6288
NREAD
28 Jul 86

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 June 1986 are submitted.

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 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 New construction to replace outdated base facilities should further reduce oil and grease and total suspended residue discharges.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
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 CNDR LANTNAVFACENGCOM NERSA

EFFLUENT

NPDES PERMIT NO: NC0003239 DISCHARGE NO: 014 MONTH: June 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 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			
		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		8			8.0						5							
4																		
5																		
6																		
7																		
8																		
9																		
10		8			7.7						4.8							
11																		
12																		
13																		
14																		
15																		
16																		
17		8			8.3						3							
18																		
19																		
20																		
21																		
22																		
23																		
24		8			8.5						1.6							
25																		
26																		
27																		
28																		
29																		
30																		
31																		
Average																		
Max.					8.5						5.0							
Min.					7.7						1.6							
Comp.(C)/Grab(G)					G						C							
Monthly Limit					6–10						30							

DEM Form MR-1, 6/1/84

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: NC0003239 **DISCHARGE NO:** 006 **MONTH:** June **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

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 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	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	.4184		6.8		3.0											
2	08	8	.3270		7.6		2.5											
3	08	8	.5516		6.7		1.5	5				1			0			
4	08	8	.6183		6.6		1.5											
5	08	8	.4287		6.7		1.5	5				5			0			
6	08	8	.3937		6.6		2.0											
7	08	8	.3315		6.8		1.5											
8	08	8	.4332		6.8		1.5											
9	08	8	.3810		6.8		3.5											
10	08	8	.4122		6.7		1.5	7				3			0			
11	08	8	.4299		6.9		2.0											
12	08	8	.4221		7.0		4.5	6				3			0			
13	08	8	.4533		6.8		4.0	—										
14	08	8	.4277		6.8		2.5											
15	08	8	.4269		6.6		4.0											
16	08	8	.4358		6.8		4.0											
17	08	8	.4576		6.8		2.0	11				6			120			
18	08	8	.4078		6.8		2.0											
19	08	8	.4660		6.6		1.0	6				9			2			
20	08	8	.4770		6.9		6.0											
21	08	8	.4170		6.9		4.5											
22	08	8	.4550		6.9		4.0											
23	08	8	.4590		6.6		4.0											
24	08	8	.4250		6.8		3.0	N.S.	—	—	—	—	—	—	—			
25	08	8	.4610		6.8		2.0											
26	08	8	.4460		6.6		8.0	7				1			2			
27	08	8	.4320		6.8		6.0											
28	08	8	.4460		6.6		1.5											
29	08	8	.4520		7.0		4.0											
30	08	8	.4230		6.9		2.0											
31																		
Average			.4372				3.0	7				4			2.42*			
Max.			.6183		7.6		8.0	11				9			120			
Min.			.3270		6.6		1.0	5				1			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:

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: 002 MONTH: June YEAR: 1986

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

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L				
1	08	24	1.0998		6.8		4.0											
2	08	24	1.0696		6.8		4.0	18				7	0					
3	08	24	1.0569		6.8		4.0	17				6	0					
4	08	24	1.0095		6.8		4.0	18				9	0					
5	08	24	1.0374		6.9		4.0	15				8	<30000					
6	08	24	1.0955		7.2		4.0	18				8	2					
7	08	24	1.0579		7.0		4.0											
8	08	24	1.1247		6.8		4.0											
9	08	24	1.1307		7.0		2.5	20				6	2					
10	08	24	1.0414		7.0		4.0	16				10	2					
11	08	24	1.0984		7.0		4.0	23				7	0					
12	08	24	1.0275		6.7		4.0	19				10	0					
13	08	24	1.1143		6.8		4.0	20				12	18					
14	08	24	1.1580		6.5		4.0											
15	08	24	1.1132		6.8		4.0											
16	08	24	1.1313		6.5		4.0	16				8	0					
17	08	24	1.1634		6.6		4.0	14				6	22					
18	08	24	1.0773		6.8		4.0	14				10	2					
19	08	24	1.0277		6.8		4.0	13				8	0					
20	08	24	1.1037		6.9		4.0	19				8	0					
21	08	24	1.0126		6.9		4.0											
22	08	24	.9840		6.7		4.0											
23	08	24	1.0938		6.7		4.0	15				8	0					
24	08	24	1.0685		6.9		4.0	13				2	0					
25	08	24	1.0405		6.7		4.0	13				4	0					
26	08	24	1.0370		6.8		4.0	13				6	0					
27	08	24	1.0533		6.8		4.0	15				11	4					
28	08	24	1.1826		6.8		4.0											
29	08	24	1.1848		6.8		4.0											
30	08	24	1.0933		6.8		4.0	15				3	0					
31																		
Average			1.0829				4.0	16				7	7.01*					
Max.			1.1843		7.0		4.0	23				12	<30000					
Min.			.9840		6.5		2.5	13				2	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:

Julian A 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: 003 MONTH: June YEAR: 1986

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

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

CERTIFIED 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:

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	08	8	.451		6.5		4.0											
2	08	8	.455		6.6		6.0											
3	08	8	.435		6.8		3.0	8				4	0					
4	08	8	.460		6.6		4.0											
5	08	8	.440		6.7		4.0	N.S.					10					
6	08	8	.395		6.8		4.0											
7	08	8	.366		7.0		4.0											
8	08	8	.456		6.8		5.0											
9	08	8	.415		6.6		4.0											
10	08	8	.432		6.7		1.5	6				3	0					
11	08	8	.565		6.6		3.0											
12	08	8	.489		6.6		4.0	9				3	0					
13	08	8	.412		6.6		4.0											
14	08	8	.374		6.4		5.0											
15	08	8	.436		6.8		6.0											
16	08	8	.381		6.9		4.0											
17	08	8	.503		6.6		1.5	8				4	0					
18	08	8	.431		6.6		2.0											
19	08	8	.600		6.6		2.0	10				8	0					
20	08	8	.486		6.6		2.5											
21	08	8	.406		6.4		8.0											
22	08	8	.459		6.8		5.0											
23	08	8	.509		6.8		4.0											
24	08	8	.465		6.8		4.0	8				1	0					
25	08	8	.394		6.8		5.0											
26	08	8	.373		6.9		4.0	11				3	0					
27	08	8	.360		7.0		4.0											
28	08	8	.388		6.8		5.0											
29	08	8	.416		6.6		6.0											
30	08	8	.489		6.6		3.8											
31																		
Average			.441				4.1	9				4	1.33*					
Max.			.600		7.0		8.0	11				8	10					
Min.			.366		6.4		1.5	6				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)

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(Attach additional sheets if necessary)

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Julian A Wooten
Signature of Permittee

PARAMETER CODES

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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
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00545	Settleable Solids	00940	Total Chloride	01067	Nickel	38260	MBAS	85652	Time

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

If using alternate units for reporting data, please designate.

EFFLUENT

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

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

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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

PERSON(s) COLLECTING SAMPLES: STP Operators

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

X 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	08	24	1.2330		6.6		4.0											
2	08	24	1.3620		6.8		4.0	6				3	0					
3	08	24	1.3150		6.6		4.0	6				2	0					
4	08	24	1.2932		6.4		4.0	4				3	0					
5	08	24	1.3210		6.0		4.0	5				3	0					
6	08	24	1.3110		6.6		4.0	9				3	0					
7	08	24	.9678		6.8		4.0											
8	08	24	1.5132		7.0		4.0											
9	08	24	1.3159		7.1		1.0	7				4	0					
10	08	24	1.2191		7.0		4.0	6				5	0					
11	08	24	1.2945		6.6		4.0	9				7	0					
12	08	24	1.2866		6.6		4.0	8				6	0					
13	08	24	1.2533		6.4		4.0	7				12	0					
14	08	24	1.1482		6.4		4.0											
15	08	24	1.3059		6.9		4.0											
16	08	24	1.2145		6.8		4.0	11				5	0					
17	08	24	1.2928		6.8		4.0	10				5	0					
18	08	24	1.2876		6.8		4.0	11				7	0					
19	08	24	1.2977		6.8		4.0	1				12	0					
20	08	24	1.13057		6.7		4.0	13				11	0					
21	08	24	1.1076		6.9		4.0											
22	08	24	1.1666		7.3		4.0											
23	08	24	1.2372		7.6		4.0	8				4	0					
24	08	24	1.1993		7.4		4.0	10				2	0					
25	08	24	1.2558		6.8		4.0	9				4	0					
26	08	24	1.2467		7.6		4.0	7				2	0					
27	08	24	1.2518		6.4		4.0	8				9	2					
28	08	24	1.2246		6.6		4.0											
29	08	24	1.3031		6.6		4.0											
30	08	24	1.4179		6.4		4.0	10				2	0					
31																		
Average			1.2591				3.9	8				5	1.03					
Max.			1.5132		7.6		4.0	13				12	2					
Min.			.9678		6.0		1.0	1				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)

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: NC0003239 DISCHARGE NO: 004 MONTH: June 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

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 Mack D. Davis

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	31504 ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW: TOTAL COLIFORM GEOMETRIC MEAN /100 ML			
1	08	24	5.118		6.8		4.0											
2	08	24	5.843		6.8		4.0	22				8			0			
3	08	24	5.670		6.6		6.0	29				5			0			
4	08	24	5.874		7.1		6.0	22				9			0			
5	08	24	6.138		7.0		2.0	26				15			8			
6	08	24	6.393		6.8		2.5	28				8			2			
7	08	24	5.568		6.7		4.0											
8	08	24	6.695		6.7		4.0											
9	08	24	6.155		6.6		4.0	22				13			2			
10	08	24	5.994		6.6		4.0	18				9			6			
11	08	24	6.478		6.8		3.0	17				8			0			
12	08	24	6.453		6.8		4.0	16				10			0			
13	08	24	4.345		6.8		4.0	17				8			36			
14	08	24	4.561		6.8		4.0											
15	08	24	5.478		6.8		4.0											
16	08	24	7.185		6.5		4.5	16				6			0			
17	08	24	6.427		6.5		4.0	16				7			6			
18	08	24	6.295		6.8		4.0	17				11			20			
19	08	24	6.158		6.8		4.0	19				12			0			
20	08	24	6.535		6.7		4.0	19				11			0			
21	08	24	5.582		6.7		4.0											
22	08	24	5.359		6.8		4.0											
23	08	24	5.723		6.7		4.0	14				8			0			
24	08	24	5.282		6.7		3.0	14				6			0			
25	08	24	5.680		6.6		2.5	15				4			2			
26	08	24	6.878		6.8		3.0	16				9			340			
27	08	24	5.668		6.7		3.0	17				16			2			
28	08	24	5.000		6.8		4.0											
29	08	24	6.013		6.8		4.0											
30	08	24	5.473		6.9		3.0	15				10			0			
31																		
Average			5.867				3.8	19				9			2.70*			
Max.			6.878		7.1		4.5	29				16			340			
Min.			5.118		6.6		2.0	14				4			0			
Comp.(C)/Grab(G)					G		G	C				C			G			
Monthly Limit					6–9			30				30			70			

DEM Form MR-1 (11/84)

Facility Status: (Please check one of the following)

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

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

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

_____
_____
_____
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_____
_____

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: 005 MONTH: June 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 Mack D. Davis

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	31504 ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW: TOTAL COLIFORM GEOMETRIC MEAN /100 ML			
1	08	8	.20664		6.8		5.0											
2	08	8	.21952		6.5		4.0											
3	08	8	.24604		6.5		3.5	5				4			0			
4	08	8	.23279		6.8		4.5											
5	08	8	.23089		6.7		4.0	6				6			0			
6	08	8	.22762		6.6		3.0											
7	08	8	.22762		6.5		6.0											
8	08	8	.22768		6.6		5.5											
9	08	8	.22429		6.5		0.5											
10	08	8	.23754		6.5		3.5	5				3			0			
11	08	8	.28782		6.5		4.0											
12	08	8	.18136		6.5		3.0	6				1			0			
13	08	8	.23202		6.6		4.5											
14	08	8	.21414		6.9		5.5											
15	08	8	.22757		7.0		3.5											
16	08	8	.24574		6.9		3.0											
17	08	8	.22101		6.5		5.0	5				3			0			
18	08	8	.25657		6.8		5.0											
19	08	8	.23024		6.6		5.0	3				6			0			
20	08	8	.26724		6.6		4.0											
21	08	8	.28299		6.6		4.0											
22	08	8	.14465		6.6		8.0											
23	08	8	.25316		6.6		3.0											
24	08	8	.23078		6.6		5.5	5				1			0			
25	08	8	.22549		6.7		5.0											
26	08	8	.23384		6.9		5.5	5				1			10			
27	08	8	.22383		6.4		7.0											
28	08	8	.19279		6.8		6.0											
29	08	8	.19271		6.8		2.0											
30	08	8	.20743		6.8		4.0											
31																		
Average			.22773				4.4	5				3			1.33*			
Max.			.28782		7.0		8.0	6				6			10			
Min.			.14465		6.4		0.5	3				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:

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: 007 MONTH: June 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 Mack D. Davis

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	08	8	.1877		6.5		6.0											
2	08	8	.1587		6.8		6.0											
3	08	8	.1170		6.8		4.0	14				1	0					
4	08	8	.1170		6.4		4.0											
5	08	8	.1122		6.8		6.0	16				9	10					
6	08	8	.0896		6.8		4.0											
7	08	8	.0845		6.7		5.0											
8	08	8	.1045		6.4		6.0											
9	08	8	.0709		6.5		6.0											
10	08	8	.1212		6.6		6.0	9				3	0					
11	08	8	.1001		6.6		4.0											
12	08	8	.0937		6.5		4.0	13				2	0					
13	08	8	.0989		6.5		6.0											
14	08	8	.1000		6.4		6.0											
15	08	8	.0990		6.5		5.0											
16	08	8	.0980		6.4		6.0											
17	08	8	.0906		6.3		5.0	14				5	0					
18	08	8	.1000		6.9		6.0											
19	08	8	.1000		6.2		6.0	18				8	0					
20	08	8	.11241		6.5		6.0											
21	08	8	.0962		6.4		6.0											
22	08	8	.11948		6.3		8.0											
23	08	8	.13303		6.4		8.0											
24	08	8	.13303		6.4		6.0	23				2	0					
25	08	8	.0990		6.3		5.0											
26	08	8	.1095		6.4		6.0	8				2	2000					
27	08	8	.1000		6.7		8.0											
28	08	8	.1020		6.4		5.0											
29	08	8	.1010		6.4		1.0											
30	08	8	.1050		6.4		6.0											
31																		
Average			.1085				5.5	14				4	3.45					
Max.			.1877		6.9		8.0	23				9	2000					
Min.			.0709		6.2		1.0	8				1	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:

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: NC0003239 DISCHARGE NO: 001 MONTH: June YEAR: 1986

