CELSIUS C°	00400 pH UNIT	00545 SETTLEABLE MATTER ML/L	50060 RESIDUAL CHLORINE MG/L	00310 BOD5 20°C MG/L	00340 COD MG/L	00610 AMMONIA NITROGEN MG/L	00500 TOTAL RESIDUE MG/L	00530 TOTAL SUSPENDED RESIDUE MG/L	31616 FECAL COLIFORM Geometric Mean /100 ML	00300 DISSOLVED OXYGEN MG/L	31504 TOTAL COLIFORM GEOMETRIC MEAN /100ML			
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
1	08		.08014		6.5		4.0											
2	08		.06952		6.5		4.0											
3	08		.09361		6.3		4.1											
4	08	8	.16695		6.3		4.0	12				2			0			
5	08		.17843		6.5		6.0											
6	08	8	.19118		6.6		5.0	18				5			12			
7	08		.13522		6.4		4.0											
8	08		.16887		6.4		5.0											
9	08		.19385		6.6		5.0											
10	08		.19194		6.4		4.0											
11	08	8	.14816		6.6		5.0	17				11			0			
12	08		.16713		6.5		4.0											
13	08	8	.10294		6.8		4.0	20				3			16			
14	08		.15870		6.5		5.0											
15	08		.12483		6.4		6.0											
16	08		.14401		6.6		5.0											
17	08		.15818		6.0		5.0											
18	08	8	.17512		6.3		5.0	26				L.E.			2			
19	08		.11620		6.6		5.0											
20	08	8	.13574		6.5		4.0	17				2			0			
21	08		.11039		6.5		5.0											
22	08		.11039		6.5		5.0											
23	08		.16561		6.4		4.0											
24	08		.10796		6.4		4.0											
25	08	8	.10464		6.5		6.0	9				6			10			
26	08		.08438		6.6		6.0											
27	08	8	.08438		6.4		5.0	15				1			0			
28	08		.06888		6.4		6.0											
29	08		.07661		6.4		4.0											
30	08		.09111		6.6		6.0											
31	08		.08146		7.0		4.0											
Average			.128597				4.8	17				4			2.8			
Max.			.19385		7.0		6.0	26				11			16			
Min			.06888		6.0		4.0	9				1			0			
Comp (C) / Grab (G)					G		G	C				C			C			
Monthly Limit					6-9			30				30			70			

DEM [illegible] MR-1 (11-84) L.E. = Lab Error

Facility Status: (Please check one of the following)

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

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

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

See cover letter for explanation.

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	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

DES PERMIT NO: NC0003239 DISCHARGE NO: 014 MONTH: March YEAR: 1986

CILITY NAME: Onslow Beach Water Treatment Pond CLASS: NA COUNTY: Onslow

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

RTIFIED LABORATORY: Water Quality Control 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 BOD_5 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																		
4		8			8.1							2.0						
5																		
6																		
7																		
8																		
9																		
10																		
11		8			8.1							6.0						
12																		
13																		
14																		
15																		
16																		
17																		
18		8			7.8							2.0						
19																		
20																		
21																		
22																		
23																		
24																		
25		8			8.2							2.3						
26																		
27																		
28																		
29																		
30																		
31																		
Average												3.1						
Max					8.2							6.0						
Min					7.8							2.0						
Comp (C)/Grab (G)					G							C						
Monthly Limit					6-10							30						

DEM Form MR-1 (11-81)

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	00665	Total Phosphorous	01034	Chromium	01147	Total Selenium	50050	Flow
[illegible]	[illegible]	00720	Cyanide	01037	Total Cobalt	31504	Total Coliform	50060	Total Residual Chlorine
[illegible]	[illegible]	00745	Total Sulfide	01042	Copper	31614	Fecal Coliform, MPN, Tube	71880	Formaldehyde
[illegible]	[illegible] Solids	00927	Total Magnesium	01045	Total Iron	31616	Fecal Coliform	71900	Mercury
[illegible]	[illegible]	00929	Total Sodium	01051	Lead	32730	Total Phenolics	81318	Ferrocyanides
[illegible]	Settleable Solids	00940	Total Chloride	01067	Nickel	38260	MBAS	85652	Time

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

If using alternate units for reporting data, please designate.

