6280/2 NPDES Permit

JAN 02 1987

6280/2
NREAD
28 Dec 87

From: Director, Natural Resources and Environmental Affairs Division, Marine Corps Base, Camp Lejeune
To: Assistant Chief of Staff, Facilities, Marine Corps Base, Camp Lejeune

Subj: CAMP GEIGER SEWAGE TREATMENT PLANT DRAFT NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT (NPDES)

Encl: (1) Supervisory Chemist, Environmental Chemistry & Microbiology Section, NREAD memo of 22 Dec 87

1. The enclosure addresses some requirements of the subject draft permit which will significantly impact on the base. It is recommended the subject draft permit be routed to the Base Maintenance Officer and Staff Judge Advocate for review.

J. I. WOOTEN

UNITED STATES MARINE CORPS
NATURAL RESOURCES AND ENVIRONMENTAL AFFAIRS DIVISION
MARINE CORPS BASE
CAMP LEJEUNE, NORTH CAROLINA 28542-5001

IN REPLY REFER TO:
6280/2
NREAD
22 Dec 87

From: Supervisory Chemist, Environmental Chemisty & Microbiology Section, Environmental Branch, Natural Resources and Environmental Affairs Division, Marine Corps Base, Camp Lejeune
To: Director, Natural Resources and Environmental Affairs Division, Marine Corps Base, Camp Le
Via: Supervisory Ecologist, Environmental Resources and Environmental Affairs Base, Camp Lejeune

Subj: CAMP GEIGER'S DRAFT NPDES PERMIT; CO

Ref: (a) PHONCON btwn Bob Alexander, AC/S Supvy Chemist, NREAD on 14 Dec 8
(b) PHONCON btwn Preston Howard, DEM Chemist, NREAD on 22 Dec 87
(c) DEM ltr dtd 12 Aug 87

√ this doc ē
SID 9846 EMD green
Dcx 12/22/87
Letter Reg. NPDES Compliance Insp Report
(Believe to be cover letter to SID 3080, 5951-002-092 B41
Part dup of SID 1802 √ green BOT too

1. I have reviewed the subject permit. I r 10 December 1987. Overall the permit consi Effluent Limitations and Monitoring Require covers the months of April through October (no diffuser). The second covers the limit November through March with the present outfall. The third table covers the effluent limits year-round with a diffuser installed on the present outfall. As I understand it, there is a contract out already to install the diffuser. With the exception of the stream monitoring requirements, which will be discussed later, the third table closely relates to our past NPDES permit at Camp Geiger in terms of monitoring limits, and therefore, I do not anticipate any major problems in complying with this table when the diffuser is installed. However, until the diffuser is installed there will be major discrepancies with the draft permit. These are explained below.

2. Using the data for Camp Geiger from 1987 to compare with how that plant will comply with the permit, it does not look good. The limits in the first two tables would apply without the diffuser and Camp Geiger would have violated every week and month in 1987 for Ammonia and for most of the year for Biochemical Oxygen Demand. Reference (c) states that the State of North Carolina will be generating Notices of Non-compliance for all NPDES permit violations on a monthly basis. Therefore, the Base can expect to receive a "Notice of Non-compliance" each month after the Camp Geiger permit becomes effective until the diffuser is installed. This was confirmed during reference (b).

3. This brings up another concern. The base has been running the Holcomb Boulevard Water Treatment Plant in a "Test Mode" for almost a year, because official approval for the plant has not been granted by the State of North Carolina. Before the

ENCLOSURE (1)

UNITED STATES MARINE CORPS
NATURAL RESOURCES AND ENVIRONMENTAL AFFAIRS DIVISION
MARINE CORPS BASE
CAMP LEJEUNE, NORTH CAROLINA 28542-5001

IN REPLY REFER TO:
6280/2
NREAD
22 Dec 87

From: Supervisory Chemist, Environmental Chemisty & Microbiology Section, Environmental Branch, Natural Resources and Environmental Affairs Division, Marine Corps Base, Camp Lejeune
To: Director, Natural Resources and Environmental Affairs Division, Marine Corps Base, Camp Lejeune
Via: Supervisory Ecologist, Environmental Branch, Natural Resources and Environmental Affairs Division, Marine Corps Base, Camp Lejeune

Subj: CAMP GEIGER'S DRAFT NPDES PERMIT; COMMENTS ON

Ref: (a) PHONCON btwn Bob Alexander, AC/S, FAC and Ms. Betz, Supvy Chemist, NREAD on 14 Dec 87
(b) PHONCON btwn Preston Howard, DEM and Ms. Betz, Supvy Chemist, NREAD on 22 Dec 87
(c) DEM ltr dtd 12 Aug 87

1. I have reviewed the subject permit. I received the draft on 10 December 1987. Overall the permit consists of three tables of Effluent Limitations and Monitoring Requirements. The first table covers the months of April through October with the present outfall (no diffuser). The second covers the limits for the months of November through March with the present outfall. The third table covers the effluent limits year-round with a diffuser installed on the present outfall. As I understand it, there is a contract out already to install the diffuser. With the exception of the stream monitoring requirements, which will be discussed later, the third table closely relates to our past NPDES permit at Camp Geiger in terms of monitoring limits, and therefore, I do not anticipate any major problems in complying with this table when the diffuser is installed. However, until the diffuser is installed there will be major discrepancies with the draft permit. These are explained below.

2. Using the data for Camp Geiger from 1987 to compare with how that plant will comply with the permit, it does not look good. The limits in the first two tables would apply without the diffuser and Camp Geiger would have violated every week and month in 1987 for Ammonia and for most of the year for Biochemical Oxygen Demand. Reference (c) states that the State of North Carolina will be generating Notices of Non-compliance for all NPDES permit violations on a monthly basis. Therefore, the Base can expect to receive a "Notice of Non-compliance" each month after the Camp Geiger permit becomes effective until the diffuser is installed. This was confirmed during reference (b).

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6280/2
NREAD
22 Dec 87

Subj: CAMP GEIGER'S DRAFT NPDES PERMIT; COMMENTS ON

Camp Geiger permit is issued, an agreement should be reached as to when the diffuser is officially considered operating and the third table becomes applicable. With possible Notice of Non-compliance letters arriving monthly, there should be a clear, quick turn-over when the diffuser is completed, to avoid reporting non-compliance when actually the diffuser is on line.

4. The stream monitoring requirements in the subject permit seem alittle excessive. The old permit called for once/month runs. This permit appears to say 3/week June through September and 1/week the rest of the year. The other six permits have no stream monitoring requirements.

a. As I had understood the negotiations, the Base and the State could not reach an agreement on the stream monitoring when they issued the other six permits. Since Camp Geiger's was being held up anyway, I had understood that Camp Geiger's permit would include the stream monitoring requirements for all seven plants. This draft permit does not spell that out.

b. One part of the permit says daily monitoring, but a few lines later it says the 3/week and 1/week. Some clarity needs to be made.

c. No definition is provided as to what is upstream and what is downstream. During reference (b), it was confirmed that the State has none.

d. During the previous negotiations, I had understood the state not to care if we sampled in the winter months or below the downstream of the Hadnot Point Wastewater Plant. This draft just shows Camp Geiger and also shows 1/week during the winter.

e. If the 3/week stands, the Environmental Chemistry and Microbiology Section is going to need personnel assistance. Three river runs a week even only to the Camp Geiger outfall, will take one full time person during those months, between the trip, sampling, analysis and equipment maintenance. Some effect should be made to arrange for a slip at the marina from June through September and arrange to be able to gas the boat from the marine instead of having to haul it to the gas station, the boat has built-in gas tanks. These minor arrangements would reduce the time involved, but the section would still need another person.

5. During reference (a), I relayed these concerns to Bob Alexander, actually Mr. Alexander had not noticed that the permit draft contained stream monitoring. Mr. Alexander requested a memo on the concerns so he could follow up on them before the permit becomes effective.

Elizabeth A. Betz

ELIZABETH A. BETZ

6286/1
NREAD
22 Dec 87

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

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

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

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

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

J. I. WOOTEN

ENVIRONMENTAL CHEMISTRY & MICROBIOLOGY LABORATORY REPORT
MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY
CBCL 11345/8 (REV. 09/87)

PLANT	NPDES PERMIT NO.	MONTH	YEAR
CAMP GEIGER	NC0003239	NOVEMBER	1987

	00310			00610	00530			31616	00556	00600	00665
	5 DAY 20°C BOD			AMMONIA	TOTAL SUSPENDED RESIDUE			FECAL COLIFORM	OIL & GREASE	TOTAL NITROGEN	TOTAL PHOSPHOROUS
	INFLUENT	EFFLUENT		EFFLUENT	INFLUENT	EFFLUENT		EFFLUENT	EFFLUENT	EFFLUENT	EFFLUENT
DATE	MG/L	MG/L	%	MG/L	MG/L	MG/L	%	MF/100 ML	MG/L	MG/L	MG/L
1											
2	400	12	97	26.2	280	7	98	0			
3	520	15	97	23.0	333	12	96	12			
4	580	20	97	20.0	408	19	95	2			
5	512	24	95	20.6	260	7	97	0			
6	590	130	78	17.6	266	11	96	0			
7											
8											
9	410	24	94	23.0	203	21	90	0			
10	385	23	94	20.6	438	27	94	0			
11	HOLIDAY										
12	LAB	ERROR		18.8	176	6	97	0		22.18	
13	493	24	95	17.5	186	7	96	0	1.8		
14											
15											
16	372	17	95	27.8	178	23	87	0			
17	285	17	94	21.0	178	19	89	0			1.5
18	347	15	96	17.5	208	6	97	0			
19	345	20	94	18.9	308	18	94	0			
20	279	19	93	17.2	168	14	92	0			
21											
22											
23	560	21	96	20.5	264	39	85	0			
24	360	8	98	19.6	163	23	86	2			
25	312	24	92	25.3	200	38	81	0	3.3		
26	HOLIDAY										
27	156	22	85	13.7	76	29	62	0			
28											
29											
30	268	12	96	15.2	130	14	85	10			
31											
TOTAL	7175	447		334	4423	340			5.1	22.18	1.5
AVERAGE	399	25	93.9	20.2	233	18	90.4	1.38	2.6	22.18	1.5
MAXIMUM	590	130		27.8	408	39		12	3.3	22.18	1.5
MINIMUM	156	8		13.7	76	6		0	1.8	22.18	1.5
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		30				30		200	30		

INSTRUCTIONS:

COMPLETE THIS FORM IN INK, NEATLY AND CLEARLY OR IT WILL BE TYPED.

HEAD THE FORM WITH PLANT NAME, PERMIT NUMBER, MONTH & YEAR. INDICATE TOTAL OR FECAL IN COLIFORM HEADING. ADD THE APPROPRIATE MONTHLY LIMITS AT THE BOTTOM.

AT THE END OF THE MONTH, CALCULATE TOTALS, AVERAGES, MAXIMUMS AND MINIMUMS.

SUBMIT COMPLETED FORMS TO LABORATORY SUPERVISOR BY THE 10TH OF THE FOLLOWING MONTH.

ENCLOSURE (1)

ENVIRONMENTAL CHEMISTRY & MICROBIOLOGY LABORATORY REPORT
MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY
ICBCL 11345/8 (REV. 09/87)

PLANT				NPDES PERMIT NO.				MONTH	YEAR	
TARAWA TERRACE				NC0063002				NOVEMBER	1987	
	00310 5 DAY 20°C BOD			00610 AMMONIA	00530 TOTAL SUSPENDED RESIDUE			31616 FECAL COLIFORM	00556 OIL & GREASE	00600 TOTAL NITROGEN	00665 TOTAL PHOSPHOROUS
DATE	INFLUENT MG/L	EFFLUENT MG/L	%	EFFLUENT MG/L	INFLUENT MG/L	EFFLUENT MG/L	%	EFFLUENT MF/100 ML	EFFLUENT MG/L	EFFLUENT MG/L	EFFLUENT MG/L
1											
2	185	15	92	1.2	94	8	91	0			
3	190	12	94	2.3	108	10	91	4			
4	183	14	92	2.2	92	9	90	440			
5	188	14	93	4.1	73	12	84	0			
6	180	7	95	2.2	115	14	88	0			
7											
8											
9	220	9	96	1.9	153	10	92	2			
10	340	18	95	1.6	393	14	96	2			
11	HOLIDAY										
12	LAB	ERROR		5.8	116	10	91	0		17.74	
13	232	14	94	3.4	131	7	95	10	3.4		
14											
15											
16	176	20	89	4.8	110	13	88	0			
17	276	16	94	3.0	78	18	77	0			5.0
18	168	14	94	1.8	70	10	86	0			
19	180	14	92	1.6	120	11	91	0			
20	156	18	88	5.3	88	14	84	0			
21											
22											
23	156	15	90	6.6	164	9	95	0			
24	293	10	97	2.7	104	8	92	0			
25	188	16	91	6.3	106	16	85	2	2.6		
26	HOLIDAY										
27	196	19	90	7.3	112	13	88	4			
28											
29											
30	SAMPLE	ERROR		1.8	98	19	81	2			
31											
TOTAL	3507	245		65.9	2325	225			6.0	17.74	5.0
AVERAGE	206	14	92.7	3.5	122	12	88.7	2.08	3.0	17.74	5.0
MAXIMUM	340	20		6.6	393	18		440	3.4	17.74	5.0
MINIMUM	156	7		1.2	70	7		0	2.6	17.74	5.0
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		30				30		1000	30		

INSTRUCTIONS:

COMPLETE THIS FORM IN INK, NEATLY AND CLEARLY OR IT WILL BE TYPED.

HEAD THE FORM WITH PLANT NAME, PERMIT NUMBER, MONTH & YEAR. INDICATE TOTAL OR FECAL IN COLIFORM HEADING. ADD THE APPROPRIATE MONTHLY LIMITS AT THE BOTTOM.

AT THE END OF THE MONTH, CALCULATE TOTALS, AVERAGES, MAXIMUMS AND MINIMUMS.

SUBMIT COMPLETED FORMS TO LABORATORY SUPERVISOR BY THE 10TH OF THE FOLLOWING MONTH.

ENCLOSURE (1)

ENVIRONMENTAL CHEMISTRY & MICROBIOLOGY LABORATORY REPORT
MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY
MCBCL 11345/8 (REV. 09/87)

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

	00310 5 DAY 20°C BOD			00610 AMMONIA	00530 TOTAL SUSPENDED RESIDUE			31616 FECAL COLIFORM	00556 OIL & GREASE	00600 TOTAL NITROGEN	00665 TOTAL PHOSPHOROUS
DATE	INFLUENT MG/L	EFFLUENT MG/L	%	EFFLUENT MG/L	INFLUENT MG/L	EFFLUENT MG/L	%	EFFLUENT MF/100 ML	EFFLUENT MG/L	EFFLUENT MG/L	EFFLUENT MG/L
1											
2	530	14	97	3.3	173	4	98	CL2			
3											
4											
5											
6	520	7	99	9.2	366	12	96	0			
7											
8											
9	420	14	97	6.1	245	7	97	5			
10											
11											
12											
13	336	24	93	8.3	457	4	99	2	3.2		
14											
15											
16	840	20	98	6.1	370	1	99	0			
17											
18											
19											
20	220	28	87	8.0	130	12	91	2			
21											
22											
23	144	23	85	9.0	147	10	93	0			
24											
25									3.2		
26	Holiday										
27	154	12	92	1.6	124	6	95	2			
28											
29											
30	425	15	96	1.7	275	8	97	0			
31											
TOTAL	3589	157		53.3	2237	64			6.4		
AVERAGE	399	17	93.8	5.9	254	7	96.1	1.59	3.2		
MAXIMUM	840	28		9.2	457	12		5	3.2		
MINIMUM	144	7		1.6	124	1		0	3.2		
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		30				30		14	30		

INSTRUCTIONS:

COMPLETE THIS FORM IN INK, NEATLY AND CLEARLY OR IT WILL BE TYPED.

HEAD THE FORM WITH PLANT NAME, PERMIT NUMBER, MONTH & YEAR. INDICATE TOTAL OR FECAL IN COLIFORM HEADING. ADD THE APPROPRIATE MONTHLY LIMITS AT THE BOTTOM.

AT THE END OF THE MONTH, CALCULATE TOTALS, AVERAGES, MAXIMUMS AND MINIMUMS.

SUBMIT COMPLETED FORMS TO LABORATORY SUPERVISOR BY THE 10TH OF THE FOLLOWING MONTH.

ENCLOSURE (1)

ENVIRONMENTAL CHEMISTRY & MICROBIOLOGY LABORATORY REPORT
MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY
MCBCL 11345/8 (REV. 09/87)

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

	00310 5 DAY 20°C BOD			00610 AMMONIA	00530 TOTAL SUSPENDED RESIDUE			31616 FECAL COLIFORM	00556 OIL & GREASE	00600 TOTAL NITROGEN	00665 TOTAL PHOSPHOROUS
DATE	INFLUENT MG/L	EFFLUENT MG/L	%	EFFLUENT MG/L	INFLUENT MG/L	EFFLUENT MG/L	%	EFFLUENT MF/100 ML	EFFLUENT MG/L	EFFLUENT MG/L	EFFLUENT MG/L
1											
2											
3	305	10	97	1.1	305	12	96	0			
4											
5											
6											
7											
8											
9											
10	259	10	96	0.56	181	7	96	0			
11											
12											
13									2.6		
14											
15											
16											
17	248	11	96	0.50	189	19	90	0			1.7
18											
19											
20											
21											
22											
23									2.1		
24	64	7	89	1.5	105	7	93	0			
25											
26											
27											
28											
29											
30											
31											
TOTAL	876	38		3.66	780	45		0	4.7		1.7
AVERAGE	219	10	94.5	0.92	195	11		0	2.4		1.7
MAXIMUM	305	11		1.5	305	19		0	2.6		1.7
MINIMUM	64	7		0.5	105	7		0	2.1		1.7
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		30				30		14	30		

INSTRUCTIONS:

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AT THE END OF THE MONTH, CALCULATE TOTALS, AVERAGES, MAXIMUMS AND MINIMUMS.

SUBMIT COMPLETED FORMS TO LABORATORY SUPERVISOR BY THE 10TH OF THE FOLLOWING MONTH.

ENCLOSURE (1)

ENVIRONMENTAL CHEMISTRY & MICROBIOLOGY LABORATORY REPORT
MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY
CBCL 11345/8 (REV. 09/87)

ANT	NPDES PERMIT NO.	MONTH	YEAR
RIFLE RANGE	NC0063037	NOVEMBER	1987

	00310 5 DAY 20°C BOD			00610 AMMONIA	00530 TOTAL SUSPENDED RESIDUE			31616 FECAL COLIFORM	00556 OIL & GREASE	00600 TOTAL NITROGEN	00665 TOTAL PHOSPHOROUS
DATE	INFLUENT MG/L	EFFLUENT MG/L	%	EFFLUENT MG/L	INFLUENT MG/L	EFFLUENT MG/L	%	EFFLUENT MF/100 ML	EFFLUENT MG/L	EFFLUENT MG/L	EFFLUENT MG/L
1											
2											
3											
4	93	5	95	0.48	106	2	98	2			
5											
6											
7											
8											
9											
10											
11	HOLIDAY										
12											
13									0.6		
14											
15											
16											
17											
18	78	7	91	0.30	206	6	97	0		4.71	
19											
20											
21											
22											
23									1.1		
24											
25	100	5	95	0.18	125	4	97	0			
26											
27											
28											
29											
30											
31											
TOTAL	271	17		0.96	437	12			1.7	4.71	
AVERAGE	90	6	93.7	0.32	146	4	97.3	1.26	0.9	4.71	
MAXIMUM	100	7		0.48	206	6		2	1.1	4.71	
MINIMUM	78	5		0.18	106	2		0	0.6	4.71	
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		30				30		14	30		

INSTRUCTIONS:

COMPLETE THIS FORM IN INK, NEATLY AND CLEARLY OR IT WILL BE TYPED.

HEAD THE FORM WITH PLANT NAME, PERMIT NUMBER, MONTH & YEAR. INDICATE TOTAL OR FECAL IN COLIFORM HEADING. ADD THE APPROPRIATE MONTHLY LIMITS AT THE BOTTOM.

AT THE END OF THE MONTH, CALCULATE TOTALS, AVERAGES, MAXIMUMS AND MINIMUMS.

SUBMIT COMPLETED FORMS TO LABORATORY SUPERVISOR BY THE 10TH OF THE FOLLOWING MONTH.

ENCLOSURE (1)

ENVIRONMENTAL CHEMISTRY & MICROBIOLOGY LABORATORY REPORT
MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY
CBCL 11345/8 (REV. 09/87)

ANT	NPDES PERMIT NO.	MONTH	YEAR
HADNOT POINT	NC0063029	NOVEMBER	1987

	00310 5 DAY 20°C BOD			00610 AMMONIA	00530 TOTAL SUSPENDED RESIDUE			31616 FECAL COLIFORM	00556 OIL & GREASE	00600 TOTAL NITROGEN	00665 TOTAL PHOSPHOROUS
DATE	INFLUENT MG/L	EFFLUENT MG/L	%	EFFLUENT MG/L	INFLUENT MG/L	EFFLUENT MG/L	%	EFFLUENT MF/100 ML	EFFLUENT MG/L	EFFLUENT MG/L	EFFLUENT MG/L
1											
2	124	14	89	2.0	100	9	91	8			
3	185	19	90	3.6	138	15	89	28			
4	210	22	90	4.6	150	14	91	0			
5	215	18	92	4.3	127	10	92	0			
6	200	14	93	4.1	113	10	91	0			
7											
8											
9	160	12	93	3.5	116	11	91	6			
10	232	19	92	4.7	134	14	90	6			
11	HOLIDAY										
12	LAB	ERROR		5.8	114	8	93	2		14.9	
13	276	15	95	5.4	137	6	96	2	2.9		
14											
15											
16	184	12	94	4.2	98	13	87	0	7		
17	172	10	94	4.3	130	14	89	2			3.9
18	208	11	95	4.6	118	10	92	2			
19	188	11	94	6.4	140	11	92	10			
20	180	12	93	5.6	155	9	95	2			
21											
22											
23	120	11	91	5.2	116	7	94	0			
24	168	12	93	6.7	130	8	94	10			
25	172	12	93	6.2	130	15	88	6	2.3		
26	HOLIDAY										
27	232	9	96	3.7	127	9	93	0			
28											
29											
30	148	10	93	4.5	110	11	90	6			
31											
TOTAL	3374	243		89.4	2383	204			5.2	14.9	3.9
AVERAGE	187	14	92.8	4.7	125	11.0	91.5	2.96	2.6	14.9	3.9
MAXIMUM	276	22		6.4	155	15		28	2.9	14.9	3.9
MINIMUM	120	9		2.0	98	6		0	2.3	14.9	3.9
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		22		19		30		14	30		

INSTRUCTIONS:

COMPLETE THIS FORM IN INK, NEATLY AND CLEARLY OR IT WILL BE TYPED.

HEAD THE FORM WITH PLANT NAME, PERMIT NUMBER, MONTH & YEAR. INDICATE TOTAL OR FECAL IN COLIFORM HEADING. ADD THE APPROPRIATE MONTHLY LIMITS AT THE BOTTOM.

AT THE END OF THE MONTH, CALCULATE TOTALS, AVERAGES, MAXIMUMS AND MINIMUMS.

SUBMIT COMPLETED FORMS TO LABORATORY SUPERVISOR BY THE 10TH OF THE FOLLOWING MONTH.

ENCLOSURE (1)

ENVIRONMENTAL CHEMISTRY & MICROBIOLOGY LABORATORY REPORT
MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY
MCBCL 11345/8 (REV. 09/87)

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

	00310 5 DAY 20°C BOD			00610 AMMONIA	00530 TOTAL SUSPENDED RESIDUE			31616 FECAL COLIFORM	00556 OIL & GREASE	00600 TOTAL NITROGEN	00665 TOTAL PHOSPHOROUS
DATE	INFLUENT MG/L	EFFLUENT MG/L	%	EFFLUENT MG/L	INFLUENT MG/L	EFFLUENT MG/L	%	EFFLUENT MF/100 ML	EFFLUENT MG/L	EFFLUENT MG/L	EFFLUENT MG/L
1											
2											
3											
4											
5	285	6	98	0.08	248	1	99	0			
6											
7											
8											
9											
10											
11											
12	LAB	ERROR		0.26	106	2	98	0		5.0	
13									1.9		
14											
15											
16											
17											
18											
19	142	7	95	0.15	118	1	99	0			
20											
21											
22											
23									1.2		
24											
25											
26	HOLIDAY										
27											
28											
29											
30											
31											
TOTAL	427	13		0.49	472	4		0	3.1	5.0	
AVERAGE	214	7	96.5	0.25	157	1	98.7	0	1.6	5.0	
MAXIMUM	285	7		0.26	248	2		0	1.9	5.0	
MINIMUM	142	6		0.08	106	1		0	1.2	5.0	
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		30				30		14	30		

INSTRUCTIONS:

COMPLETE THIS FORM IN INK, NEATLY AND CLEARLY OR IT WILL BE TYPED.

HEAD THE FORM WITH PLANT NAME, PERMIT NUMBER, MONTH & YEAR. INDICATE TOTAL OR FECAL IN COLIFORM HEADING. ADD THE APPROPRIATE MONTHLY LIMITS AT THE BOTTOM.

AT THE END OF THE MONTH, CALCULATE TOTALS, AVERAGES, MAXIMUMS AND MINIMUMS.

SUBMIT COMPLETED FORMS TO LABORATORY SUPERVISOR BY THE 10TH OF THE FOLLOWING MONTH.

ENCLOSURE (1)

NREAD

6288
NREAD
17 Dec 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 October 1987 are submitted.

OM
S. Ecologist

The Hadnot Point and Tarawa Terrace Wastewater Treatment Systems did not have the required number of BOD samples for the week of 8 - 14 Novemeber 1987 or the month because of a problem with the dilution water and a federal holiday.

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

Sincerely,

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

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

Copy to:
EPA Region IV
CMDR, LANTNAVFACENGCOM
NEESA

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

EFFLUENT

NPDES PERMIT NO: NC0063011 **DISCHARGE NO:** 001 **MONTH:** November **YEAR:** 1987

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

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

CERTIFIED LABORATORY: Enviromental Chemistry & Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00403 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	00625 Total Nitrogen	00665 Total Phosphrs	
															ENTER PARAMETER CODE 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	.627				3.0											
2	00	24	.563	17	6.6		4.0	14		3.3		4	Cl_2	8.4				
3	00	24	.591				4.0											
4	00	24	.587				4.0											
5	00	24	.807				4.0											
6	00	24	.601	17	6.9		4.0	7		9.2		12	0	8.7				
7	00	24	.611				4.0											
8	00	24	.335				5.0											
9	00	24	.588	19	6.8		5.0	14		6.1		7	5	7.6				
10	00	24	.628				6.0											
11	00	24	.505				4.0											
12	00	24	.616				4.0											
13	00	24	.612	15	7.0		4.0	24		8.3		4	2	9.1	3.2			
14	00	24	.560				4.0											
15	00	24	.579				4.0											
16	00	24	.510	17	7.0		4.0	20		6.1		1	0	9.5				
17	00	24	.618				4.0											
18	00	24	.604				4.0											
19	00	24	.604				4.0											
20	00	24	.505	16	6.9		4.0	28		8.0		12	2	8.6				
21	00	24	.467				5.0											
22	00	24	.499				4.0											
23	00	24	.504	15	6.9		3.0	23		9.0		10	0	9.2				
24	00	24	.568				3.0											
25	00	24	.598				4.0								3.2			
26	00	24	.482				3.0	H *										
27	00	24	.563	14	6.8		5.0	12		1.6		6	2	9.1				
28	00	24	.851				4.0											
29	00	24	.722				1.5											
30	00	24	.618	17	6.8		4.0	15		1.7		8	0	9.0				
31																		
Average			.586	16			4.0	17		5.9		7	1.59	8.8	3.2			
Max.			.851	19	7.0		6.0	28		9.2		12	5	9.5	3.2			
Min.			.335	14	6.6		1.5	7		1.6		1	0	7.6	3.2			
Comp.(C)/ Grab(G)			G		G		G	C		C		C	G	G	G	G		
Monthly Limit					6-8	5		30				30	14	> 5	30			

DEM Form MR-1 (11/84

H.* = Holiday

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:** November **YEAR:** 1987

FACILITY NAME: Tarawa Terrace Sewage Treatment P **CLASS:** II **COUNTY:** Onslow

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

CERTIFIED LABORATORY: Environmental Chemistry & Microbiology Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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

PERSON(s) COLLECTING SAMPLES: STP Operators

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00556 Oil & Grease	00690 Total Nitrogen	00665 Total Phos.
		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	.4747	18	6.6		4.0							8.5			
2	00	24	.4430	18	6.6		4.0	15		1.2		8	0	8.0			
3	00	24	.4571	19	6.5		4.0	12		2.3		10	4	8.2			
4	00	24	.5215	20	6.7		4.0	14		2.2		9	440	8.1			
5	00	24	.5617	21	6.8		4.0	14		4.1		12	0	8.0			
6	00	24	.3966	19	6.7		4.0	7		2.2		14	0	7.4			
7	00	24	.5042	19	6.6		4.0							8.4			
8	00	24	.5482	19	6.8		4.0							8.1			
9	00	24	.5570	19	6.5		4.0	9		1.9		10	2	8.0			
10	00	24	.6823	20	6.7		4.0	18		1.6		14	2	8.2			
11	00	24	.4248	19	6.4		4.0	H.*						8.2			
12	00	24	.5071	20	6.5		4.0	L.E.*		5.8		10	0	8.4		17.74	
13	00	24	.5367	19	6.2		4.0	14		3.4		7	10	8.2	3.4		
14	00	24	.6047	18	6.2		4.0							9.5			
15	00	24	.6936	18	5.2		4.0							9.0			
16	00	24	.7780	18	6.4		4.0	20		4.8		13	0	8.0			
17	00	24	.7598	19	6.2		4.0	16		3.0		18	0	8.2			5.0
18	00	24	.8124	18	6.5		4.0	14		1.8		10	0	8.5			
19	00	24	.7783	18	6.2		4.0	14		1.6		11	0	8.5			
20	00	24	.6417	17	6.5		4.5	18		5.3		14	0	8.3			
21	00	24	.5245	14	6.5		5.0							9.2			
22	00	24	.4612	13	6.4		5.0							8.5			
23	00	24	.6220	13	6.4		4.0	15		6.6		9	0	8.4			
24	00	24	.5904	16	6.4		4.0	10		2.7		8	0	8.6			
25	00	24	.5074	18	6.5		4.0	16		6.3		16	2	8.2	2.6		
26	00	24	.4893	19	6.5		4.0	H.*						7.8			
27	00	24	.4414	18	6.2		4.0	19		7.3		13	4	7.4			
28	00	24	.6162	20	6.0		4.0							9.0			
29	00	24	.6201	20	6.2		4.0							8.4			
30	00	24	.4307	20	6.4		4.0	S.E.*		1.8		19	2	7.1			
31																	
Average			.5662	18			4.1	14		3.5		12	2.08	8.3	3.0	17.74	5.0
Max.			.8124	21	6.8		5.0	20		6.6		18	440	9.2	3.4	17.74	5.0
Min.			.3966	13	6.0		4.0	7		1.2		7	0	7.1	2.6	17.74	5.0
Comp.(C)/ Grab(G)				C	G		G	C		C		C	G	G	G	C	C
Monthly Limit					6-8.5			30				30	1000	> 5	30		

DEM Form MR-1 (11/84)

H.* = Holiday L.E.* = Lab Error S.E.* = Sample Error

Facility Status: (Please check one of the following)

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

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

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

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

Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

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

FACILITY NAME: Camp Geiger Sewage Treatment Plant **CLASS:** III **COUNTY:** Onslow

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW: 00556 Oil & Grease	00600 Total Nitrogen	00665 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	.8209	20	7.0		4.0							5.5			
2	00	24	.8145	19	6.4		4.0	12		26.2		7	0	6.5			
3	00	24	.7904	19	6.4		4.0	15		23.0		12	12	6.1			
4	00	24	.8022	24	6.8		4.0	20		20.0		19	2	7.5			
5	00	24	.8337	24	6.6		4.0	24		20.6		7	0	7.5			
6	00	24	.8208	20	6.8		4.0	130		17.6		11	0	7.5			
7	00	24	.7923	18	6.8		4.0							7.0			
8	00	24	.7551	20	6.9		4.0							12.0			
9	00	24	.8474	20	6.8		4.0	24		23.0		21	0	8.0			
10	00	24	1.0745	22	6.6		4.0	23		20.6		27	0	9.0			
11	00	24	1.3385	22	6.6		4.0	H*						9.2			
12	00	24	.9153	18	6.8		4.0	L F *		18.8		6	0	10.0		22.18	
13	00	24	1.0296	19	6.4		4.0	24		17.5		7	0	9.0	1.8		
14	00	24	.7753	19	6.4		4.0							8.1			
15	00	24	.7096	19	6.6		4.0							10.0			
16	00	24	.8185	18	6.6		4.0	17		27.8		23	0	8.3			
17	00	24	.9077	18	6.7		4.0	17		21.0		19	0	5.6			1.5
18	00	24	.9972	18	7.0		4.0	15		17.5		6	0	6.0			
19	00	24	.9166	18	6.9		4.0	20		18.9		18	0	5.8			
20	00	24	1.1483	18	6.6		4.0	19		17.2		14	0	5.0			
21	00	24	.8607	19	6.6		4.0							7.0			
22	00	24	.9299	19	6.6		4.0							6.0			
23	00	24	.8333	19	6.6		4.0	21		20.5		39	0	5.0			
24	00	24	.9366	19	6.7		4.0	8		19.6		23	2	7.2			
25	00	24	1.3218	19	6.6		4.0	24		25.3		38	0	5.0	3.3		
26	00	24	.8550	19	6.7		4.0	H.*						5.1			
27	00	24	.8034	18	6.6		4.0	22		13.7		29	0	5.1			
28	00	24	1.0978	20	6.6		4.0							5.6			
29	00	24	1.1161	20	6.6		4.0							6.1			
30	00	24	.8788	20	6.8		4.0	12		15.2		14	10	6.5			
31																	
Average			.9181	20			3.9	25		20.2		18	1.38 *	7.1	2.6	22.18	1.5
Max.			1.1483	24	7.0		4.0	130		27.8		39	12	12.0	3.3	22.18	1.5
Min.			.7551	18	6.4		2.0	8		13.7		6	0	5.0	1.8	22.18	1.5
Comp.(C)/Grab(G)			G	G			G	C		C		C	G	G	G	C	C
Monthly Limit			6-9					30				30	200				

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: November YEAR: 1987

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

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

CERTIFIED LABORATORY: Environmental Chemistry & Microbiology Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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

PERSON(s) COLLECTING SAMPLES: WTPOperators

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME HRS	50050 FLOW EFF ☐ INF ☐ DAILY RATE MGD	00010 TEMPERATURE CELSIUS C°	00400 pH UNIT	00545 SETTLEABLE MATTER ML/L	50060 RESIDUAL CHLORINE MG/L	00310 BOD_5 20°C MG/L	00340 COD MG/L	00610 AMMONIA NITROGEN MG/L	00500 TOTAL RESIDUE MG/L	00530 TOTAL SUSPENDED RESIDUE MG/L	31616 FECAL COLIFORM Geometric Mean /100 ML	00300 DISSOLVED OXYGEN MG/L	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
1																		
2																		
3					8.1							3						
4																		
5																		
6																		
7																		
8																		
9																		
10					8.0							7						
11																		
12																		
13																		
14																		
15																		
16																		
17					7.9							7						
18																		
19																		
20																		
21																		
22																		
23																		
24					7.8							3.6						
25																		
26																		
27																		
28																		
29																		
30																		
31																		
Average												5.2						
Max.					8.1							7						
Min.					7.8							3						
Comp.(C)/Grab(G)					G							C						
Monthly Limit					6-9							30						

Facility Status: (Please check one of the following)

All monthly averages and / or other limitation do meet permit monitoring requirements [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:** November **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 ☐

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	00403 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: 00556 Oil & Grease	00602 Total Nitrogen	00665 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	.1297				4.5										
2	00	24	.1365				4.0										
3	00	24	.1260				4.5										
4	00	24	.1312				4.0										
5	00	24	.1458	17	6.9		4.5	6				1	0	8.2			
6	00	24	.1280				3.0										
7	00	24	.1343				2.0										
8	00	24	.1325				2.0										
9	00	24	.1329				2.0										
10	00	24	.1333				3.5										
11	00	24	.1469				4.5										
12	00	24	.1289	14	6.8		4.5	L.E*				2	0	8.9		5.0	
13	00	24	.1426				6.0								1.9		
14	00	24	.1303				4.5										
15	00	24	.1251				4.0										
16	00	24	.1401				3.5										
17	00	24	.1674				4.0										
18	00	24	.1283				4.0										
19	00	24	.1504	16	7.0		4.5	7				1	0	9.1			
20	00	24	.1250				4.0										
21	00	24	.1408				4.0										
22	00	24	.1314				4.0										
23	00	24	.1596				4.0								1.2		
24	00	24	.1741				4.0										
25	00	24	.1867				3.5										
26	00	24	.1732	19	6.9		4.0	H.*						10.2			
27	00	24	.1348				4.0										
28	00	24	.1574				4.0										
29	00	24	.1225				3.5										
30	00	24	.1836				4.0										
31																	
Average			.1426	17			3.9	7				1	0	9.1	1.6	5.0	
Max.			.1867	19	7.0		6.0	7				2	0	10.2	1.9	5.0	
Min.			.1225	14	6.8		2.0	6				1	0	8.2	1.2	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		

Facility Status: (Please check one of the following)

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

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

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

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

Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

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

FACILITY NAME: Hadnot Point Sewage Treatment Plant **CLASS:** IV **COUNTY:** Onslow

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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ATT: Central Files
Division of Environmental Management
N C Department of NRCD
P O Box 27687
Raleigh, North Carolina 27611

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00403 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00556 Oil & Grease	00625 Total Nitrogen	00665 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	4.435	20	6.9		3.0							5.4			
2	00	24	5.061	20	7.0		2.0	14		2.0		9	8	5.2			
3	00	24	5.190	20	7.0		2.0	19		3.6		15	28	5.1			
4	00	24	5.295	20	7.1		2.0	22		4.6		14	0	4.9			
5	00	24	5.617	22	7.0		2.0	18		4.3		10	0	4.5			
6	00	24	5.530	18	7.1		2.0	14		4.1		10	0	5.9			
7	00	24	5.397	20	6.8		2.0							5.7			
8	00	24	5.833	20	6.9		2.0							5.6			
9	00	24	5.693	24	7.1		2.0	12		3.5		11	6	5.4			
10	00	24	5.841	23	7.1		2.0	19		4.7		14	6	4.9			
11	00	24	4.745	20	7.1		2.0	H.*						5.0			
12	00	24	5.258	20	7.1		2.0	L.E.*		5.8		8	2	8.5		14.9	
13	00	24	5.665	18	7.2		2.0	15		5.4		6	2	6.5	2.9		
14	00	24	4.790	20	7.0		2.5							6.1			
15	00	24	5.550	17	7.1		2.0							7.2			
16	00	24	7.645	18	7.1		2.0	12		4.2		13	0	6.5			
17	00	24	4.980	18	7.2		2.0	10		4.3		14	2	5.9			3.9
18	00	24	5.500	22	7.2		2.0	11		4.6		10	2	5.5			
19	00	24	7.035	20	6.8		2.5	11		6.4		11	10	6.3			
20	00	24	6.793	18	6.8		2.5	12		5.6		9	2	6.1			
21	00	24	4.530	17	6.8		2.2							5.9			
22	00	24	4.477	17	7.0		2.5							5.8			
23	00	24	5.139	18	7.0		2.0	11		5.2		7	0	7.9			
24	00	24	5.087	18	7.2		2.0	12		6.7		8	10	6.0			
25	00	24	4.891	20	7.1		2.0	12		6.2		15	6	6.2	2.3		
26	00	24	4.141	21	7.1		2.0	H.*						6.3			
27	00	24	4.270	20	7.0		2.0	9		3.7		9	0	6.0			
28	00	24	5.245	20	7.0		2.0							6.1			
29	00	24	5.735	21	7.1		2.5							6.0			
30	00	24	5.490	20	7.0		2.0	10		4.5		11	6	6.3			
31																	
Average			5.361	20			2.1	14		4.7		11.0	2.96	5.95	2.6	14.9	3.9
Max.			7.645	24	7.2		2.5	22		6.4		15	28	8.5	2.9	14.9	3.9
Min.			4.141	17	6.8		2.0	9		2.0		6	0	4.5	2.3	14.9	3.9
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		

DEM Form MR 1 (11/84) H.* = Holiday L.E.* = Lab Error

Facility Status: (Please check one of the following)

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

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

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

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

Signature of Permittee

PARAMETER CODES

00010	Temperature	00556	Oil and Grease	00950	Dissolved Fluoride	01077	Silver	39516	PCBS
00065	Stream Stage	00600	Total Nitrogen	01002	Total Arsenic	01087	Total Vanadium	39941	Roundup
00076	Turbidity	00610	Ammonia Nitrogen	01027	Cadmium	01092	Zinc	50047	Max. flow during 24-hr. period
00300	Dissolved Oxygen	00625	Total Kjeldahl Nitrogen	01032	Hexavalent Chromium	01105	Total Aluminum	50048	Min. flow during 24-hr. period
00310	BOD_5	00665	Total Phosphorous	01034	Chromium	01147	Total Selenium	50050	Flow
00340	COD	00720	Cyanide	01037	Total Cobalt	31504	Total Coliform	50060	Total Residual Chlorine
00400	pH	00745	Total Sulfide	01042	Copper	31614	Fecal Coliform, MFN, 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:** November **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 & Microbiology Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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

PERSON(s) COLLECTING SAMPLES: STP Operators

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00556 Oil & Grease	00669 Total Nitrogen	00665 Total Phos.
		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	.550				4.0										
2	00	24	.5614	20	7.2		4.0										
3	00	24	.550				4.0	10		1.1		12	0				
4	00	24	.550				4.0										
5	00	24	.644				4.0										
6	00	24	.553				3.0										
7	00	24	.558				4.0										
8	00	24	.626				5.0										
9	00	24	.692				3.0										
10	00	24	.834	18	7.2		4.0	10		0.56		7	0	9.8			
11	00	24	.922				3.0										
12	00	24	.664				4.0										
13	00	24	.688				4.0								2.6		
14	00	24	.609				4.0										
15	00	24	.771				3.5										
16	00	24	.515				4.0										
17	00	24	.729	18	7.3		3.5	11		0.50		19	0	9.5			1.7
18	00	24	.840				4.5										
19	00	24	.726				4.0										
20	00	24	.632				4.0										
21	00	24	.666				4.0										
22	00	24	.602				4.5										
23	00	24	.638				4.0								2.1		
24	00	24	.583	17	7.2		3.0	7		1.5		7	0	11.5			
25	00	24	.596				4.0										
26	00	24	.550				4.0										
27	00	24	.550				3.5										
28	00	24	.627				3.5										
29	00	24	.758				3.0										
30	00	24	.694				4.0										
31																	
Average			.649	18			4.0	10		0.92		11	0	10.3	2.4		1.7
Max.			.840	20	7.3		5.0	11		1.5		19	0	11.5	2.6		1.7
Min.			.515	17	7.2		3.0	7		0.5		7	0	9.5	2.1		1.7
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		

ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW

Facility Status: (Please check one of the following)

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

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

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

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

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.

· RR ·

EFFLUENT

NPDES PERMIT NO: NC00663037 **DISCHARGE NO:** 001 **MONTH:** November **YEAR:** 1987

FACILITY NAME: Rifle Range Sewage Treatment Plan **CLASS:** II **COUNTY:** Onslow

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

CERTIFIED LABORATORY: Environmental Chemistry & Microbiology Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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

PERSON(s) COLLECTING SAMPLES: STP Operators

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00556 Oil & Grease	00600 Total Nitrogen	00665 Total Phos.	
															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	.22334				5.0											
2	00	24	.25300				5.0											
3	00	24	.24905				5.0											
4	00	24	.25152	22	6.8		3.0	5		0.48		2	2	8.6				
5	00	24	.23668				4.0											
6	00	24	.17255				4.0											
7	00	24	.23045				4.0											
8	00	24	.15137				4.0											
9	00	24	.18438				5.0											
10	00	24	.18765				4.0											
11	00	24	.18305	20	6.6		4.0	H.*						8.3				
12	00	24	.18240				4.0											
13	00	24	.19692				3.0								0.6			
14	00	24	.17753				4.0											
15	00	24	.20540				4.0											
16	00	24	.21542				4.0											
17	00	24	.20378	20	6.7		3.0							9.8				
18	00	24	.19898	19	6.5		4.0	7		0.30		6	0	9.6		4.71		
19	00	24	.19181				4.0											
20	00	24	.19310				4.0											
21	00	24	.18518				4.0											
22	00	24	.18453				4.0											
23	00	24	.17710				4.0								1.1			
24	00	24	.19028				4.0											
25	00	24	.18592	18	6.9		4.0	5		0.18		4	0	9.8				
26	00	24	.19125				4.0											
27	00	24	.17124				4.0											
28	00	24	.23651				4.0											
29	00	24	.23680				4.0											
30	00	24	.22541				5.0											
31																		
Average			.20242	19.8			4.0	6		0.32		4	1.26	9.2	0.9	4.71		
Max.			.25300	22	6.9		5.0	7		0.48		6	2	9.8	1.1	4.71		
Min.			.17124	18	6.5		3.0	5		0.18		2	0	8.3	0.6	4.71		
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			

Facility Status: (Please check one of the following)

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

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

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

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

Julian A Wooten
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

Influent

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

FACILITY NAME: Onslow Beach STP COUNTY: Onslow

Date	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																	
5	00	24				285			248								
6																	
7																	
8																	
9																	
10																	
11																	
12	00	24				L.E*			106								
13																	
14																	
15																	
16																	
17																	
18																	
19	00	24				142			118								
20																	
21																	
22																	
23																	
24																	
25																	
26						H.*											
27																	
28																	
29																	
30																	
31																	
AVERAGE						214			157								
MONTHLY MAXIMUM						285			248								
MONTHLY MINIMUM						142			106								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

H.* = Holiday L.E.* = Lab Error

Influent

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

FACILITY NAME: Camp Geiger Sewage Treatment Plant COUNTY: Onslow

Date	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	00	24				400			280								
3	00	24				520			333								
4	00	24				580			408								
5	00	24				513			260								
6	00	24				590			266								
7																	
8																	
9	00	24				410			203								
10	00	24				385			438								
11						H.*											
12	00	24				L.E*			176								
13	00	24				493			186								
14																	
15																	
16	00	24				372			178								
17	00	24				285			178								
18	00	24				347			208								
19	00	24				345			308								
20	00	24				279			168								
21																	
22																	
23	00	24				560			264								
24	00	24				360			163								
25	00	24				312			200								
26						H.*											
27	00	24				156			76								
28																	
29																	
30	00	24				268			130								
31																	
AVERAGE						399			233								
MONTHLY MAXIMUM						590			408								
MONTHLY MINIMUM						156			76								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

H.* = Holiday L.E.* = Lab Error

Influent

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

FACILITY NAME: Rifle Range Sewage Treatment Plant COUNTY: Onslow

Date	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	00	24				93			106								
5																	
6																	
7																	
8																	
9																	
10																	
11						H.*											
12																	
13																	
14																	
15																	
16																	
17																	
18	00	24				78			206								
19																	
20																	
21																	
22																	
23																	
24																	
25	00	24				100			125								
26																	
27																	
28																	
29																	
30																	
31																	
AVERAGE						90			146								
MONTHLY MAXIMUM						100			206								
MONTHLY MINIMUM						78			106								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

H.* = Holiday

Influent

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

FACILITY NAME: Hadnot Point Sewage Treatment Plant COUNTY: Onslow

Date	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	00	24				124			100								
3	00	24				185			138								
4	00	24				210			150								
5	00	24				215			127								
6	00	24				200			113								
7																	
8																	
9	00	24				160			116								
10	00	24				232			134								
11						H.*											
12	00	24				L.E*			114								
13	00	24				276			137								
14																	
15																	
16	00	24				184			98								
17	00	24				172			130								
18	00	24				208			118								
19	00	24				188			140								
20	00	24				180			155								
21																	
22																	
23	00	24				120			116								
24	00	24				168			130								
25	00	24				172			130								
26						H.*											
27	00	24				232			127								
28																	
29																	
30	00	24				148			110								
31																	
AVERAGE						187			125								
MONTHLY MAXIMUM						276			155								
MONTHLY MINIMUM						120			98								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

H.* = Holiday L.E.* = Lab Error

Influent

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

FACILITY NAME: Courthouse Bay STP COUNTY: Onslow

Date	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	00	24				305			305								
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10	00	24				259			181								
11																	
12																	
13																	
14																	
15																	
16																	
17	00	24				248			189								
18																	
19																	
20																	
21																	
22																	
23																	
24	00	24				64			105								
25																	
26																	
27																	
28																	
29																	
30																	
31																	
AVERAGE						219			195								
MONTHLY MAXIMUM						305			305								
MONTHLY MINIMUM						64			105								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

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

Date	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	00	24				530			173								
3																	
4																	
5																	
6	00	24				520			366								
7																	
8																	
9	00	24				420			245								
10																	
11																	
12																	
13	00	24				336			457								
14																	
15																	
16	00	24				840			370								
17																	
18																	
19																	
20	00	24				220			130								
21																	
22																	
23	00	24				144			147								
24																	
25																	
26						H.*											
27	00	24				154			124								
28																	
29																	
30	00	24				425			275								
31																	
AVERAGE						399			254								
MONTHLY MAXIMUM						840			457								
MONTHLY MINIMUM						144			124								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

H.* = Holiday

Influent

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

FACILITY NAME: Tarawa Terrace Sewage Treatment Plant COUNTY: Onslow

Date	Time	Composite Time	00400 PH	00010 Temperature (Celsius)	00545 Settleable Matter	00310 BOD5 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	00	24				185			94								
3	00	24				190			108								
4	00	24				183			92								
5	00	24				188			73								
6	00	24				180			115								
7																	
8																	
9	00	24				220			153								
10	00	24				340			393								
11						H.*											
12	00	24				L.E*			116								
13	00	24				232			131								
14																	
15																	
16	00	24				176			110								
17	00	24				276			78								
18	00	24				168			70								
19	00	24				180			120								
20	00	24				156			88								
21																	
22																	
23	00	24				156			164								
24	00	24				293			104								
25	00	24				188			106								
26						H.*											
27	00	24				196			112								
28																	
29																	
30	00	24				S.E*			98								
31																	
AVERAGE						206			122								
MONTHLY MAXIMUM						340			393								
MONTHLY MINIMUM						156			70								
SAMPLE TYPE C or G						C			C								

NREAD

11331
NREAD
2 Dec 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

S. Ecologist

Dear Mr. McFadyen:

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

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

Sincerely,

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

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

Copy to:
LANTNAVFACENGCOM (Code 114)

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

Writer/Typist Betz/sdk
Date Typed 2 Dec 87
Word Processor Number 11331

Writer/Typist _____

Date Typed _____

Word Processor Number _____

Month NOVEMBER
Year 1987

HADNOT POINT 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 #: 04-67-041

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.	COLIFORMS (MFP): NO. OF SAMPLES EXAMINED	COLIFORMS (MFP): 1 COLIFORMS per 100 ml.	COLIFORMS (MFP): 2 COLIFORMS per 100 ml.	COLIFORMS (MFP): 3 COLIFORMS per 100 ml.	COLIFORMS (MFP): 4 COLIFORMS per 100 ml.	COLIFORMS (MFP): 5 COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	INCUBATOR TEMP.
1																										
2	7																									
3	3RD															0	9	0	0	0	0	0				35.7
4																										
5																										
6																										
7																										
8																										
9	7																									
10	10TH															0	9	0	0	0	0	0	1	0		35.5
11																										
12																										
13																										
14																										
15																										
16	7																									
17	17TH															0	9	0 0 0	0	0	1 0	0	0	1 0		35.7
18																										
19																										
20																										
21																										
22																										
23	7																									
24	24TH															0	9	0	0	0	0	0	1	0		35.9
25																										
26																										
27																										
28																										
29																										
30																										
31																										

MF MEDIA	BBL mEndo	BACTERIAL DENSITY	ARITH. MEAN				DIST. SYSTM	0
TPC MEDIA			GEO. MEAN					1

TOTAL NO. SAMPLES 36
SAMPLES EXCEEDING 3/50. (4/100) 7/200. 13/500ml. 0

Laboratory Cert. 37807

Signed Elizabeth A Bf

Cert. Grade B-Well No. 4087-W

DHS 1945 7/74

Month NOVEMBER
Year 1987

MARINE CORPS AIR STATION WATER TREATMENT PLANT AT Camp Lejeune

Method Code: 3032
Contaminant Code: 3000

REPORT OF BACTERIOLOGICAL RESULTS TO DIVISION OF HEALTH SERVICES
N. C. DEPARTMENT OF HUMAN RESOURCES

Serial #: 04-67-042

ENCLOSURE

DATE	RAW WATER COLIFORMS (MFP) A: VOLUME FILTERED ml.	A: TOTAL COLONIES	A: COLIFORM COLONIES	B: VOLUME FILTERED ml.	B: TOTAL COLONIES	B: COLIFORM COLONIES	C: VOLUME FILTERED ml.	C: TOTAL COLONIES	C: COLIFORM COLONIES	NO. OF COLIFORMS PER 100 ml.	FILTERED: TOTAL PLATE COUNT	FILTERED: MFP COLIFORMS per 100 ml.	FINISHED: TOTAL PLATE COUNT	FINISHED: MFP COLIFORMS per 100 ml.	DISTRIBUTION SYSTEM: TOTAL PLATE COUNT	COLIFORMS (MFP): AVE. COLIFORMS per 100 ml.	COLIFORMS (MFP): NO. OF SAMPLES EXAMINED	COLIFORMS (MFP): 1 COLIFORMS per 100 ml.	COLIFORMS (MFP): 2 COLIFORMS per 100 ml.	COLIFORMS (MFP): 3 COLIFORMS per 100 ml.	COLIFORMS (MFP): 4 COLIFORMS per 100 ml.	COLIFORMS (MFP): 5 COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	INCUBATOR TEMP.
1																										
2																										
3	3RD															0	7	0 0	0 0	0 0	0					35.7
4																										
5																										
6																										
7																										
8																										
9																										
10	10TH															0	7	0 0	1 0	0 0	1 0	0				35.5
11																										
12																										
13																										
14																										
15																										
16																										
17	17TH															0	7	0 0	1 0	0 0	1 0	1 0				35.7
18																										
19																										
20																										
21																										
22																										
23																										
24	24TH															0	7	0 0 0 1	1 0	0 0	1 0					35.9
25																										
26																										
27																										
28																										
29																										
30																										
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

Laboratory Cert. 37807

Signed Elizabeth A. Butz Cert. Grade B-Well No. 4087-W

DHS 1942 2/74

Month NOVEMBER HOLCOMB BLVD. WATER TREATMENT PLANT AT Camp Lejeune Contaminant Code: 3000

Year 1987

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	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.	PLANKTON
1																												
2	7						1																					
3	3RD															0	7	0 0	0 0	0 0	0 1					35.7	
4																												
5																												
6																												
7																												
8																												
9																												
10	7 10TH															0	7	0 0	0 0	1 0	0 0					35.5	
11																												
12																												
13																												
14																												
15																												
16	7															0	7	0 0	1 0	0 1 0		0 1 0				35.7	
17	17TH																											
18																												
19																												
20																												
21																												
22																												
23	7															0	7	0 0 0 1	1 0	1 0	0 1 0					35.9	
24	24TH																											
25																												
26																												
27																												
28																												
29																												
30																												
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

Laboratory Cert. 37807 Signed Elizabeth A Batz Cert. Grade B-Well No. 4087-W

DHS 1042 2/74

Month NOVEMBER
Year 1987

TARAWA TERRACE 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 #: 04-67-044

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.	COLIFORMS (MFP): NO. OF SAMPLES EXAMINED	COLIFORMS (MFP): 1 COLIFORMS per 100 ml.	COLIFORMS (MFP): 2 COLIFORMS per 100 ml.	COLIFORMS (MFP): 3 COLIFORMS per 100 ml.	COLIFORMS (MFP): 4 COLIFORMS per 100 ml.	COLIFORMS (MFP): 5 COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	INCUBATOR TEMP.
1																										
2							1																			
3	7 3RD															0	4	0 0	0 0							35.7
4																										
5																										
6																										
7																										
8																										
9																										
10	7 10TH															0	4	0 0		0 0						35.5
11																										
12																										
13																										
14																										
15																										
16	7 17TH															0	4	0 0		0	0					35.7
17																										
18																										
19																										
20																										
21																										
22																										
23																										
24	7 24TH															0	4	0 0			0	0				35.9
25																										
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28																										
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31																										

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

Laboratory Cert. 37807

Signed Elizabeth A Bell Cert. Grade B-Well No. 4087-W

DHS 1042 7/74

ENCLOSURE

Month NOVEMBER
Year 1987

CAMP JOHNSON 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 #: 04-67-045

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.	COLIFORMS (MFP): NO. OF SAMPLES EXAMINED	COLIFORMS (MFP): 1 COLIFORMS per 100 ml.	COLIFORMS (MFP): 2 COLIFORMS per 100 ml.	COLIFORMS (MFP): 3 COLIFORMS per 100 ml.	COLIFORMS (MFP): 4 COLIFORMS per 100 ml.	COLIFORMS (MFP): 5 COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	INCUBATOR TEMP.
1																										
2																										
3	3RD															0	2	0	0							35.7
4																										
5																										
6																										
7																										
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9																										
10	10TH															0	2	0	1	0	1					35.5
11																										
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17	17TH															0	2	0	1	1	0					35.7
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23																										
24	24TH															0	2	0	0							35.9
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27																										
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30																										
31																										

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, 13/500ml 0

Laboratory Cert. 37807

Signed Elizabeth A Bay Cert. Grade B-Well No. 4087-W

BACTERIOSORB

Month NOVEMBER
Year 1987

KIFLE RANGE WATER TREATMENT PLANT AT Camp Lejeune

Contaminant Code: 3000

REPORT OF BACTERIOLOGICAL RESULTS TO DIVISION OF HEALTH SERVICES
N. C. DEPARTMENT OF HUMAN RESOURCES

Serial #: 04-67-046

ENCLOSURE

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.	PLANKTON
1																												
2							1																					
3	7 3RD															0	3	0	0	0	1						35.7	
4																												
5																												
6																												
7																												
8																												
9																												
10	7 10TH															0	3	0	0	0	1						35.5	
11																												
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17	7 17TH															0	3	0	0	1	0						35.7	
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21																												
22																												
23																												
24	7 24TH															0	3	0	0	0	1						35.9	
25																												
26																												
27																												
28																												
29																												
30																												
31																												
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	

Laboratory Cert. 37807

Signed Elizabeth A Setz Cert. Grade B-Well No. 4087-W

DHR 1942 7/74

Month NOVEMBER
Year 1987

COURTHOUSE BAY WATER TREATMENT PLANT AT Camp Lejeune

Method Code: 303
Contaminant Code: 3000

REPORT OF BACTERIOLOGICAL RESULTS TO DIVISION OF HEALTH SERVICES
N. C. DEPARTMENT OF HUMAN RESOURCES

Serial #: 04-67-047

DATE	RAW WATER COLIFORMS (MFP) A: VOLUME FILTERED ml.	A: TOTAL COLONIES	A: COLIFORM COLONIES	B: VOLUME FILTERED ml.	B: TOTAL COLONIES	B: COLIFORM COLONIES	C: VOLUME FILTERED ml.	C: TOTAL COLONIES	C: COLIFORM COLONIES	NO. OF COLIFORMS PER 100 ml.	FILTERED: TOTAL PLATE COUNT	FILTERED: MFP COLIFORMS per 100 ml.	FINISHED: TOTAL PLATE COUNT	FINISHED: MFP COLIFORMS per 100 ml.	DISTRIBUTION SYSTEM: TOTAL PLATE COUNT	COLIFORMS (MFP): AVE. COLIFORMS per 100 ml.	COLIFORMS (MFP): NO. OF SAMPLES EXAMINED	COLIFORMS (MFP): 1 COLIFORMS per 100 ml.	COLIFORMS (MFP): 2 COLIFORMS per 100 ml.	COLIFORMS (MFP): 3 COLIFORMS per 100 ml.	COLIFORMS (MFP): 4 COLIFORMS per 100 ml.	COLIFORMS (MFP): 5 COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	INCUBATOR TEMP.
1																										
2	→						1																			
3	3RD															0	4	0 0	0 0							35.7
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21																										
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23	→																									
24	24TH															0	4	0 1 0	0 1		1 0					35.9
25																										
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27																										
28																										
29																										
30																										
31																										

MF MEDIA	RBL mEndo	BACTERIAL DENSITY	ARITH. MEAN			0	DIST. SYSTEM	TOTAL NO. SAMPLES	15
TPC MEDIA			GEO. MEAN			1		SAMPLES EXCEEDING 3/50, (4/100), 7/200, 13/500ml	0

Laboratory Cert. 37807

Signed Elizabeth A Betz Cert. Grade B-Well No. 4087-W

DHS 1943 7/74

Month NOVEMBER
Year 1987

ONSLOW BEACH 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 #: 04-67-048

DATE	RAW WATER COLIFORMS (MFP) A: VOLUME FILTERED ml.	A: TOTAL COLONIES	A: COLIFORM COLONIES	B: VOLUME FILTERED ml.	B: TOTAL COLONIES	B: COLIFORM COLONIES	C: VOLUME FILTERED ml.	C: TOTAL COLONIES	C: COLIFORM COLONIES	NO. OF COLIFORMS PER 100 ml.	FILTERED: TOTAL PLATE COUNT	FILTERED: MFP COLIFORMS per 100 ml.	FINISHED: TOTAL PLATE COUNT	FINISHED: MFP COLIFORMS per 100 ml.	DISTRIBUTION SYSTEM: TOTAL PLATE COUNT	COLIFORMS (MFP): AVE. COLIFORMS per 100 ml.	COLIFORMS (MFP): NO. OF SAMPLES EXAMINED	COLIFORMS (MFP): 1 COLIFORMS per 100 ml.	COLIFORMS (MFP): 2 COLIFORMS per 100 ml.	COLIFORMS (MFP): 3 COLIFORMS per 100 ml.	COLIFORMS (MFP): 4 COLIFORMS per 100 ml.	COLIFORMS (MFP): 5 COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	INCUBATOR TEMP.
1																										
2																										
3	7 5ml															0	2	0 1 0								35.7
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25																										
26																										
27																										
28																										
29																										
30																										
31																										

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, 13/500ml		0

Laboratory Cert. 37807

Signed Elizabeth A Berg Cert. Grade B-Well No. 4087-W

DHS 1942 7/74

ENVIRONMENTAL CHEMISTRY & MICROBIOLOGY LABORATORY REPORT

CHEMICAL ANALYSIS - WATER TREATMENT PLANTS

MCBCL 11330/3 (REV 7-87)

DATE COLLECTED: 11-3-87

DATE(S) ANALYZED: 11-3-87

ENCLOSURE (1)

PARAMETER (UNITS) \ PLANT	HADNOT POINT 04-67-041	MCAS NEW RIVER 04-67-042	HOLCOMB BLVD 04-67-043	COURTHOUSE BAY 04-67-046	RIFLE RANGE 04-67-047	ONSLOW BEACH 04-67-048			
pH-LABORATORY	8.2	8.9	8.5	8.1	8.2	7.4			
STABILITY	+0.3	+0.2	+0.5	0.0	+0.1	-0.4			
PHENOLTHALEIN ALKALINITY (PPM)	0	12	6	0	4	0			
METHYL ORANGE ALKALINITY (PPM)	44	140	62	164	156	164			
CARBONATES AS $CaCO_3$ (PPM)	0	24	12	0	8	0			
BICARBONATES AS $CaCO_3$ (PPM)	44	116	50	164	148	164			
CHLORIDES AS Cl (PPM)	20	80	20	20	50	20			
HARDNESS AS $CaCO_3$ (PPM)	56	50	64	64	54	58			
IRON AS Fe (PPM)									
FLUORIDE (PPM) AM / PM	1.02 / 1.02	0.58	0.96 / 1.18	0.11	0.10	0.13			
TURBIDITY (NTUS) AM / PM	0.5 / 0.7	1.1	1.4 / 1.4	0.7	0.8	1.1			
CHLORINE RESIDUAL (PPM)	1.1	1.0	1.1	1.1	1.2	0.9			

REMARKS:

COPY TO:

- ☒ UTIL DIR, BMD ☐ _____
- ☒ WATER TREATMENT, UTIL DIV, BMD
- ☒ PMU, NAVHOSP ☒ PMU, MCAS-NR
- ☒ DIVISION OF HEALTH SERVICES N.C. DEPT OF HUMAN RESOURCES
- ☐ NREAD ☒ FILE (ATTACH WKST)

REPORT DATE: 11-3-87

REPORT PREPARED BY: H. J. Bivens

ENVIRONMENTAL CHEMISTRY & MICROBIOLOGY LABORATORY REPORT

CHEMICAL ANALYSIS - WATER TREATMENT PLANTS

MCBCL 11330/3 (REV 7-87)

DATE COLLECTED: 11-10-87

DATE(S) ANALYZED: 11-10-87

PARAMETER (UNITS) \ PLANT		HADNOT POINT 04-67-041	MCAS NEW RIVER 04-67-042	HOLCOMB BLVD 04-67-043	COURTHOUSE BAY 04-67-046	RIFLE RANGE 04-67-047	ONSLOW BEACH 04-67-048			
pH-LABORATORY		8.1	8.4	8.7	8.3	8.0	7.5			
STABILITY		+0.6	+0.3	+0.6	+0.2	+0.2	-0.2			
PHENOLITHALEIN ALKALINITY (PPM)		0	12	14	18	4	0			
METHYL ORANGE ALKALINITY (PPM)		54	160	68	182	168	172			
CARBONATES AS $CaCO_3$ (PPM)		0	24	28	36	8	0			
BICARBONATES AS $CaCO_3$ (PPM)		54	136	40	146	160	172			
CHLORIDES AS Cl (PPM)		20	88	14	22	48	24			
HARDNESS AS $CaCO_3$ (PPM)		68	48	62	72	54	52			
IRON AS Fe (PPM)										
FLUORIDE (PPM)	AM / PM	1.12 / 1.06	0.63	1.29 / 1.24	0.13	0.10	0.17			
TURBIDITY (NTUS)	AM / PM	0.5 / 0.5	0.5	0.7 / 0.6	0.2	0.3	0.4			
CHLORINE RESIDUAL (PPM)		1.0	1.1	1.3	1.4	0.8	1.1			

REMARKS:

COPY TO:

- ☒ UTIL DIR, BMD ☐ _____
- ☒ WATER TREATMENT, UTIL DIV, BMD
- ☒ PMU, NAVHOSP ☒ PMU, MCAS-NR
- ☒ DIVISION OF HEALTH SERVICES N.C. DEPT OF HUMAN RESOURCES
- ☐ NREAD ☒ FILE (ATTACH WKST)

REPORT DATE: 11-10-87

REPORT PREPARED BY: CAROL S. SHORES

ENVIRONMENTAL CHEMISTRY & MICROBIOLOGY LABORATORY REPORT

CHEMICAL ANALYSIS - WATER TREATMENT PLANTS

MCBCL 11330/3 (REV 7-87)

DATE COLLECTED: 11-17-87

DATE(S) ANALYZED: 11-17-87

ENCLOSURE (1)

PARAMETER (UNITS) \ PLANT		HADNOT POINT 04-67-041	MCAS NEW RIVER 04-67-042	HOLCOMB BLVD 04-67-043	COURTHOUSE BAY 04-67-046	RIFLE RANGE 04-67-047	ONSLOW BEACH 04-67-048			
pH-LABORATORY		8.1	8.4	8.4	7.9	7.9	7.2			
STABILITY		+0.6	+0.3	+0.6	+0.2	+0.2	-0.3			
PHENOLTHALEIN ALKALINITY (PPM)		2	18	12	0	0	0			
METHYL ORANGE ALKALINITY (PPM)		56	146	58	156	124	160			
CARBONATES AS $CaCO_3$ (PPM)		4	36	24	0	0	0			
BICARBONATES AS $CaCO_3$ (PPM)		52	110	34	156	124	160			
CHLORIDES AS Cl (PPM)		20	84	20	18	54	22			
HARDNESS AS $CaCO_3$ (PPM)		60	66	58	56	64	62			
IRON AS Fe (PPM)										
FLUORIDE (PPM)	AM / PM	0.56 / 0.52	0.64	0.97 / 1.07	0.12	0.10	0.17			
TURBIDITY (NTUS)	AM / PM	0.1 / 0.1	0.2	0.3 / 0.1	0.1	0.1	0.1			
CHLORINE RESIDUAL (PPM)		1.0	1.0	1.4	1.3	1.0	1.2			

REMARKS:

COPY TO:

- ☒ UTIL DIR, BMD ☐ _____
- ☒ WATER TREATMENT, UTIL DIV, BMD
- ☒ PMO, NAVHOSP ☒ PMO, MCAS-NR
- ☒ DIVISION OF HEALTH SERVICES N.C. DEPT OF HUMAN RESOURCES
- ☐ NREAD ☐ FILE (ATTACH WKST)

REPORT DATE: 11-17-87

REPORT PREPARED BY: CAROL S. SHORES

ENVIRONMENTAL CHEMISTRY & MICROBIOLOGY LABORATORY REPORT

CHEMICAL ANALYSIS - WATER TREATMENT PLANTS

MCBCL 11330/3 (REV 7-87)

DATE COLLECTED: 11-24-87

DATE(S) ANALYZED: 11-24-87

ENCLOSURE 1

PARAMETER (UNITS) \ PLANT	HADNOT POINT 04-67-041	MCAS NEW RIVER 04-67-042	HOLCOMB BLVD 04-67-043	COURTHOUSE BAY 04-67-046	RIFLE RANGE 04-67-047	ONSLOW BEACH 04-67-048			
pH-LABORATORY	8.1	8.4	8.6	8.1	8.3	7.4			
STABILITY	+0.2	+0.1	+0.6	0.0	+0.2	−0.4			
PHENOLTHALEIN ALKALINITY (PPM)	0	8	6	0	4	0			
METHYL ORANGE ALKALINITY (PPM)	62	150	72	164	168	170			
CARBONATES AS $CaCO_3$ (PPM)	0	16	12	0	8	0			
BICARBONATES AS $CaCO_3$ (PPM)	62	134	60	164	160	170			
CHLORIDES AS Cl (PPM)	4	66	4	16	48	12			
HARDNESS AS $CaCO_3$ (PPM)	60	58	68	60	56	50			
IRON AS Fe (PPM)									
FLUORIDE (PPM) AM / PM	0.18 / 0.19	0.66	1.04 / 1.04	0.15	0.13	0.19			
TURBIDITY (NTUS) AM / PM	/		/						
CHLORINE RESIDUAL (PPM)	1.1	1.2	1.2	1.3	1.0	1.3			

REMARKS:

COPY TO:

- ☒ UTIL DIR, BMD ☐ _____
- ☒ WATER TREATMENT, UTIL DIV, BMD
- ☒ PMU, NAVHOSP ☒ PMU, MCAS-NR
- ☒ DIVISION OF HEALTH SERVICES N.C. DEPT OF HUMAN RESOURCES
- ☐ NREAD ☐ FILE (ATTACH WKST)

REPORT DATE: 11-24-87

REPORT PREPARED BY: ROBERT G. DEPPEN

6288
NREAD

NOV 2 5 1987

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

DEM
S. Ecolgist

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 October 1987 are submitted.

The Tarawa Terrace Wastewater Treatment Plant, NC0063002, flow readings were estimated for the month of October. The flow meter was out of order.