FACILITY NAME: Camp Geiger STP COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
			00400	00010	00545	00310	00610	00500	00530	00340							
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2	08	24				144			74								
3	08	24				128			104								
4	08	24				104			80								
5	08	24				116			124								
6	08	24				144			74								
7																	
8																	
9	08	24				96			84								
10	08	24				160			86								
11	08	24				140			80								
12	08	24				128			90								
13	08	24				180			144								
14																	
15																	
16	08	24				136			232								
17	08	24				132			108								
18	08	24				172			106								
19	08	24				172			106								
20	08	24				192			219								
21																	
22																	
23	08	24				108			72								
24	08	24				164			210								
25	08	24				128			108								
26	08	24				132			80								
27	08	24				152			110								
28																	
29																	
30	08	24				192			126								
31																	
AVERAGE						144			115								
MONTHLY MAXIMUM						192			232								
MONTHLY MINIMUM						96			72								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Tarawa Terrace STP COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
			00400	00010	00545	00310	00610	00500	00530	00340							
		HRS	STD UNITS	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2	08	24				164			74								
3	08	24				144			90								
4	08	24				200			118								
5	08	24				176			343								
6	08	24				212			232								
7																	
8																	
9	08	24				164			198								
10	08	24				184			128								
11	08	24				140			100								
12	08	24				144			100								
13	08	24				176			100								
14																	
15																	
16	08	24				128			140								
17	08	24				144			274								
18	08	24				156			92								
19	08	24				136			80								
20	08	24				172			92								
21																	
22																	
23	08	24				128			148								
24	08	24				120			188								
25	08	24				220			363								
26	08	24				296			74								
27	08	24				128			276								
28																	
29																	
30	08	24				108			413								
31																	
AVERAGE						159			173								
MONTHLY MAXIMUM						296			413								
MONTHLY MINIMUM						108			74								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Camp JohnsonSTP COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD							
			00400	00010	00545	00310	00610	00500	00530	00340							
											ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2																	
3	08	8				96			34								
4																	
5	08	8				N.S.			N.S.								
6																	
7																	
8																	
9																	
10	08	8				52			34								
11																	
12	08	8				108			41								
13																	
14																	
15																	
16																	
17	08	8				84			32								
18																	
19	08	8				84			104								
20																	
21																	
22																	
23																	
24	08	8				88			86								
25																	
26	08	8				88			32								
27																	
28																	
29																	
30																	
31																	
AVERAGE						86			52								
MONTHLY MAXIMUM						96			104								
MONTHLY MINIMUM						52			32								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Hadnot Point STP COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD							
			00400	00010	00545	00310	00610	00500	00530	00340							
											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	24				132			80								
3	08	24				128			82								
4	08	24				124			94								
5	08	24				112			86								
6	08	24				108			62								
7																	
8																	
9	08	24				132			100								
10	08	24				128			85								
11	08	24				124			68								
12	08	24				128			96								
13	08	24				144			106								
14																	
15																	
16	08	24				100			70								
17	08	24				116			100								
18	08	24				124			118								
19	08	24				116			160								
20	08	24				108			100								
21																	
22																	
23	08	24				116			110								
24	08	24				140			144								
25	08	24				112			98								
26	08	24				128			126								
27	08	24				144			140								
28																	
29																	
30	08	24				132			94								
31																	
AVERAGE						124			101								
MONTHLY MAXIMUM						144			160								
MONTHLY MINIMUM						100			62								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

NPDES NO: NC0003239 DISCHARGE NO: 005 MONTH: June 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																	
3	08	8				64			28								
4																	
5	08	8				48			117								
6																	
7																	
8																	
9																	
10	08	^8				40			22								
11																	
12	08	8				64			30								
13																	
14																	
15																	
16																	
17	08	8				56			25								
18																	
19	08	8				44			30								
20																	
21																	
22																	
23																	
24	08	8				44			38								
25																	
26	08	8				72			144								
27																	
28																	
29																	
30																	
31																	
AVERAGE						54			54								
MONTHLY MAXIMUM						72			144								
MONTHLY MINIMUM						40			22								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Courthouse Bay STP COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD						
			00400	00010	00545	00310	00610	00500	00530	00340						
											ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW					
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L						
1																
2																
3	08	8				84			72							
4																
5	08	8				100			112							
6																
7																
8																
9																
10	08	8				72			68							
11																
12	08	8				120			82							
13																
14																
15																
16																
17	08	8				320			160							
18																
19	08	8				72			70							
20																
21																
22																
23																
24	08	8				N.S.										
25																
26	08	8				108			34							
27																
28																
29																
30																
31																
AVERAGE						125			85							
MONTHLY MAXIMUM						320			160							
MONTHLY MINIMUM						72			34							
SAMPLE TYPE C or G						C			C							

DEM Form MR-2 (11/84)

N.S. = No Sample

Influent

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

FACILITY NAME: Onslow Beach STP COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD							
			00400	00010	00545	00310	00610	00500	00530	00340							
											ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2																	
3	08	8				264			46								
4																	
5	08	8				152			94								
6																	
7																	
8																	
9																	
10	08	8				136			27								
11																	
12	08	8				228			56								
13																	
14																	
15																	
16																	
17	08	8				160			24								
18																	
19	08	8				152			72								
20																	
21																	
22																	
23																	
24	08	8				260			64								
25																	
26	08	8				96			28								
27																	
28																	
29																	
30																	
31																	
AVERAGE						181			51								
MONTHLY MAXIMUM						264			94								
MONTHLY MINIMUM						96			24								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

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

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: OIL & GREASE			
		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											
17											
18											
19											
20											
21											
22											
23	09	31	5.1	8.2	+5.1		20	0			
24											
25											
26											
27											
28											
29											
30											
31											
Average		31	5.1		+5.1		20	0			
Monthly Maximum		31	5.1	8.2	+5.1		20	0			
Monthly Minimum		31	5.1	8.2	+5.1		20	0			

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: OIL & GREASE			
	00010	00300	00400	00310	00340	31616	00556			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
10	30	6.6	8.2	3.4		0	0			
	30	6.6		3.4		0	0			
	30	6.6	8.2	3.4		0	0			
	30	6.6	8.2	3.4		0	0			

DEM Form MR-3 (11/84)

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

FACILITY NAME: Tarawa Terrace STP COUNTY: Onslow

STREAM: Northeast Creek STREAM: Northeast Creek

LOCATION: R W-02 At Hwy 24 Bridge LOCATION: RW-03 Between discharge 002 & 003

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: OIL & GREASE			
		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											
17											
18											
19											
20											
21											
22											
23	10	30	6.6	8.2	3.8		4	0			
24											
25											
26											
27											
28											
29											
30											
31											
Average		30	6.6		3.8		4 *	0			
Monthly Maximum		30	6.6	8.2	3.8		4	0			
Monthly Minimum		30	6.6	8.2	3.8		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: OIL & GREASE			
		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											
17											
18											
19											
20											
21											
22											
23	10	30	5.2	8.1	4.1		0	0			
24											
25											
26											
27											
28											
29											
30											
31											
Average		30	5.2		4.1		0*	0			
Monthly Maximum		30	5.2	8.1	4.1		0	0			
Monthly Minimum		30	5.2	8.1	4.1		0	0			

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

FACILITY NAME: Camp Johnson STP COUNTY: Onslow

STREAM: Northeast Creek STREAM: New River

LOCATION: RW-03 Between Discharge 002 & 003 LOCATION: RW-04 Hospital Point

Upstream

		00010	00300	00400	00310	00340	31616	00556			
Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD5 20°C	COD	Fecal Coliform *Geometric Mean	Oil & Grease	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	10	30	5.2	8.1	4.1		0	0			
24											
25											
26											
27											
28											
29											
30											
31											
Average		30	5.2		4.1		0	0			
Monthly Maximum		30	5.2	8.1	4.1		0	0			
Monthly Minimum		30	5.2	8.1	4.1		0	0			

Downstream

		00010	00300	00400	00310	00340	31616	00556			
Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD5 20°C	COD	Fecal Coliform *Geometric Mean	Oil & Grease	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	10	30	6.6	8.2	3.4		0	0			
24											
25											
26											
27											
28											
29											
30											
31											
Average		30	6.6		3.4		0	0			
Monthly Maximum		30	6.6	8.2	3.4		0	0			
Monthly Minimum		30	6.6	8.2	3.4		0	0			

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

FACILITY NAME: Hadnot Point STP COUNTY: Onslow

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	Enter Parameter Code above Name and Units Below			
		00010	00300	00400	00310	00340	31616	00556			
								OIL & GREASE			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23	10	30	6.6	8.2	3.4		0	0			
24											
25											
26											
27											
28											
29											
30											
31											
Average		30	6.6		3 4		0*	0			
Monthly Maximum		30	6.6	8.2	3.4		0	0			
Monthly Minimum		30	6.6	8.2	3.4		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	00556			
								OIL & GREASE			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23	10	30	6.3	8.1	3.0		0	0			
24											
25											
26											
27											
28											
29											
30											
31											
Average		30	6.3		3.0		0*	0			
Monthly Maximum		30	6.3	8.1	3.0		0	0			
Monthly Minimum		30	6.3	8.1	3.0		0	0			

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

FACILITY NAME: Rifle Range STP COUNTY: Onslow

STREAM: New River STREAM: New River

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

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											
18											
19											
20											
21											
22											
23	10	30	6.3	8.1	3.0		0	0			
24											
25											
26											
27											
28											
29											
30											
31											
Average		30	6.3		3.0		0	0			
Monthly Maximum		30	6.3	8.1	3.0		0	0			
Monthly Minimum		30	6.3	8.1	3.0		0	0			

Downstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean				
		00010	00300	00400	00310	00340	31616				
		Enter Parameter Code above Name and Units Below									
	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

NPDES NO: NC0003239 MONTH: June 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
33	17 June	1,749,600	7.5	2	1.1
36	5 June	No Flow			
37	5 June	Dry			
38	5 June	Dry			
39	9 June	Dry			
40	9 June	58,320	7.8	4.3	0.1
41	9 June	583,200	8.0	1.1	0.5
42	9 June	1.166,400	8.0	6.1	1.0
43	9 June	291,600	7.2	7.5	0.0
44	9 June	1,749.600	7.0	5.3	15.9
50	5 June	Dry			
51	5 June	Dry			
52	5 June	Tidal	7.8	0.1	0.0
53	5 June	No Flow			
54	5 June	24,300	7.2	1.3	1.3
55	5 June	388,800	7.7	0.2	0.0
56	5 June	Dry			
57	5 June	583,200	8.3	0	2.1
58	5 June	Dry			
59	9 June	Tidal	7.6	3.6	1.1
60	5 June	Dry			
61	9 June	41,990,400	7.7	8.3	0.2
62	5 June	No Flow			
65	9 June	48,600	7.7	5.5	0.4
70	5 June	Dry			
71	5 June	Dry			
72	5 June	388,800	7.4	5.4	0.6
73	4 June	Tidal	8.1	5.9	2.3
74	4 June	4,860	7.6	4.1	0.8
75	4 June	24,300	7.8	51.8	1.6
76	4 June	Dry			
77	4 June	Dry			
78	4 June	No Flow			
79	5 June	Dry			
80	5 June	Dry			
89	5 June	No Flow			
90	5 June	No Flow			

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

OK DPS

6288
NREAD(L)

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 June 1986 are submitted.

There are no stream ~~analysis~~ 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 sampling run. ~~After sampling river point 05, a determination was made that due to the wind the river was too ruff to proceed~~.

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 operationsl 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

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

Copy to:
EPA Region IV
CMDR LANTNAVFACENGCOM
NEESA

Blind copy to:
BMainD (Util Dir)
WQCL

6288
NREAD
24 Jun 86

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 1986 are submitted.

Rifle Range Wastewater Treatment Plant violated the NPDES permit requirement for monthly Biochemical Oxygen Demand (BOD) percent removal average for May 1986. The violation is attributed to the low BOD loading. May's influent and effluent monthly averages were 46 mg/l and 8 mg/l respectively.

There are no stream analysis for the Onslow Beach Wastewater Treatment Plant or downstream analysis for the Courthouse Bay Wastewater Treatment Plant. Due to problems with the boat used for environmental monitoring, the river trip had to be made on the last day of the month. River points RW07 to RW09 were fogged in and a determination was made that it was unsafe to operate the boat in that area.

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.

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
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:
BMAIND (Util Dir)
WQCL

EFFLUENT

PDES PERMIT NO: NC0003239 DISCHARGE NO: 004 MONTH: May YEAR: 1986

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

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

ERTIFIED 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 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	31506 TOTAL COLIFORM Geometric 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	/100ML	MG/L	/100ML			
1	00	24	4.591		6.9		3.0	19				12			1000			
2	00	24	5.605		6.8		2.5	20				10			22			
3	00	24	5.047		6.9		2.0											
4	00	24	5.167		6.8		4.0											
5	00	24	6.067		6.8		4.0	21				3			10			
6	00	24	6.133		6.8		4.5	20				8			2			
7	00	24	6.098		6.8		4.0	20				6			0			
8	00	24	6.217		6.9		2.5	15				9			20			
9	00	24	5.889		6.8		2.5	19				8			2			
10	00	24	4.895		6.8		4.0											
11	00	24	5.060		6.8		3.5											
12	00	24	5.791		6.8		3.5	23				9			10			
13	00	24	5.787		6.8		4.0	22				12			40			
14	00	24	5.743		6.8		2.0	17				9			0			
15	00	24	5.780		6.7		2.0	20				11			0			
16	00	24	5.672		6.7		2.0	21				13			10000			
17	00	24	4.893		6.9		3.5											
18	00	24	4.940		6.6		4.0											
19	00	24	6.034		6.8		3.0	21				8			2			
20	00	24	7.231		6.6		4.0	20				13			6			
21	00	24	6.236		6.5		4.0	17				7			14			
22	00	24	6.331		6.6		4.0	20				9			120			
23	00	24	5.528		6.5		4.0	20				12			6			
24	00	24	4.942		6.7		4.0											
25	00	24	5.518		6.6		4.0											
26	00	24	5.115		6.7		4.0	18				8			2			
27	00	24	5.805		6.6		4.0	16				6			0			
28	00	24	6.108		6.6		4.5	16				11			2000			
29	00	24	6.356		6.6		4.5	31				9			0			
30	00	24	6.086		6.8		4.0	36				14			0			
31	00	24	5.194		6.8		4.0											
Average			5.673				4.5	21				9			10.57*			
Max.			7.231		6.9		4.5	31				13			10000			
Min.			4.591		6.5		2.0	15				3			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 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: 002 MONTH: May YEAR: 1986

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

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

CERTIFIED LABORATORY: Water Quality 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	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			
		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	.94440		6.8		4.0	21				8	0					
2	00	24	.93000		6.6		4.0	21				8	0					
3	00	24	.87050		6.8		4.0											
4	00	24	.81660		7.0		4.0											
5	00	24	.86970		6.6		5.0	18				5	12					
6	00	24	.96150		6.9		5.0	16				8	0					
7	00	24	.93200		6.9		4.0	19				7	2					
8	00	24	.91440		7.6		4.0	10				8	0					
9	00	24	.87560		7.0		4.0	22				9	2					
10	00	24	.84450		6.9		4.0											
11	00	24	.99180		6.9		4.0											
12	00	24	1.00530		7.2		3.0	16				10	0					
13	00	24	.93330		7.2		4.0	18				8	0					
14	00	24	1.0437		7.0		4.0	19				13	0					
15	00	24	.94470		6.8		4.0	16				7	0					
16	00	24	.97740		7.0		3.0	15				8	2					
17	00	24	1.04090		6.8		4.0											
18	00	24	1.03430		7.1		4.0											
19	00	24	1.03500		7.0		4.0	18				9	2					
20	00	24	1.19550		7.0		4.0	16				9	8					
21	00	24	1.03060		7.0		4.0	15				8	18					
22	00	24	.95410		6.9		5.0	14				8	6					
23	00	24	.95850		6.8		4.0	19				10	4					
24	00	24	1.05210		6.8		4.0											
25	00	24	1.11220		6.9		3.0											
26	00	24	1.02670		6.9		4.0	17				11	2					
27	00	24	1.06790		6.9		5.0	22				10	0					
28	00	24	1.03730		6.9		4.0	15				9	0					
29	00	24	.99690		6.7		4.0	15				4	8					
30	00	24	.97590		6.8		4.0	17				5	0					
31	00	24	1.15480		6.8		4.0											
Average			.984777				4.0	17				9	2.09*					
Max.			1.19550		7.2		4.0	22				13	18					
Min.			.81660		6.7		3.0	10				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 [X]
(Compliant)