Influent

NPDES NO: NC0003239 DISCHARGE NO: 001 MONTH: March YEAR: 1986

FACILITY NAME: Camp Geiger STP COUNTY: Onslow

		00400	00010	00545	00310	00610	00500	00530	00340							
										ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD							
	HRS	STD UNITS	°C	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																
2																
3 08	24				104			122								
4 08	24				120			110								
5 08	24				112			64								
6 08	24				144			78								
7 08	24				228			180								
8																
9																
10 08	24				120			104								
11 08	24				132			118								
12 08	24				124			94								
13 08	24				196			226								
14 08	24				168			168								
15																
16																
17 08	24				84			36								
18 08	24				72			18								
19 08	24				136			66								
20 08	24				84			60								
21 08	24				88			50								
22																
23																
24 08	24				92			53								
25 08	24				100			92								
26 08	24				52			92								
27 08	24				216			34								
28 08	24				140			82								
29																
30																
31 08	24				188			96								
AVERAGE					129			93								
MONTHLY MAXIMUM					228			226								
MONTHLY MINIMUM					52			18								
SAMPLE TYPE C or G					C			C								

DEM Form MR-2 (11/84)

Influent

NPDES NO: NC0003239 DISCHARGE NO: 002 MONTH: March YEAR: 1986

FACILITY NAME: Tarawa Terrace COUNTY: Onslow

		00400	00010	00545	00310	00610	00500	00530	00340							
										ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD							
	HRS	STD UNITS	°C	ml/L	MG/L	MG/L	MG/L	MG/L	MG/L							
08	24				200			222								
08	24				152			398								
08	24				164			118								
08	24				140			112								
08	24				220			73								
08	24				176			93								
08	24				176			170								
08	24				164			94								
08	24				168			166								
08	24				136			396								
08	24				136			146								
08	24				136			183								
08	24				184			174								
08	24				148			178								
08	24				116			435								
08	24				168			124								
08	24				172			173								
08	24				152			132								
08	24				200			76								
08	24				228			170								
08	24				164			268								
AVERAGE					167			186								
MONTHLY MAXIMUM					228			435								
MONTHLY MINIMUM					116			73								
SAMPLE TYPE C or G					C			C								

DEM Form MR-2 (11/84)

Influent

NPDES NO: NC0003239 DISCHARGE NO: 003 MONTH: March YEAR: 1986

FACILITY NAME: Camp Johnson STP COUNTY: Onslow

		00400	00010	00545	00310	00610	00500	00530	00340							
Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
	HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L							
08	8				68			28								
08	8				112			93								
08	8				188			148								
08	8				160			64								
08	8				28			16								
08	8				52			32								
08	8				144			105								
08	8				80			46								
VERAGE					104			67								
ONTHLY MAXIMUM					188			148								
ONTHLY MINIMUM					28			16								
AMPLE TYPE C or G					C			C								

DEM Form MR-2 (11/84)

Influent

NPDES NO: NC0003239 DISCHARGE NO: 004 MONTH: March YEAR: 1986

FACILITY NAME: Hadnot Point STP COUNTY: Onslow

			00400	00010	00545	00310	00610	00500	00530	00340							
	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2																	
3	08	24				112			122								
4	08	24				136			96								
5	08	24				132			114								
6	08	24				96			58								
7	08	24				116			56								
8																	
9																	
10	08	24				156			160								
11	08	24				96			68								
12	08	24				112			64								
13	08	24				188			108								
14	08	24				244			325								
15																	
16																	
17	08	24				116			62								
18	08	24				144			162								
19	08	24				192			102								
20	08	24				108			108								
21	08	24				116			88								
22																	
23																	
24	08	24				116			102								
25	08	24				132			110								
26	08	24				136			150								
27	08	24				132			116								
28	08	24				128			100								
29																	
30																	
31	08	24				148			108								
AVERAGE						136			113								
MONTHLY MAXIMUM						244			325								
MONTHLY MINIMUM						96			56								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