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

Sincerely,

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

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

Copy to:
EPA Region IV
CMDR, LANTNAVFACENGCOM
NEESA

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

Writer/Typist Betz/Ska
Date Typed 24 Nov 87
Word Processor Number 6288-L

NOV 25 1987

EFFLUENT

NPDES PERMIT NO: NC0063045 **DISCHARGE NO:** 001 **MONTH:** October **YEAR:** 1987

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

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☐ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00403 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 Phosphor
		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	.4245				4.0								0.9		
2	00	24	.4500				4.0										
3	00	24	.4600				4.0										
4	00	24	.3368				4.5										
5	00	24	.5087				4.5										
6	00	24	.5114	19	7.3		4.0	6		0.17		2	0	7.0			
7	00	24	.5566				4.0										
8	00	24	.6383				5.0										
9	00	24	.4030				4.5										
10	00	24	.6327				4.5										
11	00	24	.4021				5.0										
12	00	24	.4910				4.5										
13	00	24	.5222	17	7.2		4.5	3		0.15		2	0	10.0		7.61	
14	00	24	.4479				4.0										
15	00	24	.4009				4.0										
16	00	24	.4672				4.5										
17	00	24	.5626				4.0										
18	00	24	.4570				3.5										
19	00	24	.4850				3.5										
20	00	24	.4437	18	7.2		3.5	10		0.41		9	0	8.0			
21	00	24	.5090				3.5										
22	00	24	.5966				4.0										
23	00	24	.4838				4.0										
24	00	24	.3425				4.0										
25	00	24	.5802				4.0										
26	00	24	.3081				4.0										
27	00	24	.4658	22	7.2		2.0	11		0.44		11	0	10.8	2.6		1.8
28	00	24	.5495				4.0										
29	00	24	.4269				4.0										
30	00	24	.4330				4.0										
31	00	24	6.538				4.0										
Average			.4823				4.0	8		0.29		6	0	8.95	1.8	7.61	1.8
Max.			.6538		7.3		5.0	11		0.44		11	0	10.8	2.6	7.61	1.8
Min.			.3081		7.2		2.0	3		0.15		2	0	7.0	0.9	7.61	1.8
Comp.(C)/ Grab(G)				G	G		G	C		C		C	G	G	G	C	C
Monthly Limit					6-8.5			30				30	14	> 5	30		

DEM Form MR-1 (11/84

Facility Status: (Please check one of the following)

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

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

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

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

Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0003239 DISCHARGE NO: 001 MONTH: October YEAR: 1987

FACILITY NAME: ~~Camp Geiger Sewage Treatment Plant~~ CLASS: III COUNTY: Onslow

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

CERTIFIED LABORATORY: Environmental Chemistry & Microbiology Section

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

PERSON(s) COLLECTING SAMPLES:

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

X

Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 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	80552 00600 00665 ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW: OIL & GREASE	TOTAL NITROGEN	TOTAL PHOS - PHORUS
	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	.759	20	6.6		4.0	10		21		12	0	9.8	2.3		
2	00	24	.908	23	6.6		4.0	27		15		7	0	9.4			
3	00	24	.856	21	6.6		4.0							8.5			
4	00	24	1.004	21	6.6		4.0							6.0			
5	00	24	1.117	20	6.6		4.0	27		16.6		4	18	10.0			
6	00	24	.804	20	6.4		4.0	25		14.5		7	0	9.5			
7	00	24	1.045	20	7.0		4.0	12		13.1		6	0	8.0			
8	00	24	.904	22	6.8		4.0	14		13.5		10	0	8.2			
9	00	24	1.008	20	7.0		4.0	22		15.9		14	0	9.2			
10	00	24	.898	21	6.8		4.0							9.0			
11	00	24	.975	24	6.8		4.0							8.4			
12	00	24	.959	24	6.8		4.0							8.4			
13	00	24	.941	18	6.8		4.0	8		10.2		8	0	9.4		14.84	
14	00	24	1.026	21	6.6		4.0	10		14.1		8	0	9.0			
15	00	24	.968	21	6.4		4.0	13		11.8		8	0	8.5			
16	00	24	1.106	20	6.8		4.0	16		13.8		8	0	10.5			
17	00	24	.911	20	6.8		4.0							9.6			
18	00	24	.937	21	6.8		4.0							8.9			
19	00	24	.999	21	6.6		4.0	9		15.0		12	0	10.0			1.4
20	00	24	.985	21	6.6		4.0	25		16.1		15	0	10.0			
21	00	24	.952	21	7.0		4.0	25		17.2		01	0	9.0			
22	00	24	1.054	24	6.8		4.0	29		17.4		3	2	5.6			
23	00	24	1.272	12	6.4		4.0	28		23.0		8	0	7.0			
24	00	24	.544	21	6.9		4.0							8.0			
25	00	24	.458	21	6.8		4.0							9.6			
26	00	24	.923	21	6.8		4.0	9		27.4		9	0	7.6			
27	00	24	1.070	20	6.9		4.0	26		18.2		15	310	9.0	9.0		1.4
28	00	24	.671		6.4		4.0	18		19.0		2	0	9.0			
29	00	24	1.002	20	6.9		4.0	21		17.8		6	0	5.5			
30	00	24	.980	19	6.6		4.0	18		18.0		7	0	8.5			
31	00	24	.800		6.6		4.0							8.5			
Average			.930				4.0	19		16.6		9	1.74	8.6	5.7	14.84	1.4
Max.			1.272		7.0		4.0	29		27.4		15	310	10.5	9.0	14.84	1.4
Min.			.458		6.4		4.0	8		10.2		2	0	5.6	2.3	14.84	1.4
Comp.(C)/ Grab(G)				G	G		G	C		C		C	/ G	G	G	C	C
Monthly Limit					6-9			30				30	200	>5	30		

DEM Form MR-1 (11/84)

Facility Status: (Please check one of the following)

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

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

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

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

Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0003239 DISCHARGE NO: 001 MONTH: October YEAR: 1987

FACILITY NAME: ~~Camp Geiger Sewage Treatment Plant~~ CLASS: III COUNTY: Onslow

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

CERTIFIED LABORATORY: Environmental Chemistry & Microbiology Section ~~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

PERSON(s) COLLECTING SAMPLES:

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

X Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00403 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	80552 00610 00665 ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW: OIL & GREASE	TOTAL NITROGEN	TOTAL PHOS-PHORUS	
		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	.759	20	6.6		4.0	10		21		12	0	9.8	2.3			
2	00	24	.908	23	6.6		4.0	27		15		7	0	9.4				
3	00	24	.856	21	6.6		4.0							8.5				
4	00	24	1.004	21	6.6		4.0							6.0				
5	00	24	1.117	20	6.6		4.0	27		16.6		4	18	10.0				
6	00	24	.804	20	6.4		4.0	25		14.5		7	0	9.5				
7	00	24	1.045	20	7.0		4.0	12		13.1		6	0	8.0				
8	00	24	.904	22	6.8		4.0	14		13.5		10	0	8.2				
9	00	24	1.008	20	7.0		4.0	22		15.9		14	0	9.2				
10	00	24	.898	21	6.8		4.0							9.0				
11	00	24	.975	24	6.8		4.0							8.4				
12	00	24	.959	24	6.8		4.0							8.4				
13	00	24	.941	18	6.8		4.0	8		10.2		8	0	9.4		14.84		
14	00	24	1.026	21	6.6		4.0	10		14.1		8	0	9.0				
15	00	24	.968	21	6.4		4.0	13		11.8		8	0	8.5				
16	00	24	1.106	20	6.8		4.0	16		13.8		8	0	10.5				
17	00	24	.911	20	6.8		4.0							9.6				
18	00	24	.937	21	6.8		4.0							8.9				
19	00	24	.999	21	6.6		4.0	9		15.0		12	0	10.0			1.4	
20	00	24	.985	21	6.6		4.0	25		16.1		15	0	10.0				
21	00	24	.952	21	7.0		4.0	25		17.2		01	0	9.0				
22	00	24	1.054	24	6.8		4.0	29		17.4		3	2	5.6				
23	00	24	1.272	12	6.4		4.0	28		23.0		8	0	7.0				
24	00	24	.544	21	6.9		4.0							8.0				
25	00	24	.458	21	6.8		4.0							9.6				
26	00	24	.923	21	6.8		4.0	9		27.4		9	0	7.6				
27	00	24	1.070	20	6.9		4.0	26		18.2		15	310	9.0	9.0		1.4	
28	00	24	.671		6.4		4.0	18		19.0		2	0	9.0				
29	00	24	1.002	20	6.9		4.0	21		17.8		6	0	5.5				
30	00	24	.980	19	6.6		4.0	18		18.0		7	0	8.5				
31	00	24	.800		6.6		4.0							8.5				
Average			.930				4.0	19		16.6		9	1.74	8.6	5.7	14.84	1.4	
Max.			1.272		7.0		4.0	29		27.4		15	310	10.5	9.0	14.84	1.4	
Min.			.458		6.4		4.0	8		10.2		2	0	5.6	2.3	14.84	1.4	
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C	
Monthly Limit					6-9			30				30	200	>5	30			

DEM Form MR-1 (11/84)

Facility Status: (Please check one of the following)

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

All monthly averages and / or other limitation do not meet permit monitoring requirements ☐
(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 Splids	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:** October **YEAR:** 1987

FACILITY NAME: Rifle Range Sewage Treatment Plant **CLASS:** II **COUNTY:** Onslow

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

Mail original and one copy to:
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N C Department of NRCD
P O Box 27687
Raleigh, North Carolina 27611

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00403 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: Oil & Grease	Total Nitrogen	Total Phosphor	
		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	.27283				4.0								0.9			
2	00	24	.27481				5.0											
3	00	24	.21333				4.0											
4	00	24	.28706				5.0											
5	00	24	.25167				4.0											
6	00	24	.24676	24	6.6		4.5							8.5				
7	00	24	.32635	25	6.6		4.0	5		0.21		2	0	8.2				
8	00	24	.29790				4.0											
9	00	24	.26693				5.0											
10	00	24	.26825	23			5.0											
11	00	24	.23840				5.0											
12	00	24	.24949				6.0											
13	00	24	.26408				4.0											
14	00	24	.29000	22	6.8		4.0	4		0.07		4	0	8.6				
15	00	24	.28008				4.0											
16	00	24	.17562				4.0											
17	00	24	.19416				4.0											
18	00	24	.20690				5.0											
19	00	24	.21090				3.0											
20	00	24	.29287				5.0											
21	00	24	.17730	27	6.4		2.0	5		0.12		1	0	8.0				
22	00	24	.25840				4.0											
23	00	24	.23790				4.0											
24	00	24	.33802				4.0											
25	00	24	.29400				4.0											
26	00	24	.30630				4.0											
27	00	24	.13841				4.0								3.1			
28	00	24	.30200	21	6.5		5.0	5		0.12		2	0	8.9				
29	00	24	.25072				4.0											
30	00	24	.22328				5.0											
31	00	24	.23381				4.0											
Average			.25382				4.3	5		0.13		2	0	8.4	2.0			
Max.			.33802		6.8		6.0	5		0.21		4	0	8.9	3.1			
Min.			.13841		6.4		2.0	4		0.07		1	0	8.0	0.9			
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C	
Monthly Limit					6-8.5			30				30	14	>5	30			

DEM Form MR-1 (11/84)

Facility Status: (Please check one of the following)

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

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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
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00530	TSS	00929	Total Sodium	01051	Lead	32730	Total Phenolics	81318	Ferrocyanides
00545	Settleable Splids	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:** October **YEAR:** 1987

FACILITY NAME: Hadnot Point Sewage Treatment Plant **CLASS:** IV **COUNTY:** Onslow

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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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	00625 Total Nitrogen	00665 Total Phosphor
		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	6.079	24	7.0		1.5	11		8.0		18	2	6.2	2.8		
2	00	24	5.818	23	7.1		1.5	14		4.4		12	2	6.2			
3	00	24	5.020	24	7.1		2.0							6.5			
4	00	24	4.350	21	7.0		1.5							6.6			
5	00	24	5.133	21	71		2.0	14		3.7		12	2	6.5			
6	00	24	5.199	23	7.2		1.5	20		4.4		8	0	6.8			
7	00	24	4.514	23	7.0		2.0	19		5.0		8	8	6.9			
8	00	24	7.014	21	7.0		2.0	17		1.4		11	30	5.8			
9	00	24	5.213	21	6.9		2.0	21		7.3		11	20	6.8			
10	00	24	4.446	23	7.0		2.0							6.0			
11	00	24	4.378	23	6.8		2.0							6.5			
12	00	24	4.412	21	6.8		2.0							6.4			
13	00	24	5.359	22	6.8		2.5	11		2.6		12	0	6.5		14.05	
14	00	24	5.146	20	6.8		2.0	13		4.3		11	0	6.5			
15	00	24	5.366	18	7.1		1.5	14		5.1		9	0	6.3			
16	00	24	5.620	18	7.0		1.5	14		4.1		13	2	6.5			
17	00	24	4.862	20	7.1		1.0							5.3			
18	00	24	5.033	22	7.0		2.0							5.4			
19	00	24	5.410	22	7.0		2.0	11		2.7		15	16	5.6			5.1
20	00	24	4.430	22	6.9		2.0	12		2.5		10	0	5.6			
21	00	24	5.590	23	7.0		2.0	11		3.6		9	0	6.0			
22	00	24	5.241	20	7.0		2.0	14		4.1		11	0	5.6			
23	00	24	6.319	22	6.8		2.0	14		2.8		6	10	5.9			
24	00	24	5.480	20	6.9		3.0							5.9			
25	00	24	4.365	21	6.8		2.5							5.2			
26	00	24	5.095	20	6.9		2.0	19		2.3		19	0	5.4			
27	00	24	5.416	20	6.8		2.0	15		3.3		13	C12	5.5	10.5		3.9
28	00	24	5.269	20	5.9		2.0	13		3.9		8	550	5.2			
29	00	24	5.605	20	6.8		2.0	14		4.8		12	0	5.6			
30	00	24	5.275	20	7.0		2.0	15		5.2		11	0	5.2			
31	00	24	4.450	20	6.9		2.0							5.5			
Average			5.207	21.2			1.9	15		4.1		11	3.10	6.0	6.7	14.05	4.5
Max.			7.014	24	7.2		3.0	20		8.0		19	550	6.9	10.5	14.05	5.1
Min.			4.350	18	6.8		1.0	11		1.4		6	0	5.2	2.8	14.05	3.9
Comp.(C)/Grab(G)			G	G			G	C		C		C	G	G	G	C	C
Monthly Limit				6-8.5				22		13		30	14	>5	30		

DEM Form MR-1 (11/84

Facility Status: (Please check one of the following)

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

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

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

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

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 Splids	00940	Total Chloride	01067	Nickel	38260	MBAS	85652	Time

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0003239 DISCHARGE NO: 001 MONTH: October YEAR: 1987

FACILITY NAME: ~~Camp Geiger Sewage Treatment Plant~~ CLASS: II COUNTY: Onslow

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

CERTIFIED LABORATORY: Environmental Chemistry & Microbiology Section

PERSON(s) COLLECTING SAMPLES: ~~STP Operators~~

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00403 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	80556	00625	00665	
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
															OIL & GREASE	TOTAL NITROGEN	TOTAL PHOS - PHORUS	
		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	.759	20	6.6		4.0	10		21		12	0	9.8	2.3			
2	00	24	.908	23	6.6		4.0	27		15		7	0	9.4				
3	00	24	.856	21	6.6		4.0							8.5				
4	00	24	1.004	21	6.6		4.0							6.0				
5	00	24	1.117	20	6.6		4.0	27		16.6		4	18	10.0				
6	00	24	.804	20	6.4		4.0	25		14.5		7	0	9.5				
7	00	24	1.045	20	7.0		4.0	12		13.1		6	0	8.0				
8	00	24	.904	22	6.8		4.0	14		13.5		10	0	8.2				
9	00	24	1.008	20	7.0		4.0	22		15.9		14	0	9.2				
10	00	24	.898	21	6.8		4.0							9.0				
11	00	24	.975	24	6.8		4.0							8.4				
12	00	24	.959	24	6.8		4.0							8.4				
13	00	24	.941	18	6.8		4.0	8		10.2		8	0	9.4		14.84		
14	00	24	1.026	21	6.6		4.0	10		14.1		8	0	9.0				
15	00	24	.968	21	6.4		4.0	13		11.8		8	0	8.5				
16	00	24	1.106	20	6.8		4.0	16		13.8		8	0	10.5				
17	00	24	.911	20	6.8		4.0							9.6				
18	00	24	.937	21	6.8		4.0							8.9				
19	00	24	.999	21	6.6		4.0	9		15.0		12	0	10.0			1.4	
20	00	24	.985	21	6.6		4.0	25		16.1		15	0	10.0				
21	00	24	.952	21	7.0		4.0	25		17.2		01	0	9.0				
22	00	24	1.054	24	6.8		4.0	29		17.4		3	2	5.6				
23	00	24	1.272	12	6.4		4.0	28		23.0		8	0	7.0				
24	00	24	.544	21	6.9		4.0							8.0				
25	00	24	.458	21	6.8		4.0							9.6				
26	00	24	.923	21	6.8		4.0	9		27.4		9	0	7.6				
27	00	24	1.070	20	6.9		4.0	26		18.2		15	310	9.0	9.0		1.4	
28	00	24	.671		6.4		4.0	18		19.0		2	0	9.0				
29	00	24	1.002	20	6.9		4.0	21		17.8		6	0	5.5				
30	00	24	.980	19	6.6		4.0	18		18.0		7	0	8.5				
31	00	24	.800		6.6		4.0							8.5				
Average			.930				4.0	19		16.6		9	1.74	8.6	5.7	14.84	1.4	
Max.			1.272		7.0		4.0	29		27.4		15	310	10.5	9.0	14.84	1.4	
Min.			.458		6.4		4.0	8		10.2		2	0	5.6	2.3	14.84	1.4	
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C	
Monthly Limit					6-9			30				30	200	>5	30			

DEM Form MR-1 (11/84)

Facility Status: (Please check one of the following)

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

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

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

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

Signature of Permittee

PARAMETER CODES

00010	Temperature	00556	Oil and Grease	00950	Dissolved Fluoride	01077	Silver	39516	PCBS
00065	Stream Stage	00600	Total Nitrogen	01002	Total Arsenic	01087	Total Vanadium	39941	Roundup
00076	Turbidity	00610	Ammonia Nitrogen	01027	Cadmium	01092	Zinc	50047	Max. flow during 24-hr. period
00300	Dissolved Oxygen	00625	Total Kjeldahl Nitrogen	01032	Hexavalent Chromium	01105	Total Aluminum	50048	Min. flow during 24-hr. period
00310	BOD_5	00665	Total Phosphorous	01034	Chromium	01147	Total Selenium	50050	Flow
00340	COD	00720	Cyanide	01037	Total Cobalt	31504	Total Coliform	50060	Total Residual Chlorine
00400	pH	00745	Total Sulfide	01042	Copper	31614	Fecal Coliform, MPN, Tube	71880	Formaldehyde
00500	Total Solids	00927	Total Magnesium	01045	Total Iron	31616	Fecal Coliform	71900	Mercury
00530	TSS	00929	Total Sodium	01051	Lead	32730	Total Phenolics	81318	Ferrocyanides
00545	Settleable Splids	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:** October **YEAR:** 1987

FACILITY NAME: Onslow Beach Sewage Treatment Plant **CLASS:** II **COUNTY:** Onslow

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☐ INF ☒ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00556 Oil & Grease	00600 Total Nitrogen	00665 Total Phosphor	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	.1183	22	6.8		4.5	5				5	0	8.3				
2	00	24	.0954				4.5								0.7			
3	00	24	.0988				4.5											
4	00	24	.0800				5.0											
5	00	24	.1186				5.5											
6	00	24	.0822				6.0											
7	00	24	.8172				4.5											
8	00	24	.1020	23	6.8		5.0	6				3	0	8.0				
9	00	24	.1150				4.0											
10	00	24	.1008				4.5											
11	00	24	.0939				4.5											
12	00	24	.0936				4.5											
13	00	24	.1026				5.0											
14	00	24	.0954				5.0											
15	00	24	.0560	18	7.1		5.0	6				2	0	10.2				
16	00	24	.0710				4.0											
17	00	24	.0994				2.0											
18	00	24	.0768				5.0											
19	00	24	.0815				4.5											
20	00	24	.0862				6.0											
21	00	24	.0782				4.5											
22	00	24	.0765	17	7.0		5.0	4				3	0	8.1				
23	00	24	.0856				5.0											
24	00	24	.0866				5.5											
25	00	24	.0747				5.5											
26	00	24	.0864				3.0											
27	00	24	.1587				6.0								3.9			
28	00	24	.1600				5.0											
29	00	24	.1540	20	6.9		4.0	6				1	0	8.1				
30	00	24	.1368				3.5											
31	00	24	.1260				4.0											
Average			.0990				4.6	5				3	0	8.5	2.3			
Max.			.1600		7.1		6.0	6				5	0	10.2	3.9			
Min.			.0560		6.8		2.0	4				1	0	8.0	0.7			
Comp.(C)/ Grab(G)				G	G		G	C		C		C	G	G	G	C	C	
Monthly Limit					6-8.5			30				30	14	>5	30			

DEM Form MR-1 (11/84)

Facility Status: (Please check one of the following)

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

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

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

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

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 Splids	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:** October **YEAR:** 1987

FACILITY NAME: Onslow Beach Water Treatment Pond **CLASS:** **COUNTY:** Onslow

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: WTP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

Mail original and one copy to:
ATT: Central Files
Division of Environmental Management
N C Department of NRCD
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°	00403 pH UNIT	00545 SETTLEABLE MATTER ML/L	50060 RESIDUAL CHLORINE MG/L	00310 BOD_5 20°C MG/L	00340 COD MG/L	00610 AMMONIA NITROGEN MG/L	00500 TOTAL RESIDUE MG/L	00530 TOTAL SUSPENDED RESIDUE MG/L	31616 FECAL COLIFORM Geometric Mean /100 ML	00300 DISSOLVED OXYGEN MG/L	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW
1															
2															
3															
4															
5															
6	00	24			8.1							5.			
7															
8															
9															
10															
11															
12															
13	00	24			7.8							0.8			
14															
15			—												
16															
17															
18															
19															
20	00	24			7.8							1.6			
21															
22															
23															
24															
25															
26															
27	00	24			8.2							3.6			
28															
29															
30															
31															
Average												2.8			
Max.					8.2							5.0			
Min.					7.8							0.8			
Comp.(C)/ Grab(G)					G							C			
Monthly Limit					6-9							30			

DEM Form MR-1 (11/84

Facility Status: (Please check one of the following)

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

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

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(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: NC0063002 DISCHARGE NO: 001 MONTH: October YEAR: 1987

FACILITY NAME: Tarawa Terrace STP COUNTY: Onslow

Date	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	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1	00	24				159			105								
2	00	24				164			88								
3																	
4																	
5	00	24				184			103								
6	00	24				164			74								
7	00	24				172			80								
8	00	24				192			106								
9	00	24				192			112								
10																	
11																	
12																	
13	00	24				156			78								
14	00	24				184			144								
15	00	24				164			102								
16	00	24				168			68								
17																	
18																	
19	00	24				180			108								
20	00	24				180			66								
21	00	24				204			108								
22	00	24				188			132								
23	00	24				212			135								
24																	
25																	
26	00	24				160			106								
27	00	24				244			102								
28	00	24				152			80								
29	00	24				190			80								
30	00	24				180			135								
31																	
AVERAGE						180			101								
MONTHLY MAXIMUM						244			144								
MONTHLY MINIMUM						152			66								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

NPDES NO: NC0006305 3 DISCHARGE NO: 001 MONTH: October YEAR: 1987

FACILITY NAME: Onslow Beach Sewage Treatment Plant COUNTY: Onslow

			00400	00010	00545	00310	00610	00500	00530	00340							
Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1	00	24				136			63								
2																	
3																	
4																	
5																	
6																	
7																	
8	00	24				96			73								
9																	
10																	
11																	
12																	
13																	
14																	
15	00	24				138			40								
16																	
17																	
18																	
19																	
20																	
21																	
22	00	24				96			84								
23																	
24																	
25																	
26																	
27																	
28																	
29	00	24				92			96								
30																	
31																	
AVERAGE						112			71								
MONTHLY MAXIMUM						138			96								
MONTHLY MINIMUM						92			40								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Courthouse Bay STP COUNTY: Onslow

Date	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																	
5																	
6	00	24				106			82								
7																	
8																	
9																	
10																	
11																	
12																	
13	00	24				108			93								
14																	
15																	
16																	
17																	
18																	
19																	
20	00	24				58			33								
21																	
22																	
23																	
24																	
25																	
26																	
27	00	24				198			97								
28																	
29																	
30																	
31																	
AVERAGE						118			76								
MONTHLY MAXIMUM						198			97								
MONTHLY MINIMUM						58			33								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Hadnot Point Sewage Treatment Plant COUNTY: Onslow

Date	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	00	24				180			198								
2	00	24				156			86								
3																	
4																	
5	00	24				224			123								
6	00	24				132			130								
7	00	24				216			136								
8	00	24				118			128								
9	00	24				216			143								
10																	
11																	
12																	
13	00	24				124			126								
14	00	24				176			170								
15	00	24				164			126								
16	00	24				192			178								
17																	
18																	
19	00	24				252			262								
20	00	24				208			135								
21	00	24				196			150								
22	00	24				212			162								
23	00	24				204			107								
24																	
25																	
26	00	24				176			148								
27	00	24				264			140								
28	00	24				208			128								
29	00	24				208			132								
30	00	24				152			80								
31																	
AVERAGE						193			142								
MONTHLY MAXIMUM						264			262								
MONTHLY MINIMUM						124			80								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

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

Date	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	00	24				162			106								
3																	
4																	
5	00	24				198			112								
6																	
7																	
8																	
9	00	24				204			121								
10																	
11																	
12																	
13																	
14																	
15																	
16	00	24				340			428								
17																	
18																	
19	00	24				245			251								
20																	
21																	
22																	
23	00	24				236			180								
24																	
25																	
26	00	24				530			268								
27																	
28																	
29																	
30	00	24				172			50								
31																	
AVERAGE						261			190								
MONTHLY MAXIMUM						530			428								
MONTHLY MINIMUM						162			50								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Camp Geiger Sewage Treatment Plant COUNTY: Onslow

Date	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	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1	00	24				308			225								
2	00	24				328			172								
3																	
4																	
5	00	24				324			243								
6	00	24				410			400								
7	00	24				295			138								
8	00	24				335			200								
9	00	24				425			273								
10																	
11																	
12																	
13	00	24				370			296								
14	00	24				320			206								
15	00	24				254			183								
16	00	24				324			214								
17																	
18																	
19	00	24				340			116								
20	00	24				324			185								
21	00	24				308			132								
22	00	24				457			136								
23	00	24				296			145								
24																	
25																	
26	00	24				345			284								
27	00	24				630			217								
28	00	24				358			138								
29	00	24				594			335								
30	00	24				300			207								
31																	
AVERAGE						364			212								
MONTHLY MAXIMUM						630			400								
MONTHLY MINIMUM						254			116								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Rifle Range Sewage Treatment Plant COUNTY: Onslow

Date	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											
5											
6											
7	00	24				48			77		
8											
9											
10											
11											
12											
13											
14	00	24				44			74		
15											
16											
17											
18											
19											
20											
21	00	24				60			30		
22											
23											
24											
25											
26											
27											
28	00	24				82			26		
29											
30											
31											
AVERAGE						59			52		
MONTHLY MAXIMUM						82			77		
MONTHLY MINIMUM						44			26		
SAMPLE TYPE C or G						C			C		

6288
NREAD

NOV 25 1987

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

Dear Sir:

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

The Tarawa Terrace Wastewater Treatment Plant, NC0063002, flow readings were estimated for the month of October. The flow meter was out of order.

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

Sincerely,

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

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

Copy to:
EPA Region IV
CMDR, LANTNAVFACENGCOM
NEESA

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

EFFLUENT

NPDES PERMIT NO: NC0063037 **DISCHARGE NO:** 001 **MONTH:** October **YEAR:** 1987

FACILITY NAME: Rifle Range Sewage Treatment Plant **CLASS:** II **COUNTY:** Onslow

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

CERTIFIED LABORATORY: Environmental Chemistry 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	00403 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: Oil & Grease	Total Nitrogen	Total Phosphor	
		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	.27283				4.0								0.9			
2	00	24	.27481				5.0											
3	00	24	.21333				4.0											
4	00	24	.28706				5.0											
5	00	24	.25167				4.0											
6	00	24	.24676	24	6.6		4.5							8.5				
7	00	24	.32635	25	6.6		4.0	5		0.21		2	0	8.2				
8	00	24	.29790				4.0											
9	00	24	.26693				5.0											
10	00	24	.26825	23			5.0											
11	00	24	.23840				5.0											
12	00	24	.24949				6.0											
13	00	24	.26408				4.0											
14	00	24	.29000	22	6.8		4.0	4		0.07		4	0	8.6				
15	00	24	.28008				4.0											
16	00	24	.17562				4.0											
17	00	24	.19416				4.0											
18	00	24	.20690				5.0											
19	00	24	.21090				3.0											
20	00	24	.29287				5.0											
21	00	24	.17730	27	6.4		2.0	5		0.12		1	0	8.0				
22	00	24	.25840				4.0											
23	00	24	.23790				4.0											
24	00	24	.33802				4.0											
25	00	24	.29400				4.0											
26	00	24	.30630				4.0											
27	00	24	.13841				4.0								3.1			
28	00	24	.30200	21	6.5		5.0	5		0.12		2	0	8.9				
29	00	24	.25072				4.0											
30	00	24	.22328				5.0											
31	00	24	.23381				4.0											
Average			.25382				4.3	5		0.13		2	0	8.4	2.0			
Max.			.33802		6.8		6.0	5		0.21		4	0	8.9	3.1			
Min.			.13841		6.4		2.0	4		0.07		1	0	8.0	0.9			
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			

Facility Status: (Please check one of the following)

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

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

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

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

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 Splids	00940	Total Chloride	01067	Nickel	38260	MBAS	85652	Time

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0003239 DISCHARGE NO: 001 MONTH: October YEAR: 1987

FACILITY NAME: ~~Camp Geiger Sewage Treatment Plant~~ CLASS: III COUNTY: Onslow

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

CERTIFIED LABORATORY: Environmental Chemistry & Microbiology Section

STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

PERSON(s) COLLECTING SAMPLES: _____

Mail original and one copy to:
ATT: Central Files
Division of Environmental Management
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	00600	00665
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW		
															OIL & GREASE	TOTAL NITROGEN	TOTAL PHOS - PHORUS
		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	.759	20	6.6		4.0	10		21		12	0	9.8	2.3		
2	00	24	.908	23	6.6		4.0	27		15		7	0	9.4			
3	00	24	.856	21	6.6		4.0							8.5			
4	00	24	1.004	21	6.6		4.0							6.0			
5	00	24	1.117	20	6.6		4.0	27		16.6		4	18	10.0			
6	00	24	.804	20	6.4		4.0	25		14.5		7	0	9.5			
7	00	24	1.045	20	7.0		4.0	12		13.1		6	0	8.0			
8	00	24	.904	22	6.8		4.0	14		13.5		10	0	8.2			
9	00	24	1.008	20	7.0		4.0	22		15.9		14	0	9.2			
10	00	24	.898	21	6.8		4.0							9.0			
11	00	24	.975	24	6.8		4.0							8.4			
12	00	24	.959	24	6.8		4.0							8.4			
13	00	24	.941	18	6.8		4.0	8		10.2		8	0	9.4		14.84	
14	00	24	1.026	21	6.6		4.0	10		14.1		8	0	9.0			
15	00	24	.968	21	6.4		4.0	13		11.8		8	0	8.5			
16	00	24	1.106	20	6.8		4.0	16		13.8		8	0	10.5			
17	00	24	.911	20	6.8		4.0							9.6			
18	00	24	.937	21	6.8		4.0							8.9			
19	00	24	.999	21	6.6		4.0	9		15.0		12	0	10.0			1.4
20	00	24	.985	21	6.6		4.0	25		16.1		15	0	10.0			
21	00	24	.952	21	7.0		4.0	25		17.2		01	0	9.0			
22	00	24	1.054	24	6.8		4.0	29		17.4		3	2	5.6			
23	00	24	1.272	12	6.4		4.0	28		23.0		8	0	7.0			
24	00	24	.544	21	6.9		4.0							8.0			
25	00	24	.458	21	6.8		4.0							9.6			
26	00	24	.923	21	6.8		4.0	9		27.4		9	0	7.6			
27	00	24	1.070	20	6.9		4.0	26		18.2		15	310	9.0	9.0		1.4
28	00	24	.671		6.4		4.0	18		19.0		2	0	9.0			
29	00	24	1.002	20	6.9		4.0	21		17.8		6	0	5.5			
30	00	24	.980	19	6.6		4.0	18		18.0		7	0	8.5			
31	00	24	.800		6.6		4.0							8.5			
Average			.930				4.0	19		16.6		9	1.74	8.6	5.7	14.84	1.4
Max.			1.272		7.0		4.0	29		27.4		15	310	10.5	9.0	14.84	1.4
Min.			.458		6.4		4.0	8		10.2		2	0	5.6	2.3	14.84	1.4
Comp.(C)/ Grab(G)				G	G		G	C		C		C	G	G	G	C	C
Monthly Limit					6-9			30				30	200	>5	30		

DEM Form MR-1 (11/84

Facility Status: (Please check one of the following)

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

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

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

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

Signature of Permittee

PARAMETER CODES

00010	Temperature	00556	Oil and Grease	00950	Dissolved Fluoride	01077	Silver	39516	PCBS
00065	Stream Stage	00600	Total Nitrogen	01002	Total Arsenic	01087	Total Vanadium	39941	Roundup
00076	Turbidity	00610	Ammonia Nitrogen	01027	Cadmium	01092	Zinc	50047	Max. flow during 24-hr. period
00300	Dissolved Oxygen	00625	Total Kjeldahl Nitrogen	01032	Hexavalent Chromium	01105	Total Aluminum	50048	Min. flow during 24-hr. period
00310	BOD_5	00665	Total Phosphorous	01034	Chromium	01147	Total Selenium	50050	Flow
00340	COD	00720	Cyanide	01037	Total Cobalt	31504	Total Coliform	50060	Total Residual Chlorine
00400	pH	00745	Total Sulfide	01042	Copper	31614	Fecal Coliform, MPN, Tube	71880	Formaldehyde
00500	Total Solids	00927	Total Magnesium	01045	Total Iron	31616	Fecal Coliform	71900	Mercury
00530	TSS	00929	Total Sodium	01051	Lead	32730	Total Phenolics	81318	Ferrocyanides
00545	Settleable Splids	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: NC0006305 3 **DISCHARGE NO:** 001 **MONTH:** October **YEAR:** 1987

FACILITY NAME: Onslow Beach Sewage Treatment Plant **CLASS:** II **COUNTY:** Onslow

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

CERTIFIED LABORATORY: Environmental Chemistry 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	00403 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	00600	00665
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW		
															Oil & Grease	Total Nitrogen	Total Phosphor
	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	.1183	22	6.8		4.5	5				5	0	8.3			
2	00	24	.0954				4.5								0.7		
3	00	24	.0988				4.5										
4	00	24	.0800				5.0										
5	00	24	.1186				5.5										
6	00	24	.0822				6.0										
7	00	24	.8172				4.5										
8	00	24	.1020	23	6.8		5.0	6				3	0	8.0			
9	00	24	.1150				4.0										
10	00	24	.1008				4.5										
11	00	24	.0939				4.5										
12	00	24	.0936				4.5										
13	00	24	.1026				5.0										
14	00	24	.0954				5.0										
15	00	24	.0560	18	7.1		5.0	6				2	0	10.2			
16	00	24	.0710				4.0										
17	00	24	.0994				2.0										
18	00	24	.0768				5.0										
19	00	24	.0815				4.5										
20	00	24	.0862				6.0										
21	00	24	.0782				4.5										
22	00	24	.0765	17	7.0		5.0	4				3	0	8.1			
23	00	24	.0856				5.0										
24	00	24	.0866				5.5										
25	00	24	.0747				5.5										
26	00	24	.0864				3.0										
27	00	24	.1587				6.0								3.9		
28	00	24	.1600				5.0										
29	00	24	.1540	20	6.9		4.0	6				1	0	8.1			
30	00	24	.1368				3.5										
31	00	24	.1260				4.0										
Average			.0990				4.6	5				3	0	8.5	2.3		
Max.			.1600		7.1		6.0	6				5	0	10.2	3.9		
Min.			.0560		6.8		2.0	4				1	0	8.0	0.7		
Comp.(C)/ Grab(G)				G	G		G	C		C		C	G	G	G	C	C
Monthly Limit					6-8.5			30				30	14	>5	30		

DEM Form MR-1 (11/84)

Facility Status: (Please check one of the following)

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

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

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

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

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:** October **YEAR:** 1987

FACILITY NAME: Onslow Beach Water Treatment Pond **CLASS:** **COUNTY:** Onslow

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: WTP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☐ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00403 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 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																		
5																		
6	00	24			8.1							5.						
7																		
8																		
9																		
10																		
11																		
12																		
13	00	24			7.8							0.8						
14																		
15																		
16																		
17																		
18																		
19																		
20	00	24			7.8							1.6						
21																		
22																		
23																		
24																		
25																		
26																		
27	00	24			8.2							3.6						
28																		
29																		
30																		
31																		
Average												2.8						
Max.					8.2							5.0						
Min.					7.8							0.8						
Comp.(C)/Grab(G)					G							C						
Monthly Limit					6-9							30						

DEM Form MR-1 (11/84)

Facility Status: (Please check one of the following)

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

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

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

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:** October **YEAR:** 1987

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

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☑ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00403 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			
															Oil & Grease	Total Nitrogen	Total Phosphor	
		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	.752	22	6.4		4.0	12		1.6		13	2	7.5	2.9			
2	00	24	.752	22	6.6		4.0	11		1.3		10	14	7.8				
3	00	24	.752	22	6.5		5.0							7.7				
4	00	24	.752	21	6.5		4.0							7.6				
5	00	24	.752	18	6.7		4.0	13		1.9		6	4	8.8				
6	00	24	.752	20	6.6		5.0	9		2.0		2	20	8.0				
7	00	24	.752	20	6.6		4.0	13		3.7		10	2	8.2				
8	00	24	.752	20	6.6		4.0	12		4.9		9	0	7.8				
9	00	24	.752	20	6.5		4.0	14		1.7		8	0	7.9				
10	00	24	.752	20	6.8		4.0							8.2				
11	00	24	.752	20	6.6		4.0							8.0				
12	00	24	.752	20	6.8		4.0							7.7				
13	00	24	.752	20	6.6		4.0	13		2.3		8	0	8.1		13.79		
14	00	24	.752	20	6.6		4.0	14		2.3		9	0	8.1				
15	00	24	.752	21	6.6		4.0	15		3.5		9	10	8.6				
16	00	24	.752	20	6.5		5.0	13		2.3		9	10	8.8				
17	00	24	.752	20	6.5		4.0							8.4				
18	00	24	.752	20	6.6		4.0							8.6				
19	00	24	.752	20	6.5		5.0	12		2.9		16	0	8.2			5.1	
20	00	24	.752	20	6.5		5.0	13		1.4		7	0	8.2				
21	00	24	.752	20	6.8		4.0	10		1.9		6	0	8.2				
22	00	24	.752	18	6.4		3.5	12		1.7		7	0	8.5				
23	00	24	.752	18	6.4		4.0	14		1.5		6	0	8.4				
24	00	24	.752	19	6.2		4.0							8.0				
25	00	24	.752	19	6.6		4.0							8.5				
26	00	24	.752	19	6.4		4.0	15		1.2		12	0	8.5				
27	00	24	.752	19	6.2		4.0	18		4.4		12	6	8.4	5.7		4.1	
28	00	24	.752	19	6.7		4.0	27		3.4		33	0	8.2				
29	00	24	.752	17	6.4		4.0	13		1.6		9	C12	8.5				
30	00	24	.753	20	6.4		4.5	13		2.0		8	2	8.5				
31	00	24	.753	19	6.4		4.0							8.6				
Average			.752				4.3	14		2.4		10	2.02	8.2	4.3	13.79	4.6	
Max.			.753		6.8		5.0	27		4.9		33	20	8.8	5.7	13.79	5.1	
Min.			.752		6.2		3.5	9		1.2		2	0	7.5	2.9	13.79	4.1	
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C	
Monthly Limit					6-8.5			30				30	1000	>5	30			

Facility Status: (Please check one of the following)

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

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

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

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

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:** October **YEAR:** 1987

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

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

CERTIFIED LABORATORY: Environmental Chemistry 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
NC Department of NRCD
PO Box 27687
Raleigh, North Carolina 27611

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☐ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00403 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: 00582 Oil & Grease MG/L	00600 Total Nitrogen MG/L	00665 Total Phosphor MG/L	
		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	.4245				4.0								0.9			
2	00	24	.4500				4.0											
3	00	24	.4600				4.0											
4	00	24	.3368				4.5											
5	00	24	.5087				4.5											
6	00	24	.5114	19	7.3		4.0	6		0.17		2	0	7.0				
7	00	24	.5566				4.0											
8	00	24	.6383				5.0											
9	00	24	.4030				4.5											
10	00	24	.6327				4.5											
11	00	24	.4021				5.0											
12	00	24	.4910				4.5											
13	00	24	.5222	17	7.2		4.5	3		0.15		2	0	10.0		7.61		
14	00	24	.4479				4.0											
15	00	24	.4009				4.0											
16	00	24	.4672				4.5											
17	00	24	.5626				4.0											
18	00	24	.4570				3.5											
19	00	24	.4850				3.5											
20	00	24	.4437	18	7.2		3.5	10		0.41		9	0	8.0				
21	00	24	.5090				3.5											
22	00	24	.5966				4.0											
23	00	24	.4838				4.0											
24	00	24	.3425				4.0											
25	00	24	.5802				4.0											
26	00	24	.3081				4.0											
27	00	24	.4658	22	7.2		2.0	11		0.44		11	0	10.8	2.6		1.8	
28	00	24	.5495				4.0											
29	00	24	.4269				4.0											
30	00	24	.4330				4.0											
31	00	24	6.538				4.0											
Average			.4823				4.0	8		0.29		6	0	8.95	1.8	7.61	1.8	
Max.			.6538		7.3		5.0	11		0.44		11	0	10.8	2.6	7.61	1.8	
Min.			.3081		7.2		2.0	3		0.15		2	0	7.0	0.9	7.61	1.8	
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			

Facility Status: (Please check one of the following)

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

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

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

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

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:** October **YEAR:** 1987

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

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X _____
* Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 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: 00552 Oil & Grease	00600 Total Nitrogen	00665 Total Phosphor
	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	.461	16										5.0	2.3		
2	00	24	.622	16	6.3		5.0	14		4.8		11	0	8.2			
3	00	24	.511	17			5.0										
4	00	24	.573	17			6.0										
5	00	24	.432	16	6.4		8.0	13		4.0		7	0	8.7			
6	00	24	.692	16			3.0										
7	00	24	.473	16			4.0										
8	00	24	.773	15			4.0										
9	00	24	.618	16	6.7		5.0	23		4.1		9	32	7.7			
10	00	24	.572				4.0										
11	00	24	.486				5.0										
12	00	24	.562				5.0										
13	00	24	.582				4.0										
14	00	24	.561				4.0										
15	00	24	.460				4.0										
16	00	24	.600	18	7.0		3.0	21		5.9		8	0	8.3		15.04	
17	00	24	.710				4.0										
18	00	24	.635				0.0										
19	00	24	.716	18	6.9		4.0	13		3.3		14	0	8.0			4.7
20	00	24	.634				4.0										
21	00	24	.527				4.0										
22	00	24	.417				4.0										
23	00	24	.568	16	6.9		4.0	19		7.2		9	9	8.1			
24	00	24	.539				4.0										
25	00	24	.553				5.0										
26	00	24	.820	18	6.9		4.0	17		3.8		12	0	8.3			
27	00	24	.722				4.0								2.3		
28	00	24	.604				4.0										
29	00	24	.704				4.0										
30	00	24	.604	16	6.8		4.0	23		9.7		5	228	7.3			
31	00	24	.548				4.0										
Average			.645				4.3	18		5.4		9	3.04 *	8.2	2.3	15.04	4.7
Max.			.820		7.0		8.0	23		9.7		12	228	8.7	2.3	15.04	4.7
Min.			.417		6.3		3.0	13		3.3		5	0	7.3	2.3	15.04	4.7
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C
Monthly Limit					6-8.5			30				30	14	>5	30		

DEM Form MR-1 (11/84

Facility Status: (Please check one of the following)

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

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

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

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

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 Splids	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:** October **YEAR:** 1987

FACILITY NAME: Hadnot Point Sewage Treatment Plant **CLASS:** IV **COUNTY:** Onslow

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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Division of Environmental Management
NC Department of NRCD
PO Box 27687
Raleigh, North Carolina 27611

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00403 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00552 ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW: Oil & Grease	Total Nitrogen	Total Phosphor
		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	6.079	24	7.0		1.5	11		8.0		18	2	6.2	2.6		
2	00	24	5.818	23	7.1		1.5	14		4.4		12	2	6.2			
3	00	24	5.020	24	7.1		2.0							6.5			
4	00	24	4.350	21	7.0		1.5							6.6			
5	00	24	5.133	21	71		2.0	14		3.7		12	2	6.5			
6	00	24	5.199	23	7.2		1.5	20		4.4		8	0	6.8			
7	00	24	4.514	23	7.0		2.0	19		5.0		8	8	6.9			
8	00	24	7.014	21	7.0		2.0	17		1.4		11	30	5.8			
9	00	24	5.213	21	6.9		2.0	21		7.3		11	20	6.8			
10	00	24	4.446	23	7.0		2.0							6.0			
11	00	24	4.378	23	6.8		2.0							6.5			
12	00	24	4.412	21	6.8		2.0							6.4			
13	00	24	5.359	22	6.8		2.5	11		2.6		12	0	6.5		14.05	
14	00	24	5.146	20	6.8		2.0	13		4.3		11	0	6.5			
15	00	24	5.366	18	7.1		1.5	14		5.1		9	0	6.3			
16	00	24	5.620	18	7.0		1.5	14		4.1		13	2	6.5			
17	00	24	4.862	20	7.1		1.0							5.3			
18	00	24	5.033	22	7.0		2.0							5.4			
19	00	24	5.410	22	7.0		2.0	11		2.7		15	16	5.6			5.1
20	00	24	4.430	22	6.9		2.0	12		2.5		10	0	5.6			
21	00	24	5.590	23	7.0		2.0	11		3.6		9	0	6.0			
22	00	24	5.241	20	7.0		2.0	14		4.1		11	0	5.6			
23	00	24	6.319	22	6.8		2.0	14		2.8		6	10	5.9			
24	00	24	5.480	20	6.9		3.0							5.9			
25	00	24	4.365	21	6.8		2.5							5.2			
26	00	24	5.095	20	6.9		2.0	19		2.3		19	0	5.4			
27	00	24	5.416	20	6.8		2.0	15		3.3		13	C12	5.5	10.5		3.9
28	00	24	5.269	20	5.9		2.0	13		3.9		8	550	5.2			
29	00	24	5.605	20	6.8		2.0	14		4.8		12	0	5.6			
30	00	24	5.275	20	7.0		2.0	15		5.2		11	0	5.2			
31	00	24	4.450	20	6.9		2.0							5.5			
Average			5.207	21.2			1.9	15		4.1		11	3.10	6.0	6.7	14.05	4.5
Max.			7.014	24	7.2		3.0	20		8.0		19	550	6.9	10.5	14.05	5.1
Min.			4.350	18	6.8		1.0	11		1.4		6	0	5.2	2.8	14.05	3.9
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C
Monthly Limit					6-8.5			22		13		30	14	>5	30		

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 Splids	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: NC0063002 DISCHARGE NO: 001 MONTH: October YEAR: 1987

FACILITY NAME: Tarawa Terrace STP COUNTY: Onslow

Date	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	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1	00	24				159			105								
2	00	24				164			88								
3																	
4																	
5	00	24				184			103								
6	00	24				164			74								
7	00	24				172			80								
8	00	24				192			106								
9	00	24				192			112								
10																	
11																	
12																	
13	00	24				156			78								
14	00	24				184			144								
15	00	24				164			102								
16	00	24				168			68								
17																	
18																	
19	00	24				180			108								
20	00	24				180			66								
21	00	24				204			108								
22	00	24				188			132								
23	00	24				212			135								
24																	
25																	
26	00	24				160			106								
27	00	24				244			102								
28	00	24				152			80								
29	00	24				190			80								
30	00	24				180			135								
31																	
AVERAGE						180			101								
MONTHLY MAXIMUM						244			144								
MONTHLY MINIMUM						152			66								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

NPDES NO: NC0006305 3 DISCHARGE NO: 001 MONTH: October YEAR: 1987

FACILITY NAME: Onslow Beach Sewage Treatment Plant COUNTY: Onslow

Date	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	00	24				136			63								
2																	
3																	
4																	
5																	
6																	
7																	
8	00	24				96			73								
9																	
10																	
11																	
12																	
13																	
14																	
15	00	24				138			40								
16																	
17																	
18																	
19																	
20																	
21																	
22	00	24				96			84								
23																	
24																	
25																	
26																	
27																	
28																	
29	00	24				92			96								
30																	
31																	
AVERAGE						112			71								
MONTHLY MAXIMUM						138			96								
MONTHLY MINIMUM						92			40								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Courthouse Bay STP COUNTY: Onslow

Date	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																	
5																	
6	00	24				106			82								
7																	
8																	
9																	
10																	
11																	
12																	
13	00	24				108			93								
14																	
15																	
16																	
17																	
18																	
19																	
20	00	24				58			33								
21																	
22																	
23																	
24																	
25																	
26																	
27	00	24				198			97								
28																	
29																	
30																	
31																	
AVERAGE						118			76								
MONTHLY MAXIMUM						198			97								
MONTHLY MINIMUM						58			33								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Hadnot Point Sewage Treatment Plant COUNTY: Onslow

Date	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	00	24				180			198								
2	00	24				156			86								
3																	
4																	
5	00	24				224			123								
6	00	24				132			130								
7	00	24				216			136								
8	00	24				118			128								
9	00	24				216			143								
10																	
11																	
12																	
13	00	24				124			126								
14	00	24				176			170								
15	00	24				164			126								
16	00	24				192			178								
17																	
18																	
19	00	24				252			262								
20	00	24				208			135								
21	00	24				196			150								
22	00	24				212			162								
23	00	24				204			107								
24																	
25																	
26	00	24				176			148								
27	00	24				264			140								
28	00	24				208			128								
29	00	24				208			132								
30	00	24				152			80								
31																	
AVERAGE						193			142								
MONTHLY MAXIMUM						264			262								
MONTHLY MINIMUM						124			80								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

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

Date	Time	Composite Time	00400 PH STD UNITS	00010 Temperature (Celsius) °C	00545 Settleable Matter MI/L	00310 BOD_5 20 °C MG/L	00610 Ammonia Nitrogen MG/L	00500 Total Residue MG/L	00530 Total Suspended Residue MG/L	00340 COD MG/L	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS															
1																	
2	~~00~~	~~24~~				162			106								
3																	
4																	
5	00	24				198			112								
6																	
7																	
8																	
9	00	24				204			121								
10																	
11																	
12																	
13																	
14																	
15																	
16	00	24				340			428								
17																	
18																	
19	00	24				245			251								
20																	
21																	
22																	
23	00	24				236			180								
24																	
25																	
26	00	24				530			268								
27																	
28																	
29																	
30	00	24				172			50								
31																	
AVERAGE						261			190								
MONTHLY MAXIMUM						530			428								
MONTHLY MINIMUM						162			50								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Camp Geiger Sewage Treatment Plant COUNTY: Onslow

Date	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	00	24				308			225								
2	00	24				328			172								
3																	
4																	
5	00	24				324			243								
6	00	24				410			400								
7	00	24				295			138								
8	00	24				335			200								
9	00	24				425			273								
10																	
11																	
12																	
13	00	24				370			296								
14	00	24				320			206								
15	00	24				254			183								
16	00	24				324			214								
17																	
18																	
19	00	24				340			116								
20	00	24				324			185								
21	00	24				308			132								
22	00	24				457			136								
23	00	24				296			145								
24																	
25																	
26	00	24				345			284								
27	00	24				630			217								
28	00	24				358			138								
29	00	24				594			335								
30	00	24				300			207								
31																	
AVERAGE						364			212								
MONTHLY MAXIMUM						630			400								
MONTHLY MINIMUM						254			116								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Rifle Range Sewage Treatment Plant COUNTY: Onslow

Date	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											
5											
6											
7	00	24				48			77		
8											
9											
10											
11											
12											
13											
14	00	24				44			74		
15											
16											
17											
18											
19											
20											
21	00	24				60			30		
22											
23											
24											
25											
26											
27											
28	00	24				82			26		
29											
30											
31											
AVERAGE						59			52		
MONTHLY MAXIMUM						82			77		
MONTHLY MINIMUM						44			26		
SAMPLE TYPE C or G						C			C		

DEM Form MR-2 (11/84)

6286/1
NREAD
23 Nov 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

DWS
S. Ecologist

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

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

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

J. I. WOOTEN

Blind Copy to:
EC&MS (2)

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

PLANT: HADNOT POINT | NPDES PERMIT NO.: NC 0063029 | MONTH: OCTOBER | YEAR: 1987

DATE	00310 5 DAY 20°C BOD INFLUENT mg/L	00310 5 DAY 20°C BOD EFFLUENT mg/L	%	00610 AMMONIA EFFLUENT mg/L	00530 TOTAL SUSPENDED RESIDUE INFLUENT mg/L	00530 TOTAL SUSPENDED RESIDUE EFFLUENT mg/L	%	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	180	11	94	8.0	198	18	91	2	2.8		
2	156	14	91	4.4	86	12	86	2			
3											
4											
5	224	14	94	3.7	123	12	90	2			
6	132	20	85	4.4	130	8	94	0			
7	216	19	91	5.0	136	8	94	8			
8	188	17	91	1.4	128	11	91	30			
9	216	21	90	7.3	143	11	92	20			
10											
11											
12											
13	124	11	91	2.6	126	12	90	0		14.05	
14	176	13	93	4.3	170	11	94	0			
15	164	14	92	5.1	126	9	93	0			
16	192	14	93	4.8	178	13	93	2			
17											
18											
19	252	11	96	2.7	262	15	94	16			5.1
20	208	12	94	2.5	135	10	93	0			
21	96	11	94	3.6	150	9	94	0			
22	212	14	93	4.1	162	11	93	0			
23	204	14	93	2.8	107	6	94	10			
24											
25											
26	176	19	89	2.3	148	19	87	0			
27	264	15	94	3.3	140	13	91	CL2	10.5		3.9
28	208	13	93	3.9	128	8	94	550			
29	202	14	93	4.8	132	12	91	0			
30	152	15	90	5.2	80	11	86	0			
31											
TOTAL	4048	306		85.5	2988	239			13.3	14.05	9.0
AVERAGE	193	15	92	4.1	142	11	92	3.1	6.7	14.05	4.5
MAXIMUM	264	20		8.0	262	19		550	10.5	14.05	5.1
MINIMUM	124	11		1.4	80	6		0	2.8	14.05	3.9
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		22		13		30		14	30		

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

ENCLOSURE (1)

ENVIRONMENTAL CHEMISTRY & MICROBIOLOGY LABORATORY REPORT
MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY
MCBCL 11345/8 (REV. 09/87)

PLANT	NPDES PERMIT NO.	MONTH	YEAR
CAMP GEIGER	NC 0003239	OCTOBER	1987

	00310 5 DAY 20°C BOD			00610 AMMONIA	00530 TOTAL SUSPENDED RESIDUE			31616 FECAL COLIFORM	00556 OIL & GREASE	00600 TOTAL NITROGEN	00665 TOTAL PHOSPHOROUS
DATE	INFLUENT MG/L	EFFLUENT MG/L	%	EFFLUENT MG/L	INFLUENT MG/L	EFFLUENT MG/L	%	EFFLUENT MF/100 ML	EFFLUENT MG/L	EFFLUENT MG/L	EFFLUENT MG/L
1	308	10	97	21	225	12	95	"0	2.3		
2	323	27	92	15	172	7	96	0			
3											
4											
5	324	27	92	16.6	243	4	98	18			
6	410	25	94	14.5	400	7	98	0			
7	295	12	96	13.1	138	6	96	0			
8	335	14	96	13.5	200	10	95	0			
9	425	22	95	15.9	273	14	95	0			
10											
11											
12											
13	370	8	98	10.2	296	8	97	0		14.84	
14	320	10	97	14.1	206	8	96	0			
15	254	13	95	11.2	183	8	96	0			
16	324	16	95	13.8	214	8	96	0			
17											
18											
19	340	9	97	15.0	116	12	90	0			1.4
20	324	25	92	16.1	185	15	92	0			
21	308	25	92	17.2	132	10	92	0			
22	457	29	94	17.4	136	3	98	2			
23	296	28	91	23.0	145	8	94	0			
24											
25											
26	345	9	97	27.4	284	9	97	0			
27	630	26	96	18.2	217	15	93	310	9.0		1.4
28	352	18	95	14.0	138	2	98	0			
29	594	21	96	17.8	335	6	98	0			
30	300	18	94	18.0	207	7	97	0			
31											
TOTAL	7645	392		348.6	4445	179			11.3	14.84	2.8
AVERAGE	364	19	94.8	16.6	212	9	96	1.74	5.7	14.84	1.4
MAXIMUM	630	29		27.4	400	15		310	9.0	14.84	1.4
MINIMUM	254	8		10.2	116	2		0	2.3	14.84	1.4
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		30				30		200	30		

INSTRUCTIONS:

COMPLETE THIS FORM IN INK, NEATLY AND CLEARLY OR IT WILL BE TYPED.

HEAD THE FORM WITH PLANT NAME, PERMIT NUMBER, MONTH & YEAR. INDICATE TOTAL OR FECAL IN COLIFORM HEADING. ADD THE APPROPRIATE MONTHLY LIMITS AT THE BOTTOM.

AT THE END OF THE MONTH, CALCULATE TOTALS, AVERAGES, MAXIMUMS AND MINIMUMS.

SUBMIT COMPLETED FORMS TO LABORATORY SUPERVISOR BY THE 10TH OF THE FOLLOWING MONTH.

ENCLOSURE (1)

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

PLANT	NPDES PERMIT NO.	MONTH	YEAR
TARAWA TERRACE	NC0063002	OCTOBER	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	159	12	92	1.6	105	13	88	2	2.9		
2	164	11	93	1.3	88	10	89	14			
3											
4											
5	184	13	93	1.9	103	6	94	4			
6	164	9	95	2.0	74	2	97	20			
7	172	13	92	3.7	80	10	88	2			
8	192	12	94	4.9	106	9	92	0			
9	192	14	93	1.7	112	8	93	0			
10											
11											
12											
13	156	13	92	2.3	78	3	90	0		13.79	
14	184	14	92	2.3	144	9	94	0			
15	164	15	91	3.5	102	9	91	10			
16	168	13	92	2.3	68	9	87	10			
17											
18											
19	180	12	93	2.9	108	16	85	0			5.1
20	180	13	93	1.4	66	7	89	0			
21	204	10	95	1.9	108	6	94	0			
22	188	12	94	1.7	132	7	95	0			
23	212	14	93	1.5	135	6	96	0			
24											
25											
26	160	15	91	1.2	106	12	89	0			
27	244	18	93	4.4	102	12	88	6	5.7		4.1
28	152	27	82	3.4	80	33	59	0			
29	140	13	93	1.6	80	9	89	CL2			
30	180	13	93	2.0	135	8	94	2			
31											
TOTAL	3789	286	[redacted]	49.5	2112	208	[redacted]		8.6	13.79	9.2
AVERAGE	180	14	92	2.4	101	10	90	3.02	4.3	13.79	4.6
MAXIMUM	244	27	[redacted]	4.9	144	33	[redacted]	20	5.7	13.79	5.1
MINIMUM	152	9	[redacted]	1.2	66	2	[redacted]	0	2.9	13.79	4.1
COMP (C) GRAB (G)	C	C	[redacted]	C	C	C	[redacted]	G	G	C	C
MONTHLY LIMIT	[redacted]		[redacted]		[redacted]	30	[redacted]		30	[redacted]	[redacted]

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

ENCLOSURE (1)

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

PLANT	NPDES PERMIT NO.	MONTH	YEAR
CAMP JOHNSON	NC0063011	OCTOBER	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		
2	162	14	91	4.8	106	11	90	0			
3											
4											
5	198	13	93	4.0	112	7	94	0			
6											
7											
8											
9	204	23	89	4.1	121	9	93	32			
10											
11											
12											
13											
14											
15											
16	340	21	94	5.9	428	8	98	0		15.04	
17											
18											
19	245	13	95	3.3	251	14	94	0			4.7
20											
21											
22											
23	236	19	92	7.2	180	9	95	0			
24											
25											
26	530	17	97	3.8	268	12	92	0			
27									2.3		
28											
29											
30	172	23	87	9.7	50	5	90	228			
31											
TOTAL	2087	143		42.8	1516	75			4.6	15.04	4.7
AVERAGE	261	18	93	5.4	190	9	95	3.04	2.3	15.04	4.7
MAXIMUM	530	23		9.7	428	12		228	2.3	15.04	4.7
MINIMUM	162	13		3.3	50	5			2.3	15.04	4.7
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT						30			30		

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

ENCLOSURE (1)

ENVIRONMENTAL CHEMISTRY & MICROBIOLOGY LABORATORY REPORT
MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY
MCBCL 11345/8 (REV. 09/87)

PLANT	NPDES PERMIT NO.	MONTH	YEAR
ONSLOW BEACH	NC 0063053	OCTOBER	1987

	00310 5 DAY 20°C BOD			00610 AMMONIA	00530 TOTAL SUSPENDED RESIDUE			31616 FECAL COLIFORM	00556 OIL & GREASE	00600 TOTAL NITROGEN	00665 TOTAL PHOSPHOROUS
DATE	INFLUENT MG/L	EFFLUENT MG/L	%	EFFLUENT MG/L	INFLUENT MG/L	EFFLUENT MG/L	%	EFFLUENT MF/100 ML	EFFLUENT MG/L	EFFLUENT MG/L	EFFLUENT MG/L
1	136	5	96	0.19	63	5	95	0			
2									0.7		
3											
4											
5											
6											
7											
8	96	6	94	0.19	73	3	96	0			
9											
10											
11											
12											
13											
14											
15	132	6	96	0.13	40	2	95	0			
16											
17											
18											
19											
20											
21											
22	96	4	96	0.18	84	3	90	0			
23											
24											
25											
26											
27											
28									3.9		
29	92	6	93	0.28	96	1	0	0			
30											
31											
TOTAL	558	27		0.97	356	14			4.6		
AVERAGE	112	5		0.19	71	3	96	0	2.3		
MAXIMUM	138	6		0.28	96	5		0	3.9		
MINIMUM	92	4		0.13	40	1		0	0.7		
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		30		—		30		14	30		

INSTRUCTIONS:

COMPLETE THIS FORM IN INK, NEATLY AND CLEARLY OR IT WILL BE TYPED.

HEAD THE FORM WITH PLANT NAME, PERMIT NUMBER, MONTH & YEAR. INDICATE TOTAL OR FECAL IN COLIFORM HEADING. ADD THE APPROPRIATE MONTHLY LIMITS AT THE BOTTOM.

AT THE END OF THE MONTH, CALCULATE TOTALS, AVERAGES, MAXIMUMS AND MINIMUMS.

SUBMIT COMPLETED FORMS TO LABORATORY SUPERVISOR BY THE 10TH OF THE FOLLOWING MONTH.

ENCLOSURE (1)

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

PLANT	NPDES PERMIT NO.	MONTH	YEAR
COURTHOUSE BAY	NC0063045	OCTOBER	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									0.9		
2											
3											
4											
5											
6	106	6	94	0.17	82	2	97	0			
7											
8											
9											
10											
11											
12											
13	108	3	97	0.15	93	2	98	0		7.61	
14											
15											
16											
17											
18											
19	[redacted]										
20	58	10	83	0.41	33	9	73	0			
21											
22											
23											
24											
25				[redacted]							
26											
27	198	11	94	0.44	97	11	87	0	2.6		1.8
28											
29											
30											
31											
TOTAL	470	30	[redacted]	1.17	305	24	[redacted]	0	3.5	7.61	1.8
AVERAGE	118	8	93	0.29	76	6	92	0	1.8	7.61	1.8
MAXIMUM	198	11	[redacted]	0.44	97	11	[redacted]	0	2.6	7.61	1.8
MINIMUM	58	3	[redacted]	0.15	33	2	[redacted]	0	0.9	7.61	1.8
COMP (C) GRAB (G)	C	C	[redacted]	C	C	C	[redacted]	G	G	C	C
MONTHLY LIMIT	[redacted]		[redacted]		[redacted]	30	[redacted]		30	[redacted]	[redacted]

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

ENCLOSURE (1)

ENVIRONMENTAL CHEMISTRY & MICROBIOLOGY LABORATORY REPORT
MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY
MCBCL 11345/8 (REV. 09/87)

PLANT: RIFLE RANGE | NPDES PERMIT NO.: NC 0063037 | MONTH: OCTOBER | YEAR: 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 %	31616 FECAL COLIFORM EFFLUENT MF/100 ML	00556 OIL & GREASE EFFLUENT MG/L	00600 TOTAL NITROGEN EFFLUENT MG/L	00665 TOTAL PHOSPHOROUS EFFLUENT MG/L
1								"	0.9		
2											
3											
4											
5											
6											
7	48	5	90	0.21	77	2	97	0			
8											
9											
10											
11											
12											
13											
14	44	4	91	0.07	74	4	95	0			
15											
16											
17											
18											
19											
20											
21	60	5	92	0.12	30	1	97	0			
22											
23											
24											
25											
26											
27											
28	82	5	94	0.12	26	2	92	0	3.1		
29											
30											
31											
TOTAL	234	19		0.52	207	9			4.0		
AVERAGE	59	5	92	0.13	52	2		0	2.0		
MAXIMUM	82	5		0.21	77	4		0	3.1		
MINIMUM	44	4		0.07	26	1		0	0.9		
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		30		—		30		14	30		

INSTRUCTIONS:

COMPLETE THIS FORM IN INK, NEATLY AND CLEARLY OR IT WILL BE TYPED.

HEAD THE FORM WITH PLANT NAME, PERMIT NUMBER, MONTH & YEAR. INDICATE TOTAL OR FECAL IN COLIFORM HEADING. ADD THE APPROPRIATE MONTHLY LIMITS AT THE BOTTOM.

AT THE END OF THE MONTH, CALCULATE TOTALS, AVERAGES, MAXIMUMS AND MINIMUMS.

SUBMIT COMPLETED FORMS TO LABORATORY SUPERVISOR BY THE 10TH OF THE FOLLOWING MONTH.

ENCLOSURE (1)

Dan for action

ASSISTANT CHIEF OF STAFF, FACILITIES
HEADQUARTERS, MARINE CORPS BASE

DATE 11-18-87

Copy for Dan/Betty

TO: DIR, FAMILY HOUSING
DIR, BACHELOR HOUSING
BASE FIRE CHIEF
DIR, NAT. RESOURCES & ENV. AFFAIRS)

ATTN: Mr. Sharp

1. Attached is forwarded for information. NREA take provided BMO, Utilities.

2. Please initial, or comment, and return all papers to this office.

3. Your file copy.

B W Elton
By dir

"LET'S THINK OF A FEW REASONS
WHY IT CAN BE DONE"

MCBCL 5216/21 (REV. 04-85)

Dan for action

ASSISTANT CHIEF OF STAFF, FACILITIES
HEADQUARTERS, MARINE CORPS BASE

DATE 11-18-87

TO:

BASE MAINT O	DIR, FAMILY HOUSING
PUBLIC WORKS O	DIR, BACHELOR HOUSING
COMM-ELECT O	BASE FIRE CHIEF
DIR., NAT. RESOURCES & ENV. AFFAIRS	

ATTN: McShaffer

1. Attached is forwarded for ~~info~~/action. NREA take lead role. Copy provided BMO, Utilities.

2. Please initial, or comment, and return all papers to this office.

3. Your file copy.

B W Elton
By dir

"LET'S THINK OF A FEW REASONS
WHY IT CAN BE DONE"

MCBCL 5216/21 (REV. 04-85)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION IV
345 COURTLAND STREET
ATLANTA, GEORGIA 30365

NOV 13 1987

4-OPM/EAB

Commander
Marine Corp Base - Camp Lejeune
Office of Assistant Chief of
Staff
Facilities Engineering
Camp Lejeune, North Carolina 28542

Dear Commander:

The EPA Region IV, Federal Facilities Coordination Office in conjunction with EPA, Region IV Laboratory would like to perform a wastewater compliance sampling inspection (CSI) at Camp Lejeune on December 7, 1987. This effort will consist of sampling the effluent from your wastewater treatment plans comparing against their permits and reviewing your sampling and testing methods.

Camp Lejeune is just one of several major Federal Facilities having CSI's performed to gather information on Federal Facilities compliance.

If you have any problems or questions, contact my office at (404) 347-3776.

Sincerely yours,

David G. Holroyd

for Arthur G. Linton, P.E.
Federal Facilities Coordinator
Environmental Assessment Branch
Office of Policy and Management

cc: Mr. Bob Alexander
Facilities Engineering - Camp Lejeune

North Carolina Department of Human Resources
Division of Health Services
P.O. Box 2091 • Raleigh, North Carolina 27602-2091

James G. Martin, Governor
David T. Flaherty, Secretary

Ronald H. Levine, M.D., M.P.H.
State Health Director

November 6, 1987

U.S. Marine Corps Base
Commanding General
Marine Corps Base
Camp Lejeune, North Carolina 28542

Re: Standard Report Formats

Dear Sir:

In our letter dated March 30, 1987, you were informed that the "Rules Governing Public Water Supplies" had been amended to require all certified commercial laboratories to report results of analyses to both the Public Water Supply Branch and the supplier of water (client). This amendment also requires the report to be on a form acceptable to the Department and shall contain all essential information.

Copies of the acceptable standard report formats are enclosed for all required analyses except the source fluoride and bacteriological analyses which were sent to you last March. All of the information on the reports is essential and must be reported in the locations indicated on 8 1/2 by 11 inch paper. Your letterhead must appear at the top in the space provided. You may add information and use colors or shading if desired as long as all the required information is in the proper places.

Results of any subcontracted analyses must be submitted to this office on the standardized format bearing the original analyzing laboratory's letterhead and certification signature. In the comments section there must be a note that the analysis was subcontracted by the particular laboratory.

The standard formats for reporting the bacteriological and source fluoride analyses were mandatory after October 1, 1987. The standard formats for all other analyses shall be phased into your operation as soon as possible but, in any event, no later than May 1, 1988.

Section .1631(c) of the "Rules Governing Public Water Supplies" makes the laboratory responsible for submitting results to this office and for ensuring that all the required information is on the report before it is submitted. Laboratories should not accept samples that do not have the proper collection information supplied by the client. Your client does not have the option of requesting results of compliance samples be sent to him/her only and not to the State.

RECEIVED
NOV 10 1987

Reports that are not submitted properly will be returned to the analyzing laboratory, and the water system may be cited for failure to comply with the regulations where appropriate.

Results of all compliance samples except the bacteriological analyses are due in this office no later than the tenth of the month following the month in which the analysis was completed unless contamination is found over the allowable limit, in which case the report is due in this office within forty-eight (48) hours after the analysis is completed. The bacteriological reports are due no later than the tenth of the month following the month in which the sample was collected.

The NCDWA analytical method code, results, date analysis begun, and date analysis completed must be supplied by the analyzing laboratory. Under the "results" column, a number may be preceded by an "L" or the standard math symbol for "less than" to mean less than the indicated value. You may add to the instructions on the back of the form especially in the the area of sample collection and handling. A copy of the NCDWA analytical methods codes is enclosed for your benefit. Before you have analysis forms printed, it is recommended that you submit a copy of your proposed reports to this office for review.

If you have any questions regarding this letter, please call Mr. John McFadyen or Miss Martha Moore at telephone (919) 733-2321.

Sincerely yours,

W. E. Venrick

W. E. Venrick, Head
Public Water Supply Branch
Environmental Health Section

WEV:JCM:spm

Enclosures

NORTH CAROLINA DRINKING WATER ACT
ANALYTICAL METHODS CODES
(Revised: October 15, 1987)

001	Nephelometric (Turbidity)
003	Nephelometric, with Styrene Divinyl (Turbidity)
101	Atomic Absorption, Direct Aspiration (Metals)
103	Atomic Absorption, Flameless, Manual Cold Vapor (Mercury)
105	Colorimetric, Brucine (Nitrate)
107	Ion Selective Electrode (Fluoride)
109	Spectrometric, Cadmium Reduction (Nitrate)
111	Colorimetric SPADNS, Prelim. Distill. (Fluoride)
113	Silver Diethyldithiocarbamate (Arsenic)
116	Automated Alizarin Fluoride Blue or Complexone with Dist. (Fluoride)
117	Zironium-Eriochrome Cyanine with Dist. (Fluoride)
118	Automated Ion Selective Electrode (Fluoride)
119	Atomic Absorption, Automated Cold Vapor (Mercury)
121	Automated Hydrazine Reduction (Nitrate)
122	Ion Selective Electrode (Nitrate)
123	Atomic Absorption, Hydride (Metals)
125	Atomic Absorption, Graphite Furnace (Metals)
127	Potentiometric (Chloride)
128	Argentometric (Chloride)
129	Platinum-Cobalt (Color)
130	Thermometric (Temperature)
133	Consistent Series (Odor)
135	Potentiometric (pH)
137	Turbidimetric (Sulfate)
138	Langelier Index (Corrosivity)
139	Gravimetric (Total Filterable Residue)
140	Aggressive Index (Corrosivity)
141	EDTA Titrimetric (Calcium Hardness)
142	Methyl Orange Titrimetric pH 4.5 (Alkalinity)
143	Heteropoly Blue (Silica)
144	Titrimetric SM402 (Acidity)
145	Electrometric, Conductivity Meter (Specific Conductance)
155	Colorimetric, Methylene Blue (Anionic Surfactants)
157	Titration-potentiometric (Acidity)
163	Automated Cadmium Reduction (Nitrate)
165	Flame Photometric (Sodium)
201	Extraction, Gas Chromatography (Organochlorine Pesticides)
203	Extract, Derivitization, Gas Chromatography (Chlor. Phenoxy Acid Herbicides)
213	Purge & Trap Gas Chrom. EPA 501.1 (TTHM)
215	Liquid/Liquid Extraction Gas Chrom. EPA 501.2 (TTHM)
216	Purge & Trap, Gas Chrom. EPA 502.1 (VOC)
217	Purge & Trap, Gas Chrom. EPA 502.2 (VOC)
218	Purge & Trap, PID, Gas Chrom. EPA 503.1 (VOC)
219	Micro Extraction, Gas Chrom. EPA 504 (EDB, DPCP)
220	Purge & Trap GCMS EPA 524.1 (VOC)
221	Purge & Trap GCMS EPA 524.2 (VOC)

NORTH CAROLINA DRINKING WATER ACT
ANALYTICAL METHODS CODES
(Revised: October 15, 1987)

301	DPD (Free Residual Chlorine)
302	Syringaldazine, FACTS (Free Residual Chlorine)
303	Membrane Filter (Total Coliform)
305	Most Probable Number, 10ml (Total Coliform)
307	Most Probable Number, 100ml (Total Coliform)
401	Standard Methods 13th Ed. Method 302 (Gross Alpha & Beta)
402	EPA 600/4-75-008, 1976 (Gross Alpha & Beta)
403	Standard Methods 13th Ed. Method 303 (Strontium-89, 90)
404	EPA 600/4-75-008, 1976 (Strontium-89, 90)
405	Standard Methods 13th Ed. Method 304 (Total Radium)
407	Standard Methods 13th Ed. Method 305 (Radium 226)
409	Standard Methods 13th Ed. Method 306 (Tritium)
410	EPA 600/4-75-008, 1976 Liquid Scintillation (Tritium)
411	ASTM D-2459 Gamma Spectrometry of Water (Cesium 134)
413	ASTM D-2907 Fluorometric (Uranium)
414	EPA 600/4-75-008 Distillation (Iodine 131)
415	EPA 600/4-75-008 Precipitation (Iodine 131)
416	ASTM D-2459 Gamma Spectrometry (Iodine 131)
417	EPA 600/4-75-008 Radon Emanation (Radium 226)
418	EPA 600/4-75-008 Sequential (Radium 226, 228)
419	Anal. Chem. 46:1742-1749, 1974 Brooks Blanchard (Radium 228)
420	EPA 600/4-80-032 Method 908.0 Ion Exchange (Uranium)
421	ASTM D-2459 Gamma Spectrometry of Water (Other Photon Emitters)

RADIOLOGICAL ANALYSIS

LABORATORY ID#: _ _ _ _ _ _

WATER SYSTEM ID#: _ _ - _ _ - _ _ _ _ COUNTY: _____

NAME OF SYSTEM: _____

TYPE OF SAMPLE: ___ (D=Distribution, E=Composite, S=Special)

MAIL RESULTS TO:

_____

_____

_____

TELEPHONE # (___) _____

TYPE OF SUPPLY:

( ) Community
( ) NTNC
( ) Non-Community
( ) Private

WATER SOURCE(S):

( ) GROUND
( ) SURFACE
( ) PURCHASED

COLLECTION DATA

	DATE COLLECTED	SAMPLE LOCATION	LOC CODE	TAKEN BY
SINGLE OR FIRST QUARTER	_ _ /_ _ /_ _ (MM/DD/YY)	_____	_ _ _	_____
SECOND QUARTER	_ _ /_ _ /_ _ (MM/DD/YY)	_____	_ _ _	_____
THIRD QUARTER	_ _ /_ _ /_ _ (MM/DD/YY)	_____	_ _ _	_____
FOURTH QUARTER	_ _ /_ _ /_ _ (MM/DD/YY)	_____	_ _ _	_____

ANALYTICAL VALUES (pCi/liter)

CONTAM CODE	NAME	METHOD CODE	RESULTS		COUNTING ERROR	ALLOWABLE LIMIT
****	**********	***	**********		*********	*****
4000	GROSS ALPHA	_ _ _	L	_ _ _ _ _	_ _ _ _ _	00015
4004	RADON	_ _ _	L	_ _ _ _ _	_ _ _ _ _	N/A
4006	URANIUM	_ _ _	L	_ _ _ _ _	_ _ _ _ _	N/A
4010	COMBINED RADIUM	N/A	L	_ _ _ _ _	_ _ _ _ _	00005
4020	RADIUM 226	_ _ _	L	_ _ _ _ _	_ _ _ _ _	00005
4030	RADIUM 228	_ _ _	L	_ _ _ _ _	_ _ _ _ _	00005
4100	GROSS BETA	_ _ _	L	_ _ _ _ _	_ _ _ _ _	00050
4102	TRITIUM	_ _ _	L	_ _ _ _ _	_ _ _ _ _	20000
4172	STRONTIUM 89	_ _ _	L	_ _ _ _ _	_ _ _ _ _	N/A
4174	STRONTIUM 90	_ _ _	L	_ _ _ _ _	_ _ _ _ _	00008
4264	IODINE 131	_ _ _	L	_ _ _ _ _	_ _ _ _ _	N/A
4270	CESIUM 134	_ _ _	L	_ _ _ _ _	_ _ _ _ _	N/A

SAMPLE UNSATISFACTORY ( )

RESAMPLE REQUESTED ( )

DATE ANALYSES BEGUN: _ _ / _ _ / _ _

DATE ANALYSES COMPLETED: _ _ / _ _ / _ _

CERTIFIED BY: _____

COMMENTS:

INSTRUCTIONS

1) THE CLIENT IS RESPONSIBLE FOR COMPLETING ALL INFORMATION ABOVE THE DOUBLE LINE. Failure to complete all the information may result in rejection of the samples. Use a typewriter or a ball point pen. Please write legibly if a typewriter is not available.

2) If a single distribution sample is being collected (system must have permission for reduced monitoring) write "D" after "Type of Sample." The normal routine sampling requires that one sample be collected in each of four consecutive calendar quarters and composited (combined) before analysis. This type of sample is designated by writing "E" after "Type of Sample" and means a composite sample. All other samples are designated as "S" for "Special" samples and do not count for compliance with the monitoring requirements of the North Carolina Drinking Water Act.

3) The samples must be collected in bottles supplied by this laboratory.

4) Take sample(s) from a free flowing user outlet. Turn on tap and allow water to flow freely for five (5) minutes to clear residential plumbing of stale water. Collect sample leaving an air space of one (1) inch at top of container. Cap, place in mailing container and forward to laboratory immediately after collection.

5) Single samples will be analyzed immediately. Composite samples will be stored by the laboratory until all four quarterly samples are received at which time one composite analysis will be performed.

6) After the samples are analyzed, regulations require that the laboratory mail the results of all compliance samples to the Division of Health Services. A copy will be sent to the client, and this copy shall be retained by the client for at least ten (10) years.

7) If the "gross alpha" exceeds five (5) pCi/liter, "radium 226" must be analyzed. If the "radium 226" exceeds three (3) pCi/liter, "radium 228" must be analyzed. If the "radium 226" and "radium 228" combined exceed five (5) pCi/liter, the maximum contaminant level has been exceeded and corrective measures must be taken.

8) If the form should be returned to the client marked "Sample Unsatisfactory," this means another sample will have to be collected. The COMMENTS section on front of the form will give the reason.