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

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

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

Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

PDES PERMIT NO: NC0003239 DISCHARGE NO: 001 MONTH: May YEAR: 1986

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

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

ERTIFIED 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 Mack D. Davis

Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME HRS	50050 FLOW EFF ☒ INF ☒ DAILY RATE MGD	00010 TEMPERATURE CELSIUS C°	00400 pH UNIT	00545 SETTLEABLE MATTER ML/L	50060 RESIDUAL CHLORINE MG/L	00310 BOD5 20°C MG/L	00340 COD MG/L	00610 AMMONIA NITROGEN MG/L	00500 TOTAL RESIDUE MG/L	00530 TOTAL SUSPENDED RESIDUE MG/L	31616 FECAL COLIFORM Geometric Mean /100 ML	00300 DISSOLVED OXYGEN MG/L	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
1	00	24	1.2510		6.4		4.0	8				4	0					
2	00	24	1.2368		6.4		4.0	6				1	0					
3	00	24	1.1204		6.4		4.0											
4	00	24	1.1405		6.4		4.0											
5	00	24	1.2142		6.7		4.0	6				1	0					
6	00	24	1.2369		6.6		4.0	3				3	10					
7	00	24	1.3478		6.4		4.0	5				2	0					
8	00	24	1.2704		6.6		4.0	3				6	0					
9	00	24	1.2239		6.6		4.0	7				2	2					
10	00	24	1.1818		6.7		4.0											
11	00	24	1.1497		6.6		4.0											
12	00	24	1.2645		6.6		4.0	5				2	0					
13	00	24	1.2736		7.2		4.0	6				2	0					
14	00	24	1.0978		6.6		4.0	7				3	0					
15	00	24	1.2001		6.6		4.0	7				4	0					
16	00	24	1.2260		6.4		4.0	8				6	0					
17	00	24	1.0504		6.4		4.0											
18	00	24	1.1542		6.4		4.0											
19	00	24	1.5643		7.0		5.0	6				5	0					
20	00	24	1.5643		7.0		3.0	8				4	0					
21	00	24	1.3809		6.4		4.0	8				3	0					
22	00	24	1.3014		6.8		4.0	10				4	0					
23	00	24	1.1965		6.8		4.0	8				3	0					
24	00	24	1.1358		6.8		4.0											
25	00	24	1.1752		6.8		4.0											
26	00	24	1.1340		6.6		4.0	6				3	0					
27	00	24	1.5526		6.6		4.0	4				4	0					
28	00	24	1.3277		6.6		4.0	5				4	0					
29	00	24	1.2714		6.2		4.0	5				1	0					
30	00	24	1.2216		6.4		4.0	4				1	0					
31	00	24	1.2047		6.4		4.0											
Average			1.23427				4.0	6				3	1.15*					
Max.			1.5642		7.2		5.0	10				6	10					
Min.			1.0504		6.2		3.0	3				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 [ ] (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

PDES PERMIT NO: NC0003239 DISCHARGE NO: 003 MONTH: May YEAR: 1986

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

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

ERTIFIED 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 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			
		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	.402		6.4		4.0	13				8	0					
2	08	8	.350		6.8		6.0											
3	08	8	.325		7.2		6.0											
4	08	8	.365		6.7		5.0											
5	08	8	.412		6.7		4.0											
6	08	8	.378		6.6		4.0	12				11	0					
7	08	8	.379		6.6		4.0											
8	08	8	.401		6.5		5.0	10				8	2					
9	08	8	.318		6.5		2.0											
10	08	8	.372		6.4		5.0											
11	08	8	.422		6.7		5.0											
12	08	8	.419		7.0		4.0											
13	08	8	.362		7.0		3.0	11				6	0					
14	08	8	.331		6.7		3.0											
15	08	8	.397		6.8		4.0	13				10	0					
16	08	8	.445		6.9		4.0											
17	08	8	.433		6.5		6.0											
18	08	8	.467		6.7		5.0											
19	08	8	.499		6.4		6.0											
20	08	8	.525		6.7		4.0	23				18	0					
21	08	8	.479		6.7		4.0											
22	08	8	.508		6.6		3.0	10				7	0					
23	08	8	.443		6.6		4.0											
24	08	8	.428		6.0		5.0											
25	08	8	.631		6.6		4.0											
26	08	8	.472		7.0		3.0											
27	08	8	.455		6.9		3.0	8				1	0					
28	08	8	.445		6.8		2.0											
29	08	8	.424		6.5		6.0	28				8	0					
30	08	8	.416		6.6		3.0											
31	08	8	.352		6.7		3.5											
Average			.421 452				4.0	14				9	1.08*					
Max.			.631		7.2		6.0	28				18	2					
Min.			.318		6.4		2.0	8				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)

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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.

EFFLUENT

PDES PERMIT NO: NC0003239 DISCHARGE NO: 007 MONTH: May YEAR: 1986

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

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

ERTIFIED 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 Mack D. Davis

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	31504 TOTAL COLIFORM Geometric 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	/100ML	MG/L	/100ML			
1	08	8	.1354		6.6		4.0	18				5			0			
2	08	8	.12575		6.5		4.0											
3	08	8	.10035		6.8		3.0											
4	08	8	.13644		7.6		3.5											
5	08	8	.13640		6.6		4.0											
6	08	8	.11095		6.7		4.5	20				7			2			
7	08	8	.12917		6.6		4.0											
8	08	8	.11312		6.6		4.0	17				8			0			
9	08	8	.11391		6.6		3.0											
10	08	8	.11998		6.7		3.0											
11	08	8	.13210		6.6		4.0											
12	08	8	.10296		6.7		3.0											
13	08	8	.10998		6.4		6.0	14				3			0			
14	08	8	.11568		6.4		4.0											
15	08	8	.11530		6.3		6.0	13				6			6			
16	08	8	.09908		6.4		6.0											
17	08	8	.11582		6.2		5.0											
18	08	8	.11582		6.6		6.0											
19	08	8	.11224		6.4		6.0											
20	08	8	.11153		6.4		3.0	12				4			60			
21	08	8	.10471		6.3		4.5											
22	08	8	.10431		6.4		4.5	21				5			20			
23	08	8	.12646		6.4		4.0											
24	08	8	.10532		6.5		4.0											
25	08	8	.13852		6.4		4.0											
26	08	8	.12006		6.6		4.0											
27	08	8	.13528		6.7		4.0	11				1			0			
28	08	8	.12033		6.5		4.0											
29	08	8	.10645		6.4		4.0	13				4			0			
30	08	8	.10645		6.8		4.0											
31	08	8	.10537		6.6		6.0											
Average			.116944				4.3	15				5			2.90*			
Max.			.13852		6.8		6.0	21				8			60			
Min.			.09908		6.2		3.0	11				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 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

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

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

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

ERTIFIED 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 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	31500 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	.4402					5				3			0			
2	08	8	.3662		6.7		10.0+											
3	08	8	.3698		6.6		1.5											
4	08	8	.3670		6.6		1.0											
5	08	8	.4082		6.7		1.0											
6	08	8	.5724		6.7		2.0	5				2			60			
7	08	8	.5812		6.6		2.0											
8	08	8	.3510		6.7		2.0	7				6			0			
9	08	8	.3350		6.6		2.0											
10	08	8	.3154		6.7		2.0											
11	08	8	.3426		6.6		3.0											
12	08	8	.4280		6.8		2.0											
13	08	8	.5400		6.6		3.0	12				8			0			
14	08	8	.4622		6.5		1.5											
15	08	8	.5082		6.6		3.0	8				6			0			
16	08	8	.4200		6.5		3.0											
17	08	8	.3580		6.8		4.0											
18	08	8	.3338		6.7		4.0											
19	08	8	.4748		6.6		3.0											
20	08	8	.5529		7.0		3.0	9				4			0			
21	08	8	.5050		6.9		4.0											
22	08	8	.4568		6.9		4.0	9				6			7000			
23	08	8	.4619		6.4		2.5											
24	08	8	.4000		6.6		2.0											
25	08	8	.5564		6.6		1.0											
26	08	8	.4992		6.6		2.0											
27	08	8	.4871		6.9		1.0	3				1			0			
28	08	8	.3410		6.8		2.0											
29	08	8	.4387		6.8		4.0	5				1			0			
30	08	8	.3656		6.7		3.0											
31	08	8	.4631		6.7		3.0											
Average			.43554				2.8	7				4			4.21*			
Max.			.5529		7.0		10.0	12				8			7000			
Min.			.3154		6.4		1.0	3				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 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

PDES PERMIT NO: NC0003239 DISCHARGE NO: 005 MONTH: May YEAR: 1986

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

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

ERTIFIED 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	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	31506 TOTAL COLIFORM GEOMETRIC 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	/100ML			
1	08	8	.24014		6.5		4.3	10				2			0			
2	08	8	.21226		6.7		4.3											
3	08	8	.26263		6.4		5.0											
4	08	8	.06192		6.5		6.0											
5	08	8	.26234		6.7		3.5											
6	08	8	.27385		6.7		4.0	6				4			10			
7	08	8	.24189		6.5		2.0											
8	08	8	.21564		6.5		4.5	5				3			0			
9	08	8	.25265		6.5		4.0											
10	08	8	.26315		6.6		4.0											
11	08	8	.13917		6.5		4.0											
12	08	8	.22606		6.5		5.0											
13	08	8	.23808		6.5		6.5	9				4			0			
14	08	8	.23316		6.4		5.0											
15	08	8	.23042		6.9		7.0	6				7			0			
16	08	8	.21431		6.5		5.0											
17	08	8	.21306		6.5		5.0											
18	08	8	.21871		6.5		7.0											
19	08	8	.23057		6.7		3.5											
20	08	8	.25586		6.5		3.5	7				5			0			
21	08	8	.23657		6.5		4.0											
22	08	8	.23862		6.6		4.0	6				3			0			
23	08	8	.43754		6.6		6.0											
24	08	8	.21414		6.6		5.0											
25	08	8	.21845		6.7		6.0											
26	08	8	.24382		6.5		6.0											
27	08	8	.23195		6.5		4.5	5				2			0			
28	08	8	.24948		6.9		5.0											
29	08	8	.31684		6.5		4.0	20				5			0			
30	08	8	.26238		6.6		3.0											
31	08	8	.24047		6.5		5.0											
Average			.23791				4.6	8				4			1.29*			
Max.			.43754		6.9		7.0	10				7			10			
Min.			.06192		6.4		2.0	5				2			0			
Comp.(C)/Grab(G)					G		G	C				C			C			
Monthly Limit					6-9			30				30			70			

DEM, Form MR-1 (11/84

Facility Status: (Please check one of the following)

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

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

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

See cover letter for explanation

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

Julian H 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: May 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 Mack D. Davis

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			
		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																		
10																		
11																		
12																		
13					8.2							7						
14																		
15																		
16																		
17																		
18																		
19																		
20					8.3							8						
21																		
22																		
23																		
24																		
25																		
26																		
27					8.2							1						
28																		
29																		
30																		
31																		
Average												5						
Max.					8.3							8						
Min.					8.2							1						
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.

Influent

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

FACILITY NAME: Hadnot Point STP COUNTY: Onslow

			00400	00010	00545	00310	00610	00500	00530	00340							
											ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD							
		HRS	STD UNITS	°C	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1	00	24				132			132								
2	00	24				184			250								
3																	
4																	
5	00	24				164			74								
6	00	24				132			80								
7	00	24				140			132								
8	00	24				124			108								
9	00	24				168			110								
10																	
11																	
12	00	24				132			100								
13	00	24				112			96								
14	00	24				132			100								
15	00	24				144			92								
16	00	24				180			138								
17																	
18																	
19	00	24				124			138								
20	00	24				124			136								
21	00	24				132			93								
22	00	24				148			116								
23	00	24				140			78								
24																	
25																	
26	00	24				68			54								
27	00	24				108			70								
28	00	24				104			88								
29	00	24				152			114								
30	00	24				140			108								
31																	
AVERAGE						136			109								
MONTHLY MAXIMUM						184			250								
MONTHLY MINIMUM						68			54								
SAMPLE TYPE C or G						C			C								

Influent

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

FACILITY NAME: Tarawa Terrace STP COUNTY: Onslow

			00400	00010	00545	00310	00610	00500	00530	00340							
Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1	00	24				152			216								
2	00	24				256			405								
3																	
4																	
5	00	24				144			292								
6	00	24				208			365								
7	00	24				192			284								
8	00	24				124			80								
9	00	24				204			88								
10	0																
11																	
12	00	24				216			256								
13	00	24				176			224								
14	00	24				196			940								
15	00	24				176			100								
16	00	24				148			263								
17																	
18																	
19	00	24				196			132								
20	00	24				180			208								
21	00	24				192			139								
22	00	24				232			160								
23	00	24				200			220								
24																	
25																	
26	00	24				112			218								
27	00	24				176			194								
28	00	24				160			94								
29	00	24				172			248								
30	00	24				160			250								
31																	
AVERAGE						181			244								
MONTHLY MAXIMUM						256			940								
MONTHLY MINIMUM						112			80								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Camp Geiger STP COUNTY: Onslow

			00400	00010	00545	00310	00610	00500	00530	00340							
Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1	00	24				156			114								
2	00	24				236			180								
3																	
4																	
5	00	24				152			110								
6	00	24				148			100								
7	00	24				116			76								
8	00	24				104			114								
9	00	24				144			78								
10																	
11																	
12	00	24				136			102								
13	00	24				112			76								
14	00	24				180			108								
15	00	24				184			122								
16	00	24				276			263								
17																	
18																	
19	00	24				160			148								
20	00	24				156			150								
21	00	24				124			84								
22	00	24				80			102								
23	00	24				172			92								
24																	
25																	
26	00	24				44			36								
27	00	24				100			62								
28	00	24				104			82								
29	00	24				112			84								
30	00	24				120			74								
31																	
AVERAGE						142			107								
MONTHLY MAXIMUM						276			263								
MONTHLY MINIMUM						44			36								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Camp Johnson COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD						
			00400	00010	00545	00310	00610	00500	00530	00340						
											ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW					
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L						
1	08	8				156			64							
2																
3																
4																
5																
6	08	8				140			94							
7																
8	08	8				152			196							
9																
10																
11																
12																
13	08	8				184			62							
14																
15	08	8				280			90							
16																
17																
18																
19																
20	08	8				80			54							
21																
22	08	8				80			46							
23																
24																
25																
26																
27	08	8				76			38							
28																
29	08	8				96			54							
30																
31																
AVERAGE						138			78							
MONTHLY MAXIMUM						280			196							
MONTHLY MINIMUM						76			38							
SAMPLE TYPE C or G						C			C							

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Onslow Beach STP COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD						
			00400	00010	00545	00310	00610	00500	00530	00340						
											ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW					
		HRS	STD UNITS	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L						
1	08	8				176			78							
2																
3																
4																
5																
6	08	8				104			62							
7																
8	08	8				56			54							
9																
10																
11																
12																
13	08	8				180			80							
14																
15	08	8				100			32							
16																
17																
18																
19																
20	08	8				136			46							
21																
22	08	8				180			53							
23																
24																
25																
26																
27	08	8				148			22							
28																
29	08	8				116			34							
30																
31																
AVERAGE						133			51							
MONTHLY MAXIMUM						180			80							
MONTHLY MINIMUM						56			22							
SAMPLE TYPE C or G						C			C							

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Courthouse Bay STP COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
			00400	00010	00545	00310	00610	00500	00530	00340							
		HRS	STD UNITS	°C	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1	08	8				156			164								
2																	
3																	
4																	
5																	
6	08	8				96			86								
7																	
8	08	8				104			126								
9																	
10																	
11																	
12																	
13	08	8				308			92								
14																	
15	08	8				108			64								
16																	
17																	
18																	
19																	
20	08	8				120			365								
21																	
22	08	8				80			70								
23																	
24																	
25																	
26																	
27	08	8				128			80								
28																	
29	08	8				304			350								
30																	
31																	
AVERAGE						156			155								
MONTHLY MAXIMUM						308			365								
MONTHLY MINIMUM						80			64								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Rifle Range STP COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD							
			00400	00010	00545	00310	00610	00500	00530	00340							
											ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1	08	8				40			28								
2																	
3																	
4																	
5																	
6	08	8				52			23								
7																	
8	08	8				56			29								
9																	
10																	
11																	
12																	
13	08	8				52			110								
14																	
15	08	8				56			41								
16																	
17																	
18																	
19																	
20	08	8				28			16								
21																	
22	08	8				52			21								
23																	
24																	
25																	
26																	
27	08	8				44			24								
28																	
29	08	8				36			38								
30																	
31																	
AVERAGE						46			37								
MONTHLY MAXIMUM						56			110								
MONTHLY MINIMUM						28			16								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

NPDES NO: NC0003239 DISCHARGE NO: 004 MONTH: May 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	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Oil + Grease			
		00010	00300	00400	00310	00340	31616	70350			
								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											
26											
27											
28											
29											
30	10	29	7.3	8.3	3.2		0	0.2			
31											
Average		29	7.3		3.2		0*	0.2			
Monthly Maximum		29	7.3	8.3	3.2		0	0.2			
Monthly Minimum		29	7.3	8.3	3.2		0	0.2			