NPDES NO: NC0003239 DISCHARGE NO: 005 MONTH: March YEAR: 1986

FACILITY NAME: Rifle Range STP COUNTY: Onslow

		00400	00010	00545	00310	00610	00500	00530	00340							
Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
	HRS	STD UNITS	°C	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L							
08	8				44			48								
08	8				40			14								
08	8				20			38								
08	8				24			38								
08	8				40			29								
08	8				68			24								
08	8				64			33								
08	8				80			110								
AVERAGE					48			42								
MONTHLY MAXIMUM					80			110								
MONTHLY MINIMUM					20			14								
SAMPLE TYPE C or G					C			C								

EM Form MR-2 (11/84)

Influent

NPDES NO: NC0003239 DISCHARGE NO: 006 MONTH: March YEAR: 1986

FACILITY NAME: Courthouse Bay STP COUNTY: Onslow

		00400	00010	00545	00310	00610	00500	00530	00340							
Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
	HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L							
08	8				60			52								
08	8				120			3550								
08	8				148			278								
08	8				172			100								
08	8				60			56								
08	8				84			28								
08	8				104			144								
08	8				100			70								
AVERAGE					106			535								
MONTHLY MAXIMUM					172			3550								
MONTHLY MINIMUM					60			28								
SAMPLE TYPE C or G					C			C								

DEM Form MR-2 (11/84)

Influent

NPDES NO: NC0003239 DISCHARGE NO: 007 MONTH: March YEAR: 1986

FACILITY NAME: Onslow Beach STP COUNTY: Onslow

	Time	Composite Time	00400 PH	00010 Temperature (Celsius)	00545 Settleable Matter	00310 BOD_5 20 °C	00610 Ammonia Nitrogen	00500 Total Residue	00530 Total Suspended Residue	00340 COD	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW
		HRS	STD UNITS	°C	ml/L	MG/L	MG/L	MG/L	MG/L	MG/L	
1											
2											
3											
4	08	8				60			32		
5											
6	08	8				72			32		
7											
8											
9											
10											
11	08	8				64			26		
12											
13	08	8				88			13		
14											
15											
16											
17											
18	08	8				44			15		
19											
20	08	8				212			35		
21											
22											
23											
24											
25	08	8				92			26		
26											
27	08	8				100			44		
28											
29											
30											
31											
AVERAGE						92			28		
MONTHLY MAXIMUM						212			44		
MONTHLY MINIMUM						44			13		
SAMPLE TYPE C or G						C			C		

DEM Form MR-2 (11/84)

NPDES NO: NC0003239 DISCHARGE NO: 001 MONTH: March YEAR: 1986

FACILITY NAME: Camp Geiger STP COUNTY: Onslow

STREAM: New River STREAM: New River

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

Upstream

	00010	00300	00400	00310	00340	31616	00556			
Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below: OIL & GREASE			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/l			
09	13	13.5	8.5	13.2		16	6.9			
Average	13	13.5		13.2		16*	6.9			
Monthly Maximum	13	13.5	8.5	13.2		16	6.9			
Monthly Minimum	13	13.5	8.5	13.2		16	6.9			

Downstream

	00010	00300	00400	00310	00340	31616	00556			
Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below: OIL & GREASE			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/l			
10	12	11.0	8.1	2.9		64	N.R.			
Average	12	11.0		2.9		64 *				
Monthly Maximum	12	11.0	8.1	2.9		64				
Monthly Minimum	12	11.0	8.1	2.9		64				

EM Form MR-3 (11/84)

NPDES NO: NC0003239 DISCHARGE NO: 002 MONTH: March YEAR: 1986

FACILITY NAME: Tarawa Terrace STP COUNTY: Onslow

STREAM: Northeast Creek STREAM: Northeast Creek

LOCATION: RW02 - At Hwy 24 Bridge LOCATION: RW03- Between Discharge 002 & 003

Upstream

	00010	00300	00400	00310	00340	31616	00556			
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			
							O/G & GREASE			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
09	12	8.7	6.9	0.3		6	N.R.			
erage	12	8.7		0.3		6*				
nthly ximum	12	8.7	6.9	0.3		6				
nthly imum	12	8.7	6.9	0.3		6				