INORGANIC CHEMICAL ANALYSIS

LABORATORY ID#: _ _ _ _ _ _

WATER SYSTEM ID#: _ _ - _ _ - _ _ _ COUNTY: _____

NAME OF SYSTEM: _____

TYPE OF SAMPLE: D (D = Distribution, S = Special)

COLLECTED ON: DATE: _ _ /_ _ /_ _ (MM/DD/YY) TIME: _ _ : _ _ _ M (HH:MM XM)

LOCATION WHERE COLLECTED: _____

COLLECTED BY: _____ LOCATION/SOURCE CODE: _ _ _

MAIL RESULTS TO:

_____

_____

_____

TELEPHONE # (___) _____

TYPE OF SUPPLY:
( ) COMMUNITY
( ) NTNC
( ) NON-COMMUNITY
( ) PRIVATE

WATER SOURCE(S):
( ) GROUND
( ) SURFACE
( ) PURCHASED

CONTAM CODE	NAME	METHOD CODE	RESULTS	ALLOW. LIMITS
****	**********	*****	*****.*****	*****
1005	ARSENIC, mg/l	_ _ _	L _ _._ _ _	0.050
1010	BARIUM, mg/l	_ _ _	L _ _._ _ _	1.000
1015	CADMIUM, mg/l	_ _ _	L _ _._ _ _	0.010
1020	CHROMIUM, mg/l	_ _ _	L _ _._ _ _	0.050
1025	FLUORIDE, mg/l	_ _ _	L _ _._ _ _	4.000
1028	IRON, mg/l	_ _ _	L _ _._ _ _	0.300
1030	LEAD, mg/l	_ _ _	L _ _._ _ _	0.050
1032	MANGANESE, mg/l	_ _ _	L _ _._ _ _	0.050
1035	MERCURY, mg/l	_ _ _	L _ _._ _ _	0.002
1040	NITRATE, mg/l	_ _ _	L _ _._ _ _	10.00
1045	SELENIUM, mg/l	_ _ _	L _ _._ _ _	0.010
1050	SILVER, mg/l	_ _ _	L _ _._ _ _	0.050
1052	SODIUM, mg/l	_ _ _	L _ _._ _ _	N/A
1925	pH, units	1 3 5	_ _._ _ _	G 6.5

TYPE TREATMENT:
( ) NONE
( ) CHLORINATED
( ) FLUORIDATED
( ) FILTERED
( ) ALUM
( ) LIME
( ) SODA ASH
( ) CAUSTIC
( ) WATER SOFTENER
( ) POTASSIUM PERMANGANATE
( ) PHOSPHATE, IRON CONTROL
( ) PHOSPHATE, MANG. CONTROL
( ) PHOSPHATE, CORR. CONTROL
( ) OTHER _____

SAMPLE UNSATISFACTORY ( )

RESAMPLE REQUESTED ( )

DATE ANALYSES BEGUN: _ _ /_ _ /_ _

DATE ANALYSES COMPLETED: _ _ /_ _ /_ _

CERTIFIED BY: _____

COMMENTS:

INSTRUCTIONS

1) THE CLIENT IS RESPONSIBLE FOR COMPLETING ALL INFORMATION ABOVE THE DOUBLE LINE. Failure to complete all the information may result in rejection of the samples. Use a typewriter or a ball point pen. Please write legibly if a typewriter is not available.

2) The samples must be collected in bottles supplied by this laboratory. Before taking samples, remove the "freeze pack" (if supplied) from the sample shipping container and place in freezer overnight. SAMPLES WITH FREEZE PACK NOT PRESERVED BY ICING DURING SHIPMENT WILL NOT BE TESTED.

3) Distribution samples must be collected in the piping system AFTER TREATMENT from locations representing average conditions and should be marked "D" for "Distribution" if they are to be used to meet compliance monitoring requirements of the North Carolina Drinking Water Act.

4) Before taking distribution samples, let the water run from the tap for 5 minutes. Fill each supplied sample container to within approximately one inch of the top leaving an air space, then cap the container securely. Do <u>not</u> flame the faucet before collecting this sample.

5) Place the samples and completed collection form in the shipping container with either the "freeze pack" or enough ice to keep the samples cold during shipment. Forward all samples to the laboratory immediately after collection.

6) After the samples are analyzed, regulations require that the laboratory mail the results of all compliance samples to the Division of Health Services. A copy will be sent to the client, and this copy shall be retained by the client for at least ten (10) years.

7) If the form should be returned to the client marked "Sample Unsatisfactory," this means another sample will have to be collected. The COMMENTS section on front of the form will give the reason.

TYPES OF SAMPLES

Distribution: A sample collected in the distribution system from a location representing average conditions.

Special: A sample collected for special purposes and is not required for compliance monitoring.

NEW WELL INORGANIC CHEMICAL ANALYSIS

LABORATORY ID#: _ _ _ _ _ _

WATER SYSTEM ID#: _ _ - _ _ - _ _ _ COUNTY: _____

NAME OF SYSTEM: _____

TYPE OF SAMPLE: W = Source

COLLECTED ON: DATE: _ _ / _ _ / _ _ (MM/DD/YY) TIME: _ _ : _ _ _ M (HH:MM XM)

LOCATION WHERE COLLECTED: _____

COLLECTED BY: _____ SOURCE CODE: _ _ _

MAIL RESULTS TO:

_____

_____

_____

TELEPHONE # (___) _____

TYPE OF SUPPLY:

( ) COMMUNITY
( ) NTNC
( ) NON-COMMUNITY
( ) PRIVATE

WATER SOURCE:
(X) GROUND

CONTAM CODE	NAME	METHOD CODE	RESULTS	ALLOW. LIMITS
****	**********	*****	**********	******
0100	TURBIDITY, ntu	0 0 1	L _ _._ _	N/A
1005	ARSENIC, mg/l	_ _ _	L _._ _ _	0.050
1010	BARIUM, mg/l	_ _ _	L _._ _ _	1.000
1015	CADMIUM, mg/l	_ _ _	L _._ _ _	0.010
1016	CALCIUM, mg/l	_ _ _	L _._ _ _	N/A
1017	CHLORIDE, mg/l	1 2 7	L _ _._ _	N/A
1020	CHROMIUM, mg/l	_ _ _	L _._ _ _	0.050
1022	COPPER, mg/l	_ _ _	L _._ _ _	1.000
1025	FLUORIDE, mg/l	_ _ _	L _._ _ _	4.000
1028	IRON, mg/l	_ _ _	L _._ _ _	0.300
1030	LEAD, mg/l	_ _ _	L _._ _ _	0.050
1031	MANGESIUM, mg/l	_ _ _	L _._ _ _	N/A
1032	MANGANESE, mg/l	_ _ _	L _._ _ _	0.050
1035	MERCURY, mg/l	_ _ _	L _._ _ _	0.002
1040	NITRATE, mg/l	_ _ _	L _._ _ _	10.00
1045	SELENIUM, mg/l	_ _ _	L _._ _ _	0.010
1050	SILVER, mg/l	_ _ _	L _._ _ _	0.050
1052	SODIUM, mg/l	_ _ _	L _._ _ _	N/A
1068	ACIDITY, mg/l	1 5 7	L _ _ _._	N/A
1095	ZINC, mg/l	_ _ _	L _._ _ _	5.000
1905	COLOR, units	1 2 9	L _ _._ _	15.00
1915	TOTAL HARDNESS, mg/l	_ _ _	L _ _ _._	N/A
1925	pH, units	1 3 5	_._ _ _	G 6.5
1927	ALKALINITY, mg/l	1 4 2	L _ _ _._	N/A

SAMPLE UNSATISFACTORY ( ) RESAMPLE REQUESTED ( )

DATE ANALYSES BEGUN: _ _ / _ _ / _ _ DATE ANALYSES COMPLETED: _ _ / _ _ / _ _

CERTIFIED BY: _____

COMMENTS: NEW WELL ANALYSIS

INSTRUCTIONS

1) THE CLIENT IS RESPONSIBLE FOR COMPLETING ALL INFORMATION ABOVE THE DOUBLE LINE. Failure to complete all the information may result in rejection of the sample. Use a typewriter or a ball point pen. Please write legibly if a typewriter is not available.

2) The sample must be collected in bottle supplied by this laboratory. Before taking sample, remove the "freeze pack" (if supplied) from the sample shipping container and place in freezer overnight. SAMPLE WITH FREEZE PACK NOT PRESERVED BY ICING DURING SHIPMENT WILL NOT BE TESTED.

3) This sample must be collected from the well tap. Do not flame the tap before collecting this sample. Let the water run from the tap for five (5) minutes to clear the well of stale water. Divert the excess water away from the well area to prevent contamination by infiltration around the well closing. Fill each supplied sample container to within approximately one inch of the top leaving an air space, then cap the container securely.

4) Place the sample and completed collection form in the shipping container with either the "freeze pack" or enough ice to keep the sample cold during shipment. Forward sample to laboratory immediately after collection.

5) After the sample is analyzed, regulations require that the laboratory mail the results for all compliance samples directly to the Division of Health Services. A copy also will be sent to the client, and this copy shall be retained by the client as a permanent record.

6) If the form should be returned to the client marked "Sample Unsatisfactory," this means another sample will have to be collected. The COMMENTS section on front of the form will give the reason.

CORROSIVITY ANALYSIS

LABORATORY ID#: _ _ _ _ _ _

WATER SYSTEM ID#: _ _ - _ _ - _ _ _ COUNTY: _____

NAME OF SYSTEM: _____

TYPE OF SAMPLE: E = Entry

COLLECTED ON: DATE: _ _ / _ _ / _ _ (MM/DD/YY) TIME: _ _ : _ _ _ M (HH:MM XM)

LOCATION WHERE COLLECTED: _____

COLLECTED BY: _____ LOCATION/SOURCE CODE: _ _ _

MAIL RESULTS TO:

_____

_____

_____

TELEPHONE # (___) _____

TYPE OF SUPPLY:
( ) COMMUNITY
( ) NTNC
( ) NON-COMMUNITY
( ) PRIVATE

WATER SOURCE(S):
( ) GROUND
( ) SURFACE
( ) PURCHASED

CONTAM CODE	NAME	METHOD CODE	RESULTS
****	**********	***	*****.***
1910	LANGELIER INDEX	138	_._ _
1919	Ca HARDNESS, mg/l	141	_ _ _._
1925	pH, units	135	_._ _
1927	ALKALINITY, mg/l	142	_ _ _._
1930	TDS, mg/l	139	_ _ _._
1996	TEMPERATURE, C	130	_ _._

TYPE TREATMENT:
( ) NONE
( ) CHLORINATED
( ) FLUORIDATED
( ) FILTERED
( ) ALUM
( ) LIME
( ) SODA ASH
( ) CAUSTIC
( ) WATER SOFTENER
( ) POTASSIUM PERMANGANATE
( ) PHOSPHATE, IRON CONTROL
( ) PHOSPHATE, MANG. CONTROL
( ) PHOSPHATE, CORR. CONTROL
( ) OTHER _____

SAMPLE UNSATISFACTORY ( )

RESAMPLE REQUESTED ( )

DATE ANALYSES BEGUN: _ _ / _ _ / _ _

DATE ANALYSES COMPLETED: _ _ / _ _ / _ _

CERTIFIED BY: _____

COMMENTS:

_____

_____

_____

DIRECTIONS FOR COLLECTING SAMPLE

The corrosivity analysis requires the person collecting the sample to have a National Bureau of Standards (NBS) traceable thermometer to record the temperature of the sample as it is taken from the entry point to the distribution system. It also requires the pH to be analyzed on-site or within 6 hours. These constraints will in most cases require the laboratory to collect the sample. The water system owner is responsible for the completion of all information above the double line. Failure to complete all items may result in rejection of the sample. Use a typewriter or a ball point pen. Please write legibly if a typewriter is not available.

SAMPLE COLLECTION

1) The sample must be collected from the entry point to the distribution system after treatment. If taken from a deep well allow the water to run for five (5) minutes before collecting sample. Fill the bottles to within one half inch of the top of the bottle.

2) Immediately record the temperature and pH of the sample. If the pH is not recorded, the sample must be "iced." Replace the lid securely on the sample bottle.

3) Return sample to laboratory immediately after collection.

RECOMMENDED COMMENTS

Insufficient sample. Sample damaged in transit. Sample improperly identified. Sample too old. Lab accident. Temperature not taken properly.

RESULTS

If the Langlier Index is positive the water will deposit calcium carbonate on pipe walls. If index is from "0" to "-1" the water is slightly aggressive. If index is from "-1" to "-2" the water is moderately aggressive. If index is more negative than "-2" the water is highly aggressive. The best result is "+0.01" to "+0.5." Aggressive water can be an indication of possible contamination from corrosion by-products.

VOLATILE SYNTHETIC ORGANIC CHEMICALS
(VOCs)

LABORATORY ID#: _ _ _ _ _ _

WATER SYSTEM ID#: _ _ - _ _ - _ _ _ COUNTY: _____

NAME OF SYSTEM: _____

TYPE OF SAMPLE: E (D=Distribution, W=Source, E=Entry, S=Special)

COLLECTED ON: DATE: _ _ /_ _ /_ _ (MM/DD/YY) TIME: _ _ : _ _ _ M (HH:MM XM)

COLLECTED BY: _____ LOCATION/SOURCE CODE: _ _ _

MAIL RESULTS TO:

_____

_____

_____

TELEPHONE # (___) _____

TYPE OF SUPPLY:
( ) COMMUNITY
( ) NTNC
( ) NON-COMMUNITY
( ) PRIVATE

WATER SOURCE(S):
( ) GROUND
( ) SURFACE
( ) PURCHASED

CONTAM CODE	NAME	METHOD CODE	RESULTS	ALLOW. LIMITS
****	**********	*****	***.*******	******
2969	p-DICHLOROBENZENE, mg/l	_ _ _	L _._ _ _ _	0.0750
2976	VINYL CHLORIDE, mg/l	_ _ _	L _._ _ _ _	0.0020
2977	1,1-DICHLOROETHYLENE, mg/l	_ _ _	L _._ _ _ _	0.0070
2980	1,2-DICHLOROETHANE, mg/l	_ _ _	L _._ _ _ _	0.0050
2981	1,1,1-TRICHLOROETHANE, mg/l	_ _ _	L _._ _ _ _	0.2000
2982	CARBON TETRACHLORIDE, mg/l	_ _ _	L _._ _ _ _	0.0050
2984	TRICHLOROETHYLENE, mg/l	_ _ _	L _._ _ _ _	0.0050
2990	BENZENE,mg/l	_ _ _	L _._ _ _ _	0.0050

TYPE TREATMENT:
( ) NONE
( ) CHLORINATED
( ) FLUORIDATED
( ) FILTERED
( ) ALUM
( ) LIME
( ) SODA ASH
( ) CAUSTIC
( ) WATER SOFTENER
( ) POTASSIUM PERMANGANATE
( ) PHOSPHATE, IRON CONTROL
( ) PHOSPHATE, MANG. CONTROL
( ) PHOSPHATE, CORR. CONTROL
( ) OTHER _____

SAMPLE UNSATISFACTORY ( ) RESAMPLE REQUESTED ( )

DATE ANALYSES BEGUN: _ _ /_ _ /_ _ DATE ANALYSES COMPLETED: _ _ /_ _ /_ _

CERTIFIED BY: _____

COMMENTS:

_____

_____

_____

INSTRUCTIONS

1) THE CLIENT IS RESPONSIBLE FOR COMPLETING ALL INFORMATION ABOVE THE DOUBLE LINE. Failure to complete all the information may result in rejection of the samples. Use a typewriter or a ball point pen. Please write legibly if a typewriter is not available.

2) Before taking the samples, remove the "freeze pack" from the shipping container and place in the freezer overnight.

3) The samples must be collected in duplicate, in bottles supplied by this laboratory. There is a preservative in the bottles so do not rinse out the bottles.

4) Let the water run from the tap for five (5) minutes. The form for this sample should be marked "E" for "Entry" point. Fill the sample vials slowly to over-flowing in a manner that prevents air bubbles from passing through the sample. Place the teflon portion of the cap on the vial and screw the black ring tightly down. There should be no air bubbles in the vial. If air bubbles exist, open the vial and add a few drops of water, seal again. Shake vigorously.

5) Replace bottles in the shipping container, insert the cold "freeze pack," and seal. Forward all samples to the laboratory immediately after collection.

6) After the samples are analyzed, regulations require that the laboratory mail the results of all compliance samples to the Division of Health Services. A copy will be sent to the client, and this copy shall be retained by the client for at least ten (10) years.

7) If the form should be returned to the client marked "Sample Unsatisfactory," this means another sample will have to be collected. The COMMENTS section on front of the form will give the reason.

TYPES OF SAMPLES

Distribution: A sample collected in the distribution system from a location representing average conditions.

Source: A sample collected at either a well tap or raw intake before treatment.

Entry: A sample collected at the entry point into the distribution system after treatment.

Special: A sample collected for special purposes and is not required for compliance monitoring.

TRIHALOMETHANE ANALYSIS

LABORATORY ID#: _ _ _ _ _ _

WATER SYSTEM ID#: _ _ - _ _ - _ _ _ COUNTY: _____

NAME OF SYSTEM: _____

TYPE OF SAMPLE: ___ (D=Distribution, E=Entry, M=Maximum, S=Special)

COLLECTED ON: DATE: _ _ / _ _ / _ _ (MM/DD/YY) TIME: _ _ : _ _ _ M (HH:MM XM)

LOCATION WHERE COLLECTED: _____

COLLECTED BY: _____ LOCATION/SOURCE CODE: _ _ _

MAIL RESULTS TO:

_____

_____

_____

TELEPHONE # (___) _____

TYPE OF SUPPLY:
( ) COMMUNITY
( ) NTNC
( ) NON-COMMUNITY
( ) PRIVATE

WATER SOURCE(S):
( ) GROUND
( ) SURFACE
( ) PURCHASED

CONTAM CODE	NAME	METHOD CODE	RESULTS	ALLOW. LIMITS
****	**********	*****	***.*******	*****
2941	CHLOROFORM, mg/l	_ _ _	L _._ _ _ _	0.100
2942	BROMOFORM, mg/l	_ _ _	L _._ _ _ _	0.100
2943	BROMODICHLOROMETHANE, mg/l	_ _ _	L _._ _ _ _	0.100
2944	CHLORODIBROMOMETHANE, mg/l	_ _ _	L _._ _ _ _	0.100
2950	TOTAL TRIHALOMETHANES, mg/l	_ _ _	L _._ _ _ _	0.100

TYPE TREATMENT:
( ) NONE
( ) CHLORINATED
( ) FLUORIDATED
( ) FILTERED
( ) ALUM
( ) LIME
( ) SODA ASH
( ) CAUSTIC
( ) WATER SOFTENER
( ) POTASSIUM PERMANGANATE
( ) PHOSPHATE, IRON CONTROL
( ) PHOSPHATE, MANG. CONTROL
( ) PHOSPHATE, CORR. CONTROL
( ) OTHER _____

SAMPLE UNSATISFACTORY ( )

RESAMPLE REQUESTED ( )

DATE ANALYSES BEGUN: _ _ / _ _ / _ _

DATE ANALYSES COMPLETED: _ _ / _ _ / _ _

CERTIFIED BY: _____

COMMENTS:

_____

_____

_____

INSTRUCTIONS

1) THE CLIENT IS RESPONSIBLE FOR COMPLETING ALL INFORMATION ABOVE THE DOUBLE LINE. Failure to complete all the information may result in rejection of the samples. Use a typewriter or a ball point pen. Please write legibly if a typewriter is not available.

2) The samples must be collected in bottles supplied by this laboratory. There is a preservative in the bottles so do not rinse out the bottles.

3) Let the water run from the tap for five (5) minutes. Fill the sample vials slowly to over-flowing in a manner that prevents air bubbles from passing through the sample. Place the teflon portion of the cap on the vial and screw the black ring tightly down. There should be no air bubbles in the vial. If air bubbles exist, open the vial and add a few drops of water, seal again. Shake vigorously.

4) Collect samples from the distribution system. These may be at random locations, but twenty-five percent (at least one) must be taken which represents maximum residence time in the system. This sample should be marked "M" for "Maximum." The other distribution samples should be marked "D" for "Distribution."

5) Forward all samples to the laboratory immediately after collection.

6) After the samples are analyzed, regulations require that the laboratory mail the results of all compliance samples to the Division of Health Services. A copy will be sent to the client, and this copy shall be retained by the client for at least ten (10) years.

6) If the form should be returned to the client marked "Sample Unsatisfactory," this means another sample will have to be collected. The COMMENTS section on front of the form will give the reason.

TYPES OF SAMPLES

Distribution: A sample collected in the distribution system from a location representing average conditions.

Entry: A sample collected at the entry point into the distribution system.

Maximum: A sample collected from a point in the distribution system which represents the maximum residence time.

Special: A sample collected for special purposes and is not required for compliance monitoring.

ORGANIC CHEMICAL ANALYSIS
(HERBICIDES AND PESTICIDES)

LABORATORY ID#: _ _ _ _ _ _

WATER SYSTEM ID#: _ _ - _ _ _ - _ _ _ _ COUNTY: _____

NAME OF SYSTEM: _____

TYPE OF SAMPLE: D (D=Distribution, S=Special)

COLLECTED ON: DATE: _ _ / _ _ / _ _ (MM/DD/YY) TIME: _ _ : _ _ _ M (HH:MM XM)

LOCATION WHERE COLLECTED: _____

COLLECTED BY: _____ LOCATION/SOURCE CODE: _ _ _

MAIL RESULTS TO:

_____

_____

_____

TELEPHONE # (___) _____

TYPE OF SUPPLY:
( ) COMMUNITY
( ) NTNC
( ) NON-COMMUNITY
( ) PRIVATE

WATER SOURCE(S):
( ) GROUND
( ) SURFACE
( ) PURCHASED

CONTAM CODE	NAME	METHOD CODE	RESULTS	ALLOW. LIMITS
****	**********	***	***.*******	******
2005	ENDRIN, mg/l	201	L _._ _ _ _	0.0002
2010	LINDANE, mg/l	201	L _._ _ _ _	0.0040
2015	METHOXYCHLOR, mg/l	201	L _._ _ _ _	0.1000
2020	TOXAPHENE, mg/l	201	L _._ _ _ _	0.0050
2105	2,4-D, mg/l	203	L _._ _ _ _	0.1000
2110	2,4,5-TP, mg/l	203	L _._ _ _ _	0.0100

TYPE TREATMENT:
( ) NONE
( ) CHLORINATED
( ) FLUORIDATED
( ) FILTERED
( ) ALUM
( ) LIME
( ) SODA ASH
( ) CAUSTIC
( ) WATER SOFTENER
( ) POTASSIUM PERMANGANATE
( ) PHOSPHATE, IRON CONTROL
( ) PHOSPHATE, MANG. CONTROL
( ) PHOSPHATE, CORR. CONTROL
( ) OTHER _____

SAMPLE UNSATISFACTORY ( ) RESAMPLE REQUESTED ( )

DATE ANALYSES BEGUN: _ _ / _ _ / _ _ DATE ANALYSES COMPLETED: _ _ / _ _ / _ _

CERTIFIED BY: _____

COMMENTS:

_____

_____

_____

INSTRUCTIONS

1) THE CLIENT IS RESPONSIBLE FOR COMPLETING ALL INFORMATION ABOVE THE DOUBLE LINE. Failure to complete all the information may result in rejection of the samples. Use a typewriter or a ball point pen. Please write legibly if a typewriter is not available.

2) Distribution samples must be collected in the piping system AFTER TREATMENT from locations representing average conditions and should be marked "D" for "Distribution" if they are to be used to meet compliance monitoring requirements of the North Carolina Drinking Water Act.

3) Before taking distribution samples, let the water run from the tap for 5 minutes. Fill each supplied sample container to within approximately one inch of the top, then cap the container securely.

4) Place the samples and completed collection form in the shipping container and forward to the laboratory immediately after collection.

5) After the samples are analyzed, regulations require that the laboratory mail the results of all compliance samples to the Division of Health Services. A copy will be sent to the client, and this copy shall be retained by the client for at least ten (10) years.

6) If the form should be returned to the client marked "Sample Unsatisfactory," this means another sample will have to be collected. The COMMENTS section on front of the form will give the reason.

TYPES OF SAMPLES

Distribution: A sample collected in the distribution system from a location representing average conditions.

Special: A sample collected for special purposes and is not required for compliance monitoring.

UNREGULATED VOCs (Continued)

LABORATORY ID#: _ _ _ _ _ _ WATER SYSTEM ID#: _ _ _ - _ _ _ - _ _ _ _

COLLECTION DATE: _ _ / _ _ / _ _ (MM/DD/YY) LOCATION/SOURCE CODE: _ _ _

CONTAM CODE	NAME	METHOD CODE	RESULTS
****	**********	*****	***.*******
2931	1,2-Dibromo-3-Chloropropane (DBCP), mg/l	_ _ _	L _._ _ _ _
2941	Chloroform, mg/l	_ _ _	L _._ _ _ _
2942	Bromoform, mg/l	_ _ _	L _._ _ _ _
2943	Bromodichloromethane, mg/l	_ _ _	L _._ _ _ _
2944	Chlorodibromomethane, mg/l	_ _ _	L _._ _ _ _
2946	Ethylene dibromide (EDB), mg/l	_ _ _	L _._ _ _ _
2964	Dichloromethane, mg/l	_ _ _	L _._ _ _ _
2965	o-Chlorotoluene, mg/l	_ _ _	L _._ _ _ _
2966	p-Chlorotoluene, mg/l	_ _ _	L _._ _ _ _
2967	m-Dichlorobenzene, mg/l	_ _ _	L _._ _ _ _
2968	o-Dichlorobenzene, mg/l	_ _ _	L _._ _ _ _
2978	1,1-Dichloroethane, mg/l	_ _ _	L _._ _ _ _
2979	trans-1,2-Dichloroethylene, mg/l	_ _ _	L _._ _ _ _
2983	1,2-Dichloropropane, mg/l	_ _ _	L _._ _ _ _
2985	1,1,2-Trichloroethane, mg/l	_ _ _	L _._ _ _ _
2986	1,1,1,2-Tetrachloroethane, mg/l	_ _ _	L _._ _ _ _
2987	Tetrachloroethylene, mg/l	_ _ _	L _._ _ _ _
2988	1,1,2,2-Tetrachloroethane, mg/l	_ _ _	L _._ _ _ _
2989	Chlorobenzene, mg/l	_ _ _	L _._ _ _ _
2991	Toluene, mg/l	_ _ _	L _._ _ _ _
2992	Ethylbenzene, mg/l	_ _ _	L _._ _ _ _
2993	Bromobenzene, mg/l	_ _ _	L _._ _ _ _
2995	m-Xylene, mg/l	_ _ _	L _._ _ _ _
2996	Styrene, mg/l	_ _ _	L _._ _ _ _
2997	o-Xylene, mg/l	_ _ _	L _._ _ _ _
2999	p-Xylene, mg/l	_ _ _	L _._ _ _ _

CERTIFIED BY: _____

INSTRUCTIONS

1) THE CLIENT IS RESPONSIBLE FOR COMPLETING ALL INFORMATION ABOVE THE DOUBLE LINE. Failure to complete all the information may result in rejection of the samples. Use a typewriter or a ball point pen. Please write legibly if a typewriter is not available.

2) Before taking the samples, remove the "freeze pack" from the shipping container and place in the freezer overnight.

3) The samples must be collected in duplicate, in bottles supplied by this laboratory. There is a preservative in the bottles so do not rinse out the bottles.

4) Let the water run from the tap for five (5) minutes. The form for this sample should be marked "E" for "Entry" point. Fill the sample vials slowly to over-flowing in a manner that prevents air bubbles from passing through the sample. Place the teflon portion of the cap on the vial and screw the black ring tightly down. There should be no air bubbles in the vial. If air bubbles exist, open the vial and add a few drops of water, seal again. Shake vigorously.

5) Replace bottles in the shipping container, insert the cold "freeze pack," and seal. Forward all samples to the laboratory immediately after collection.

6) After the samples are analyzed, regulations require that the laboratory mail the results of all compliance samples to the Division of Health Services. A copy will be sent to the client, and this copy shall be retained by the client for at least ten (10) years.

7) If the form should be returned to the client marked "Sample Unsatisfactory," this means another sample will have to be collected. The COMMENTS section on front of the form will give the reason.

TYPES OF SAMPLES

Distribution: A sample collected in the distribution system from a location representing average conditions.

Source: A sample collected at either a well tap or raw intake before treatment.

Entry: A sample collected at the entry point into the distribution system after treatment.

Special: A sample collected for special purposes and is not required for compliance monitoring.

DW Davis for action

ASSISTANT CHIEF OF STAFF, FACILITIES
HEADQUARTERS, MARINE CORPS BASE

TO: Bet 7 Please Review/Comment
NLT 7 Dec 87
DD 8. DATE 11-13-87

TO:

BASE MAINT O	DIR, FAMILY HOUSING
PUBLIC WORKS O	DIR, BACHELOR HOUSING
COMM-ELECT O	BASE FIRE CHIEF

DIR., NAT. RESOURCES & ENV. AFFAIRS

ATTN: Mr Shapiro

(1.) Attached is forwarded for ~~info~~/action.

Copy provided to BMO, Atchison
Dalton

2. Please initial, or comment, and return all papers to this office.

3. Your file copy.

BW Elston
by dir

"LET'S THINK OF A FEW REASONS
WHY IT CAN BE DONE"

MCBCL 5216/21 (REV. 04-85)

Pink

UNITED STATES MARINE CORPS
NATURAL RESOURCES AND ENVIRONMENTAL AFFAIRS DIVISION
MARINE CORPS BASE
CAMP LEJEUNE, NORTH CAROLINA 28542-5001

IN REPLY REFER TO:
6286/1
NREAD
26 Oct 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 Wastewater Treatment Plant Water Quality

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

2. Questions regarding the enclosure should be forwarded to the Supervisory Chemist, Environemntal Chemistry and Microbiology Section, Natural Resources and Environmental Affairs Division, extension 5977.

J. I. WOOTEN

BCC:
Lab (2)

6288
NREAD

OCT 2 6 1987

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

DEM
Supvy Ecol.

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 September 1987 are submitted.

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

Sincerely,

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

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

Copy to:
EPA Region IV
CMDR, LANTNAVFACENGCOM
NEESA

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

EFFLUENT

NPDES PERMIT NO: NC0063011 **DISCHARGE NO:** 001 **MONTH:** September **YEAR:** 1987

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

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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

PERSON(s) COLLECTING SAMPLES: STP Operators

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	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
		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	.6200				4.0										
2	00	24	.6350				4.0										
3	00	24	.5960				4.0										
4	00	24	.5640	24	6.9		4.0	14		3.2		8	0	7.3			
5	00	24	.7360				4.0										
6	00	24	.7140				4.0										
7	00	24	1.207	24	7.0		1.5							7.2			
8	00	24	.7090				4.0										
9	00	24	.5030				4.0										
10	00	24	.6460				4.0										
11	00	24	.8010	25	6.8		2.5	4		3.1		6	0	7.1	1.6	9.8	
12	00	24	.6580				4.0										
13	00	24	.9810				4.0										
14	00	24	.7960	25	6.8		4.0	7		2.4		2	0	7.3			
15	00	24	.7760				4.0										
16	00	24	.7520				4.0										
17	00	24	.7010				4.0										
18	00	24	.6780	25	6.4		4.0	4		2.6		6	0	7.1			
19	00	24	.5900				4.0										
20	00	24	.6600				4.0										
21	00	24	.6400	25	6.5		4.0	8		2.2		5	0	7.9			
22	00	24	.6860				4.0										
23	00	24	.7070				4.0										
24	00	24	.7220				1.5										
25	00	24	.6270	23	6.9		4.0	12		3.1		4	0	7.6			
26	00	24	.5050				4.0										
27	00	24	.6490				4.0										
28	00	24	.8480	22	7.0		4.0	13		8.8		3	0	8.3	3.1		
29	00	24	.7850				4.0										
30	00	24	.5720				4.0										
31																	
Average			.7021				4.0	9		3.6		5	0	2.4	2.3	9.8	
Max.			1.207				4.0	14		8.8		8	0	3.1	3.1	9.8	
Min.			.5030				1.5	4		2.2		2	0	1.6	1.6	9.8	
Comp.(C)/ Grab(G)								C		C		C	G	G	C	C	
Monthly Limit								30				30	1000	30			

DEM Form MR-1 (11-84)

Facility Status: (Please check one of the following)

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

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

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

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:** September **YEAR:** 1987

FACILITY NAME: Hadnot Point Sewage Treatment Plant **CLASS:** IV **COUNTY:** Onslow

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	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 Phosphrs
			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	3940	26	7.0		6.0	L.E.		3.2		8	0	6.0			
2	00	24	5.258	26	7.1		5.0	L.E.		3.3		7	0	5.5			
3	00	24	5.969	25	7.0		4.0	11		3.5		10	2	5.2			
4	00	24	6.038	26	7.0		5.0	11		2.8		8	0	5.8			
5	00	24	5.872	25	7.0		4.0							6.0			
6	00	24	4,939	26	7.0		4.0							6.1			
7	00	24	6.516	25	7.0		4.0							5.6			
8	00	24	6.107	26	7.0		4.0	9		0.9		12	0	6.4			
9	00	24	5,792	26	6.9		4.0	5		2.9		8	0	5.8			3.9
10	00	24	5,645	26	7.0		4.0	9		3.2		11	2	6.0		19.4	
11	00	24	5.351	26	7.0		4.0	9		3.2		8	0	6.2	0.5		
12	00	24	4.643	25	7.0		4.0							6.1			
13	00	24	5.244	25	6.8		4.0							6.0			
14	00	24	5.976	25	7.2		3.0	10		1.5		9	0	5.6			
15	00	24	5.437	25	7.2		4.0	9		1.8		7	0	5.2			
16	00	24	5.292	25	7.2		1.5	7		2.6		6	0	5.6			
17	00	24	5.238	25	7.2		3.0	8		3.9		12	0	5.3			
18	00	24	5.110	26	7.0		4.0	5		2.7		11	0	5.6			
19	00	24	4.472	26	6.9		4.0							5.6			
20	00	24	5.220	26	7.0		4.0							6.1			
21	00	24	5.545	26	7.0		4.0	9		1.8		8	0	7.8			
22	00	24	5.503	26	6.9		2.0	15		3.6		10	4	6.8			
23	00	24	5.349	26	7.2		2.0	16		4.4		12	2	5.8			3.9
24	00	24	5.787	26	7.1		2.0	21		4.7		12	10	5.6			
25	00	24	5.563	26	7.1		2.0	15		5.0		8	1	5.4			
26	00	24	5.023	26	7.0		2.0							5.0			
27	00	24	5.155	26	6.8		2.5							4.8			
28	00	24	5.573	26	7.0		2.0	11		2.3		10	0	6.4	2.9		
29	00	24	5.521	25	7.1		2.0	12		4.7		14	4	6.1			
30	00	24	5.852	25	7.1		2.0	10		5.5		9	0	5.6			
31																	
Average			5.431	26			3.4	11		3.2		9	1.41	5.8	1.7	19.4	3.9
Max.			6.516	26				21		5.5		14	10		2.9	19.4	3.9
Min.			3.940	25				5		0.9		6	0		0.5	19.4	3.9
Comp.(C)/ Grab(G)								C		C		C	G		G	C	C
Monthly Limit								22		13		30	14		30		

DEM Form MR-1 (11/84

Facility Status: (Please check one of the following)

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

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

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

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: September 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 ☐

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

PERSON(s) COLLECTING SAMPLES: STP Operators

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☐ INF ☒ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00556 Oil & Grease	00600 Total Nitrogen	00665 Total 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	.1119				2.0										
2	00	24	.0953				5.0										
3	00	24	.1119	24	6.8		6.0	4		.15		2	0	8.0			
4	00	24	.0853				5.5										
5	00	24	.1213				5.5										
6	00	24	.1164				5.5										
7	00	24	.1110				4.0										
8	00	24	.1312				6.0								1.4		
9	00	24	.1129				6.0										
10	00	24	.2319	25	6.2		6.0	6		.20		4	0	10.0			
11	00	24	.1073				4.0										
12	00	24	.1263				2.0										
13	00	24	.1203				4.0										
14	00	24	.1186				4.5										
15	00	24	.1173				4.5										
16	00	24	.1095				5.0										
17	00	24	.1312	23	6.8		5.0	4		.21		4	0	7.5			
18	00	24	.0981				4.5										
19	00	24	.1021				4.5										
20	00	24	.1049				4.5										
21	00	24	.1056				5.0										
22	00	24	.1115				6.0										
23	00	24	.1077				5.0										
24	00	24	.1280	22	6.8		5.0	7		.13		4	0	7.7			
25	00	24	.2242				4.0										
26	00	24	.1100				3.0										
27	00	24	.1103				6.0										
28	00	24	.1274				4.0								1.3		
29	00	24	.1202		6.9		4.5										
30	00	24	.1102				5.5										
31																	
Average			.1201					5		.17		3	0				
Max.			.2318					7		.21		4	0				
Min.			.0853					4		.13		2	0				
Comp.(C)/Grab(G)								C		C		C	G				
Monthly Limit								30				30	14		30		

DEM Form MR-1 (11/84)

Facility Status: (Please check one of the following)

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

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

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(Attach additional sheets if necessary)

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Signature of Permittee

PARAMETER CODES

00010	Temperature	00556	Oil and Grease	00950	Dissolved Fluoride	01077	Silver	39516	PCBS
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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: September YEAR: 1987

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

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

CERTIFIED LABORATORY: Environmental Chemistry & Microbiology Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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

PERSON(s) COLLECTING SAMPLES: WTP Operators

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME HRS	50050 FLOW EFF ☐ INF ☐ DAILY RATE MGD	00010 TEMPERATURE CELSIUS C°	00400 pH UNIT	00545 SETTLEABLE MATTER ML/L	50060 RESIDUAL CHLORINE MG/L	00310 BOD_5 20°C MG/L	00340 COD MG/L	00610 AMMONIA NITROGEN MG/L	00500 TOTAL RESIDUE MG/L	00530 TOTAL SUSPENDED RESIDUE MG/L	31616 FECAL COLIFORM Geometric Mean /100 ML	00300 DISSOLVED OXYGEN MG/L	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
1	00	24			7.8													
2																		
3																		
4																		
5																		
6																		
7																		
8	00	24			8.0					0.8								
9																		
10																		
11																		
12																		
13																		
14																		
15	00	24			8.1					2.0								
16																		
17																		
18																		
19																		
20																		
21																		
22	00	24			8.0					5.0								
23																		
24																		
25																		
26																		
27																		
28																		
29	00	24			8.3													
30																		
31																		
Average										2.6								
Max.					8.3					5.0								
Min.					7.8					0.8								
Comp.(C)/ Grab(G)					G					C								
Monthly Limit					6-9					30								

DEM Form MR-1 (11/84)

Facility Status: (Please check one of the following)

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

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

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

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: September YEAR: 1987

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

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

CERTIFIED LABORATORY: Environmental Chemistry 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 HRS	50050 FLOW EFF ☑ INF ☐ DAILY RATE MGD	00010 TEMPERATURE CELSIUS C°	00400 pH UNIT	00545 SETTLEABLE MATTER ML/L	50060 RESIDUAL CHLORINE MG/L	00310 BOD_5 20°C MG/L	00340 COD MG/L	00610 AMMONIA NITROGEN MG/L	00500 TOTAL RESIDUE MG/L	00530 TOTAL SUSPENDED RESIDUE MG/L	31616 FECAL COLIFORM Geometric Mean /100 ML	00300 DISSOLVED OXYGEN MG/L	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW: 00556 Oil & Grease mg/L	00600 Total Nitrogen mg/L	00665 Total Phosphorus mg/L
1	00	24	.8500	25	7.0		4.0	L.E.		1.2		7	0	8.4			
2	00	24	.8500	25	7.2		4.0	L.E.		2.6		15	140	8.0			
3	00	24	.8500	25	6.8		4.0	11		1.1		10	6	7.4			
4	00	24	.8500	25	6.8		4.0	12		1.2		11	10	7.7			
5	00	24	.8500	24	6.4		3.0							6.9			
6	00	24	.8500	24	6.5		4.0							7.4			
7	00	24	.8500	25	6.6		5.0							7.8			
8	00	24	.8500	25	6.7		5.0	9		1.2		6	14	7.9			
9	00	24	.8500	25	6.7		4.0	8		1.1		9	20	7.9			4.4
10	00	24	.8500	26	6.7		4.0	4		1.4		11	50	8.5		14.74	
11	00	24	1.2972	25	6.8		4.0	9		4.2		11	0	8.0	1.2		
12	00	24	.9714	25	6.6		4.0							7.9			
13	00	24	1.0060	25	6.8		4.0							8.1			
14	00	24	.9866	25	6.7		4.0	9		2.3		5	0	7.8			
15	00	24	.9703	25	6.6		4.0	8		2.3		5	0	8.0			
16	00	24	.9642	25	6.6		4.0	8		1.2		2	0	8.1			
17	00	24	1.0246	24	6.8		2.5	10		1.0		10	0	7.7			
18	00	24	.9799	24	6.8		3.0	4		2.2		12	0	6.0			
19	00	24	.9449	25	7.1		4.0							7.1			
20	00	24	.9978	25	6.8		4.0							8.0			
21	00	24	.9631	25	6.6		4.0	12		1.8		9	0	7.8			
22	00	24	.8841	25	6.6		5.0	10		3.8		10	0	7.7			6.3
23	00	24	1.4753	24	6.7		4.0	10		1.4		10	0	8.0			
24	00	24	.8500	23	6.6		4.0	7		0.8		7	0	8.0			
25	00	24	.5828	22	6.4		3.5	11		1.4		7	0	7.8			
26	00	24	.5930	22	6.4		4.0							8.0			
27	00	24	.5569	24	6.6		4.5							7.8			
28	00	24	.5403	24	6.6		4.0	14		1.1		7	0	7.6	2.6		
29	00	24	.5945	24	7.0		4.5	12		4.3		8	0	7.6			
30	00	24	.5574	26	7.0		2.5	13		1.5		9	0	7.9			
31																	
Average			.8747					9		1.9		9	2.42*		1.9	14.74	5.4
Max.			1.4753					14		4.3		15	140		2.6	14.74	6.3
Min.			.5403					4		0.8		2	0		1.2	14.74	4.4
Comp.(C)/Grab(G)								C		C		C	G		G	C	C
Monthly Limit								30				30	1000		30		

DEM Form MR-1 (11-84) L.E. = Lab Error

Facility Status: (Please check one of the following)

All monthly averages and / or other limitation do meet permit monitoring requirements ☒
(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:** 001 **MONTH:** September **YEAR:** 1987

FACILITY NAME: Camp Geiger Sewage Treatment Plant **CLASS:** III **COUNTY:** Onslow

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

CERTIFIED LABORATORY: Environmental Chemistry & Microbiology Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

Mail original and one copy to:
ATT: Central Files
Division of Environmental Management
N C Department of NRCD
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	00403 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	00552 OIL & GREASE	00600 TOTAL NITROGEN	00665 TOTAL PHOSPHATE
		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	.6888	27	6.6		4.0	L.E.		9.8		7	820	6.5			
2	00	24	.7320	25	6.8		4.0	L.E.		9.4		10	36	5.8			
3	00	24	.8506	25	6.8		4.0	10		15.6		10	4	5.7			
4	00	24	1.024	25	6.4		4.0	7		13.5		6	84	5.8			
5	00	24	1.127	25	6.4		4.0							5.6			
6	00	24	.6100	25	6.6		4.0							5.5			
7	00	24	.6886	25	6.4		4.0							5.2			
8	00	24	.6580	25	6.4		4.0	5		3.6		4	12	4.9	1.0		
9	00	24	.7840	26	6.6		4.0	5		5.8		7	0	5.6			1.1
10	00	24	.9272	26	6.8		4.0	1		8.3		6	0	6.8		10.9	
11	00	24	.9220	26	6.6		4.0	9		9.2		8	0	6.4			
12	00	24	.9030	16	6.4		4.0							5.8			
13	00	24	.9722	26	6.8		4.0							6.2			
14	00	24	1.064	26	6.4		4.0	4		9.1		3	0	6.2			
15	00	24	.9365	24	6.6		4.0	2		6.5		2	0	6.0			
16	00	24	.8156	25	7.0		4.0	4		9.4		1	0	6.1			
17	00	24	1.086	25	6.9		4.0	6		11.6		9	0	5.7			
18	00	24	.8805	27	6.5		4.0	8		11.8		6	0	6.1			
19	00	24	.8030	26	6.6		4.0							5.8			
20	00	24	.9510	26	6.6		4.0							5.5			
21	00	24	.8347	26	6.6		4.0	6		7.8		2	0	6.2			
22	00	24	.8921	25	6.6		4.0	6		11.0		12	2	5.9			1.1
23	00	24	.8659	28	6.9		4.0	8		11.0		12	0	6.0			
24	00	24	.8729	25	7.0		4.0	11		10.2		9	0	5.4			
25	00	24	.8491	26	6.6		4.0	17		10.5		13	0	5.6			
26	00	24	.8698	26	6.5		4.0							5.6			
27	00	24	.9177	25	6.6		4.0							6.3			
28	00	24	.7452	25	6.6		4.0	10		4.3		2	0	5.3	5.7		
29	00	24	.9090	25	6.6		4.0	13		10.0		13	0	6.0			
30	00	24	.9608	25	6.8		4.0	10		12.5		7	0	7.0			
31																	
Average			.8714				4.0	7		9.6		7	2.51	5.9	3.4	10.9	1.1
Max.			1.127				4.0	17		15.6		13	820	7.0	5.7	10.9	1.1
Min.			.6100				4.0	1		3.6		1	0	4.9	1.0	10.9	1.1
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C
Monthly Limit					6-9			30				30	200				

DEM Form MR-1 (11/84

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)

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(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:** September **YEAR:** 1987

FACILITY NAME: Courthouse Bay STP **CLASS:** II **COUNTY:** Onslow

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00556 Oil & Grease	00600 Total Nitrogen	00665 Total Phosphrd
			ENTER PARAMETER CODE & 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	.5023	26	7.2		3.5	L.E.		1.1		6	0	5.7			
2	00	24	.5419				4.0										
3	00	24	.4482				3.0										
4	00	24	.6392				3.5										
5	00	24	.9968				3.5										
6	00	24	.4860				2.5										
7	00	24	1.141				2.5										
8	00	24	.7972	26	7.3		2.5	4				5	0	7.5	0.0		
9	00	24	.7275				3.0			0.06							
10	00	24	.4996				2.0										
11	00	24	.4900				2.0										
12	00	24	.8047				4.0										
13	00	24	.5842				3.0										
14	00	24	.6328				4.5										
15	00	24	.5623	26	7.4		4.0	4		0.09		2	0	7.0			
16	00	24	.4788				4.0										
17	00	24	.5403				4.0										
18	00	24	.5310				4.5										
19	00	24	.5600				3.5										
20	00	24	.5620				3.5										
21	00	24	.5708				4.5										
22	00	24	.6210	25	7.6		4.5	3		0.10		3	0	7.6			1.4
23	00	24	.5720				4.0										
24	00	24	.5417				3.0										
25	00	24	.5179				4.0										
26	00	24	.4728				4.0										
27	00	24	.4875				4.0										
28	00	24	.4468				4.0									0.5	
29	00	24	.4878	25	7.3		4.0	.6		0.22		6	0	6.8			
30	00	24	.5873				4.5										
31																	
Average			.5944					4		0.31		4	0		0.3	0.5	1.4
Max.			1.141					6		1.1		6	0		0.5	0.5	1.4
Min.			.4468					3		0.6		2	0		0.0	0.5	1.4
Comp.(C)/Grab(G)								C		C		C	G		G	C	C
Monthly Limit								30				30	14		30		

DEM Form MR-1 (11/84) L.E. = Lab Error

Facility Status: (Please check one of the following)

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

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

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(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:** September **YEAR:** 1987

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

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

CERTIFIED LABORATORY: ~~Environmental Chemistry and Microbiology Laboratory~~

CHECK BLOCK IF ORC HAS CHANGED ☐

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	00403 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: 00556 Oil & Grease	00600 Total Nitrogen	00665 Total Phosphr
		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	.2426				4.0										
2	00	24	.2375	24	6.3		4.0	L.E.		0.6		4	0	8.5			
3	00	24	.2265				4.0										
4	00	24	.2342				4.0										
5	00	24	.3957				4.0										
6	00	24	.3210				3.0										
7	00	24	.3864	26	6.6		3.0							7.7			
8	00	24	.3475				4.0								0.1		
9	00	24	.4026	28	7.0		2.0	4				7	0	8.3			0.8
10	00	24	.2820				3.0			0.02							
11	00	24	.2493				4.0										
12	00	24	.2363				4.0										
13	00	24	.1053				3.0										
14	00	24	.1593				4.0										
15	00	24	.1850	25	6.6		3.0							8.0			
16	00	24	.5418				6.0	4				2	0				
17	00	24	.4547				5.0			0.12							
18	00	24	.3073				4.0										
19	00	24	.1530				5.0										
20	00	24	.1613				4.0										
21	00	24	.1060				4.0										
22	00	24	.1971				3.0										
23	00	24	.1782	23	6.3		2.0	3		0.07		3	0	7.7			
24	00	24	.2500				3.0										
25	00	24	.1123				4.0										
26	00	24	.2149				4.0										
27	00	24	.1059				5.0										
28	00	24	.1817				4.0								1.0		
29	00	24	.2900				5.0										
30	00	24	.3067	22	6.2		4.0	5		0.10		6	2	8.1			
31																	
Average			.2524				3.8	4		0.07		4	1.14*		0.6		0.8
Max.			.5418				6.0	5		0.12		7	2		1.0		0.8
Min.			.1059				2.0	3		0.06		2	0		0.1		0.8
Comp.(C)/Grab(G)								C		C		C	G		G	C	C
Monthly Limit								30				30	14		30		

DEM Form MR-1 (11/84

L.E. -Lab. Error

Facility Status: (Please check one of the following)

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

[illegible]	Temperature	00556	Oil and Grease	00950	Dissolved Fluoride	01077	Silver	39516	PCBS
[illegible]	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	[illegible]	Fecal Coliform, MPN, Tube	71880	Formaldehyde
00500	Total Solids	00927	Total Magnesium	01045	Total Iron	[illegible]	Fecal Coliform	71900	Mercury
00530	TSS	00929	Total Sodium	01051	Lead	[illegible]	Total Phenolics	81318	Ferrocyanides
00549	Settleable Solids	00940	Total Chloride	01067	[illegible]	3878[illegible]	MBAS	85652	Time

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

If using alternate units for reporting data, please designate.

Influent

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

FACILITY NAME: Camp Geiger Sewage Treatment Plant COUNTY: Onslow

Date	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	00	24				L.E.			292								
2	00	24				L.E.			220								
3	00	24				315			172								
4	00	24				176			166								
5																	
6																	
7	HOLIDAY																
8	00	24				216			128								
9	00	24				200			145								
10	00	24				316			273								
11	00	24				280			459								
12																	
13																	
14	00	24				228			137								
15	00	24				174			147								
16	00	24				284			218								
17	00	24				204			150								
18	00	24				288			170								
19																	
20																	
21	00	24				212			158								
22	00	24				280			235								
23	00	24				296			178								
24	00	24				188			113								
25	00	24				284			175								
26																	
27																	
28	00	24				296			93								
29	00	24				244			75								
30	00	24				309			209								
31																	
AVERAGE						252			186								
MONTHLY MAXIMUM						309			459								
MONTHLY MINIMUM						174			75								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

L.E. = Lab Error

Influent

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

FACILITY NAME: Hadnot Point Sewage Treatment Plant COUNTY: Onslow

Date	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	00	24				L.E.			108								
2	00	24				L.E.			116								
3	00	24				196			144								
4	00	24				156			124								
5																	
6																	
7	HOLIDAY																
8	00	24				112			160								
9	00	24				208			148								
10	00	24				180			106								
11	00	24				172			90								
12																	
13																	
14	00	24				188			190								
15	00	24				164			450								
16	00	24				136			191								
17	00	24				196			570								
18	00	24				196			144								
19																	
20																	
21	00	24				160			73								
22	00	24				148			110								
23	00	24				160			108								
24	00	24				140			148								
25	00	24				130			68								
26																	
27																	
28	00	24				156			135								
29	00	24				256			178								
30	00	24				130			85								
31																	
AVERAGE						169			164								
MONTHLY MAXIMUM						256			450								
MONTHLY MINIMUM						112			68								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Rifle Range STP COUNTY: Onslow

Date	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	00	24				L.E.			172								
3																	
4																	
5																	
6																	
7	HOLIDAY																
8																	
9	00	24				26			256								
10																	
11																	
12																	
13																	
14																	
15																	
16	00	24				40			96								
17																	
18																	
19																	
20																	
21																	
22																	
23	00	24				58			48								
24																	
25																	
26																	
27																	
28																	
29	00	24				44			30								
30																	
31																	
AVERAGE						42			120								
MONTHLY MAXIMUM						58			256								
MONTHLY MINIMUM						26			48								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

L.E.= Lab Error

Influent

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

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

Date	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	00	24				332			430								
5																	
6																	
7	HOLIDAY																
8																	
9																	
10																	
11	00	24				225			260								
12																	
13																	
14	00	24				296			353								
15																	
16																	
17																	
18	00	24				300			212								
19																	
20																	
21	00	24				403			153								
22																	
23																	
24																	
25	00	24				255			280								
26																	
27																	
28	00	24				182			99								
29																	
30																	
31																	
AVERAGE						285			255								
MONTHLY MAXIMUM						403			430								
MONTHLY MINIMUM						182			99								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Onslow Beach STP COUNTY: Onslow

Date	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	00	24				200			84								
4																	
5																	
6																	
7																	
8																	
9																	
10	00	24				218			103								
11																	
12																	
13																	
14																	
15																	
16																	
17	00	24				94			88								
18																	
19																	
20																	
21																	
22																	
23																	
24	00	24				192			72								
25																	
26																	
27																	
28																	
29																	
30																	
31																	
AVERAGE						176			87								
MONTHLY MAXIMUM						218			103								
MONTHLY MINIMUM						94			72								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

NC0063002 **Influent** 1987

NPDES NO: _____ DISCHARGE NO: 001 MONTH: September YEAR: _____

FACILITY NAME: Tarawa Terrace STP COUNTY: Onslow

Date	Time	Composite Time	00400 PH	00010 Temperature (Celsius)	00545 Settleable Matter	00310 BOD5 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	00	24				L.E.			142								
2	00	24				L.E.			136								
3	00	24				204			106								
4	00	24				160			96								
5																	
6																	
7	HOLIDAY																
8	00	24				136			94								
9	00	24				144			78								
10	00	24				164			84								
11	00	24				205			124								
12																	
13																	
14	00	24				140			66								
15	00	24				152			80								
16	00	24				272			102								
17	00	24				208			235								
18	00	24				168			86								
19																	
20																	
21	00	24				248			255								
22	00	24				156			140								
23	00	24				180			113								
24	00	24				164			268								
25	00	24				172			96								
26																	
27																	
28	00	24				172			123								
29	00	24				168			78								
30	00	24				164			88								
31																	
AVERAGE						178			123								
MONTHLY MAXIMUM						272			268								
MONTHLY MINIMUM						136			66								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

L.E. = Lab Error

Influent

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

FACILITY NAME: Courthouse Bay STP COUNTY: Onslow

Date	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	00	24				L.E			40								
2																	
3																	
4																	
5																	
6																	
7	HOLIDAY																
8	00	24				80			76								
9																	
10																	
11																	
12																	
13																	
14																	
15	00	24				240			124								
16																	
17																	
18																	
19																	
20																	
21																	
22	00	24				46			44								
23																	
24																	
25																	
26																	
27																	
28																	
29	00	24				108			40								
30																	
31																	
AVERAGE						118			65								
MONTHLY MAXIMUM						240			124								
MONTHLY MINIMUM						46			40								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

L.E.= Lab Error

6286/1
NREAD
21 Sep 87

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

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

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

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

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

J. I. WOOTEN

Blind copy to:
EC&MS (2)

ENVIRONMENTAL CHEMISTRY + MICROBIOLOGY LABORATORY REPORT
MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY
MC3CL 1134516 (REV. 9-86)

PLANT: HADNOT POINT | NPDES PERMIT NO.: NC0063029 | MONTH: Aug | YEAR: 1987

DATE	00310 5 DAY 20°C BOD			00610 AMMONIA	00530 TOTAL SUSPENDED RESIDUE			31616 FECAL 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	196	9	95	0.9	100	9	91	0			
4	168	8	95	3.7	205	15	93	2			
5	208	9	96	4.6	110	14	87	0	2.2		
6	236	10	96	4.1	128	12	91	16			
7	208	10	95	4.4	125	10	92	0			
8											
9											
10	176	12	93	3.2	118	15	87	2			
11	280	13	95	3.6	202	10	95	0			
12	176	18	90	3.6	163	11	93	0		1270	4.1
13	216	23	89	4.0	118	12	95	2			
14	172	12	93	5.2	103	9	91	2			
15				[illegible]							
16				[illegible]							
17	196	11	94	2.5	104	6	94	2			
18	208	9	96	3.5	153	12	92	0			
19	160	9	94	2.5	146	10	93	0			
20	148	14	91	4.3	160	11	93	0			
21	172	10	94	4.6	170	7	96	0			
22											
23											
24	132	9	93	1.8	100	11	89	2	3.0		
25	136	10	93	3.9	60	6	90	0			
26	136	12	91	3.6	78	11	86	0			
27	128	11	91	3.6	60	11	82	0			
28	164	12	93	3.2	92	11	87	2			
29				[illegible]							
30											
31	160	10	94	2.1	114	10	91	0			
TOTAL	3776	241		72.9	2599	223			5.2	12.70	4.1
AVERAGE	180	11		3.3	124	11	91	1.44	2.6	~~2.70~~	4.1
MAXIMUM	280	23		5.2	205	15		16	3.0	12.70	4.1
MINIMUM	128	8		10.9	60	6		0	2.2	12.70	4.1
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT						30			30		

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

ENVIRONMENTAL CHEMISTRY + MICROBIOLOGY LABORATORY REPORT
MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY
NCBCL 11345/8 (REV. 9-86)

PLANT: CAMP GEIGER | NPDES PERMIT NO.: NC0003239 | MONTH: AUG | YEAR: 1987

DATE	00310 5 DAY 20°C BOD INFLUENT mg/L	00310 5 DAY 20°C BOD EFFLUENT mg/L	%	00610 AMMONIA EFFLUENT mg/L	00530 TOTAL SUSPENDED RESIDUE INFLUENT mg/L	00530 TOTAL SUSPENDED RESIDUE EFFLUENT mg/L	%	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	172	7	96	15.1	80	7	91	0			
4	410	16	96	14.1	193	13	93	20	LA*		
5	367	16	96	16.0	178	14	92	62			
6	497	14	97	9.8	238	15	94	0			
7	336	12	96	10.9	212	6	97	8			
8											
9											
10	204	7	97	8.1	153	6	96	10			
11	247	10	96	6.6	1168	6	96	0			
12	200	3	97	2.1	124	3	98	30		10.63	.50
13	284	9	97	7.3	132	4	97	0			
14	200	6	97	8.7	154	4	97	2			
15											
16											
17	200	10	95	7.6	153	10	93	0			
18	268	6	98	7.8	106	5	95	0	1.5		
19	156	5	97	6.4	96	4	96	0			
20	164	4	98	4.7	116	1	99	0			
21	204	9	96	8.3	100	5	95	2			
22											
23											
24	293	4	99	7.5	235	30	87	10			
25	295	8	97	7.3	143	4	94	0	1.4		0.07
26	210	6	97	8.3	115	5	96	2			
27	270	6	98	7.8	123	4	97	0			
28	272	14	95	9.3	133	7	95	14			
29											
30											
31	264	10	97	14.2	178	6	96	0		10.63	.057
TOTAL	5503	182		187.8	3730	163		-	2.9	10.63	.029
AVERAGE	262	9		9.0	194	9.5	95	2.55	1.5	10.63	.50
MAXIMUM	410	16		16.0	238	30			1.5	10.63	0.07
MINIMUM	156	3		2.1	80	1			1.4		
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT						30			30		

KAB ACCIDENT

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

ENVIRONMENTAL CHEMISTRY + MICROBIOLOGY LABORATORY REPORT
MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY
MCBCL 11345/6 (REV. 9-86)

PLANT	NPDES PERMIT NO.	MONTH	YEAR
TARAWA TERRACE	NC0063062	AUG	1987

	00310 5 DAY 20°C BOD			00610 AMMONIA	00530 TOTAL SUSPENDED RESIDUE			31616 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											
3	192	13	93	0.7	146	16	89	2			
4	208	9	96	1.4	76	5	93	0	1.7		
5	180	8	96	2.5	95	8	92	2			
6	192	9	96	1.0	75	11	85	2			
7	192	12	94	1.0	148	6	96	10			
8											
9											
10	200	9	95	2.0	108	8	93	0			
11	187	12	94	1.5	76	8	89	12			
12	172	7	96	6.9	92	6	93	0		16.35	5.2
13	264	7	97	1.6	294	8	97	0			
14	250	10	96	1.6	90	8	91	0			
15											
16											
17	148	6	96	1.8	365	10	97	6			
18	164	9	95	1.7	100	8	92	0	1.1		
19	184	9	95	1.4	110	8	93	0			
20	156	12	91	2.0	94	11	89	0			
21	200	10	96	1.3	99	6	94	0			
22											
23											
24	176	9	95	1.2	93	10	89	10			
25	194	11	94	3.1	85	6	93	2			
26	149	10	93	2.0	75	9	88	2			
27	156	8	95	0.9	85	12	84	0			
28	190	11	94	1.0	95	10	89	0			
29											
30											
31	168	10	94	1.2	86	10	88	0			
TOTAL	3901	201		37.8	2479	184		-	2.8	16.35	5.2
AVERAGE	186	10		1.8	118	9	92	1.61	1.4	16.35	5.2
MAXIMUM	264	13		6.9	355	16			1.7	16.35	5.2
MINIMUM	148	6		0.7	75	6			1.1	16.35	5.2
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		30				30		200	30		

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

ENVIRONMENTAL CHEMISTRY + MICROBIOLOGY LABORATORY REPORT
MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY
MCBCL 11245/6 (REV. 9-86)

PLANT: CAMP JOHNSON (monitoring) | NPDES PERMIT NO.: NC0063011 | MONTH: AUG | YEAR: 1986

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											
3	346	13	96	4.9	304	2	99	2			
4									0.1		
5											
6											
7	272	17	94	5.5	178	6	97	0			
8											
9											
10	496	15	97	3.1	229	6	97	06			
11											
12											
13											
14	204	12	94	5.9	102	9	91	0			
15											
16											
17	180	5	97	3.0	178	6	97	0			
18									0.7		
19											
20											
21	323	11	97	5.1	407	6	98	0			
22											
23											
24	229	6	97	3.4	115	6	96	10			
25											
26											
27											
28	150	13	91	2.3	118	7	94	0			
29											
30											
31	130	12	91	2.1	175	10	94	0	0.8		
TOTAL	2330	104		39.9	1806	58			0.1		
AVERAGE	259	12	95	3.9	201	6	97	1.3	0.7		
MAXIMUM	496	17		5.9	407	10		6	0.8		
MINIMUM	130	5		2.3	102	2		0	0.1		
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT						30			30		

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

ENVIRONMENTAL CHEMISTRY + MICROBIOLOGY LABORATORY REPORT
MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY
MCGCL 11345/B (REV. 9-86)

PLANT: Courthouse Bay | NPDES PERMIT NO.: NC0063045 | MONTH: AUG | YEAR: 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	Sample error				Sample error →						
4				0.29				0	1.4		
5											
6											
7											
8											
9											
10											
11	136	8	94	0.10	56	5	91	0	2.7		
12											
13											
14											
15											
16											
17											
18	132	4	97	.15	83	5	94	0			
19											
20											
21											
22											
23											
24											
25	76	6	92	0.11	28	4	86	0			
26											
27											
28											
29											
30											
31											
TOTAL	379	18		0.64	167	14			4.1		
AVERAGE	126	6		0.16	56	5	91	0	2.1		
MAXIMUM	136	8		.15	83	5		0	2.7		
MINIMUM	76	4		0.10	28	4		0	1.4		
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT						30			30		

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

ENVIRONMENTAL CHEMISTRY + MICROBIOLOGY LABORATORY REPORT
MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY
MCGCb 11345/B (REV. 9-86)

PLANT: Rifle Range | NPDES PERMIT NO.: NC0063037 | MONTH: August | YEAR: 1987

DATE	00310 5 DAY 20°C. BOD INFLUENT mg/L	00310 5 DAY 20°C. BOD EFFLUENT mg/L	%	00610 AMMONIA EFFLUENT mg/L	00530 TOTAL SUSPENDED RESIDUE INFLUENT mg/L	00530 TOTAL SUSPENDED RESIDUE EFFLUENT mg/L	%	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											
4									0.2		
5	62	3	95	0.18	41	3	93	0			
6											
7											
8											
9											
10											
11											
12	50	4	92	0.06	138	3	98	0		5.26	1.4
13											
14											
15											
16				[redacted]							
17											
18									0.5		
19	64	1	98	0.09	77	4	95	0			
20											
21											
22											
23											
24											
25											
26	52	4	92	0.10	63	5	92	0			
27											
28											
29											
30											
31											
TOTAL	228	12	[redacted]	14.39	319	15	[redacted]	[redacted]	0.7	5.26	1.4
AVERAGE	57	3	95	0.10	80	4	95	0	0.35	5.26	1.4
MAXIMUM	64	4	[redacted]	0.15	138	5	[redacted]	0	0.5	5.26	1.4
MINIMUM	50	1	[redacted]	0.06	41	3	[redacted]	0	0.2	5.26	NA
COMP (C) GRAB (G)	C	C	[redacted]	C	C	C	[redacted]	G	G	C	C
MONTHLY LIMIT	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	30	[redacted]	[redacted]	30	[redacted]	[redacted]

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

ENVIRONMENTAL CHEMISTRY + MICROBIOLOGY LABORATORY REPORT
MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY
MCBCL 11345/6 (REV. 9-86)

PLANT: Onslow Beach | NPDES PERMIT NO.: NC0063053 | MONTH: Aug | YEAR: 1987

DATE	00310 5 DAY 20°C BOD			00610 AMMONIA	00530 TOTAL SUSPENDED RESIDUE			COLIFORM	00556 OIL + GREASE	00600 TOTAL NITROGEN	00665 TOTAL PHOSPHORUS
	INFLUENT mg/L	EFFLUENT mg/L	%	EFFLUENT mg/L	INFLUENT mg/L	EFFLUENT mg/L	%	EFFLUENT MF/100 ML	EFFLUENT mg/L	EFFLUENT mg/L	EFFLUENT mg/L
1											
2											
3											
4											
5											
6	164	14	91	2.0	74	8	89	0	8.4		
7											
8											
9											
10											
11									2.7		
12										[redacted]	
13	251	10	96	1.5	173	10	94	0		6.55	
14											
15											
16											
17											
18											
19											
20	87	7	92	0.08	131	8	94	0			
21											
22											
23											
24											
25											
26											
27	216	4	98	0.29	59	4	93	0			
28											
29											
30											
31											
TOTAL	718	35	[redacted]	3.85	437	30	[redacted]		11.1	6.55	
AVERAGE	180	9	95	1.00	109	8	93	0	5.6	6.55	
MAXIMUM	251	14	[redacted]	2.0	173	10	[redacted]	0	8.4	6.55	
MINIMUM	87	4	[redacted]	0.08	59	4	[redacted]	0	2.7	6.55	
COMP (C) GRAB (G)	C	C	[redacted]	C	C	C	[redacted]	G	G	C	C
MONTHLY LIMIT	[redacted]		[redacted]		[redacted]	30	[redacted]		30	[redacted]	

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

11331
NREAD
3 Sep 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 August 1987. Also enclosed are the weekly Chemical Analysis Forms (MCBCL 11330/3 Rev 3-82) for the same period, as requested in the 25 October 1982 letter from Mr. Charles Rundgren of your office.