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	70350			
							Enter Parameter Code above Name and Units Below			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
10	31	7.2	8.3	3.2		0	0.5			
	31	7.2		3.2		0*	0.5			
	31	7.2	8.3	3.2		0	0.5			
	31	7.2	8.3	3.2		0	0.5			

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

FACILITY NAME: Tarawa Terrace STP COUNTY: Onslow

STREAM: Northeast Creek STREAM: Northeast Creek

LOCATION: RW02 - At HWY 24 Bridge LOCATION: RW03 - Between discharge 002 & 003

Upstream

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	70350			
								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	09	29	7.2	7.3	4.6		40	0.1			
31											
Average		29	7.2		4.6		*	0.1			
Monthly Maximum		29	7.2	7.3	4.6		40	0.1			
Monthly Minimum		29	7.2	7.3	4.6		40	0.1			

Downstream

Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below			
	00010	00300	00400	00310	00340	31616	70350			
							OIL & GREASE			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
09	30	6.9	8.1	4.8		8	0.4			
	30	6.9		4.8		*	0.4			
	30	6.9	8.1	4.8		8	0.4			
	30	6.9	8.1	4.8		8	0.4			

DEM Form MR-3 (11/84)

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

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	Enter Parameter Code above Name and Units Below: OIL & GREASE			
		00010	00300	00400	00310	00340	31616	70350			
	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	09	29	4.6	7.3	4.6		260	2.0			
31											
Average		29	4.6		4.6			2.0			
Monthly Maximum		29	4.6	7.3	4.6		260	2.0			
Monthly Minimum		29	4.6	7.3	4.6		260	2.0			

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: OIL & GREASE			
		00010	00300	00400	00310	00340	31616	70350			
	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	10	29	7.3	8.3	3.2		0	0.2			
31											
Average		29	7.3		3.2			0.2			
Monthly Maximum		29	7.3	8.3	3.2		0	0.2			
Monthly Minimum		29	7.3	8.3	3.2		0	0.2			

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

FACILITY NAME: Camp Johnson STP COUNTY: Onslow

STREAM: Northeast Creek STREAM: New River

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

Upstream

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	70350			
								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	10	30	6.9	8.1	4.8		8	0.4			
31	10	30	6.9	8.1	4.8		8	0.4			
Average		30	6.9		4.8		8	0.4			
Monthly Maximum		30	6.9	8.1	4.8		8	0.4			
Monthly Minimum		30	6.9	8.1	4.8		8	0.4			

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	70350			
							OIL & GREASE			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
10	29	7.3	8.3	3.2		0	0.2			
10	29	7.3	8.3	3.2		0	0.2			
	29	7.3		3.2		0	0.2			
	29	7.3	8.3	3.2		0	0.2			
	29	7.3	8.3	3.2		0	0.2			

DEM Form MR-3 (11/84)

NPDES NO: NC0003239 DISCHARGE NO: 006 MONTH: May 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)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below: OIL + GREASE			
		00010	00300	00400	00310	00340	31616	70350			
	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	11	29	6.8	8.2	2.3		8	0.0			
31											
Average		29	6.8		2.3		8	0.0			
Monthly Maximum		29	6.8	8.2	2.3		8	0.0			
Monthly Minimum		29	6.8	8.2	2.3		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: OIL + GREASE			
		00010	00300	00400	00310	00340	31616	70350			
	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											
Monthly Maximum											
Monthly Minimum											

NPDES NO: NC0003239 DISCHARGE NO: 005 MONTH: May 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	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	70350				
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	OIL + GREASE 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	10	31	7.2	8.3	3.2		0	0.5			
31											
Average		31	7.2		3.2		0	0.5			
Monthly Maximum		31	7.2	8.3	3.2		0	0.5			
Monthly Minimum		31	7.2	8.3	3.2		0	0.5			

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	70350				
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	OIL + GREASE 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	11	29	6.8	8.2	2.3		8	0.0			
31											
Average	11	29	6.8		2.3		8	0.0			
Monthly Maximum		29	6.8	8.2	2.3		8	0.0			
Monthly Minimum		29	6.8	8.2	2.3		8	0.0			

STORM DRAINS

NPDES NO: NC0003239 MONTH: May 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
SD 20	28 May 1986	2,332,800	7.5	5	0.0
SD 21	28 May 1986	Dry			
SD 22	28 May 1986	Dry			
SD 23	28 May 1986	Dry			
SD 24	28 May 1986	No Flow			
SD 25	28 May 1986	Dry			
SD 26	28 May 1986	48,560	7.2	3	0.0
SD 27	28 May 1986	Dry			
SD 28	28 May 1986	29,160	7.3	2	0.0
SD 29	29 May 1986	No Flow			
SD 30	29 May 1986	Inaccessible			
SD 31	29 May 1986	Dry			
SD 32	29 May 1986	Tidal	7.0	6	0.0
SD 34	28 May 1986	Dry			
SD 35	28 May 1986	7,987	7.1	12	2.6
SD 45	19 May 1986	145,800	7.6	51	1.9
SD 46	19 May 1986	Dry			
SD 47	19 May 1986	87,480	8.6	192	1.6
SD 48	19 May 1986	1,166,400	7.9	11	1.6
SD 49	19 May 1986	2,624,400	7.6	6	0.9
SD 63	19 May 1986	145,800	7.4	3	0.4
SD 64	19 May 1986	17,496,000	7.6	3	0.6
SD 66	28 May 1986	Dry			
SD 67	29 May 1986	874,800	8.0	14.4	2.3
SD 68	29 May 1986	729,000	7.7	28	2.2
SD 69	29 May 1986	No Flow			
SD 81	29 May 1986	6,998,400	7.7	16.4	2.8
SD 82	29 May 1986	9,331,200	7.3	16	6.3
SD 83	29 May 1986	145,800	7.6	32	1.0
SD 84	29 May 1986	No Flow			
SD 85	29 May 1986	Dry			
SD 86	29 May 1986	Tidal	7.0	20	0.8
SD 87	29 May 1986	Tidal	7.4	4	0.7
SD 88	29 May 1986	Dry			

Parameter	Units	Limits
Flow	GPD	none
pH	none	6.0-9.0
TSR	mg/l	50mg/l
O&G	mg/l	15mg/l

6288
NREAD
16 May 86

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, Discharge Monitoring Reports (DMRs) for the month of April 1986 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

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

Copy to:
EPA Region IV
CMDR LANTNAVFACENGCOM
NEESA

BMAINT (Util Dir)
NREAD (QCL 2)

EFFLUENT

NPDES PERMIT NO: NC0003239 **DISCHARGE NO:** 014 **MONTH:** April **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 Mack D. Davis

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			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L				
1					8.6							4.4						
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15					7.9							5.0						
16																		
17																		
18																		
19																		
20																		
21																		
22					8.0							2.0						
23																		
24																		
25																		
26																		
27																		
28																		
29					8.0							2.0						
30																		
31																		
Average												3.4						
Max.					8.6							5.0						
Min.					7.9							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:

William 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: NC0003239 **DISCHARGE NO:** 007 **MONTH:** April **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 (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	Total Coliform XGEO Mean			
			50050	00010	00403	00545	50060	00310	00340	00610	00500	00530	31616	00300	31504			
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		NRS	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	.03989		6.9		4.0	13				4			0			
2	08	8	.08818		6.9		5.0											
3	08	8	.07949		6.4		4.0	LE				8			0			
4	08	8	.05063		6.4		5.0											
5	08	8	.02216		6.6		4.0											
6	08	8	.03000		6.4		2.0											
7	08	8	.04500		6.5		4.0											
8	08	8	.04422		6.3		5.0	13				2			0			
9	08	8	.02703		6.4		4.0											
10	08	8	.04000		6.7		5.0	15				2			2			
11	08	8	.19473		6.7		4.0											
12	08	8	.18999		6.4		4.0											
13	08	8	.17890		6.5		4.0											
14	08	8	.06000		6.5		3.0											
15	08	8	.05912		6.4		5.0	12				2			10			
16	08	8	.06606		6.4		4.5											
17	08	8	.03966		6.4		4.0	39				1			0			
18	08	8	.07500		6.4		4.0											
19	08	8	.07704		6.6		5.0											
20	08	8	.06390		6.5		4.0											
21	08	8	.05449		6.4		4.0											
22	08	8	.07943		6.4		4.5	21				4			0			
23	08	8	.08886		6.5		4.5											
24	08	8	.10910		6.3		5.0	15				7			1000			
25	08	8	.10661		6.4		4.0											
26	08	8	.10500		6.8		3.0											
27	08	8	.10340		6.8		4.0											
28	08	8	.11148		6.7		4.0											
29	08	8	.10174		6.6		4.0	15				1			0			
30	08	8	.10809		6.5		6.0											
31																		
Average			.081307				4.2	18				3			3.0*			
Max.			.19473		6.9		6.0	39				8			1000			
Min.			.02216		6.3		3.0	13				1			0			
Comp.(C)/Grab(G)					G		G	C				C			G			
Monthly Limit					6–9			30				30			70			

DEM Form MR-1 (11/84

LE = 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:

William 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: NC0003239 **DISCHARGE NO:** 006 **MONTH:** April **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 ☐

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	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	31504 ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW: TOTAL COLIFORM x GEO 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	.321		6.7		2.5	4				6			0			
2	08		.281		6.8		2.5											
3	08	8	.371		6.8		2.0	6				10			0			
4	08		.322		6.8		3.0											
5	08		.294		6.8		2.0											
6	08		.353		6.8		2.5											
7	08		.360		6.8		2.0											
8	08	8	.312		6.6		1.5	SE				3			300			
9	08		.299		6.6		1.5											
10	08	8	.223		6.7		2.0	5				1			0			
11	08		.340		6.7		2.0											
12	08		.245		6.8		3.0											
13	08		.369		6.7		1.5											
14	08		.377		6.8		2.5											
15	08	8	.370		6.6		3.0	8				3			10			
16	08		.371		6.8		3.0											
17	08	8	.373		6.8		3.5	8				1			0			
18	08		.379		6.8		3.0											
19	08		.428		6.7		4.0											
20	08		.413		6.7		1.5											
21	08		.414		6.6		1.0											
22	08	8	.253		6.8		3.0	9				2			0			
23	08		.362		6.7		2.5											
24	08	8	.488		6.8		3.0	5				6			6			
25	08		.313		6.8		2.5											
26	08		.437															
27	08		.332		6.6		2.0											
28	08		.334		6.7		2.0											
29	08	8	.330		6.7		1.5	4				1			0			
30	08		.345		6.7		2.0											
31																		
Average			.347				2.3	6				4			2.97*			
Max.			.488		6.8		4.0	9				10			300			
Min.			.223		6.6		1.0	4				1			0			
Comp.(C)/Grab(G)					G		G	C				C			G			
Monthly Limit					6-9			30				30			70			

DEM Form MR-1 (11/84

SE=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:

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:** 005 **MONTH:** April **YEAR:** 1986

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

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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

PERSON(s) COLLECTING SAMPLES: STP Operators

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

X Mack D. Davis

Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME (HRS)	50050 FLOW EFF ☒ INF ☐ DAILY RATE (MGD)	00010 TEMPERATURE CELSIUS (C°)	00400 pH (UNIT)	00545 SETTLEABLE MATTER (ML/L)	50060 RESIDUAL CHLORINE (MG/L)	00310 BOD5 20°C (MG/L)	00340 COD (MG/L)	00610 AMMONIA NITROGEN (MG/L)	00500 TOTAL RESIDUE (MG/L)	00530 TOTAL SUSPENDED RESIDUE (MG/L)	31616 FECAL COLIFORM Geometric Mean (/100 ML)	00300 DISSOLVED OXYGEN (MG/L)	31506 ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW: TOTAL COLIFORM *(GEO MEAN) (MG/L)			
1	08	8	.23364		6.3		4.0	11				2			0			
2	08		.22007		6.3		3.0											
3	08	8	.22062		6.4		4.0	8				11			0			
4	08		.20830		6.6		2.0											
5	08		.18496		6.4		4.0											
6	08		.22149		6.4		8.0											
7	08		.22149		6.4		4.0											
8	08	8	.21575		6.3		5.0	7				3			2			
9	08		.20195		6.3		4.0											
10	08	8	.26466		6.3		2.0	6				1			0			
11	08		.25975		6.5		3.0											
12	08		.18365		6.5		2.0											
13	08		.22770		6.6		5.0											
14	08		.20943		6.5		4.0											
15	08	8	.22419		6.4		3.0	7				3			0			
16	08		.20801		6.5		4.0											
17	08	8	.22480		6.4		4.0	7				1			0			
18	08		.21371		6.4		3.0											
19	08		.22011		6.3		5.0											
20	08		.18522		6.4		7.0											
21	08		.20080		6.5		4.0											
22	08	8	.23634		6.4		8.0	6				1			0			
23	08		.20792		6.5		2.0											
24	08	8	.24693		6.4		2.0	8				5			0			
25	08		.22626		6.4		4.0											
26	08		.19361		6.4		3.0											
27	08		.19618		6.4		6.0											
28	08		.19548		6.4		5.0											
29	08	8	.23411		6.4		4.0	4				3			0			
30	08		.22818		6.4		5.0											
31																		
Average			.21718				4.1	7				3			1.08*			
Max.			.26466		6.6		8.0	11				11			2			
Min.			.18365		6.3		2.0	4				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:

William 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: NC0003239 **DISCHARGE NO:** 004 **MONTH:** April **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 ☐

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 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 ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW: TOTAL COLIFORM #/100 ml GEO MEAN			
1	00	24	4.801		6.9		4.0	16				8			20			
2	00	24	5.252		7.0		3.5	15				3			10			
3	00	24	5.940		6.8		4.0	18				12			0			
4	00	24	5.845		7.0		4.0	22				11			2000			
5	00		4.687		6.8		4.0											
6	00		4.650		6.8		4.0											
7	00	24	5.404		6.9		4.0	17				9			24			
8	00	24	6.615		6.9		4.0	23				7			200			
9	00	24	4.208		6.7		4.0	23				8			30			
10	00	24	3.675		6.9		4.0	22				8			20			
11	00	24	3.532		6.8		4.0	23				8			40			
12	00		3.264		6.8		4.0											
13	00		3.450		6.8		4.0											
14	00	24	4.940		6.7		4.0	18				8			24			
15	00	24	4.160		6.8		4.0	16				4			40			
16	00	24	4.210		6.8		4.0	LE				6			150			
17	00	24	4.850		6.8		4.0	24				3			8			
18	00	24	5.246		6.8		4.0	LE				8			10			
19	00		4.925		6.8		4.0											
20	00		5.607		6.8		4.0											
21	00	24	6.631		6.9		4.0	13				7			0			
22	00	24	7.401		6.8		2.5	4				6			0			
23	00	24	3.680		7.0		4.0	23				10			18			
24	00	24	3.277		6.8		4.0	22				12			30			
25	00	24	3.046		6.9		4.0	21				10			80			
26	00		2.291		6.8		3.0											
27	00		1.569		6.9		3.0											
28	00	24	2.256		6.8		3.0	17				13			20			
29	00	24	3.492		6.8		2.0	20				10			20			
30	00	24	4.624		6.8		4.0	18				9			17000			
31																		
Average			4.451				3.8	19				8			29.06*			
Max.			7.401		7.0		4.0	24				13			17000			
Min.			1.569		6.7		2.0	4				3			0			
Comp.(C)/Grab(G)					G		G	C				C			G			
Monthly Limit					6-9			30				30			70			

DEM Form MR-1 (11/84

LE= 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)

_____
_____
_____
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_____
_____

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

Gilbert 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: NC0003239 **DISCHARGE NO:** 003 **MONTH:** April **YEAR:** 1986

FACILITY NAME: Camp Johnson 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 Mack D. Davis