Downstream

	00010	00300	00400	00310	00340	31616	00556			
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			
							O/G & GREASE			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
10	12	10.2	7.7	2.0		42	N.R.			
	12	10.2		2.0		42*				
	12	10.2	7.7	2.0		42				
	12	10.2	7.7	2.0		42				

EM Form MR-3 (11/84)

N.R. = NO result

NPDES NO: NC0003239 DISCHARGE NO: 003 MONTH: March YEAR: 1986

FACILITY NAME: Camp Johnson STP COUNTY: Onslow

STREAM: Northeast Creek STREAM: New River

LOCATION: RW03 -Between Discharge 002 & 003 LOCATION: RW04 - Hospital Point

Upstream

	00010	00300	00400	00310	00340	31616	00556			
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			
							OIL & GREASE			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
10	12	10.2	7.7	2.0		42	N.R.			
Average	12	10.2		2.0		42*				
Monthly Maximum	12	10.2	7.7	2.0		42				
Monthly Minimum	12	10.2	7.7	2.0		42				

Downstream

	00010	00300	00400	00310	00340	31616	00556			
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			
							OIL & GREASE			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
10	12	11.0	8.1	2.9		64	N.R.			
Average	12	11.0		2.9		64*				
Monthly Maximum	12	11.0	8.1	2.9		64				
Monthly Minimum	12	11.0	8.1	2.9		64				

EM Form MR-3 (11/84)

N.R. = No Result

NPDES NO: NC0003239 DISCHARGE NO: 004 MONTH: March YEAR: 1986

FACILITY NAME: Hadnot Point STP COUNTY: Onslow

STREAM: New River STREAM: New River

LOCATION: RW04 - Hospital Point LOCATION: RW05 - Marker #35

Upstream

Time 2400 Clock	00010 Temperature (Celsius)	00300 Dissolved Oxygen	00400 PH	00310 BOD5 20°C	00340 COD	31616 Fecal Coliform *Geometric Mean	00556 Enter Parameter Code above Name and Units Below: OIL & GREASE			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
10	12	11.0	8.1	2.9		64	N.R.			
Average	12	11.0		2.9		64				
Monthly Maximum	12	11.0	8.1	2.9		64				
Monthly Minimum	12	11.0	8.1	2.9		64				

Downstream

Time 2400 Clock	00010 Temperature (Celsius)	00300 Dissolved Oxygen	00400 PH	00310 BOD5 20°C	00340 COD	31616 Fecal Coliform *Geometric Mean	00556 Enter Parameter Code above Name and Units Below: OIL & GREASE			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
10	12	11.4	8.1	3.6		0	N.R.			
	12	11.4		3.6		0				
	12	11.4	8.1	3.6		0				
	12	11.4	8.1	3.6		0				

DEM Form MR-3 (11/84)

N.R.= No Result

NPDES NO: NC0003239 DISCHARGE NO: 005 MONTH: March YEAR: 1986

FACILITY NAME: Rifle Range STP COUNTY: Onslow

STREAM: New River STREAM: New River

LOCATION: RW05 - Marker #35 LOCATION: RW06 - Outside Sneads Ferry Bridge

Upstream

	00010	00300	00400	00310	00340	31616	00556			
Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below OIL & GREASE			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
10	12	11.4	8.1	3.6		0	N.R.			
erage	12	11.4		3.6		0 *				
onthly aximum	12	11.4	8.1	3.6		0				
onthly inimum	12	11.4	8.1	3.6		0				

Downstream

	00010	00300	00400	00310	00340	31616	00556			
Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below OIL & GREASE			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
10	12	10.6	8.1	1.6		4	N.R.			
	12	10.6		1.6		4 *				
	12	10.6	8.1	1.6		4				
	12	10.6	8.1	1.6		4				

M Form MR-3 (11/84)