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

Sincerely,

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

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

Copy to:
LANTNAVFACENGCOM (Code 114)

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

Writer/Typist Betz/Trianoski
Date Typed 2 Sep 87
Word Processor Number 11331

Month AUGUST
Year 1987

ONSLOW BEACH 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 # 04-67-048

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.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	INCUBATOR TEMP.
1																										
2																										
3	7																									
4	4TH															0	2	0	0							35.4
5																										
6																										
7																										
8																										
9																										
10	7																									
11	11TH															0	2	0	0							35.0
12																										
13																										
14																										
15																										
16																										
17																										
18	18TH															0	2.	0	0							35.2
19																										
20																										
21																										
22																										
23																										
24	7																									
25	25TH															0	2	0	0							35.2
26																										
27																										
28																										
29																										
30																										
31																										

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

ENCLOSURE III

LAB ID # 37807

Month AUGUST
Year 1987

COURTHOUSE BAY 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 # 04-67-047

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.	COLIFORMS (MFP): NO. OF SAMPLES EXAMINED	COLIFORMS (MFP): 1 COLIFORMS per 100 ml.	COLIFORMS (MFP): 2 COLIFORMS per 100 ml.	COLIFORMS (MFP): 3 COLIFORMS per 100 ml.	COLIFORMS (MFP): 4 COLIFORMS per 100 ml.	COLIFORMS (MFP): 5 COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	INCUBATOR TEMP.
1																										
2																										
3																										
4	7 4TH															0	4	0 0	0 0							35.4
5																										
6																										
7																										
8																										
9																										
10																										
11	11TH															0	4	0 0	0	0						35.0
12																										
13																										
14																										
15																										
16																										
17																										
18	18TH															0	4.	1 0 .		0	0 0					35.2
19																										
20																										
21																										
22																										
23																										
24	7																									
25	25TH															0	4	0 0	0 1				0 1			35.4
26																										
27																										
28																										
29																										
30																										
31																										

MF MEDIA: BBL mEndo
TPC MEDIA:
BACTERIAL DENSITY
ARITH. MEAN
GEO. MEAN
DIST. SYSTEM: 0 / 1
TOTAL NO. SAMPLES: 16
SAMPLES EXCEEDING 3/50 4/100 7/200 13/500ml: 0

LAB ID # 37807

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

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

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

DATE	RAW WATER COLIFORMS (MFP) A: VOLUME FILTERED ml.	A: TOTAL COLONIES	A: COLIFORM COLONIES	B: VOLUME FILTERED ml.	B: TOTAL COLONIES	B: COLIFORM COLONIES	C: VOLUME FILTERED ml.	C: TOTAL COLONIES	C: COLIFORM COLONIES	NO. OF COLIFORMS PER 100 ml.	FILTERED: TOTAL PLATE COUNT	FILTERED: MFP COLIFORMS per 100 ml.	FINISHED: TOTAL PLATE COUNT	FINISHED: MFP COLIFORMS per 100 ml.	DISTRIBUTION SYSTEM: TOTAL PLATE COUNT	COLIFORMS (MFP): AVE. COLIFORMS per 100 ml.	COLIFORMS (MFP): NO. OF SAMPLES EXAMINED	COLIFORMS (MFP): 1 COLIFORMS per 100 ml.	COLIFORMS (MFP): 2 COLIFORMS per 100 ml.	COLIFORMS (MFP): 3 COLIFORMS per 100 ml.	COLIFORMS (MFP): 4 COLIFORMS per 100 ml.	COLIFORMS (MFP): 5 COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	INCUBATOR TEMP.
1																										
2																										
3																										
4	7 4TH															0	2	0 0								35.4
5																										
6																										
7																										
8																										
9																										
10																										
11	11TH															0	2	0 1	0 1							35.0
12																										
13																										
14																										
15																										
16																										
17																										
18	18TH															0	2.	0 1	1 0							35.2
19																										
20																										
21																										
22																										
23																										
24																										
25	25TH															0	2	0 0								35.2
26																										
27																										
28																										
29																										
30																										
31																										

MF MEDIA: BBL mEndo — BACTERIAL DENSITY — ARITH. MEAN — GEO. MEAN

TPC MEDIA

DIST. SYSTEM: 0 / 1

TOTAL NO. SAMPLES: 8

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

LAB ID # 37807

CERT GRADE B-WELL # 4087-W

Month AUGUST
Year 1987

TARAWA TERRACE 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 # 04-67-044

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.	COLIFORMS (MFP): NO. OF SAMPLES EXAMINED	COLIFORMS (MFP): 1 COLIFORMS per 100 ml.	COLIFORMS (MFP): 2 COLIFORMS per 100 ml.	COLIFORMS (MFP): 3 COLIFORMS per 100 ml.	COLIFORMS (MFP): 4 COLIFORMS per 100 ml.	COLIFORMS (MFP): 5 COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	INCUBATOR TEMP.
1																										
2																										
3																										
4 7/4TH																0	4	0 0	0 0							35.4
5																										
6																										
7																										
8																										
9																										
10 7/11TH																0	4	0 0		0 0						35.0
11																										
12																										
13																										
14																										
15																										
16																										
17																										
18 7/18TH																0	4.	0 0			0 0					35.2
19																										
20																										
21																										
22																										
23																										
24																										
25 7/25TH																0	4	0 0					0 0			35.2
26																										
27																										
28																										
29																										
30																										
31																										
MF MEDIA			BBL mEndo			BACTERIAL DENSITY		ARITH. MEAN								0	DIST. SYSTEM	TOTAL NO. SAMPLES								16
TPC MEDIA								GEO. MEAN								1		SAMPLES EXCEEDING 3/50. (4/100. 7/200. 13/500ml								0

LAB ID # 37807

Post Grade B-Well # 4087-W

Month AUGUST
Year 1987

MARINE CORPS AIR STATION 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.
1																										
2																										
3																										
4 7/4/87																0	7	0 0	0 0	0 0	0					35.4
5																										
6																										
7																										
8																										
9																										
10 7/11/87																0	7	0 0	1 0	0 0		0	0 0			35.0
11																										
12																										
13																										
14																										
15																										
16																										
17																										
18 7/18/87																0	7	0 0 0	0 0	0 0						35.2
19																										
20																										
21																										
22																										
23																										
24																										
25 7/25/87																0	7	0 0 0	1 0	0 0	0					35.2
26																										
27																										
28																										
29																										
30																										
31																										

MF MEDIA: RBL 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

LAB ID # 37807

1087-W

nth AUGUST Holcomb Blvd WATER TREATMENT PLANT AT Camp Lejeune Method Code: 303

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

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

DATE	RAW WATER COLIFORMS (MFP) A: VOLUME FILTERED ml.	A: TOTAL COLONIES	A: COLIFORM COLONIES	B: VOLUME FILTERED ml.	B: TOTAL COLONIES	B: COLIFORM COLONIES	C: VOLUME FILTERED ml.	C: TOTAL COLONIES	C: COLIFORM COLONIES	NO. OF COLIFORMS PER 100 ml.	FILTERED: TOTAL PLATE COUNT	FILTERED: MFP COLIFORMS per 100 ml.	FINISHED: TOTAL PLATE COUNT	FINISHED: MFP COLIFORMS per 100 ml.	DISTRIBUTION SYSTEM: TOTAL PLATE COUNT	COLIFORMS (MFP): AVE. COLIFORMS per 100 ml.	NO. OF SAMPLES EXAMINED	1: COLIFORMS per 100 ml.	2: COLIFORMS per 100 ml.	3: COLIFORMS per 100 ml.	4: COLIFORMS per 100 ml.	5: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	INCUBATOR TEMP.
1																										
2																										
3																										
4 TH																0	7	0 0	0 0	0 0	0 1					35.4
5																										
6																										
7																										
8																										
9																										
11 TH																0	7	0 0	0 0	0 0	0 1					35.0
12																										
13																										
14																										
15																										
16																										
17																										
18 TH																0	7.	0 0	1 0	0 0	0 0					35.2
19																										
20																										
21																										
22																										
23																										
24																										
25 TH																0	7	0 0	1 0	0 0	0 0		0 0			35.2
26																										
27																										
28																										
29																										
30																										
31																										

MF MEDIA BBL mEndo BACTERIAL DENSITY ARITH. MEAN

TPC MEDIA GEO. MEAN

0 DIST. SYSTEM TOTAL NO. SAMPLES 28

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

LAB ID # 37807

1087-W

Month AUGUST
Year 1987

RIFLE RANGE 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 # 04-67-046

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.
1																										
2																										
3																										
4	7 4TH															0	3	0	0	0	1					35.4
5																										
6																										
7																										
8																										
9																										
10																										
11	7 11TH															0	3	0	0	1	0					35.0
12																										
13																										
14																										
15																										
16																										
17																										
18	7 18TH															0	3	0	0		1					35.2
19																										
20																										
21																										
22																										
23																										
24																										
25	7 25TH															0	3	0	0		1	0				35.2
26																										
27																										
28																										
29																										
30																										
31																										

MF MEDIA: BBL mEndo
TPC MEDIA:

BACTERIAL DENSITY

ARITH. MEAN: 0
GEO. MEAN: 1

DIST. SYSTEM

TOTAL NO. SAMPLES: 12
SAMPLES EXCEEDING 3/50 4/100 7/200. 13/500ml: 0

LAB ID # 37807

DEPT GRADE B-WELL # 4087-W

Month AUGUST 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.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	INCUBATOR TEMP.
1																										
2																										
3																										
4	47M															0	9	0 0	0 0	0 0	0 0	0				35.4
5																										
6																										
7																										
8																										
9																										
10	25 M																									
11																0	9	0 0	0 0	0 0	0 0	1 0				35.0
12																										
13																										
14																										
15																										
16																										
17	11																									
18																0	9	0 0	0 0	0 0	0 0	0				35.2
19																										
20																										
21																										
22																										
23																										
24																										
25	25 M															0	9	0 0	0 0	1 0	0 0					35.2
26																		0 0								
27																										
28																										
29																										
30																										
31																										

MF MEDIA: RBL mEndo — BACTERIAL DENSITY — ARITH. MEAN — GEO. MEAN

TPC MEDIA

DIST. SYSTEM: 0 / 1

TOTAL NO. SAMPLES: 36

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

LAB ID # 37807

TEST CRAFT B-WELL # 4087-W

ENVIRONMENTAL CHEMISTRY & MICROBIOLOGY LABORATORY REPORT

CHEMICAL ANALYSIS - WATER TREATMENT PLANTS

MCBCL 11330/3 (REV 7-87)

DATE COLLECTED: 8-4-87

DATE(S) ANALYZED: 8-4-87

PARAMETER (UNITS) \ PLANT	HADNOT POINT 04-67-041	MCAS NEW RIVER 04-67-042	HOLCOMB BLVD 04-67-043	COURTHOUSE BAY 04-67-046	RIFLE RANGE 04-67-047	ONSLOW BEACH 04-67-048			
pH-LABORATORY	9.0	8.5	8.6	7.9	8.3	7.5			
STABILITY	+0.9	+0.1	+0.5	-0.4	-0.1	-0.7			
PHENOLTHALEIN ALKALINITY (PPM)	8	12	4	0	0	0			
METHYL ORANGE ALKALINITY (PPM)	54	152	60	170	160	150			
CARBONATES AS $CaCO_3$ (PPM)	16	24	8	0	0	0			
BICARBONATES AS $CaCO_3$ (PPM)	38	128	52	170	160	150			
CHLORIDES AS Cl (PPM)	16	80	14	16	26	14		!	
HARDNESS AS $CaCO_3$ (PPM)	60	56	66	54	54	82			
IRON AS Fe (PPM)	—	—	—						
FLUORIDE (PPM) AM / PM	0.41 / 0.64	0.63	1.07 / 1.04	0.12	0.12	0.15			
TURBIDITY (NTUS) AM / PM	0.3 / 0.2	0.2	0.1 / 0.2	0.1	0.1	0.1			
CHLORINE RESIDUAL (PPM)	1.1	0.8	1.2	1.2	1.0	1.5			

REMARKS:

COPY TO:

- ☒ UTIL DIR, BMD ☐ _____
- ☒ WATER TREATMENT, UTIL DIV, BMD
- ☒ PMU, NAVHOSP ☒ PMU, MCAS-NR
- ☒ DIVISION OF HEALTH SERVICES N.C. DEPT OF HUMAN RESOURCES
- ☐ NREAD ☒ FILE (ATTACH WKST)

REPORT DATE: 8-4-87

REPORT PREPARED BY: N.J. BURNS

ENCLOSURE (2)

ENVIRONMENTAL CHEMISTRY & MICROBIOLOGY LABORATORY REPORT

CHEMICAL ANALYSIS - WATER TREATMENT PLANTS

MCBCL 11330/3 (REV 7-87)

DATE COLLECTED: 8-11-87

DATE(S) ANALYZED: 8-11-87

PARAMETER (UNITS) \ PLANT	HADNOT POINT 04-67-041	MCAS NEW RIVER 04-67-042	HOLCOMB BLVD 04-67-043	COURTHOUSE BAY 04-67-046	RIFLE RANGE 04-67-047	ONSLOW BEACH 04-67-048			
pH-LABORATORY	9.1	8.7	8.6	7.7	8.2	7.6			
STABILITY	-0.6	0.0	+0.2	-0.7	-0.3	-0.7			
PHENOLTHALEIN ALKALINITY (PPM)	8	12	2	0	0	0			
METHYL ORANGE ALKALINITY (PPM)	48	136	60	172	150	160			
CARBONATES AS $CaCO_3$ (PPM)	16	24	4	0	0	0			
BICARBONATES AS $CaCO_3$ (PPM)	32	112	56	172	150	160			
CHLORIDES AS Cl (PPM)	14	74	12	18	24	20		!	
HARDNESS AS $CaCO_3$ (PPM)	60	50	68	56	42	68			
IRON AS Fe (PPM)	—	—			—	—			
FLUORIDE (PPM) AM / PM	1.50 / 1.00	0.57	1.00 / 0.94	0.12	0.10	0.14			
TURBIDITY (NTUS) AM / PM	0.8 / 1.5	1.0	0.8 / 0.6	0.6	0.7	0.9			
CHLORINE RESIDUAL (PPM)	1.1	0.8	1.1	1.2	1.0	1.1			

REMARKS:

COPY TO:

- ☒ UTIL DIR, BMD ☐ _____
- ☒ WATER TREATMENT, UTIL DIV, BMD
- ☒ PMU, NAVHOSP ☒ PMU, MCAS-NR
- ☒ DIVISION OF HEALTH SERVICES N.C. DEPT OF HUMAN RESOURCES
- ☐ NREAD ☒ FILE (ATTACH WKST)

REPORT DATE: 8-11-87

REPORT PREPARED BY: H.J. BURNS

ENVIRONMENTAL CHEMISTRY & MICROBIOLOGY LABORATORY REPORT

CHEMICAL ANALYSIS - WATER TREATMENT PLANTS

MCBCL 11330/3 (REV 7-87)

DATE COLLECTED: 8-25-87

DATE(S) ANALYZED: 8-25-87

PARAMETER (UNITS) \ PLANT	HADNOT POINT 04-67-041	MCAS NEW RIVER 04-67-042	HOLCOMB BLVD 04-67-043	COURTHOUSE BAY 04-67-046	RIFLE RANGE 04-67-047	ONSLOW BEACH 04-67-048			
pH-LABORATORY	8.2	8.8	8.6	8.0	8.4	7.6			
STABILITY	-0.1	+0.2	0	-0.4	-0.1	-0.8			
PHENOLTHALEIN ALKALINITY (PPM)	0	8	4	0	0	0			
METHYL ORANGE ALKALINITY (PPM)	70	132	60	182	172	184			
CARBONATES AS $CaCO_3$ (PPM)	0	16	8	0	0	0			
BICARBONATES AS $CaCO_3$ (PPM)	70	116	52	182	172	184			
CHLORIDES AS Cl (PPM)	14	66	14	10	38	28		!	
HARDNESS AS $CaCO_3$ (PPM)	72	92	74	78	82	60			
IRON AS Fe (PPM)									
FLUORIDE (PPM) AM / PM	0.70 / 0.61	0.65	0.96 / 1.14	0.14	0.11	0.15			
TURBIDITY (NTUS) AM / PM	0.7 / 0.7	1.3	0.8 / 0.9	0.7	0.8	0.8			
CHLORINE RESIDUAL (PPM)	1.0	0.7	1.4	1.2	1.1	1.1			

REMARKS:

COPY TO:

- ☒ UTIL DIR, BMD ☐ _____
- ☒ WATER TREATMENT, UTIL DIV, BMD
- ☒ PMU, NAVHOSP ☒ PMU, MCAS-NR
- ☒ DIVISION OF HEALTH SERVICES N.C. DEPT OF HUMAN RESOURCES
- ☐ NREAD ☒ FILE (ATTACH WKST)

REPORT DATE: 8-25-87

REPORT PREPARED BY: CAROL S. SHORES

ENVIRONMENTAL CHEMISTRY & MICROBIOLOGY LABORATORY REPORT

CHEMICAL ANALYSIS - WATER TREATMENT PLANTS

MCBCL 11330/3 (REV 7-87)

DATE COLLECTED: 8-18-87

DATE(S) ANALYZED: 8-18-87

PARAMETER (UNITS) \ PLANT	HADNOT POINT 04-67-041	MCAS NEW RIVER 04-67-042	HOLCOMB BLVD 04-67-043	COURTHOUSE BAY 04-67-046	RIFLE RANGE 04-67-047	ONSLOW BEACH 04-67-048			
pH-LABORATORY	9.2	8.5	8.6	7.9	8.2	7.7			
STABILITY	+0.4	0	+0.3	-0.4	-0.2	-0.6			
PHENOLTHALEIN ALKALINITY (PPM)	12	6	2	0	0	0			
METHYL ORANGE ALKALINITY (PPM)	56	142	62	192	152	174			
CARBONATES AS $CaCO_3$ (PPM)	24	12	4	0	0	0			
BICARBONATES AS $CaCO_3$ (PPM)	32	130	58	192	152	174			
CHLORIDES AS Cl (PPM)	14	78	16	18	10	26			
HARDNESS AS $CaCO_3$ (PPM)	50	50	70	56	62	56			
IRON AS Fe (PPM)	—	—							
FLUORIDE (PPM) AM / PM	0.85 / 0.92	0.55	0.88 / 0.87	0.12	0.10	0.14			
TURBIDITY (NTUS) AM / PM	0.3 / 0.5	0.2	0.2 / 0.3	0.1	0.1	0.1			
CHLORINE RESIDUAL (PPM)	1.0	0.8	1.2	1.2	0.8	NONE RECORDED			

REMARKS:

COPY TO:

- ☒ UTIL DIR, BMD ☐ _____
- ☒ WATER TREATMENT, UTIL DIV, BMD
- ☒ PMU, NAVHOSP ☒ PMU, MCAS-NR
- ☒ DIVISION OF HEALTH SERVICES N.C. DEPT OF HUMAN RESOURCES
- ☐ NREAD ☒ FILE (ATTACH WKST)

REPORT DATE: 8-18-87

REPORT PREPARED BY: CAROL S. SHORES

6288
NREAD

AUG 24 1987

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

Dear Sir:

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

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

Sincerely,

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

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

Copy to:
EPA Region IV
CMDR, LANTNAVFACENGCOM
NEESA

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

Writer/Typist Betz/Granada
Date Typed 18 Aug 87
Word Processor Number 13

EFFLUENT

NPDES PERMIT NO: NC0063029 DISCHARGE NO: 001 MONTH: July YEAR: 1987

FACILITY NAME: Hadnot Point Sewage Treatment Plant CLASS: IV COUNTY: Onslow

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00403 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	00	24	4.728	26	6.9		3.0	12		4.4		12	0	7.5			
2	00	24	4.169	26	6.8		3.0	12		3.5		13	0	6.9			
3	00	24	3.914	27	6.8		4.0							6.8			
4	00	24	3.455	26	6.9		4.0							7.0			
5	00	24	3.613	25	6.8		4.0							7.2			
6	00	24	4.217	26	6.9		4.0	14		1.5		13	0	7.0			
7	00	24	4.579	26	6.6		4.0	10		2.8		8	0	5.7			4.3
8	00	24	4.332	25	6.8		4.0	12		3.2		9	8	7.2	2.3		
9	00	24	4.488	26	6.8		4.0	12		4.1		8	0	6.8			
10	00	24	4.398	27	6.8		4.0	11		3.2		7	20	6.4			
11	00	24	3.806	26	6.9		4.0							6.6			
12	00	24	3.842	27	7.0		4.0							5.7			
13	00	24	4.282	27	6.6		4.0	10		2.3		12	70	5.6			
14	00	24	4.374	27	6.2		2.0	15		3.6		10	0	5.9			
15	00	24	3.529	27	6.6		4.0	10		4.4		14	6	5.7			
16	00	24	5.647	26	6.6		4.0	13		3.1		9	6	5.6		11.75	
17	00	24	5.763	25	6.8		4.0	12		3.1		8	2	6.8			
18	00	24	4.381	25	6.8		4.0							7.0			
19	00	24	4.753	25	6.6		4.0							6.9			
20	00	24	5.541	25	6.2		4.0	10		2.2		13	0	7.0			
21	00	24	5.842	25	6.6		4.0	19		4.8		10	2	6.2	1.2		
22	00	24	4.696	25	6.6		4.0	12		5.9		9	0	5.9			
23	00	24	5.656	27	6.8		5.0	12		5.1		8	0	6.1			
24	00	24	5.503	26	6.8		3.0	17		5.9		6	0	5.2			
25	00	24	4.944	26	6.9		4.0							4.4			
26	00	24	4.640	26	6.8		4.0							5.4			
27	00	24	5.108	26	6.9		4.0	9		3.3		10	4	5.6			
28	00	24	5.324	25	6.6		4.0	9		3.6		10	0	5.0			
29	00	24	5.526	25	6.5		4.0	11		4.7		11	2	5.0			
30	00	24	5.893	25	6.8		4.0	12		4.7		13	4	5.1			
31	00	24	5.750	33	6.8		4.0	10				10	4	5.4			
Average			4.829	26			3.9	12		4.0		12	2.39	6.1	1.8	11.75	4.3
Max.			5.842	33	7.0		5.0	19		7.7		14	70	7.5	2.3	11.75	4.3
Min.			3.455	25	6.2		2.0	9		1.5		6	0	4.4	1.2	11.75	4.3
Comp.(C)/Grab(G)			G	G			G	C		C		C	G	G	G	C	C
Monthly Limit				6-8.5				22.0		13.1		30	14.0	5.0	30.1		

Facility Status: (Please check one of the following)

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

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

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

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

Julian A Wooten

Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

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

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

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

CERTIFIED LABORATORY: Environmental Chemistry & Microbiology Section STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

PERSON(s) COLLECTING SAMPLES:

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

X Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00403 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: Oil & Grease	TOTAL N. NITROGEN	TOTAL P Phosphorus
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	00552	00600	00665
1	00	24	.9582	26	6.6		4.0	13		3.0		14	6	9.2			
2	00	24	.8690	25	6.5		4.0	12		2.8		8	0	8.6			
3	00	24	.8000	25	6.5		4.0							8.5			
4	00	24	.8506	25	6.9		5.0							8.5			
5	00	24	.8505	25	6.7		5.0							8.6			
6	00	24	.8505	26	6.8		4.0	10		1.7		9	0	8.2			
7	00	24	.2500	26	6.5		5.0	14		2.8		10	0	8.0			6.7
8	00	24	.8500	25	6.8		4.0	14		1.5		11	0	8.5	0.0		
9	00	24	.8700	27	6.4		3.0	12		0.8		8	18	7.5			
10	00	24	.9000	27	6.4		4.0	10		1.6		11	28	7.6			
11	00	24	.8500	26	6.4		4.0							7.3			
12	00	24	.8500	26	6.5		4.0							7.9			
13	00	24	.9000	26	6.5		4.0	10		2.1		9	0	8.3			
14	00	24	.9000	26	6.5		4.0	7		1.8		7	0	8.1			
15	00	24	.9000	26	6.7		4.0	7		1.8		4	6	8.2			
16	00	24	.9000	26	6.7		4.0	10		0.9		7	0	8.5		14.09	
17	00	24	.8500	26	6.6		4.0	11		1.8		8	0	8.0			
18	00	24	.8500	26	6.8		4.0							8.2			
19	00	24	.8500	26	6.7		4.0							7.9			
20	00	24	.8500	26	6.7		4.0	12		1.4		8	0	7.8			
21	00	24	.8500	27	6.6		4.0	12		2.0		9	0	8.1	0.9		
22	00	24	.8500	27	6.6		4.5	9		2.8		8	0	7.8			
23	00	24	.8500	26	6.5		4.0	12		1.0		8	0	8.5			
24	00	24	.8500	27	6.3		4.0	11		1.2		9	0	8.0			
25	00	24	.8500	27	6.3		4.0							8.2			
26	00	24	.8500	27	6.6		4.0							8.1			
27	00	24	.9500	27	6.4		4.0	12		1.4		8	0	7.8			
28	00	24	.8500	26	6.4		4.0	10		2.0		12	0	8.2			
29	00	24	.8500	27	6.8		4.0	10		2.3		9	0	8.2			
30	00	24	.8500	26	6.8		4.0	9		1.6		5	0	8.5			
31	00	24	.8500	25	6.8		4.0	8		0.8		8	0	8.8			
Average			.880606	26			4.1	11		2.0		9	1.56	7.9	0.5	14.09	6.7
Max.			.12500	27	6.9		5.0	14		3.0		14	28	9.2	0.9	14.09	6.7
Min.			.80000	25	6.3		3.0	7		0.8		4	0	7.3	0.0	14.09	6.7
Comp.(C)/Grab(G)			G	G			G	C		C		C	G	G	G	C	C
Monthly Limit				6-8.5				30				30	1000	5.0	30.0		

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: 014 MONTH: July YEAR: 1987

FACILITY NAME: Onslow Beach WTP Pond CLASS: COUNTY: Onslow

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: WTP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	FLOW EFF ☐ INF ☐ DAILY RATE	TEMPERATURE CELSIUS	pH	SETTLEABLE MATTER	RESIDUAL CHLORINE	BOD_5 20°C	COD	AMMONIA NITROGEN	TOTAL RESIDUE	TOTAL SUSPENDED RESIDUE	FECAL COLIFORM Geometric Mean	DISSOLVED OXYGEN	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
	50050		50050	00010	00403	00545	50060	00310	00340	00610	00500	00530	31616	00300				
	HRS		MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L				
1																		
2																		
3																		
4																		
5																		
6																		
7	00				7.8							6.0						
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		
16																		
17																		
18																		
19																		
20																		
21	00				8.3							3.2						
22																		
23																		
24																		
25																		
26																		
27																		
28	00				8.3							5.2						
29																		
30																		
31																		
Average												4.8						
Max.					8.3							6.0						
Min.					7.8							3.2						
Comp.(C)/ Grab(G)					G							C						
Monthly Limit					6-9							30						

DEM Form MR-1 (11/84)

Facility Status: (Please check one of the following)

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

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

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

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

Julian L Wood
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0003239 DISCHARGE NO: 001 MONTH: July YEAR: 1987

FACILITY NAME: Camp Geiger Sewage Treatment Plant CLASS: III COUNTY: Onslow

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

CERTIFIED LABORATORY: Environmental Chemistry & Microbiology Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

Mail original and one copy to:
ATT: Central Files
Division of Environmental Management
N C Department of NRCD
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: Oil & Grease	TOTAL Nitrogen	TOTAL Phosphorus
		NRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	00552	00625	00665
1	00	24	.9306	28	6.6		4.0	13		13.0		9	0	6.3			
2	00	24	.7502	28	6.8		4.0	10		10.3		6	230	6.9			
3	00	24	1.0390	28	6.6		4.0	/						6.6			
4	00	24	.6851	28	6.6									6.6			
5	00	24	.6673	28	6.8		4.0							6.8			
6	00	24	.9169	26	6.4		4.0	12		5.1		8	0	7.0			
7	00	24	.8292	28	6.8		4.0	13		7.2		4	0	6.9			2.8
8	00	24	.8745	28	6.6		4.0	10		8.9		4	0	4.6			
9	00	24	.9618	29	6.7		4.0	9		7.9		5	0	5.1			
10	00	24	.8623	29	6.8		4.0	13		10.2		6	0	6.5			
11	00	24	.7559	29	6.5		4.0							6.5			
12	00	24	.7487	29	6.4		4.0							6.7			
13	00	24	.8326	29	6.5		4.0	9		14.4		7	0	5.1			
14	00	24	.9002	28	6.6		4.0	11		10.7		12	0	6.4			
15	00	24	1.0909	27	6.4		4.0	13		10.8		6	8	6.0			
16	00	24	.8735	26	6.8		4.0	13		8.7		5	0	6.2		16.34	
17	00	24	.8690	26	6.8		4.0	14		9.7		6	2	6.2			
18	00	24	.8000	26	6.9		4.0							6.2			
19	00	24	.7000	26	6.6		4.0							6.4			
20	00	24	.8000	28	6.2		4.0	10		8.4		3	0	6.0			
21	00	24	.7000	28	6.6		4.0	12		11.1		5	0	6.7	0.0		
22	00	24	.8000	28	6.4		4.0	17		14.0		7	0	5.5			
23	00	24	.7000	28	6.6		4.0	14		15.1		8	0	6.0			
24	00	24	.8000	28	6.6		4.0	18		12.4		10	0	6.0	0.0		
25	00	24	.7000	28	6.7		4.0							6.0			
26	00	24	.8000	28	6.7		4.0							5.2			
27	00	24	1.0000	28	6.7		4.0	19		11.0		8	0	5.2			
28	00	24	.9025	28	6.8		4.0	17		9.5		16	0	5.2			
29	00	24	.7489	28	6.6		4.0	9		14.3		9	0	5.4			
30	00	23	.7966	28	6.6		4.0	6		16.0		5	28	6.0			
31	00	24	.8920	28	6.4		5.0	11		12.3		8	30	6.7			
Average			.8299	28			4.0	12		11		7	1:97	6.2	0.0	16.34	2.8
Max.			1.0909	29	6.9		5.0	19		15.1		16	230	7.0	0.0	16.34	2.8
Min.			.6673	26	6.2		4.0	6		5.1		3	0	5.1	0.0	16.34	2.8
Comp.(C)/ Grab(G)			G	G			G	C		C		C	G	G	G	C	C
Monthly Limit				6-9				30				30	200	>5.0	30.0		

DEM Form MR-1 (11/84

ENCLOSURE

Facility Status: (Please check one of the following)

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

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

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

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

Julian A Woolen
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0063045 DISCHARGE NO: 001 MONTH: July YEAR: 1987

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

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00403 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 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	Oil & Grease 00556	Total Nitrogen 00600	Total Phosphorous 00665
1	00	24	.4363				4.5										
2	00	24	.4941				2.0										
3	00	24	.5017				4.0										
4	00	24	.5891				4.0										
5	00	24	.5603				4.0										
6	00	24	.4262				6.0										
7	00	24	.4668	26	7.4		4.0	5		0.12		8	0	6.5			2.1
8	00	24	.4763				5.0										
9	00	24	.5060	26	7.6		4.0							6.9			
10	00	24	.4245				4.5										
11	00	24	.3858				4.0										
12	00	24	.4050				4.0										
13	00	24	.4464				4.0										
14	00	24	.4372	26	7.4		4.0	7		0.10		4	0	6.8			
15	00	24	.5383				4.0										
16	00	24	.5704				3.0										
17	00	24	.4677				3.0										
18	00	24	.3046				4.5										
19	00	24	.4123				5.0										
20	00	24	.4536				4.5										
21	00	24	.4573	26	7.4		4.0	4		0.11		2	0	6.9	7.6		
22	00	24	.4398				3.0										
23	00	24	.4461				4.5										
24	00	24	.4890				4.5								0.0		
25	00	24	.5956				4.0										
26	00	24	.5060				4.5										
27	00	24	.5645				4.0										
28	00	24	.5257	25	7.4		2.0	3		0.32		3	Cl2 samp 10	5.8			1.4
29	00	24	.4046				3.0										
30	00	24	.45432				4.0										
31	00	24	.5609				4.0										
Average			.4757	26			123.5	5		0.68		4	0	6.6	3.8		1.8
Max.			.5950	26	7.6		4.0	7		0.32		8	0	6.9	7.6		2.1
Min.			.3046	25	7.4		2.0	3		0.10		4	0	5.8	0.0		1.4
Comp.(C)/ Grab(G)			G	G			G	C		C		C	G	G	G	C	C
Monthly Limit				6-8.5			[illegible]	30				30	14.0	5.0	30.0		

DEM Form MR-1 (11/84

ENCLOSURE (1)

Facility Status: (Please check one of the following)

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

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

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

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

Julian A Woolen

Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0063037 DISCHARGE NO: 001 MONTH: July YEAR: 1987

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

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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

PERSON(s) COLLECTING SAMPLES: STP Operators

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☑ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00403 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	HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L				
1	00	24	.16104	21	6.6		5.0	4		0.16		4	0	8.6				
2	00	24	.26895				4.0											
3	00	24	.19933				4.0											
4	00	24	.16559		6.7		5.0							8.9				
5	00	24	.17414				5.0											
6	00	24	.17002				4.0											
7	00	24	.21198				5.0											
8	00	24	.19200	22	6.4		6.0	4		0.12		5	0	9.2				
9	00	24	.14690				5.0											
10	00	24	.17631				5.0											
11	00	24	.15965				5.0											
12	00	24	.15306				5.0											
13	00	24	.15331				5.0											
14	00	24	.33539				4.0											
15	00	24	.20086	23	6.8		4.0	3		1.15		3	0	8.3				
16	00	24	.19447				4.0											
17	00	24	.17415				4.0											
18	00	24	.1148				5.0											
19	00	24	.13350				5.0											
20	00	24	.14538				5.0											
21	00	24	.13871				6.0								0.4			
22	00	24	.17444	22	6.5		5.0	2		0.11		2	0	9.6				
23	00	24	.28757				6.0											
24	00	24	.16974				3.0								0.7			
25	00	24	.16800				4.0											
26	00	24	.17360				5.0											
27	00	24	.18500				5.0											
28	00	24	.18129				5.0											
29	00	24	.14100	22	6.6		5.0	1		0.17		4	0	9.3				
30	00	24	.21146				5.0											
31	00	24	.19964				5.0											
Average			5.65800	22			4.7	3		0.34		4	0	9.0	0.6			
Max.			.182516	23	6.8		6.0	4		0.11		5	0	9.6	0.7			
Min.			.111480	21	6.4		4.0	1		0.17		2	0	8.3	0.4			
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C	
Monthly Limit					6-8.5			30				30	14.0	≥5.0	30.0			

DEM Form MR-1 (11/84

ENCLOSURE

Facility Status: (Please check one of the following)

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

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

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

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

Julian A Wooten
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0063053 DISCHARGE NO: 001 MONTH: July YEAR: 1987

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

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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

PERSON(s) COLLECTING SAMPLES: STP Operators

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☐ INF ☒ DAILY RATE	00010 TEMPERATURE CELSIUS	00403 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW: Oil & Grease	TOTAL Nitrogen	TOTAL Phosphorous	
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	00556	00625	00665	
1	00	24	.09799				5.0	7		0.22		1						
2	00	24	.10885	24	6.6		6.0	7		0.29		1	60	8.2				
3	00	24	.08197				6.0											
4	00	24	.08979				5.0											
5	00	24	.08562				5.0											
6	00	24	.09592				4.0											
7	00	24	.10809				5.0											
8	00	24	.11453				5.0											
9	00	24	.10286	24	6.7		5.0	7		0.18		1	0	8.2				
10	00	24	.03623		6.6		5.5											
11	00	24	.09471		6.6		5.0											
12	00	24	.10353				5.5											
13	00	24	.08825				5.8											
14	00	24	.10408				6.0											
15	00	24	.08412															
16	00	24	.10037	23	6.7		3.0	8		0.31		6	0	8.6		6.37		
17	00	24	.09355				4.0											
18	00	24	.08886				3.0											
19	00	24	.10327				2.0											
20	00	24	.10155				4.0											
21	00	24	.10678				5.0											
22	00	24	.12128				2.0											
23	00	24	.12334	24	6.7		4.0	6		1.1		4	0	8.0	0.0			
24	00	24	.10964				4.0								4.4			
25	00	24	.13470				4.0											
26	00	24	.08500				4.5											
27	00	24	.09000				4.5											
28	00	24	.13000				5.0											
29	00	24	.12500				6.0											
30	00	24	.15244	25	6.9		5.0	11		2.8		9	2	8.1				
31	00	24	.12342				4.0											
Average			.10437	24			4.0	8		0.9		4	2.61*	8.2	2.2	6.37		
Max.			.15244	25	6.9		6.0	8		2.8		9	60	8.6	4.4	6.37		
Min.			.08197	23	6.6		2.0	7		0.18		1	0	8.0	0.4	6.37		
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	C	C		
Monthly Limit					6-9			30.0				30	14.0	5.0	30.0			

DEM Form MR-1 (11/84

ENCLOSURE 11

Facility Status: (Please check one of the following)

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

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

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

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

Julian A Wooten
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0063011 DISCHARGE NO: 001 MONTH: July YEAR: 1987

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

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00403 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: Oil & Grease	Total Nitrogen	Total Phosphorous
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	00552	00600	00665
1	00	24	.647				4.0										
2	00	24	.632				4.0										
3	00	24	.958				4.0										
4	00	24	.684				4.0										
5	00	24	.726				4.0										
6	00	24	.612	24	6.8		3.0	10		4.6		9	0	7.6			
7	00	24	.795				5.0										
8	00	24	.667				2.0								7.9		
9	00	24	.624				4.0										
10	00	24	538	27	6.8		4.0	17		3.5		10	0	6.6			
11	00	24	.674				5.0										
12	00	24	.731				4.0										
13	00	24	.677	26	6.8		4.0	14		3.7		7	0	7.1			
14	00	24	.648				4.0										
15	00	24	.449				4.0										
16	00	24	.461				4.0										
17	00	24	.525	25	6.8		5.0	17		2.6		7	0	6.8		12.75	
18	00	24	.467				4.0										
19	00	24	.505				4.0										
20	00	24	.517	25	6.6		5.0	Sample Error		3.0		4	0	6.8			
21	00	24	.673				4.0								0.1		
22	00	24	.717				4.0										
23	00	24	.674				4.0										
24	00	24	.653	26	6.8		4.0	17		4.5		7	0	7.1			
25	00	24	.616				5.0										
26	00	24	.655				4.0										
27	00	24	.861	27	6.9		2.0	13		2.7		12	0	7.1			
28	00	24	.638				5.0										
29	00	24	.524				4.0										
30	00	24	.473				4.0										
31	00	24	.447	26	6.8		4.0	13		4.6		6	2	7.4			
Average			.628	26			4.1	14		3.7		8	1.09	7.1	4	12.75	
Max.			958	27	6.9		6.0	17		4.6		12	2	7.6	7.9	12.75	
Min.			.447	24	6.8		2.0	10		2.6		4	0	6.6	0.1	12.75	
Comp.(C)/ Grab(G)				G	G		G	C		C		G	G	G	G	C	C
Monthly Limit					6-8.5			30				30	14.0	5.0	30		

ENCLOSURE (1)

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:

Julian J Woolen
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

Influent

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

FACILITY NAME: Camp Geiger STP COUNTY: Onslow

Date	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	00	24				415			106		
2	00	24				336			146		
3											
4											
5											
6	00	24				180			146		
7	00	24				270			298		
8	00	24				296			204		
9	00	24				290			178		
10	00	24				310			156		
11											
12											
13	00	24				208			310		
14	00	24				164			96		
15	00	24				356			108		
16	00	24				328			300		
17	00	24				344			183		
18											
19											
20	00	24				340			214		
21	00	24				220			216		
22	00	24				300			174		
23	00	24				407			246		
24	00	24				336			216		
25											
26											
27	00	24				184			170		
28	00	24				164			180		
29	00	24				140			150		
30	00	25				273			128		
31	00	24				224			143		
AVERAGE						277			185		
MONTHLY MAXIMUM						415			310		
MONTHLY MINIMUM						164			96		
SAMPLE TYPE C or G						G			G		

DEM Form MR-2 (11/84)

ENCLOSURE (1)

Influent

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

FACILITY NAME: Tarawa Terrace STP COUNTY: Onslow

Date	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	00	24				196			158		
2	00	24				180			88		
3											
4											
5											
6	00	24				164			130		
7	00	24				160			96		
8	00	24				196			164		
9	00	24				172			106		
10	00	24				208			130		
11											
12											
13	00	24				140			92		
14	00	24				208			120		
15	00	24				152			118		
16	00	24				172			120		
17	00	24				164			68		
18											
19											
20	00	24				245			228		
21	00	24				172			96		
22	00	24				172			100		
23	00	24				204			134		
24	00	24				164			88		
25											
26											
27	00	24				160			94		
28	00	24				132			88		
29	00	24				180			128		
30	00	24				168			82		
31	00	24				211			120		
AVERAGE						178			116		
MONTHLY MAXIMUM						240			228		
MONTHLY MINIMUM						152			82		
SAMPLE TYPE C or G						C			C		

DEM Form MR-2 (11/84)

ENCLOSURE

Influent

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

FACILITY NAME: Hadnot Point Sewage Treatment Plant COUNTY: Onslow

Date	Time	Composite Time	00400 PH	00010 Temperature (Celsius)	00545 Settleable Matter	00310 BOD5 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	00	24				180	4.4		152								
2	00	24				184	3.5		158								
3																	
4																	
5																	
6	00	24				84	1.5		78								
7	00	24				164	2.8		175								
8	00	24				152	3.2		108								
9	00	24				192	3.3		134								
10	00	24				168	3.2		76								
11																	
12																	
13	00	24				136	2.3		100								
14	00	24				156			98								
15	00	24				200			115								
16	00	24				204			134								
17	00	24				200			126								
18																	
19																	
20	00	24				196			116								
21	00	24				188			150								
22	00	24				240			176								
23	00	24				164			110								
24	00	24				204			160								
25																	
26																	
27	00	24				132			100								
28	00	24				140			120								
29	00	24				148			86								
30	00	24				200			120								
31	00	24				164			95								
AVERAGE						173			122								
MONTHLY MAXIMUM						204			158								
MONTHLY MINIMUM						84			75								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

ENCLOSURE [illegible]

Influent

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

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

Date	Time	Composite Time	00400 PH	00010 Temperature (Celsius)	00545 Settleable Matter	00310 BOD5 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	00	24				247			260								
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10	00	24				267			230								
11																	
12																	
13	00	24				255			180								
14																	
15																	
16																	
17	00	24				344			92								
18																	
19																	
20	00	24				332			186								
21																	
22																	
23																	
24	00	24				275			213								
25																	
26																	
27	00	24				279			363								
28																	
29																	
30	00	24				260			358								
31																	
AVERAGE						282			236								
MONTHLY MAXIMUM						344			363								
MONTHLY MINIMUM						247			92								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

ENCLOSURE (1)

Influent

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

FACILITY NAME: Courthouse Bay STP COUNTY: Onslow

Date	Time	Composite Time	00400 PH	00010 Temperature (Celsius)	00545 Settleable Matter	00310 BOD5 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																	
5																	
6																	
7	00	24				144			88								
8																	
9																	
10																	
11																	
12																	
13																	
14	00	24				78			74								
15																	
16																	
17																	
18																	
19																	
20																	
21	00	24				188			94								
22																	
23																	
24	00	24				54			82								
25																	
26																	
27																	
28	00	24				54			82								
29																	
30																	
31																	
AVERAGE						116			85								
MONTHLY MAXIMUM						188			88								
MONTHLY MINIMUM						54			74								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

ENCLOSURE 1

Influent

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

FACILITY NAME: Rifle Range STP COUNTY: Onslow

Date	Time	Composite Time	00400 PH	00010 Temperature (Celsius)	00545 Settleable Matter	00310 BOD5 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	00	24				56			121								
2																	
3																	
4																	
5																	
6																	
7																	
8	00	24				52			64								
9																	
10																	
11																	
12																	
13																	
14																	
15	00	24				52			55								
16																	
17																	
18																	
19																	
20																	
21																	
22	00	24				65			96								
23																	
24																	
25																	
26																	
27																	
28																	
29	00	24				70			206								
30																	
31																	
AVERAGE						59			109								
MONTHLY MAXIMUM						70			206								
MONTHLY MINIMUM						52			55								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

ENCLOSURE

Influent

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

FACILITY NAME: Onslow Beach STP COUNTY: Onslow

Date	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	00	24				148			152								
2																	
3																	
4																	
5																	
6																	
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8																	
9	00	24				256			102								
10																	
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16	00	24				284			158								
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22																	
23	00	24				275			116								
24																	
25																	
26																	
27																	
28																	
29																	
30	00	24				104			116								
31																	
AVERAGE						213			129								
MONTHLY MAXIMUM						284			158								
MONTHLY MINIMUM						104			102								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

ENCLOSURE (1)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C. 20460

AUG 21 1987

OFFICE OF
WATER

Dear NPDES Permit Holder:

Thank you for participating in the 1987 National Discharge Monitoring Report (DMR) Quality Assurance (QA) Program, for all major permittees in the National Pollutant Discharge Elimination System (NPDES). Environmental Protection Agency's (EPA's) evaluation of the results submitted by your laboratory is enclosed. If this letter has not been directed to your laboratory, please provide a copy of the enclosed statistical evaluation to the laboratory which performed the analyses for you.

You will note that each value reported has been placed in one of four categories (acceptable, check for error, not acceptable, or unusable data). If one or more of your reported values is not acceptable, you should check for sources of errors. The purpose of this notice is to provide you with results, and if the data are not acceptable, to allow you to take voluntary remedial actions. You will also note that, "true"/calculated values are provided only for the constituents you reported. If you desire a complete list of "true"/calculated values, please contact your State or Regional Coordinator.

A list of steps for identifying data handling and analytical problems is enclosed. Please submit your corrective actions in writing to your State or Regional Coordinator within 45 days. Your response will be considered by EPA/State in determining need for further follow-up. Where sources of errors are not readily apparent, your laboratory should make a systematic examination of all related portions of its analytical method(s). Quality Control (QC) check samples may be requested for self-evaluation purposes by mailing the enclosed form to the Environmental Monitoring and Support Laboratory.

To ensure that your results and actions can be considered by the proper office, documentation of all corrective actions and use of QC check samples should be sent to your State or Regional Coordinator (as specified in the following page). Please refer to your NPDES permit number in all correspondence. On behalf of EPA and the involved State Agencies, thank you and your laboratory for your cooperation and participation in this QA Program.

Sincerely yours,

James R. Elder, Director
Office of Water Enforcement and Permits

Enclosures

DMR QA State Coordinators

Region I

Connecticut

Earle Thompson (Industrial)
Chief, Laboratory Standards
State Division of Laboratories
Dept of Health; PO Box 1689
10 Clinton Street
Hartford, CT 06101
(203) 566-3896

Dr G Gustav Schlessinger (Mncpl)
Senior Environmental Chemist
Dept of Environmental Protection
122 Washington Street
Hartford, CT 06115
(203) 566-2409

Charles Fredette
QA Coordinator
Dept of Environmental Protection
122 Washington Street
Hartford, CT 06115
(203) 566-2588

Maine

James Tibbets
Bureau of Water Quality Control
Dept of Environmental Protection
State House
Augusta, ME 04333
(207) 289-3355

Massachusetts

Judy Perry
Div of Water Pollution Control
Dept of Env Quality Engineering
1 Winter Street
Boston, MA 02108
(617) 292-5500

New Hampshire

Lynn Woodard (Industrial)
NH Water Supply & Pllin Cont
PO Box 95 - Hazen Drive
Concord, NH 03301
(603) 271-3325

George C Neill (Municipal)
NH Water Supply & Pllin Cont
PO Box 95 - Hazen Drive
Concord, NH 03301
(603) 271-3325

William Rice
NH Water Supply & Pllin Cont
PO Box 95 - Hazen Drive
Concord, NH 03301
(603) 271-3426

Rhode Island

Ray Aldrich
Dept of Environmental Mgmt
Division of Water Resources
83 Park Street
Providence, RI 02903
(401) 277-2234

Christopher Campbell
Dept of Environmental Mgmt
Division of Water Resources
83 Park Street
Providence, RI 02903
(401) 277-2234

Vermont

Kathryn Enright
State Water Resources Division
Agency of Envir Conservation
State Office Building
Montpelier, VT 05602
(802) 828-2761

Region II*

New Jersey - New York Puerto Rico - Virgin Islands

Paul Brown (Reg Coord)
US EPA/ESD - MM
Edison, NJ 08837
(201) 321-6766

Region III

Delaware

Joe Kilby
Dept of Nat Rscs & Env Control
PO Box 1401
89 Kings Highway
Dover, DE 19903
(302) 736-5730

District of Columbia

William Ruby
Environmental Control Division
Dept of Consumer & Reg Affairs
5010 Overlook Avenue
Washington, DC 20032
(202) 767-7370

Maryland

Melvin Knott
Office of Environmental Programs
Division of Industrial Waste
O'Connor Building 2-A-2
201 West Preston Street
Baltimore, MD 21201
(301) 225-5691

Jeff Rein, Chief
Office of Environmental Programs
Division of Municipal Compliance
201 West Preston Street
Baltimore, MD 21201
(301) 225-6383

Marlene Patello
Office of Environmental Programs
Division of Municipal Compliance
201 West Preston Street
Baltimore, MD 21201
(301) 225-6374

Pennsylvania

Kenneth A Walizer
Division of Permits & Compliance
Dept of Env Resources
Fulton Bank Bldg, 12th Fl
3rd & Locust Sts
Harrisburg, PA 17120
(717) 787-8184

Virginia

Alfred L. Willett
Office of Water Res Mgmt
Technical Services
VA State Water Control Board
PO Box 11143
Richmond, VA 23230
(804) 257-6356
(FTS) 937-6011

West Virginia

Don Caldwell
QA Officer
Dept of Natural Resources
1201 Greenbrier St
Charleston, WV 25305
(304) 348-2837

Region IV

Alabama

E John Williford
AL Dept of Environmental Mgmt
1751 Federal Drive
Montgomery, AL 36130
(205) 271-7933

Florida

Carlos Boueres
FL Dept of Env Regulation
Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, FL 32301
(904) 487-0505

Peter T McGarry
US EPA
Florida Compliance
345 Courtland St
Atlanta, GA 30365
(404) 347-7428

Georgia

Allan Hallum
Environmental Protection Div
GA Dept of Natural Resources
Floyd Towers East
205 Butler Street, SE
Atlanta, GA 30334
(404) 656-4713

Kentucky

John Hornback
KY Bureau of Env Protection
18 Reilly Rd, Ft Boone Plaza
Frankfort, KY 40601
(502) 564-3410

Mississippi

Phillip Bass
MS Bureau of Pollution Control
121 Turn Powe Plaza
Pearl, MS 39208
(601) 354-6053

North Carolina

Bob DeWeese
NC Div of Env Management
PO Box 27687
Raleigh, NC 27611
(919) 733-5083

South Carolina

Wayne Davis
SC Dept of Health & Env Control
PO Box 72
State Park, SC 29147
(803) 737-7025

Tennessee

Bill Duffel
TN Division of Water Quality
150 Ninth Avenue, North
Nashville, TN 37203
(615) 741-7883

Region V

Illinois

Kenneth Rogers
Div of Water Pollution Control
Illinois EPA
2200 Churchill Road
Springfield, IL 62706
(217) 782-9720

Indiana*

Kaushal Khanna (Reg Coord)
US EPA
230 South Dearborn
Chicago, IL 60604
(312) 886-6713

Michigan

Frank Baldwin
MI Dept of Natural Resources
PO Box 30028
Lansing, MI 48909
(517) 373-4624

*No State Coordinator, Only Regional

DMR QA State Coordinators

Minnesota

John M Davenport
MN Pollution Control Agency
520 Lafayette Rd
St Paul, MN 55155
(612) 296-7225

Ohio

Tutu Rosanwo
Ohio EPA
1030 King Avenue
Columbus, OH 43212
(614) 294-5841

Wisconsin

Ron Arneson
WI Dept of Natural Resources
PO Box 7921
Madison, WI 53707
(608) 267-7633

Tom Mugan
WI Dept of Natural Resources
3911 Fish Hatchery Road
Fitchburg, WI 53711
(608) 275-3282

Paul Strom
WI Dept of Natural Resources
Box 12436
Milwaukee, WI 53212
(414) 562-9676

Linda Vogen
WI Dept of Natural Resources
Box 10448
Green Bay, WI 54307
(414) 497-6035

Jon Kling
WI Dept of Natural Resources
Box 4001
Eau Claire, WI 54702
(715) 839-3728

Tom Blake
WI Dept of Natural Resources
Box 818
Rhinelander, WI 54501
(715) 362-7616

Janet Hopke
WI Dept of Natural Resources
Box 309
Spooner, WI 54801
(715) 635-4067

Region VI

Arkansas

Dick Cassat
Technical Services
AR Dept of Poll Cont & Ecology
8001 National Drive
Little Rock, AR 72209
(501) 562-7444

Louisiana

Tom Bradley
LA Dept of Env Quality
Water Pollution Control Div
3945 N. I-10 Service Road
Metairie, LA 70002
(504) 838-5365

New Mexico

Alex Puglisi
Environmental Improvement Div
Surface Water Quality Bureau
Surface Water Section
PO Box 968
Santa Fe, NM 87504-0968
(505) 827-2800

Oklahoma

Laura Cook (Industrial)
OK Water Resources Board
PO Box 53585
Oklahoma City, OK 73152
(405) 271-2541

Joe Brown (Municipal)
OK State Dept of Health
PO Box 53551
Oklahoma City, OK 73152
(405) 271-5240

Texas

Ernest Heyer
Texas Water Commission
Field Operation Division
PO Box 13087
Capitol Station
Austin, TX 78711
(512) 463-7756

Region VII

Iowa

Charles Furry
Dept of Environmental Quality
Henry A Wallace Bldg
900 E Grand
Des Moines, IA 50319
(515) 281-8911

Kansas

Robert E Nichols
Kansas Dept of Health & Env
Laboratory Services & Research
Forbes Building #740
Topeka, KS 66620
(913) 862-9360

Missouri

Scott Tackatt
Div of Environmental Quality
Dept of Natural Resources
2010 Missouri Blvd
Jefferson City, MO 65101
(314) 751-3241

Nebraska

Jay Ringenberg
Dept of Env Water Pollution Con
State House Station
Lincoln, NE 68509
(402) 471-2186

Region VIII

Colorado

Ron Schuyler
Permits & Enforcement
Water Quality Control Div
Colorado Dept of Health
4210 East 11th Avenue
Denver, CO 80220
(303) 320-8333

Montana

Mike Pasichnyk
MT Dept of Health & Env Science
Water Quality Bureau
Cogswell Bldg Room 8206
Helena, MT 59620
(406) 444-2406

North Dakota

Randy Thorson
Environmental Engineer
Water Supply & Poll Cntrl Div
North Dakota Dept of Health
Missouri Office Building
1200 Missouri Avenue
Bismarck, ND 58505
(701) 224-4606

South Dakota, Utah*

Dr. J. J. Hillman (Technical)
Regional Coordinator
US EPA 8-ES
Box 25366
Denver Federal Center
Denver, CO 80225
(303) 236-5065
(FTS) 776-5065

Carol Campbell (Permits)
Regional Coordinator
US EPA 8WM-C
1 Denver Place, 4P-404
Denver, CO 80202
(303) 293-1627
(FTS) 564-1627

Wyoming

John F Wagner
Tech Support Supervisor
Water Quality Division
Wyoming Dept of Env Quality
Herschler Bldg - 4th Floor
Cheyenne, WY 82002
(307) 777-7781

Region IX

Arizona

Grace Mossman
Bureau of Laboratory Services
1520 West Adams Street
Phoenix, AZ 85007
(602) 255-1188

California

Phillip Zentner
State Water Resources Control Bd
PO Box 100
Sacramento, CA 95801
(916) 324-1255

Guam

Kenneth Morphew
Guam EPA
PO Box 2999
Agana, Guam 96910
646-8863

Hawaii

Laura Fok
Laboratories Branch
Department of Health
PO Box 3378
Honolulu, HI 96801
(808) 548-7400

Nevada

Harry Van Drielen
Div of Environmental Protection
Department of Health
201 South Fall Street
Carson City, NV 89701
(702) 885-4670

Region X

Alaska, Idaho*

Florence Carroll (Reg Coord)
US EPA
1200 Sixth Street
Seattle, WA 98101
(206) 442-1760

Oregon

Kent Ashbaker
Dept of Env Quality
PO Box 1760
Portland, OR 97207
(503) 229-5395

Washington

Merley McCall
Dept of Ecology
Southwest Reg Office
7272 Clearwater Lane
Olympia, WA 98504
(206) 753-2353 or 2824

*No State Coordinator, Only Regional

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

Quality Assurance Follow Up Checks*

CHECK YOUR METHODS

A. EPA HAS APPROVED ONLY CERTAIN METHODS FOR EFFLUENT MONITORING. NOT ALL METHODS IN "STANDARD METHODS" ARE ACCURATE AND/OR RELIABLE ENOUGH FOR NPDES MONITORING. THE LIST OF APPROVED METHODS IS CONTAINED IN THE DECEMBER 1, 1976, FEDERAL REGISTER OR 40 CFR PART 136.

B. IF YOU ARE USING AN APPROVED METHOD, CHECK TO BE SURE YOU ARE PERFORMING THE METHOD PROPERLY.

CHECK YOUR CALCULATIONS

BE SURE YOUR CALCULATIONS WERE PROPERLY DONE AND THAT YOU REPORTED THE RESULTS IN THE PROPER UNITS (I.E., MILLIGRAMS/LITER VERSUS MICROGRAMS/LITER).

CHECK YOUR STANDARD TITRATING REAGENTS

YOU SHOULD CHECK THE NORMALITY OF ALL THE TITRATING REAGENTS (PAO, THIOSULFATE, FERROUS AMMONIUM SULFATE, $K_2CR_2O_7$, H_2SO_4, ETC.) WHICH YOU USED IN PERFORMING THE ANALYSES.

CHECK YOUR INSTRUMENTS

ALL MECHANICAL AND ELECTRONIC DEVICES MALFUNCTION OR GET OUT OF PROPER ADJUSTMENT THROUGH USE OR MISUSE. BELOW IS A LIST OF POSSIBLE PROBLEMS WITH INSTRUMENTATION.

1. CHECK BALANCE FOR ACCURACY
2. CHECK THE SPECTROPHOTOMETER FOR LINEARITY AND WAVE LENGTH
3. CHECK pH ELECTRODES
4. CHECK AA LAMPS FOR ADEQUATE LIGHT OUTPUT
5. CHECK THE D.O. METER FOR PROBLEMS

CONSULT THE OPERATING MANUALS FOR YOUR INSTRUMENTS FOR ADDITIONAL ADVICE CONCERNING INSTRUMENT CHECKS.

CHECK YOUR STANDARDS

THE SOLUTIONS WHICH ARE USED FOR CALIBRATION OF INSTRUMENTS DEGRADE FROM LIGHT, IMPROPER STORAGE, ACCIDENTAL CONTAMINATION, OR AGE. NEW STANDARDS SHOULD BE PREPARED OR PURCHASED ROUTINELY. (FOR MOST CHEMICALS, THE STANDARDS SHOULD BE PREPARED OR REPLACED AT LEAST EVERY 6 MONTHS).

CHECK FOR DATA TRANSCRIPTION ERRORS

CHECK YOUR LABORATORY PURE WATER

LABORATORY PURE WATER CAN BE CONTAMINATED FROM IMPROPER MAINTENANCE OF THE STILL OR DEIONIZER. THE MOST COMMON CONTAMINANTS ARE ZINC, CHLORINE, AMMONIA, AND BACTERIA.

IF YOU HAVE NEW PERSONNEL, CHECK TO DETERMINE THAT THEY ARE PROPERLY TRAINED TO PERFORM THESE ANALYSES .

***SOURCE: EPA — REGION VIII.**

LEASE PRINT OR TYPE

m Approved O.M.B. 2080-0016
Exp. 4/30/89

QUALITY CONTROL SAMPLE REQUEST

ame _____ Telephone _____
ompany _____
aboratory _____
treet Address _____
ity _____ State _____ Zip Code _____
pproval of Laboratory Director _____
heck Programs for which samples are requested: ☐ Ambient Monitoring ☐ Superfund (CERCLA)
☐ Drinking Water ☐ Wastewater ☐ Toxics (TSCA) ☐ Solid Waste/Hazardous Wastes (RCRA)

WATER QUALITY/WATER POLLUTION SAMPLES

____ Demand
PA/API Reference Oils
____ Arabian Light Crude
____ Prudhoe Bay Crude
____ South Louisiana Crude
____ No. 2 Fuel (high arom.)
____ No. 6 Fuel (high visc.)
____ Bunker C
____ LAS
____ Mercury
____ Mineral
____ Mun. Digested Sludge
____ Nonionic Surfactant Std.
____ Nutrients
____ Oil & Grease
____ Pesticides in Fish
____ Phenols (4AAP Method)
____ Suspended Solids
____ Other _____

PCBs in Oils
____ Aro. 1016 in Capac.
____ Aro. 1016 in Hydraul.
____ Aro. 1016 in Trans.
____ Aro. 1242 in Capac.
____ Aro. 1242 in Hydraul.
____ Aro. 1242 in Trans.
____ Aro. 1254 in Capac.
____ Aro. 1254 in Hydraul.
____ Aro. 1254 in Trans.
____ Aro. 1260 in Capac.
____ Aro. 1260 in Hydraul.
____ Aro. 1260 in Trans.
____ Trace Metals WP - I
____ Trace Metals WP - II
____ Trace Metals WP - III
____ Trace Metals in Fish
____ Volatile Organics
____ Other _____

WATER SUPPLY SAMPLES

____ WS Corrosivity/Sodium
____ WS Herbicides
____ WS Nitrate/Fluoride
____ WS Chl. Hyd. Pest. I
____ WS Chl. Hyd. Pest. II
____ WS Res. Free Chlorine
____ WS Temik
____ WS Trace Metals
____ WS Trihalomethanes
____ WS Turbidity
____ WS Vol. Org. Cont. - I
____ WS Vol. Org. Cont. - II
____ WS Vol. Org. Cont. - III
____ WS Vol. Org. Cont. - IV
____ WS Vol. Org. Cont. - V
____ WS Vol. Org. Cont. - VI
____ WS Vol. Org. Cont. - VII
____ Other _____
____ Other _____

PRIORITY POLLUTANTS/HAZARDOUS WASTES/TOXIC CHEMICALS

____ n-Alkanes
____ Chlorinated Hydrocarbons
____ Chl. Hyd. Pest. WP - I
____ Chl. Hyd. Pest. WP - II
____ Chl. Hyd. Pest. WP - III
____ Cyanide
____ Dichlorobenzenes
____ EP Pest. & Herb.
____ EP Metals
____ GC/MS Acids
____ GC/MS Base Neutrals - I
____ GC/MS Base Neutrals - II
____ GC/MS Base Neutrals - III
____ GC/MS Pesticides - I
____ GC/MS Pesticides - II
____ Haloethers
____ Other _____

____ ICAP - 19
____ ICAP - 7
____ Nitroaro. & Isophorone
PCBs (specific Aroclors)
____ Aroclor 1016
____ Aroclor 1221
____ Aroclor 1232
____ Aroclor 1242
____ Aroclor 1248
____ Aroclor 1254
____ Aroclor 1260
____ Aroclor 1262
____ Phenols (GC)
____ Phthalate Esters
____ Polynuclear Aromatics I
____ Polynuclear Aromatics II
____ Other _____

BIOLOGICAL SAMPLES

____ Algae for Ident. #1
____ Algae for Ident. #2
____ ATP
Bacteria Indicator Strains
____ Enter. aerogenes
____ E. coli
____ Klebsiella pneumoniae
____ Pseudomonas aeruginosa
____ Streptococcus faecalis
____ Sterile Lyophil. Blank
____ Chlorophyll Fluoro.
____ Chlorophyll Spectro.
Reference Toxicants
____ Sod. Lauryl Sulfate
____ Cadmium Chloride
____ Simulated Plankton
____ Other _____

ATE REQUESTED: _____ DATE SHIPPED: _____

PA-360 (Cin) (Rev. 6/86, Pt. 1)

- Fold Here -

Place
Stamp
Here

Quality Assurance Branch
Environmental Monitoring and Support Laboratory
U.S. Environmental Protection Agency
Cincinnati, OH 45268

- Fold Here -

PERFORMANCE EVALUATION REPORT DATE: 07/15/87

DMR-QA STUDY NUMBER 007

PERMITTEE: NC0063002 TARAWA TERRACE STP FX NC0062995

ANALYTES	VP	REPORT VALUE	TRUE VALUE*	ACCEPTANCE LIMITS	WARNING LIMITS	PERFORMANCE EVALUATION
MISCELLANEOUS ANALYTES:						
PH-UNITS		8.24	8.50	8.04- 8.89	8.15- 8.79	ACCEPTABLE
TOTAL SUSPENDED SOLIDS (IN MG/L)		25.4	25.1	16.4- 28.0	17.8- 26.6	ACCEPTABLE
OIL AND GREASE (IN MG/L)		22.3	25.0	13.6- 31.6	15.8- 29.4	ACCEPTABLE
NUTRIENTS IN MILLIGRAMS PER LITER:						
AMMONIA-NITROGEN		4.1	5.10	4.09- 6.01	4.32- 5.78	CHECK FOR ERROR
TOTAL PHOSPHORUS		0.875	0.844	.655- 1.06	.704- 1.01	ACCEPTABLE
DEMANDS IN MILLIGRAMS PER LITER:						
5-DAY BOD		107.	96.6	62.2- 131.	70.7- 122.	ACCEPTABLE
ADDITIONAL MISCELLANEOUS ANALYTES:						
TOTAL RESIDUAL CHLORINE (IN MG/L)		0.4	0.261	.0624- .492	.124- .430	ACCEPTABLE

* BASED UPON THEORETICAL CALCULATIONS, OR A REFERENCE VALUE WHEN NECESSARY.

6288
NREAD

SEP 23 1987

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

Dear Sir:

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

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

Sincerely,

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

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

Copy to:
EPA Region IV
CMDR, LANTNAVFACENGCOM
NEESA

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

Writer/Typist Betz/Giarodi
Date Typed 22 Sep 87
Word Processor Number 6288-L

SEP 23 1981

Writer/Typist

Date Typed

Word Processor Number

EFFLUENT

NPDES PERMIT NO: NC0003239 DISCHARGE NO: 014 MONTH: August YEAR: 1987

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

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

CERTIFIED LABORATORY: Environmental Chemistry & Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: WTP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

Mail original and one copy to:
ATT: Central Files
Division of Environmental Management
N C Department of NRCD
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°	00403 pH UNIT	00545 SETTLEABLE MATTER ML/L	50060 RESIDUAL CHLORINE MG/L	00310 BOD_5 20°C MG/L	00340 COD MG/L	00610 AMMONIA NITROGEN MG/L	00500 TOTAL RESIDUE MG/L	00530 TOTAL SUSPENDED RESIDUE MG/L	31616 FECAL COLIFORM Geometric Mean /100 ML	00300 DISSOLVED OXYGEN MG/L	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW
1															
2															
3															
4	00	24			7.7										
5															
6															
7															
8	00	24			8.0							2.0			
9															
10		-													
11															
12															
13															
14															
15															
16															
17															
18	00	24			8.1							8.0			
19															
20															
21															
22															
23															
24															
25	00	24			7.7							4.0			
26															
27															
28															
29															
30															
31															
Average												4.0			
Max.					8.1							8.0			
Min.					7.7							2.0			
Comp.(C)/Grab(G)					G							C			
Monthly Limit					6-9							30			

DEM Form MR-1 (11/84)

Facility Status: (Please check one of the following)

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

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

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

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

Julian A. Wooten
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0063053 **DISCHARGE NO:** 001 **MONTH:** August **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 ☐

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	00403 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		
															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		
1			.10150				5.0											
2			.11782				3.5											
3			.11303				4.0											
4			.13164				5.0											
5	.		.13041				3.5											
6	00	24	.13095	24	6.8		5.0	14		2.0		8	0	4.5	8.4			
7			.12449				5.0											
8			.12898				5.0											
9			.12557				5.0											
10			.12639	24	7.0		6.0											
11			.12932				6.0								2.7			
12			.13445				5.0											
13	00	24	.13082	23	6.8		3.0	10		1.5		10	0	5.6		6.55		
14			.1929				4.5											
15			.11244				4.5											
16			.12142				4.5											
17			.12037				4.5											
18			.12273	24	6.7		3.0											
19			.12082				4.5											
20	00	24	.16008	24	6.8		4.0	7		0.08		8	0	6.7				
21			.10762				5.0											
22			.12517				5.0											
23			.11301				5.0											
24			.10578				5.0											
25			.14140	24	6.6		0.5							6.0				
26			.10600				4.0											
27	00	24	.10599	24	6.8		4.0	4		0.27		4	0	7.0				
28			.09801				4.0											
29			.08815				4.0											
30			.09922				4.0											
31																		
Average			.12181	24			4.4	9		1.00		8	0	6.0	5.6	6.55		
Max.			.19290	24	7.0		6.0	14		2.00		10	0	7.0	8.4	6.55		
Min.			.08815	23	6.6		0.5	4		0.08		4	0	4.5	2.7	6.55		
Comp.(C)/ Grab(G)				G	G		G	C		C		C	G	G	G	C		
Monthly Limit					6-8.5			30				30	14	≥5	30			

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: August 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 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	.5950				4.0											
2	00	24	.5950				4.0											
3	00	24	.5950				0.0											
4	00	24	.3698	29	7.2		5.0	S.E.*		0.28		S.E.*	0	5.6	1.4			
5	00	24	.4144				3.0											
6	00	24	.4293				3.5											
7	00	24	.5950				4.0											
8	00	24	.3333				4.0											
9	00	24	.4174				4.0											
10	00	24	.4421	26	6.8		3.0							5.3				
11	00	24	.4615				6.0	8		0.10		5	0		2.7			
12	00	24	.4337				2.5											
13	00	24	.4409				4.0											
14	00	24	.5950				3.0											
15	00	24	.5950				2.0											
16	00	24	.4539				5.0											
17	00	24	.4537				4.0											
18	00	24	.4832	28	7.2		2.0	4		0.15	5		0	6.4				
19			.5731				2.0											
20			.5625				3.5											
21			.5170				5.0											
22			.4630				4.0											
23			.4197				4.0											
24			.4600				4.0											
25	00	24	.4362	24	7.4		2.0	6		0.11		4	0	7.0				
26			.4547				4.5											
27			.4501	26	7.2		5.0							6.8				
28			.4725				2.5											
29			.5950				2.5											
30			.5950				3.0											
31			.4536				3.0											
Average			.4889	27			3.5			0.16		5	0	6.2	2.1			
Max.			.5950	29	7.4		6.0			.15		5	0	7.0	2.7			
Min.			.4144	24	6.8		0.0			0.10		4	0	5.3	1.4			
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G			
Monthly Limit					6-8.5			30				30	14	>5	30			

DEM Form MR-1 (11-84) *S.E. = Sample Error

Facility Status: (Please check one of the following)

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

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

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

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

Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

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

FACILITY NAME: Hadnot Point Sewage Treatment Plant **CLASS:** IV **COUNTY:** Onslow

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

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°	00403 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	00556 Oil & Grease MG/L	00600 Total Nitrogen MG/L	00665 Total Phosphrou MG/L
							ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW										
1	00	24	4.850	28	6.8		4.0							6.0			
2	00	24	4.741	28	6.8		4.0							6.5			
3	00	24	5.496	25	6.7		4.0	9		0.9		9	0	6.2			
4	00	24	5.393	27	6.9		4.0	8		3.7		15	2	5.7			
5	00	24	5.450	27	6.9		4.0	9		4.6		14	0	4.9	2.2		
6	00	24	5.842	25	7.0		4.0	10		4.1		12	16	5.2			
7	00	24	5.630	26	6.9		4.0	10		4.4		10	0	5.0			
8	00	24	5.485	27	6.9		4.0							5.1			
9	00	24	4.440	25	6.9		3.0							5.0			
10	00	24	5.361	26	7.0		3.0	12		3.2		15	2	5.1			
11	00	24	5.928	26	7.0		3.0	13		3.6		10	0	5.0			
12	00	24	5.309	25	7.0		3.0	18		3.6		11	0	5.3		12.70	4.1
13	00	24	5.418	25	7.0		3.0	23		4.0		12	2	5.1			
14	00	24	5.144	25	6.8		3.0	12		5.2		9	2	5.2			
15	00	24	4.860	25	6.7		4.0							5.2			
16	00	24	4.635	26	6.8		4.0							5.1			
17	00	24	5.474	27	6.8		4.0	11		2.5		6	2	5.6			
18	00	24	5.849	27	6.8		4.0	9		3.5		12	0	5.5			
19	00	24	6.617	27	7.1		4.0	9		2.5		10	0	5.9			
20	00	24	6.925	25	7.1		4.0	14		4.3		11	0	6.0			
21	00	24	5.703	27	6.8		3.0	10		4.6		7	0	6.0			
22	00	24	4.847	27	6.9		4.0							6.0			
23	00	24	5.185	26	6.8		3.0							5.8			
24	00	24	5.653	26	6.8		3.0	9		1.8		11	2	5.1	3.0		
25	00	24	5.526	24	7.0		4.0	10		3.9		6	0	5.5			
26	00	24	5.676	27	6.8		4.0	12		3.6		11	0	5.3			
27	00	24	6.519	28	6.9		4.0	11		3.6		11	0	5.2			
28	00	24	5.788	27	6.9		4.0	12		3.2		11	2	5.2			
29	00	24	5.349	26	6.9		4.0							4.5			
30	00	24	4.753	26	6.9		4.0							5.5			
31	00	24	5.589	26	6.6		4.0	10		2.1		10	0	5.4			
Average			5.466	26			3.7	11		3.5		11	1.44*	5.4	2.6	12.70	4.1
Max.			6.925	28	7.1		4.0	23		5.2		15	16	6.5	3.0	12.70	4.1
Min.			4.440	24	6.6		3.0	8		0.9		6	0	4.5	2.2	12.70	4.1
Comp.(C)/Grab(G)			G	G			G	C		C		C	G	G	G	C	C
Monthly Limit				6-8.5				22		13		30	14	>5	30		

DEM Form MR-1 (11/84

Facility Status: (Please check one of the following)

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

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

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

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

Julian d Wooten
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC 0063022 DISCHARGE NO: 001 MONTH: August YEAR: 1987

FACILITY NAME: Camp Johnson (Montford Point) CLASS: ___ COUNTY: Onslow

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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

PERSON(s) COLLECTING SAMPLES: 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	00403 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 Phosphrous	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	.532				2.5											
2	00	24	.758				4.0											
3	00	24	.642	26	6.8		4.0	13		4.9		2	2	6.8				
4	00	24	.669				4.0								0.1			
5	00	24	.615				4.0											
6	00	24	.635				4.0											
7	00	24	.627	25	6.8		4.0	17		5.5		6	0	6.1				
8	00	24	.535				4.0											
9	00	24	.631				4.0											
10	00	24	.788				5.0	15		3.1		6	6					
11	00	24	.918				4.0											
12	00	24	.704				4.0											
13	00	24	.711				2.5											
14	00	24	.752	23	6.9		4.0	12		5.9		9	0	6.8				
15	00	24	.714				4.0											
16	00	24	.688				4.0											
17	00	24	.801	24	6.9		4.0	5		3.0		6	0	7.6				
18	00	24	.694				4.0								0.7			
19	00	24	.883				5.0											
20	00	24	.586				0.8											
21	00	24	.519	25	6.8		4.0	11		5.1		6	0	7.1				
22	00	24	.660				4.0			3.4								
23	00	24	.860				5.0											
24	00	24	.790	24	6.9		4.0	6				6	0	8.0				
25	00	24	.758				4.0											
26	00	24	.786				4.0											
27	00	24	.762				4.0											
28	00	24	.838	25	7.0		5.0	13		2.3		7	0	7.2				
29	00	24	.727				4.0											
30	00	24	.634				4.0											
31	00	24	.795	24	6.7		3.0	12		2.1		10	0	7.0	0.8			
Average			.710	25			3.9	12		3.9		6	1.36	7.1	0.4			
Max.			.918	26	7.0		5.0	17		5.9		10	9	8.0	0.8			
Min.			.519	23	6.7		0.8	5		2.3		2	0	6.1	0.1			
Comp.(C)/ Grab(G)				G	G		G	C		C		C	G	G	G			
Monthly Limit					6-8.5			30				30	14	>5	30			

DEM Form MR-1 (11/84

Facility Status: (Please check one of the following)

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

All monthly averages and / or other limitation do not meet permit monitoring requirements [ ]
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(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:** August **YEAR:** 1987

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

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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N C Department of NRCD
P O Box 27687
Raleigh, North Carolina 27611

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00403 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: 00556 Oil & Grease	00602 Total Nitrogen	00665 Total Phosphro
		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	.22263	25	6.8		3.5							8.6			
2	00	24	.1816	26	6.8		6.0							7.7			
3	00	24	.1798	25	6.8		4.0							8.1			
4	00	24	.2019				4.0								0.2		
5	00	24	.1894	25	6.8		3.0	3		0.15		3	0	8.4			
6	00	24	.1949				5.0										
7	00	24	.2332				4.0										
8	00	24	.1517				5.0										
9	00	24	.1836				5.0										
10	00	24	.1845				5.0										
11	00	24	.1890				5.0										
12	00	24	.1986	25	6.6		5.0	4		0.06		3	0	7.7		5.26	1.4
13	00	24	.1674				4.0										
14	00	24	.1968				4.0										
15	00	24	.1962				4.0										
16	00	24	.1988				4.0										
17	00	24	.2212				2.0										
18	00	24	.2172				4.0								0.5		
19	00	24	.2379	26	6.6		4.0	1		0.08		4	0	7.8			
20	00	24	.26458				4.0										
21	00	24	.2231				4.0										
22	00	24	.23429				5.0										
23	00	24	.20561				5.0										
24	00	24	.21685				3.0										
25	00	24	.22935				3.0										
26	00	24	.20605	25	6.4		5.0	4		0.10		5	0	8.0			
27	00	24	.20024				4.0										
28	00	24	.20678				4.0										
29	00	24	.23735				4.0										
30	00	24	.19009				4.0										
31	00	24	.26023				4.0										
Average			.20711	25			4.2	3		4.0		4	0 •	8.0	0.35	5.26	1.4
Max.			.26458	26	6.8		6.0	4		0.15		5	0	8.6	0.5	5.26	1.4
Min.			.15165	25	6.4		2.0	1		0.06		3	0	7.7	0.2	5.26	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		

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:** 001 **MONTH:** August **YEAR:** 1987

FACILITY NAME: Camp Geiger Sewage Treatment Plant **CLASS:** III **COUNTY:** Onslow

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

CERTIFIED LABORATORY: Environmental Chemistry & Microbiology Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

Mail original and one copy to:
ATT: Central Files
Division of Environmental Management
N C Department of NRCD
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	00403 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
		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	.7057	28	6.4		4.0							6.0			
2	00	24	.9328	28	6.4		4.0							6.0			
3	00	24	.9360	28	6.6		4.0	7		15.1		7	0	6.6			
4	00	24	.9948	28	6.7		4.0	16		14.1		13	20	6.8	L.E.*		
5	00	24	.8374	28	6.6		4.0	16		16.0		14	62	6.2			
6	00	24	.9465	28	6.7		4.0	14		9.8		15	0	6.4			
7	00	24	.8903	28	6.8		4.0	12		10.8		6	8	4.5			
8	00	24	.9392	26	6.8		4.0							5.0			
9	00	24	1.0233	26	6.7		4.0							5.0			
10	00	24	.8364	28	6.8		4.0	7		8.1		6	10	5.5			
11	00	24	.8272	28	6.7		4.0	10		6.6		6	0	5.4			
12	00	24	.8235	28	6.8		4.0	3		2.1		3	30	5.6		10.6	3 .50
13	00	24	.8836	26	6.9		4.0	9		7.3		4	0	5.8			
14	00	24	.9100	26	6.9		4.0	6		8.7		4	2	5.6			
15	00	24	.9066	26	6.9		4.0							5.8			
16	00	24	.9663	26	6.9		4.0							5.6			
17	00	24	.8590	26	6.8		4.0	10		7.6		10	0	5.8			
18	00	24	.7949	28	6.6		4.0	6		7.8		5	0	5.8	1.5		
19	00	24	.9084	28	6.6		4.0	5		6.4		4	0	6.1			
20	00	24	.8953	28	6.6		4.0	4		4.7		1	0	5.6			
21	00	24	1.0164	28	6.8		4.0	9		8.3		5	2	5.5			
22	00	24	.7830	28	6.8		4.0							5.8			
23	00	24	.8459	28	6.6		4.0							5.3			
24	00	24	.9109	28	6.4		4.0	4		7.5		30	0	5.8			
25	00	24	.8873	28	6.6		4.0	8		7.3		8	0	6.2	1.4		0.07
26	00	24	.8336	28	6.6		4.0	6		8.3		5	2	6.0			
27	00	24	.8750	28	6.6		4.0	6		7.8		4	0	5.6			
28	00	24	.9181	28	6.5		4.0	14		9.3		7	14	5.6			
29	00	24	.9707	28	6.6		4.0							6.3			
30	00	24	.8043	28	6.6		4.0							6.0			
31	00	24	.9070	28	6.4		4.0	10		14.2		6	0	5.8			
Average			.8893	28	[redacted]		4.0	9		9.0		8	2.55*	5.8	1.5	10.6	3 0.29
Max.			1.0233	28	6.9		4.0	16		16.0		30	62	6.8	1.5	10.6	3 .50
Min.			.7057	26	6.4		4.0	3		2.1		1	0	4.5	1.4	10.6	3 0.07
Comp.(C)/ Grab(G)			G	G			G	C		C		C	G	G	G	C	C
Monthly Limit				6-9				30				30	200				

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:** August **YEAR:** 1987

FACILITY NAME: Tarawa Terrace STP **CLASS:** ___ **COUNTY:** Onslow

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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

PERSON(s) COLLECTING SAMPLES: 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	00403 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: 00556 Oil & Grease	00600 Total Nitrogen	00665 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	.9000	26	6.6		6.0							8.5			
2	00	24	.900	26	6.6		4.0							8.5			
3	00	24	.900	27	6.6		4.0	13		0.7		16	2	8.6			
4	00	24	.850	27	6.6		4.5	9		1.4		5	0	8.5	1.7		
5	00	24	.850	27	6.6		4.0	8		2.5		8	2	8.5			
6	00	24	.900	27	7.0		4.0	9		1.0		11	2	7.5			
7	00	24	.850	27	6.5		4.0	12		1.0		6	10	7.8			
8	00	24	.900	26	6.5		4.0							8.0			
9	00	24	.900	27	6.4		5.0							8.4			
10	00	24	.900	27	6.4		4.0	9		2.0		8	0	8.3			
11	00	24	.850	26	6.8		4.0	12		1.5		8	12	8.3			
12	00	24	.850	26	6.8		4.0	7		6.9		6	0	8.2		16.35	5.2
13	00	24	.900	26	6.6		4.0	7		1.6		8	0	8.5			
14	00	24	.900	26	6.7		4.0	10		1.6		8	0	8.1			
15	00	24	.850	27	6.5		4.0							8.1			
16	00	24	.900	27	6.8		4.0							7.9			
17	00	24	.850	27	6.7		4.0	6		1.8		10	6	8.3			
18	00	24	.850	27	6.7		4.0	9		1.7		8	0	8.0	1.1		
19	00	24	.850	27	6.7		4.0	9		1.4		8	0	8.1			
20	00	24	.900	28	6.8		5.0	12		2.0		11	0	7.8			
21	00	24	.900	28	6.8		3.0	10		1.3		6	0	8.0			
22	00	24	.850	28	6.9		4.0							7.9			
23	00	24	.850	25	6.6		4.0							8.8			
24	00	24	.850	24	6.7		3.0	9		1.2		10	0	7.8			
25	00	24	.900	24	6.8		5.0	11		3.1		6	2	8.5			0.07
26	00	24	.900	25	6.7		4.0	10		2.0		9	2	8.0			
27	00	24	.850	26	6.7		3.0	8		0.9		12	0	8.2			
28	00	24	.900	27	6.7		3.0	11		1.0		10	0	8.3			
29	00	24	.900	27	6.7		4.0							8.5			
30	00	24	.900	26	6.6		4.0							8.4			
31	00	24	.900	26	6.8		4.0	10		2.1		10	0	8.5			
Average			.879	26			4.0	10		1.8		9	1.61	8.2	1.4	16.35	5.2
Max.			.900	28	7.0		6.0	13		3.1		16	12	8.8	1.7	16.35	5.2
Min.			.850	24	6.4		3.0	6		0.7		6	0	7.5			
Comp.(C)/ Grab(G)				G	G		G	C		C		C	G	G	G	C	C
Monthly Limit					6-8.5			30				30	1000	5	30		

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: NC0063002 DISCHARGE NO: 001 MONTH: August YEAR: 1987

FACILITY NAME: Tarawa Terrace STP COUNTY: Onslow

Date	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	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2																	
3	00	24				192			145								
4	00	24				208			76								
5	00	24				180			95								
6	00	24				192			75								
7	00	24				192			148								
8																	
9																	
10	00	24				200			108								
11	00	24				187			76								
12	00	24				172			92								
13	00	24				264			294								
14	00	24				250			90								
15																	
16																	
17	00	24				148			335								
18	00	24				164			100								
19	00	24				184			110								
20	00	24				156			98								
21	00	24				200			98								
22																	
23																	
24	00	24				176			83								
25	00	24				184			85								
26	00	24				148			75								
27	00	24				156			75								
28	00	24				180			85								
29																	
30																	
31	00	24				168			86								
AVERAGE						186			115								
MONTHLY MAXIMUM						264			115								
MONTHLY MINIMUM						148			75								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Camp Geiger COUNTY: Onslow

Date	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	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2																	
3	00	24				172			80								
4	00	24				410			193								
5	00	24				367			178								
6	00	24				487			238								
7	00	24				336			212								
8																	
9																	
10	00	24				204			153								
11	00	24				247			168								
12	00	24				200			124								
13	00	24				284			132								
14	00	24				200			154								
15																	
16																	
17	00	24				200			153								
18	00	24				268			106								
19	00	24				156			96								
20	00	24				164			116								
21	00	24				204			100								
22																	
23																	
24	00	24				293			235								
25	00	24				295			143								
26	00	24				210			115								
27	00	24				270			123								
28	00	24				273			133								
29																	
30																	
31	00	24				264			178								
AVERAGE						262			149								
MONTHLY MAXIMUM						410			238								
MONTHLY MINIMUM						156			80								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Rifle Range STP COUNTY: Onslow

Date	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																	
5	00	24				62			41								
6																	
7																	
8																	
9																	
10																	
11																	
12	00	24				50			138								
13																	
14																	
15																	
16																	
17																	
18																	
19	00	24				64			77								
20																	
21																	
22																	
23																	
24																	
25																	
26	00	24				52			63								
27																	
28																	
29																	
30																	
31																	
AVERAGE						57			80								
MONTHLY MAXIMUM						64			138								
MONTHLY MINIMUM						50			41								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Courthouse Bay STP COUNTY: Onslow

Date	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	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L	
1											
2											
3											
4	00	24				Sample error			Sample error		
5											
6											
7											
8											
9											
10											
11	00	24				136			56		
12											
13											
14											
15											
16											
17											
18	00	24				132			83		
19											
20											
21											
22											
23											
24											
25	00	24				76			28		
26											
27											
28											
29											
30											
31											
AVERAGE						126			56		
MONTHLY MAXIMUM						136			83		
MONTHLY MINIMUM						76			28		
SAMPLE TYPE C or G						C			C		

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Onslow Beach STP COUNTY: Onslow

Date	Time	Composite Time	00400 PH STD UNITS	00010 Temperature (Celsius) °C	00545 Settleable Matter Ml/L	00310 BOD5 20 °C MG/L	00610 Ammonia Nitrogen MG/L	00500 Total Residue MG/L	00530 Total Suspended Residue MG/L	00340 COD MG/L	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW
		HRS									
1											
2											
3											
4											
5											
6	00	24				164			74		
7											
8											
9											
10											
11											
12											
13	00	24				251			173		
14											
15											
16											
17											
18											
19											
20	00	24				87			131		
21											
22											
23											
24											
25											
26											
27	00	24				216			59		
28											
29											
30											
31											
AVERAGE						180			109		
MONTHLY MAXIMUM						251			173		
MONTHLY MINIMUM						89			59		
SAMPLE TYPE C or G						C			C		

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Hadnot Point Sewage Treatment Plant COUNTY: Onslow

Date	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	00	24				196			100		
4	00	24				168			205		
5	00	24				208			110		
6	00	24				236			128		
7	00	24				208			125		
8											
9											
10	00	24				176			118		
11	00	24				280			202		
12	00	24				176			163		
13	00	24				216			118		
14	00	24				172			103		
15											
16											
17	00	24				196			104		
18	00	24				208			153		
19	00	24				160			146		
20	00	24				148			160		
21	00	24				172			170		
22											
23											
24	00	24				132			100		
25	00	24				136			60		
26	00	24				136			78		
27	00	24				128			60		
28	00	24				164			82		
29											
30											
31	00	24				160			114		
AVERAGE						180			124		
MONTHLY MAXIMUM						280			205		
MONTHLY MINIMUM						128			60		
SAMPLE TYPE C or G						C			C		

DEM Form MR-2 (11/84)

Influent

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

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

Date	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	00	24				346			304		
4											
5											
6											
7	00	24				272			178		
8											
9											
10	00	24				496			229		
11											
12											
13											
14	00	96				204			102		
15											
16											
17	00	24				180			178		
18											
19											
20											
21	00	24				323			407		
22											
23											
24	00	24				229			115		
25											
26											
27											
28	00	24				150			118		
29											
30											
31	00	24				130			175		
AVERAGE						259			201		
MONTHLY MAXIMUM						496			407		
MONTHLY MINIMUM						130			102		
SAMPLE TYPE C or G						C			C		

DEM Form MR-2 (11/84)

6740/3
NREAD
8 Jul 87

Mr. W. B. Edwards
NCRD/DEM Laboratory Branch
Post Office Box 27687
Raleigh, North Carolina 27611

Dear Sir:

This is to report that the deviations cited in the 29 April 1987 on-site inspection report have been corrected. The on-site inspection report was received on 11 May 1987. Corrective actions were initiated immediately, and their descriptions are discussed below.