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	08	8	.335		7.0		4.0	23				8	0					
2	08	8	.303		6.8		5.0											
3	08	8	.247		6.9		5.0	13				5	0					
4	08	8	.308		7.0		5.0											
5	08	8	.366		6.5		3.0											
6	08	8	.355		6.5		4.0											
7	08	8	.456		6.5		4.0											
8	08	8	.442		6.6		4.0	11				2	0					
9	08	8	.484		6.5		4.0											
10	08	8	.316		6.7		5.0	10				2	0					
11	08	8	.313		6.7		5.0											
12	08	8	.254		6.6		4.0											
13	08	8	.349		6.6		5.0											
14	08	8	.383		6.8		4.0											
15	08	8	.392		6.4		4.0	15				3	0					
16	08	8	.328		7.2		3.0											
17	08	8	.323		6.6		4.0	14				1	0					
18	08	8	.294		6.5		4.0											
19	08	8	.312		6.8		6.0											
20	08	8	.373		7.0		6.0											
21	08	8	.401		6.5		3.0											
22	08	8	.286		6.5		2.0	12				2	0					
23	08	8	.466		6.5		4.0											
24	08	8	.380		6.8		4.0	15				12	0					
25	08	8	.344		6.5		4.0											
26	08	8	.329		6.9		5.0											
27	08	8	.380		6.3		5.0											
28	08	8	.400		6.5		4.0											
29	08	8	.413		6.8		4.0	15				12	2					
30	08	8	.405		6.6		4.0											
31																		
Average			.358				4.2	14				5	1.08 *					
Max.			.484		7.2		6.0	23				12	2					
Min.			.247		6.3		2.0	10				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 [ ] (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:

William 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: NC0003239 **DISCHARGE NO:** 002 **MONTH:** April **YEAR:** 1986

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

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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

PERSON(s) COLLECTING SAMPLES: STP Operators

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

X Mack D. Davis

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	00	24	.9072		6.8		4.0	20				9	0					
2	00	24	.8757		6.6		4.0	19				6	0					
3	00	24	.8740		6.8		4.5	16				13	0					
4	00	24	.8550		6.8		5.0	18				8	0					
5	00	24	.9050		6.6		4.5											
6	00	24	.9493		6.8		4.0											
7	00	24	.9645		6.8		4.0	16				5	0					
8	00	24	.9131		6.6		4.0	19				4	0					
9	00	24	.7781		6.6		4.0	25				6	0					
10	00	24	.7435		6.8		3.5	18				5	2					
11	00	24	.7462		6.9		4.0	21				8	0					
12	00	24	.8641		6.9		5.0											
13	00	24	.8724		6.9		3.5											
14	00	24	.9146		6.7		4.0	20				11	10					
15	00	24	.9067		6.7		4.0	11				2	4					
16	00	24	.8662		6.8		4.0	LE				8	0					
17	00	24	.7678		6.8		4.0	23				5	0					
18	00	24	.8199		6.8		4.0	LE				4	0					
19	00	24	.8748		6.8		5.0											
20	00	24	.9013		6.6		5.0											
21	00	24	.9086		6.8		3.0	14				5	10					
22	00	24	.8779		6.8		4.0	24				5	0					
23	00	24	.8161		6.8		4.0	21				7	0					
24	00	24	.7601		6.8		5.0	18				10	10					
25	00	24	.8846		6.9		4.0	18				10	0					
26	00	24	.8980		6.9		4.0											
27	00	24	.9162		6.8		4.0											
28	00	24	.9097		6.7		4.0	20				11	2					
29	00	24	.9198		6.8		5.0	21				10	2					
30	00	24	.8934		6.7		4.0	18				9	1000					
31																		
Average			.869460				4.2	19				7	2.19*					
Max.			.9645		6.9		5.0	25				13	1000					
Min.			.7435		6.6		3.0	11				2	0					
Comp.(C)/Grab(G)					G		G	C				C	G					
Monthly Limit					6-9			30				30	200					

DEM Form MR-1 (11/84

LE = 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:

Gillian 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: NC0003239 **DISCHARGE NO:** 001 **MONTH:** April **YEAR:** 1986

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

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

Mail original and one copy to:
ATT: Central Files
Division of Environmental Management
N C Department of NRCD
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 Mack D. Davis

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	.710		6.9		4.0	9				6	2					
2	00	24	.795		6.5		4.0	8				3	2					
3	00	24	.784		6.6		3.0	7				4	0					
4	00	24	.714		6.7		4.0	8				6	0					
5	00	24	.685		6.8		4.0											
6	00	24	.680		6.6		4.0											
7	00	24	.721		6.7		4.0	6				24	0					
8	00	24	.748		6.7		4.0	8				3	0					
9	00	24	.734		6.7		4.0	10				2	0					
10	00	24	.701		6.7		4.0	7				7	0					
11	00	24	.666		6.6		4.0	8				3	0					
12	00	24	.685		6.8		4.0											
13	00	24	.645		6.8		4.0											
14	00	24	.663		7.0		4.0	7				7	0					
15	00	24	.666		6.8		4.0	5				1	0					
16	00	24	.665		6.8		4.0	LE				3	0					
17	00	24	.642		6.8		1.5	7				3	0					
18	00	24	.583		6.6		4.0	LE				1	0					
19	00	24	.503		6.8		4.0											
20	00	24	.706		6.8		4.0											
21	00	24	.613		6.8		4.0	8				4	0					
22	00	24	.617		6.8		4.0	6				1	0					
23	00	24	.664		7.0		3.0	6				2	0					
24	00	24	.664		6.8		4.0	6				6	0					
25	00	24	.693		6.8		4.0	10				6	0					
26	00	24	.614		6.8		4.0											
27	00	24	.578		6.8		4.0											
28	00	24	.653		6.8		4.0	8				5	0					
29	00	24	.647		6.9		4.0	7				2	0					
30	00	24	.589		6.4		4.0	7				2	50					
31																		
Average			.668				3.9	7				5	1.31 *					
Max.			.795		7.0		4.0	10				24	50					
Min.			.503		6.4		1.5	6				1	0					
Comp.(C)/Grab(G)					G		G	C				C	G					
Monthly Limit					6-9			30				30	200					

DEM Form MR-1 (11/84 LE= 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)

_____
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_____
_____
_____
_____

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

Gilbert 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.

Influent

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

FACILITY NAME: Camp Geiger STP COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD						
			00400	00010	00545	00310	00610	00500	00530	00340						
											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				104			106							
2	00	24				132			68							
3	00	24				160			140							
4	00	24				128			126							
5																
6																
7	00	24				132			74							
8	00	24				168			200							
9	00	24				168			70							
10	00	24				140			114							
11	00	24				136			98							
12																
13																
14	00	24				200			112							
15	00	24				108			58							
16	00	24				LE			88							
17	00	24				200			72							
18	00	24				LE			76							
19																
20																
21	00	24				164			106							
22	00	24				124			80							
23	00	24				112			72							
24	00	24				144			84							
25	00	24				164			114							
26																
27																
28	00	24				208			135							
29	00	24				152			114							
30	00	24				152			196							
31																
AVERAGE						150			105							
MONTHLY MAXIMUM						208			200							
MONTHLY MINIMUM						104			58							
SAMPLE TYPE C or G						C			C							

DEM Form MR-2 (11/84)

LE = LAB ERROR

Influent

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

FACILITY NAME: Tarawa Terrace STP COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD						
			00400	00010	00545	00310	00610	00500	00530	00340						
											ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW					
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L						
1	00	24				168			166							
2	00	24				180			78							
3	00	24				164			202							
4	00	24				156			62							
5																
6																
7	00	24				168			200							
8	00	24				188			80							
9	00	24				216			92							
10	00	24				208			132							
11	00	24				212			106							
12																
13																
14	00	24				140			225							
15	00	24				184			194							
16	00	24				LE			92							
17	00	24				200			170							
18	00	24				LE			110							
19																
20																
21	00	24				180			74							
22	00	24				160			138							
23	00	24				160			92							
24	00	24				156			246							
25	00	24				220			208							
26																
27																
28	00	24				172			92							
29	00	24				132			188							
30	00	24				208			156							
31																
AVERAGE						179			141							
MONTHLY MAXIMUM						220			208							
MONTHLY MINIMUM						132			62							
SAMPLE TYPE C or G						C			C							

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Camp Johnson STP COUNTY: Onslow

		00400	00010	00545	00310	00610	00500	00530	00340							
Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
	HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L							
08	8				100			62								
08	8				96			66								
08	8				188			24								
08	8				120			42								
08	8				180			68								
08	8				184			30								
08	8				128			47								
08	8				108			48								
08	8				68			52								
AVERAGE					130			49								
MONTHLY MAXIMUM					188			68								
MONTHLY MINIMUM					68			24								
SAMPLE TYPE C or G					C			C								

EM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Hadnot Point STP COUNTY: Onslow

		00400	00010	00545	00310	00610	00500	00530	00340							
										ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD						
		HRS	STD UNITS	°C	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L						
1	00	24				184			173							
2	00	24				160			158							
	00	24				140			124							
	00	24				164			148							
	00	24				136			132							
	00	24				164			75							
	00	24				188			120							
	00	24				148			86							
1	00	24				156			120							
2																
	00	24				172			116							
	00	24				140			106							
	00	24				LE			94							
	00	24				172			74							
3	00	24				LE			170							
9																
0																
1	00	24				100			126							
2	00	24				160			100							
	00	24				140			142							
	00	24				196			132							
	00	24				136			102							
	00	24				148			130							
	00	24				180			112							
	00	24				140			112							
VERAGE						156			121							
ONTHLY MAXIMUM						196			173							
ONTHLY MINIMUM						136			74							
AMPLE TYPE C or G						C			C							

EM Form MR-2 (11/84)

LE = LAB ERROR

Influent

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

FACILITY NAME: Rifle Range STP COUNTY: Onslow

		00400	00010	00545	00310	00610	00500	00530	00340							
										ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD							
	HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L							
08	8				60			170								
08	8				84			39								
08	8				80			20								
08	8				48			30								
08	8				88			39								
08	8				108			9								
08	8				64			13								
08	8				64			60								
08	8				116			94								
ERAGE					79			53								
ONTHLY MAXIMUM					116			170								
ONTHLY MINIMUM					48			9								
AMPLE TYPE C or G					C			C								

EM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Courthouse Bay STP COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD						
			00400	00010	00545	00310	00610	00500	00530	00340						
											ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW					
		HRS	STD UNITS	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L						
1	08	8				104			292							
2																
3	08	8				144			242							
4																
5																
6																
7																
8	08	8				SE			124							
9																
10	08	8				68			194							
11																
12																
13																
14																
15	08	8				56			92							
16																
17	08	8				60			9							
18																
19																
20																
21																
22	08	8				168			86							
23																
24	08	8				124			128							
25																
26																
27																
28																
29	08	8				124			104							
30																
31																
AVERAGE						106			141							
MONTHLY MAXIMUM						168			292							
MONTHLY MINIMUM						56			9							
SAMPLE TYPE C or G						C			C							

DEM Form MR-2 (11/84)

SE=Sample Error

Influent

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

FACILITY NAME: Onslow Beach STP COUNTY: Onslow

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					
			00400	00010	00545	00310	00610	00500	00530	00340						
		HRS	STD UNITS	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L						
1	08	8				112			78							
2																
3	08	8				LE			48							
4																
5																
6																
7																
8	08	8				104			12							
9																
10	08	8				160			54							
11																
12																
13																
14																
15	08	8				120			22							
16																
17	08	8				108			16							
18																
19																
20																
21																
22	08	8				148			70							
23																
24	08	8				124			40							
25																
26																
27																
28																
29	08	8				152			27							
30																
31																
AVERAGE						129			41							
MONTHLY MAXIMUM						152			78							
MONTHLY MINIMUM						104			12							
SAMPLE TYPE C or G						C			C							

DEM Form MR-2 (11/84)

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

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	70350			
								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											
26											
27											
28											
29	10	22	6.5	7.5	NR		300	6.1			
30											
31											
Average		22	6.5		NR		300*	6.1			
Monthly Maximum		22	6.5	7.5	NR		300	6.1			
Monthly Minimum		22	6.5	7.5	NR		300	6.1			

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	70350			
								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											
26											
27											
28											
29	10	21	8.0	7.9	3.2		0	3.6			
30											
31											
Average		21	8.0		3.2		0*	3.6			
Monthly Maximum		21	8.0	7.9	3.2		0	3.6			
Monthly Minimum		21	8.0	7.9	3.2		0	3.6			

DEM Form MR-3 (11/84)

NR=No Result

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

FACILITY NAME: Tarawa Terrace STP COUNTY: Onslow

STREAM: Northeast Creek STREAM: Northeast Creek

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

Upstream

	00010	00300	00400	00310	00340	31616	70350			
Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform +Geometric Mean	Enter Parameter Code above Name and Units Below			
							OIL + GREASE			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
10		6.7	7.5	4.3		0	4.9			
erage		6.7		4.3		0	4.9			
nthly ximum		6.7	7.5	4.3		0	4.9			
nthly nimum		6.7	7.5	4.3		0	4.9			

Downstream

	00010	00300	00400	00310	00340	31616	70350			
Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform +Geometric Mean	Enter Parameter Code above Name and Units Below			
							OIL + GREASE			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
10	21	7.7	7.7	3.8		0	2.0			
	21	7.7		3.8		0	2.0			
	21	7.7	7.7	3.8		0	2.0			
	21	7.7	7.7	3.8		0	2.0			

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

FACILITY NAME: Camp Johnson STP COUNTY: Onslow

STREAM: Northeast Creek STREAM: New River

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

Upstream

	00010	00300	00400	00310	00340	31616	70350			
Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below			
							OIL + GREASE			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
10	21	7.7	7.7	3.8		0	2.0			
Average	21	7.7		3.8		0*	2.0			
Monthly Maximum	21	7.7	7.7	3.8		0	2.0			
Monthly Minimum	21	7.7	7.7	3.8		0	2.0			

Downstream

	00010	00300	00400	00310	00340	31616	70350			
Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below			
							OIL + GREASE			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
10	21	8.0	7.9	3.2		0	3.6			
Average	21	8.0		3.2		0*	3.6			
Monthly Maximum	21	8.0	7.9	3.2		0	3.6			
Monthly Minimum	21	8.0	7.9	3.2		0	3.6			

DEM Form MR-3 (11/84)

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

FACILITY NAME: Hadnot Point STP COUNTY: Onslow

STREAM: New River STREAM: New River

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

Upstream

	00010	00300	00400	00310	00340	31616	70350			
Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below			
							OIL + GREASE			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
10	21	8.0	7.9	3.2		0	3.6			
Average	21	8.0		3.2		0	3.6			
Monthly Maximum	21	8.0	7.9	3.2		0	3.6			
Monthly Minimum	21	8.0	7.9	3.2		0	3.6			

Downstream

	00010	00300	00400	00310	00340	31616	70350			
Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below			
							OIL + GREASE			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
11	21	8.0	7.9	2.5		0	3.3			
Average	21	8.0		2.5		0	3.3			
Monthly Maximum	21	8.0	7.9	2.5		0	3.3			
Monthly Minimum	21	8.0	7.9	2.5		0	3.3			

DEM Form MR-3 (11/84)

NPDES NO: NC0003239 DISCHARGE NO: 005 MONTH: April 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

	00010	00300	00400	00310	00340	31616	70350			
Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below			
							OIL + GREASE			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
11	21	8.0	7.9	2.5		0	3.3			
Average	21	8.0		2.5		0 *	3.3			
Monthly Maximum	21	8.0	7.9	2.5		0	3.3			
Monthly Minimum	21	8.0	7.9	2.5		0	3.3			

Downstream

	00010	00300	00400	00310	00340	31616	70350			
Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below			
							OIL + GREASE			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
11	21	8.1	8.0	2.4		0	0.5			
	21	8.1		2.4		0 *	0.5			
	21	8.1	8.0	2.4		0	0.5			
	21	8.1	8.0	2.4		0	0.5			

DEM Form MR-3 (11/84)

NPDES NO: NC0003239 DISCHARGE NO: 006 MONTH: April 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

	00010	00300	00400	00310	00340	31616	70350			
Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below			
							OIL + GREASE			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
11	21	8.1	8.0	2.4		0	0.5			
Average	21	8.1		2.4		0	0.5			
Monthly Maximum	21	8.1	8.0	2.4		0	0.5			
Monthly Minimum	21	8.1	8.0	2.4		0	0.5			

Downstream

	00010	00300	00400	00310	00340	31616	70350			
Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below			
							OIL + GREASE			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
11	19	8.4	7.9	2.4		4	1.9			
Average	19	8.4		2.4		4	1.9			
Monthly Maximum	19	8.4	7.9	2.4		4	1.9			
Monthly Minimum	19	8.4	7.9	2.4		4	1.9			

DEM Form MR-3 (11/84)

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

FACILITY NAME: Onslow Beach STP COUNTY: Onslow

STREAM: Intracoastal Waterway STREAM: Intracoastal Waterway

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

Upstream

	00010	00300	00400	00310	00340	31616	70350			
Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below			
							OIL + GREASE			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
12	20	7.2	7.9	1.4		16	0.1			
ge	20	7.2		1.4		16	0.1			
ly um	20	7.2	7.9	1.4		16	0.1			
ly um	20	7.2	7.9	1.4		16	0.1			

Downstream

	00010	00300	00400	00310	00340	31616	70350			
Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below			
							OIL + GREASE			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
11	20	7.3	8.4	1.3		0	0			
	20	7.3		1.3		0	0			
	20	7.3	8.4	1.3		0	0			
	20	7.3	8.4	1.3		0	0			

UNITED STATES MARINE CORPS
Natural Resources and Environmental Affairs Division
Marine Corps Base
Camp Lejeune, North Carolina 28542

IN REPLY REFER TO:
6288
NREAD(L)
23 Apr 1986

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

Dear Sir:

In accordance with requirements of the National Pollutant Discharge Elimination System (NPDES) Permit Number NC 0003239, two copies of the Discharge Monitoring Reports (DRMs) for the month of March 1986 are submitted.