N.R. = No Result

NPDES NO: NC0003239 DISCHARGE NO: 006 MONTH: March YEAR: 1986

FACILITY NAME: Courthouse Bay STP COUNTY: Onslow

STREAM: New River STREAM: New River

LOCATION: RW06 - Outside Sneads Ferry Bridge LOCATION: RW07 - Mouth of Inlet

Upstream

	00010	00300	00400	00310	00340	31616	00556			
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: O/G & GREASE			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
10	12	10.6	8.1	1.6		4	N.R.			
Average	12	10.6		1.6		4*				
Monthly Maximum	12	10.6	8.1	1.6		4				
Monthly Minimum	12	10.6	8.1	1.6		4				

Downstream

	00010	00300	00400	00310	00340	31616	00556			
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: O/G & GREASE			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
11	12	9.6	8.1	0.3		0	N.R.			
Average	12	9.6		0.3		0*				
Monthly Maximum	12	9.6	8.1	0.3		0				
Monthly Minimum	12	9.6	8.1	0.3		0				

EM Form MR-3 (11/84)

N.R. = No Result

NPDES NO: NC0003239 DISCHARGE NO: 007 MONTH: March YEAR: 1986

FACILITY NAME: Onslow Beach STP COUNTY: Onslow

STREAM: Intracoastal Waterway STREAM: Intracoastal Waterway

LOCATION: RW08 - East of Discharge 007 LOCATION: RW09 - West of Discharge 007

Upstream

	00010	00300	00400	00310	00340	31616	00556			
Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below: OIL & GREASE			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
11	12	L.E.	8.1	L.E.		0	N.R.			
Average	12	–		–		0*				
Monthly Maximum	12	–	8.1	–		0				
Monthly Minimum	12	–	8.1	–		0				

Downstream

	00010	00300	00400	00310	00340	31616	00556			
Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below: OIL & GREASE			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
11	12	9.2	8.1	0		0	N.R.			
	12	9.2		0		0*				
	12	9.2	8.1	0		0				
	12	9.2	8.1	0		0				

EM Form MR-3 (11/84)

N.R. = No Result

STORM DRAINS

NPDES NO: NC0003239 MONTH: March YEAR: 1986

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
34	13 Mar 86	291,600	7.7	0	0
35	13 Mar 86	No Flow			
39	11 Mar 86	Dry			
40	11 Mar 86	109,350	8.0	3.8	0
41	11 Mar 86	874,800	7.6	3.4	3.0
42	11 Mar 86	387,244	7.8	204.8	0
43	11 Mar 86	193,622	7.7	45.6	0
44	11 Mar 86	4,272,523	7.6	66.4	0
45	11 Mar 86	971,028	7.5	2.6	0.6
46	11 Mar 86	145,800	7.4	6.8	1.5
47	11 Mar 86	192,456	7.7	2.4	1.5
67	3 Mar 86	69,984	7.3	0.8	1.5
68	3 Mar 86	1,154,736	7.1	0.8	2.9
69	3 Mar 86	1,166,400	6.7	1.6	0
70	3 Mar 86	Dry			
71	3 Mar 86	Dry			
72	3 Mar 86	23,328	7.0	1.2	1.0
73	13 Mar 86	12,101	7.9	22	0
74	13 Mar 86	48,600	7.1	5	3.0
75	13 Mar 86	Dry			
76	13 Mar 86	Dry			
77	13 Mar 86	Dry			
78	13 Mar 86	218,700	7.0	8	0.1
79	13 Mar 86	19,421	7.7	2	0.8
80	13 Mar 86	Dry			
81	3 Mar 86	2.916,000	6.5	0.8	1.0
82	3 Mar 86	699,840	7.0	2.4	3.1
83	3 Mar 86	15,396	7.4	1.6	0
84	3 Mar 86	No Flow			
85	3 Mar 86	Dry			
86	3 Mar 86	874,800	7.0	0.4	0
87	3 Mar 86	583,200	6.8	2.4	0
88	3 Mar 86	Dry			

PARAMETER	UNITS	LIMITS
Flow	GPD	None
pH	None	6 - 9
TSR	mg/1	50 mg/1
O&G	mg/1	15 mg/1