DDS. Supply Ecol. Div.

The laboratory now runs the glucose-glutamic acid check for the Bio-chemical Oxygen Demand (BOD) test daily instead of weekly. Two dilutions of each effluent BOD sample is run in addition to the daily duplication of one BOD sample. Duplicates of one sample for Fecal Coliform, Ammonia and Phosphorus are run, in addition to the daily dilutions of each sample.

As stated in our 4 December 1986 letter, the name of the laboratory has changed since our original application in 1985. The laboratory is now the Environmental Chemistry and Microbiology Laboratory.

The point of contact on this matter is Ms. Elizabeth Betz, Supervisory Chemist, Natural Resources and Environmental Affairs Division, Assistant Chief of Staff, Facilities at (919) 451-5977.

Sincerely,

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

Copy to:
EC&ML, NREAD (2)

Writer/Typist Betz/Treanorka
Date Typed 8 Jul 87
Word Processor Number 6740/3

Writer/Typist _____

Date Typed _____

Word Processor Number _____

6286/1
NREAD
13 Jul 87

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

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

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

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

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

3. The Camp Geiger Wastewater Treatment Plant still operates under a 1980 permit. Based on the proposed limits, enclosure (2) lists the violations Camp Geiger would have for June 1987 if a new permit were issued. The new permit is suppose to contain a compliance schedule for Ammonia (NH_3) that would eliminate the NH_3 limits once a diffuser was installed.

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

J. I. WOOTEN

Blind copy to:
EC&M Lab

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

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

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

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

ENCLOSURE (1)

MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY
MCBCL 11745/6 (REV. 9-86)

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

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

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

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

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

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

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

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

PLANT	NPDES PERMIT NO.	MONTH	YEAR
CAMP JOHNSON	NC00 63011	JUNE	1987

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

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

MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY

NCDEHNR 1134516 (REV. 9-86)

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

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

INSTRUCTIONS:

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

MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY

MCBCL 11345/8 (REV. 9-86)

PLANT	NPDES PERMIT NO.	MONTH	YEAR
RIFLE RANGE STP	NC0063037	JUNE	1987

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

INSTRUCTIONS:

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

MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY

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

DATE	00310 5 DAY 20°C BOD			00610 AMMONIA	00530 TOTAL SUSPENDED RESIDUE			COLIFORM	00556 OIL & GREASE	00600 TOTAL NITROGEN	00665 TOTAL PHOSPHORUS
	INFLUENT mg/L	EFFLUENT mg/L	%	EFFLUENT mg/L	INFLUENT mg/L	EFFLUENT mg/L	%	EFFLUENT MF/100 ML	EFFLUENT mg/L	EFFLUENT mg/L	EFFLUENT mg/L
1											
2											
3											
4	268	8	97	0.26	346	4	99	SEE IN BACT. SUMMARY	0.2		
5											
6											
7											
8											
9											
10											
11	180	11	94	0.37	264	6	98	0	0		
12											
13											
14											
15											
16											
17											
18	164	6	96	0.48	156	5	97	26			
19											
20											
21											
22											
23											
24											
25	184	6	97	0.22	232	2	99	0	0		
26											
27											
28											
29											
30											
31											
TOTAL	796	31		1.38	998	17			0.20		
AVERAGE	199	8	96	0.33	250	4	98	2-96	0.07		
MAXIMUM	268	11		0.48	346	6		26	0.20		
MINIMUM	164	6		0.22	156	2		0	0		
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		30		—		30		14	30		

INSTRUCTIONS:

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

Violations of Camp Geiger's Proposed NPDES limits

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

ENCLOSURE (2)

6288
NREAD
22 Jun 87

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

Dear Sir:

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

The Hadnot Point Wastewater Treatment Plant did not meet the weekly minimum average for Dissolved Oxygen of 5.0 mg/l. The weekly averages for 17-23 May 1987, 24-30 May 1987, and 31 May 1987 were 4.4 mg/l, 4.2 mg/l, and 3.8 mg/l respectively. The return filter effluent pumps to the trickling filters were determined to have a reduced capacity. A new pump was placed in operation on 9 June 1987. The plant did meet the monthly minimum average for dissolved oxygen.

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

Sincerely,

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

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

Copy to:
EPA Region IV
CMDR, LANTNAVFACENGCOM
NEESA

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

EFFLUENT

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

FACILITY NAME: Camp Geiger Sewage Treatment Plant CLASS: III COUNTY: Onslow

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

CERTIFIED LABORATORY: Environmental Chemistry & Microbiology Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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	00403 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00556 OIL & GREASE	00600 TOTAL NITROGEN	00665 TOTAL PHOS-PHORUS
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW		
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MG/L	MG/L	MG/L
1	00	24	.8500	19	6.4		4.0	23		14.9		23	0	6.3			
2	00	24	.8500	19	6.4		4.0							6.6			
3	00	24	.8500	19	6.6		4.0							6.3			
4	00	24	.8500	19	6.7		4.0	14		20.8		5	0	6.8			
5	00	24	.8500	17	6.6		4.0	15		15.6		8	0	7.0	1.3		1.4
6	00	24	.8500	18	6.9		4.0	10		13.7		8	0	6.8			
7	00	24	.8500	17	6.6		4.0	15		14.3		7	0	6.8			
8	00	24	.8500	21	6.2		4.5	16		10.6		7	0	6.2			
9	00	24	.8555	20	6.3		4.0							7.6			
10	00	24	.8620	20	6.6		4.0							7.0			
11	00	24	.8611	20	6.8		4.0	12		18.1		8	0	6.5			
12	00	24	.8761	20	6.9		3.0	22		13.5		11	0	5.4			
13	00	24	.8632	21	6.0		5.0	17		13.3		10	0	5.3			
14	00	24	.9558	21	6.6		4.0	15		12.6		12	0	6.7			
15	00	24	.9100	21	6.8		4.0	20		12.9		16	10	6.6			
16	00	24	.7470	21	6.6		4.0							6.8			
17	00	24	.8794	21	6.6		4.0							5.5			
18	00	24	.8742	22	6.6		4.0	2		10.7		2	0	6.0			
19	00	24	.9942	27	6.6		4.0	14		10.6		9	0	6.8			
20	00	24	.9675	22	6.6		4.0	12		12.7		13	0	6.5			1.1
21	00	24	.8996	21	6.4		4.0	12		15.8		5	0	7.0			
22	00	24	.7806	22	6.8		4.0	12		13.5		7	0	6.8			
23	00	24	.7537	22	6.6		4.0							7.0			
24	00	24	.7302	22	6.6		4.0							6.6			
25	00	24	.7445	22	6.6		4.0	HOLIDAY						7.0			
26	00	24	.8752	22	6.8		4.0	8		9.2		3	0	6.4	L/E		
27	00	24	.9158	25	6.6		4.0	19		11.2		8	0	7.0			
28	00	24	.9279	23	6.4		4.0	13		12.2		7	0	6.1			1.2
29	00	24	.8570	23	6.3		4.0	12		13.1		8	0	6.6		11.49	
30	00	24	.7500	23	6.6		4.0							6.4			
31	00	24	.7528	23	6.6		4.0							6.8			
Average			.8526	21			4.0	14		13		9	1.12*	6.6	1.3	11.49	1.2
Max.			.9942	27	6.9		5.0	23		20.8		23	10	7.6	1.3	11.49	1.4
Min.			.7302	17	6.0		3.0	2		9.2		3	0	5.3	1.3	11.49	1.1
Comp.(C)/ Grab(G)			G	G	G		G	C		C		C	G	G	G	C	C
Monthly Limit				6-8.5				30				30	200	>5	30		

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

Facility Status: (Please check one of the following)

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

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

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

_____

_____

_____

_____

_____

_____

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

_____
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

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

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

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

CERTIFIED LABORATORY: Environmental Chemistry & Microbiology Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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

PERSON(s) COLLECTING SAMPLES: ~~STP Operators~~

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00556 OIL & GREASE	00620 TOTAL NITROGEN	00665 TOTAL PHOSPHORUS	
							ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW											
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	mg/L	mg/L	mg/L	
1	00	24	.7355	19	6.6		4.0	9		2.4		10	4	9.6				
2	00	24	.8012	19	6.6		4.0							9.4				
3	00	24	.7867	20	6.5		4.0							10.0				
4	00	24	.7303	20	6.5		5.0	13		3.4		12	2	9.8				
5	00	24	.5539	18	6.6		4.0	12		1.9		13	0	9.0			6.6	
6	00	24	.6427	18	6.6		4.0	12		2.6		5	0	9.2				
7	00	24	.7020	20	6.8		4.5	12		9.0		11	0	9.4				
8	00	24	.6813	20	7.0		4.5	15		3.4		15	0	9.3				
9	00	24	.7670	19	6.8		4.0							9.5				
10	00	24	.8395	19	6.8		4.5							9.6				
11	00	24	.8013	20	6.9		4.0	12		3.4		12	0	9.6				
12	00	24	.7847	20	6.9		4.0	12		2.7		7	0	9.6				
13	00	24	.8122	19	6.6		4.0	8		2.6		7	0	9.5				
14	00	24	.7969	22	6.6		4.0	10		6.5		13	4	8.8				
15	00	24	.7818	21	6.7		4.0	8		3.1		13	0	9.2				
16	00	24	.8321	21	6.7		4.0							9.4				
17	00	24	.8888	21	6.5		5.0							10.5				
18	00	24	.8893	21	6.6		4.0	10		2.3		2	0	10.2				
19	00	24	.8871	22	6.6		4.0	12		2.1		4	2	8.7				
20	00	24	.8112	22	6.6		4.0	12		3.0		6	0	9.5			5.3	
21	00	24	.8620	21	6.6		4.0	10		5.6		4	0	9.4	0			
22	00	24	.8759	21	6.8		4.0	11		4.2		8	0	9.6				
23	00	24	.8547	22	6.7		4.0							9.2				
24	00	24	.9515	22	6.6		4.0							9.0				
25	00	24	.9267	23	6.7		4.0	HOLIDAY						9.6				
26	00	24	.8784	23	6.8		4.0	12		2.4		5	0	9.5	2.3	[illegible]		
27	00	24	.8543	22	6.6		4.0	10		2.7		7	0	9.6				
28	00	24	.8591	23	6.6		4.5	12		2.0		10	0	8.9			5.5	
29	00	24	.9187	25	6.5		4.0	12		3.6		7	0	9.4		9.22		
30	00	24	.8768	23	6.5		4.0							9.6				
31	00	24	.9815	23	6.5		4.0							9.0				
Average			.8182	21	[illegible]		4.1	11		3.3		9	1.23	9.4	1.2	9.22	5.8	
Max.			.9815	25	7.0		5.0	15		9.0		15	4	10.5	2.3	9.22	6.6	
Min.			.5539	18	6.5		4.0	8		1.9		2	0	8.7	0	9.22	5.3	
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C	
Monthly Limit					6-8.5			30				30	1000	>5	30			

DEM Form MR-1 (11/84

Facility Status: (Please check one of the following)

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

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

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

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

Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

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

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

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

CERTIFIED LABORATORY: Environmental Chemistry & 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 PHOS-PHORUS	
	HRS		MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MG/L	mg/L	mg/L	
1	00	24	.632	19	7.0		2.5	16		6.6		7	0	7.8				
2	00	24	.535				4.0											
3	00	24	.600				4.0											
4	00	24	.590	20	6.9		4.0	15		4.6		5	0	7.8				
5	00	24	.550				4.0								2.8			
6	00	24	.523				4.0											
7	00	24	.519				5.0											
8	00	24	.607	19	6.7		4.0	14		6.0		6	0	8.0				
9	00	24	.1601				5.0											
10	00	24	.537				6.0											
11	00	24	.594	20	6.6		6.0	10		6.6		8	0	8.4				
12	00	24	.498				4.0											
13	00	24	.554				3.0											
14	00	24	.519				5.0											
15	00	24	.340	20	6.6		4.0	17		6.4		8		7.3				
16	00	24	.513				4.0											
17	00	24	.673				4.0											
18	00	24	.539	21	7.0		3.0	22		6.8		4	0	6.1				
19	00	24	.619				4.0											
20	00	24	.625				4.0											
21	00	24	.632				4.0								0.6			
22	00	24	.611	20	6.7		4.0	14		6.2		7	0	6.4				
23	00	24	.576	20	6.8		4.0							8.1				
24	00	24	.519				4.0											
25	00	24	.536				5.0	HALT	DAY									
26	00	24	.674				5.0											
27	00	24	.635				5.0											
28	00	24	.555				4.0											
29	00	24	.765	23	6.9		3.0	10		2.7		3	6	7.5				
30	00	24	.496				4.0											
31	00	24	.665				4.0											
Average			.5468	20			4.2	15		5.7		6	1.29	7.5	1.7			
Max.			.765	23	7.0		6.0	22		6.8		8	6	8.4	2.8			
Min.			.160	19	6.6		2.5	10		2.7		3	0	6.1	0.6			
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G			
Monthly Limit					6-8.5			30				30	14	>5	30			

DEM Form MR-1 (11/84

Facility Status: (Please check one of the following)

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

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

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

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

Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0063029 DISCHARGE NO: 001 MONTH: May YEAR: 1987

FACILITY NAME: Hadnot Point Sewage Treatment Plant CLASS: IV COUNTY: Onslow

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

CERTIFIED LABORATORY: Environmental Chemistry & Microbiology Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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

PERSON(s) COLLECTING SAMPLES: STP Operators

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00556 OIL & GREASE	00600 TOTAL NITROGEN	00665 TOTAL 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	4.070	20	6.6		4.0	12		4.8		5	0	6.0			
2	00	24	3.957	22	6.7		3.0							5.1			
3	00	24	4.202	22	6.6		4.0							5.5			
4	00	24	4.365	22	6.4		4.0	12		4.0		10	0	6.2			
5	00	24	4.477	20	6.8		4.0	11		4.9		7	0	6.1			4.9
6	00	24	4.145	20	6.8		4.0	12		4.6		6	0	6.3			
7	00	24	4.249	22	6.8		4.0	10		4.4		8	6	6.7			
8	00	24	4.831	22	6.6		4.0	15		4.8		11	0	6.5			
9	00	24	4.611	20	6.6		4.0							6.0			
10	00	24	4.794	20	6.8		4.0							6.5			
11	00	24	4.837	20	6.2		3.0	10		3.9		10	0	6.0	0.3		
12	00	24	4.105	22	6.6		4.0	12		4.1		7	0	5.2			
13	00	24	4.132	20	6.6		4.0	10		5.1		5	0	5.0			
14	00	24	4.201	22	6.6		3.0	14		5.3		13	0	5.5			
15	00	24	4.448	22	6.8		4.0	14		4.9		19	0	5.0			
16	00	24	4.196	21	6.8		4.0							5.2			
17	00	24	4.295	23	6.7		4.0							5.1			
18	00	24	5.582	22	6.6		3.0	16		3.8		11	6	4.8			
19	00	24	4.582	24	6.5		3.0	22		4.3		11	0	4.6			
20	00	24	4.588	23	6.5		3.0	23		5.3		13	0	4.4			4.9
21	00	24	4.552	22	6.4		3.0	13		5.8		14	0	4.0	3.1		
22	00	24	4.240	23	6.7		4.0	22		4.7		18	0	4.0			
23	00	24	3.918	23	6.8		4.0							4.2			
24	00	24	3.773	23	6.8		4.0							4.1			
25	00	24	4.029	24	6.6		4.0	HOLIDAY						4.7			
26	00	24	4.608	24	6.8		3.0	18		2.6		12	0	4.2			
27	00	24	4.455	24	6.6		4.0	17		3.9		11	2	4.8			
28	00	24	4.564	24	6.7		4.0	19		4.7		16	0	4.2			4.9
29	00	24	4.600	24	6.8		3.0	23		5.2		18	2	3.5		16.21	
30	00	24	4.098	24	6.8		3.0							3.7			
31	00	24	4.064	24	6.6		4.0							3.8			
Average			4.374	22			3.7	15		4.6		11	1.28 *	5.1	1.7	16.21	4.9
Max.			5.582	24	6.8		4.0	23		5.8		19	6	6.7	3.1	16.21	4.9
Min.			3.773	20	5.8		3.0	10		2.6		5	0	3.5	0.3	16.21	4.9
Comp.(C)/Grab(G)			G	G			G	C		C		C	G	G	G	C	C
Monthly Limit					6-8.5			22				30	14	>5	30		

DEM Form MR-1 (11/84

Facility Status: (Please check one of the following)

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

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

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

See Cover Letter for Explaination

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

_____
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

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

FACILITY NAME: Rifle Range Sewage Treatment Plant CLASS: II COUNTY: Onslow

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

CERTIFIED LABORATORY: Environmental Chemistry & Microbiology Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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

PERSON(s) COLLECTING SAMPLES: STP Operators

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00403 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 N ITROGEN	00665 TOTAL PHOSPH-ORUS
							ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW										
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MG/L	MG/L	MG/L
1	00	24	.26452				4.0										
2	00	24	.2533				5.0										
3	00	24	.2497				6.0										
4	00	24	.2308				5.0										
5	00	24	.2766				5.0										
6	00	24	.26728	18	6.6		4.0	8		0.66		4	0	9.6			
7	00	24	.2485				3.0										
8	00	24	.2585				4.0										
9	00	24	.2367				4.0										
10	00	24	.2269				4.0										
11	00	24	.2683				4.0								0		
12	00	24	.2380				4.0										
13	00	24	.2310	17	6.6		5.0	5		0.14		3	0	8.4			
14	00	24	.2317				5.0										
15	00	24	.1965				5.0										
16	00	24	.2187				5.0										
17	00	24	.1970				4.0										
18	00	24	.2020				5.0										
19	00	24	.2066				5.0										
20	00	24	.2171	19	6.5		6.0	5		0.35		4	0	9.7			1.4
21	00	24	.2050				5.0										
22	00	24	.2163				4.0										
23	00	24	.3113	20	6.6		3.0							8.1			
24	00	24	.1883				5.0										
25	00	24	.1926				4.0										
26	00	24	.1530				5.0								0		
27	00	24	.1843	20	6.5		6.0	2		0.26		3	0	8.9			
28	00	24	.2885				4.0										
29	00	24	.1621				4.0										
30	00	24	.1855		6.4		5.0							9.2			
31	00	24	.1582				5.0										
Average			.2247	19			4.6	5		0.35		4	0	9.0	0		1.4
Max.			.3153	20	6.6		6.0	8		0.66		4	0	9.7	0		1.4
Min.			.1530	17	6.4		3.0	2		0.14		3	0	8.1	0		1.4
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G		C
Monthly Limit					6-8.5			30				30	14	>5	30		

DEM Form MR-1 (11/84

Facility Status: (Please check one of the following)

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

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

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

_____

_____

_____

_____

_____

_____

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

_____
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

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

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

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

CERTIFIED LABORATORY: Environmental Chemistry & Microbiology Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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	00403 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	00625 TOTAL NITROGEN	00665 TOTAL PHOSPH-ORUS
			ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW														
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MG/L	MG/L	MG/L
1	00	24	.2758		6.8		5.0										
2	00	24	.4426				4.0										
3	00	24	.4973				4.5										
4	00	24	.3778				4.0										
5	00	24	.2854	19	7.5		2.5	7		0.69		14	0	7.8			1.4
6	00	24	.2957				4.0										
7	00	24	.3446				4.0										
8	00	24	.4614				4.0										
9	00	24	.2875				4.0										
10	00	24	.2430				4.5										
11	00	24	.3890				3.0								0.5		
12	00	24	.3710	21	7.2		3.0	6		0.44		3	0	7.8			
13	00	24	.3194				3.0										
14	00	24	.3085				4.0										
15	00	24	.2504				4.0										
16	00	24	.2579				3.0										
17	00	24	.2344				3.5										
18	00	24	.3170				3.0										
19	00	24	.3486	21	7.2		4.0	5		0.22		4	0	7.3			
20	00	24	.4350				4.0										
21	00	24	.3708				3.0										
22	00	24	.3286				2.0										
23	00	24	.1609				2.0										
24	00	24	.3504				4.5										
25	00	24	.2532				4.5										
26	00	24	.2932	23	7.3		4.5	5		0.17		1	0	8.9	0.4		
27	00	24	.2970				4.0										
28	00	24	.3240				4.5										
29	00	24	.2996				5.0										
30	00	24	.3232				3.5										
31	00	24	.2510				4.0										
Average			.3243	21			3.79	6		0.39		6	0	8.0	0.5		1.4
Max.			.4973	23	7.5		5.0	7		0.69		14	0	8.9	0.5		1.4
Min.			.1609	14	6.8		2.0	5		0.19		1	0	7.3	0.4		1.4
Comp.(C)/ Grab(G)				G	G		G	C		C		C	G	G	G		C
Monthly Limit					6.8-8.5			30				30	14	>5	30		

DEM Form MR-1 (11/84)

Facility Status: (Please check one of the following)

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

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

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

_____

_____

_____

_____

_____

_____

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

_____
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

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

FACILITY NAME: Onslow Beach Sewage Treatment Plant CLASS: II COUNTY: Onslow

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

CERTIFIED LABORATORY: Environmental Chemistry & Microbiology Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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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 ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW: OIL & GREASE	00600 TOTAL NITROGEN	00665 TOTAL PHOS-PHORUS	
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	mg/L	mg/L	mg/L	
1	00	24	.09873				4.0											
2	00	24	.09059				4.0											
3	00	24	.09568				4.5											
4	00	24	.09266				5.0											
5	00	24	0.08392				4.0											
6	00	24	.09206				4.5											
7	00	24	.08963	18	6.7		4.0	8		0.21		11	0	8.9				
8	00	24	.09086				4.0											
9	00	24	.08906				4.0											
10	00	24	.08818				4.0											
11	00	24	.09048				3.0								5.1			
12	00	24	.09661				4.0											
13	00	24	.08622				5.0											
14	00	24	.09489	19	6.8		4.5	9		1.50		13	0	8.2				
15	00	24	.08360				4.0											
16	00	24	.08549				4.5											
17	00	24	0.10045				5.0											
18	00	24	.08352				5.5											
19	00	24	.09054				4.5											
20	00	24	.07430				4.0											
21	00	24	0.11431	18	6.7		4.5	8		0.60		5	0	8.5				
22	00	24	.08030				2.0											
23	00	24	0.11637				4.0											
24	00	24	0.13566				5.0											
25	00	24	0.10628				5.0											
26	00	24	0.10422				4.5								0.5			
27	00	24	.08913				2.0											
28	00	24	0.10536	19	6.6		4.5	8		0.22		6	0	7.8			3.4	
29	00	24	.08472				4.0									17.92		
30	00	24	.09998				5.0											
31	00	24	.09748				5.0											
Average			.09617	19			4.2	8		0.63		9	0	8.4	2.8	17.92	3.4	
Max.			0.11637	19	6.8		5.5	9		1.50		13	0	8.9	5.1	17.92	3.4	
Min.			.07430	18	6.6		2.0	8		0.21		5	0	7.8	0.5	17.92	3.4	
Comp.(C)/ Grab(G)				G	G		G	C		C		C	G	G	G	C	C	
Monthly Limit					6-8.5			30				30	14	>5.0	30			

DEM Form MR-1 (11/84)

Facility Status: (Please check one of the following)

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

All monthly averages and / or other limitation do not meet permit monitoring requirements [ ]
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(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: May YEAR: 1987

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

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

CERTIFIED LABORATORY: ~~Environmental Chemistry & Microbiology Laboratory~~

CHECK BLOCK IF ORC HAS CHANGED ☐

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

PERSON(s) COLLECTING SAMPLES: WTP Operators

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	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																		
5	08	8			7.8							5.2						
6																		
7																		
8																		
9																		
10																		
11																		
12	08	8			7.9							0.8						
13																		
14																		
15																		
16																		
17																		
18																		
19	08	8			8.0							3.2						
20																		
21																		
22																		
23																		
24																		
25																		
26	08	8			8.2							1.6						
27																		
28																		
29																		
30																		
31																		
Average												2.7						
Max.					8.2							5.2						
Min.					7.8							0.8						
Comp.(C)/Grab(G)					G							C						
Monthly Limit					6-9							30						

DEM Form MR-1 (11/84

Facility Status: (Please check one of the following)

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

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

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

_____

_____

_____

_____

_____

_____

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

_____
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

Influent

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

FACILITY NAME: Camp Geiger Sewage Treatment Plant COUNTY: Onslow

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

DEM Form MR-2 (11 84)

Influent

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

FACILITY NAME: Tarawa Terrace Sewage Treatment Plant COUNTY: Onslow

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

DEM Form MR-2 (11 84)

Influent

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

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

Date	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	00	24				324			148		
2											
3											
4	00	24				810			505		
5											
6											
7											
8	00	24				160			158		
9											
10											
11	00	24				84			34		
12											
13											
14											
15	00	24				144			128		
16											
17											
18	00	24				156			100		
19											
20											
21											
22	00	24				116			68		
23											
24											
25						HOLIDAY					
26											
27											
28											
29	00	24				467			333		
30											
31											
AVERAGE						283			184		
MONTHLY MAXIMUM						467			505		
MONTHLY MINIMUM						84			34		
SAMPLE TYPE C or G						C			C		

DEM Form MR-2 (11 84)

Influent

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

FACILITY NAME: Hadnot Point Sewage Treatment Plant COUNTY: Onslow

Date	Time	Composite Time	00400 PH	00010 Temperature (Celsius)	00545 Settleable Matter	00310 BOD5 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	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L	
1	00	24				156			94		
2											
3											
4	00	24				124			100		
5	00	24				168			110		
6	00	24				176			120		
7	00	24				136			128		
8	00	24				168			108		
9											
10											
11	00	24				120			102		
12	00	24				124			92		
13	00	24				136			100		
14	00	24				204			118		
15	00	24				148			118		
16											
17											
18	00	24				136			104		
19	00	24				216			112		
20	00	24				180			138		
21	00	24				256			134		
22	00	24				152			88		
23											
24											
25	HOLIDAY										
26	00	24				312			144		
27	00	24				168			116		
28	00	24				188			124		
29	00	24				216			235		
30											
31											
AVERAGE						174			119		
MONTHLY MAXIMUM						312			235		
MONTHLY MINIMUM						120			88		
SAMPLE TYPE C or G						C			C		

DEM Form MR-2 (11.84)

Influent

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

FACILITY NAME: Rifle Range Sewage Treatment Plant COUNTY: Onslow

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

DEM Form MR-2 (11 84)

Influent

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

FACILITY NAME: Courthouse Bay Sewage Treatment Plant COUNTY: Onslow

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

DEM Form MR-2 (11 84)

Influent

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

FACILITY NAME: Onslow Beach Sewage Treatment Plant COUNTY: Onslow

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

DEM Form MR-2 (11 84)

6287
NREAD
19 Jun 87

Division of Environmental Management
North Carolina Department of Natural
Resources and Community Development
7225 Wrightsville Avenue
Wilmington, North Carolina 28403

Dear Sir:

Supvy Chem
Supvy Ecol.

This letter is to formally report a bypass discovered on 8 June 1987 in the Hadnot Point Wastewater Treatment System, Marine Corps Base, Camp Lejeune, North Carolina. Telephonic notification was made to your office on 8 June 1987. Utilities Branch personnel, responding to a service call, found wastewater overflowing from a manhole in the Hadnot Point area at approximately 9:00 am. It was determined that the sewage main was clogged so it was subsequently opened and the bypassing ceased. Some wastewater had reached a storm drain that empties into New River, however, there was no visible evidence the wastewater reached the New River. The storm drain was dry a few feet from the River. Samples were taken from the storm drain and near the mouth of the storm drain in the river for Dissolved Oxygen, Biochemical Oxygen Demand, and Fecal Coliform. The fecal coliform plates from both points were too numerous to count. The dissolved oxygen was 3.7 mg/l in the storm drain and 7.9 mg/l in the river. The BOD was 0.3 mg/l in the storm drain and 2.0 mg/l in the river.

If additional information is desired, please contact Ms. Elizabeth Betz, Supervisory Chemist at (919) 451-5977.

Sincerely,

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

Copy to:
NAVFACENGCOM

Blind copy to:
ECMS, NREAD (2)
BMO
DIR, PMU, NAVHOSP

Writer: BETZ
Typist: TRIANOSKI
Date: 19 June 1987
Word Processor No. 6287

Return to NREAD

11331
NREAD
9 June 87

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

DS
Supvy Ecol

Dear Mr. McFadyen:

Enclosed are the completed Department of Health Forms (DHS 1942 2/74) for all water treatment plants aboard Marine Corps Base, Camp Lejeune for the period 1-31 May 1987. Also enclosed are the weekly Chemical Analysis Forms (MCBCL 11330/3 Rev 3-82) for the same period, as requested in the 25 October 1982 letter from Mr. Charles Rundgren of your office.

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

Sincerely,

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

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

Copy to:
LANTNAVFACENGCOM (Code 114)

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

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

1331

Month MAY HADNOT POINT 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 # 04-67-041

DATE	RAW WATER COLIFORMS (MFF) A: VOLUME FILTERED ml.	A: TOTAL COLONIES	A: COLIFORM COLONIES	B: VOLUME FILTERED ml.	B: TOTAL COLONIES	B: COLIFORM COLONIES	C: VOLUME FILTERED ml.	C: TOTAL COLONIES	C: COLIFORM COLONIES	NO. OF COLIFORMS PER 100 ml.	FILTERED: TOTAL PLATE COUNT	FILTERED: MFF COLIFORMS per 100 ml.	FINISHED: TOTAL PLATE COUNT	FINISHED: MFP COLIFORMS per 100 ml.	DISTRIBUTION SYSTEM: TOTAL PLATE COUNT	COLIFORMS (MFP): AVE. COLIFORMS per 100 ml.	COLIFORMS (MFP): NO. OF SAMPLES EXAMINED	COLIFORMS (MFP): 1 COLIFORMS per 100 ml.	COLIFORMS (MFP): 2 COLIFORMS per 100 ml.	COLIFORMS (MFP): 3 COLIFORMS per 100 ml.	COLIFORMS (MFP): 4 COLIFORMS per 100 ml.	COLIFORMS (MFP): 5 COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	INCUBATOR TEMP.
1																										
2																										
3																										
4																										
5												1				0	9	0 0	0 0	0 0	0 0	0				35.5
6																										
7																										
8																										
9																										
10																										
11																										
12																0	9	0 0	0 0	0 0	0 0	0				35.5
13																										
14																										
15																										
16																										
17																										
18																										
19																0	9	0 0	0 0	0	0 0	0				35.1
20																		0								
21																										
22																										
23																										
24																										
25																										
26																0	9	0 0	0 0	0 0	0 0	0				35.0
27																										
28																										
29																										
30																										
31																										

MF MEDIA: BBL mEndo | BACTERIAL DENSITY | ARITH. MEAN | DIST. SYSTEM: AVE. COLIFORMS 0 | TOTAL NO. SAMPLES 36

MPC MEDIA | GEO. MEAN | NO. OF SAMPLES EXAMINED 9 | SAMPLES EXCEEDING 3/50. 4/100. 7/200. 13/500ml 0

LAB ID # 37807

Elizabeth A Bez CERT GRADE B-WELL # 4187-W

ENCLOSURE (11)

Month MAY HOLCOMB BLVD WATER TREATMENT PLANT AT Camp LeJeune Method Code: 303

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

N. C. DEPARTMENT OF HUMAN RESOURCES

Serial # 04-67-043

DATE	RAW WATER COLIFORMS (MFF) A: VOLUME FILTERED ml.	A: TOTAL COLONIES	A: COLIFORM COLONIES	B: VOLUME FILTERED ml.	B: TOTAL COLONIES	B: COLIFORM COLONIES	C: VOLUME FILTERED ml.	C: TOTAL COLONIES	C: COLIFORM COLONIES	NO. OF COLIFORMS PER 100 ml.	FILTERED: TOTAL PLATE COUNT	FILTERED: MFF COLIFORMS per 100 ml.	FINISHED: TOTAL PLATE COUNT	FINISHED: MFF COLIFORMS per 100 ml.	DISTRIBUTION SYSTEM: TOTAL PLATE COUNT	COLIFORMS (MFF): AVE. COLIFORMS per 100 ml.	NO. OF SAMPLES EXAMINED	1: COLIFORMS per 100 ml.	2: COLIFORMS per 100 ml.	3: COLIFORMS per 100 ml.	4: COLIFORMS per 100 ml.	5: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.			INCUBATOR TEMP.
1																										
2																										
[redacted]																										
5																0	7	0 0	0 0	0 0	0					35.9
6																										
7																										
8																										
9																										
10																										
11																										
12																0	7	0 0	0 0	0 0	0					35.9
13																										
14																										
15																										
16																										
17																										
18																										
[redacted]																0	7	0 0	0	0 0	0	0				35.
21																										
22																										
23																										
24																										
25																										
26																0	7	0 0	0 0	0 0	0					35.6
27																										
28																										
29																										
30																										
31																										

MF MEDIA BBL mEndo BACTERIAL DENSITY ARITH. MEAN

TPC MEDIA GEO. MEAN

0 DIST. SYSTEM TOTAL NO. SAMPLES 28

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

LAB ID # 37807

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

ENCLOSURE (1)

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

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

N. C. DEPARTMENT OF HUMAN RESOURCES

Serial # 04-67-042

DATE	RAW WATER COLIFORMS (MFF) A: VOLUME FILTERED ml.	A: TOTAL COLONIES	A: COLIFORM COLONIES	B: VOLUME FILTERED ml.	B: TOTAL COLONIES	B: COLIFORM COLONIES	C: VOLUME FILTERED ml.	C: TOTAL COLONIES	C: COLIFORM COLONIES	NO. OF COLIFORMS PER 100 ml.	FILTERED: TOTAL PLATE COUNT	FILTERED: MFF COLIFORMS per 100 ml.	FINISHED: TOTAL PLATE COUNT	FINISHED: MFP COLIFORMS per 100 ml.	DISTRIBUTION SYSTEM: TOTAL PLATE COUNT	COLIFORMS (MFP): AVE. COLIFORMS per 100 ml.	NO. OF SAMPLES EXAMINED	1: COLIFORMS per 100 ml.	2: COLIFORMS per 100 ml.	3: COLIFORMS per 100 ml.	4: COLIFORMS per 100 ml.	5: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	INCUBATOR TEMP.
1																										
2																										
5	55															0	7	0	0 0	0 0	0 0	1				35.5
6																										
7																										
8																										
9																										
10																										
11																										
12	12															0	7	0 0	0 0	0	0	0				35.5
13																										
14																										
15																										
16																										
17																										
18																										
19	19															0	7	0 0 0	0 0	0			0			35.
21																										
22																										
23																										
24																										
25																										
26	26															0	7	0	0 0 0	0	0				0	35.
27																										
28																										
29																										
30																										
31																										

MF MEDIA: BBL mEndo — BACTERIAL DENSITY — ARITH. MEAN — DIST. SYSTEM: 0

TPC MEDIA — GEO. MEAN — DIST. SYSTEM: 1.0

TOTAL NO. SAMPLES: 28

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

LAB ID # 37807

Elizabeth A Beaty — CERT GRADE B-WELL # 4087-W

ENCLOSURE (11)

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

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

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

DATE	RAW WATER COLIFORMS (MFF) A: VOLUME FILTERED ml.	A: TOTAL COLONIES	A: COLIFORM COLONIES	B: VOLUME FILTERED ml.	B: TOTAL COLONIES	B: COLIFORM COLONIES	C: VOLUME FILTERED ml.	C: TOTAL COLONIES	C: COLIFORM COLONIES	NO. OF COLIFORMS PER 100 ml.	FILTERED: TOTAL PLATE COUNT	FILTERED: MFF COLIFORMS per 100 ml.	FINISHED: TOTAL PLATE COUNT	FINISHED: MFF COLIFORMS per 100 ml.	DISTRIBUTION SYSTEM: TOTAL PLATE COUNT	COLIFORMS (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 — GEO. MEAN — DIST. SYSTEM — TOTAL NO. SAMPLES 16

TPC MEDIA — SAMPLES EXCEEDING 3/50. 1/100 7/200. 13/500ml 0

LAB ID # 37807

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

ENCLOSURE (1)

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

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

N. C. DEPARTMENT OF HUMAN RESOURCES

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.	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			DACTERIAL DENSITY		ARITH. MEAN								0	DIST. SYSTEM	TOTAL NO. SAMPLES								8
TPC MEDIA								GEO. MEAN								1.0		SAMPLES EXCEEDING 3/50. 4/100. 7/200. 13/500ml								0

LAB ID # 37807

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

DISCLOSURE (11)

Month MAY — RIFLE RANGE — 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 # 04-67-046

DATE	RAW WATER COLIFORMS (MFF) A: VOLUME FILTERED ml.	A: TOTAL COLONIES	A: COLIFORM COLONIES	B: VOLUME FILTERED ml.	B: TOTAL COLONIES	B: COLIFORM COLONIES	C: VOLUME FILTERED ml.	C: TOTAL COLONIES	C: COLIFORM COLONIES	NO. OF COLIFORMS PER 100 ml.	FILTERED: TOTAL PLATE COUNT	FILTERED: MFF COLIFORMS per 100 ml.	FINISHED: TOTAL PLATE COUNT	FINISHED: MFF COLIFORMS per 100 ml.	DISTRIBUTION SYSTEM: TOTAL PLATE COUNT	COLIFORMS (MFF): AVE. COLIFORMS per 100 ml.	COLIFORMS (MFF): NO. OF SAMPLES EXAMINED	COLIFORMS (MFF): 1 COLIFORMS per 100 ml.	COLIFORMS (MFF): 2 COLIFORMS per 100 ml.	COLIFORMS (MFF): 3 COLIFORMS per 100 ml.	COLIFORMS (MFF): 4 COLIFORMS per 100 ml.	COLIFORMS (MFF): 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 — GEO. MEAN

TPC MEDIA

AVE. COLIFORMS per 100 ml.: 0 — 1.0

NO. OF SAMPLES EXAMINED: 3 — DIST. SYSTEM

TOTAL NO. SAMPLES: 12

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

LAB ID # 37857

Elizabeth C Betz

CERT GRADE B-WELL # 4087-W

SIGNATURE 11

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

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

N. C. DEPARTMENT OF HUMAN RESOURCES

Serial # 04-67-047

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

AVE. COLIFORMS per 100 ml.: 0 / 1.0 — DIST. SYSTEM — TOTAL NO. SAMPLES: 76

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

LAB ID # 37807

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

REVISED GUIDE 111

Month MAY 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.	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 GEO. MEAN

TPC MEDIA

0 AVE. COLIFORMS 1.0 DIST. SYSTEM

TOTAL NO. SAMPLES 8

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

LAB ID # 37807

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

ENCLOSURE (11)

CHEMICAL ANALYSIS OF WATER TREATMENT PLANTS

MCBCL 11330.3 (REV. 6-84)

DATE COLLECTED: 5-26-87

DATE OF ANALYSIS: 5-26-87

PARAMETER SERIAL # 04-67	HADNOT POINT -041	CAMP JOHNSON -045	TARAWA TERRACE -044	ONSLOW BEACH -048	COURTHOUSE BAY -047	RIFLE RANGE -046	HOLCOMB BLVD -043	NEW RIVER -042		
PH (IN LAB NOT PLANT)	8.7			7.4	8.0	8.3	8.7	8.9		
PHENOLTHALEIN ALKALINITY	20			0	0	4	14	12		
METHYL ORANGE ALKALINITY	58			176	186	200	72	120		
CARBONATES AS $CaCO_3$	40			0	0	8	28	24		
BICARBONATES AS $CaCO_3$	18			176	186	192	44	96		
CHLORIDES AS Cl	16			48	20	44	18	60		
HARDNESS AS $CaCO_3$	60			44	54	58	62	64		
IRON AS Fe	A.A.	DOWN.								
FLUORIDE Am	1.11						0.65			
FLUORIDE pm	1.42			0.18	0.16	0.12	1.07	0.54		
CHLORINE RESIDUAL	0.9			1.4	1.4	1.0	1.2	1.0		
TURBIDITY Am	0.1						1.0			
TURBIDITY pm	0.2			0.2	0.1	0.1	0.5	0.4		
TOTAL PHOSPHATE										
ORTHO PHOSPHATE										
META PHOSPHATE										
STABILITY	+0.4			-0.9	-0.4	-0.1	+0.3	+0.1		

REMARKS

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

LABORATORY ANALYSIS BY

CAROL SHORES

COPY TO

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

ENCLOSURE (21)

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

DATE COLLECTED: 5-19-87

DATE OF ANALYSIS: 5-19-87

PARAMETER SERIAL# 04-67	HADNOT POINT -041	CAMP JOHNSON -045	TARAWA TERRACE -044	ONSLOW BEACH -048	COURTHOUSE BAY -047	RIFLE RANGE -046	HOLCOMB BLVD -043	NEW RIVER -042		
PH (IN LAB NOT PLANT)	8.8			7.6	8.0	8.4	8.6	8.8		
PHENOLTHALEIN ALKALINITY	4			0	0	2	4	14		
METHYL ORANGE ALKALINITY	60			170	182	170	66	120		
CARBONATES AS $CaCO_3$	8			0	0	4	8	28		
BICARBONATES AS $CaCO_3$	52			170	182	166	58	92		
CHLORIDES AS C1	14			24	18	26	12	66		
HARDNESS AS $CaCO_3$	60			52	50	48	78	50		
IRON AS Fe	A.A.	DOWN								
FLUORIDE Am	0.80			0.15	0.12	0.09	1.14	0.43		
FLUORIDE PM	0.63						0.96			
CHLORINE RESIDUAL	1.0			1.4	1.5	1.1	1.0	0.8		
TURBIDITY Am	0.2			0.1	0.1	0.1	0.2	0.5		
TURBIDITY PM	0.3						0.3			
TOTAL PHOSPHATE										
ORTHO PHOSPHATE										
META PHOSPHATE										
STABILITY	+0.4			-0.6	-0.2	+0.1	+0.3	+0.3		

REMARKS

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

LABORATORY ANALYSIS BY

CAROL SHORES

COPY TO

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

ENCLOSURE (2)

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

DATE COLLECTED 5-12-87

DATE OF ANALYSIS 5-12-87

PARAMETER SERIAL# 04-67	HADNOT POINT -041	CAMP JOHNSON -045	TARAWA TERRACE -044	ONSLOW BEACH -048	COURTHOUSE BAY -047	RIFLE RANGE -046	HOLCOMB BLVD -043	NEW RIVER -042		
PH (IN LAB NOT PLANT)	8.8			7.7	7.9	7.9	8.6	9.0		
PHENOLTHALEIN ALKALINITY	14			0	0	0	2	12		
METHYL ORANGE ALKALINITY	62			172	178	176	62	118		
CARBONATES AS $CaCO_3$	28			0	0	0	4	24		
BICARBONATES AS $CaCO_3$	34			172	178	176	58	94		
CHLORIDES AS C1	26			38	36	64	26	68		
HARDNESS AS $CaCO_3$	82			60	48	72	98	78		
IRON AS Fe	A.A.	DOWN								
FLUORIDE Am	0.89						0.93			
FLUORIDE pm	0.88			0.14	0.11	0.09	0.97	0.40		
CHLORINE RESIDUAL	1.0			1.2	1.2	1.0	1.2	0.8		
TURBIDITY Am	0.2						0.5			
TURBIDITY pm	0.3			0.1	0.1	0.1	0.3	0.4		
TOTAL PHOSPHATE										
ORTHO PHOSPHATE										
META PHOSPHATE										
STABILITY	+0.3			-0.5	-0.4	-0.3	+0.1			

REMARKS

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

LABORATORY ANALYSIS BY

CAROL SHORES

COPY TO

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

ENCLOSURE (2)

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

DATE COLLECTED 5-5-87

DATE OF ANALYSIS 5-5-87

PARAMETER SERIAL# 04-67	HADNOT POINT -041	CAMP JOHNSON -045	TARAWA TERRACE -044	ONSLOW BEACH -048	COURTHOUSE BAY -047	RIFLE RANGE -046	HOLCOMB BLVD -043	NEW RIVER -042		
PH (IN LAB NOT PLANT)	8.4			7.4	7.9	8.3	8.3	8.4		
PHENOLTHALEIN ALKALINITY	4			0	0	4	2	8		
METHYL ORANGE ALKALINITY	68			134	188	186	56	130		
CARBONATES AS $CaCO_3$	8			0	0	8	4	16		
BICARBONATES AS $CaCO_3$	60			134	188	178	52	114		
[redacted]RIDES AS C1	16			26	20	30	10	58		
HARDNESS AS $CaCO_3$	104			60	52	74	78	70		
IRON AS Fe	A.A.	DOWN								
FLUORIDE Am	1.03						0.98			
FLUORIDE pm	1.08			0.16	0.11	0.09	0.94	0.41		
CHLORINE RESIDUAL	1.0			1.3	1.5	1.0	1.1	0.8		
TURBIDITY Am	3.1						0.2			
TURBIDITY pm	0.2			0.2	0.1	0.1	0.6	0.8		
TOTAL PHOSPHATE										
[redacted]THO PHOSPHATE										
META PHOSPHATE										
STABILITY	+0.2			-0.5	-0.2	+0.2	0.0	+0.2		

REMARKS

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

LABORATORY ANALYSIS BY

CAROL SHORES

COPY TO

- ☑ UTIL DIR ☐ _____
- ☐ WATER TREATMENT
- ☐ PMU ☐ MCAS PMU
- ☐ NREAD ☐ FILE

ENCLOSURE (2)

6286/1
NREAD
10 Jun 87

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

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

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

1. It is requested that the enclosure be routed to the Utilities Systems General Foreman. The enclosure summarizes the subject data generated by the Environmental Chemistry and Microbiology Laboratory and contract laboratories for the seven wastewater treatment plants aboard the Camp Lejeune complex for the month of 1-31 May 1987.

2. The wastewater treatment compliance monitoring data for the month of May 1987, provided by your office, shows that the Hadnot Point Wastewater Treatment Plant did not meet the weekly minimum average for Dissolved Oxygen of 5.0 mg/l. The weekly averages for 17-23 May 1987, 24-30 May 1987, and 31 May 1987, were 4.4 mg/l, 4.2 mg/l, and 3.8 mg/l respectively. Natural Resources will need a letter explaining these violations by 18 June 1987 for inclusion in the monthly report.

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

J. I. WOOTEN

Blind copy to:
EC&MS (2)

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

PLANT	NPDES PERMIT NO.	MONTH	YEAR
CAMP GEIGER	NC000 3239	MAY	1987

	00310 5 DAY 20°C BOD			00610 AMMONIA	00530 TOTAL SUSPENDED RESIDUE			COLIFORM	00556 OIL & GREASE	00600 TOTAL NITROGEN	00665 TOTAL PHOSPHORUS
DATE	INFLUENT mg/L	EFFLUENT mg/L	%	EFFLUENT mg/L	INFLUENT mg/L	EFFLUENT mg/L	%	EFFLUENT MF/100 ML	EFFLUENT mg/L	EFFLUENT mg/L	EFFLUENT mg/L
1	340	23	93	14.9	174	23	87	0			
2											
3											
4	250	14	94	20.8	238	5	98	0			
5	296	15	95	15.6	144	8	94	0	1.3		1.4
6	320	10	97	13.7	190	8	96	0			
7	256	15	94	14.3	190	7	96	0			
8	256	16	94	10.6	142	7	95	0			
9											
10											
11	305	12	96	18.1	194	8	96	0			
12	204	22	89	13.5	132	11	92	0			
13	280	17	94	13.3	206	10	95	0			
14	296	15	95	12.6	162	12	93	0			
15	224	20	91	12.9	206	16	92	10			
16											
17											
18	200	2	99	10.7	168	2	99	0			
19	235	14	94	10.6	182	9	95	0			
20	310	12	96	12.7	210	13	94	0			1.1
21	375	12	97	15.8	210	5	98	0			
22	344	12	97	13.5	232	7	97	0			
23											
24											
25	HOLIDAY	→									
26	324	8	97	9.2	203	3	99	0	LAB ACCIDENT		
27	276	19	93	11.2	214	8	92	0			
28	228	13	94	12.2	116	7	94	0			1.2
29	320	12	96	13.1	123	8	93	0		11.49	
30											
31											
TOTAL	5639	283		269.3	3636	177			1.3	11.49	3.7
AVERAGE	282	14	95	13	182	9	95	1.12 GM	1.3	11.49	1.2
MAXIMUM	375	23		20.8	238	23		10	1.3	11.49	1.4
MINIMUM	200	2		9.2	116	3		0	1.3	11.49	1.1
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		30				30		200	30		

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

ENCLOSURE (11)

( ) [illegible]

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

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

	00310 5 DAY 20°C BOD			00610 AMMONIA	00530 TOTAL SUSPENDED RESIDUE			COLIFORM	00556 OIL & GREASE	00600 TOTAL NITROGEN	00665 TOTAL PHOSPHORUS
DATE	INFLUENT mg/L	EFFLUENT mg/L	%	EFFLUENT mg/L	INFLUENT mg/L	EFFLUENT mg/L	%	EFFLUENT MF/100 ML	EFFLUENT mg/L	EFFLUENT mg/L	EFFLUENT mg/L
1	212	9	96	2.4	134	10	93	4			
2											
3											
4	184	13	93	3.4	102	12	88	2			
5	236	12	95	1.9	168	13	92	0			6.6
6	220	12	95	2.6	96	5	95	0			
7	284	12	96	9.0	446	11	98	0			
8	184	15	92	3.4	120	15	88	0			
9											
10											
11	192	12	94	3.4	124	12	90	0			
12	208	12	94	2.7	134	7	95	0			
13	228	8	96	2.6	102	7	93	0			
14	180	10	94	6.5	112	13	88	4			
15	260	8	97	3.1	193	13	93	0			
16											
17											
18	345	10	97	2.3	350	2	99	0			
19	220	12	95	2.1	164	4	98	2			
20	212	12	94	3.0	122	6	95	0			5.3
21	232	10	96	5.6	122	4	97	0	0		
22	204	11	95	4.2	112	8	93	0			
23											
24											
25	HOLIDAY										
26	220	12	95	2.4	132	5	96	0	2.3		
27	168	10	94	2.7	78	7	91	0			
28	216	12	94	2.0	104	10	90	0			5.5
29	212	12	94	3.6	83	7	92	0		9.22	
30											
31											
TOTAL	4417	224		66.8	2998	171			2.3	9.22	17.4
AVERAGE	221	11	95	3.3	150	9	94	1.23 GM	1.2	9.22	5.8
MAXIMUM	345	15		9.0	446	15		4	2.3	9.22	6.6
MINIMUM	168	8		1.9	78	2		0	0	9.22	5.3
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		30				30		1000	30		

INSTRUCTIONS:
1. Complete this form in ink, neatly and clearly or it will be typed.
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3. At the end of the month, calculate totals, averages, maximums and minimums.
4. Submit completed forms to laboratory supervisor by the 10th of the following month.

MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY

MCBCL 11345/8 (REV. 9-86)

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

	00310 5 DAY 20°C BOD			00610 AMMONIA	00530 TOTAL SUSPENDED RESIDUE			COLIFORM	00556 OIL & GREASE	00600 TOTAL NITROGEN	00665 TOTAL PHOSPHORUS
DATE	INFLUENT mg/L	EFFLUENT mg/L	%	EFFLUENT mg/L	INFLUENT mg/L	EFFLUENT mg/L	%	EFFLUENT MF/100 ML	EFFLUENT mg/L	EFFLUENT mg/L	EFFLUENT mg/L
1	324	16	95	6.6	148	7	95	0			
2											
3											
4	810	15	98	4.6	505	5	99	0			
5									2.8		
6											
7											
8	160	14	91	6.0	158	6	96	0			
9											
10											
11	84	10	88	6.6	34	8	76	0			
12											
13											
14											
15	144	17	88	6.4	128	8	94	Cl2 IN SAMPLE			
16											
17											
18	156	22	86	6.8	100	4	96	0			
19											
20											
21									0.6		
22	116	14	88	6.2	68	7	90	0			
23											
24											
25	HOLIDAY										
26											
27											
28											
29	467	10	98	2.7	333	3	99	6			
30											
31											
TOTAL	2261	118		45.9	1474	48			3.4		
AVERAGE	283	15	95	5.7	184	6	97	1.29 GM	1.7		
MAXIMUM	467	22		6.8	505	8		6	2.8		
MINIMUM	84	10		2.7	34	3		0	0.6		
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		30				30		14	30		

INSTRUCTIONS:

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3. At the end of the month, calculate totals, averages, maximums and minimums.
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MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY
MCBCL 11345/6 (REV. 9-86)

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

	00310 5 DAY 20°C BOD			00610 AMMONIA	00530 TOTAL SUSPENDED RESIDUE			COLIFORM	00556 OIL & GREASE	00600 TOTAL NITROGEN	00665 TOTAL PHOSPHORUS
DATE	INFLUENT mg/L	EFFLUENT mg/L	%	EFFLUENT mg/L	INFLUENT mg/L	EFFLUENT mg/L	%	EFFLUENT MF/100 ML	EFFLUENT mg/L	EFFLUENT mg/L	EFFLUENT mg/L
1	156	12	92	4.8	94	5	95	0			
2											
3											
4	124	12	90	4.0	100	10	90	0			
5	168	11	93	4.9	110	7	94	0			4.9
6	176	12	93	4.6	120	6	95	0			
7	136	10	93	4.4	128	8	94	6			
8	168	15	91	4.8	108	11	92	0			
9											
10											
11	120	10	92	3.9	102	10	90	0	0.3		
12	124	12	89	4.1	92	7	92	0			
13	136	10	93	5.1	100	5	95	0			
14	204	14	93	5.3	118	13	89	0			
15	148	14	91	4.9	118	19	84	0			
16											
17											
18	136	16	88	3.8	104	11	89	6			
19	216	22	90	4.3	112	11	90	0			
20	180	23	87	5.3	138	13	91	0			4.9
21	256	13	95	5.8	134	14	89	6	3.1		
22	152	22	86	4.7	88	18	80	0			
23											
24											
25	HOLIDAY	→						→			
26	312	18	92	2.6	144	12	92	0			
27	168	17	90	3.9	116	11	91	2			
28	188	19	90	4.7	124	16	87	0			4.9
29	216	23	89	5.2	235	18	92	2		16.21	
30											
31											
TOTAL	3484	305		91.1	2385	225			3.4	16.21	14.7
AVERAGE	174	15	91	4.6	119	11	91	1.28 GM	1.7	16.21	4.9
MAXIMUM	312	23		5.8	235	19		6	3.1	16.21	4.9
MINIMUM	120	10		2.6	88	5		0	0.3	16.21	4.9
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		22				30		14	30		

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3. At the end of the month, calculate totals, averages, maximums and minimums.
4. Submit completed forms to laboratory supervisor by the 10th of the following month.

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

PLANT	NPDES PERMIT NO.	MONTH	YEAR
RIFLE RANGE	NC0063037	MAY	1987

	00310 5 DAY 20°C BOD			00610 AMMONIA	00530 TOTAL SUSPENDED RESIDUE			COLIFORM	00556 OIL & GREASE	00600 TOTAL NITROGEN	00665 TOTAL PHOSPHORUS
DATE	INFLUENT mg/L	EFFLUENT mg/L	%	EFFLUENT mg/L	INFLUENT mg/L	EFFLUENT mg/L	%	EFFLUENT MF/100 ML	EFFLUENT mg/L	EFFLUENT mg/L	EFFLUENT mg/L
1											
2											
3											
4											
5											
6	56	8	86	0.66	74	4	95	0			
7											
8											
9											
10											
11									0		
12											
13	52	5	90	0.14	100	3	97	0			
14											
15											
16											
17											
18											
19											
20	48	5	90	0.35	82	4	95	0			1.4
21											
22											
23											
24											
25											
26									0		
27	32	2	94	0.26	142	3	98	0			
28											
29											
30											
31											
TOTAL	188	20		1.41	398	14			0		1.4
AVERAGE	47	5	89	0.35	100	4	96	0	0		1.4
MAXIMUM	56	8		0.66	142	4		0	0		1.4
MINIMUM	32	2		0.14	74	3		0	0		1.4
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		30				30		14	30		

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

PLANT	NPDES PERMIT NO.	MONTH	YEAR
COURT HOUSE BAY	NC0063045	MAY	1987

	00310 5 DAY 20°C BOD			00610 AMMONIA	00530 TOTAL SUSPENDED RESIDUE			COLIFORM	00556 OIL & GREASE	00600 TOTAL NITROGEN	00665 TOTAL PHOSPHORUS
DATE	INFLUENT mg/L	EFFLUENT mg/L	%	EFFLUENT mg/L	INFLUENT mg/L	EFFLUENT mg/L	%	EFFLUENT MF/100 ML	EFFLUENT mg/L	EFFLUENT mg/L	EFFLUENT mg/L
1											
2											
3											
4											
5	124	7	94	0.69	58	14	76	0			1.4
6											
7											
8											
9											
10											
11									0.5		
12	72	6	92	0.44	40	3	93	0			
13											
14											
15											
16											
17											
18											
19	72	5	93	0.82	38	4	89	0			
20											
21											
22											
23											
24											
25											
26	104	5	95	0.19	54	1	98	0	0.4		
27											
28											
29											
30											
31											
TOTAL	372	23		1.54	190	22		0	0.9		1.4
AVERAGE	93	6	94	0.39	49	6	88	0	0.5		1.4
MAXIMUM	124	7		0.69	58	14		0	0.5		1.4
MINIMUM	72	5		0.19	38	1		0	0.4		1.4
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		30				30		14	30		

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

PLANT	NPDES PERMIT NO.	MONTH	YEAR
ONSLOW BEACH	NC 0063053	MAY	1987

	00310 5 DAY 20°C BOD			00610 AMMONIA	00530 TOTAL SUSPENDED RESIDUE			COLIFORM	00556 OIL & GREASE	00600 TOTAL NITROGEN	00665 TOTAL PHOSPHORUS
DATE	INFLUENT mg/L	EFFLUENT mg/L	%	EFFLUENT mg/L	INFLUENT mg/L	EFFLUENT mg/L	%	EFFLUENT MF/100 ML	EFFLUENT mg/L	EFFLUENT mg/L	EFFLUENT mg/L
1											
2											
3											
4											
5											
6											
7	327	8	98	0.21	565	11	98	0			
8											
9											
10											
11									5.1		
12											
13											
14	176	9	95	1.50	162	13	92	0			
15											
16											
17											
18											
19											
20											
21	195	8	96	0.60	142	5	96	0			
22											
23											
24											
25											
26									0.5		
27											
28	196	8	96	0.22	90	6	93	0			3.4
29										17.92	
30											
31											
TOTAL	894	33		2.53	959	35		0	5.6	17.92	3.4
AVERAGE	224	8	96	0.63	240	9	96	0	2.8	17.92	3.4
MAXIMUM	327	9		1.50	565	13		0	5.1	17.92	3.4
MINIMUM	176	8		0.21	90	5		0	0.5	17.92	3.4
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		30				30		14	30		

INSTRUCTIONS:
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6286/1
NREAD
11 May 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 month of April 1987.

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

J. I. WOOTEN

Blind copy to:
EC&MS (2)

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

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

	00310 5 DAY 20°C BOD			00610 AMMONIA	00530 TOTAL SUSPENDED RESIDUE			F 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	340	26	92	10.2	126	12	90	2			
4											
5											
6	200	15	93	6.6	134	14	90	0			
7											
8									5.7		
9											
10	152	21	86	0.12	182	16	91	0			
11											
12											
13	208	13	94	6.1	102	8	91	0			
14											
15											
16											
17	176	19	89	8.2	116	7	94	0			
18											
19											
20	180	10	94	3.3	82	4	95	0			4.6
21											
22											
23											
24	368	18	94	6.8	214	7	97	0			
25											
26											
27	150	14	91	4.6	246	6	97	0	0.3		
28											
29											
30											
31											
TOTAL	1714	136		45.9	1202	75		-	6.0		4.6
AVERAGE	214	17	92	5.7	150	9	94	1.09	3.0		4.6
MAXIMUM	340	26		10.2	246	16		2	5.7		4.6
MINIMUM	152	10		0.12	82	4		0	0.3		4.6
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		30				30		14	30		

INSTRUCTIONS:

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4. Submit completed forms to laboratory supervisor by the 10th of the following month.

ENCLOSURE (1)

MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY

MCBCL 11345/6 (REV. 9-86)

PLANT	NPDES PERMIT NO.	MONTH	YEAR
ONSLOW BEACH	NC0063053	APRIL	1985

	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	336	10	97	0.43	112	14	88	0			
3											
4											
5											
6											
7											
8											
9	76	1	99	0.73	112	11	90	0			
10											
11											
12											
13											
14											
15											
16	120	8	93	0.78	64	8	88	0			
17											
18											
19											
20											
21									0.2		
22											
23	108	7	94	0.74	188	7	91	0			
24											
25											
26											
27											
28											
29											
30	232	14	94	1.59	46	8	89	0	1.9		
31											
TOTAL	872	40		4.27	522	48		0	2.1		
AVERAGE	174	8	95	1.07	104	10	90	0	1.0		
MAXIMUM	336	14		1.59	188	14		0	1.9		
MINIMUM	76	1		0.85	46	7		0	0.2		
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		30				30		14	30		

INSTRUCTIONS:

1. Complete this form in ink, neatly and clearly or it will be typed.
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3. At the end of the month, calculate totals, averages, maximums and minimums.
4. Submit completed forms to laboratory supervisor by the 10th of the following month.

ENCLOSURE (1)

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

PLANT	NPDES PERMIT NO.	MONTH	YEAR
RIFLE RANGE	NC0063037	APRIL	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	60	7	88	0.89	182	6	97	0			
2											
3											
4											
5											
6											
7											
8	80	8	90	0.38	116	4	97	0			
9											
10											
11											
12											
13											
14									3.9		
15	48	6	88	1.33	108	8	93	0			
16											
17											
18											
19											
20											
21											
22	36	3	92	0.40	214	2	99	0			
23											
24											
25											
26											
27											
28											
29	72	7	90	0.43	140	11	92	10			
30									2.1		
31											
TOTAL	296	31		3.43	760	31			6.0		
AVERAGE	59	6		0.69	152	6	96	1.78	3.0		
MAXIMUM	80	8		1.33	214	11		10	3.9		
MINIMUM	36	3		0.38	108	2		0	2.1		
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		30				30		14	30		

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3. At the end of the month, calculate totals, averages, maximums and minimums.
4. Submit completed forms to laboratory supervisor by the 10th of the following month.