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

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

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

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

The storm drains listed on the enclosed table may be correlated with base geography and facilities by referring to maps with numbered storm drain monitoring points that have been previously

provided. Storm drains that have no values reported for the quarter were checked; however, each time they were checked they were either dry or had no flow. The Base Environmental staff is continuing to work on operational control methodology to reduce oil and grease and total suspended residue discharges. New construction to replace outdated base facilities should further reduce oil and grease and total suspended residue discharges.

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

Sincerely,

J. I. WOOTEN
Director

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

Copy to:
EPA Region IV
CMDR LANTNAVFACENGCOM
NEESA

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

Writer: D. Sharpe, NREAD 5003
Typist: J. Cross 23Apr86

EFFLUENT

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

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

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME 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	08		1.250		7.0		3.7											
2	08		1.000		6.8		4.0											
3	08	24	1.000		6.8		4.0	7				6	0					
4	08	24	1.250		6.8		4.0	4				2	0					
5	08	24	1.000		7.3		4.0	9				7	0					
6	08	24	1.250		7.1		3.8	11				7	0					
7	08	24	1.500		7.1		4.0	12				3	0					
8	08		1.500		7.2		4.0											
9	08		1.250		7.1		4.0											
10	08	24	1.250		7.1		4.0	9				7	0					
11	08	24	1.300		6.8		3.9	9				8	0					
12	08	24	1.250		6.9		3.6	7				4	0					
13	08	24	1.500		6.8		4.0	5				8	0					
14	08	24	1.000		6.9		2.9	12				6	2					
15	08		1.000		6.6		4.0											
16	08		1.000		6.6		4.0											
17	08	24	1.495		6.2		4.0	9				3	0					
18	08	24	1.500		7.0		4.0	10				5	1000					
19	08	24	1.283		6.8		4.0	9				6	0					
20	08	24	1.382		6.7		4.0	6				6	0					
21	08	24	1.000		6.8		4.0	8				2	0					
22	08		1.500		6.6		4.0											
23	08		1.518		6.6		4.0											
24	08	24	1.008		6.5		4.0	7				6	0					
25	08	24	1.250		6.6		4.0	7				7	0					
26	08	24	1.000		7.0		4.0	5				5	0					
27	08	24	1.578		6.9		4.0	8				5	0					
28	08	24	1.455		6.6		3.8	41				5	0					
29	08		1.321		6.8		4.0											
30	08		1.372		6.9		4.0											
31	08	24	1.402		6.9		4.0	7				4	0					
Average			1.270				3.9	10				5	1.4					
Max			1.578		7.1		4.0	41				8	1000					
Min			1.000		6.2		2.9	4				2	0					
Comp (C) Grab (G)					G		G	C				C	G					
Monthly Limit					6–9			30				30	200					

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

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

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

PERSON(s) COLLECTING SAMPLES: STP Operators

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME HRS	50050 FLOW EFF ☒ INF ☐ DAILY RATE MGD	00010 TEMPERATURE CELSIUS C°	00400 pH UNIT	00545 SETTLEABLE MATTER ML/L	50060 RESIDUAL CHLORINE MG/L	00310 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	08		.830		6.4		5.0											
2	08		.880		6.6		4.0											
3	08	24	.880		6.7		5.0	20				8	0					
4	08	24	.850		6.6		5.0	17				5	0					
5	08	24	.820		6.7		4.0	20				5	210					
6	08	24	.850		6.6		4.5	21				6	0					
7	08	24	.830		6.6		4.5	26				7	2					
8	08		.840		6.5		4.5											
9	08		.850		6.6		5.0											
10	08	24	.840		6.6		5.0	19				8	0					
11	08	24	.830		6.6		5.0	21				13	0					
12	08	24	.830		6.6		4.0	24				11	0					
13	08	24	.850		6.6		4.0	3				12	0					
14	08	24	.800		6.4		5.0	27				23	0					
15	08		.880		6.3		5.0											
16	08		.870		6.4		5.0											
17	08	24	.860		6.4		4.0	21				6	0					
18	08	24	.880		6.5		4.0	23				8	6					
19	08	24	.885		6.5		4.0	21				4	4					
20	08	24	.900		6.5		4.0	24				11	0					
21	08	24	.895		6.5		4.0	19				8	0					
22	08		.870		6.4		4.0											
23	08		.860		6.4		5.0											
24	08	24	.860		6.5		4.0	25				9	10					
25	08	24	.870		6.5		4.0	19				8	4					
26	08	24	.860		6.5		4.0	9				7	6					
27	08	24	.860		6.6		4.0	19				8	2					
28	08	24	.860		6.5		4.0	25				14	0					
29	08		.880		6.6		5.0											
30	08		.724		6.6		4.0											
31	08	24	.868		6.7		5.0	22				12	0					
Average			.854				4.4	20				9	2.0					
Max.			.900		6.7		5.0	27				23	210					
Min.			.724		6.3		4.0	3				4	0					
Comp (C)/ Grab(G)					G		G	C				C	G					
Monthly Limit					6-9			30				30	200					

Facility Status: (Please check one of the following)

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

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

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

_____
_____
_____
_____
_____
_____

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

_____
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

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

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

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

RTIFIED LABORATORY: Water Quality Control Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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

PERSON(s) COLLECTING SAMPLES: STP Operators

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L				
1	08		.363		6.7		5.0											
2	08		.402		6.6		5.0											
3	08		.401		7.1		5.0											
4	08	8	.460		6.8		5.0	19				6	260					
5	08		.370		6.8		5.0											
6	08	8	.389		6.6		0.0	19				14	0					
7	08		.367		6.9		5.0											
8	08		.531		6.8		5.0											
9	08		.391		6.9		5.0											
10	08		.425		6.7		5.0											
11	08	8	.412		7.1		5.0	17				16	0					
12	08		.430		6.8		4.0											
13	08	8	.394		6.8		6.0	18				8	0					
14	08		.742		7.0		5.0											
15	08		.380		7.0		5.0											
16	08		.396		6.5		5.0											
17	08		.487		7.0		4.0											
18	08	8	.416		6.5		5.0	14				5	0					
19	08		.675		6.4		4.0											
20	08	8	.490		6.6		2.0	12				6	0					
21	08		.423		6.6		5.0											
22	08		.407		6.5		4.0											
23	08		.434		6.6		4.0											
24	08		.438		6.8		4.0											
25	08	8	.447		6.8		4.0	12				9	0					
26	08		.511		6.9		4.0											
27	08	8	.547		7.0		4.0	13				6	0					
28	08		.519		6.9		4.0											
29	08		.333		6.4		6.0											
30	08		.359		6.5		6.0											
31	08		.413		7.0		6.0											
Average			.444				4.5	16				9	2.0					
Max			.675		7.1		6.0	19				16	260					
Min			.333		6.4		0.0	12				5	0					
Comp (C) Grab (G)					G		G	C				C	G					
Monthly Limit					6-9			30				30	200					

Facility Status: (Please check one of the following)

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

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

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

See cover letter for explanation.

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

Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

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

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

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

RTIFIED LABORATORY: Water Quality Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

PERSON(s) COLLECTING SAMPLES: STP Operators

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME HRS	50050 FLOW EFF ☒ INF ☒ DAILY RATE MGD	00010 TEMPERATURE CELSIUS C°	00400 pH UNIT	00545 SETTLEABLE MATTER ML/L	50060 RESIDUAL CHLORINE MG/L	00310 BOD_5 20°C MG/L	00340 COD MG/L	00610 AMMONIA NITROGEN MG/L	00500 TOTAL RESIDUE MG/L	00530 TOTAL SUSPENDED RESIDUE MG/L	31616 FECAL COLIFORM Geometric Mean /100 ML	00300 DISSOLVED OXYGEN MG/L	31504 TOTAL COLIFORM GEOMETRIC MEAN /100 ML			
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
1	08		3.754		6.9		4.0											
2	08		3.699		6.8		4.0											
3	08	24	4.301		6.8		4.0	16				9			20			
4	08	24	4.320		6.8		4.0	16				4			20			
5	08	24	4.403		6.8		4.0	21				5			0			
6	08	24	4.016		6.8		4.0	21				6			30			
7	08	24	4.011		6.9		4.0	27				6			1000			
8	08		3.650		6.8		4.0											
9	08		3.609		6.8		4.0											
10	08	24	4.059		6.8		4.0	18				8			10			
11	08	24	4.200		6.9		3.7	18				12			0			
12	08	24	3.971		6.9		3.9	15				7			8			
13	08	24	4.323		6.9		4.0	15				6			10			
14	08	24	5.970		7.0		4.0	26				21			4			
15	08		4.757		6.9		4.0											
16	08		4.777		6.8		4.0											
17	08	24	5.571		6.8		4.0	16				9			104			
18	08	24	5.922		6.9		4.0	17				7			16			
19	08	24	4.966		7.0		4.0	26				10			160			
20	08	24	5.179		6.9		4.0	19				8			6			
21	08	24	4.664		6.9		4.0	20				8			0			
22	08		3.813		6.8		4.0											
23	08		3.882		6.8		4.0											
24	08	24	3.721		–		4.0	16				5			66			
25	08	24	3.720		6.8		4.0	15				6			16			
26	08	24	3.835		6.9		4.0	9				5			12			
27	08	24	4.258		6.9		4.0	25				9			30			
28	08	24	4.012		6.8		4.0	23				11			20			
29	08		3.748		6.9		4.0											
30	08		4.073		–		4.0											
31	08	24	4.525		6.8		4.0	13				6			14			
Average			4.313				4.0	19				8			15.2*			
Max			5.970		7.0		4.0	27				21			1000			
Min			3.609		6.8		3.7	9				4			0			
Comp (C)/ Grab(G)					G		G	C				C			G			
Monthly Limit					6–9			30				30			70			

DEM 1 MR 1 (1-84)

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	00665	Total Phosphorous	01034	Chromium	01147	Total Selenium	50050	Flow
00340	COD	00720	Cyanide	01037	Total Cobalt	31504	Total Coliform	50060	Total Residual Chlorine
00400	pH	00745	Total Sulfide	01042	Copper	31614	Fecal Coliform, MPN, Tube	71880	Formaldehyde
00500	Total Solids	00927	Total Magnesium	01045	Total Iron	31616	Fecal Coliform	71900	Mercury
00530	TSS	00929	Total Sodium	01051	Lead	32730	Total Phenolics	81318	Ferrocyanides
00545	Settleable Solids	00940	Total Chloride	01067	Nickel	38260	MBAS	85652	Time

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

If using alternate units for reporting data, please designate.

EFFLUENT

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

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

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

ERTIFIED LABORATORY: Water Quality Control Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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

PERSON(s) COLLECTING SAMPLES: STP Operators

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME HRS	50050 FLOW EFF ☒ INF ☐ DAILY RATE MGD	00010 TEMPERATURE CELSIUS C°	00400 pH UNIT	00545 SETTLEABLE MATTER ML/L	50060 RESIDUAL CHLORINE MG/L	00310 BOD_5 20°C MG/L	00340 COD MG/L	00610 AMMONIA NITROGEN MG/L	00500 TOTAL RESIDUE MG/L	00530 TOTAL SUSPENDED RESIDUE MG/L	31616 FECAL COLIFORM Geometric Mean /100 ML	00300 DISSOLVED OXYGEN MG/L	31504 TOTAL COLIFORM GEOMETRIC MEAN /100ML			
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
1	08		.15745		6.4		5.3											
2	08		.20826		6.5		4.7											
3	08		.16841		6.6		7.5											
4	08	8	.16898		6.5		3.5	11				1			0			
5	08		.21021		6.5		2.6											
6	08	8	.16791		6.5		5.0	7				4			0			
7	08		.18303		6.5		3.7											
8	08		.17656		6.6		4.6											
9	08		.17939		6.5		5.7											
10	08		.16668		6.6		4.6											
11	08	8	.19379		6.5		4.5	6				5			0			
12	08		.19492		6.5		3.3											
13	08	8	.17085		6.6		3.3	6				2			0			
14	08		.31334		6.5		3.5											
15	08		.24216		6.5		5.1											
16	08		.23558		6.6		6.0											
17	08		.24358		6.5		6.0											
18	08	8	.22762		6.5		6.0	9				3			0			
19	08		.23485		6.5		3.0											
20	08	8	.25292		6.5		3.3	11				5			0			
21	08		.24064		6.5		4.9											
22	08		.22329		6.4		2.7											
23	08		.24004		6.3		5.5											
24	08		.20793		6.4		5.0											
25	08	8	.22723		6.4		4.2	8				6			10			
26	08		.23117		6.4		5.0											
27	08	8	.29699		6.6		4.0	11				4			2			
28	08		.16949		6.3		3.4											
29	08		.21338		6.3		7.4											
30	08		.19886		6.3		8.0											
31	08		.18992		6.3		8.0											
Average			.21082				4.8	9				4			1.6			
Max			.31334		6.6		8.0	11				6			10			
Min			.15745		6.3		2.6	6				1			0			
Comp (C) Grab (G)					G		G	C				C			G			
Monthly Limit					6-9			30				30			70			

Facility Status: (Please check one of the following)

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

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

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

See cover letter for explanation.

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

_____
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

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

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

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

RTIFIED LABORATORY: Water Quality Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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

PERSON(s) COLLECTING SAMPLES: STP Operators

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	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 TOTAL COLIFORM GEOMETRIC 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	/100ml			
1	08		.25450		6.8		3.9											
2	08		.31430		6.8		2.7											
3	08		.46910		6.7		1.9											
4	08	8	.46340		6.7		2.0	13				3			0			
5	08		.44090		6.8		1.8											
6	08	8	.31212		6.9		1.6	13				7			N.S.			
7	08		.44714		6.7		2.9											
8	08		.45461		6.7		4.3											
9	08		.45408		6.7		4.0											
10	08		.45406		6.5		4.1											
11	08	8	.35794		6.7		2.8	13				12			0			
12	08		.56220		6.7		3.1											
13	08	8	.50620		6.6		1.9	8				4			0			
14	08		.48580		6.7		1.7											
15	08		.48380		6.7		1.8											
16	08		.48710		6.6		2.0											
17	08		.48560		6.7		2.0											
18	08	8	.44900		6.7		2.0	8				1			2			
19	08		.46550		6.6		2.4											
20	08	8	.48820		6.6		1.5	8				1			0			
21	08		.44360		6.7		2.0											
22	08		.44600		6.6		1.8											
23	08		.49230		6.6		3.3											
24	08		.33430		6.7		3.1											
25	08	8	.33210		6.8		1.8	7				10			20			
26	08		.30310		6.8		1.4											
27	08	8	.36300		6.8		2.4	11				9			0			
28	08		.36300		6.6		2.8											
29	08		.47130		6.9		2.9											
30	08		.21750		6.7		4.2											
31	08		.42430		6.8		2.1											
Average			.420195				2.5	10				6			1.6*			
Max.			.56220		6.9		4.3	13				12			20			
Min.			.25450		6.5		1.4	7				1			0			
Comp (C)/ Grab (G)					G		G	C				C			G			
Monthly Limit					6-9			30				30			70			

DEM 1 MR 1 (11-83)

N.S. = No Sample

Facility Status: (Please check one of the following)

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

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

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

_____

_____

_____

_____

_____

_____

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
00534	Settleable Solids	00940	Total Chloride	01067	Nickel	38260	MBAS	85652	Time

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

If using alternate units for reporting data, please designate.