...LOSURE (1)

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

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

	00310 5 DAY 20°C BOD			00610 AMMONIA	00530 TOTAL SUSPENDED RESIDUE			F COLIFORM	00556 OIL & GREASE	00600 TOTAL NITROGEN	00665 TOTAL PHOSPHOROUS
DATE	INFLUENT mg/L	EFFLUENT mg/L	%	EFFLUENT mg/L	INFLUENT mg/L	EFFLUENT mg/L	%	EFFLUENT MF/100 ML	EFFLUENT mg/L	EFFLUENT mg/L	EFFLUENT mg/L
1											
2											
3											
4											
5											
6											
7	72	7	90	1.7	74	8	89	0			1.7
8											
9											
10											
11											
12											
13											
14	88	11	88	1.8	60	8	87	0	5.6		
15											
16											
17											
18											
19											
20											
21	76	6	92	1.5	54	5	91	0	2.3		
22											
23											
24											
25											
26											
27											
28	80	7	91	1.4	64	5	92	0			
29											
30											
31											
TOTAL	316	31		6.4	252	26		0	7.9		1.7
AVERAGE	79	8	90	1.6	63	7	89	0	4.0		1.7
MAXIMUM	88	11		1.8	74	8		0	5.6		1.7
MINIMUM	72	6		1.4	54	5		0	2.3		1.7
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		30				30		14	30		

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

ENCLOSURE (11)

MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY

NCBCL 11345/8 (REV. 9-86)

PLANT	NPDES PERMIT NO.	MONTH	YEAR
HADNOT POINT	NC0063029	APRIL	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	120	14	88	6.8	146	12	90	0			
2	140	12	91	6.0	126	8	94	2			
3	160	14	91	6.2	76	10	87	0			
4											
5											
6	128	16	88	7.4	122	17	86	0			
7	120	18	85	6.9	142	10	93	0			4.6
8	172	20	88	8.2	142	16	89	0			
9	100	10	90	6.9	82	11	87	0	14.0		
10	136	21	85	7.2	110	10	91	0			
11											
12											
13	108	16	85	8.7	102	12	88	0			
14	140	20	86	11.6	140	16	89	0			
15	172	15	91	8.1	162	14	91	0			
16	140	14	90	12.3	120	9	93	0			
17	164	16	90	5.7	78	16	79	0			
18											
19											
20	120	13	89	3.4	68	9	85	4			
21	160	14	91	5.0	160	14	91	0			
22	120	17	86	5.8	82	7	92	0			
23	128	15	88	4.5	104	11	89	0			
24	176	15	91	6.0	106	11	90	10			
25											
26											
27	124	19	85	4.3	106	10	91	0			
28	128	14	89	6.1	158	8	95	0			
29	128	11	91	6.5	100	10	90	0			
30	144	12	92	5.9	136	7	95	2	2.8		
31											
TOTAL	3028	336		149.5	2578	248		-	16.8		4.6
AVERAGE	138	15	89	6.8	117	11	91	1.13	8.4		4.6
MAXIMUM	176	20		12.3	162	16		4	14.0		4.6
MINIMUM	100	10		3.4	68	7		0	2.8		4.6
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		22				30		14	30		

INSTRUCTIONS:

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

ENCLOSURE (11

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

PLANT	NPDES PERMIT NO.	MONTH	YEAR
TARAWA TERRACE	NC0063002	APRIL	19 85

	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	204	13	94	3.8	164	11	93	0			
2	520	12	98	3.0	256	10	96	0			
3	380	13	97	4.9	312	13	96	0			
4											
5											
6	235	13	94	3.4	470	12	97	0			
7	420	13	97	4.7	235	10	96	0			6.2
8	224	14	94	9.6	158	8	95	2	5.7		
9	168	5	97	4.4	215	7	97	0			
10	200	15	93	3.8	418	8	98	0			
11											
12											
13	360	15	93	3.5	1932	13	99	0			
14	273	17	94	3.7	228	17	93	0			
15	236	14	94	13.0	956	11	99	0			
16	440	12	97	2.7	1164	9	99	2			
17	292	11	96	2.9	276	16	94	4			
18											
19											
20	240	12	95	2.5	94	5	99	0			
21	208	13	94	4.1	184	12	93	0			
22	164	11	93	9.2	88	6	93	0			
23	204	11	95	3.1	112	8	93	0			
24	260	11	96	3.6	192	5	97	2			
25											
26											
27	200	12	94	3.1	114	3	97	2	0.3		
28	224	12	95	4.8	122	4	97	0			
29	228	12	95	7.2	146	10	93	2			
30	200	10	95	2.6	120	6	95	0			
31											
TOTAL	5880	271		103.6	7956	204			6.0		6.2
AVERAGE	267	12	96	4.7	362	9	98	1.25	3.0		6.2
MAXIMUM	520	17		13.0	1932	17		4	5.7		6.2
MINIMUM	164	5		2.5	88	3		2	0.3		6.2
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		30				30		1000	30		

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

ENCLOSURE (11)

MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY

MCBCL 11345/8 (REV. 9-86)

PLANT	NPDES PERMIT NO.	MONTH	YEAR
CAMP GEIGER	NC0003239	APRIL	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	164	7	95	14.1	112	5	96	0			
2	172	8	95	12.4	110	4	96	0			
3	340	26	92	12.0	126	12	90	2			
4											
5											
6	275	14	95	12.7	68	12	82	4			
7	300	17	94	13.1	158	7	96	0			1.6
8	293	16	95	18.6	228	8	96	2	4.2		
9	250	3	98	14.1	124	7	94	0			
10	148	15	90	15.8	110	7	94	0			
11											
12											
13	215	11	95	15.2	142	15	89	0			
14	390	23	94	14.3	176	15	91	0			
15	296	20	93	16.3	166	16	90	8			
16	204	18	91	12.6	204	9	96	0			
17	280	14	95	9.3	170	7	96	2			
18											
19											
20	230	14	94	12.3	152	5	97	0			
21	308	18	94	11.5	140	12	91	0			
22	344	7	99	13.1	325	1	99	0			
23	300	14	95	15.8	210	10	95	2			
24	348	14	96	15.1	208	6	97	10			
25											
26											
27	340	7	98	15.0	248	7	97	0	1.9		
28	348	22	94	15.1	260	9	97	0			
29	220	24	89	14.0	234	14	94	0			
30	310	17	96	13.2	162	10	94	0			
31											
TOTAL	6025	329		305.6	3933	195			6.1		1.6
AVERAGE	274	15	95	13.9	179	9	94	1.33	3.0		1.6
MAXIMUM	390	24		18.6	260	15		8	4.2		1.6
MINIMUM	148	3		9.3	68	1		0	1.9		1.6
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		30				30		200	30		

INSTRUCTIONS:

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

ENCLOSURE (1)

NREAD

11331
NREAD
8 May 87

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

Dear Mr. McFadyen:

Enclosed are the completed Department of Health Forms (DHS 1942 2/74) for all water treatment plants aboard Marine Corps Base, Camp Lejeune for the period 1-30 April 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/Gianoski
Date Typed 8 May 87
Word Processor Number 11331/ws

Year 1987

REPORT OF BACTERIOLOGICAL RESULTS TO DIVISION OF HEALTH SERVICES
N. C. DEPARTMENT OF HUMAN RESOURCES

Contaminant Code: 3000

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.	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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30																										
31																										

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

LAB ID # 37807

Elizabeth A Betz

CERT GRADE B-WELL # 4087-W

WATER TREATMENT PLANT AT Camp Lejeune — Method Code: 303

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

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

DATE	RAW WATER COLIFORMS (MFP) A: VOLUME FILTERED ml.	A: TOTAL COLONIES	A: COLIFORM COLONIES	B: VOLUME FILTERED ml.	B: TOTAL COLONIES	B: COLIFORM COLONIES	C: VOLUME FILTERED ml.	C: TOTAL COLONIES	C: COLIFORM COLONIES	NO. OF COLIFORMS PER 100 ml.	FILTERED: TOTAL PLATE COUNT	FILTERED: MFP COLIFORMS per 100 ml.	FINISHED: TOTAL PLATE COUNT	FINISHED: MFP COLIFORMS per 100 ml.	DISTRIBUTION SYSTEM: TOTAL PLATE COUNT	COLIFORMS (MFP): AVE. COLIFORMS per 100 ml.	COLIFORMS (MFP): NO. OF SAMPLES EXAMINED	1: COLIFORMS per 100 ml.	2: COLIFORMS per 100 ml.	3: COLIFORMS per 100 ml.	4: COLIFORMS per 100 ml.	5: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	INCUBATOR TEMP.
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31																										

MF MEDIA: BBL mEndo — BACTERIAL DENSITY — ARITH. MEAN — GEO. MEAN

TPC MEDIA

0 — DIST. SYSTEM — 1.0

TOTAL NO. SAMPLES 28

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

LAB ID # 37857

Elizabeth A Bell — CERT GRADE B-Well # 4087-W

Year 1987 — WATER TREATMENT PLANT AT Camp Lejeune — Method Code: 505

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

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	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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28																0	6	0 0	0 0				0			35.3
29																		0								
30																										
31																										

MF MEDIA: BBL mEndo — BACTERIAL DENSITY — ARITH. MEAN — GEO. MEAN

TPC MEDIA

AVE. COLIFORMS per 100 ml.: 0 — NO. OF SAMPLES EXAMINED: 27

DIST. SYSTEM: 1.0

TOTAL NO. SAMPLES: 27

SAMPLES EXCEEDING 3/50 (4/100) 7/200 13/500ml: 0

LAB ID # 31807

Elizabeth C Boty

CERT GRADE B-Well # 4087-W

WATER TREATMENT PLANT AT Camp LeJeune — Method Code: 303

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

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

DATE	RAW WATER COLIFORMS (MFP) A: VOLUME FILTERED ml.	A: TOTAL COLONIES	A: COLIFORM COLONIES	B: VOLUME FILTERED ml.	B: TOTAL COLONIES	B: COLIFORM COLONIES	C: VOLUME FILTERED ml.	C: TOTAL COLONIES	C: COLIFORM COLONIES	NO. OF COLIFORMS PER 100 ml.	FILTERED: TOTAL PLATE COUNT	FILTERED: MFP COLIFORMS per 100 ml.	FINISHED: TOTAL PLATE COUNT	FINISHED: MFP COLIFORMS per 100 ml.	DISTRIBUTION SYSTEM: TOTAL PLATE COUNT	COLIFORMS (MFP): AVE. COLIFORMS per 100 ml.	COLIFORMS (MFP): NO. OF SAMPLES EXAMINED	1: COLIFORMS per 100 ml.	2: COLIFORMS per 100 ml.	3: COLIFORMS per 100 ml.	4: COLIFORMS per 100 ml.	5: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	INCUBATOR TEMP.
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28																0	4	0 0					0 0			35.0
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30																										
31																										

MF MEDIA: BBL mEndo — BACTERIAL DENSITY — ARITH. MEAN — GEO. MEAN

TPC MEDIA

0.06 — 1.0 — DIST. SYSTEM

TOTAL NO. SAMPLES: 76

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

LAB ID # 31807

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

WATER TREATMENT PLANT AT Camp LEJEUNE — Method Code: 305

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.	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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22																										
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24																										
25																										
26																										
27																										
28																0	2	0					0			35.2
29																										
30																										
31																										

MF MEDIA: BBL mEndo — BACTERIAL DENSITY — ARITH. MEAN — TPC MEDIA — GEO. MEAN

0 — DIST. SYSTEM — 1.0

TOTAL NO. SAMPLES: 8

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

LAB ID # 37307

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

Year 1987 — WATER TREATMENT PLANT AT Camp Lejeune — Method Code: 303

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

N. C. DEPARTMENT OF HUMAN RESOURCES

Serial # 04-67-046

DATE	RAW WATER COLIFORMS (MFP) A: VOLUME FILTERED ml.	A: TOTAL COLONIES	A: COLIFORM COLONIES	B: VOLUME FILTERED ml.	B: TOTAL COLONIES	B: COLIFORM COLONIES	C: VOLUME FILTERED ml.	C: TOTAL COLONIES	C: COLIFORM COLONIES	NO. OF COLIFORMS PER 100 ml.	FILTERED: TOTAL PLATE COUNT	FILTERED: MFP COLIFORMS per 100 ml.	FINISHED: TOTAL PLATE COUNT	FINISHED: MFP COLIFORMS per 100 ml.	DISTRIBUTION SYSTEM: TOTAL PLATE COUNT	COLIFORMS (MFP): AVE. COLIFORMS per 100 ml.	COLIFORMS (MFP): NO. OF SAMPLES EXAMINED	COLIFORMS (MFP): 1 COLIFORMS per 100 ml.	COLIFORMS (MFP): 2 COLIFORMS per 100 ml.	COLIFORMS (MFP): 3 COLIFORMS per 100 ml.	COLIFORMS (MFP): 4 COLIFORMS per 100 ml.	COLIFORMS (MFP): 5 COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	INCUBATOR TEMP.
1																										
2																										
3																										
4																										
5																										
6																										
7																0	3	0	0	0						35.5
8																										
9																										
10																										
11																										
12																										
13																										
14																0	3	0	0	0						35.3
15																										
16																										
17																										
18																										
19																										
20																										
21																0	3	0	0		0					35.2
22																										
23																										
24																										
25																										
26																										
27																										
28																0	3	0	0	0						35.2
29																										
30																										
31																										

MF MEDIA: BBL mEndo — BACTERIAL DENSITY — ARITH. MEAN: 0 — GEO. MEAN: 1.0 — DIST. SYSTEM

TOTAL NO. SAMPLES: 12

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

LAB ID # 37307

Elizabeth O Bey

CERT GRADE B-WELL # 4087-W

Year 1987

REPORT OF BACTERIOLOGICAL RESULTS TO DIVISION OF HEALTH SERVICES
N. C. DEPARTMENT OF HUMAN RESOURCES

Contaminant Code: 3000

Serial # 04-67-047

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.	Coliforms (MFP): No. of Samples Examined	1: Coliforms per 100 ml.	2: Coliforms per 100 ml.	3: Coliforms per 100 ml.	4: Coliforms per 100 ml.	5: Coliforms per 100 ml.	Repeat Samples: Coliforms per 100 ml.	Repeat Samples: Coliforms per 100 ml.	Repeat Samples: Coliforms per 100 ml.	Incubator Temp.
1																										
2																										
3																										
5																										
6																										
7																0	4	0	0	0 0						35.5
8																										
9																										
10																										
11																										
12																										
13																										
14					6											0	4	0	0	0	0					35.3
15																										
16																										
17																										
18																										
20																										
21																0	4	0	0	0	0					35.3
22																										
23																										
24																										
25																										
26																										
27																										
28																0	4		0	0	0	0 0				35.0
29																										
30																										
31																										
MF MEDIA		BBL mEndo		BACTERIAL DENSITY	ARITH. MEAN											0	DIST. SYSTEM	TOTAL NO. SAMPLES								16
TPC MEDIA					GEO. MEAN											0		SAMPLES EXCEEDING 3/50. (4/100) 7/200. 13/500ml								0

LAB ID # 57307

Elizabeth O Baty

CERT GRADE B-WELL # 4087-W

Month _____ 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 (MFF) A: VOLUME FILTERED ml.	A: TOTAL COLONIES	A: COLIFORM COLONIES	B: VOLUME FILTERED ml.	B: TOTAL COLONIES	B: COLIFORM COLONIES	C: VOLUME FILTERED ml.	C: TOTAL COLONIES	C: COLIFORM COLONIES	NO. OF COLIFORMS PER 100 ml.	FILTERED: TOTAL PLATE COUNT	FILTERED: MFF COLIFORMS per 100 ml.	FINISHED: TOTAL PLATE COUNT	FINISHED: MFP COLIFORMS per 100 ml.	DISTRIBUTION SYSTEM: TOTAL PLATE COUNT	COLIFORMS (MFP): AVE. COLIFORMS per 100 ml.	COLIFORMS (MFP): NO. OF SAMPLES EXAMINED	COLIFORMS (MFP): 1 COLIFORMS per 100 ml.	COLIFORMS (MFP): 2 COLIFORMS per 100 ml.	COLIFORMS (MFP): 3 COLIFORMS per 100 ml.	COLIFORMS (MFP): 4 COLIFORMS per 100 ml.	COLIFORMS (MFP): 5 COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	INCUBATOR TEMP.
1																										
2																										
3																										
4																										
5																										
6																										
7																0	2	0	0							35.5
8																										
9																										
10																										
11																										
12																										
13																										
14																0	2	0	0							35.3
15																										
16																										
17																										
18																										
19																										
20																										
21																0	2	0		0						35.2
22																										
23																										
24																										
25																										
26																										
27																										
28																0	2	0		0						35.4
29																										
30																										
31																										

MF MEDIA BBL mEndo BACTERIAL DENSITY ARITH. MEAN 0 DIST. SYSTEM TOTAL NO. SAMPLES 8

TPC MEDIA GEO. MEAN 1.0 SAMPLES EXCEEDING 3/50. 4/100. 7/200. 13/500ml 0

LAB ID # 37307 Elizabeth A Bell CERT GRADE B-Well # 4087-W

CHEMICAL ANALYSIS — WATER TREATMENT PLANTS

MCBCL 11330/3 (REV 6-84)

DATE COLLECTED: 4-7-87

DATE OF ANALYSIS: 4-7-87

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)	8.6			7.4	8.0	8.3	8.5	8.7		
PHENOLTHALEIN ALKALINITY	2			0	0	0	2	10		
METHYL ORANGE ALKALINITY	50			156	170	160	60	112		
CARBONATES AS $CaCO_3$	4			0	0	0	4	20		
BICARBONATES AS $CaCO_3$	46			156	170	160	56	92		
CHLORIDES AS C1	10			20	14	44	6	50		
HARDNESS AS $CaCO_3$	64			48	68	60	64	50		
IRON AS Fe			A.A	DOWN						
FLUORIDE Am	0.74						1.08			
FLUORIDE pm	0.62			0.16	0.12	0.10	1.10	0.52		
CHLORINE RESIDUAL	1.0			1.5	1.6	1.0	1.4	0.8		
TURBIDITY Am	0.5						0.1			
TURBIDITY pm	0.4			0.4	0.2	0.1	0.2	0.5		
TOTAL PHOSPHATE										
ORTHO PHOSPHATE										
META PHOSPHATE										
STABILITY	+0.3			-0.8	-0.2	0.0	+0.1	+0.1		

REMARKS

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

LABORATORY ANALYSIS BY: H.J. BURNS

COPY TO:

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

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

DATE COLLECTED: 4-14-87
DATE OF ANALYSIS: 4-14-87

PARAMETER SERIAL# 04-67	HADNOT POINT -041	CAMP JOHNSON -045	TARAWA TERRACE -044	ONSLOW BEACH -048	COURTHOUSE BAY -047	RIFLE RANGE -046	HOLCOMB BLVD -043	NEW RIVER -042		
PH (IN LAB NOT PLANT)	8.7			7.5	7.6	8.3	8.8	9.0		
PHENOLTHALEIN ALKALINITY	6			0	0	0	4	12		
METHYL ORANGE ALKALINITY	60			160	170	170	62	110		
CARBONATES AS $CaCO_3$	12			0	0	0	8	24		
BICARBONATES $CaCO_3$	48			160	170	170	54	86		
CHLORIDES AS C1	10			20	20	66	10	60		
HARDNESS AS $CaCO_3$	74			50	54	64	80	50		
IRON AS Fe			A.A.	DOWN						
FLUORIDE Am	0.91						1.03			
FLUORIDE pm	1.13			0.18	0.14	0.12	0.74	0.48		
CHLORINE RESIDUAL	1.1			1.4	1.4	1.1	1.2	1.0		
TURBIDITY Am	0.2						0.2			
TURBIDITY pm	0.2			0.2	0.2	0.2	0.4	0.3		
TOTAL PHOSPHATE										
ORTHO PHOSPHATE										
META PHOSPHATE										
STABILITY	+0.3			-0.6	-0.5	+0.1	+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
H. J. BURNS

CHEMICAL ANALYSIS — WATER TREATMENT PLANTS

MCBCL 11330 3 (REV 6-84)

DATE COLLECTED: 4-21-87

DATE OF ANALYSIS: 4-21-87

PARAMETER SERIAL# 04-67	HADNOT POINT -041	CAMP JOHNSON -045	TARAWA TERRACE -044	ONSLOW BEACH -048	COURTHOUSE BAY -047	RIFLE RANGE -046	HOLCOMB BLVD -043	NEW RIVER -042		
PH (IN LAB NOT PLANT)	8.8			7.4	7.6	8.1	8.5	8.6		
PHENOLTHALEIN ALKALINITY	4			0	0	0	6	10		
METHYL ORANGE ALKALINITY	50			160	180	170	60	116		
CARBONATES AS $CaCO_3$	8			0	0	0	12	20		
BICARBONATES AS $CaCO_3$	42			160	180	170	48	96		
CHLORIDES AS Cl	10			20	16	50	14	60		
HARDNESS AS $CaCO_3$	60			56	46	56	60	44		
IRON AS Fe			A.A	DOWN						
FLUORIDE Am	1.10			0.16	0.14	0.12	0.93	0.51		
FLUORIDE pm	1.11						0.95			
CHLORINE RESIDUAL	1.0			1.2	1.4	1.0	1.2	0.8		
TURBIDITY Am	0.1			0.2	0.1	0.1	0.2	0.3		
TURBIDITY pm	0.1						0.2			
TOTAL PHOSPHATE										
ORTHO PHOSPHATE										
META PHOSPHATE										
STABILITY	+0.5			-0.6	-0.4	0.0	+0.2	+0.2		

REMARKS

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

LABORATORY ANALYSIS BY: H.J. BURNS

COPY TO

- ☐ UTIL DIR ☐ _____
- ☐ WATER TREATMENT
- ☐ PMU ☐ MCAS PMU
- ☐ NHEAD ☐ FILE

WATER TREATMENT PLANTS

DATE COLLECTED: 4-28-87 | DATE OF ANALYS: 4-28-87

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)	7.8			7.7	7.9	8.1	9.2	8.4		
PHENOLTHALEIN ALKALINITY	0			0	0	0	4	10		
METHYL ORANGE ALKALINITY	62			162	176	192	56	102		
CARBONATES AS $CaCO_3$	0			0	0	0	8	20		
BICARBONATES AS $CaCO_3$	62			162	176	192	48	82		
CHLORIDES AS C1	14			26	16	64	16	58		
HARDNESS AS $CaCO_3$	68			32	64	70	66	70		
IRON AS Fe			R.A.	DOWN						
FLUORIDE AM	0.95						0.90			
FLUORIDE PM	0.81			0.14	0.1	0.1	0.89	0.46		
CHLORINE RESIDUAL	1.0			1.5	1.0	1.0	1.4	0.8		
TURBIDITY AM	0.3						0.2			
TURBIDITY PM	0.4			0.1	0.2	0.3	0.9	0.2		
TOTAL PHOSPHATE										
ORTHO PHOSPHATE										
META PHOSPHATE										
STABILITY	-0.2			-0.2	-0.2	0.0	+1.0	0.0		

REMARKS

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

LABORATORY ANALYSIS BY

H.J. BURNS

COPY TO:

- ☐ UTIL DIR ☐ _____
- ☐ WATER TREATMENT
- ☐ PMU ☐ MCAS PMU
- ☐ NREAD ☐ FILE

Return to NREAD

6740/3
NREAD(L)
29 Apr 87

Chester D. Scheibel
The Bionetics Corporation
16 Triangle Park Drive
Cincinnati, Ohio 45246

Dear Sir:

In accordance with the United States Environmental Protection Agency letter of 6 February 1987, the NPDES (DMR QA) Laboratory Performance Evaluation is submitted. Questions regarding this report should be forwarded to Ms. Elizabeth Betz, Supervisory Chemist, Natural Resources and Environmental Affairs Division, Assistant Chief of Staff, Facilities at (919) 451-5977.

Sincerely,

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

Encl: (1) NPDES (DMR QA) Laboratory Performance Evaluation (2 copies)

Copy to:
EMCL, NREAD (2)

Form Approved. OMB No. 2040-0089. Approval Expires 7-31-88

U.S. Environmental Protection Agency
Washington, DC 20460

EPA NPDES (DMR QA) Laboratory Performance Evaluation

(These data are collected under the authority of the Federal Water Pollution Control Act.)

Study No.	Permit Number	Card No.
07	NC0063011	1
1 2 3	4 5 6 7 8 9 10 11 12	13 14 15 16

Current Permittee Address Label

4
NC0063011
Commanding General
AC/S FAC-Camp Johnson STP
Marine Corps Base
Camp LeJeune, NC 28542

Enter Permittee Name as Desired for Report Heading: Camp Johnson STP (20–55)

Laboratory 1

Name	Address	Analytes	Multiple Permit Option Exercised:
Environmental Chemistry and Microbiology Section	Natural resources and Environmental Affairs Div. MCB, Camp Lejeune, NC	All	[X] Yes [ ] No

Mark 'X' for Type of Laboratory (56)

[X] Federal [ ] State [ ] Local Govt. [ ] Industrial [ ] Commercial [ ] Other

Laboratory 2 *(if any)*

Name	Address	Analytes	Multiple Permit Option Exercised:
			[ ] Yes [ ] No

Mark 'X' for Type of Laboratory (59)

[ ] Federal [ ] State [ ] Local Govt. [ ] Industrial [ ] Commercial [ ] Other

The **Multiple Permit Option** was used and the following data resulted from analyzing the samples mailed to Another Permit Number *(specify)*: NC0062995 (61–69)

Certification

(By permit holder or authorized representative as per 40 CFR Part 122.22. See instructions.)

For Study Number Six, conducted in February thru June 1986, the permittee listed below:

	Yes	No		Yes	No		Yes	No
Received Samples		X	Submitted Data		X	Received a Report in Response		X
	71	72		74	75		77	78

Permittee Name and Address *(street no., city, State, & ZIP Code, if different from label above.)*
Commanding General
Marine Corps Base
Camp Lejeune, NC 28542 Attn: AC/S Facilities

Telephone Number: 451-5977

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and Title of Certifying Official *(type or print)*	Signature	Date Signed
ELIZABETH A. BETZ Supvy Chemist	Elizabeth A Betz	4/29/87

CONTINUED FROM PAGE 1

Study No	Permit Number
N07	NC0063011

1 - 3 | 4 - 14

TRACE METALS *(recovery in micrograms/l)*

Study and Permit Number	Card Number
DUPLICATE	2

1 - 14 | 15 - 16

	Aluminum				Arsenic				Beryllium			
	VA	MC	∠ / ≥	Quantity	VA	MC	∠ / ≥	Quantity	VA	MC	∠ / ≥	Quantity
	20	21 22	23	24 - 28	30	31 32	33	34 - 38	40	41 42	43	44 - 48

	Cadmium				Chromium				Cobalt			
	VA	MC	∠ / ≥	Quantity	VA	MC	∠ / ≥	Quantity	VA	MC	∠ / ≥	Quantity
	50	51 52	53	54 - 58	60	61 62	63	64 - 68	70	71 72	73	74 - 78

Study and Permit Number	Card Number
DUPLICATE	3

1 - 14 | 15 - 16

	Copper				Iron				Lead			
	VA	MC	∠ / ≥	Quantity	VA	MC	∠ / ≥	Quantity	VA	MC	∠ / ≥	Quantity
	20	21 22	23	24 - 28	30	31 32	33	34 - 38	40	41 42	43	44 - 48

	Manganese				Mercury				Nickel			
	VA	MC	∠ / ≥	Quantity	VA	MC	∠ / ≥	Quantity	VA	MC	∠ / ≥	Quantity
	50	51 52	53	54 - 58	60	61 62	63	64 - 68	70	71 72	73	74 - 78

Study and Permit Number	Card Number
DUPLICATE	4

1 - 14 | 15 - 16

	Selenium				Vanadium				Zinc			
	VA	MC	∠ / ≥	Quantity	VA	MC	∠ / ≥	Quantity	VA	MC	∠ / ≥	Quantity
	20	21 22	23	24 - 28	30	31 32	33	34 - 38	40	41 42	43	44 - 48

MISCELLANEOUS ANALYSES

	pH Analysis *(standard units)*				Total Suspended Solids *(recovery in mg/l)*				Oil and Grease *(recovery in mg/l)*			
	VA	MC	∠ / ≥	Quantity	VA	MC	∠ / ≥	Quantity	VA	MC	∠ / ≥	Quantity
		12		8.24		12		25.4		22		22.3
	50	51 52	53	54 - 58	60	61 62	63	64 - 68	70	71 72	73	74 - 78

NUTRIENTS *(recovery in mg/l)*

Study and Permit Number	Card Number
DUPLICATE	5

1 - 14 | 15 - 16

	Ammonia as N				Nitrate as N				Kjeldahl Nitrogen			
	VA	MC	∠ / ≥	Quantity	VA	MC	∠ / ≥	Quantity	VA	MC	∠ / ≥	Quantity
		15		4.1								
	20	21 22	23	24 - 28	30	31 32	33	34 - 38	40	41 42	43	44 - 48

	Total Phosphorus as P				Orthophosphate as P			
	VA	MC	∠ / ≥	Quantity	VA	MC	∠ / ≥	Quantity
		13		0.875				
	50	51 52	53	54 - 58	60	61 62	63	64 - 68

DEMANDS *(recovery in mg/l)*

Study and Permit Number	Card Number
DUPLICATE	6

1 - 14 | 15 - 16

	COD				TOC				5-Day BOD			
	VA	MC	∠ / ≥	Quantity	VA	MC	∠ / ≥	Quantity	VA	MC	∠ / ≥	Quantity
										11		107.
	20	21 22	23	24 - 28	30	31 32	33	34 - 38	40	41 42	43	44 - 48

ADDITIONAL MISCELLANEOUS ANALYSES *(recovery in mg/l)*

	Total Cyanide				Total Phenolics				Total Residual Chlorine			
	VA	MC	∠ / ≥	Quantity	VA	MC	∠ / ≥	Quantity	VA	MC	∠ / ≥	Quantity
										15		0.4
	50	51 52	53	54 - 58	60	61 62	63	64 - 68	70	71 72	73	74 - 78

Form Approved. OMB No. 2040-0089. Approval Expires 7-31-88

U.S. Environmental Protection Agency
Washington, DC 20460

EPA

NPDES (DMR QA)
Laboratory Performance Evaluation

(These data are collected under the authority of the Federal Water Pollution Control Act.)

Study No.	Permit Number	Card No.
N07	NC0063002	1
1 2 3	4 5 6 7 8 9 10 11 12	13 14 15 16

Current Permittee Address Label

NC0063002 4
Commanding General
AC/S FAC-Tarawa Terr. STP
Marine Corps Base
Camp LeJeune, NC 28542

Enter Permittee Name as Desired for Report Heading

Tarawa Terrace STP

20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55

Laboratory 1 56

Name	Address	Analytes	Multiple Permit Option Exercised:
Environmental Chemistry and Microbiology Section	Natural Resources and Environmental Affairs Div. MCB. Camp Lejeune. NC	All	[X] Yes [ ] No

Mark 'X' for Type of Laboratory 58

[X] Federal [ ] State [ ] Local Govt. [ ] Industrial [ ] Commercial [ ] Other

Laboratory 2 *(if any)*

Name	Address	Analytes	Multiple Permit Option Exercised:
			[ ] Yes [ ] No

Mark 'X' for Type of Laboratory 59

[ ] Federal [ ] State [ ] Local Govt. [ ] Industrial [ ] Commercial [ ] Other

The **Multiple Permit Option** was used and the following data resulted from analyzing the samples mailed to Another Permit Number *(specify)*

NC06299 5
61 62 63 64 65 66 67 68 69

Certification

(By permit holder or authorized representative as per 40 CFR Part 122.22. See instructions.)

For Study Number Six, conducted in February thru June 1986, the permittee listed below:

	Yes	No		Yes	No		Yes	No
Received Samples		X	Submitted Data		X	Received a Report in Response		X
	71	72		74	75		77	78

Permittee Name and Address *(street no., city, State, & ZIP Code, if different from label above.)*

Commanding General
Marine Corps Base
Camp Lejeune. NC 28542 Attn: AC/S Facilities

Telephone Number

451-5977

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and Title of Certifying Official *(type or print)*	Signature	Date Signed
Elizabeth A. Betz Supvy Chemist	Elizabeth A Betz	4/29/87

CONTINUED FROM PAGE 1

Study No.	Permit Number
N 0 7	N C 0 0 6 3 0 0 2

1 - 3 | 4 - 14

TRACE METALS *(recovery in micrograms/l)*

Study and Permit Number	Card Number	Aluminum	Arsenic	Beryllium
DUPLICATE	2	VA / MC / ∠/> / Quantity	VA / MC / ∠/> / Quantity	VA / MC / ∠/> / Quantity
1 - 14	16	20 21 22 23 24 - 28	30 31 32 33 34 - 38	40 41 42 43 44 - 48
		Cadmium	**Chromium**	**Cobalt**
		VA / MC / ∠/> / Quantity	VA / MC / ∠/> / Quantity	VA / MC / ∠/> / Quantity
		50 51 52 53 54 - 58	60 61 62 63 64 - 68	70 71 72 73 74 - 78

Study and Permit Number	Card Number	Copper	Iron	Lead
DUPLICATE	3	VA / MC / ∠/> / Quantity	VA / MC / ∠/> / Quantity	VA / MC / ∠/> / Quantity
1 - 14	16	20 21 22 23 24 - 28	30 31 32 33 34 - 38	40 41 42 43 44 - 48
		Manganese	**Mercury**	**Nickel**
		VA / MC / ∠/> / Quantity	VA / MC / ∠/> / Quantity	VA / MC / ∠/> / Quantity
		50 51 52 53 54 - 58	60 61 62 63 64 - 68	70 71 72 73 74 - 78

Study and Permit Number	Card Number	Selenium	Vanadium	Zinc
DUPLICATE	4	VA / MC / ∠/> / Quantity	VA / MC / ∠/> / Quantity	VA / MC / ∠/> / Quantity
1 - 14	16	20 21 22 23 24 - 28	30 31 32 33 34 - 38	40 41 42 43 44 - 48

MISCELLANEOUS ANALYSES

	pH Analysis *(standard units)*	Total Suspended Solids *(recovery in mg/l)*	Oil and Grease *(recovery in mg/l)*
	VA / MC / ∠/> / Quantity	VA / MC / ∠/> / Quantity	VA / MC / ∠/> / Quantity
	1 2 8.24	1 2 2 5.4	2 2 2 2.3
	50 51 52 53 54 - 58	60 61 62 63 64 - 68	70 71 72 73 74 - 78

NUTRIENTS *(recovery in mg/l)*

Study and Permit Number	Card Number	Ammonia as N	Nitrate as N	Kjeldahl Nitrogen
DUPLICATE	5	VA / MC / ∠/> / Quantity	VA / MC / ∠/> / Quantity	VA / MC / ∠/> / Quantity
1 - 14	16	1 5 4.1		
		20 21 22 23 24 - 28	30 31 32 33 34 - 38	40 41 42 43 44 - 48
		Total Phosphorus as P	**Orthophosphate as P**	
		VA / MC / ∠/> / Quantity	VA / MC / ∠/> / Quantity	
		1 3 0.875		
		50 51 52 53 54 - 58	60 61 62 63 64 - 68	

DEMANDS *(recovery in mg/l)*

Study and Permit Number	Card Number	COD	TOC	5-Day BOD
DUPLICATE	6	VA / MC / ∠/> / Quantity	VA / MC / ∠/> / Quantity	VA / MC / ∠/> / Quantity
1 - 14	16			1 1 1 0 7.
		20 21 22 23 24 - 28	30 31 32 33 34 - 38	40 41 42 43 44 - 48

ADDITIONAL MISCELLANEOUS ANALYSES *(recovery in mg/l)*

	Total Cyanide	Total Phenolics	Total Residual Chlorine
	VA / MC / ∠/> / Quantity	VA / MC / ∠/> / Quantity	VA / MC / ∠/> / Quantity
			1 5 0.4
	50 51 52 53 54 - 58	60 61 62 63 64 - 68	70 71 72 73 74 - 78

Form Approved. OMB No. 2040-0089. Approval Expires 7-31-88

U.S. Environmental Protection Agency
Washington, DC 20460

EPA

NPDES (DMR QA) Laboratory Performance Evaluation

(These data are collected under the authority of the Federal Water Pollution Control Act.)

Study No.	Permit Number	Card No.
N07	NC0062995	1
1 2 3	4 5 6 7 8 9 10 11 12	13 14 15 16

Current Permittee Address Label

NC0062995 4
United States Marine Corps Base
Brigadier General USMC
6280/4 FAC
Camp Lejeune, NC 28542

Enter Permittee Name as Desired for Report Heading: Camp Geiger STP (20–55)

Laboratory 1 (56)

Name	Address	Analytes	Multiple Permit Option Exercised:
Environmental Chemistry and Microbiology Section	Natural Resources and Environmental Affairs Div. MCB. Camp Lejeune. NC	All	☐ Yes ☒ No

Mark 'X' for Type of Laboratory (58)

☒ Federal ☐ State ☐ Local Govt. ☐ Industrial ☐ Commercial ☐ Other

Laboratory 2 *(if any)*

Name	Address	Analytes	Multiple Permit Option Exercised:
			☐ Yes ☐ No

Mark 'X' for Type of Laboratory (59)

☐ Federal ☐ State ☐ Local Govt. ☐ Industrial ☐ Commercial ☐ Other

The **Multiple Permit Option** was used and the following data resulted from analyzing the samples mailed to Another Permit Number *(specify)* (61–69)

Certification

(By permit holder or authorized representative as per 40 CFR Part 122.22. See instructions.)

For Study Number Six, conducted in February thru June 1986, the permittee listed below:

	Yes	No		Yes	No		Yes	No
Received Samples		X	Submitted Data		X	Received a Report in Response		X
	71	72		74	75		77	78

Permittee Name and Address *(street no., city, State, & ZIP Code, if different from label above.)*
Commanding General
Marine Corps Base
Camp Lejeune. NC 28542 Attn: AC/S Facilities

Telephone Number: 451-5977

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and Title of Certifying Official *(type or print)*	Signature	Date Signed
ELIZABETH A. BETZ Supvy Chemist	Elizabeth A. Betz	4/29/87

CONTINUED FROM PAGE 1

Study No.	Permit Number
N O 7	N C 0 0 6 2 9 9 5

1 - 3 | 4 - 14

TRACE METALS *(recovery in micrograms/l)*

Study and Permit Number	Card Number	Aluminum				Arsenic				Beryllium			
		VA	MC	∠ / ≥	Quantity	VA	MC	∠ / ≥	Quantity	VA	MC	∠ / ≥	Quantity
DUPLICATE	2												
1 - 14	16	20	21 22	23	24 - 28	30	31 32	33	34 - 38	40	41 42	43	44 - 48

	Cadmium				Chromium				Cobalt			
	VA	MC	∠ / ≥	Quantity	VA	MC	∠ / ≥	Quantity	VA	MC	∠ / ≥	Quantity
	50	51 52	53	54 - 58	60	61 62	63	64 - 68	70	71 72	73	74 - 78

Study and Permit Number	Card Number	Copper				Iron				Lead			
		VA	MC	∠ / ≥	Quantity	VA	MC	∠ / ≥	Quantity	VA	MC	∠ / ≥	Quantity
DUPLICATE	3												
1 - 14	16	20	21 22	23	24 - 28	30	31 32	33	34 - 38	40	41 42	43	44 - 48

	Manganese				Mercury				Nickel			
	VA	MC	∠ / ≥	Quantity	VA	MC	∠ / ≥	Quantity	VA	MC	∠ / ≥	Quantity
	50	51 52	53	54 - 58	60	61 62	63	64 - 68	70	71 72	73	74 - 78

Study and Permit Number	Card Number	Selenium				Vanadium				Zinc			
		VA	MC	∠ / ≥	Quantity	VA	MC	∠ / ≥	Quantity	VA	MC	∠ / ≥	Quantity
DUPLICATE	4												
1 - 14	16	20	21 22	23	24 - 28	30	31 32	33	34 - 38	40	41 42	43	44 - 48

MISCELLANEOUS ANALYSES

	pH Analysis *(standard units)*				Total Suspended Solids *(recovery in mg/l)*				Oil and Grease *(recovery in mg/l)*			
	VA	MC	∠ / ≥	Quantity	VA	MC	∠ / ≥	Quantity	VA	MC	∠ / ≥	Quantity
		1 2		8 . 2 4		1 2		2 5 . 4		2 2		2 2 . 3
	50	51 52	53	54 - 58	60	61 62	63	64 - 68	70	71 72	73	74 - 78

NUTRIENTS *(recovery in mg/l)*

Study and Permit Number	Card Number	Ammonia as N				Nitrate as N				Kjeldahl Nitrogen			
		VA	MC	∠ / ≥	Quantity	VA	MC	∠ / ≥	Quantity	VA	MC	∠ / ≥	Quantity
DUPLICATE	5		1 5		4 . 1								
1 - 14	16	20	21 22	23	24 - 28	30	31 32	33	34 - 38	40	41 42	43	44 - 48

	Total Phosphorus as P				Orthophosphate as P			
	VA	MC	∠ / ≥	Quantity	VA	MC	∠ / ≥	Quantity
		1 3		0 . 8 7 5				
	50	51 52	53	54 - 58	60	61 62	63	64 - 68

DEMANDS *(recovery in mg/l)*

Study and Permit Number	Card Number	COD				TOC				5-Day BOD			
		VA	MC	∠ / ≥	Quantity	VA	MC	∠ / ≥	Quantity	VA	MC	∠ / ≥	Quantity
DUPLICATE	6										1 1		1 0 7 .
1 - 14	16	20	21 22	23	24 - 28	30	31 32	33	34 - 38	40	41 42	43	44 - 48

ADDITIONAL MISCELLANEOUS ANALYSES *(recovery in mg/l)*

	Total Cyanide				Total Phenolics				Total Residual Chlorine			
	VA	MC	∠ / ≥	Quantity	VA	MC	∠ / ≥	Quantity	VA	MC	∠ / ≥	Quantity
										1 5		0 . 4
	50	51 52	53	54 - 58	60	61 62	63	64 - 68	70	71 72	73	74 - 78

Form Approved. OMB No. 2040-0089. Approval Expires 7-31-88

U.S. Environmental Protection Agency
Washington, DC 20460

EPA NPDES (DMR QA) Laboratory Performance Evaluation

(These data are collected under the authority of the Federal Water Pollution Control Act.)

Study No.	Permit Number	Card No.
07	NC0063029	1

Current Permittee Address Label

NC0063029 4
Camp Lejeune - Hadnot Point STP
Brigadier General USMC
6280/4 FAC
Camp Lejeune, NC 28542

Enter Permittee Name as Desired for Report Heading: Hadnot Point STP

Laboratory 1

Name	Address	Analytes	Multiple Permit Option Exercised:
Environmental Chemistry and Microbiology Section	Natural Resources and Environmental Affairs Div. MCB, Camp Lejeune, NC	All	[X] Yes [ ] No

Mark 'X' for Type of Laboratory

[X] Federal [ ] State [ ] Local Govt. [ ] Industrial [ ] Commercial [ ] Other

Laboratory 2 *(if any)*

Name	Address	Analytes	Multiple Permit Option Exercised:
			[ ] Yes [ ] No

Mark 'X' for Type of Laboratory

[ ] Federal [ ] State [ ] Local Govt. [ ] Industrial [ ] Commercial [ ] Other

The **Multiple Permit Option** was used and the following data resulted from analyzing the samples mailed to Another Permit Number *(specify)*: NC0062995

Certification

(By permit holder or authorized representative as per 40 CFR Part 122.22. See instructions.)

For Study Number Six, conducted in February thru June 1986, the permittee listed below:

Received Samples	Yes	No	Submitted Data	Yes	No	Received a Report in Response	Yes	No
		X			X			X

Permittee Name and Address *(street no., city, State, & ZIP Code, if different from label above.)*

Commanding General
Marine Corps Base
Camp Lejeune, NC 28542 Attn: AC/S Facilities

Telephone Number: 451-5977

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and Title of Certifying Official *(type or print)*	Signature	Date Signed
ELIZABETH A. BETZ Supvy Chemist	Elizabeth A Betz	4/29/87

CONTINUED FROM PAGE 1

Study No.	Permit Number
N 0 7	N C 0 0 6 3 0 2 9

1 - 3 | 4 - 14

TRACE METALS *(recovery in micrograms/l)*

Study and Permit Number	Card Number	Aluminum	Arsenic	Beryllium
DUPLICATE	2	VA MC ∠/> Quantity	VA MC ∠/> Quantity	VA MC ∠/> Quantity
1 - 14	15 16	20 21 22 23 24 - 28	30 31 32 33 34 - 38	40 41 42 43 44 - 48
		Cadmium	**Chromium**	**Cobalt**
		VA MC ∠/> Quantity	VA MC ∠/> Quantity	VA MC ∠/> Quantity
		50 51 52 53 54 - 58	60 61 62 63 64 - 68	70 71 72 73 74 - 78

Study and Permit Number	Card Number	Copper	Iron	Lead
DUPLICATE	3	VA MC ∠/> Quantity	VA MC ∠/> Quantity	VA MC ∠/> Quantity
1 - 14	15 16	20 21 22 23 24 - 28	30 31 32 33 34 - 38	40 41 42 43 44 - 48
		Manganese	**Mercury**	**Nickel**
		VA MC ∠/> Quantity	VA MC ∠/> Quantity	VA MC ∠/> Quantity
		50 51 52 53 54 - 58	60 61 62 63 64 - 68	70 71 72 73 74 - 78

Study and Permit Number	Card Number	Selenium	Vanadium	Zinc
DUPLICATE	4	VA MC ∠/> Quantity	VA MC ∠/> Quantity	VA MC ∠/> Quantity
1 - 14	15 16	20 21 22 23 24 - 28	30 31 32 33 34 - 38	40 41 42 43 44 - 48

MISCELLANEOUS ANALYSES

	pH Analysis *(standard units)*	Total Suspended Solids *(recovery in mg/l)*	Oil and Grease *(recovery in mg/l)*
	VA MC ∠/> Quantity	VA MC ∠/> Quantity	VA MC ∠/> Quantity
	1 2 8.24	1 2 25.4	2 2 22.3
	50 51 52 53 54 - 58	60 61 62 63 64 - 68	70 71 72 73 74 - 78

NUTRIENTS *(recovery in mg/l)*

Study and Permit Number	Card Number	Ammonia as N	Nitrate as N	Kjeldahl Nitrogen
DUPLICATE	5	VA MC ∠/> Quantity	VA MC ∠/> Quantity	VA MC ∠/> Quantity
1 - 14	15 16	20 21 22 1 5 23 4.1 24 - 28	30 31 32 33 34 - 38	40 41 42 43 44 - 48
		Total Phosphorus as P	**Orthophosphate as P**	
		VA MC ∠/> Quantity	VA MC ∠/> Quantity	
		50 51 52 1 3 53 0.875 54 - 58	60 61 62 63 64 - 68	

DEMANDS *(recovery in mg/l)*

Study and Permit Number	Card Number	COD	TOC	5-Day BOD
DUPLICATE	6	VA MC ∠/> Quantity	VA MC ∠/> Quantity	VA MC ∠/> Quantity
1 - 14	15 16	20 21 22 23 24 - 28	30 31 32 33 34 - 38	40 41 42 1 1 43 107. 44 - 48

ADDITIONAL MISCELLANEOUS ANALYSES *(recovery in mg/l)*

	Total Cyanide	Total Phenolics	Total Residual Chlorine
	VA MC ∠/> Quantity	VA MC ∠/> Quantity	VA MC ∠/> Quantity
	50 51 52 53 54 - 58	60 61 62 63 64 - 68	70 71 72 1 5 73 0.4 74 - 78

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

	00310 5 DAY 20°C BOD			00610 AMMONIA	00530 TOTAL SUSPENDED RESIDUE			T/F 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	104	21	(80)	4.0	78	6	92	12/4			
3	124	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	209			1.7	11.49	16.0
AVERAGE	142	27	(81)	7.7	107	10	91	15.5/1.0	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 11345/6 (REV. 9-86)

PLANT	NPDES PERMIT NO.	MONTH	YEAR
CAMP GEIGER	NC 0032 39	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 11345/8 (REV. 9-86)

PLANT: TARAWA TERRACE | NPDES PERMIT NO.: NC0063002 | MONTH: FEB. | YEAR: 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	1,090	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	[illegible]	30		~~100~~	[illegible]	30		1000	30	[illegible]	[illegible]

MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY

MCBCL 11345/8 (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
COURT HOUSE BAY				NC0063045				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	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 11245/8 (REV. 9-86)

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

	00310 5 DAY 20°C BOD			00610 AMMONIA	00530 TOTAL SUSPENDED RESIDUE			~~FECAL~~ 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	52	10	(81)	0.16	.162	7	96	0			
5											
6											
7											
8											
9											
10											
11	72	13	(82)	< 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

MCBCL 11345/8 (REV. 9-86)

PLANT	NPDES PERMIT NO.	MONTH	YEAR
ONSLOW BEACH	NC0063053	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											
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	6.51	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 11245/8 (REV. 9-86)

PLANT	NPDES PERMIT NO.	MONTH	YEAR
HADNOT POINT	NC0063029	MARCH	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	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	5.0	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
MCBCL 11345/6 (REV. 9-86)

PLANT	NPDES PERMIT NO.	MONTH	YEAR
CAMP GEIGER	NC0003239	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	12.0	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: TARAWA TERRACE | NPDES PERMIT NO.: NC0063002 | MONTH: MARCH | YEAR: 1987

DATE	00310 5 DAY 20°C BOD			00610 AMMONIA	00530 TOTAL SUSPENDED RESIDUE			COLIFORM	00556 OIL & GREASE	00600 TOTAL NITROGEN	00665 TOTAL PHOSPHORUS
	INFLUENT mg/L	EFFLUENT mg/L	%	EFFLUENT mg/L	INFLUENT mg/L	EFFLUENT mg/L	%	EFFLUENT MF/100 ML	EFFLUENT mg/L	EFFLUENT mg/L	EFFLUENT mg/L
1											
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	4.3	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 11345/8 (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 11345/8 (REV. 9-86)

PLANT: COURTHOUSE BAY | NPDES PERMIT NO.: NC0063045 | MONTH: MARCH | YEAR: 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	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 *** M	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 11245/6 (REV. 9-86)

PLANT: RIFLE RANGE | NPDES PERMIT NO.: NC00 63037 | MONTH: MARCH | YEAR: 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											
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 11345/8 (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		

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/Guarnaccia
Date Typed 22 Apr 87
Word Processor Number 6288-2

Copy to:
EPA Region IV
CMDR LANTNAVFACENGCOM
NEESA

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

Writer/Typist BLD/dwm

Date Typed 22 Apr 77

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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 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00552 OIL & GREASE	00600 TOTAL NITROGEN	00665 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	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					6.0			30				30	200				

DISCLOSURE

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: 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 ☐

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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	00403 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: 00556 OIL & GREASE	00600 TOTAL NITROGEN	00665 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	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	.7257	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)

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

_____
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0003239 DISCHARGE NO: 014 MONTH: 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	00403 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	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					6.0							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)

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_____

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_____

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

_____
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0063045 **DISCHARGE NO:** 001 **MONTH:** 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:
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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: 00556 Oil & Grease	00600 TOTAL NITROGEN	00665 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	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		

DISCLOSURE

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 ☐

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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°	00403 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	00552 OIL & GREASE MG/L	00625 TOTAL NITROGEN mg/L	00665 TOTAL PHOSPHORUS mg/L
1	0024		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)

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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: 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	00403 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 PHOSPH-ORUS
							ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW										
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	mg/L	mg/L	mg/L
1	00	24	.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		

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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_____

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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: 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 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 O/G & GREASE	00665 TOTAL NITROGEN	00665 TOTAL PHOSPHORUS
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	100 ML	MG/L	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW		
															MG/L	MG/L	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	14.2	>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)

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_____

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

_____
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0063053 **DISCHARGE NO:** 001 **MONTH:** 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 ☐

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	00552 OIL & GREASE mg/L	00620 TOTAL NITRATE mg/L	00665 TOTAL PHOSPHORUS mg/L
							ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW										
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	[redacted]		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			30				30	1/1	> 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)

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

_____
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

Influent

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

FACILITY NAME: Hadnot Point STP COUNTY: Onslow

Date	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	00	24				96			106								
3	0024	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								

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	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	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								

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	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	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	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	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								

DEM Form MR-2 (11 84)

Influent

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

FACILITY NAME: Courthouse Bay STP COUNTY: Onslow

Date	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	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 (1)

Influent

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

FACILITY NAME: Rifle Range STP COUNTY: Onslow

Date	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	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								

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	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																	
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											
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

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	-	12.5	8.2	6.9		4	0			
		12.5		6.9		4	0			
		12.5	8.2	6.9		4	0			
		12.5	8.2	6.9		4	0			

DEM Form MR-3 (11/84)

ENCLOSURE 11

NPDES NO: NC0063002 DISCHARGE 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) 00010	Dissolved Oxygen 00300	PH 00400	BOD_5 20°C 00310	COD 00340	Fecal Coliform *Geometric Mean 31616	Oil & Grease 00552	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	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	[redacted]	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) 00010	Dissolved Oxygen 00300	PH 00400	BOD_5 20°C 00310	COD 00340	Fecal Coliform *Geometric Mean 31616	Oil & Grease 00552	Enter Parameter Code above Name and Units Below		
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.	[redacted]	12.2		20°	0			
	11.5	12.	8.6	12.2		20	0			
	11.5	12.	8.6	12.2		20	0			

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) 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	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

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			
10	-	12.5	8.2	6.9		4	0			
	-	12.5	[redacted]	6.9		4*	0			
	-	12.5	8.2	6.9		4	0			
	-	12.5	8.2	6.9		4	0			

DEM Form MR-3 (11/84)

NPDES NO: NC0063029 DISCHARGE 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	00552				
	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	[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			

Downstream

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	00552				
	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	[redacted]	5.7		8	0			
Monthly Maximum		-	11.9	8.1	5.7		8	0			
Monthly Minimum		-	11.9	8.1	5.7		8	0			

DEM Form MR-3 (11-84)

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	Enter Parameter Code above Name and Units Below			
								O/G 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	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	[redacted]	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	Enter Parameter Code above Name and Units Below			
								O/G 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	11	-	10.	7.9	2		4	0			
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		-	10.	[redacted]	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 CHARGE 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			
	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											

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

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 / Gruenaldi
Date Typed 9 Apr 87
Word Processor Number 11331

Month MARCH — MARINE CORPS — 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.	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.	PLANKTON
1																												
2																												
3	53															0	9	0 0	0 0	0 0	0 0	0				35.4	
4																												
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6																												
7																												
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10	510															0	9	0 0	0 0	0		0				35.0	
11																		0 0										
12																												
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14																												
15																												
16																												
17	517															0	9	0 0	0 0	0		0				35.3	
18																		0	0									
19																												
20																												
21																												
22																												
23																												
24	524															0	9	0 0	0 0	0		0				35.1	
25																		0	0									
26																												
27																												
28																												
29																												
30	531															0	9	0 0	0 0	0		0				35.4	
31																		0 0										

MF MEDIA / TPC MEDIA: BBL mEndo — BACTERIAL DENSITY — ARITH. MEAN / GEO. MEAN

DIST. SYSTEM: 0 / 1.0 — TOTAL NO. SAMPLES — SAMPLES EXCEEDING 3/50. 4/100 7/200. 13/300. 49 0

LAB ID # 37807 — Elizabeth A Bet — CERT GRADE B-WELL — # 4087-W

Month MARCH
Year 1987

MARINE CORPS AIR STATION 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.	COLIFORMS (MFP): 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
1																											
2																											
3	3/3															0	7	0 0	0 0	0 0	0					35.4	
4																											
5																											
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7																											
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10	3/10															0	7	0 0	0 0	0	0 0	⊘				35.0	
11																											
12																											
13																											
14																											
15																											
16																											
17	3/17															0	7	0 0	0 0	0			0 0			35.3	
18																		0									
19																											
20																											
21																											
22																											
23																											
24	3/24															0	7	0 0	0 0	0						35.1	
25																		0	0								
26																											
27																											
28																											
29																											
30																											
31	3/31															0	7	0 0	0 0	0		0				35.4	

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 # 4087-A

ENCLOSURE #1

Month [illegible] HOUSING DEVP 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 # 04-67-043

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	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.	PLANKTON
1																												
2																												
3	33															0	7	0 0	0 0	0 0	0					35.4	
4																												
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6																												
7																												
8																												
9																												
10	310															0	7	0 0	0 0		0 0	0				35.0	
11																												
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14																												
15																												
16																												
17																0	7	0 0	0 0		0	0				35.3	
18	319																	0										
19																												
20																												
21																												
22																												
23																												
24	324															0	7	0 0	0 0	0 0	0	1				35.1	
25																												
26																												
27																												
28																												
29																												
30	331															0	7	0 0	0 0		0 0	0				35.4	
31																												

MF MEDIA / PC MEDIA: BBL mEndo

BACTERIAL DENSITY

ARITH. MEAN / GEO. MEAN

0 / 1.0

DIST. SYSTEM

TOTAL NO. SAMPLES: 35

SAMPLES EXCEEDING 3/50 4/100, 7/200, 13/[illegible]: 0

LAB ID # 37807

Elizabeth A Betz

CERT GRADE: B-Well # 4087

Month [illegible] 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.	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.	PLANKTON
1							1																					
2							1																					
3	SW 3															0	4	0	0	0	0	1	1	1				35.4
4																												
5																												
6																												
7																												
8																												
9																												
10	SW 10															0	4	0	0			0	0	1	1			35.0
11																												
12																												
13																												
14																												
15																												
16																												
17	SW 17															0	4	0	0					0	0	1		35.3
18																												
19																												
20																												
21																												
22																												
23																												
24	SW 24															0	4	0	0							0	0	35.1
25																												
26																												
27																												
28																												
29																												
30	SW 31															0	4	0	0							0	0	35.4
31																												

MF MEDIA: BBL. mEndo — BACTERIAL DENSITY — ARITH. MEAN — GEO. MEAN

TPC MEDIA

DIST. SYSTEM: TOTAL NO. SAMPLES 20 — SAMPLES EXCEEDING 3/50. 4/100. 7/200. 13/ 0

LAB ID # 37807

Elizabeth A Berg

CERT GRADE: B-WELL # 4037

ENCLOSURE [illegible]

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

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

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

DATE	RAW WATER COLIFORMS (MFP) A: VOLUME FILTERED ml.	A: TOTAL COLONIES	A: COLIFORM COLONIES	B: VOLUME FILTERED ml.	B: TOTAL COLONIES	B: COLIFORM COLONIES	C: VOLUME FILTERED ml.	C: TOTAL COLONIES	C: COLIFORM COLONIES	NO. OF COLIFORMS PER 100 ml.	FILTERED: TOTAL PLATE COUNT	FILTERED: MFP COLIFORMS per 100 ml.	FINISHED: TOTAL PLATE COUNT	FINISHED: MFP COLIFORMS per 100 ml.	DISTRIBUTION SYSTEM: TOTAL PLATE COUNT	COLIFORMS (MFP): AVE. COLIFORMS per 100 ml.	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.	PLANKTON
1																												
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3																0	2	0	0							35.4	
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10																0	1			0						35.0		
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17																0	2	0	0							35.3		
18																												
19																												
20																												
21																												
22																												
23																												
24																0	2	0				0				35.1		
25																												
26																												
27																												
28																												
29																												
30																												
31																0	2	0					0			35.4		

MF MEDIA BBL mEndo — BACTERIAL DENSITY — ARITH. MEAN — DIST. SYSTEM — TOTAL NO. SAMPLES 9

PC MEDIA — GEO. MEAN — 1.0 — SAMPLES EXCEEDING 3/50. 4/100. 7/200. 13/500. 0

LAB ID # 37807 Elizabeth A Betz CERT GRADE: B-WELL # A037-43

ENCLOSURE 11

Month MARCH RIFLE RANGE 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 # 04-67-046

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: MPN 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.	PLANKTON
1																												
2																												
3																0	3	0	0	0						35.4		
4																												
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8																												
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17																0	3	0	0	0						35.3		
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21																												
22																												
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24																0	3	0	0		0					35.1		
25																												
26																												
27																												
29																												
29																												
30																												
31																0	3	0	0	0						35.4		

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

LAB ID # 37807 CERT. GRADE: B-Well

ENCLOSURE (1)

Month MARCH COURTHOUSE DAY 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.	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.	PLANKTON
1							/																					
2							/																					
3																0	3		0	0	0	1				35.4	
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10																0	4	0	0	0		0				35.0	
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17																0	4	1	0	0		0	0			35.3	
18																												
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22																												
23																												
24																0	4	0	0	0		0				35.1	
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27																												
28																												
29																												
30																												
31																0	4	0	0	0	0					35.4	

MF MEDIA: BBL mEndo DACTERIAL DENSITY ARITH. MEAN: 0 DIST. SYSTEM TOTAL NO. SAMPLES 8 19

TPC MEDIA GEO. MEAN: 1.0 SAMPLES EXCEEDING 3/50. (4/100.) 7/200. 1 3/000 0

LAB ID # 37807 Elizabeth A Betz CERT. GRADE: B-WELL # 4067-W

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.	COLIFORMS (MFP): NO. OF SAMPLES EXAMINED	1: COLIFORMS per 100 ml.	2: COLIFORMS per 100 ml.	3: COLIFORMS per 100 ml.	4: COLIFORMS per 100 ml.	5: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	INCUBATOR TEMP.	PLANKTON
1																											
2																											
3																0	2	0	0							35.4	
4																											
5																											
6																											
7																											
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9																											
10																0	2	0	0							35.0	
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17																0	2	0	0							35.3	
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21																											
22																											
23																											
24																0	2	0	0							35.1	
25																											
26																											
27																											
28																											
29																											
30																											
31																0	2	0	0							35.4	
MF MEDIA			BBL mEndo		DACTERIAL DENSITY		ARITH. MEAN									0	DIST. SYSTEM	TOTAL NO. SAMPLES									10
TPC MEDIA							GEO. MEAN									1.0		SAMPLES EXCEEDING 3/50. 4/100 7/200. 13/									0

LAB ID # 37807

Elizabeth A Berg

CERT GRADE: B-WELL # 4087-W

CHEMICAL ANALYSIS — WATER TREATMENT PLANTS

MCBCL 11330/3 (REV. 6-84)

DATE COLLECTED: 3-3-87

DATE OF ANALYSIS: 3-3-87

PARAMETER SERIAL#04-67	HADNOT POINT -041	CAMP JOHNSON -045	TARAWA TERRACE -044	ONSLOW BEACH -048	COURTHOUSE BAY -047	RIFLE RANGE -046	HOLCOMB BLVD -043	NEW RIVER -042		
PH (IN LAB NOT PLANT)	8.8	7.3	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 CO_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

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

COPY TO:

- ☐ UTIL DIR ☐ _____
- ☐ WATER TREATMENT
- ☐ PMU ☐ MCAS PMU
- ☐ NREAD ☐ FILE

ENCLOSURE 121

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 CO_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

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

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

ENCLOSURE (2)

CHEMICAL ANALYSIS — WATER TREATMENT PLANTS

MCBCL 11330/3 (REV. 6-84)

DATE COLLECTED: 3-17-87

DATE OF ANALYSIS: 3-17-87

PARAMETER (SERIAL #04-47)	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 Cl	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

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

COPY TO:

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

ENCLOSURE (3)

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 CO_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

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

COPY TO:

- ☐ UTIL DIR ☐ _____
- ☐ WATER TREATMENT
- ☐ PMU ☐ MCAS PMU
- ☐ NREAD ☐ FILE

ENCLOSURE (21)

CHEMICAL ANALYSIS — WATER TREATMENT PLANTS

MCBCL 11330/3 (REV. 6-84)

DATE COLLECTED: 3-31-87

DATE OF ANALYSIS: 3-31-87

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)	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 CO_3	56			168	194	186	54	116		
CHLORIDES AS Cl	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

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

COPY TO:

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

ENCLOSURE (2)

11333/1
NREAD
3 Apr 87

Mr. Wallace E. Venrick
Water Supply Branch
Division of Health Services
Post Office Box 2091
Raleigh, North Carolina 27602-2091

Dear Mr. Venrick:

Enclosures (1), (2) and (3) are the Trihalomethane analysis of the Hadnot Point (HP) Water Treatment Plant, ID No. 04-67-041 the Marine Corps Air Station (MCAS), New River Water Treatment Plant, ID No. 04-67-042, and the Holcomb Blvd (HB) Water Treatment Plant, ID No. 04-67-043. All samples were collected by the Environmental Chemistry and Microbiology Laboratory personnel and analyzed by Industrial and Environmental Analysts, Incorporated.

Point of contact in this matter is Ms. Elizabeth Betz, (919) 451-5977.

Sincerely,

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

Encls:
(1) TTHM Analysis for HP
(2) TTHM Analysis for MCAS
(3) TTHM Analysis for HB

Copy to:
LANTDIV

Blind copy to:
EC & ML (2)
BMO (Util Dir)

37220
.C. Lab. ID

Industrial & Environmental Analysts, Inc
P.O. Box 12542 • Research Triangle Park, NC 27709 • 919-467-90

WATER SYSTEM PERSONNEL TO COMPLETE ALL INFORMATION ABOVE HEAVY LINE

WATER SYSTEM INFORMATION

ATER SYSTEM ID# 04 - 67 - 041

YSTEM NAME: HADNOT POINT

DDRESS: COMMANDING GENERAL, MCB

CAMP LEJEUNE, NC ZIP 28542

OUNTY: ONSLOW

EPORT TO: AC/S FACILITIES (NREAD)

DDRESS: SAME AS ABOVE

ZIP

ELEPHONE: (919) 451-5977

TYPE OF SYSTEM:
- (X) COMMUNITY
- ( ) NON-COMMUNITY

SOURCE OF WATER:
- (X) GROUND
- ( ) BOTH
- ( ) SURFACE
- ( ) PURCHASED

TYPE OF TREATMENT:
- ( ) NONE
- (X) LIME
- (X) CHLORINATED
- ( ) SODA ASH
- (X) FLUORIDATED
- ( ) POLYPHOSPHATE
- (X) FILTERED
- (X) WATER SOFTNER
- ( ) ALUM
- ( ) OTHER

SAMPLE INFORMATION

OURCE OF SAMPLE
- (X) DISTRIBUTION TAP
- ( ) HOUSE TAP
- ( ) PLANT TAP
- ( ) WELL TAP

TYPE OF SAMPLE
- (X) D-REGULAR
- ( ) M-M.R.T.
- ( ) C-CHECK
- ( ) S-SPECIAL

AMPLING LOCATION (Address): BLDG FC-530

ATE COLLECTED: 17 MARCH 1987 TIME COLLECTED: 1220 am ___ pm ✓

OLLECTED BY: ENV. CHEM + MICRO. LAB LOC. CODE: ___ ___ ___

FOR LABORATORY USE ONLY

STATE DRINKING WATER PARAMETERS

CONTAMINANT ID	NAME	METHOD	RESULTS mg/l	CONTAMINANT ID	NAME	METHOD	RESULTS mg/l
2005	Endrin	201		2941	Chloroform	215	0.011
2010	Lindane	201		2943	Bromodichloromethane	215	0.008
2015	Methoxychlor	201		2944	Chlorodibromomethane	215	0.005
2020	Toxaphene	201		2942	Bromoform	215	0.002
2105	2, 4-D	203		2950	Total THM	215	0.026
2110	2, 4, 5-TP	203					

ATE RECEIVED 03-19-87 DATE ANALYZED 03-24-87 REPORTED BY E. Folk

ATE EXTRACTED 03-24-87 DATE REPORTED 03-25-87 SAMPLE LAB 304-13-6

EMARKS:

ENCL (1)

3 7 2 2 C
.C. Lab. ID

Industrial & Environmental Analysts, Inc.
P.O. Box 12542 • Research Triangle Park, NC 27709 • 919-467-9919

WATER SYSTEM PERSONNEL TO COMPLETE ALL INFORMATION ABOVE HEAVY LINE

WATER SYSTEM INFORMATION

ATER SYSTEM ID# 04 - 67 - 042

YSTEM NAME: Marine Corps Air Station

DDRESS: Commanding General MCB

Camp Lejeune, NC ZIP 28542

OUNTY: Onslow

EPORT TO: NC's Facilities (Mead)

DDRESS: same as above

ZIP

ELEPHONE: (919) 451-5977

TYPE OF SYSTEM:
(X) COMMUNITY ( ) NON-COMMUNITY

SOURCE OF WATER:
(X) GROUND ( ) BOTH
( ) SURFACE ( ) PURCHASED

TYPE OF TREATMENT:
( ) NONE (X) LIME
(X) CHLORINATED ( ) SODA ASH
( ) FLUORIDATED ( ) POLYPHOSPHATE
(X) FILTERED (X) WATER SOFTNER
( ) ALUM ( ) OTHER

SAMPLE INFORMATION

OURCE OF SAMPLE
( ) DISTRIBUTION TAP ( ) HOUSE TAP
(X) PLANT TAP ( ) WELL TAP

TYPE OF SAMPLE
(X) D-REGULAR ( ) M-M.R.T.
( ) C-CHECK ( ) S-SPECIAL

AMPLING LOCATION (Address): Bldg AS-110, Water Treatment Plant

ATE COLLECTED: 17 March 1987 TIME COLLECTED: 1020 am ✓ pm

OLLECTED BY: Env. Chem + Micro Lab LOC. CODE: ___ ___ ___

FOR LABORATORY USE ONLY

STATE DRINKING WATER PARAMETERS

CONTAMINANT ID	NAME	METHOD	RESULTS mg/l	CONTAMINANT ID	NAME	METHOD	RESULTS mg/l
2005	Endrin	201		2941	Chloroform	215	0.006
2010	Lindane	201		2943	Bromodichloromethane	215	0.008
2015	Methoxychlor	201		2944	Chlorodibromomethane	215	0.018
2020	Toxaphene	201		2942	Bromoform	215	0.036
2105	2, 4-D	203		2950	Total THM	215	0.068
2110	2, 4, 5-TP	203					

ATE RECEIVED 03-19-87 DATE ANALYZED 03-24-87 REPORTED BY E. Folk

TE EXTRACTED 03-24-87 DATE REPORTED 03-25-87 SAMPLE LAB 304-13-1

EMARKS:

Encl (2)

C. Lab. ID

Industrial & Environmental Analysts, Inc.
P.O. Box 12542 • Research Triangle Park, NC 27709 • 919-467-9949

ATER SYSTEM PERSONNEL TO COMPLETE ALL INFORMATION ABOVE HEAVY LINE

WATER SYSTEM INFORMATION

ATER SYSTEM ID# 04 - 67 - 042

STEM NAME: MARINE CORPS AIR STATION

DDRESS: COMMANDING GENERAL MCB

CAMP LEJEUNE, NC ZIP 28542

OUNTY: ONSLOW

EPORT TO: NC FACILITIES (ATTN)

DDRESS: SAME AS ABOVE

ZIP

ELEPHONE: (919) 451-5977

TYPE OF SYSTEM:
(X) COMMUNITY ( ) NON-COMMUNITY

SOURCE OF WATER:
(X) GROUND ( ) BOTH
( ) SURFACE ( ) PURCHASED

TYPE OF TREATMENT:
( ) NONE (X) LIME
(X) CHLORINATED ( ) SODA ASH
( ) FLUORIDATED ( ) POLYPHOSPHATE
(X) FILTERED (X) WATER SOFTNER
( ) ALUM ( ) OTHER

SAMPLE INFORMATION

OURCE OF SAMPLE
(X) DISTRIBUTION TAP ( ) HOUSE TAP
( ) PLANT TAP ( ) WELL TAP

TYPE OF SAMPLE
(X) D-REGULAR ( ) M-M.R.T.
( ) C-CHECK ( ) S-SPECIAL

AMPLING LOCATION (Address): AS-4025

ATE COLLECTED: 17 MARCH 1987 TIME COLLECTED: 1040 am ✓ pm

OLLECTED BY: ENV. CHEM + MICRO LAB LOC. CODE:

FOR LABORATORY USE ONLY

STATE DRINKING WATER PARAMETERS

CONTAMINANT ID	NAME	METHOD	RESULTS mg/l	CONTAMINANT ID	NAME	METHOD	RESULTS mg/l
2005	Endrin	201		2941	Chloroform	215	0.010
2010	Lindane	201		2943	Bromodichloromethane	215	0.014
2015	Methoxychlor	201		2944	Chlorodibromomethane	215	0.031
2020	Toxaphene	201		2942	Bromoform	215	0.057
2105	2, 4-D	203		2950	Total THM	215	0.012
2110	2, 4, 5-TP	203					

ATE RECEIVED 03-19-87 DATE ANALYZED 03-24-87 REPORTED BY E. Folk

ATE EXTRACTED 03-24-87 DATE REPORTED 03-25-87 SAMPLE LAB 304-13-4

EMARKS:

ENCL (2)

Industrial & Environmental Analysts, Inc.
P.O. Box 12542 • Research Triangle Park, NC 27709 • 919-467-9919

WATER SYSTEM PERSONNEL TO COMPLETE ALL INFORMATION ABOVE HEAVY LINE

WATER SYSTEM INFORMATION

TER SYSTEM ID# 04 - 67 - 042

STEM NAME: MARINE CORPS AIR STATION

DRESS: COMMANDING GENERAL, MCB

CAMP LEJEUNE, NC ZIP 28542

UNTY: ONSLOW

PORT TO: NC/DA FACILITIES (NREAD)

DRESS: SAME AS ABOVE

ZIP

LEPHONE: (919) 451-5977

TYPE OF SYSTEM:
(X) COMMUNITY ( ) NON-COMMUNITY

SOURCE OF WATER:
(X) GROUND ( ) BOTH
( ) SURFACE ( ) PURCHASED

TYPE OF TREATMENT:
( ) NONE (X) LIME
(X) CHLORINATED ( ) SODA ASH
( ) FLUORIDATED ( ) POLYPHOSPHATE
(X) FILTERED (X) WATER SOFTNER
( ) ALUM ( ) OTHER

SAMPLE INFORMATION

URCE OF SAMPLE
X DISTRIBUTION TAP ( ) HOUSE TAP
) PLANT TAP ( ) WELL TAP

TYPE OF SAMPLE
(X) D-REGULAR ( ) M-M.R.T.
( ) C-CHECK ( ) S-SPECIAL

MPLING LOCATION (Address): BLDG AS-705

TE COLLECTED: 17 MARCH 1987 TIME COLLECTED: 1135 am ✓ pm

LLECTED BY: ENV. CHEM + MICRO LAB LOC. CODE: ___ ___ ___

FOR LABORATORY USE ONLY

STATE DRINKING WATER PARAMETERS

CONTAMINANT ID	NAME	METHOD	RESULTS mg/l	CONTAMINANT ID	NAME	METHOD	RESULTS mg/l
2005	Endrin	201		2941	Chloroform	215	0.007
2010	Lindane	201		2943	Bromodichloromethane	215	0.012
2015	Methoxychlor	201		2944	Chlorodibromomethane	215	0.028
2020	Toxaphene	201		2942	Bromoform	215	0.053
2105	2, 4-D	203		2950	Total THM	215	0.100
2110	2, 4, 5-TP	203					

TE RECEIVED 03-19-87 DATE ANALYZED 03-24-87 REPORTED BY E. Folk

TE EXTRACTED 03-24-87 DATE REPORTED 03-25-87 SAMPLE LAB 304-13-2

MARKS:

ENCL (2)

Lab. ID

Industrial & Environmental Analysts, Inc.
P.O. Box 12542 • Research Triangle Park, NC 27709 • 919-467-9919

WATER SYSTEM PERSONNEL TO COMPLETE ALL INFORMATION ABOVE HEAVY LINE

WATER SYSTEM INFORMATION

TER SYSTEM ID# 04 - 67 - 042

STEM NAME: MARINE CORPS AIR STATION

DDRESS: COMMANDING GENERAL, MCB

CAMP LEJEUNE, NC ZIP 28542

OUNTY: ONSLOW

EPORT TO: NCLS FACILITIES (NREAD)

DDRESS: SAME AS ABOVE

ZIP

ELEPHONE: (919) 451-5977

TYPE OF SYSTEM:
(X) COMMUNITY ( ) NON-COMMUNITY

SOURCE OF WATER:
(X) GROUND ( ) BOTH
( ) SURFACE ( ) PURCHASED

TYPE OF TREATMENT:
( ) NONE (X) LIME
(X) CHLORINATED ( ) SODA ASH
( ) FLUORIDATED ( ) POLYPHOSPHATE
(X) FILTERED (X) WATER SOFTNER
( ) ALUM ( ) OTHER

SAMPLE INFORMATION

OURCE OF SAMPLE
(X) DISTRIBUTION TAP ( ) HOUSE TAP
( ) PLANT TAP ( ) WELL TAP

TYPE OF SAMPLE
(X) D-REGULAR ( ) M-M.R.T.
( ) C-CHECK ( ) S-SPECIAL

AMPLING LOCATION (Address): BLDG G-520

TE COLLECTED: 17 MARCH 1987 TIME COLLECTED: 1145 am ✓ pm

LLECTED BY: ENV. CHEM + MICRO LAB LOC. CODE: ___ ___ ___

FOR LABORATORY USE ONLY

STATE DRINKING WATER PARAMETERS

CONTAMINANT ID	NAME	METHOD	RESULTS mg/l	CONTAMINANT ID	NAME	METHOD	RESULTS mg/l
2005	Endrin	201	_____	2941	Chloroform	215	0.007
2010	Lindane	201	_____	2943	Bromodichloromethane	215	0.012
2015	Methoxychlor	201	_____	2944	Chlorodibromomethane	215	0.025
2020	Toxaphene	201	_____	2942	Bromoform	215	0.048
2105	2, 4-D	203	_____	2950	Total THM	215	0.092
2110	2, 4, 5-TP	203	_____	___	_____	___	____
___	_____	___	_____	___	_____	___	____

TE RECEIVED 03-19-87 DATE ANALYZED 03-24-87 REPORTED BY E. Folk

TE EXTRACTED 03-24-87 DATE REPORTED 03-25-87 SAMPLE LAB 304-13-7

EMARKS: ENCL (2)

27126
Lab. ID

Industrial & Environmental Analysts, Inc.
P.O. Box 12542 • Research Triangle Park, NC 27709 • 919-467-9919

WATER SYSTEM PERSONNEL TO COMPLETE ALL INFORMATION ABOVE HEAVY LINE

WATER SYSTEM INFORMATION

TER SYSTEM ID# 04 - 67 - 042

TYPE OF SYSTEM:
(X) COMMUNITY ( ) NON-COMMUNITY

STEM NAME: MARINE CORPS AIR STATION

SOURCE OF WATER:
DRESS: COMMANDING GENERAL, MCB (X) GROUND ( ) BOTH
CAMP LEJEUNE, NC ZIP 28542 ( ) SURFACE ( ) PURCHASED

UNTY: ONSLOW

TYPE OF TREATMENT:
PORT TO: [illegible] FACILITIES (NREAD) ( ) NONE (X) LIME
DRESS: SAME AS ABOVE (X) CHLORINATED ( ) SODA ASH
ZIP ( ) FLUORIDATED ( ) POLYPHOSPHATE
LEPHONE: (919) 451-5977 (X) FILTERED (X) WATER SOFTNER
( ) ALUM ( ) OTHER

SAMPLE INFORMATION

URCE OF SAMPLE

TYPE OF SAMPLE

(X) DISTRIBUTION TAP ( ) HOUSE TAP (X) D-REGULAR ( ) M-M.R.T.
( ) PLANT TAP ( ) WELL TAP ( ) C-CHECK ( ) S-SPECIAL

MPLING LOCATION (Address): BLDG AS-2800

TE COLLECTED: 17 MARCH 1987 TIME COLLECTED: 1055 am ✓ pm

LLECTED BY: ENV. CHEM + MICRO LAB LOC. CODE: ___ ___ ___

FOR LABORATORY USE ONLY

STATE DRINKING WATER PARAMETERS

CONTAMINANT ID	NAME	METHOD	RESULTS mg/l	CONTAMINANT ID	NAME	METHOD	RESULTS mg/l
2005	Endrin	201	_____	2941	Chloroform	215	0.008
2010	Lindane	201	_____	2943	Bromodichloromethane	215	0.016
2015	Methoxychlor	201	_____	2944	Chlorodibromomethane	215	0.036
2020	Toxaphene	201	_____	2942	Bromoform	215	0.064
2105	2, 4-D	203	_____	2950	Total THM	215	0.124
2110	2, 4, 5-TP	203	_____	____	_____	___	_____
____	_____	___	_____	____	_____	___	_____

TE RECEIVED 03-19-87 DATE ANALYZED 03-24-87 REPORTED BY E. Folk
TE EXTRACTED 03-24-87 DATE REPORTED 03-25-87 SAMPLE LAB 304-13-3

MARKS:

ENCL (2)

.C. Lab. ID

Industrial & Environmental Analysts, Inc.
P.O. Box 12542 • Research Triangle Park, NC 27709 • 919-467-90

WATER SYSTEM PERSONNEL TO COMPLETE ALL INFORMATION ABOVE HEAVY LINE

WATER SYSTEM INFORMATION

ATER SYSTEM ID# 04 - 67 - 043

YSTEM NAME: HOLCOMB BLVD

DDRESS: COMMANDING GENERAL, MCB

CAMP LEJEUNE, NC ZIP 28542

OUNTY: ONSLOW

EPORT TO: AC/S FACILITIES (NREAD)

DDRESS: SAME AS ABOVE

ZIP

ELEPHONE: (919) 451-5977

TYPE OF SYSTEM:
- (X) COMMUNITY
- ( ) NON-COMMUNITY

SOURCE OF WATER:
- (X) GROUND
- ( ) BOTH
- ( ) SURFACE
- ( ) PURCHASED

TYPE OF TREATMENT:
- ( ) NONE
- (X) LIME
- (X) CHLORINATED
- ( ) SODA ASH
- (X) FLUORIDATED
- ( ) POLYPHOSPHATE
- (X) FILTERED
- (X) WATER SOFTNER
- ( ) ALUM
- ( ) OTHER

SAMPLE INFORMATION

OURCE OF SAMPLE
- 1 DISTRIBUTION TAP ( ) HOUSE TAP
- 4 PLANT TAP ( ) WELL TAP

TYPE OF SAMPLE
- (X) D-REGULAR ( ) M-M.R.T.
- ( ) C-CHECK ( ) S-SPECIAL

AMPLING LOCATION (Address): BLDG 670, WATER TREATMENT PLANT

ATE COLLECTED: 17 MARCH 1987 TIME COLLECTED: 0945 ~~am~~ ✓ pm

OLLECTED BY: ENV. CHEM + MICRO. LAB LOC. CODE: ___ ___ ___

FOR LABORATORY USE ONLY

STATE DRINKING WATER PARAMETERS

CONTAMINANT ID	NAME	METHOD	RESULTS mg/l	CONTAMINANT ID	NAME	METHOD	RESULTS mg/l
2005	Endrin	201	_____	2941	Chloroform	215	0.008
2010	Lindane	201	_____	2943	Bromodichloromethane	215	0.003
2015	Methoxychlor	201	_____	2944	Chlorodibromomethane	215	0.002
2020	Toxaphene	201	_____	2942	Bromoform	215	<0.001
2105	2, 4-D	203	_____	2950	Total THM	215	0.013
2110	2, 4, 5-TP	203	_____	___	_____	___	_____
___	_____	___	_____	___	_____	___	_____

ATE RECEIVED 03-19-87 DATE ANALYZED 03-24-87 REPORTED BY E. Folk

ATE EXTRACTED 03-24-87 DATE REPORTED 03-25-87 SAMPLE LAB 304-13-5

EMARKS:

ENCL (3)

UNITED STATES MARINE CORPS
MARINE CORPS BASE
CAMP LEJEUNE, NORTH CAROLINA 28542-5001

IN REPLY REFER TO:

6288
NREAD
27 Mar 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 February 1987 are submitted.

The Hadnot Point Wastewater Treatment Plant did not meet their Biochemical Oxygen Demand (BOD) percent monthly effluent average limit of 22 mg/l. The actual BOD effluent average was 27 mg/l. A bearing in one of the trickling filters malfunctioned in January 1987 which hindered filter growth and decreased plant efficiency.

A study run by the Base during February showed that moving the BOD effluent sample point from before the contact chamber, as recommended by Standard Methods, to the end of the contact chamber will show lower BOD readings. Starting with March 1987, all effluent BOD samples will be taken at the end of the contact chamber.

For the Courthouse Bay, Rifle Range and Onslow Beach Wastewater Treatment Plants there are no fecal coliform data for the month. The permits were received after total coliform data had already been started for the month, so for continuity it was continued. The total coliform count still did not exceed the 14/100 ml geometric mean. Fecal coliform is now being run on all plants.

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

6288
NREAD(L)

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

Sincerely,

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

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

Copy to:
EPA Region IV
CMDR LANTNAVFACENGCOM
NEESA

EFFLUENT

NPDES PERMIT NO: NC0063029 DISCHARGE NO: 001 MONTH: Feb. 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 Mack D Davis
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 (ST 31504) TOTAL PHOSPHORUS	TOTAL COLIFORM & GEO MEAN
															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	/100ML
1	00	24	5.461	19	6.9		4.0							7.8				
2	00	24	6.117	18	7.0		4.0	21		4.0		6	4	7.7				12
3	00	24	6.211	18	6.9		4.0	26		4.9		9	0	6.6				
4	00	24	6.194	18	7.0		4.0	22		5.7		8	820	7.2				
5	00	24	6.268	17	6.9		4.0	22		4.8		8	0	6.7				
6	00	24	6.141	16	7.0		4.0	29		5.8		10	2	7.9				
7	00	24	6.061	18	6.9		4.0							5.9				
8	00	24	6.093	18	6.8		3.0							7.0				
9	00	24	6.317	15	7.0		4.0	34		6.9		22	0	7.4				
10	00	24	6.050	15	7.0		4.0	26		8.8		11	0	7.0				
11	00	24	6.068	18	6.8		4.0	26		8.2		7	0	7.0				
12	00	24	6.036	18	6.8		4.0	29		10.1		10	0	6.3				
13	00	24	5.708	17	7.0		4.0	38		11.1		10	0	6.6				
14	00	24	4.859	18	7.0		4.0							6.8				
15	00	24	5.550	18	6.8		4.5							6.5				
16	00	24	6.880	16	7.0		4.0	21		8.2		9	4	7.7				
17	00	24	6.340	17	6.8		4.0	24		9.2		8	0	7.0				
18	00	24	6.205	16	6.9		3.0	28		7.7		9	0	7.0				
19	00	24	6.066	16	7.1		3.0	23		8.2		10	10	6.2				
20	00	24	4.768	15	7.0		4.0	28		8.7		9	2	6.8			5.5	
21	00	24	5.867	16	6.9		4.0							6.7				
22	00	24	7.024	15	6.8		4.0							6.9				
23	00	24	5.867	17	6.8		4.0	38		6.6		10	0	7.3				
24	00	24	7.158	16	7.0		4.0	23		7.6		10	0	7.2	0.2			
25	00	24	6.232	16	6.9		4.0	27		9.7		12	0	7.3			4.6	
26	00	24	6.623	15	6.8		4.0	27		8.7		10	30	6.3		11.49	5.9	
27	00	24	7.267	16	6.8		4.0	29		8.5		12	0	7.0	1.5			
28	00	24	8.392	19	6.9		4.0							7.2				
29																		
30																		
31																		
Average			6.208	16			3.9	27		7.7		10	2.29*	6.7	0.9	11.49	5.3	
Max.			8.392	19	7.1		4.5	38		11.1		22	820	7.9	1.5	11.49	5.9	
Min.			4.768	15	6.8		3.0	21		4.0		6	0	5.9	0.2	11.49	4.6	
Comp.(C)/Grab(G)			G	G	G		G	C		C		C	G	G	G	C	C	
Monthly Limit				6-9				22		19		30	14	>5	30			

Facility Status: (Please check one of the following)

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

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

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

See Cover Letter for Explaination

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

Julian L Wooten
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0003239 DISCHARGE NO: 001 MONTH: Feb. 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

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 Mack D. Davis
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	00602 TOTAL NITROGEN	00665 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	1.209	17	6.8		4.0							8.7			
2	00	24	1.3024	19	6.4		4.0	8		-9.9		4	0	8.0			
3	00	24	1.1343	19	6.4		4.0	11		11.5		6	0	8.0			
4	00	24	1.2484	19	6.8		4.0	18		9.5		6	0	5.0			
5	00	24	1.0938	14	6.8		4.0	11		12.8		2	0	6.2			
6	00	24	1.2138	15	7.2		3.0	21		11.5		6.	0	4.5			
7	00	24	1.2379	17	7.2		4.0							7.5			
8	00	24	1.1461	15	7.2		4.0							8.2			
9	00	24	1.2540	14	6.8		5.0	7		11.8		2	0	7.5			
10	00	24	1.1298	14	6.6		4.0	14		13.1		6	0	8.2			
11	00	24	1.1721	14	6.4		2.5	13		14.5		6.	0	4.7			
12	00	24	1.2074	15	7.1		7.0	17		13.5		8	2	6.2			
13	00	24	1.2437	15	7.2		4.0	18		13.6		3	N.S.	5.0			
14	00	24	1.0569	15	6.6		4.0							5.6			
15	00	24	1.0012	15	7.0		4.0							6.0			
16	00	24	1.3207	14	7.4		4.0	14		10.9		8	0	5.6			
17	00	24	1.5389	15	6.7		4.0	11		7.8		5	0	6.9			
18	00	24	1.3854	15	6.7		4.0	12		11.6		2	0	9.0			
19	00	24	.12660	14	6.8		4.0	15		11.5		4.	0	10.5			
20	00	24	1.1714	15	6.8		4.0	11		11.7		2	0	11.0			1.1
21	00	24	1.1589	14	6.8		4.0							6.6			
22	00	24	1.0836	14	6.8		4.0							6.2			
23	00	24	1.3493	15	6.8		4.0	12		12.0		1	0	9.9			
24	00	24	1.1705	15	6.6		4.0	16		12.6		2	0	9.5	0		
25	00	24	1.1913	15	6.8		4.0	18		17.3		7	0	10.0			1.1
26	00	24	1.1596	14	6.6		4.0	20		12.7		2	0	11.0		15.33	2.6
27	00	24	1.5603	15	6.8		4.0	40		12.0		16	2	10.5	1.0		
28	00	24	1.9756	17	6.9		4.0							11.0			
29																	
30																	
31																	
Average			1.2494	15			3.9	21		12.1		5	1.08*	7.8	0.5	15.33	1.6
Max.			1.9756	19	7.4		4.0	40		17.3		16	2	11.0	1.0	15.33	2.6
Min.			1.0012	14	6.4		2.5	7		7.8		1	0	4.5	0	15.33	1.1
Comp.(C)/Grab(G)			G	G		G	C		C		C	G	G	G	C	C	
Monthly Limit				6-9			30				30	200	> 5	30			

Facility Status: (Please check one of the following)

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

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

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

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

Julian A Wooten
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0063002 DISCHARGE NO: 001 MONTH: Feb. 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 Mack D Davis
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	00629 TOTAL NITROGEN	00665 TOTAL PHOSPHOR.
		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	.7112	12	6.5		4.0							9.1			
2	00	24	.6869	12	6.6		4.0	30				6	0	9.3			
3	00	24	.7210	13	6.7		5.0	25				7	0	8.9			
4	00	24	.6514	13	6.6		4.0	28				7	0	9.0			
5	00	24	.6525	13	6.6		4.0	24				8	0	9.2			
6	00	24	.6237	14	6.6		4.0	25				4	0	9.0			
7	00	24	.7539	12	6.8		4.0							9.2			
8	00	24	.7354	12	6.2		4.0							9.0			
9	00	24	.6967	10	6.2		4.0	31				6	0	9.6			
10	00	24	.5842	10	6.4		4.0	24				5	0	9.8			
11	00	24	.6532	12	6.6		4.0	27				3	0	9.1			
12	00	24	.6851	14	6.4		4.5	23				6	0	9.6			
13	00	24	.6612	14	7.0		4.5	22				7	0	9.8			
14	00	24	.7543	14	6.8		4.5							9.7			
15	00	24	.6840	14	6.7		4.5							9.8			
16	00	24	.7807	12	6.7		4.5	30				10	0	9.8			
17	00	24	.8319	12	6.7		4.0	24				6	0	9.7			
18	00	24	.7691	12	6.7		4.0	24				5	0	9.6			
19	00	24	.6059	12	6.6		4.0	21				7	0	10.0			
20	00	24	.6092	12	6.7		4.0	23				5	0	9.8			
21	00	24	.6662	12	6.7		4.0							10.0			
22	00	24	.8023	12	6.6		3.0							8.9			
23	00	24	.7470	14	6.4		4.0	31				8	0	9.0			
24	00	24	.6067	13	6.6		4.0	22				12	480	9.5	0		
25	00	24	.6616	14	6.6		4.0	26				5	0	9.7			5.3
26	00	24	.5198	12	6.8		4.0	28				6	0	9.4		10.89	
27	00	24	.7601	11	6.7		5.0	25				7	4	9.1	3.2		
28	00	24	1.0385	10	6.4		4.0							9.2			
29																	
30																	
31																	
Average			.7019	12			4.1	26				6	1.46	9.4	1.6	10.89	5.3
Max.			1.0385	14	7.0		5.0	31				12	480	10.0	3.2	10.89	5.3
Min.			.5198	10	6.2		3.0	21				3	0	8.9	0	10.89	5.3
Comp.(C)/Grab(G)			G	G			G	C				C	G	G	G	C	C
Monthly Limit				6-9				30				30	1000	>5	30		

Facility Status: (Please check one of the following)

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

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

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

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

Julian L Wooten
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0063011 DISCHARGE NO: 001 MONTH: Feb. YEAR: 1987

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

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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 Mack D. Davis
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 N ITROGEN	00665 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	.3542				5.0										
2	00	24	.3400	18	7.0		4.0	22				8	0	8.9			
3	00	24	.3470				5.0	[illegible]					[illegible]				
4	00	24	.3440				5.0										
5	00	24	.3330				4.0										
6	00	24	.3480	17	6.9		4.0	26				8	0	9.0			
7	00	24	.2261				4.0										
8	00	24	.3457				0.2										
9	00	24	.3410	16	7.0		4.0	23				5	0	9.6			
10	00	24	.3380				5.0										
11	00	24	.3485				4.0										
12	00	24	.3468				2.5										
13	00	24	.3615	16	7.0		4.0	28				9	0	8.7			
14	00	24	.3097				4.0										
15	00	24	.2648				4.0										
16	00	24	.3895	15	7.1		4.0							10.2			
17	00	24	.3180				4.0	18				11	0				
18	00	24	.3746				4.0										
19	00	24	.2982				4.0										
20	00	24	.3379	14	6.9		4.0	37				10	0	9.7			
21	00	24	.3480				4.0										
22	00	24	.3258				4.0										
23	00	24	.3390	15	6.8		5.0	28				13	0	7.3			
24	00	24	.3389				4.0										
25	00	24	.3591				4.0										
26	00	24	.3309				4.0										
27	00	24	.3503	15	7.0		4.0	37				12	0	9.3	0		
28	00	24	.3651				4.0										
29																	
30																	
31																	
Average			.3366	16			4.0	27				10	0	9.3	0		
Max.			.3651	18	7.1		5.0	37				13	0	10.2	0		
Min.			.2648	14	6.8		0.2	18				5	0	8.7	0		
Comp.(C)/Grab(G)				G	G			C				C	G	G	G		

Facility Status: (Please check one of the following)

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

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

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

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

Julian A Wooten
- Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0063037 DISCHARGE NO: 001 MONTH: Feb. YEAR: 1987

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

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

PERSON(s) COLLECTING SAMPLES: STP Operators

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

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

X Mack D. Davis
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	00607 TOTAL NITROGEN	00665 TOTAL PHOSPHORUS	31504 TOTAL COLIFORM Geo MEAN
							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	/100ml
1	00	24	.2435				4.0											
2	00	24	.2576				4.0											
3	00	24	.2388				4.0											
4	00	24	.2182	16	6.7		4.0	10		0.16		7		13.3				0
5	00	24	.2177				4.0											
6	00	24	.2177				4.0											
7	00	24	.1940				4.0											
8	00	24	.1914				4.0											
9	00	24	.2000				4.0											
10	00	24	.2305				4.0											
11	00	24	.2225	15	6.8		6.0	13		1.25		3		13.7				0
12	00	24	.2339				4.0											
13	00	24	.2405				4.0											
14	00	24	.2097				6.0											
15	00	24	.2139				4.0											
16	00	24	.2017				4.0											
17	00	24	.2130				4.0											
18	00	24	.2143	14	6.5		4.0	10		0.14		4		10.9				0
19	00	24	.2141	14			6.0											
20	00	24	.1935				5.0											
21	00	24	.2153				4.0											
22	00	24	.2125				5.0											
23	00	24	.1347				4.0											
24	00	24	.2540				5.0								0			
25	00	24	.2209	15	7.0		6.0	17		3.0		8		10.7			1.6	0
26	00	24	.1349				5.0											
27	00	24	.2373				4.0								0			
28	00	24	.2608				5.0											
29																		
30																		
31																		
Average			.21562	15			4.5	13		1.12		6		12.1	0		1.6	0
Max.			.26081	14	7.0		4.0	17		3.0		8		13.7	0		1.6	0
Min.			.13476	16	6.5		6.0	10		0.14		3		10.7	0		1.6	0
Comp.(C)/ Grab(G)			G	G			G	C		C		C		G	G		C	G
Monthly Limit				6-9				30				30		25	30			14

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:

Julian A Wooten
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0063045 DISCHARGE NO: 001 MONTH: Feb. 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 ☐

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 Mack D. Davis
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: 00556 OIL & GREASE	00602 TOTAL NITROGEN	00665 TOTAL PHOSPHOROUS	31504 TOTAL COLIFORM
		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	/100 ML
1	00	24	.4266				4.0											
2	00	24	.6577				2.0											
3	00	24	.7684	16	6.9		5.0	13		3.6		6		8.0				30
4	00	24	.5986				2.5											
5	00	24	.3259				4.0											
6	00	24	.5448				4.5											
7	00	24	.3502				4.0											
8	00	24	.3072				3.5											
9	00	24	.3860	14	6.7		4.0							8.2				
10	00	24	.3102				4.0	15		1.7		5						12
11	00	24	.3764				3.5											
12	00	24	.3290				4.0											
13	00	24	.3120				3.0											
14	00	24	.2488				3.0											
15	00	24	.2325				3.5											
16	00	24	.4261				4.5											
17	00	24	.4982	15	7.0		5.0	15		0.3		6		8.9				12
18	00	24	.3613				2.0											
19	00	24	.5186				4.0											
20	00	24	.3540				4.5											
21	00	24	.3280				4.0											
22	00	24	.4424				4.0											
23	00	24	.3168				4.0											
24	00	24	.2368	16	7.0		4.0	16		2.6		8		8.3	1.1			2
25	00	24	.2426				4.0											
26	00	24	.3769				4.0											
27	00	24	.6832				3.0								1.0			
28	00	24	.8916				4.0											
29																		
30																		
31																		
Average			.4232	15			3.8	15		2.1		6		8.4	1.1			9.64
Max.			.8916	16	7.0		5.0	16		3.6		8		8.9	1.1			30
Min.			.2368	14	6.7		2.0	13		0.3		5		8.0	1.0			2
Comp.(C)/Grab(G)				G	G		G	C		C		C		G	G			G
Monthly Limit					6-9			30				30		>5	30			14

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:

Juliann A Wooten
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0063053 DISCHARGE NO: 001 MONTH: Feb. 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 ☐

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 Mack D. Davis
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	00625	00665	31504
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
															OIL & GREASE	TOTAL NITROGEN	TOTAL PHOSPHORUS	TOTAL COLIFORM
	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	#/100ML
1	00	24	.13046				5.0											
2	00	24	.14415				5.0											
3	00	24	.1456				6.0											
4	00	24	.1553				6.0											
5	00	24	.1264	13	6.6		6.0	16		0.26		6		11.0				2
6	00	24	.1290				5.0											
7	00	24	.1018				5.0											
8	00	24	.1107				5.0											
9	00	24	.1491				4.5											
10	00	24	.1516				5.0											
11	00	24	.1225				6.0											
12	00	24	.1401	13	6.8		6.0	21		0.21		10		11.5				0
13	00	24	.1157				5.0											
14	00	24	.1049				4.0											
15	00	24	.1223				4.0											
16	00	24	.1588				4.0											
17	00	24	.1494				6.0											
18	00	24	.1543				5.0											
19	00	24	.1696	11	6.9		6.0	12		0.19		7		12.0				10
20	00	24	.1587				5.5											
21	00	24	.1718				5.5											
22	00	24	.1911				5.5											
23	00	24	.2006				5.5											
24	00	24	.1707				6.0								0.5			
25	00	24	.1296				6.0											
26	00	24	.1320	14	6.9		6.0	21		0.43		6		10.6		1.75		90
27	00	24	.1680		7.1		5.0								0			
28	00	24	.1843		7.0		5.0											
29																		
30																		
31																		
Average			.13944	13			5.3	18		0.27		7		11.3	0.25	1.75		6.51
Max.			.20063	14	7.1		6.0	21		0.43		10		12.0	0.5	1.75		90
Min.			.10490	11	6.6		4.0	12		0.19		6		10.6	0	1.75		0
Comp.(C)/Grab(G)				G	G		G	C		C		C		G	G	C		G
Monthly Limit					6-9			30				30		>5	30			14

Facility Status: (Please check one of the following)

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

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

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

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

Julian A Wooten
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0003239 DISCHARGE NO: 014 MONTH: February YEAR: 1987

FACILITY NAME: Onslow Beach Water Treatment Pond CLASS: ___ COUNTY: Onslow

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

PERSON(s) COLLECTING SAMPLES: WTP 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 Mack D. Davis
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	008				7.8							1						
4																		
5																		
6																		
7																		
8																		
9																		
10	008				8.3							4						
11																		
12																		
13																		
14																		
15																		
16																		
17																		
18																		
19																		
20																		
21																		
22																		
23																		
24	008				8.1							6						
25																		
26																		
27																		
28																		
29																		
30																		
31																		
Average												4						
Max.					8.3							6						
Min.					7.8							1						
Comp.(C)/Grab(G)					G							C						
Monthly Limit					6-9							30						

Facility Status: (Please check one of the following)

All monthly averages and / or other limitation do meet permit monitoring requirements [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: Feb. YEAR: 1987

FACILITY NAME: Hadnot Point STP COUNTY: Onslow

Date	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	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2	00	24				104			78								
3	00	24				124			144								
4	00	24				152			98								
5	00	24				136			98								
6	00	24				128			105								
7																	
8																	
9	00	24				112			90								
10	00	24				120			82								
11	00	24				108			66								
12	00	24				132			80								
13	00	24				148			98								
14																	
15																	
16	00	24				100			82								
17	00	24				116			120								
18	00	24				156			114								
19	00	24				128			86								
20	00	24				152			132								
21																	
22																	
23	00	24				112			88								
24	00	24				224			146								
25	00	24				160			172								
26	00	24				240			172								
27	00	24				180			88								
28																	
29																	
30																	
31																	
AVERAGE						142			107								
MONTHLY MAXIMUM						240			172								
MONTHLY MINIMUM						100			66								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

NPDES NO: NC0003239 DISCHARGE NO: 001 MONTH: Feb. YEAR: 1987

FACILITY NAME: Camp Geiger ST P COUNTY: Onlsow

Date	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	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2	00	24				172			96								
3	00	24				168			118								
4	00	24				148			112								
5	00	24				176			114								
6	00	24				172			114								
7																	
8																	
9	00	24				108			102								
10	00	24				204			139								
11	00	24				160			158								
12	00	24				216			146								
13	00	24				120			68								
14																	
15																	
16	00	24				96			54								
17	00	24				112			120								
18	00	24				136			142								
19	00	24				160			128								
20	00	24				156			112								
21																	
22																	
23	00	24				308			156								
24	00	24				316			162								
25	00	24				220			212								
26	00	24				188			108								
27	00	24				308			170								
28																	
29																	
30																	
31																	
AVERAGE						182			127								
MONTHLY MAXIMUM						316			212								
MONTHLY MINIMUM						96			54								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

NPDES NO: NC0063053 DISCHARGE NO: 001 MONTH: Feb. YEAR: 1987

FACILITY NAME: Onslow Beach STP COUNTY: Onlsow

Date	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																	
5	00	24				108			84								
6																	
7																	
8																	
9																	
10																	
11																	
12	00	24				96			42								
13																	
14																	
15																	
16																	
17																	
18																	
19	00	24				68			29								
20																	
21																	
22																	
23																	
24																	
25																	
26	00	24				228			58								
27																	
28																	
29																	
30																	
31																	
AVERAGE						125			53								
MONTHLY MAXIMUM						228			84								
MONTHLY MINIMUM						68			29								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

NPDES NO: NC0063011 DISCHARGE NO: 001 MONTH: Feb. YEAR: 1987

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

Date	Time	Composite Time	00400 PH	00010 Temperature (Celsius)	00545 Settleable Matter	00310 BOD5 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	00	24				204			96								
3																	
4																	
5																	
6	00	24				128			190								
7																	
8																	
9	00	24				204			218								
10																	
11																	
12																	
13	00	24				96			104								
14																	
15																	
16																	
17	00	24				172			78								
18																	
19																	
20	00	24				156			45								
21																	
22																	
23	00	24				128			74								
24																	
25																	
26																	
27	00	24				204			98								
28																	
29																	
30																	
31																	
AVERAGE						181			113								
MONTHLY MAXIMUM						204			218								
MONTHLY MINIMUM						96			45								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

NPDES NO: NC0063002 DISCHARGE NO: 001 MONTH: Feb. YEAR: 1987

FACILITY NAME: Tarawa Terrace STP COUNTY: Onslow

Date	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	00	24				168			644								
3	00	24				216			333								
4	00	24				312			1130								
5	00	24				248			344								
6	00	24				387			492								
7																	
8																	
9	00	24				208			456								
10	00	24				344			1090								
11	00	24				212			124								
12	00	24				344			240								
13	00	24				244			210								
14																	
15																	
16	00	24				328			316								
17	00	24				328			1245								
18	00	24				304			123								
19	00	24				332			144								
20	00	24				272			398								
21																	
22																	
23	00	24				280			164								
24	00	24				527			386								
25	00	24				573			1488								
26	00	24				493			868								
27	00	24				276			157								
28																	
29																	
30																	
31																	
AVERAGE						320			518								
MONTHLY MAXIMUM						573			1488								
MONTHLY MINIMUM						208			123								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

NPDES NO: NC0063037 DISCHARGE NO: 001 MONTH: Feb. YEAR: 1987

FACILITY NAME: Rifle Range STP COUNTY: Onslow

Date	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	00	24				52			162								
5																	
6																	
7																	
8																	
9																	
10																	
11	00	24				72			88								
12																	
13																	
14																	
15																	
16																	
17																	
18	00	24				28			100								
19																	
20																	
21																	
22																	
23																	
24																	
25	00	24				196			508								
26																	
27																	
28																	
29																	
30																	
31																	
AVERAGE						87			215								
MONTHLY MAXIMUM						196			508								
MONTHLY MINIMUM						28			88								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

NPDES NO: NC0063045 DISCHARGE NO: 001 MONTH: Feb. YEAR: 1987

FACILITY NAME: Courthouse Bay STP COUNTY: Onslow

Date	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	00	24				100			64								
4																	
5																	
6																	
7																	
8																	
9																	
10	00	24				152			315								
11																	
12																	
13																	
14																	
15																	
16																	
17	00	24				88			76								
18																	
19																	
20																	
21																	
22																	
23																	
24	00	24				88			32								
25																	
26																	
27																	
28																	
29																	
30																	
31																	
AVERAGE						107			122								
MONTHLY MAXIMUM						152			315								
MONTHLY MINIMUM						88			32								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

NPDES NO: NC0003239 DISCHARGE NO: 001 MONTH: [redacted] YEAR: 1987

FACILITY NAME: Camp Geiger STP COUNTY: Onslow

STREAM: New River STREAM: New River

LOCATION: RW01 - At Hughes Marina LOCATION: RW04 - Hospital Point

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	00552				
	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											
17											
18											
19											
20											
21											
22											
23											
24											
25	09	8	9.2	7.3	3.1		800	0			
26											
27											
28											
29											
30											
31											
Average		8	9.2	[redacted]	3.1		800*	0			
Monthly Maximum		8	9.2	7.3	3.1		800	0			
Monthly Minimum		8	9.2	7.3	3.1		800	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	00552				
Enter Parameter Code above Name and Units Below										
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
10	8	12.5	8.2	8.1		50	0			
	8	12.5	[redacted]	8.1		50*	0			
	8	12.5	8.2	8.1		50	0			
	8	12.5	8.2	8.1		50	0			

NPDES NO: NC0063002 DISCHARGE NO: 001 MONTH: Feb. YEAR: 1987

FACILITY NAME: Tarawa Terrace STP COUNTY: Onslow

STREAM: Northeast Creek STREAM: Northeast Creek

LOCATION: RW02 - At Highway 24 Bridge LOCATION: RW03 - Between TT and CJ

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	00552			
								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											
17											
18											
19											
20											
21											
22											
23											
24											
25	10	10	13.0	7.7	11.7		70	0			
26											
27											
28											
29											
30											
31											
Average		10	13.0		11.7		70*	0			
Monthly Maximum			13.0	7.7	11.7		70	0			
Monthly Minimum			13.0	7.7	11.7		70	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	00552				
						Enter Parameter Code above Name and Units Below				
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
10	9	12.4	8.0	12.3		60	0			
	9	12.4		12.3		60*	0			
	9	12.4	8.0	12.3		60	0			
	9	12.4	8.0	12.3		60	0			

DEM Form MR-3 (11/84)

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

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

STREAM: Northeast Creek STREAM: New River

LOCATION: RW03 - Between TT and CJ LOCATION: RW04 - Hospital Point

Upstream

Date	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			
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	10	9	12.4	8.0	12.3		60	0			
26											
27											
28											
29											
30											
31											
Average		9	12.4		12.3		60*	0			
Monthly Maximum		9	12.4	8.0	12.3		60	0			
Monthly Minimum		9	12.4	8.0	12.3		60	0			

Downstream

Date	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			
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	10	8	12.5	8.2	8.1		50	0			
26											
27											
28											
29											
30											
31											
Average		8	12.5		8.1		50*	0			
Monthly Maximum		8	12.5	8.2	8.1		50	0			
Monthly Minimum		8	12.5	8.2	8.1		50	0			

NPDES NO: NC0063029 DISCHARGE NO: 001 MONTH: Feb. YEAR: 1987

FACILITY NAME: Hadnot POint STP COUNTY: Onslow

STREAM: New - Riverta[illegible] STREAM: New - River[illegible]

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

Upstream

Date	Time 2400 Clock	00010 Temperature (Celsius)	00300 Dissolved Oxygen	00400 PH	00310 BOD_5 20°C	00340 COD	31616 Fecal Coliform *Geometric Mean	00552 Enter Parameter Code above Name and Units Below: O I L & 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											
17											
18											
19											
20											
21											
22											
23											
24											
25	10	8	12.5	8.2	8.1		50	0			
26											
27											
28											
29											
30											
31											
Average		8	12.5	[illegible]	8.1		50*	0			
Monthly Maximum		8	12.5	8.2	8.1		50	0			
Monthly Minimum		8	12.5	8.2	8.1		50	0			

Downstream

Time 2400 Clock	00010 Temperature (Celsius)	00300 Dissolved Oxygen	00400 PH	00310 BOD_5 20°C	00340 COD	31616 Fecal Coliform *Geometric Mean	00552 Enter Parameter Code above Name and Units Below: O I L & GREASE			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/l			
10	10	11.4	8.0	4.8		0	0			
	10	11.4	[illegible]	4.8		0*	0			
	10	11.4	8.0	4.8		0	0			
	10	11.4	8.0	4.8		0	0			

DEM Form MR-3 (11/84)

NPDES NO: NC0063037 DISCHARGE NO: 001 MONTH: Feb. YEAR: 1987

FACILITY NAME: Rifle Range STP COUNTY: Onslow

STREAM: New River STREAM: New River

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

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	00552			
								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											
17											
18											
19											
20											
21											
22											
23											
24											
25	10	10	11.4	8.0	4.8		0	0			
26											
27											
28											
29											
30											
31											
Average		10	11.4	[redacted]	4.8		0 *	0			
Monthly Maximum		10	11.4	8.0	4.8		0	0			
Monthly Minimum		10	11.4	8.0	4.8		0	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	00552			
								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											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average				[redacted]			*				
Monthly Maximum											
Monthly Minimum											

DEM Form MR-3 (11/84)

6243/3
NREAD(L)
24 Mar 87

From: Director, Natural Resources and Environmental Affairs Division, Marine Corps Base, Camp Lejeune
To: Director, Special Services, Marine Corps Base, Camp Lejeune (Attn: Ms. Shirley Foy)

Subj: HEARTWORM PREVENTIVE; DISPOSAL OF

Ref: (a) FONECON with J. Rhodes, NCDHS and E. Betz, NREAD on 18 March 1987

1. Based on information obtained during the reference, a one time approval is hereby given to the Base Special Services to dispose of three gallons of expired Styrid-Caracide Liquid (Heartworm Preventive) down a sink drain connected to the sanitary sewer. The empty containers will be triple rinsed with water and disposed of in the sanitary landfill.

2. This approval is limited to the Styrid-Caracide Liquid. Natural Resources and Environmental Affairs point of contact on this matter is Ms. Elizabeth Betz, 451-5977.

J. I. WOOTEN

6287
NREAD
24 Mar 87

Division of Environmental Management
North Carolina Department of Natural
Resources and Community Development
7225 Wrightsville Avenue
Wilmington, North Carolina 28403

Dear Sir:

This letter is to report a 11 March 1987 bypass in the Hadnot Point Wastewater Treatment System, Marine Corps Base, Camp Lejeune, North Carolina. Telephonic notification was made to your office on 16 March 1987. Approximately 2000 to 3000 gallons of wastewater overflowed into a Tributary of French Creek. A 10" line running from Lift Station SFC-315 to the Hadnot Point Wastewater Plant had cracked and was found leaking at 6:05 pm on 11 March 1987. The line was repaired by 11:00 pm and the ground and Tributary was treated with 200 pounds of HTH.

If additional information is desired, please contact Ms. Elizabeth A. Betz, Supervisory Chemist at (919) 451-5977.

Sincerely,

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

Copy to:
NAVFACENGCOM

Blind copy to:
ECML, NREAD (2)
BMO
Dir, PMU, NAVHOSP

UNITED STATES MARINE CORPS
MARINE CORPS BASE
CAMP LEJEUNE, NORTH CAROLINA 28542-5001

IN REPLY REFER TO:
6280/2
FAC
2 0 MAR 1987

Mr. William L. Meyer, Head
Solid and Hazardous Waste Management Branch
Environmental Health Section
Division of Health Services
North Carolina Department of Human Resources
P.O. Box 2091
Raleigh, North Carolina 27602-2091

Dear Mr. Meyer:

My Assistant Chief of Staff, Facilities, Colonel T. J. Dalzell, is in receipt of your letter dated February 26, 1987, including your compliance order attached thereto. I am responding to your letter to make you aware of my personal concern with and commitment to the proper management of hazardous waste aboard Camp Lejeune. My Natural Resources Director, Mr. J. I. Wooten, and Legal Counsel, Lieutenant Colonel J. A. Wellington, have an informal conference scheduled with Dr. Carol M. Schiller on March 24, 1987, to further discuss this issue.

I have been assured that each of the discrepancies concerning the generation sites inspected last June have been corrected. We have taken several further steps to minimize the potential for their recurrence.

We have established a new inspection system and four additional positions to our environmental staff specifically to deal with hazardous waste management. Three inspector positions have been created to ensure that hazardous waste generation and handling sites are subjected to internal review on a recurring basis. We are pleased that one newly hired inspector has over three years experience in hazardous waste management. Additionally, one professional position has been filled with an experienced industrial chemist.

The Base Order concerning hazardous waste management aboard Camp Lejeune has been recently reissued with an increased emphasis on training and record keeping. The other Commands aboard Camp Lejeune and the various staff sections of my Command have reached an accord on the most efficient means to lawfully handle hazardous waste, train hazardous waste handlers and maintain various records. A copy of that Order is enclosed.

My subordinates have maintained a continuing dialogue with the other Commands to sensitize them to the need for proper hazardous waste management. My concerns have been brought to the other Commands' attention by several messages from my headquarters to their headquarters. My subordinates have also conducted working meetings with the hazardous waste managers of those Commands.

Furthermore, my inspectors will inspect those Command hazardous waste generation sites. I will bring any discrepancies noted during those inspections to the attention of the appropriate Commanding General or Commanding Officer. Likewise, my own subordinate Commanding Officers will be aware of my concern with any discrepancies noted at their generation sites.

While any hazardous waste management system the size of this at Camp Lejeune will, from time to time, likely have discrepancies, it is my goal to minimize those occasions to the maximum extent possible. While the discrepancies noted in the compliance order do not represent a physical danger to either the military or surrounding civilian community, I assure you that they are matters of much concern to me as they are to your office. I intend to take whatever additional steps are necessary to further improve this Command's hazardous waste management system, and I trust that your inspectors will observe the fruit of our recent efforts when they are next aboard Camp Lejeune.

Sincerely,

J. E. CASSITY
Major General, U. S. Marine Corps
Commanding General

Encl:
(1) BO 6240.5A

RECEIVED
MAY 23 1986
WILMINGTON REGIONAL OFFICE
DEM

State of North Carolina
Department of Natural Resources and Community Development
Division of Environmental Management
512 North Salisbury Street • Raleigh, North Carolina 27611

James G. Martin, Governor
S. Thomas Rhodes, Secretary

R. Paul Wilms
Director

May 19, 1986

Mr. J. Hal Kinlaw, Jr. President
Webb Creek Water & Sewer, Incorporated
P.O. Box 121
Lumber Bridge, North Carolina 28357

SUBJECT: Permit No. NC0062642
~~Authorization to Construct~~
Webb Creek Water & Sewer Incorporated
Queens Creek Development - Phase I
Wastewater Treatment Facility
Onslow County

Dear Mr. Kinlaw:

A letter of request for Authorization to Construct was received January 9, 1986, by the Division and final plans and specifications for the subject project have been reviewed and found to be satisfactory. Authorization is hereby granted for the construction of a 0.190 MGD wastewater treatment facility consisting of an influent bar screen, a comminutor, a 35,000 gallon capacity surge tank equipped with dual 145 gpm submersible pumps, a 250,000 gallon capacity aeration tank, a 16,000 gallon capacity sludge holding tank, a 47,300 gallon capacity clarifier, three (3) blowers capable of delivering 700 CFM each, four (4) tertiary filter units with a surface area of 28 square feet each, a 5,000 gallon capacity chlorine contact tank equipped with a gaseous chlorinator, a 2,500 gallon capacity effluent dosing tank equipped with dual 350 gpm submersible pumps with high water alarms, approximately 18,175 lineal feet of 12-inch and 12,170 lineal feet of 8-inch force main, a cascade aerator located at the Wallace Creek discharge, a diesel-electric stand-by generator and all associated valves, piping and appurtenances to serve the Queens Creek Development located in Onslow County.

This Authorization to Construct is issued in accordance with Part III paragraph C of NPDES Permit No. NC0062642 issued January 29, 1986, and shall be subject to revocation unless the wastewater treatment facilities are constructed in accordance with the conditions and limitations specified in Permit No. NC0062642.

The Permittee must employ a certified wastewater operator in accordance with Part III paragraph D of the referenced permit.

Continued ...

The sludge generated from these treatment facilities must be disposed of in accordance with G.S. 143-215.1 and in a manner approvable by the North Carolina Division of Environmental Management.

The Wilmington Regional Office, telephone number 919-256-4161 shall be notified in advance of operation of the installed system so that an in-place inspection can be made. Such notification to the Regional Supervisor shall be made during the normal office hours from 8:00 a.m. until 5:00 p.m. on Monday through Firday, excluding State holidays.

In event the facilities fail to perform satisfactorily in meeting its NPDES Permit effluent limits, the Permittee shall take such immediate corrective action as may be required by this Division, including the construction of additional wastewater treatment and disposal facilities.

All Division of Environmental Management's minimum separation and coverage requirements are still applicable if repositioning of any outfall lines should occur. This requirement would be in addition to the mutual consent of the Department of Transporation and the owner as indicated on the plans.

The Permittee shall submit plans and specifications to upgrade and expand the facilities when the average daily flow reaches 50% of the 0.190 mgd design flow of Phase I, and begin construction of the expanded facilities when the average daily flow reaches 80% of the design flow.

One (1) set of approved plans and specifications is being forwarded to you. If you have any questions or need additional information, please contact Mr. Donald Safrit, telephone number 919/733-5083, extension 120.

Sincerely,

Arthur Mouberry

for R. Paul Wilms

cc: Onslow County Health Department
Greene Engineering, P.A.
Wilmington Regional Supervisor
Mr. Dennis Ramsey

DS/gwt

NORTH CAROLINA DEPARTMENT OF NATURAL RESOURCES AND COMMUNITY DEVELOPMENT

DIVISION OF ENVIRONMENTAL MANAGEMENT

P.O. Box 27687

Raleigh, North Carolina 27611

REPORT OF NPDES Staff Report COUNTY Onslow

Place visited Queens Creek Development Date 10-9 ,19 85

Address River Basin White Oak

By Whom Ed Beck Time Spent

Persons Contacted Walter Reynolds, Agent

Reason for Visit Issuance of NPDES Permit

Copies to: Wilmington Regional Office
Dale Overcash

Webb Creek	Wallace Creek
Latitude 34° 45' 32"	Latitude 34° 42' 23"
Longitude 77° 11' 53"	Longitude 77° 16' 48"

REPORT:

The Queens Creek Development is a 250 acre site which is to be divided into approximately 1500 lots. It is located east of SR 1501 in Onslow County, south of Swansboro. The Queens Creek drainage system is classified Class SA, which prohibits effluent discharges. The applicant, therefore, proposes to utilize two remote discharge points. The treatment facilities are to be installed in phases of 200,000 GPD to 300,000 GPD as needed.

The applicant applied for wasteload allocations for discharges of .25 mgd and .5 mgd to Webb Creek at SR 1432 and Wallace Creek at Hwy. 24. It was also proposed to discharge .5 MGD of treated effluent to Grants Creek at SR 1428. The modeling group determined that Grants Creek could not assimilate the proposed discharge and recommended that no discharge be allowed. The following limits have been approved:

Wallace Creek	Summer		Winter	
Flow (mgd)	.25	.5	.25	.5
BOD_5 (mg/l)	6	6	12	10
NH_3 (mg/l)	4	3	8	7
DO (mg/l)	6	6	6	6
pH (su)	6-9	6-9	6-9	6-9
Fecal Coliform (/100 ml)	200	200	200	200
TSS (mg/l)	30	30	30	30

Webb Creek	Summer		Winter	
Flow (mgd)	.25	.5	.25	.5
BOD_5 (mg/1)	11	11	15	15
NH_3 (mg/1)	6	6	13	13
DO (mg/1)	6	6	6	6
pH (SU)	6-9	6-9	6-9	6-9
Fecal Coliform (/100 ml)	1000	1000	1000	1000
TSS (mg/1)	30	30	30	30

The engineering proposal states that extended aeration type prefabricated treatment plants will be installed in phases. The first phase is to be .2 MGD design capacity single path system with chlorination unit and flow recording device. It is doubtful that the above effluent limits could be consistently met with secondary type treatment facilities. It also appears that a standby power source should be required since the adjacent surface waters are classified SA.

Complaint investigations by Wilmington Regional Office staff members and a study by the Biological Survey Group have documented nuisance algae conditions in the New River within Wilson Bay and upstream of Jacksonville. Since it appears that a propensity for nuisance algal growth may exist in the lower New River, it is recommended that the permit contain a condition which allows the permit limits to be modified to restrict nutrient loading if it becomes necessary.

Based on the above, it is recommended that a permit be issued to be in effect for a period of five years.

/sf

10/14/85

Permit No. NC0062642

STATE OF NORTH CAROLINA
DEPARTMENT OF NATURAL RESOURCES & COMMUNITY DEVELOPMENT
DIVISION OF ENVIRONMENTAL MANAGEMENT

P E R M I T

To Discharge Wastewater Under The

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

In compliance with the provisions of North Carolina General Statute 143-215.1, other lawful standards and regulations promulgated and adopted by the North Carolina Environmental Management Commission, and the Federal Water Pollution Control Act, as amended,

Webb Creek Water & Sewage, Inc.

is hereby authorized to discharge wastewater from a facility located at

Queens Creek Development
on NCSR 1501, south of Swansboro
Onslow County

to receiving waters designated as Wallace Creek and Webb Creek in the White Oak River Basin

in accordance with effluent limitations, monitoring requirements, and other conditions set forth in Parts I, II, and III hereof.

This permit shall be effective January 29, 1986

This permit and the authorization to discharge shall expire at midnight on December 31, 1990

Signed this day of January 29, 1986

ORIGINAL SIGNED BY
ARTHUR MOUBERRY
FOR

R. Paul Wilms, Director
Division of Environmental Management
By Authority of the Environmental
Management Commission

SUPPLEMENT TO PERMIT COVER SHEET

Webb Creek Water & Sewage, Inc.

is hereby authorized to:

1. Enter into a contract for construction of a wastewater treatment facility, and

2. Make outlets into Wallace Creek and Webb Creek, and

3. After receiving an Authorization to Construct from the Division of Environmental Management, construct and operate an extended aeration wastewater treatment facility with an ultimate capacity of 1.0 MGD located on NCSR 1501, south of Swansboro in Onslow County (See Part III, Condition No. B. of this permit), and

4. Discharge from said treatment works 0.500 MGD into Wallace Creek (Outfall 001) which is classified Class "SB" waters and 0.500 MGD into Webb Creek (Outfall 002) which is classified Class "C" waters in the White Oak River Basin.

State of North Carolina
Department of Natural Resources and Community Development
Division of Environmental Management
512 North Salisbury Street • Raleigh, North Carolina 27611

James G. Martin, Governor
S. Thomas Rhodes, Secretary

R. Paul Wilms
Director

February 7, 1986

Mr. R. G. Leary, County Manager
County of Onslow
109 Old Bridge St.
Jacksonville, N.C. 28540

SUBJECT: Webb Creek Water & Sewer, Inc
Webb Creek Wastewater Treatment Facility
Onslow County

Dear Mr. Leary:

Pursuant to G.S. 143.215.1 (d1), we are hereby notifying you that the Division of Environmental Management has received a permit application for construction and operation of the subject wastewater treatment facility within your county's jurisdiction. We anticipate final action on this request within the next sixty (60) days. Should you desire to comment on this project as it relates to your interests, please do so by March 14, 1986.

If you have any questions or need further information, please contact Mr. Donald Safrit, at telephone number 919/733-5083, ext. 120.

Sincerely yours,

Donald Safrit

for Arthur Mouberry, Supervisor
Permit and Engineering Unit

cc: Mr. Dennis R. Ramsey
Wilmington Regional Supervisor

AM/ad

DIVISION OF ENVIRONMENTAL MANAGEMENT

MEMORANDUM

DATE: March 18, 1987

TO: Larry Fitzpatrick, Member
Environmental Management Commission

FROM: Charles Wakild
ORIGINAL SIGNED BY CHARLES WAKILD
Regional Supervisor
Division of Environmental Management

SUBJECT: Webb Creek Water and Sewer, Inc.
Onslow County

Enclosed please find a copy of the staff report and NPDES permit issued to Webb Creek Water and Sewage, Inc. The permit authorizes a discharge of up to 0.5 million gallons per day (mgd) to Wallace Creek and up to 0.5 mgd to Webb Creek. Wallace Creek is classified "SB" and is in the New River drainage basin; Webb Creek is classified "C" and is in the White Oak River drainage basin.

The wastewater is to be generated from a large housing development located east of SR 1501 in Onslow County, just south of Swansboro, and near Queens Creek. The developer is Mr. J. Hall Kinlaw of Lumber Bridge, North Carolina. Mr. Kinlaw is president of Webb Creek Water and Sewer, Inc. Some correspondence between DEM and Mr. Kinlaw is also enclosed which contains additional details of the development and the wastewater treatment and disposal system which has been approved.

A public notice of DEM's intent to issue this NPDES permit was published in the Jacksonville Daily News on November 18, 1985. Our standard procedure now and at that time is to send copies of the public notice to the County Health Department, County Clerk of Court and County Manager, as well as the newspaper. I presume this was done in this case.

Additionally, when we are considering approval of engineering plans and specifications for the wastewater treatment plant our standard procedure is to notify the County Manager. DEM advised Mr. Rick Leary by letter dated February 7, 1986 that we were considering such a request from Webb Creek Water and Sewer, Inc. Note also on the letter dated May 19, 1986 from DEM to Mr. Kinlaw, approving the plans and specifications, that the County Health Department was again notified.

This is a very brief summary of the project and public notice aspect of the project. If you would like to discuss this further, please call me. I would of course, be happy to discuss this issue with Onlsow County officials also.

CW:kc

cc: R. Paul Wilms, w/o enclosures
George Everett, w/o enclosures
Rick Leary w/enclosures
Charlie Hedgepeth w/enclosures
WiRO
CF

11331
NREAD
4 Mar 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 1-28 February 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.

One sample of the 3 February 1987 collection from the Holcomb Blvd. Water Treatment Plant was positive. On the membrane filter 45 colonies/100 ml were counted. Five colonies were picked off and run through Lauri Trypose Broth Tubes and Brilliant Green Bile Broth tubes. All five were confirmed to be coliform. Check samples were collected on 4 and 5 February 1987 and were negative.

Although only nine samples are required of the Holcomb Blvd. System, 28 were collected in February 1987. Our determination of the enclosed data is that the contaminated sample was not a representative sample. It is requested that one of the 19 extra samples be submitted for the contaminated sample in computing the coliform density. This request is based on rules and regulations of the Safe Drinking Water Act published in the Federal Register, Volume 45, Number 168, dated 27 August 1980.

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

Writer/Typist Betz/Dranoski
Date Typed 4 Mar 87
Word Processor Number 11331

Copy to:
LANTNAVFACENGCOM (Code 114)
Blind copy to: BMO (Attn: Util Dir), Supvy Chem (2)

nth FEBRUARY HADNOT POINT WATER TREATMENT PLANT AT Camp Lejeune Method Code: 303

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

Serial # 04-67-041 N. C. DEPARTMENT OF HUMAN RESOURCES

DATE	RAW WATER COLIFORMS (MFP) A: VOLUME FILTERED ml.	A: TOTAL COLONIES	A: COLIFORM COLONIES	B: VOLUME FILTERED ml.	B: TOTAL COLONIES	B: COLIFORM COLONIES	C: VOLUME FILTERED ml.	C: TOTAL COLONIES	C: COLIFORM COLONIES	NO. OF COLIFORMS PER 100 ml.	FILTERED: TOTAL PLATE COUNT	FILTERED: MFP COLIFORMS per 100 ml.	FINISHED: TOTAL PLATE COUNT	FINISHED: MFP COLIFORMS per 100 ml.	DISTRIBUTION SYSTEM: TOTAL PLATE COUNT	COLIFORMS (MFP): AVE. COLIFORMS per 100 ml.	COLIFORMS (MFP): NO. OF SAMPLES EXAMINED	COLIFORMS (MFP): 1 COLIFORMS per 100 ml.	COLIFORMS (MFP): 2 COLIFORMS per 100 ml.	COLIFORMS (MFP): 3 COLIFORMS per 100 ml.	COLIFORMS (MFP): 4 COLIFORMS per 100 ml.	COLIFORMS (MFP): 5 COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	INCUBATOR TEMP.
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TPC MEDIA								GEO. MEAN								1.0		SAMPLES EXCEEDING 3/50 4/100 7/200. 13/500ml								0

LAB ID # 37907

Elizabeth A Bell Branch 9287-44

MEMBRANE FILTER PROCEDURE

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

Year 1987 — REPORT OF BACTERIOLOGICAL RESULTS TO DIVISION OF HEALTH SERVICES — Contaminant Code: 300

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	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.
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MF MEDIA: BBL mEndo — BACTERIAL DENSITY — ARITH. MEAN — GEO. MEAN

TPC MEDIA

DIST. SYSTEM: 0 / 10 — TOTAL NO. SAMPLES — SAMPLES EXCEEDING 3/50, 4/100, 7/200, 13/500ml: 2 / 0

LAB ID # 37807

Elizabeth A Berg

B-WPCC

4087-W

Month FEBRUARY Year 1987

HOLCOMB BLVD

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 # 04-67-043

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	COLIFORMS (MFP): AVE. COLIFORMS per 100 ml.	NO. OF SAMPLES EXAMINED	1	2	3	4	5	REPEAT SAMPLES ON 2/4/87: COLIFORMS per 100 ml.	REPEAT SAMPLES ON 2/5/87: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	INCUBATOR TEMP.
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MF MEDIA: BBL mEndo

HPC MEDIA:

BACTERIAL DENSITY

ARITH. MEAN: 1.61

GEO. MEAN: 1.14

DIST. SYSTEM

TOTAL NO. SAMPLES: 28

SAMPLES EXCEEDING 3/50 4/100 7/200 13/500: 1

LAB ID # 378D7

Month FEBRUARY — TARAWA TERRACE — MEMBRANE FILTER PROCEDURE — 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	DISTRIBUTION SYSTEM COLIFORMS (MFP): AVE. COLIFORMS per 100 ml.	NO. OF SAMPLES EXAMINED	COLIFORMS per 100 ml. 1	COLIFORMS per 100 ml. 2	COLIFORMS per 100 ml. 3	COLIFORMS per 100 ml. 4	COLIFORMS per 100 ml. 5	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

TPC MEDIA — GEO. MEAN

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1.0 — SAMPLES EXCEEDING 3/50, (4/100) 7/200, 13/500ml 0

LAB ID # 37807

Elizabeth C Betz — B [illegible] — 4057-W

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

Year 1987 — REPORT OF BACTERIOLOGICAL RESULTS TO DIVISION OF HEALTH SERVICES — Contaminant Code: 300

N. C. DEPARTMENT OF HUMAN RESOURCES

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.	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 — GEO. MEAN: 1.0 — DIST. SYSTEM — TOTAL NO. SAMPLES: 8 — SAMPLES EXCEEDING 3/50, 4/100, 7/200, 13/500ml: 0

TPC MEDIA

LAB ID # 37807

Elizabeth A Bg — B WELC

4087-W

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

Year 1987 — REPORT OF BACTERIOLOGICAL RESULTS TO DIVISION OF HEALTH SERVICES — Contaminant Code: 300

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.		
1																									
2																									
3																0	3	0	0	0					3
4																									
5																									
6																									
7																									
8																									
9																									
10																0	3	0	0	0					3
11																									
12																									
13																									
14																									
15																									
16																									
17																0	3	0	0	0					39
18																									
19																									
20																									
21																									
22																									
23																									
24																0	3	0	0	0					3
25																									
26																									
27																									
28																									
29																									
30																									
31																									

MF MEDIA: RBL mEndo — BACTERIAL DENSITY — ARITH. MEAN — TOTAL NO. SAMPLES

TPC MEDIA — GEO. MEAN — DIST. SYSTEM: 1.0 — SAMPLES EXCEEDING 3/50: 4/100: 7/200: 13/500ml: 0

LAB ID # 37807

Elizabeth O Berg — B (W)

4087-4

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

Year 1987 REPORT OF BACTERIOLOGICAL RESULTS TO DIVISION OF HEALTH SERVICES Contaminant Code: 300

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.			
1																										
2																										
3																0	4	0	0	0	0					3
4																										
5																										
6																										
7																										
8																										
9																										
10																0	4	0	0	0	0					3
11																										
12																										
13																										
14																										
15																										
16																										
17																0	4	0	0	0	0					3
18																										
19																										
20																										
21																										
22																										
23																										
24																0	4	0	0	0	0					3
25																										
26																										
27																										
28																										
29																										
30																										
31																										

MF MEDIA: RBL mEndo | BACTERIAL DENSITY | ARITH. MEAN | GEO. MEAN | DIST. SYSTEM: 0 / 1.0 | TOTAL NO. SAMPLES | SAMPLES EXCEEDING 1/50 4/100 7/200 13/500ml

TPC MEDIA

LAB ID # 37837

Elizabeth Bay B WELL 4087-F

MEMBRANE FILTER PROCEDURE

Month FEBRUARY — 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

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.	COLIFORMS (MFP): No. of Samples Examined	1: Coliforms per 100 ml.	2: Coliforms per 100 ml.	3: Coliforms per 100 ml.	4: Coliforms per 100 ml.	5: Coliforms per 100 ml.	REPEAT SAMPLES: Coliforms per 100 ml.	REPEAT SAMPLES: Coliforms per 100 ml.	REPEAT SAMPLES: Coliforms per 100 ml.	Incubator Temp.
1																										
2																										
3																0	2	0	0							35
4																										
5																										
6																										
7																										
8																										
9																										
10																0	2	0	0							35
11																										
12																										
13																			1							
14																										
15																										
16																										
17																0	2	0	0							35.5
18																										
19																										
20																										
21																										
22																										
23																										
24																0	2	0		0						35
25																										
26																										
27																										
28																										
29																										
30																										
31																										

MF MEDIA: BBL mEndo — BACTERIAL DENSITY — ARITH. MEAN — GEO. MEAN — DIST. SYSTEM: 0 — TOTAL NO. SAMPLES: 8

TPC MEDIA — 1.0 — SAMPLES EXCEEDING 3/50 4/100 7/200 13/500ml: 0

LAB ID # 37307

Unable to Read — B-WELL 4057-W

CHEMICAL ANALYSIS — WATER TREATMENT PLANTS

MCBCL 11330.3 (REV. 6-84)

DATE COLLECTED: 2-3-87

DATE OF ANALYSIS: 2-3-87

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	7.2	8.4	7.4	7.9	8.0	8.3	8.5		
PHENOLTHALEIN ALKALINITY	4	0	4	0	0	0	0	16		
METHYL ORANGE ALKALINITY	56	174	50	174	178	168	74	144		
CARBONATES AS $CaCO_3$	8	0	8	0	0	0	0	20		
BICARBONATES AS $CaCO_3$	48	174	42	174	178	168	74	124		
CHLORIDES AS C1	12	12	16	18	18	48	10	56		
HARDNESS AS $CaCO_3$	62	68	74	52	60	62	76	54		
IRON AS Fe	<0.04	0.21	0.06	0.17	<0.04	<0.04	<0.04	0.05		
FLUORIDE Am	1.17		0.76				1.00			
FLUORIDE pm	1.21	0.14	0.79	0.13	0.10	0.09	1.04	0.53		
CHLORINE RESIDUAL	1.0	1.2	1.0	1.5	1.3	1.0	1.0	1.0		
TURBIDITY Am	0.9		0.8				0.9			
TURBIDITY pm	1.1	1.7	1.5	1.1	1.2	0.9	3.2	1.6		
TOTAL PHOSPHATE		3.0								
ORTHO PHOSPHATE		1.2								
META PHOSPHATE		1.8								
STABILITY	+0.6	-0.7	+0.6	-0.7	-0.1	-0.1	+0.2	+0.1		

REMARKS

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

LABORATORY ANALYSIS BY

L. Lane & H. Burns

COPY TO

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

CHEMICAL ANALYSIS — WATER TREATMENT PLANTS

MCBCL 11330/3 (REV. 6-84)

DATE COLLECTED: 2-10-87

DATE OF ANALYSIS: 2-10-87

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	7.4	9.3	7.5	8.2	8.2	NO SAMPLE	8.8		
PHENOLTHALEIN ALKALINITY	6	0	16	0	0	0	—	12		
METHYL ORANGE ALKALINITY	60	180	36	166	174	160	—	146		
CARBONATES AS $CaCO_3$	12	0	32	0	0	0	—	24		
BICARBONATES AS $CaCO_3$	48	180	4	166	174	160	—	120		
CHLORIDES AS C1	12	10	16	20	18	50	—	60		
HARDNESS AS $CaCO_3$	66	64	62	62	54	54	—	50		
IRON AS Fe	—	AA	DOWN	—	—	—	—	—		
FLUORIDE Am	0.82		0.83							
FLUORIDE PM	0.85	0.12	0.71	0.18	0.11	0.09	—	054		
CHLORINE RESIDUAL	1.0	1.1	1.0	1.0	1.3	0.2	—	0.8		
TURBIDITY Am	1.9		7.8							
TURBIDITY PM	0.9	1.0	2.4	0.9	1.1	0.7	—	1.0		
TOTAL PHOSPHATE		1.70								
ORTHO PHOSPHATE		1.00								
META PHOSPHATE		0.70								
STABILITY	+0.4	−0.7	+0.8	−0.6	0.0	0.0	—	+0.3		

REMARKS

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

LABORATORY ANALYSIS BY

L. LANE + BURNS

COPY TO

- ☐ UTIL DIR ☐
- ☐ WATER TREATMENT
- ☐ PMO ☐ MCAS PMO
- ☐ NPDAD ☐ FILE

CHEMICAL ANALYSIS — WATER TREATMENT PLANTS

MCBCL 11330/3 (REV. 6-84)

DATE COLLECTED: 2-17-87

DATE OF ANALYSIS: 2-17-87

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)	9.3	8.0	9.7	7.9	8.6	8.7	NO SAMPLE	9.2		
PHENOLTHALEIN ALKALINITY	8	0	20	0	6	6	—	20		
METHYL ORANGE ALKALINITY	52	184	58	170	178	174	—	150		
CARBONATES AS $CaCO_3$	16	0	40	0	12	12	—	40		
BICARBONATES AS $CaCO_3$	36	184	18	170	166	162	—	110		
CHLORIDES AS C1	14	14	20	174	20	50	—	52		
HARDNESS AS $CaCO_3$	66	56	66	70	54	56	—	56		
IRON AS Fe	—	~	A.A.	DOWN	—	—	—	—		
FLUORIDE Am	0.76		0.76							
FLUORIDE pm	0.86	0.15	0.67	0.14	0.10	0.09	—	0.51		
CHLORINE RESIDUAL	0.9	1.2	1.0	1.5	1.5	1.0	+	0.9		
TURBIDITY Am	1.7		2.0							
TURBIDITY pm	1.6	3.3	4.1	3.1	1.2	1.4	—	1.4		
TOTAL PHOSPHATE		2.4								
ORTHO PHOSPHATE		1.1								
META PHOSPHATE		1.3								
STABILITY	+1.3	-0.6	+2.0	-0.8	-0.2	0.0		0.5		

REMARKS

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

LABORATORY ANALYSIS BY

L. LANE & BURNS

COPY TO

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

CHEMICAL ANALYSIS — WATER TREATMENT PLANTS

MCBCL 11330/3 (REV. 6-84)

DATE COLLECTED: 2-24-87

DATE OF ANALYSIS: 2-24-87

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	9.0	7.4	8.2	8.3	NO SAMPLE	8.9
PHENOLTHALEIN ALKALINITY	4	0	4	0	0	4		20
METHYL ORANGE ALKALINITY	74	176	44	156	174	154		148
CARBONATES AS $CaCO_3$	8	0	8	0	0	8		40
BICARBONATES AS $CaCO_3$	66	176	36	156	174	146		108
CHLORIDES AS C1	16	12	16	20	16	44		56
HARDNESS AS $CaCO_3$	68	62	64	54	60	64		70
IRON AS Fe	←		→	AA	DOWN	←		→
FLUORIDE Am	1.14		1.60					
FLUORIDE PM	1.16	0.17	1.47	0.15	0.12	0.10		0.55
CHLORINE RESIDUAL	1.1	1.2	1.0	1.1	1.4	1.0		0.8
TURBIDITY Am	0.7		1.9					
TURBIDITY PM	1.1	1.1	1.9	0.6	0.3	1.0		0.7
TOTAL PHOSPHATE		2.4						
ORTHO PHOSPHATE		1.0						
META PHOSPHATE		1.4						
STABILITY	+0.8	-0.5	+1.4	-0.5	+0.1	+0.5		+0.8

REMARKS

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

LABORATORY ANALYSIS BY

H. Burns & L. Lane.

COPY TO

- ☐ UTIL DIR ☐
- ☐ WATER TREATMENT
- ☐ PMU ☐ MCAS PMU
- ☐ NREAO ☐ FILE

11331
NREAD
FEB 06 1987

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 January 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

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/Granade
Date Typed 6 Feb 87
Word Processor Number WS/11331

FEB 06 1987

NREAD

11333/1
NREAD
28 Jan 87

Mr. Wallace E. Venrick
Water Supply Branch
Division of Health Services
Post Office Box 2091
Raleigh, North Carolina 27602-2091

Dear Mr. Venrick:

Enclosures (1), (2) and (3) are the Trihalomethane analysis of the Hadnot Point (HP) Water Treatment Plant, ID No. 04-67-041 the Marine Corps Air Station (MCAS), New River Water Treatment Plant, ID No. 04-67-042, and the Holcomb Blvd. (HB) Water Treatment Plant, ID No. 04-67-043. All samples were collected by the Environmental Chemistry and Microbiology Laboratory personnel and analyzed by Industrial and Environmental Analysts, Incorporated.

Point of contact in this matter is Ms. Elizabeth Betz, (919) 451-5977.

Sincerely,

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

Encls:
(1) TTHM Analysis for HP
(2) TTHM Analysis for MCAS
(3) TTHM Analysis for HB

Copy to:
LANTDIV

Blind copy to:
EC & ML (2)
BMO (UITL DIR)

Writer/Typist Betz/Trianoski
Date Typed 28 Jan 87
Word Processor Number 11333/1

3 (1-2) I.D. No. (3-9)

ORGANIC CHEMICAL ANALYSES - PUBLIC WATER SYSTEM

Water System I.D. Number

Complete All Items Above Heavy Line

4 - 6 7 - 0 4 1 (1-7)

Name of System: HADNOT POINT

Type of System: (X) Community ( ) Non-Community

Address: COMMANDING GENERAL, MARINE CORPS

BASE CAMP LEJEUNE NC Zip 28542

County: ONSLOW

Report To: ~~NAVY~~ FACILITIES ATTN: NREAD

Address: SAME AS ABOVE

Zip

Telephone Number: (919) 451 - 5977

Source of Water: (X) Ground ( ) Both ( ) Surface ( ) Purchased

Source of Sample: (X) Distribution Tap ( ) House Tap ( ) Plant Tap ( ) Well Tap

Collected By: ENVIRONMENTAL CHEM. & MICRO. LABORATORY

Date Collected: 12 (MM) 31 (DD) 86 (YY) (31-36) Time: 11:58 AM / PM (38-41)

Type of Treatment: ( ) None (X) Lime (X) Chlorinated ( ) Soda Ash (X) Fluoridated ( ) Polyphosphate (X) Filtered (X) Water Softener ( ) Alum ( ) Other

Location of Sampling Point: FC-530 (Address where sample was collected)

Loc. Code (28-30)

Remarks:

Type of Sample: (37) (X) D-Regular ( ) M-M.R.T. ( ) C-Check ( ) S-Special

State Drinking Water Parameters (Required)

Contaminant ID	Name	Method (14-16)	Results Mg/l (17-21)
1005	Endrin		
1010	Lindane		
1015	Methoxychlor		
1020	Toxaphene		
2105	2,4-D		
2110	2,4,5-TP (Silvex)		

Optional Parameters (List as needed)

Contaminant ID	Name	Method (14-16)	Results Mg/l (17-21)
2941	Chloroform	215	0.013
2943	Bromodichloromethane	215	0.008
2944	Chlorodibromomethane	215	0.005
2942	Bromoform	215	0.002
2950	TTHM	215	0.028

Date Received 1-6-87 Date Reported 1-8-87 Reported By [illegible]

Date Extracted 1-8-87 Date Analyzed 1 (MM) 9 (DD) 87 (YY) (22-27) Lab Number 231-206

Comments:

ENCLOSURE (1)

3 37720
C. Lab. ID

Industrial & Environmental Analysts, Inc.
P.O. Box 12542 • Research Triangle Park, NC 27709 • 919-467-9919

WATER SYSTEM PERSONNEL TO COMPLETE ALL INFORMATION ABOVE HEAVY LINE

WATER SYSTEM INFORMATION

ATER SYSTEM ID# 04-67-042

TYPE OF SYSTEM:
(X) COMMUNITY ( ) NON-COMMUNITY

STEM NAME: Marine Corps Air Station

SOURCE OF WATER:
DRESS: Commanding General, Marine Corps (X) GROUND ( ) BOTH
Base Camp LeJeune ZIP 28542 ( ) SURFACE ( ) PURCHASED

UNTY: Onslow

TYPE OF TREATMENT:
PORT TO: Facilities, NREAD ( ) NONE (X) LIME
DRESS: Same as above (X) CHLORINATED ( ) SODA ASH
ZIP ( ) FLUORIDATED ( ) POLYPHOSPHATE
LEPHONE: (919) 451-5977 (X) FILTERED (X) WATER SOFTNER
( ) ALUM ( ) OTHER

SAMPLE INFORMATION

URCE OF SAMPLE

TYPE OF SAMPLE

) DISTRIBUTION TAP ( ) HOUSE TAP (X) D-REGULAR ( ) M-M.R.T.
) PLANT TAP ( ) WELL TAP ( ) C-CHECK ( ) S-SPECIAL

MPLING LOCATION (Address): AS-4025

TE COLLECTED: 12-31-86 TIME COLLECTED: 9:56 (am) pm

LLECTED BY: Environmental Chemist - Micro Laboratory LOC. CODE: 004

FOR LABORATORY USE ONLY

STATE DRINKING WATER PARAMETERS

CONTAMINANT ID	NAME	METHOD	RESULTS mg/l	CONTAMINANT ID	NAME	METHOD	RESULTS mg/l
2005	Endrin	201		2941	Chloroform	215	0.005
2010	Lindane	201		2943	Bromodichloromethane	215	0.011
2015	Methoxychlor	201		2944	Chlorodibromomethane	215	0.029
2020	Toxaphene	201		2942	Bromoform	215	0.063
2105	2, 4-D	203		2950	Total THM	215	0.108
2110	2, 4, 5-TP	203					

TE RECEIVED 01-06-87 DATE ANALYZED 01-08-87 REPORTED BY E. Folk

TE EXTRACTED 01-08-87 DATE REPORTED 01-09-87 SAMPLE LAB 231-20-4

MARKS:

ENCLOSURE (2)

3 37720
C. Lab. ID

Industrial & Environmental Analysts, Inc.
P.O. Box 12542 • Research Triangle Park, NC 27709 • 919-467-9919

WATER-SYSTEM PERSONNEL TO COMPLETE ALL INFORMATION ABOVE HEAVY LINE

WATER SYSTEM INFORMATION

TER SYSTEM ID# 04-67-042

STEM NAME: Marine Corps Air Station

DRESS: Commanding General, Marine Corps
Base Camp LeJeune ZIP 28542

UNTY: Onslow

PORT TO: Facilities, NREAD

DRESS: same as above

ZIP

LEPHONE: (919) 451-5977

TYPE OF SYSTEM:
(X) COMMUNITY ( ) NON-COMMUNITY

SOURCE OF WATER:
(X) GROUND ( ) BOTH
( ) SURFACE ( ) PURCHASED

TYPE OF TREATMENT:
( ) NONE (X) LIME
(X) CHLORINATED ( ) SODA ASH
( ) FLUORIDATED ( ) POLYPHOSPHATE
(X) FILTERED (X) WATER SOFTNER
( ) ALUM ( ) OTHER

SAMPLE INFORMATION

URCE OF SAMPLE
) DISTRIBUTION TAP ( ) HOUSE TAP
) PLANT TAP ( ) WELL TAP

TYPE OF SAMPLE
(X) D-REGULAR ( ) M-M.R.T.
( ) C-CHECK ( ) S-SPECIAL

MPLING LOCATION (Address): AS-2800

TE COLLECTED: 12-31-86 TIME COLLECTED: 10:30 (am) pm

LLECTED BY: Environmental Chemist - Micro Laboratory LOC. CODE: 003

FOR LABORATORY USE ONLY

STATE DRINKING WATER PARAMETERS

TAMINANT ID	NAME	METHOD	RESULTS mg/l	CONTAMINANT ID	NAME	METHOD	RESULTS mg/l
2005	Endrin	201		2941	Chloroform	215	0.007
2010	Lindane	201		2943	Bromodichloromethane	215	0.015
2015	Methoxychlor	201		2944	Chlorodibromomethane	215	0.037
2020	Toxaphene	201		2942	Bromoform	215	0.066
2105	2, 4-D	203		2950	Total THM	215	0.125
2110	2, 4, 5-TP	203					

E RECEIVED 01-06-87 DATE ANALYZED 01-08-87 REPORTED BY E. Folk

E EXTRACTED 01-08-87 DATE REPORTED 01-09-87 SAMPLE LAB 231-20-3

ARKS:

3 37720
C. Lab. ID

Industrial & Environmental Analysts, Inc.
P.O. Box 12542 • Research Triangle Park, NC 27709 • 919-467-9919

WATER-SYSTEM PERSONNEL TO COMPLETE ALL INFORMATION ABOVE HEAVY LINE

WATER SYSTEM INFORMATION

ATER SYSTEM ID# 04-67-042

STEM NAME: Marine Corps Air Station

DRESS: Commanding General, Marine Corps

Base Camp LeJeune ZIP 28542

UNTY: Onslow

PORT TO: Facilities, NREAD

DRESS: Same as above

ZIP

LEPHONE: (919) 451-5977

TYPE OF SYSTEM:
(X) COMMUNITY ( ) NON-COMMUNITY

SOURCE OF WATER:
(X) GROUND ( ) BOTH
( ) SURFACE ( ) PURCHASED

TYPE OF TREATMENT:
( ) NONE (X) LIME
(X) CHLORINATED ( ) SODA ASH
( ) FLUORIDATED ( ) POLYPHOSPHATE
(X) FILTERED (X) WATER SOFTNER
( ) ALUM ( ) OTHER

SAMPLE INFORMATION

URCE OF SAMPLE
) DISTRIBUTION TAP ( ) HOUSE TAP
) PLANT TAP ( ) WELL TAP

TYPE OF SAMPLE
(X) D-REGULAR ( ) M-M.R.T.
( ) C-CHECK ( ) S-SPECIAL

MPLING LOCATION (Address): AS-710

TE COLLECTED: 12-31-86 TIME COLLECTED: 10:55 (am) pm

LLECTED BY: Environmental Chemist-Micro Laboratory LOC. CODE: 002

FOR LABORATORY USE ONLY

STATE DRINKING WATER PARAMETERS

NTAMINANT ID	NAME	METHOD	RESULTS mg/l	CONTAMINANT ID	NAME	METHOD	RESULTS mg/l
2005	Endrin	201		2941	Chloroform	215	0.007
2010	Lindane	201		2943	Bromodichloromethane	215	0.014
2015	Methoxychlor	201		2944	Chlorodibromomethane	215	0.035
2020	Toxaphene	201		2942	Bromoform	215	0.064
2105	2, 4-D	203		2950	Total THM	215	0.120
2110	2, 4, 5-TP	203					

E RECEIVED 01-06-87 DATE ANALYZED 01-08-87 REPORTED BY E. Folk

E EXTRACTED 01-08-87 DATE REPORTED 01-09-87 SAMPLE LAB 231-20-2

ARKS:

3 37720
C. Lab. ID

Industrial & Environmental Analysts, Inc.
P.O. Box 12542 • Research Triangle Park, NC 27709 • 919-467-9919

WATER SYSTEM PERSONNEL TO COMPLETE ALL INFORMATION ABOVE HEAVY LINE

WATER SYSTEM INFORMATION

TER SYSTEM ID# 04-67-042

STEM NAME: Marine Corps Air Station

DRESS: Commanding General, Marine Corps

Base Camp LeJeune ZIP 28542

UNTY: Onslow

PORT TO: Facilities, NREAD

DRESS: same as above

ZIP

LEPHONE: (919) 451-5977

TYPE OF SYSTEM:
(X) COMMUNITY ( ) NON-COMMUNITY

SOURCE OF WATER:
(X) GROUND ( ) BOTH
( ) SURFACE ( ) PURCHASED

TYPE OF TREATMENT:
( ) NONE (X) LIME
(X) CHLORINATED ( ) SODA ASH
( ) FLUORIDATED ( ) POLYPHOSPHATE
(X) FILTERED (X) WATER SOFTNER
( ) ALUM ( ) OTHER

SAMPLE INFORMATION

URCE OF SAMPLE

) DISTRIBUTION TAP ( ) HOUSE TAP
) PLANT TAP ( ) WELL TAP

TYPE OF SAMPLE

(X) D-REGULAR ( ) M-M.R.T.
( ) C-CHECK ( ) S-SPECIAL

MPLING LOCATION (Address): AS-110

TE COLLECTED: 12-31-86 TIME COLLECTED: 9:42 (am) pm

LLECTED BY: Environmental Chemist-Micro Laboratory LOC. CODE: 001

FOR LABORATORY USE ONLY

STATE DRINKING WATER PARAMETERS

CONTAMINANT ID	NAME	METHOD	RESULTS mg/l	CONTAMINANT ID	NAME	METHOD	RESULTS mg/l
2005	Endrin	201		2941	Chloroform	215	0.005
2010	Lindane	201		2943	Bromodichloromethane	215	0.007
2015	Methoxychlor	201		2944	Chlorodibromomethane	215	0.016
2020	Toxaphene	201		2942	Bromoform	215	0.034
2105	2, 4-D	203		2950	Total THM	215	0.062
2110	2, 4, 5-TP	203					

E RECEIVED 01-06-87 DATE ANALYZED 01-08-87 REPORTED BY E. Folk

E EXTRACTED 01-08-87 DATE REPORTED 01-09-87 SAMPLE LAB 231-20-1

ARKS:

)3 37720
.C. Lab. ID

Industrial & Environmental Analysts, Inc.
P.O. Box 12542 • Research Triangle Park, NC 27709 • 919-467-9919

WATER-SYSTEM PERSONNEL TO COMPLETE ALL INFORMATION ABOVE HEAVY LINE

WATER SYSTEM INFORMATION

\TER SYSTEM ID# 04-67-042

'STEM NAME: Marine Corps Air Station

)DRESS: Commanding General, Marine Corps
Base Camp LeJeune ZIP 28542

)UNTY: Onslow

:PORT TO: Facilities, NREAD

)DRESS: same as above

ZIP

LEPHONE: (919) 451-5977

TYPE OF SYSTEM:
(X) COMMUNITY ( ) NON-COMMUNITY

SOURCE OF WATER:
(X) GROUND ( ) BOTH
( ) SURFACE ( ) PURCHASED

TYPE OF TREATMENT:
( ) NONE (X) LIME
(X) CHLORINATED ( ) SODA ASH
( ) FLUORIDATED ( ) POLYPHOSPHATE
(X) FILTERED (X) WATER SOFTNER
( ) ALUM ( ) OTHER

SAMPLE INFORMATION

URCE OF SAMPLE

) DISTRIBUTION TAP ( ) HOUSE TAP
) PLANT TAP ( ) WELL TAP

TYPE OF SAMPLE
(X) D-REGULAR ( ) M-M.R.T.
( ) C-CHECK ( ) S-SPECIAL

MPLING LOCATION (Address): G520

TE COLLECTED: 12-31-86 TIME COLLECTED: 11:12 (am) pm

LLECTED BY: Environmental Chemist-
Micro Laboratory LOC. CODE: 007

FOR LABORATORY USE ONLY

STATE DRINKING WATER PARAMETERS

NTAMINANT ID	NAME	METHOD	RESULTS mg/l	CONTAMINANT ID	NAME	METHOD	RESULTS mg/l
2005	Endrin	201		2941	Chloroform	215	0.008
2010	Lindane	201		2943	Bromodichloromethane	215	0.013
2015	Methoxychlor	201		2944	Chlorodibromomethane	215	0.028
2020	Toxaphene	201		2942	Bromoform	215	0.048
2105	2, 4-D	203		2950	Total THM	215	0.097
2110	2, 4, 5-TP	203					

TE RECEIVED 01-06-87 DATE ANALYZED 01-08-87 REPORTED BY E. Folk

TE EXTRACTED 01-08-87 DATE REPORTED 01-09-87 SAMPLE LAB 231-20-7

MARKS:

3 | 3 7 7 2 0
.C. (1-9) Lab. ID (42-46)

WAQC-105-E 1/07

ORGANIC CHEMICAL ANALYSES - PUBLIC WATER SYSTEM

Water System I.D. Number

Complete All Items Above Heavy Line

4 - 6 7 - 0 4 3
(1-7)

me of stem: HOLCOMB BLVD

Type of System: (X) Community ( ) Non-Community

dress: COMMANDING GENERAL, MARINE CORPS

ase, CAMP LEJEUNE, NC Zip 28542

unty: ONSLOW

Source of Water: (X) Ground ( ) Both ( ) Surface ( ) Purchased

port To: ~~ATTN:~~ FACILITIES ATTN: NREAD

dress: SAME AS ABOVE

Zip

Source of Sample: ( ) Distribution Tap ( ) House Tap (X) Plant Tap ( ) Well Tap

lephone Number: (919) 451 - 5977

llected By: ENVIRONMENTAL CHEM. & MICRO. LABORATORY

te Collected: 12 (MM) 31 (DD) 86 (YY) Time: 9:12 AM PM (38-41)
(31-36)

Type of Treatment: ( ) None (X) Lime (X) Chlorinated ( ) Soda Ash (X) Fluoridated ( ) Polyphosphate (X) Filtered (X) Water Softener ( ) Alum ( ) Other

cation of Sampling Point: BLDG 670
dress where sample was collected)

Loc. Code (28-30)

marks:

Type of Sample: (37) (X) D-Regular ( ) M-M.R.T. ( ) C-Check ( ) S-Special

ate Drinking Water Parameters (Required)

Contaminant ID	Name	Method (14-16)	Results Mg/l (17-21)
(10-13)			
1005	Endrin		
1010	Lindane		
1015	Methoxychlor		
1020	Toxaphene		
2105	2,4-D		
2110	2,4,5-TP (Silvex)		

Optional Parameters (List as needed)

Contaminant ID	Name	Method (14-16)	Results Mg/l (17-21)
(10-13)			
2941	chloroform	2 1 5	0.013
2943	Bromodichloromethane	2 1 5	0.002
2944	Chlorodibromomethane	2 1 5	<0.001
2942	Bromoform	2 1 5	<0.001
2950	TTHM	2 1 5	0.015

ate Received 1-6-87 Date Reported 1-8-87 Reported By JMO

ate Extracted 1-8-87 Date Analyzed 1 (MM) 9 (DD) 87 (YY) (22-27) Lab Number 231-20-5

mments:

ENCLOSURE (3)

6286/1
NREAD
24 Feb 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
(2) Violations of NPDES Limits

1. It is requested that the enclosures be routed to the Utilities Systems General Foreman. Enclosure (1) summarizes the subject data generated by the Environmental Chemistry and Microbiology Laboratory and contract laboratories for the seven wastewater treatment plants aboard the Camp Lejeune complex for the month of January 1987. Presently, only the Biochemical Oxygen Demand (BOD), Total Suspended Residue, and Coliform data are submitted to the EPA and State. The ammonia, oil and grease, nitrogen and phosphorus data is being generated as background data for the proposed NPDES permit.