EFFLUENT

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

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

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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	31504 TOTAL COLIFORM GEOMETRIC MEAN			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100ML	MG/L	/100ML			
1	08		.08014		6.5		4.0											
2	08		.06952		6.5		4.0											
3	08		.09361		6.3		4.1											
4	08	8	.16695		6.3		4.0	12				2			0			
5	08		.17843		6.5		6.0											
6	08	8	.19118		6.6		5.0	18				5			12			
7	08		.13522		6.4		4.0											
8	08		.16887		6.4		5.0											
9	08		.19385		6.6		5.0											
10	08		.19194		6.4		4.0											
11	08	8	.14816		6.6		5.0	17				11			0			
12	08		.16713		6.5		4.0											
13	08	8	.10294		6.8		4.0	20				3			16			
14	08		.15870		6.5		5.0											
15	08		.12483		6.4		6.0											
16	08		.14401		6.6		5.0											
17	08		.15818		6.0		5.0											
18	08	8	.17512		6.3		5.0	26				L.E.			2			
19	08		.11620		6.6		5.0											
20	08	8	.13574		6.5		4.0	17				2			0			
21	08		.11039		6.5		5.0											
22	08		.11039		6.5		5.0											
23	08		.16561		6.4		4.0											
24	08		.10796		6.4		4.0											
25	08	8	.10464		6.5		6.0	9				6			10			
26	08		.08438		6.6		6.0											
27	08	8	.08438		6.4		5.0	15				1			0			
28	08		.06888		6.4		6.0											
29	08		.07661		6.4		4.0											
30	08		.09111		6.6		6.0											
31	08		.08146		7.0		4.0											
Average			.128597				4.8	17				4			2.8			
Max			.19385		7.0		6.0	26				11			16			
Min			.06888		6.0		4.0	9				1			0			
Comp (C)/Grab(G)					G		G	C				C			C			
Monthly Limit					6-9			30				30			70			

DEM 1 MR-1 (11-8) L.E. = Lab Error

Facility Status: (Please check one of the following)

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

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

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

See cover letter for explanation.

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

Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

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

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

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

ERTIFIED 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 MGD	00010 TEMPERATURE CELSIUS C°	00400 pH UNIT	00545 SETTLEABLE MATTER ML/L	50060 RESIDUAL CHLORINE MG/L	00310 BOD_5 20°C MG/L	00340 COD MG/L	00610 AMMONIA NITROGEN MG/L	00500 TOTAL RESIDUE MG/L	00530 TOTAL SUSPENDED RESIDUE MG/L	31616 FECAL COLIFORM Geometric Mean /100 ML	00300 DISSOLVED OXYGEN MG/L	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
1																		
2																		
3																		
4		8			8.1							2.0						
5																		
6																		
7																		
8																		
9																		
10																		
11		8			8.1							6.0						
12																		
13																		
14																		
15																		
16																		
17																		
18		8			7.8							2.0						
19																		
20																		
21																		
22																		
23																		
24																		
25		8			8.2							2.3						
26																		
27																		
28																		
29																		
30																		
31																		
Average												3.1						
Max					8.2							6.0						
Min.					7.8							2.0						
Comp (C) / Grab (G)					G							C						
Monthly Limit					6-10							30						

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: March YEAR: 1986

FACILITY NAME: Camp Geiger STP COUNTY: Onslow

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

DEM Form MR 2 (11/84)

Influent

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

FACILITY NAME: Tarawa Terrace COUNTY: Onslow

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

EM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Camp Johnson STP COUNTY: Onslow

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

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Hadnot Point STP COUNTY: Onslow

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

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Rifle Range STP COUNTY: Onslow

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						
			00400	00010	00545	00310	00610	00500	00530	00340							
		HRS	STD UNITS	°C	ml/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2																	
3																	
4	08	8				44			48								
5																	
6	08	8				40			14								
7																	
8																	
9																	
0																	
1	08	8				20			38								
2																	
3	08	8				24			38								
4																	
5																	
6																	
7																	
8	08	8				40			29								
9																	
0	08	8				68			24								
1																	
2																	
3																	
4																	
5	08	8				64			33								
6																	
7	08	8				80			110								
8																	
9																	
0																	
1																	
AVERAGE						48			42								
MONTHLY MAXIMUM						80			110								
MONTHLY MINIMUM						20			14								
SAMPLE TYPE C or G						C			C								

NPDES Form MR-2 (11/84)

Influent

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

FACILITY NAME: Courthouse Bay STP COUNTY: Onslow

	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
			00400	00010	00545	00310	00610	00500	00530	00340							
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2																	
3																	
4	08	8				60			52								
5																	
6	08	8				120			3550								
7																	
8																	
9																	
10																	
11	08	8				148			278								
12																	
13	08	8				172			100								
14																	
15																	
16																	
17																	
18	08	8				60			56								
19																	
20	08	8				84			28								
21																	
22																	
23																	
24																	
25	08	8				104			144								
26																	
27	08	8				100			70								
28																	
29																	
30																	
31																	
AVERAGE						106			535								
MONTHLY MAXIMUM						172			3550								
MONTHLY MINIMUM						60			28								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Onslow Beach STP COUNTY: Onslow

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

DEM Form MR-2 (11/84)

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

FACILITY NAME: Camp Geiger STP COUNTY: Onslow

STREAM: New River STREAM: New River

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

Upstream

	00010	00300	00400	00310	00340	31616	00556			
Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below OIL & GREASE			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/l			
09	13	13.5	8.5	13.2		16	6.9			
Average	13	13.5		13.2		16*	6.9			
Monthly Maximum	13	13.5	8.5	13.2		16	6.9			
Monthly Minimum	13	13.5	8.5	13.2		16	6.9			

Downstream

	00010	00300	00400	00310	00340	31616	00556			
Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below OIL & GREASE			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/l			
10	12	11.0	8.1	2.9		64	N.R.			
	12	11.0		2.9		64*				
	12	11.0	8.1	2.9		64				
	12	11.0	8.1	2.9		64				

EM Form MR-3 (11/84)

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

FACILITY NAME: Tarawa Terrace STP COUNTY: Onslow

STREAM: Northeast Creek STREAM: Northeast Creek

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

Upstream

	00010	00300	00400	00310	00340	31616	00556			
Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below: O/L & GREASE			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
09	12	8.7	6.9	0.3		6	N.R.			
erage	12	8.7		0.3		6*				
thly ximum	12	8.7	6.9	0.3		6				
thly imum	12	8.7	6.9	0.3		6				

Downstream

	00010	00300	00400	00310	00340	31616	00556			
Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below: O/L & GREASE			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
10	12	10.2	7.7	2.0		42	N.R.			
	12	10.2		2.0		42*				
	12	10.2	7.7	2.0		42				
	12	10.2	7.7	2.0		42				

EM Form MR-3 (11/84)

N.R. = NO result

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

FACILITY NAME: Camp Johnson STP COUNTY: Onslow

STREAM: Northeast Creek STREAM: New River

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

Upstream

	00010	00300	00400	00310	00340	31616	00556			
Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below: OIL & GREASE			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
10	12	10.2	7.7	2.0		42	N.R.			
Average	12	10.2		2.0		42*				
Monthly Maximum	12	10.2	7.7	2.0		42				
Monthly Minimum	12	10.2	7.7	2.0		42				

Downstream

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

DEM Form MR-3 (11/84)

N.R. = No Result

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

CILITY NAME: Hadnot Point STP COUNTY: Onslow

STREAM: New River STREAM: New River

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

Upstream

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

Downstream

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

DEM Form MR-3 (11/84)

N.R.= no Result

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

FACILITY NAME: Rifle Range STP COUNTY: Onslow

STREAM: New River STREAM: New River

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

Upstream

	00010	00300	00400	00310	00340	31616	00556			
Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below: OIL & GREASE			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
10	12	11.4	8.1	3.6		0	N.R.			
Average	12	11.4		3.6		0 *				
Monthly Maximum	12	11.4	8.1	3.6		0				
Monthly Minimum	12	11.4	8.1	3.6		0				

Downstream

	00010	00300	00400	00310	00340	31616	00556			
Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below: OIL & GREASE			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
10	12	10.6	8.1	1.6		4	N.R.			
Average	12	10.6		1.6		4 *				
Monthly Maximum	12	10.6	8.1	1.6		4				
Monthly Minimum	12	10.6	8.1	1.6		4				

DEM Form MR-3 (11/84)

N.R. = No Result

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

FACILITY NAME: Courthouse Bay STP COUNTY: Onslow

STREAM: New River STREAM: New River

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

Upstream

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

Downstream

	00010	00300	00400	00310	00340	31616	00556			
Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below: OIL & GREASE			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
11	12	9.6	8.1	0.3		0	N.R.			
Average	12	9.6		0.3		0*				
Monthly Maximum	12	9.6	8.1	0.3		0				
Monthly Minimum	12	9.6	8.1	0.3		0				

EM Form MR-3 (11/84)

N.R. = No Result

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

FACILITY NAME: Onslow Beach STP COUNTY: Onslow

STREAM: Intracoastal Waterway STREAM: Intracoastal Waterway

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

Upstream

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

Downstream

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

EM Form MR-3 (11/84)

N.R. = No Result

STORM DRAINS

NPDES NO: NC0003239 MONTH: March YEAR: 1986

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

STORM DRAIN NUMBER	DATE COLLECTED	FLOW 50050	pH 00400	TOTAL SUSPENDED RESIDUE 00530	OIL & GREASE 00556
34	13 Mar 86	291,600	7.7	0	0
35	13 Mar 86	No Flow			
39	11 Mar 86	Dry			
40	11 Mar 86	109,350	8.0	3.8	0
41	11 Mar 86	874,800	7.6	3.4	3.0
42	11 Mar 86	387,244	7.8	204.8	0
43	11 Mar 86	193,622	7.7	45.6	0
44	11 Mar 86	4,272,523	7.6	66.4	0
45	11 Mar 86	971,028	7.5	2.6	0.6
46	11 Mar 86	145,800	7.4	6.8	1.5
47	11 Mar 86	192,456	7.7	2.4	1.5
67	3 Mar 86	69,984	7.3	0.8	1.5
68	3 Mar 86	1,154,736	7.1	0.8	2.9
69	3 Mar 86	1,166,400	6.7	1.6	0
70	3 Mar 86	Dry			
71	3 Mar 86	Dry			
72	3 Mar 86	23,328	7.0	1.2	1.0
73	13 Mar 86	12,101	7.9	22	0
74	13 Mar 86	48,600	7.1	5	3.0
75	13 Mar 86	Dry			
76	13 Mar 86	Dry			
77	13 Mar 86	Dry			
78	13 Mar 86	218,700	7.0	8	0.1
79	13 Mar 86	19,421	7.7	2	0.8
80	13 Mar 86	Dry			
81	3 Mar 86	2.916,000	6.5	0.8	1.0
82	3 Mar 86	699,840	7.0	2.4	3.1
83	3 Mar 86	15,396	7.4	1.6	0
84	3 Mar 86	No Flow			
85	3 Mar 86	Dry			
86	3 Mar 86	874,800	7.0	0.4	0
87	3 Mar 86	583,200	6.8	2.4	0
88	3 Mar 86	Dry			

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

OPNAV 5216/144A (Rev. 8-81)
S/N 0107-LF-052-2320

DDS

DEPARTMENT OF THE NAVY

T-6288

Memorandum

11345.4
MAIN

DATE: 7 April 1986

FROM: Wastewater Treatment Plant Operator Foreman

TO: Director, Natural Resources and Environmental Affairs
Via: Director, Utilities Branch

SUBJ: PERMIT VIOLATIONS FOR MONTH OF MARCH 1986

1. Onslow Beach violated the BOD and SS parameters of 85% removal, obtaining an average BOD of 92 raw, 17 final, 77% removal, and Suspended Solids of 28 raw, 4 final, 82% removal. I cite low influent BOD and SS as reason for above violation.

2. Rifle Range violated the BOD parameter of 85% removal, obtaining a raw of 48, 9 final, 80% removal. Again, low influent BOD loading appears to be the reason for violation.

3. Camp Johnson violated the BOD and SS parameters of 85% removal, obtaining BOD of 104 raw, 16 final, 80% removal, and SS of 67 raw, 9 final, 84% removal. The secondary sludge drawoff line was partially obstructed with lime deposit, and this condition coupled with low influent BOD and SS levels appears to be the reason for these results.

4. A large temperature variation during the month also contributed due to detrimental affect on zoogleal mass organisms on trickling filters.

M. D. DAVIS, JR

- -

11345
MAIN
7 April 1986

FIRST ENDORSEMENT

From: Director, Utilities Branch
To: Director, Natural Resources and Environmental Affairs

1. Forwarded for appropriate action.

G. S. JOHNSON, JR

☆U.S. GOVERNMENT PRINTING OFFICE: 1985 — 505-012/18049

6288
NREAD

MAR 25 1986

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 NC 0003239, Discharge Monitoring Reports (DMRs) for the month of February 1986 are submitted.

Camp Johnson Wastewater Treatment Plant violated the NPDES permit requirement for monthly Total Suspended Residue (TSR) percent removal avearge for February 1986. The violation is attributed to the low TSR loading. February's influent and effluent monthly averages were 45 mg/l and 7 mg/l respectively.

Rifle Range Wastewater Treatment Plant violated the NPDES permit requirement for monthly Biochemcial Oxygen Demand (BOD) percent removal average for February 1986. The violation is attributed to the low BOD loading. February's influent and effluent monthly averages were 51 mg/l and 8 mg/l respectively.

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.