2. Enclosure (2) outlines the violations to the present NPDES permit as well as the proposed NPDES permit. Please note that the Tarawa Terrace wastewater plant did not meet the BOD effluent limit of 30 mg/L or the BOD percent removal of 85%. Hadnot point, Camp Johnson and the Rifle Range Wastewater plants did not meet the BOD percent removal of 85%. The data shows that for Camp Johnson and the Rifle Range plants the violations are a result of low BOD loading. The Laboratory, however, will need an explanation for Tarawa Terrace and Hadnot Point for the record.

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

J. I. WOOTEN

BC: ECML (2)

MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY

MCBCL 11345/6 (REV. 9-86)

PLANT	NPDES PERMIT NO.	MONTH	YEAR
CAMP GEIGER	NC0003239	January	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	88	7	92		80	13	(84)	2			
2	84	13	85		43	12	(72)	0			
3											
4											
5	128	5	96	6.4	60	9	85	0			
6	124	5	96	7.6	62	4	94	0			
7	140	10	93	8.8	88	5	94	0			
8	140	11	92	11.0	66	4	94	2			
9	124	11	91	8.5	80	13	(84)	0			
10											
11											
12	144	9	94	8.1	106	8	92	2			
13	112	12	89	8.7	90	4	96	0			
14	116	7	94	8.4	88	5	94	0			
15	124	5	96	7.8	93	4	96	0			
16	192	15	92	10.0	72	8	89	2			
17											
18											
19	68	5	93	5.0	58	4	93	0			
20	88	13	85	8.7	44	15	(66)	2			
21	92	9	90	8.3	40	7	(83)	0			
22	72	21	(71)	8.6	54	15	(72)	2			
23	68	8	88	5.6	40	13	(68)	0			
24											
25											
26	92	6	93	5.6	108	4	96	0			
27	80	23	(71)	9.1	26	10	(62)	0			
28	108	13	88	8.6	66	10	85	0			
29	104	7	93	9.2	120	2	98	2			
30	112	13	88	9.0	74	4	95	10			
31											
TOTAL	2400	228		163	1558	173					
AVERAGE	109	10	91	8.2	71	8	89	1.38			
MAXIMUM	192	21		11.0	120	15		10			
MINIMUM	68	5		5.0	26	2		0			
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		30				30		200	30		

ENCLOSURE (1)

MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY

NCBCL 11345/e (REV. 9-86)

PLANT	NPDES PERMIT NO.	MONTH	YEAR
TARAWA TERRACE	NC0003239	January	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	192	(39)	(80)		126	33	(74)	2			
2	132	(41)	(69)		258	25	90	0			
3											
4											
5	136	(38)	(72)	2.7	182	18	90	0			
6	136	(35)	(74)	3.3	290	22	92	0			
7	200	(45)	(78)	2.6	102	29	(72)	0			
8	160	(31)	(81)	3.8	60	13	(78)	0			
9	192	(38)	(80)	3.6	90	13	86	0			
10											
11											
12	148	(38)	(74)	2.7	152	22	86	0			
13	140	(32)	(77)	4.0	573	11	98	2			
14	200	28	86	3.1	173	12	93	0			
15	188	27	86	2.8	116	11	91	2			
16	340	(40)	88	3.7	305	8	97	0			
17											
18											
19	108	25	(77)	2.6	125	11	91	16			
20	204	(56)	(73)	8.9	145	27	(81)	0			
21	196	(62)	(67)	7.2	104	24	(77)	4			
22	116	(41)	(65)	3.6	230	11	95	2			
23	168	36	(79)	5.5	115	16	86	0			
24											
25											
26	116	30	(74)	5.5	183	14	92	0			
27	156	29	(81)	5.5	106	8	92	4			
28	175	25	86	4.7	194	8	96	6			
29	192	19	90	4.2	204	5	98	2			
30	212	25	88	4.2	240	5	98	0			
31											
TOTAL	3807	780		84.2	4073	346					
AVERAGE	173	(35)	(80)	4.2	185	16	91	1.63			
MAXIMUM	340	56		8.9	573	33		16			
MINIMUM	108	19		2.6	60	5		0			
SAMP (C) (G) (C&G)	C	C		C	C	C		G	G	C	C
PERMIT		30		—		30		200	30		

MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY

NCBCL 11245/8 (REV. 9-86)

PLANT: CAMP JOHNSON | NPDES PERMIT NO.: NC0003239 | MONTH: JANUARY | YEAR: 1987

DATE	00310 5 DAY 20°C BOD INFLUENT mg/L	00310 5 DAY 20°C BOD EFFLUENT mg/L	%	00610 AMMONIA EFFLUENT mg/L	00530 TOTAL SUSPENDED RESIDUE INFLUENT mg/L	00530 TOTAL SUSPENDED RESIDUE EFFLUENT mg/L	%	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	64	10	(84)		154	17	89	0			
2											
3											
4											
5											
6	28	16	(50)		22	6	(73)	4			
7											
8	84	15	(82)	5.0	130	6	98	0			
9											
10											
11											
12											
13	128	18	86		92	6	93	0			
14											
15	80	15	(81)		38	6	(84)	0			
16											
17											
18											
19	96	15	(84)	1.0	230	9	96	0			
20											
21											
22											
23	76	18	(76)	4.8	114	10	95	4			
24											
25											
26	208	17	92	3.9	516	16	98	6			
27											
28											
29											
30	84	27	(68)	5.6	36	8	(78)				
31											
TOTAL	848	151		20.3	1332	78					
AVERAGE	94	17	(82)	4.1	148	9	94	1.77			
MAXIMUM	208	27		5.6	516	17		6			
MINIMUM	28	10		1.0	22	6		0			
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
MCEQL 1134 5/8 (REV. 9-86)

PLANT: HADNOT POINT | NPDES PERMIT NO.: NC0003239 | MONTH: January | YEAR: 1987

DATE	00310 5 DAY 20°C BOD INFLUENT mg/L	00310 5 DAY 20°C BOD EFFLUENT mg/L	%	00610 AMMONIA EFFLUENT mg/L	00530 TOTAL SUSPENDED RESIDUE INFLUENT mg/L	00530 TOTAL SUSPENDED RESIDUE EFFLUENT mg/L	%	T/F COLIFORM EFFLUENT MF/100 ML	00556 OIL & GREASE EFFLUENT mg/L	00600 TOTAL NITROGEN EFFLUENT mg/L	00665 TOTAL PHOSPHORUS EFFLUENT mg/L
1	100	18	(82)		94	8	91	30/0			
2	108	19	(82)		65	7	89	[illegible]/0			
3											
4											
5	132	17	87	4.2	88	9	90	6/0			
6	108	17	(84)	4.0	120	7	94	6/0			
7	140	16	89	1.9	90	5	94	10/1.0			
8	120	16	87	5.0	90	2	98	2/0			
9	148	24	(84)	5.5	116	6	95	0/0			
10											
11											
12	108	19	(82)	2.9	76	9	88	10/4			
13	120	19	(84)	3.7	94	6	94	6/0			
14	112	17	85	4.4	85	6	93	6/2			
15	136	22	(84)	5.1	84	6	89	30/6			
16	128	25	(80)	4.7	74	7	91	20/2			
17											
18											
19	72	22	(69)	2.8	58	13	(78)	4/0			
20	108	21	(81)	3.8	116	14	88	50/0			
21	124	20	(84)	4.1	108	9	92	14/0			
22	120	19	(84)	4.4	80	7	91	26/0			
23	108	25	(77)	6.3	128	15	88	10/0			
24											
25											
26	140	17	88	3.7	140	11	92	0/0			
27	120	31	(68)	8.9	92	13	86	2/0			
28	168	22	87	6.9	132	11	92	6/0			
29	164	22	87	7.1	90	5	94	0/0			
30	108	36	(67)	6.9	80	8	90	6/0			
31											
TOTAL	2692	464		96.3	2100	184					
AVERAGE	122	21	(83)	4.8	95	8	92	6.70			
MAXIMUM	168	36		8.9	140	15		50			
MINIMUM	72	16		1.9	58	2		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
RIFLE RANGE	NC0003239	JANUARY	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											
6	40	6	90		16	4	(75)	0			
7											
8	36	8	(78)	0.08	7	2	(71)	0			
9											
10											
11											
12											
13	32	8	(75)		10	2	(80)	0			
14											
15	56	8	86		28	3	89	0			
16											
17											
18											
19											
20											
21	56	7	88		23	4	(83)	0			
22											
23											
24											
25											
26											
27											
28	80	10	88	0.26	162	7	96	0			
29											
30											
31											
TOTAL	300	47		0.34	246	22					
AVERAGE	50	8	(84)	0.17	41	4	90	0			
MAXIMUM	80	10		0.26	162	7		0			
MINIMUM	32	6		0.08	7	2		0			
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
COURTHOUSE BAY	NC0003239	JANUARY	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											
4											
5											
6	216	12	94		195	10	95	16			
7											
8	32	14	(56)	~~1.09~~	110	7	94	20			
9				1.09							
10											
11											
12											
13	124	13	90		98	6	94	10			
14											
15	80	13	(84)		48	6	88	18			
16											
17											
18											
19											
20	208	9	96	~~1.20~~	220	5	98	34			
21				1.20							
22											
23											
24											
25											
26											
27	148	16	92		156	7	96	30			
28											
29											
30											
31											
TOTAL	808	77		2.29	827	41					
AVERAGE	135	13	90	1.15	138	7	95	19.7			
MAXIMUM	216	14		1.20	220	10		34			
MINIMUM	32	9		1.09	48	5		10			
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
ONSLOW BEACH	NC0003239	JANUARY	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 %	TOTAL 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											
4											
5											
6	164	22	87		36	5	86	6			
7											
8	152	10	93	0.26	92	2	98	6			
9											
10											
11											
12											
13	84	10	88		68	5	93	0			
14											
15	156	14	91		64	9	92	2			
16											
17											
18											
19											
20	~~208~~	~~9~~	~~96~~		~~250~~	~~5~~	~~98~~	~~34~~			
21											
22	40	13	(68)		46	6	87	2			
23											
24											
25											
26											
27											
28											
29	124	13	90	0.30	120	3	98	4			
30											
31											
TOTAL	720	82		0.56	426	30					
AVERAGE	120	14	88	0.28	71	5	93	2.88			
MAXIMUM	164	22		0.30	120	9		6			
MINIMUM	40	10		0.26	36	2		0			
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		30		—		30		70	30		

VIOLATIONS OF NPDES LIMITS

(1) PRESENT PERMIT LIMITS

PLANT	PARAMETER	LIMIT	VALUE
Tarawa Terrace	BOD-EFF	30 mg/L	35 mg/L
Tarawa Terrace	BOD % removal	85%	80%
Hadnot Point	BOD % removal	85%	83%
Camp Johnson	BOD % removal	85%	82%
Rifle Range	BOD % removal	85%	84%

(2) PROPOSED PERMIT LIMITS

Tarawa Terrace	BOD-EFF	30 mg/L	35 mg/L
Courthouse Bay	Temperature	monitoring	no valves

ENCLOSURE (2)

Return to NREAD

6287
NREAD
FEB 13 1987

Division of Environmental Management
North Carolina Department of Natural
Resources and Community Development
7225 Wrightsville Avenue
Wilmington, North Carolina 28403

Dear Sir:

This letter is to report a 22 January 1987 bypass in the Hadnot Point Wastewater Treatment System, Marine Corps Base, Camp Lejeune, North Carolina. Telephonic notification was made to your office on 23 January 1987. Approximately 2,000 gallons of wastewater overflowed into an unnamed creek just south of the Highway 24 bridge over Northeast Creek. The main feeder running from the Midway Park housing area to the lift station at Wallace Creek, runs across the unnamed creek with manholes on either bank. When the line became clogged, and the flow increased due to heavy rains, the wastewater overflowed at the manholes and ran into the creek. The area was treated with 100 pounds of HTH and the line was cleared. Fecal coliform samples were taken on 23 January 1987 upstream and downstream of the bypass, the counts were 240/100 ml upstream and 260/100 ml downstream.

If additional information is desired, please contact Ms. Elizabeth A. Betz, Supervisory Chemist at (919) 451-5977.

J. I. WOOTEN
Director, Natural Resources Division
~~Assistant Chief of Staff, Facilities~~
By direction of the Commanding General

Copy to:
NAVFACENGCOM

Blind copy to:
DIR, PMU, NAVHOSP
BMO
ECML, NREAD (2)

Writer/Typist Betz/Grimoldi
Date Typed 13 Feb 87
Word Processor Number 6287

Surv Ecol.

Swyfair.
This is the ltr
I called you about -
Col did initial.
Sue

Return to NREAD

6287
NREAD
FEB 13 1987

Division of Environmental Management
North Carolina Department of Natural
Resources and Community Development
7225 Wrightsville Avenue
Wilmington, North Carolina 28403

Dear Sir:

This letter is to report a 22 January 1987 bypass in the Hadnot Point Wastewater Treatment System, Marine Corps Base, Camp Lejeune, North Carolina. Telephonic notification was made to your office on 23 January 1987. Approximately 2,000 gallons of wastewater overflowed into an unnamed creek just south of the Highway 24 bridge over Northeast Creek. The main feeder running from the Midway Park housing area to the lift station at Wallace Creek, runs across the unnamed creek with manholes on either bank. When the line became clogged, and the flow increased due to heavy rains, the wastewater overflowed at the manholes and ran into the creek. The area was treated with 100 pounds of HTH and the line was cleared. Fecal coliform samples were taken on 23 January 1987 upstream and downstream of the bypass, the counts were 240/100 ml upstream and 260/100 ml downstream.

If additional information is desired, please contact Ms. Elizabeth A. Betz, Supervisory Chemist at (919) 451-5977.

J. I. NOOTER
Director, Natural Resources Division
~~Assistant Chief of Staff, Facilities~~
By direction of the Commanding General

Copy to:
NAVFACENGCOM

Blind copy to:
DIR, PMO, NAVHOSP
BMO
ECML, NREAD (2)

Writer/Typist Betz/Grianoda
Date Typed 13 Feb 87
Word Processor Number 6287

NREA

6288
NREAD
26 Feb 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 January 1987 are submitted.

The Hadnot Point Wastewater Treatment Plant did not meet their Biochemical Oxygen Demand (BOD) percent removal requirement for the month. The actual BOD percent removal was 83% instead of the required minimum of 85%. The 83% BOD removal is attributed to a malfunctioning bearing in one of the trickling filters which has subsequently been repaired.

The Tarawa Terrace Wastewater Treatment Plant did not meet BOD average effluent or percent removal requirement for the month. The actual BOD average effluent was 35 mg/L instead of the required maximum of 30 mg/L. The actual percent removal for BOD was 80% instead of the required minimum of 85%. A bearing in the trickling filter system malfunctioned during the first part of December 1986 which decreased plant efficiency and hindered filter growth. A new bearing was installed 20 January 1987 and filter growth is beginning to return to normal.

The Camp Johnson and the Rifle Range Wastewater Treatment Plants did not meet their BOD percent removal requirement for the month. Camp Johnson's BOD percent removal was only 82%. The Rifle Range's BOD percent removal was only 84%. The BOD loading was low in both plants causing reduced plant efficiency.

There is no river data for the month of January 1987 because the laboratory's boat was out of service due to repairs.

6288
NREAD

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

Sincerely,

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

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

Copy to:
EPA Region IV
CMDR LANTNAVFACENGCOM
NEESA

Blind copy to:
ECML, NREAD (2)
BMO (1)

Writer/Typist Betz/Gianoski
Date Typed 26 Feb 87
Word Processor Number 6288-L

EFFLUENT

NPDES PERMIT NO: NC0003239 DISCHARGE NO: 014 MONTH: January YEAR: 1987

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

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

CERTIFIED LABORATORY: Enviromnental Chemical 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	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																		
5																		
6	08	8			7.9							2.4						
7																		
8																		
9																		
10																		
11																		
12																		
13	08	8			8.0							0.3						
14																		
15																		
16																		
17																		
18																		
19																		
20	08	8			7.8							1.5						
21																		
22																		
23																		
24																		
25																		
26																		
27	08	8			7.7							2.9						
28																		
29																		
30																		
31																		
Average												1.8						
Max.					8.0							2.9						
Min.					7.7							0.3						
Comp.(C)/ Grab(G)					G							C						
Monthly Limit					6-9							30						

DEM Form MR-1 (11/84

Facility Status: (Please check one of the following)

All monthly averages and / or other limitation do meet permit monitoring requirements [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:** 007 **MONTH:** January **YEAR:** 1987

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

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

CERTIFIED LABORATORY: Environmental Chemical 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	31504 ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW: TOTAL COLIFORM * GEOMETRIC MEAN			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	/100 ML			
1	08	8	.12494		7.0		5.0											
2	08	8	.12392		7.0		4.0											
3	08	8	.15758		7.0		5.0											
4	08	8	.10166		7.0		5.0											
5	08	8	.11269		7.0		5.0											
6	08	8	.10256		6.5		5.0	22				5			6			
7	08	8	.12538		6.5		4.0											
8	08	8	.08179		6.4		4.0	10				2			6			
9	08	8	.08037		6.8		4.0											
10	08	8	.09365		6.2		5.0											
11	08	8	.08974		6.2		4.0											
12	08	8	.08996		6.6		6.0											
13	08	8	.08392		6.5		4.0	10				5			0			
14	08	8	.08991		6.7		4.0											
15	08	8	.07138		6.6		4.0	14				9			2			
16	08	8	.09541		6.5		4.0											
17	08	8	.11906		6.6		4.0											
18	08	8	.10205		6.5		5.0											
19	08	8	.13514		6.5		6.0											
20	08	8	.15153		6.6		6.0											
21	08	8	.12243		6.5		6.0											
22	00	24	.15697		6.6		3.0	13				6			2			
23	00	24	.14218		6.8		4.0											
24	00	24	.12670		6.9		4.0											
25	00	24	.15962		6.9		6.0											
26	00	24	.15916		6.6		6.0											
27	00	24	.15944		6.7		4.0											
28	00	24	.10039		6.6		5.0											
29	00	24	.15903		6.6		6.0	13				3			4			
30	00	24	.13960		6.6		4.0											
31	00	24	.15333		6.9		4.0											
Average			.11972				4.7	14				5			2.88			
Max.			.15962		7.0		6.0	22				9			6			
Min.			.07138		6.2		3.0	10				2			0			
Comp.(C)/ Grab(G)					G		G	C				C			G			
Monthly Limit					6-9			30				30			70			

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:** 006 **MONTH:** January **YEAR:** 1987

FACILITY NAME: Courthouse Bay STP **CLASS:** II **COUNTY:** Onslow

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

CERTIFIED LABORATORY: Environmental Chemical 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 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 MEMBRANE FILTER MF, M-ENDO AGAR LES /100 ML	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW		
1	08	8	.8063		6.9		3.5											
2	08	8	.6906		6.8		4.0											
3	08	8	.5109		6.9		4.0											
4	08	8	.3512		6.6		4.0											
5	08	8	.4146		6.8		4.0											
6	08	8	.4513		6.8		5.0	12				10			16			
7	08	8	.5158		6.8		4.5											
8	08	8	.5269		6.9		2.5	14				7			20			
9	08	8	.5227		7.0		4.5											
10	08	8	.5111		6.8		5.0											
11	08	8	.5578		6.8		4.5											
12	08	8	.4410		7.1		4.5											
13	08	8	..5923		7.1		2.5	13				6			10			
14	08	8	.4714		7.0		3.0											
15	08	8	.5023		7.2		5.0	13				6			18			
16	08	8	.4901		6.8		4.0											
17	08	8	.5202		7.0		4.0											
18	08	8	.6943		7.0		4.0											
19	08	8	.6804		6.9		4.0											
20	00	24	.5297		6.8		4.5	9				5			34			
21	00	24	.7065		7.0		4.0											
22	00	24	1.0119		7.0		4.0											
23	00	24	.5521		6.9		4.0											
24	00	24	.5339		6.9		3.5											
25	00	24	.7534		6.9		3.5											
26	00	24	.4383		6.9		4.0											
27	00	24	.5341		7.1		0.5	16				7			30			
28	00	24	.4602		7.1		4.0											
29	00	24	.4527		7.1		4.0											
30	00	24	.3911		7.1		4.0											
31	00	24	.3247		7.1		4.0											
Average			.5464				3.8	13				7			19.7			
Max.			1.0119		7.2		5.0	14				10			34			
Min.			.3247		6.8		2.5	9				5			10			
Comp.(C)/Grab(G)					G		C	C				C			G			
Monthly Limit					6-9			30				30			70			

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)

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(Attach additional sheets if necessary)

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

Signature of Permittee

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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: January YEAR: 1987

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

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

CERTIFIED LABORATORY: Environmental Chemical and Microgiology 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	31504 ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW: TOTAL Coliform # Geometric Mean			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	/100 ML			
1	08	8	.3004				5.0											
2	08	8	.2386				6.0											
3	08	8	.2640				6.0											
4	08	8	.2246				6.0											
5	08	8	.2374				6.0											
6	08	8	.2390				4.5	6				4			0			
7	08	8	.2156		7.0		4.0											
8	08	8	.2470				3.0	8				2			0			
9	08	8	.1808				4.0											
10	08	8	.2295				6.0											
11	08	8	.2217				4.0											
12	08	8	.1331				4.0											
13	08	8	.2308				3.0	8				2			0			
14	08	8	.1285		7.0		3.0											
15	08	8	.2157				4.0	8				3			0			
16	08	8	.2130				3.0											
17	08	8	.1889				5.0											
18	08	8	.3341				4.0											
19	08	8	.2348				5.0											
20	08	8	.2629				4.0											
21	00	24	.2727		6.8		5.0	7				4			0			
22	00	24	.3879				3.0											
23	00	24	.3215				4.0											
24	00	24	.3052				4.0											
25	00	24	.2930				4.0											
26	00	24	.3205				4.0											
27	00	24	.3179				4.0											
28	00	24	.2871		6.9		4.0	10				7			0			
29	00	24	.2662				4.0											
30	00	24	.2395				4.0											
31	00	24	.2545				4.0											
Average			.2518				4.3	8				4			0			
Max.			.3879		7.0		6.0	10				7			0			
Min.			.1285		6.8		3.0	6				2			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

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

Julian A Woolen
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: 004 MONTH: January YEAR: 1987

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

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

CERTIFIED LABORATORY: Environmental Chemical 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	31504 ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW: TOTAL COLIFORM MEMBRANE FILTER			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	/100 ML			
1	00	24	5.245		6.8		4.0	18				8			30			
2	00	24	5.895		6.9		4.0	19				7			6			
3	00	24	5.129		6.9		4.0											
4	00	24	5.360		6.9		4.0											
5	00	24	5.371		6.9		4.0	17				9			6			
6	00	24	5.464		7.0		4.0	17				7			6			
7	00	24	5.917		7.0		4.0	16				5			10			
8	00	24	5.848		7.0		4.0	16				2			2			
9	00	24	5.785		6.9		4.0	24				6			0			
10	00	24	5.434		7.0		4.0											
11	00	24	5.632		6.8		3.0											
12	00	24	5.958		7.0		3.0	19				9			10			
13	00	24	5.812		7.0		4.0	19				6			6			
14	00	24	5.764		6.9		3.0	17				6			6			
15	00	24	5.895		6.7		4.0	22				6			30			
16	00	24	5.722		6.8		4.0	25				7			20			
17	00	24	5.474		6.8		4.0											
18	00	24	5.817		6.8		3.0											
19	00	24	6.138		6.8		4.0	22				13			4			
20	00	24	6.291		6.8		4.0	21				14			50			
21	00	24	6.723		6.9		4.0	20				9			14			
22	00	24	7.950		6.8		4.0	19				7			26			
23	00	24	7.297		6.9		4.0	25				15			10			
24	00	24	6.561		6.9		4.0											
25	00	24	6.828		6.8		4.0											
26	00	24	7.213		6.9		4.0	17				11			0			
27	00	24	6.514		6.9		4.0	31				13			2			
28	00	24	6.509		7.0		4.0	22				11			6			
29	00	24	6.437		7.0		4.0	22				5			0			
30	00	24	5.751		6.9		4.0	36				8			6			
31	00	24	5.549		6.9		4.5											
Average			6.041				3.9	21				8			6.70			
Max.			7.950		7.0		4.5	36				15			50			
Min.			5.129		6.8		3.0	16				2			0			
Comp.(C)/Grab(G)					G		G	C				C			G			
Monthly Limit					6-9			30				30			70			

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

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: 003 MONTH: January YEAR: 1987

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

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

CERTIFIED LABORATORY: Environmental Chemical 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	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	8	.332		6.6		4.5	10				17	0					
2	08	8	.326		6.6		3.0											
3	08	8	.324		6.6		4.0											
4	08	8	.381		6.6		6.0											
5	08	8	0.34		6.7		4.0											
6	08	8	.345		6.9		6.0	16				6	4					
7	08	8	.365		7.1		4.0											
8	08	8	.356		7.1		5.0	15				6	0					
9	08	8	.325		6.9		4.0											
10	08	8	.342		7.0		3.0											
11	08	8	.331		6.9		4.0											
12	08	8	.327		7.1		4.0											
13	08	8	.341		7.1		4.0	18				6	0					
14	08	8	.339		7.0		5.0											
15	08	8	.347		6.9		6.0	15				6	0					
16	08	8	.344		7.1		4.0											
17	08	8	.326		6.9		4.0											
18	08	8	.326		7.0		4.0											
19	00	24	.344		7.0		1.5	15				9	0					
20	00	24	.348		7.2		0.0											
21	00	24	.341				4.0											
22	00	24	.333				2.0											
23	00	24	.345		7.3		2.5	18				10	4					
24	00	24	.337				4.0											
25	00	24	.336				5.0											
26	00	24	0.34		7.0		4.0	17				10	6					
27	00	24	.337				5.0											
28	00	24	.343				3.0											
29	00	24	.341				4.0											
30	00	24	.339		6.7		4.0	27				8						
31	00	24	.337				5.0											
Average			.3402				4.0	17				9	1.77 *					
Max.			.3815		7.3		6.0	27				17	6					
Min.			.3241		6.6		1.5	10				6	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

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

Julian A Woolt

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: January YEAR: 1987

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

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

CERTIFIED LABORATORY: Environmental Chemical 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	00403 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	00	24	1.3079		6.9		4.0	39				33	2					
2	00	24	.9482		6.9		4.0	41				25	0					
3	00	24	.7720		6.7		4.0											
4	00	24	.7841		6.5		4.0											
5	00	24	.8621		6.6		4.0	38				18	0					
6	00	24	.7645		6.5		4.0	35				22	0					
7	00	24	.6877		6.6		4.0	45				29	0					
8	00	24	.7544		6.6		4.0	31				13	0					
9	00	24	.6117		6.5		4.0	38				13	0					
10	00	24	.8346		6.6		4.0											
11	00	24	.7441		6.6		4.0											
12	00	24	.7541		6.6		4.0	38				22	0					
13	00	24	.7200		6.5		4.0	32				11	2					
14	00	24	.6707		6.6		4.0	28				12	0					
15	00	24	.7246		6.5		4.0	27				11	2					
16	00	24	.8348		6.5		4.5	40				8	0					
17	00	24	.8239		6.5		4.5											
18	00	24	.9210		6.7		4.5											
19	00	24	1.0262		6.7		4.5	25				11	16					
20	00	24	.7545		6.9		4.0	56				27	0					
21	00	24	.7297		6.6		4.0	62				24	4					
22	00	24	1.3283		6.6		2.0	41				11	2					
23	00	24	1.1078		6.4		4.0	36				16	0					
24	00	24	.7492		6.5		4.0											
25	00	24	.8546		6.5		4.0											
26	00	24	.9378		6.5		2.5	30				14	0					
27	00	24	.7092		6.6		4.0	29				8	4					
28	00	24	.5742		6.6		4.0	25				8	6					
29	00	24	.6492		6.6		4.0	19				5	2					
30	00	24	.7507		6.6		4.0	25				5	0					
31	00	24	.7217		6.7		4.0											
Average			.8197				3.9	35				16	1.63*					
Max.			1.3283		6.9		4.5	56				33	16					
Min.			.5742		6.4		2.0	19				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

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: 001 MONTH: January YEAR: 1987

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

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

CERTIFIED LABORATORY: Environmental Chemical 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	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	00	24	1.8068		6.8		4.0	7				13	2					
2	00	24	1.6738		6.6		4.0	13				12	0					
3	00	24	1.5036		6.9		4.0											
4	00	24	1.2956		6.6		4.0											
5	00	24	1.3210		6.6		4.0	5				9	0					
6	00	24	1.3821		6.6		4.0	5				4	0					
7	00	24	1.4074		7.0		4.0	10				5	0					
8	00	24	1.6172		7.0		4.0	11				4	2					
9	00	24	1.3946		7.0		4.0	11				13	0					
10	00	24	1.2528		7.1		4.0											
11	00	24	1.2779		7.0		4.0											
12	00	24	1.2644		6.8		4.0	9				8	2					
13	00	24	1.1919		6.6		4.0	12				4	0					
14	00	24	1.1967		6.6		4.0	7				5	0					
15	00	24	1.1849		6.6		4.0	5				4	0					
16	00	24	1.1178		6.6		4.0	15				8	2					
17	00	24	1.2952		7.2		4.0											
18	00	24	1.5492		7.0		4.0											
19	00	24	1.6587		7.0		4.0	5				4	0					
20	00	24	1.4782		7.0		4.0	13				15	2					
21	00	24	1.3302		7.4		4.0	9				7	0					
22	00	24	1.4250		7.2		4.0	21				15	2					
23	00	24	1.8783		7.2		4.0	8				13	0					
24	00	24	1.5538		7.2		4.0											
25	00	24	1.5988		7.4		4.0											
26	00	24	1.8203		6.6		4.0	6				4	0					
27	00	24	1.4562		7.0		4.0	23				10	0					
28	00	24	1.4324		7.0		3.0	13				10	0					
29	00	24	1.3601		6.8		4.0	7				2	2					
30	00	24	1.3889		6.8		4.0	13				4	10					
31	00	24	1.2552		7.0		4.0											
Average			1.4313				7.8	10				8	1.38					
Max.			1.8783		7.4		4.0	21				15	10					
Min.			1.1178		6.6		3.0	5				2	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)

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Signature of Permittee

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

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

If using alternate units for reporting data, please designate.

Influent

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

FACILITY NAME: Camp Geiger STP COUNTY: Onslow

Date	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	00	24				88			80								
2	00	24				84			43								
3																	
4																	
5	00	24				128			60								
6	00	24				124			62								
7	00	24				140			88								
8	00	24				140			66								
9	00	24				124			80								
10																	
11																	
12	00	24				144			106								
13	00	24				112			90								
14	00	24				116			88								
15	00	24				124			93								
16	00	24				192			72								
17																	
18																	
19	00	24				68			58								
20	00	24				88			44								
21	00	24				92			40								
22	00	24				72			54								
23	00	24				68			40								
24																	
25																	
26	00	24				92			108								
27	00	24				80			26								
28	00	24				108			66								
29	00	24				104			120								
30	00	24				112			74								
31																	
AVERAGE						109			71								
MONTHLY MAXIMUM						192			120								
MONTHLY MINIMUM						68			2								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

NPDES NO: NC0003239 DISCHARGE NO: 002 MONTH: January YEAR: 1987

FACILITY NAME: Tarawa Terrace STP COUNTY: Onslow

Date	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	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1	00	24				192			126								
2	00	24				132			258								
3																	
4																	
5	00	24				136			182								
6	00	24				136			290								
7	00	24				200			102								
8	00	24				160			60								
9	00	24				192			90								
10																	
11																	
12	00	24				148			152								
13	00	24				140			573								
14	00	24				200			173								
15	00	24				188			116								
16	00	24				340			305								
17																	
18																	
19	00	24				108			125								
20	00	24				204			145								
21	00	24				196			104								
22	00	24				116			230								
23	00	24				168			115								
24																	
25																	
26	00	24				116			183								
27	00	24				156			106								
28	00	24				175			194								
29	00	24				192			204								
30	00	24				212			240								
31																	
AVERAGE						173			185								
MONTHLY MAXIMUM						340			573								
MONTHLY MINIMUM						108			60								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11,84)

Influent

NPDES NO: NC0003239 DISCHARGE NO: 003 MONTH: January YEAR: 1987

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

Date	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	00	24				64			154								
2																	
3																	
4																	
5																	
6	00	24				28			22								
7																	
8	00	24				84			130								
9																	
10																	
11																	
12																	
13	00	24				128			92								
14																	
15	00	24				80			38								
16																	
17																	
18																	
19	00	24				96			230								
20																	
21																	
22																	
23	00	24				76			114								
24																	
25																	
26	00	24				208			516								
27																	
28																	
29																	
30	00	24				84			36								
31																	
AVERAGE						94			148								
MONTHLY MAXIMUM						208			516								
MONTHLY MINIMUM						28			22								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

NPDES NO: NC0003239 DISCHARGE NO: 004 MONTH: January YEAR: 1987

FACILITY NAME: Hadnot Point STP COUNTY: Onslow

Date	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	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1	00	24				100			94								
2	00	24				108			65								
3																	
4																	
5	00	24				132			88								
6	00	24				108			120								
7	00	24				140			90								
8	00	24				120			90								
9	00	24				148			116								
10																	
11																	
12	00	24				108			76								
13	00	24				120			94								
14	00	24				112			85								
15	00	24				136			84								
16	00	24				128			74								
17																	
18																	
19	00	24				72			58								
20	00	24				108			116								
21	00	24				124			108								
22	00	24				120			80								
23	00	24				108			128								
24																	
25																	
26	00	24				140			140								
27	00	24				120			92								
28	00	24				168			132								
29	00	24				164			90								
30	00	24				108			80								
31																	
AVERAGE						122			95								
MONTHLY MAXIMUM						168			140								
MONTHLY MINIMUM						72			58								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

NPDES NO: NC0003239 DISCHARGE NO: 005 MONTH: January YEAR: 1987

FACILITY NAME: Rifle Range STP COUNTY: Onslow

Date	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																	
5																	
6	08	8				40			16								
7																	
8	08	8				36			7								
9																	
10																	
11																	
12																	
13	08	8				32			10								
14																	
15	08	8				56			28								
16																	
17																	
18																	
19																	
20																	
21	08	8				56			23								
22																	
23																	
24																	
25																	
26																	
27																	
28	08	8				80			162								
29																	
30																	
31																	
AVERAGE						50			41								
MONTHLY MAXIMUM						80			162								
MONTHLY MINIMUM						32			7								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

NPDES NO: NC0003239 DISCHARGE NO: 006 MONTH: January YEAR: 1987

FACILITY NAME: Courthouse Bay STP COUNTY: Onslow

Date	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																	
5																	
6	08	8				216			195								
7																	
8	08	8				32			110								
9																	
10																	
11																	
12																	
13	08	8				124			98								
14																	
15	08	8				80			48								
16																	
17																	
18																	
19																	
20	08	8				208			220								
21																	
22																	
23																	
24																	
25																	
26																	
27	08	8				148			156								
28																	
29																	
30																	
31																	
AVERAGE						135			138								
MONTHLY MAXIMUM						216			220								
MONTHLY MINIMUM						32			48								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

NPDES NO: NC0003239 DISCHARGE NO: 007 MONTH: January YEAR: 1987

FACILITY NAME: Onslow Beach STP COUNTY: Onslow

Date	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																	
5																	
6	08	8				164			36								
7																	
8	08	8				152			92								
9																	
10																	
11																	
12																	
13	08	8				84			68								
14																	
15	08	8				156			64								
16																	
17																	
18																	
19																	
20																	
21																	
22	08	8				40			46								
23																	
24																	
25																	
26																	
27																	
28																	
29	08	8				124			120								
30																	
31																	
AVERAGE						120			71								
MONTHLY MAXIMUM						164			120								
MONTHLY MINIMUM						40			36								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

STORM DRAINS

MONTH: NC0003239 YEAR: January 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
20	15 Jan	4,665,600	7.2	128	0
26	15 Jan	29,160	7.4	1.0	0
27	15 Jan	23,328	7.2	8	0
28	15 Jan	87,480	8.2	4	0
30	15 Jan	874,800	6.6	7	0
31	15 Jan	145,800	7.1	1.0	0.3
32	15 Jan	54,675,000	6.8	2	0
67	15 Jan	583,200	7.3	13	2.0
68	15 Jan	1,166,400	7.3	8	0
69	15 Jan	1,749,600	6.4	11	0.7
81	15 Jan	3,499,200	6.5	7	0.3
82	15 Jan	6,998,400	6.9	7	0.6
83	15 Jan	583,200	7.5	4	0
84	15 Jan	219,600	7.5	6	0
86	15 Jan	Tidal	7.1	5	0.4
87	15 Jan	349,920	7.1	4	0

6288
NREAD
26 Jan 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 November 1986 are submitted.

The Tarawa Terrace Wastewater Treatment Plant did not meet their Biochemical Oxygen Demand (BOD) percent removal requirement for the month. The actual percent removal for BOD was 83% instead of the required minimum of 85%. The bearing to the trickling filter malfunctioned during the first part of December 1986 which decreased plant efficiency. A new bearing was installed 20 January 1987.

The storm drains listed on the enclosed table may be correlated with base geography and facilities by referring to maps with numbered storm drains monitoring point 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
Assistant Chief of Staff, Facilities
By direction of the Commanding General

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

Copy to:
EPA Region IV
CMDR LANTNAVFACENGCOM
NEESA

Blind copy to:
ECML, NREAD (2)
BMO (441)

EFFLUENT

NPDES PERMIT NO: NC0003239 DISCHARGE NO: 014 MONTH: December YEAR: 1986

FACILITY NAME: Onslow Beach Water Treatment Pond CLASS: NA 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: ~~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	00403 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																		
5																		
6																		
7																		
8																		
9					7.9							4.8						
10																		
11																		
12																		
13																		
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17																		
18																		
19																		
20																		
21																		
22																		
23																		
24																		
25																		
26																		
27																		
28																		
29																		
30					7.9							0.8						
31																		
Average												2.8						
Max.					7.9							4.8						
Min.					7.9							0.8						
Comp.(C)/ Grab(G)					G							C						
Monthly Limit					6-9							30						

DEM Form MR-1 (11 84)

Facility Status: (Please check one of the following)

All monthly averages and / or other limitation do meet permit monitoring requirements [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: 007 MONTH: December 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:
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		8	.0975		6.6		8.0											
2	08	8	.08592		6.4		2.0	16				7			4			
3	08	8	.08464		6.6		5.0											
4	08	8	.08726		6.7		6.0	12				1			0			
5	08	8	.10621		6.5		6.0											
6	08	8	.11044		6.6		5.0											
7	08	8	.10527		6.6		6.0											
8	08	8	.15913		6.9		8.0											
9	08	8	.1098		6.5		5.0	12				7			10			
10	08	8	.11508		6.3		4.0											
11	08	8	.12293		6.2		1.5	10				6			40			
12	08	8	.12283		6.4		4.0											
13	08	8	.12296		6.4		5.0											
14	08	8	.12197		6.6		3.0											
15	08	8	.17071		6.2		5.0											
16	08	8	.11851		6.3		4.5	9				1			0			
17	08	8	.12045		6.4		5.0											
18	08	8	.12355		6.6		4.0	LE				4			0			
19	08	8	.08458		6.7		5.0											
20	08	8	.12340		6.8		6.0											
21	08	8	.10165		6.7		6.0											
22	08	8	.0934		6.8		5.0	9				1			2			
23	08	8	.11852		6.7		4.0											
24	08	8	.14645		6.9		4.0											
25	08	8	.17383		6.4		5.0											
26	08	8	.19276		6.6		4.0											
27	08	8	.11692		6.5		6.0											
28	08	8	.11692		6.5		6.0											
29	08	8	.12022		6.6		5.0											
30	08	8	.11233		6.5		5.0	7				3			2			
31	08	8	.19998		6.6		5.0											
Average			.12213				4.9	11				4			1.10			
Max.			.19998		6.9		8.0	16				7			40			
Min.			.08458		6.2		1.5	7				1			0			
Comp.(C)/Grab(G)								C				C			G			
Monthly Limit								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: 006 MONTH: December YEAR: 1986

FACILITY NAME: Courthouse Bay 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	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	31504 ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW: TOTAL COLIFORM # GEOMETRIC MEAN			
	HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	/100 ML				
1			.5407		6.8		3.5											
2	08	8	.5251		6.7		3.0	13				8			4			
3	08	8	.7444		6.4		2.5											
4	08	8	.5365		6.4		2.0	11				7			0			
5	08	8	.6900		6.8		5.0											
6	08	8	.4814		6.9		2.5											
7	08	8	.5345		6.9		2.0											
8	08	8	.4316		6.9		4.0											
9	08	8	.4610		6.6		3.0	10				11			0			
10	08	8	.5011		6.9		4.0											
11	08	8	.5331		6.9		4.0	9				2			0			
12	08	8	.8215		6.8		4.0											
13	08	8	.4973		6.9		4.0											
14	08	8	.4135		6.8		4.0											
15	08	8	.4476		6.8		4.0											
16	08	8	.5264		7.0		4.0	8				1			0			
17	08	8	.5260		6.9		4.0											
18	08	8	.5341		6.8		4.0	LE				1			0			
19	08	8	.4699		6.9		4.0											
20	08	8	.3878		6.9		4.0											
21	08	8	.3512		7.0		4.5											
22	08	8	.4352		7.0		4.5	10				8			12			
23	08	8	.3684		6.8		3.5											
24	08	8	.5240		6.8		4.0											
25	08	8	.2818		7.0		4.0											
26	08	8	.2790		6.6		4.0											
27	08	8	.2484		6.6		4.0											
28	08	8	.2758		6.6		2.5											
29	08	8	.3034		6.6		2.5											
30	08	8	.3118		6.6		2.0	8				7			2			
31	08	8	.2878		6.9		3.5											
Average			.4613				3.6	10				6			1.77			
Max.			.8215		7.0		5.0	13				11			12			
Min.			.2484		6.4		2.0	8				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 [X]
(Compliant)

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

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

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

Julian A. Woolen
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: December 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

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	31504 ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW: TOTAL COLIFORM MEMBRANE FILTER MEAN			
	HRS		MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	/100ML			
1			.1875		6.8		5.0											
2	08	8	.1729		6.8		5.0	6				3			2			
3	08	8	.1995		6.8		5.0											
4	08	8	.2463		6.8		5.0	10				4			0			
5	08	8	.1975		6.8		3.0											
6	08	8	.2195		7.1		4.0											
7	08	8	.2028		6.9		6.0											
8	08	8	.2246		7.1		5.0											
9	08	8	.2052		6.9		5.0	6				4			0			
10	08	8	.1826		7.0		5.0											
11	08	8	.2251		7.0		5.0	6				3			0			
12	08	8	.2718		6.8		5.0											
13	08	8	.2313		6.8		4.0											
14	08	8	.2483		6.8		5.0											
15	08	8	.2295		7.0		4.0											
16	08	8	.3004		7.0		2.0	5				3			0			
17	08	8	.2357		7.1		4.0											
18	08	8	.2628		7.0		2.0	LE				1			0			
19	08	8	.1283		6.8		4.0											
20	08	8	.1972		6.9		6.0											
21	08	8	.1682		6.5		5.0											
22	08	8	.1750		7.0		6.0	5				2			0			
23	08	8	.1834		6.8		5.0											
24	08	8	.2331		6.8		4.0											
25	08	8	.1661		6.8		6.0											
26	08	8	.1669		6.8		5.0											
27	08	8	.1850		6.8		5.0											
28	08	8	.1855		6.8		4.0											
29	08	8	.1946		7.2		4.0											
30	08	8	.1843		6.8		5.0	5				2			0			
31	08	8	.1710		6.8		5.0											
Average			.2058				4.6	6				3			1.09*			
Max.			.3004		7.2		6.0	10				4			2			
Min.			.1283		6.5		2.0	5				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 [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: 004 MONTH: December YEAR: 1986

FACILITY NAME: Hadnot Point STP CLASS: IV 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	31504 ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW: TOTAL COLIFORM & GEOMETRIC MEAN			
	HRS		MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	/100ML			
1	00	24	3.457		6.9		4.0	18				12			4			
2	00	24	4.133		6.8		4.0	19				12			66			
3	00	24	3.644		6.8		3.0	16				6			6			
4	00	24	2.906		6.8		4.0	23				5			10			
5	00	24	2.869		6.8		4.0	22				8			8			
6	00	24	1.753		6.8		4.0											
7	00	24	1.678		6.8		4.0											
8	00	24	2.354		6.8		4.0	16				6			10			
9	00	24	.2741		6.8		4.0	17				9			10			
10	00	24	3.001		6.8		2.5	16				10			10			
11	00	24	2.979		6.9		3.0	18				8			60			
12	00	24	3.248		6.8		4.0	26				5			30			
13	00	24	2.886		6.8		3.0											
14	00	24	2.769		6.9		4.0											
15	00	24	2.863		6.9		4.0	17				7			20			
16	00	24	3.685		6.9		4.0	22				12			4			
17	00	24	6.554		6.7		4.0	24				10			0			
18	00	24	7.440		6.7		4.0	LE				8			16			
19	00	24	6.684		6.8		4.0	LE				7			0			
20	00	24	5.500		6.8		4.0											
21	00	24	5.527		6.8		4.0											
22	00	24	6.292		6.8		3.0	19				9			12			
23	00	24	5.678		6.8		4.0	21				10			4			
24	00	24	6.504		6.8		4.0	20				9			20			
25	00	24	5.294		6.8		4.0	13				6			10			
26	00	24	5.320		6.8		4.0	LE				11			550			
27	00	24	5.443		6.8		4.0											
28	00	24	5.293		6.8		4.0											
29	00	24	6.119		6.8		4.0	16				12			20			
30	00	24	6.341		6.9		3.0	19				8			80			
31	00	24	6.040		6.8		4.0	18				8			2			
Average			4.419				3.8	19				9			11.86			
Max.			7.440		6.9		4.0	26				12			550			
Min.			1.678		6.7		2.5	13				5			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: 003 MONTH: December YEAR: 1986

FACILITY NAME: Montford Point (Camp JOhnson) 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 ☐

PERSON(s) COLLECTING SAMPLES: STP Operators

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	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			.346		6.8		5.0											
2	08	8	.503		7.0		3.0	18				10	2					
3	08	8	.346		7.0		5.0											
4	08	8	.333		7.1		4.0	11				2	0					
5	08	8	.451		7.0		4.0											
6	08	8	.296		7.0		5.0											
7	08	8	.330		7.0		5.0											
8	08	8	.317		7.1		5.0											
9	08	8	.341		7.2		4.0	12				4	0					
10	08	8	.312		6.9		5.0											
11	08	8	.340		7.2		4.0	7				1	0					
12	08	8	.311		7.1		4.0											
13	08	8	.445		7.0		4.0											
14	08	8	.252		7.2		0.2											
15	08	8	.340		7.0		4.0											
16	08	8	.343		7.1		4.0	7				1	10					
17	08	8	.344		7.0		4.0											
18	08	8	.3594		7.0		4.0	LE				1	12					
19	08	8	.3261		6.9		4.0											
20	08	8	.3454		7.0		3.0											
21	08	8	.3526		6.8		4.0											
22	08	8	.3279		6.8		3.0	10				6	6					
23	08	8	.3445		7.0		3.0	12				4	4					
24	08	8	.346		7.0		1.5											
25	08	8	.331		7.1		2.5											
26	08	8	.327		6.9		4.0											
27	08	8	.345		7.0		2.0											
28	08	8	.342		7.0		4.0											
29	08	8	.343		7.0		1.5											
30	08	8	.3422		7.1		4.0	8				4	2					
31	08	8	.3403		6.4		3.0											
Average			.3348				3.6	11				4	2.83*					
Max.			.503		7.2		5.0	18				10	12					
Min.			.252		6.4		0.2	7				1	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 [X]
(Compliant)

All monthly averages and / or other limitation do not meet permit monitoring requirements [ ]
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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: December YEAR: 1986

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

OPERATOR IN RESPONSIBLE CHARGE (ORC): Mack W. 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	00	24	.8106		6.4		4.0	27				16	26					
2	00	24	1.3023		6.5		3.0	24				9	8					
3	00	24	.8692		6.6		4.0	19				7	70					
4	00	24	.8006		6.6		4.0	22				4	6					
5	00	24	.8280		6.5		4.0	27				8	2					
6	00	24	.7319		6.5		4.0											
7	00	24	.7249		6.7		4.0											
8	00	24	.7945		6.6		4.0	25				12	2					
9	00	24	.8248		6.8		4.0	25				11	2					
10	00	24	.8825		6.6		4.0	37				16	0					
11	00	24	.8979		6.8		4.0	32				10	0					
12	00	24	1.0287		6.6		4.0	28				9	4					
13	00	24	.9317		6.6		4.0											
14	00	24	.7878		6.6		4.0											
15	00	24	.7874		6.5		4.0	29				9	0					
16	00	24	.7034		6.5		4.5	31				7	0					
17	00	24	.7820		6.6		4.0	29				7	0					
18	00	24	1.8022		6.7		4.0	LE				8	0					
19	00	24	.8046		6.5		4.5	LE				9	10					
20	00	24	.6721		6.4		5.0											
21	00	24	.7690		6.5		5.0											
22	00	24	.7473		6.6		4.0	36				14	0					
23	00	24	.6670		6.4		5.0	27				13	0					
24	00	24	1.1608		6.7		4.0											
25	00	24	.7866		6.6		4.0											
26	00	24	.7600		6.6		4.0	LE				15	4					
27	00	24	.7871		6.6		4.0											
28	00	24	.7329		6.7		4.0											
29	00	24	.8077		6.5		4.0	29				19	0					
30	00	24	1.8023		6.6		4.0	30				14	40					
31	00	24	.8042		6.5		4.0	42				19	0					
Average			.8907					29				11	2.88*					
Max.			1.8023		6.8		5.0	42				19	70					
Min.			.6670		6.4		3.0	19				4	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 comments

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

Julian A Wooten
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

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

FACILITY NAME: Camp Geiger 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	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	00	24	.8516		6.4		4.0	4				2	4					
2	00	24	.8672		6.8		4.0	12				6	2					
3	00	24	.8672		6.6		4.0	10				5	2					
4	00	24	1.2357		6.9		4.0	8				1	0					
5	00	24	1.0695		6.8		4.0	11				7	0					
6	00	24	1.0311		6.8		4.0											
7	00	24	.9383		7.0		4.0											
8	00	24	.9168		7.0		4.0	9				11	0					
9	00	24	.9316		7.0		4.0	10				8	0					
10	00	24	1.0915		7.1		4.0	12				6	0					
11	00	24	1.1851		7.0		4.0	16				8	6					
12	00	24	1.4597		7.2		4.0	17				4	30					
13	00	24	1.1578		7.0		4.0											
14	00	24	1.2007		7.2		4.0											
15	00	24	1.1370		7.1		4.0	16				4	0					
16	00	24	1.1227		6.9		4.0	10				1	0					
17	00	24	1.0981		7.4		4.0	10				4	0					
18	00	24	1.2114		7.2		4.0	LE				3	60					
19	00	24	1.1096		7.2		4.0	LE				6	0					
20	00	24	1.0270		6.9		4.0											
21	00	24	.9601		7.0		4.0											
22	00	24	1.0854		7.0		4.0	7				3	0					
23	00	24	1.0799		7.0		4.0	5				7	18					
24	00	24	1.4657		6.4		4.0											
25	00	24	1.1326		6.6		4.0											
26	00	24	.4880		7.2		4.0	LE				10	0					
27	00	24	1.0138		7.0		4.0											
28	00	24	.9720		6.9		4.0											
29	00	24	1.1605		6.8		4.0	8				9	0					
30	00	24	1.1948		6.8		4.0	5				2	0					
31	00	24	1.1948		6.8		4.0	9				6	0					
Average			1.0728				4.0	10				5	2.04					
Max.			1.4657		7.4		4.0	17				11	60					
Min.			.4880		6.4		4.0	4				1	0					
Comp.(C)/Grab(G)					G		G	C				C	G					
Monthly Limit					6-9			30				30	200					

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: NC0003239 DISCHARGE NO: 001 MONTH: December YEAR: 1986

FACILITY NAME: Camp Geiger STP COUNTY: Onslow

Date	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	00	24				148			110								
2	00	24				172			134								
3	00	24				104			56								
4	00	24				172			130								
5	00	24				128			94								
6																	
7																	
8	00	24				196			180								
9	00	24				148			100								
10	00	24				236			94								
11	00	24				136			86								
12	00	24				156			98								
13																	
14																	
15	00	24				120			50								
16	00	24				108			52								
17	00	24				160			76								
18	00	24				LE			90								
19	00	24				LE			68								
20																	
21																	
22	00	24				88			60								
23	00	24				108			82								
24																	
25																	
26	00	24				LE			42								
27																	
28																	
29	00	24				156			183								
30	00	24				108			120								
31	00	24				124			82								
AVERAGE						143			95								
MONTHLY MAXIMUM						236			183								
MONTHLY MINIMUM						88			42								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Tarawa Terrace STP COUNTY: Onslow

Date	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	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1	00	24				120			296								
2	00	24				128			136								
3	00	24				144			130								
4	00	24				220			176								
5	00	24				176			78								
6																	
7																	
8	00	24				188			94								
9	00	24				192			138								
10	00	24				184			118								
11	00	24				168			120								
12	00	24				204			310								
13																	
14																	
15	00	24				200			92								
16	00	24				176			194								
17	00	24				180			94								
18	00	24				LE			68								
19	00	24				LE			130								
20																	
21																	
22	00	24				140			140								
23	00	24				188			108								
24																	
25																	
26	00	24				LE			196								
27																	
28																	
29	00	24				140			97								
30	00	24				172			272								
31	00	24				160			98								
AVERAGE						171			147								
MONTHLY MAXIMUM						220			310								
MONTHLY MINIMUM						120			78								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

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

Date	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	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2	08	8				108			76								
3																	
4	08	8				160			32								
5																	
6																	
7																	
8																	
9	08	8				140			82								
10																	
11	08	8				84			28								
12																	
13																	
14																	
15																	
16	08	8				88			40								
17																	
18	08	8				LE			20								
19																	
20																	
21																	
22	08	8				48			30								
23	08	8				108			48								
24																	
25																	
26																	
27																	
28																	
29																	
30	08	8				56			33								
31																	
AVERAGE						99			43								
MONTHLY MAXIMUM						160			82								
MONTHLY MINIMUM						48			20								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Hadnot Point STP COUNTY: Onslow

Date	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	00	24				200			140								
2	00	24				188			132								
3	00	24				124			112								
4	00	24				124			98								
5	00	24				148			108								
6																	
7																	
8	00	24				112			96								
9	00	24				196			213								
10	00	24				128			106								
11	00	24				156			138								
12	00	24				152			138								
13																	
14																	
15	00	24				104			72								
16	00	24				144			58								
17	00	24				136			118								
18	00	24				LE			96								
19	00	24				LE			70								
20																	
21																	
22	00	24				100			66								
23	00	24				108			83								
24	00	24				100			117								
25	00	24				104			96								
26	00	24				LE			94								
27																	
28																	
29	00	24				128			132								
30	00	24				128			54								
31	00	24				92			64								
AVERAGE						134			104								
MONTHLY MAXIMUM						200			213								
MONTHLY MINIMUM						92			54								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Rifle Range STP COUNTY: Onslow

Date	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	08	8				60			54								
3																	
4	08	8				72			68								
5																	
6																	
7																	
8																	
9	08	8				40			20								
10																	
11	08	8				32			12								
12																	
13																	
14																	
15																	
16	08	8				20			88								
17																	
18	08	8				LE			40								
19																	
20																	
21																	
22	08	8				44			30								
23																	
24																	
25																	
26																	
27																	
28																	
29																	
30	08	8				24			5								
31																	
AVERAGE						42			40								
MONTHLY MAXIMUM						72			88								
MONTHLY MINIMUM						20			12								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Courthouse Bay STP COUNTY: Onslow

Date	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	08	8				132			45		
3											
4	08	8				48			30		
5											
6											
7											
8											
9	08	8				76			30		
10											
11	08	8				276			232		
12											
13											
14											
15											
16	08	8				108			184		
17											
18	08	8				LE			16		
19											
20											
21											
22	08	8				80			240		
23											
24											
25											
26											
27											
28											
29											
30	08	8				60			80		
31											
AVERAGE						111			107		
MONTHLY MAXIMUM						276			240		
MONTHLY MINIMUM						48			16		
SAMPLE TYPE C or G						C			C		

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Onslow Beach STP COUNTY: Onslow

Date	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	08	8				248			56								
3																	
4	08	8				260			52								
5																	
6																	
7																	
8																	
9	08	8				188			70								
10																	
11	08	8				140			92								
12																	
13																	
14																	
15																	
16	08	8				148			268								
17																	
18	08	8				LE			68								
19																	
20																	
21																	
22	08	8				84			30								
23																	
24																	
25																	
26																	
27																	
28																	
29																	
30	08	8				20			10								
31																	
AVERAGE						155			81								
MONTHLY MAXIMUM						260			268								
MONTHLY MINIMUM						20			30								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

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

FACILITY NAME: Camp Geiger STP COUNTY: Onslow

STREAM: New River STREAM: New River

LOCATION: RW01 - At Hughes Marins LOCATION: RW04 - Hospital Point

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 00552			
								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											
17	09	10	7.9	7.4	1.6		420	0.6			
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		10	7.9		1.6		420*	0.6			
Monthly Maximum		10	7.9	7.4	1.6		420	0.6			
Monthly Minimum		10	7.9	7.4	1.6		420	0.6			

Downstream

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 00552			
							Enter Parameter Code above Name and Units Below			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
10	9	14.3	8.3	5.9		48	0.2			
	9	14.3		5.9		48*	0.2			
	9	14.3	8.3	5.9		48	0.2			
	9	14.3	8.3	5.9		48	0.2			

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

FACILITY NAME: Tarawa Terrace STP COUNTY: Onslow

STREAM: Northeast Creek LOCATION: RW02 - At Hwy 24 Bridge

STREAM: Northeast Creek LOCATION: RW03 - Between discharge 002&003

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											
17	09	12	11.2	7.0	7.2		120	3.2			
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		12	11.2	[redacted]	7.2		120	3.2			
Monthly Maximum		12	11.2	7.0	7.2		120	3.2			
Monthly Minimum		12	11.2	7.0	7.2		120	3.2			

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			
09	12	15.2	7.1	13.		80	1.7			
	12	15.2	[redacted]	13		80	1.7			
	12	15.2	7.1	13		80	1.7			
	12	15.2	7.1	13		80	1.7			

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

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

STREAM: Northeast Creek STREAM: New River

LOCATION: RW03 - Between discharge 002 & 003 LOCATION: RW04 - 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	00552			
	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											
17	09	12	15.2	7.1	13		80	1.7			
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		12	15.2		13		80*	1.7			
Monthly Maximum		12	15.2	7.1	13		80	1.7			
Monthly Minimum		12	15.2	7.1	13		80	1.7			

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	00552				
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
10	9	14.3	8.3	5.9		48	0.2			
	9	14.3		5.9		48*	0.2			
	9	14.3	8.3	5.9		48	0.2			
	9	14.3	8.3	5.9		48	0.2			

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

FACILITY NAME: Hadnot Point STP COUNTY: Onslow

STREAM: New River STREAM: New River

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

Upstream

Date	Time 2400 Clock	00010 Temperature (Celsius)	00300 Dissolved Oxygen	00400 PH	00310 BOD_5 20°C	00340 COD	31616 Fecal Coliform *Geometric Mean	00553 Enter Parameter Code above Name and Units Below: Oil And 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											
17	10	9	14.3	8.3	5.9		48	0.2			
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		9	14.3		5.9		48	0.2			
Monthly Maximum		9	14.3	8.3	5.9		48	0.2			
Monthly Minimum		9	14.3	8.3	5.9		48	0.2			

Downstream

Time 2400 Clock	00010 Temperature (Celsius)	00300 Dissolved Oxygen	00400 PH	00310 BOD_5 20°C	00340 COD	31616 Fecal Coliform *Geometric Mean	00553 Enter Parameter Code above Name and Units Below: Oil And Grease			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
10	10	12.3	8.2	3.8		16	1.4			
	10	12.3		3.8		16	1.4			
	10	12.3	8.2	3.8		16	1.4			
	10	12.3	8.3	3.8		16	1.4			

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

FACILITY NAME: Rifle Range STP COUNTY: Onslow

STREAM: New River STREAM: New River

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

Upstream

Date	Time 2400 Clock	00010 Temperature (Celsius)	00300 Dissolved Oxygen	00400 PH	00310 BOD_5 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			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17	10	10	12.3	8.2	3.8		16	1.4			
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		10	12.3	[redacted]	3.8		16	1.4			
Monthly Maximum		10	12.3	8.2	3.8		16	1.4			
Monthly Minimum		10	12.3	8.2	3.8		16	1.4			

Downstream

Time 2400 Clock	00010 Temperature (Celsius)	00300 Dissolved Oxygen	00400 PH	00310 BOD_5 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	11	9.9	8.1	2		0	1.1			
	11	9.9	[redacted]	2		0	1.1			
	11	9.9	8.1	2		0	1.1			
	11	9.9	8.1	2		0	1.1			

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

FACILITY NAME: Courthouse Bay STP COUNTY: Onslow

STREAM: New River STREAM: New River

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

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	Enter Parameter Code above Name and Units Below: Oil & Grease 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											
17	10	11	9.9	8.1	2		0	1.1			
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		11	9.9	[redacted]	2		0	1.1			
Monthly Maximum		11	9.9	8.1	2		0	1.1			
Monthly Minimum		11	9.9	8.1	2		0	1.1			

Downstream

Time 2400 Clock	Temperature (Celsius) 00010	Dissolved Oxygen 00300	PH 00400	BOD_5 20°C 00310	COD 00340	Fecal Coliform *Geometric Mean 31616	Enter Parameter Code above Name and Units Below: Oil & Grease 00556			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
10	13	8.6	8.0	0.8		8	3.8			
	13	8.6	[redacted]	0.8		8	3.8			
	13	8.6	8.0	0.8		8	3.8			
	13	8.6	8.0	0.8		8	3.8			

NPDES NO: NC0003239 DISCHARGE NO: 007 MONTH: December 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

Date	Time 2400 Clock	00010 Temperature (Celsius)	00300 Dissolved Oxygen	00400 PH	00310 BOD_5 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			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17	11	12	8.7	8.0	0.8		0	2.1			
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		12	8.7	[redacted]	0.8		0	2.1			
Monthly Maximum		12	8.7	8.0	0.8		0	2.1			
Monthly Minimum		12	8.7	8.0	0.8		0	2.1			

Downstream

Date	Time 2400 Clock	00010 Temperature (Celsius)	00300 Dissolved Oxygen	00400 PH	00310 BOD_5 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			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17	11	12	9.1	8.0	1.3		4	3.5			
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		12	9.1	[redacted]	1.3		4	3.5			
Monthly Maximum		12	9.1	8.0	1.3		4	3.5			
Monthly Minimum		12	9.1	8.0	1.3		4	3.5			

STORM DRAINS

NPDES NO: NC0003239 MONTH: December 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
20	4 Dec	233,280	6.9	5	0.3
26	4 Dec	145,800	7.1	0	0.3
27	4 Dec	121,014	7.2	1	0
28	4 Dec	174,960	9.0	8	0
30	4 Dec	292,183	6.8	2	Lab Error
32	4 Dec	54,675,000	6.6	5	Lab Error
40	4 Dec	874,800	7.8	6	0
41	4Dec	1,749,600	7.9	0	0
67	4 Dec	1,166,400	7.3	15	7.9
68	4 DEc	388,411	7.2	1	0
69	4 Dec	583,200	6.7	61	1.6
81	4 Dec	6,998,400	6.8	5	1.5
82	4 Dec	10.497,600	6.9	10	1.2
83	4 Dec	1,458,000	7.4	0	0.7
84	4 Dec	145,800	7.1	10	25.9
86	4 Dec	Tidal	6.6	6	0.6
87	4 Dec	1,399,680	6.9	6	1.6
30	8 Dec	292,183	7.5	3	0
32	8 Dec	54,675,000	7.4	2	0.3
33	8 Dec	1,749,600	7.5	1	0
52	8 Dec	874,800	7.2	1	0
54	8 Dec	583,200	7.1	1	0
55	8 Dec	48,406	6.4	4	0.9
57	8 Dec	8,748,000	8.6	9	0.3
59	8 Dec	Tidal	7.7	13	0.8
74	8 Dec	97,394	7.5	2	2
90	8 Dec	874,800	6.7	1	0.2
42	15 Dec	874,800	7.3	186	0.2
43	15 Dec	9,710	7.3	18	7.3
44	15 Dec	1.749,600	7.1	1	0
45	15 Dec	874,800	7.4	2	0
46	15 Dec	291,308	7.4	3	0.5
47	15 Dec	291,600	7.4	1	0
48	15 Dec	4,665,600	7.5	9	0.4
49	15 Dec	20,995,200	7.4	268	18.6
61	15 Dec	6,998,400	7.2	27	0
63	15 Dec	2.332,800	6.9	5	Lab Error
64	15 Dec	4.665.600	7.0	1	Lab Error
65	15 Dec	4,841	7.5	8	Lab Error

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

STORM DRAINS

NPDES NO: NC0003239 MONTH: December 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

On 4 December, the following Storm Drains had no flow:

#SD22, SD24, SD25, SD31, SD85

On 4 December, the following Storm Drains were dry:

#SD21, SD23, SD39, SD66, SD88

On 4 December, the following Storm Drains were tidal: #SD86.

On 8 December, the following Storm Drains had no flow:
#SD56, SD58

On 8 December, the following Storm Drains were dry:
#SD 34, SD35, SD36, SD37, SD38, SD51, SD53, SD73, SD75, SD76, SD77, SD78, SD79, SD80, SD89

On 8 December, the following Storm Drains were tidal: #SD59

On 15 December, the following Storm Drains were dry: #SD60 and SD62

6286/1
NREAD
15 Jan 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
(2) Violations of NPDES Limits

1. It is requested that the enclosures be routed to the Utilities Systems General Foreman. Enclosure (1) summarizes the subject data generated by the Environmental Chemistry and Microbiology Laboratory and contract laboratories for the seven wastewater treatment plants aboard the Camp Lejeune complex for the month of December 1986. Presently, only the Biochemical Oxygen Demand (BOD), Total Suspended Residue, and Coliform data are submitted to the EPA and State. The ammonia, oil and grease, nitrogen and phosphorus data is being generated as background data for the proposed NPDES permit. Enclosure (2) outlines the violations to the present NPDES permit as well as the proposed NPDES permit. Please note that the Tarawa Terrace wastewater plant did not meet the required monthly BOD percent removal of 85%. The laboratory will need an explanation by 21 January 1987 for inclusion in the monthly report.

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

J. I. WOOTEN

Blind copy to:
EnvChemMicrobio. Lab (2)

MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY

MCBCL 11345/8 (REV. 9-86)

PLANT	NPDES PERMIT NO.	MONTH	YEAR
ONSLOW BEACH	NC 0003239	DECEMBER	1986

	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	248	16	94		56	7	88	4			
3											
4	260	12	95		52	1	98	0			
5									0.8		
6											
7											
8											
9	188	12	94		70	7	90	10			
10											
11	140	10	93		92	6	93	40			
12											
13											
14											
15											
16	148	9	94		268	1	100	0			
17											
18	LAB	ERROR	-		68	4	94	0			
19											
20											
21											
22	84	9	89		30	1	97	2			
23											
24											
25											
26											
27											
28											
29											
30	20	7	65		10	3	(70)	2			
31											
TOTAL	1088	75			646	30			0.8		
AVERAGE	155	11	89		81	4	91	1.10 *GM	0.8		
MAXIMUM	260	16			268	7		40	0.8		
MINIMUM	20	7			30	1		0	0.8		
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		30		—		30		70	30		

ENCLOSURE (1)

MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY

MCBCL 11345/8 (REV. 9-86)

PLANT	NPDES PERMIT NO.	MONTH	YEAR
COURTHOUSE BAY	NC 000 3239	DECEMBER	1986

	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	132	13	90		45	8	82	4			
3											
4	48	11	(77)		30	7	(77)	0			
5									7.0		
6											
7											
8											
9	76	10	87		30	11	(63)	0			
10											
11	276	9	97		232	2	99	0			
12											
13											
14											
15											
16	108	8	93		184	1	99	0			
17											
18	LAB	ERROR	-		16	1	94	0			
19											
20											
21											
22	80	10	88		240	8	97	12			
23											
24											
25											
26											
27											
28											
29											
30	60	8	87		80	7	91	2			
31											
TOTAL	780	69			857	45			7.0		
AVERAGE	111	10	88		107	6	88	1.77 MPN/100 ML	7.0		
MAXIMUM	276	13			240	11		12	7.0		
MINIMUM	48	8			16	1		0	7.0		
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
RIFLE RANGE	NC000 3239	DECEMBER	1986

	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	60	6	90		54	3	94	2			
3											
4	72	10	86		68	4	94	0			
5									0		
6											
7											
8											
9	40	6	90		20	4	(80)	0			
10											
11	32	6	(81)		12	3	(75)	0			
12											
13											
14											
15											
16	20	5	(75)		88	3	97	0			
17											
18	LAB	ERROR	-		40	1	98	0			
19											
20											
21											
22	44	5	89		30	2	93	0			
23											
24											
25											
26											
27											
28											
29											
30	24	5	(79)		5	2	(60)	0			
31											
TOTAL	292	43			317	22			0		
AVERAGE	42	6	84		40	3	86	1.09 * GM	0		
MAXIMUM	72	10			88	4		2	0		
MINIMUM	20	5			12	1		0	0		
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	NC0003239	DECEMBER	1986

	00310 5 DAY 20°C BOD			00610 AMMONIA	00530 TOTAL SUSPENDED RESIDUE			T/F 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	200	18	91	3.8	140	12	91	4/2			
2	188	19	90	4.3	182	12	91	66/14			
3	124	16	87	5.1	112	6	95	6/0			
4	124	23	81	6.8	98	5	95	10/0			
5	148	22	85	6.2	108	8	93	8/2	0.2		
6											
7											
8	112	16	86	3.5	96	6	94	10/0			
9	196	17	91	4.7	213	9	96	10/0			
10	128	16	88	5.6	106	10	91	10/0			
11	156	18	88	4.6	138	8	94	60/0			
12	152	26	83	5.9	138	5	96	30			
13											
14											
15	104	17	84	4.1	72	7	90	20/4			
16	144	22	85	5.3	58	12	79	4/2			
17	186	24	82	6.6	118	10	92	0/0			
18	LAB ERROR	—		6.2	96	8	92	16/0			
19	LAB ERROR	—		5.9	70	7	90	0/0			
20											
21											
22	100	19	81		66	9	86	12/0			
23	108	21	81		83	10	88	4/0			
24	100	20	80		117	9	92	20/0			
25	104	13	88		96	6	94	10/2			
26	LAB ERROR	—			94	11	88	550/0			
27											
28											
29	128	16	88		132	12	91	20/0			
30	128	19	85		54	8	85	80/0			
31	92	18	80		64	8	88	2/0			
TOTAL	2672	380			2401	198			0.2		
AVERAGE	134	19	85	5.2	104	9	91	41.85/1.52	0.2		
MAXIMUM	200	26		6.8	213	12		550/14	0.2		
MINIMUM	92	13		3.5	54	5		0/0	0.2		
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		30		19.0		30		70	30		

MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY

MCBCL 11345/8 (REV. 9-86)

PLANT	NPDES PERMIT NO.	MONTH	YEAR
CAMP JOHNSON	NC0003239	DECEMBER	1986

	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	108	18	(83)		76	10	87	2			
3											
4	160	11	93		32	2	94	0			
5											
6											
7											
8											
9	140	12	91		82	4	95	0			
10											
11	84	7	92		28	1	96	0			
12											
13											
14											
15											
16	88	7	92		40	1	98	10			
17											
18	LAB	ERROR	-		20	1	95	12			
19											
20											
21											
22	48	10	(79)		30	6	(80)	6			
23	108	12	89		48	4	92	4			
24											
25											
26											
27											
28											
29											
30	56	8	86		33	4	88	2			
31											
TOTAL	792	85			389	33					
AVERAGE	99	11	89		43	4	92	2.83* G.M.			
MAXIMUM	160	18			82	10		12			
MINIMUM	48	7			20	1		0			
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 11345/8 (REV. 9-86)

PLANT	NPDES PERMIT NO.	MONTH	YEAR
TARAWA TERRACE	NC0003239	DECEMBER	1986

	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	120	27	(78)	3.3	296	16	95	26			
2	128	24	81	6.7	136	9	93	8			
3	144	19	87	3.4	130	7	95	(70)			
4	220	22	90	2.9	176	4	98	6			
5	176	27	85	3.9	78	8	90	2	1.5		
6											
7											
8	188	25	87	3.5	94	12	87	2			
9	192	25	87	4.2	138	11	92	2			
10	184	37	(80)	5.6	118	16	86	0			
11	168	32	81	5.5	120	10	92	0			
12	204	28	86	3.6	310	9	97	4			
13											
14	~~204~~	~~28~~	~~86~~		~~310~~	~~9~~	~~97~~	~~4~~			
15	200	29	86	3.3	92	9	90	0			
16	176	31	82	7.2	194	7	96	0			
17	180	29	84	4.9	94	7	93	0			
18	LAB ERROR —			3.9	68	8	88	0			
19	LAB ERROR —			3.7	130	9	93	10			
20											
21											
22	140	(36)	(74)		140	14	90	0			
23	188	27	86		108	13	88	0			
24	NO SAMPLE										
25	NO SAMPLE										
26	LAB ERROR —				196	15	92	4			
27											
28											
29	140	29	(79)		97	19	80	0			
30	172	30	(83)		272	14	95	40			
31	160	(42)	(74)		98	19	81	0			
TOTAL	3080	519		64.6	3085	236			1.5		
AVERAGE	171	29	(83)	4.3	147	11		2.88* G.M.	1.5		
MAXIMUM	220	42		7.2	310	19		70	1.5		
MINIMUM	120	19		2.9	78	4		0	1.5		
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 11345/8 (REV. 9-86)

PLANT	NPDES PERMIT NO.	MONTH	YEAR
CAMP GEIGER	NC0003239	DECEMBER	1986

	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	148	4	97	11.6	110	2	98	4			
2	172	12	93	9.9	134	6	96	2			
3	104	10	90	8.7	56	5	91	2			
4	172	8	95	8.4	130	1	99+	0			
5	128	11	91	9.2	94	7	93	0	0		
6											
7											
8	196	9	95	9.4	180	11	94	0			
9	148	10	93	10.2	100	8	92	0			
10	236	12	95	9.5	94	6	94	0			
11	136	16	88	9.2	86	8	91	6			
12	156	17	89	12.1	98	4	96	30			
13											
14											
15	120	16	87	8.2	50	4	92	0			
16	108	10	91	9.8	52	1	98	0			
17	160	10	94	9.0	76	4	95	0			
18	LAB ERROR			10.5	90	3	97	60			
19	LAB ERROR			10.5	68	6	91	0			
20											
21											
22	88	7	92	~~60~~	60	3	95	0			
23	108	5	95		82	7	91	18			
24				NO SAMPLE							
25				NO SAMPLE							
26	LAB ERROR			~~4~~	42	10	76	0			
27											
28											
29	156	8	95		183	9	95	0			
30	108	5	95		120	2	98	0			
31	124	9	93		82	6	93	0			
TOTAL	2568	179			1987	113			0		
AVERAGE	143	10	93	9.7	95	5	94	2.04 *GM	0		
MAXIMUM	236	17		12.1	183	11		60	0		
MINIMUM	88	4		8.2	42	1		0	0		
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		30		4.0		30		200	30		

VIOLATIONS OF NPDES LIMITS

I. Present NPDES Permit Limits:

PLANT	DATE	PARAMETER	VALUE	LIMIT
Tarawa Terrace	Dec 86	BOD % Removal	83%	85%

II. Proposed NPDES Permit Limits:

PLANT	DATE	PARAMETER	VALUE	LIMIT
Camp Geiger	1-6 Dec 86	Ammonia	9.6 mg/L	4.0 mg/L
"	7-13 Dec 86	"	10.1 mg/L	"
"	14-20 Dec 86	"	9.6 mg/L	"
"	December 86	"	9.7 mg/L	3.0 mg/L

ENCLOSURE (2)