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,

P. E. BLACK
Acting
Director, Natural Resources Division
Assistant Chief of Staff, Facilities
By direction of the Commanding General

Encls:
(1) DEM Form MR-2

Copy to:
EPA Region IV
CMDR LANTNAVFACENGCOM
NEESA

Blind copy to:
BMAINT(UTIL DIR)
NREAD (QCL 2)

Drafter: E. Betz, NREAD, 5003
Typist: T. Hardison, 25 Mar 86

EFFLUENT

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

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

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

Mail original and one copy to:
ATT: Central Files
Division of Environmental Management
N C Department of NRCD
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 HRS	50050 FLOW EFF XX INF XX 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			1.116		7.0		4.0											
2			1.227		6.9		4.0											
3	00	24	1.219		6.8		4.0	16				8	0					
4	00	24	1.136		6.9		4.0	12				6	2					
5	00	24	1.285		7.2		4.0	8				2	0					
6	00	24	1.125		6.9		4.0	5				3	0					
7	00	24	1.114		6.9		4.0	5				2	0					
8			1.157		7.0		4.0											
9			1.159		7.0		4.0											
10	00	24	1.156		7.0		4.0	LE				3	0					
11	00	24	1.153		7.0		4.0	9				8	0					
12	00	24	1.150		6.8		4.0	8				4	0					
13	00	24	1.151		7.0		4.0	6				1	0					
14	00	24	1.155		7.0		4.0	8				6	0					
15			1.124		7.0		4.0											
16			1.139		7.0		4.0											
17	00	24	0.820		7.0		4.0	9				4	0					
18	00	24	0.984		6.6		4.0	6				3	SE					
19	00	24	0.941		6.6		4.0	5				2	0					
20	00	24	1.171		6.7		4.0	6				3	0					
21	00	24	1.040		6.5		4.0	9				6	0					
22			1.193		6.5		3.5											
23			1.134		6.8		3.4											
24	00	24	0.776		6.7		4.0	7				7	0					
25	00	24	0.806		6.8		3.7	10				4	0					
26	00	24	1.113		6.8		3.2	8				8	0					
27	00	24	1.154		7.0		4.0	7				3	2					
28	00	24	0.943		6.6		4.0	9				10	0					
29																		
30																		
31																		
Average			1.094				3.9	8				5	1.08*					
Max.			1.285		7.2		4.0	16				10	2					
Min.			0.776		6.5		3.2	5				1	0					
Comp.(C)/Grab(G)					G		G	C				C	G					
Monthly Limit					6-9			30				30	200					

DEM Form MR-1 (11/84)

LE = Lab Error SE = 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: 002 MONTH: February YEAR: 1986

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

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

PERSON(s) COLLECTING SAMPLES: STP Operators

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME HRS	50050 FLOW EFF ☒ INF ☒ DAILY RATE MGD	00010 TEMPERATURE CELSIUS C°	00400 pH UNIT	00545 SETTLEABLE MATTER ML/L	50060 RESIDUAL CHLORINE MG/L	00310 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			.9042		6.5		4.0											
2			.8948		6.7		5.0											
3	00	24	.8711		6.6		4.0	26				13	8					
4	00	24	.8995		6.6		5.0	22				8	0					
5	00	24	.8900		6.6		4.0	23				6	20					
6	00	24	.8500		6.5		4.5	24				11	2					
7	00	24	.8800		6.6		4.5	28				15	0					
8			.8900		6.5		4.5											
9			.8800		6.6		4.5											
10	00	24	.9000		6.5		4.5	LE				6	0					
11	00	24	.9000		6.5		5.0	22				19	0					
12	00	24	.8700		6.6		4.0	26				11	0					
13	00	24	.9000		6.5		4.0	31				12	4					
14	00	24	.8700		6.5		4.0	24				14	280					
15			.8500		6.4		5.0											
16			.8600		6.2		5.0											
17	00	24	.8700		6.4		5.0	15				12	12					
18	00	24	.8800		6.3		4.0	20				9	0					
19	00	24	.9000		6.6		4.0	17				6	6					
20	00	24	.8800		6.4		4.0	18				11	0					
21	00	24	.8800		6.4		4.0	18				10	0					
22			.8800		6.5		4.0											
23			.8800		6.4		4.0											
24	00	24	.8800		6.5		4.0	23				6	0					
25	00	24	.8850		6.2		5.0	22				9	10					
26	00	24	.8900		6.5		4.0	18				6	0					
27	00	24	.8850		SE		4.5	19				6	2					
28	00	24	.8200		6.6		4.0	16				11	0					
29																		
30																		
31																		
Average			.8800				4.3	22				10	2.73*					
Max.			.9042		6.7		5.0	31				19	280					
Min.			.8200		6.2		4.0	15				6	0					
Comp.(C)/Grab(G)					G		G	C				C	G					
Monthly Limit					6–9			30				30	200					

DEM Form MR-1 (11/84)

LE = Lab Error

Facility Status: (Please check one of the following)

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

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

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

_____
_____
_____
_____
_____
_____

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

_____
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0003239 DISCHARGE NO: 003 MONTH: February YEAR: 1986

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

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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

PERSON(s) COLLECTING SAMPLES: STP Operators

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME HRS	50050 FLOW EFF☒ INF☒ DAILY RATE MGD	00010 TEMPERATURE CELSIUS C°	00400 pH UNIT	00545 SETTLEABLE MATTER ML/L	50060 RESIDUAL CHLORINE MG/L	00310 BOD_5 20°C MG/L	00340 COD MG/L	00610 AMMONIA NITROGEN MG/L	00500 TOTAL RESIDUE MG/L	00530 TOTAL SUSPENDED RESIDUE MG/L	31616 FECAL COLIFORM Geometric Mean /100 ML	00300 DISSOLVED OXYGEN MG/L	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
1			.4272		6.7		6.0											
2			.2470		6.8		6.0											
3			.3342		6.9		2.5											
4	08	8	.4183		6.7		5.0	19				7	2					
5			.2629		6.7		5.0											
6	08	8	.3495		6.7		5.0	15				5	0					
7			.3230		6.7		6.0											
8			.3800		6.6		5.0											
9			.3860		6.7		5.0											
10			.4200		6.7		4.0											
11	08	8	.4240		6.8		4.0	26				12	0					
12			.4300		6.9		5.0											
13	08	8	.4420		6.8		4.0	13				2	0					
14			.3410		7.0		6.0											
15			.3350		6.7		6.0											
16			.3140		6.8		4.0											
17			.3150		6.7		6.0											
18	08	8	.3500		6.9		2.0	13				4	248					
19			.4130		6.8		4.0											
20	08	8	.5270		6.9		6.0	14				8	0					
21			.3850		6.8		4.0											
22			.4120		6.6		4.0											
23			.4690		6.6		4.0											
24			.4480		6.8		4.0											
25	08	8	.4260		6.7		5.0	21				9	0					
26			.4270		6.7		4.0											
27	08	8	.3970		6.7		4.0	14				6	0					
28			.3460		6.7		6.0											
29																		
30																		
31																		
Average			.3838				4.7	17				7	2.17*					
Max.			.5270		7.0		6.0	26				12	248					
Min.			.2470		6.6		2.0	13				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)

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)

_____
_____
_____
_____
_____
_____

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: February 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 HRS	50050 FLOW EFF ☒ INF ☒ DAILY RATE MGD	00010 TEMPERATURE CELSIUS C°	00400 pH UNIT	00545 SETTLEABLE MATTER ML/L	50060 RESIDUAL CHLORINE MG/L	00310 BOD5 20°C MG/L	00340 COD MG/L	00610 AMMONIA NITROGEN MG/L	00500 TOTAL RESIDUE MG/L	00530 TOTAL SUSPENDED RESIDUE MG/L	31616 FECAL COLIFORM Geometric Mean /100 ML	00300 DISSOLVED OXYGEN MG/L	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW: Total Coliform *Geo Mean			
1	00	24	4.370		6.8		4.1											
2	00	24	4.762		6.9		4.0											
3	00	24	5.193		6.9		4.0	18				8			60			
4	00	24	4.675		6.8		4.0	18				11			36			
5	00	24	5.102		6.8		4.0	17				8			60			
6	00	24	5.478		6.7		4.3	17				8			10			
7	00	24	6.533		6.8		4.0	20				5			20			
8	00	24	4.577		6.8		4.1											
9	00	24	5.005		6.8		4.0											
10	00	24	5.550		6.8		4.0	LE				3			410			
11	00	24	6.225		6.7		4.3	13				14			6			
12	00	24	4.185		6.8		4.0	16				3			10			
13	00	24	4.204		6.8		4.0	18				6			60			
14	00	24	3.909		6.9		4.0	22				7			4			
15	00	24	3.810		6.8		4.0											
16	00	24	3.598		6.7		4.0											
17	00	24	4.079		6.7		4.0	13				8			36			
18	00	24	4.580		6.7		4.0	12				4			114			
19	00	24	4.659		6.7		4.0	14				5			28			
20	00	24	5.041		6.7		4.0	15				5			1000			
21	00	24	5.053		6.8		4.0	20				6			40			
22	00	24	3.809		6.8		4.0											
23	00	24	3.765		6.8		4.0											
24	00	24	4.108		7.0		4.0	19				4			20			
25	00	24	4.234		7.0		4.0	16				4			20			
26	00	24	4.116		7.0		4.0	17				6			100			
27	00	24	4.501		7.0		4.0	21				8			40			
28	00	24	4.350		7.0		4.0	22				9			80			
29																		
30																		
31																		
Average			4.624				4.0	17				7			*39.76			
Max.			6.533		7.0		4.3	22				14			1000			
Min.			3.598		6.8		4.0	12				3			4			
Comp (C)/Grab (G)					G		G	C				C			G			
Monthly Limit					6-9			30				30			70			

DEM Form MR-1 (11/84

LE = Lab Error

Facility Status: (Please check one of the following)

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

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

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

_____
_____
_____
_____
_____
_____

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

_____
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

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

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

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

PERSON(s) COLLECTING SAMPLES: STP Operators

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME HRS	50050 FLOW EFF ☒ INF ☐ DAILY RATE MGD	00010 TEMPERATURE CELSIUS C°	00400 pH UNIT	00545 SETTLEABLE MATTER ML/L	50060 RESIDUAL CHLORINE MG/L	00310 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: Total Coliform #Geo Mean			
1			.23015		6.4		4.2											
2			.23457		6.4		4.1											
3			.25992		6.4		3.2											
4	08	8	.27921		6.4		4.4	6				3			2			
5			.23214		6.4		3.5											
6	08	8	.27355		6.4		2.1	7				3			0			
7			.34751		6.4		3.6											
8			.18259		6.4		5.4											
9			.19871		6.4		5.1											
10			.23064		6.5		4.5											
11	08	8	.24063		6.4		4.0	8				9			0			
12			.29798		6.4		2.0											
13	08	8	.21944		6.4		4.0	12				2			0			
14			.20919		6.4		5.3											
15			.21596		6.4		4.3											
16			.18767		6.7		5.0											
17			.19470		6.4		5.3											
18	08	8	.20731		6.4		6.3	5				3			0			
19			.18084		6.4		6.0											
20	08	8	.22564		6.7		5.0	6				5			0			
21			.10981		6.4		5.2											
22			.18778		6.5		5.2											
23			.16846		6.4		7.0											
24			.26071		6.5		4.0											
25	08	8	.21133		6.5		3.0	8				3			20			
26			.21108		6.5		4.2											
27	08	8	.22720		6.6		4.8	10				6			0			
28			.17674		6.5		2.8											
29																		
30																		
31																		
Average			.22148				4.4	8				4			1.59*			
Max.			.29798		6.7		7.0	12				9			20			
Min.			.10981		6.4		2.0	5				2			0			
Comp.(C)/Grab(G)					G		G	C				C			C			
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)

_____
_____
_____
_____
_____
_____

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: February 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

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME HRS	50050 FLOW EFF ☒ INF ☒ DAILY RATE MGD	00010 TEMPERATURE CELSIUS C°	00400 pH UNIT	00545 SETTLEABLE MATTER ML/L	50060 RESIDUAL CHLORINE MG/L	00310 BOD5 20°C MG/L	00340 COD MG/L	00610 AMMONIA NITROGEN MG/L	00500 TOTAL RESIDUE MG/L	00530 TOTAL SUSPENDED RESIDUE MG/L	31616 FECAL COLIFORM Geometric Mean /100 ML	00300 DISSOLVED OXYGEN MG/L	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW: Total Coliform *Geo Mean			
1			.483		6.8		2.4											
2			.496		6.8		2.9											
3			.400		6.8		1.8											
4	08	8	.448		6.8		2.3	9				2			2			
5			.470		6.7		2.2											
6	08	8	.476		6.6		2.6	10				6			18			
7			.487		6.7		2.1											
8			.470		6.8		2.7											
9			.403		6.7		2.1											
10			.405		6.8		1.8											
11	08	8	.481		6.8		1.9	14				15			0			
12			.441		6.8		1.9											
13	08	8	.356		6.8		2.2	23				9			58			
14			.377		6.7		2.3											
15			.457		6.7		2.2											
16			.465		6.8		2.0											
17			.445		6.6		2.3											
18	08	8	.521		6.8		2.0	9				5			18			
19			.520		6.8		2.3											
20	08	8	.482		6.8		2.5	SE				9			20			
21			.465		6.8		2.5											
22			.476		6.8		1.8											
23			.464		6.8		2.6											
24			.418		6.6		2.9											
25	08	8	.469		6.8		2.7	1				4			50			
26			.409		6.7		2.4											
27	08	8	.402		6.6		2.6	17				8			10			
28			.490		6.6		2.2											
29																		
30																		
31																		
Average			.453				2.3	12				7			11.80*			
Max.			.521		6.8		2.9	23				15			58			
Min.			.356		6.6		1.8	1				2			0			
Comp.(C)/Grab(G)					G		G	C				C			G			
Monthly Limit					6–9			30				30			70			

DEM Form MR-1 (11/84

SE= 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: 007 MONTH: February 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 ☐

PERSON(s) COLLECTING SAMPLES: STP Operators

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME HRS	50050 FLOW EFF ☒ INF ☒ DAILY RATE MGD	00010 TEMPERATURE CELSIUS C°	00400 pH UNIT	00545 SETTLEABLE MATTER ML/L	50060 RESIDUAL CHLORINE MG/L	00310 BOD5 20°C MG/L	00340 COD MG/L	00610 AMMONIA NITROGEN MG/L	00500 TOTAL RESIDUE MG/L	00530 TOTAL SUSPENDED RESIDUE MG/L	31616 FECAL COLIFORM Geometric Mean /100 ML	00300 DISSOLVED OXYGEN MG/L	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW: Total Col. Form *Geo Mean			
1			.122		6.4		4.0											
2			.147		6.5		5.0											
3			.121		6.4		4.0											
4	08	8	.108		6.5		4.3	9				4			2			
5			.134		6.3		5.0											
6	08	8	.109		6.3		4.5	11				1			0			
7			.122		6.4		4.6											
8			.131		6.4		4.0											
9			.124		6.4		4.5											
10			.105		6.6		4.0											
11	08	8	.125		6.5		4.5	9				5			6			
12			.107		6.4		4.0											
13	08	8	.123		6.5		4.0	9				1			0			
14			.129		6.4		4.7											
15			.126		6.3		4.5											
16			.132		6.4		5.0											
17			.134		6.5		4.0											
18	08	8	.133		6.4		5.0	17				1			8			
19			.129		6.4		4.0											
20	08	8	.139		6.3		5.0	10				6			0			
21			.134		6.5		4.5											
22			.133		6.4		5.0											
23			.132		6.5		8.0											
24			.138		6.5		4.0											
25	08	8	.135		6.5		4.0	11				2			0			
26			.104		6.6		5.0											
27	08	8	.140		6.7		4.0	21				3			0			
28			.109		6.5		4.7											
29																		
30																		
31																		
Average			.126				4.6	12				3			1.77*			
Max.			.147		6.7		8.0	21				6			8			
Min.			.104		6.3		4.0	9				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: 014 MONTH: February 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 ☐

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 _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☐ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L				
1																		
2																		
3																		
4					8.1							3.0						
5																		
6																		
7																		
8																		
9																		
10																		
11												2.4						
12					8.1													
13																		
14																		
15																		
16																		
17																		
18																		
19																		
20																		
21																		
22																		
23																		
24																		
25					8.3							5.0						
26																		
27																		
28																		
29																		
30																		
31																		
Average												3.5						
Max.					8.3							5.0						
Min.					8.1							2.4						
Comp.(C)/Grab(G)					G							C						
Monthly Limit					6-10							30						

DEM Form MR-1 (11/84

Facility Status: (Please check one of the following)

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

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

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

_____

_____

_____

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_____

_____

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

_____
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

Influent

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

FACILITY NAME: Camp Geiger STP COUNTY: Onslow

			00400	00010	00545	00310	00610	00500	00530	00340							
Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2																	
3	00	24				124			78								
4	00	24				132			82								
5	00	24				132			72								
6	00	24				132			134								
7	00	24				112			86								
8																	
9																	
10	00	24				LE			56								
11	00	24				108			102								
12	00	24				88			43								
13	00	24				224			124								
14	00	24				112			92								
15																	
16																	
17	00	24				80			52								
18	00	24				96			72								
19	00	24				84			39								
20	00	24				120			94								
21	00	24				148			112								
22																	
23																	
24	00	24				144			86								
25	00	24				124			86								
26	00	24				112			72								
27	00	24				184			90								
28	00	24				136			124								
29																	
30																	
31																	
AVERAGE						126			85								
MONTHLY MAXIMUM						224			134								
MONTHLY MINIMUM						80			39								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

LE = Lab Error

Influent

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

FACILITY NAME: Tarawa Terrace COUNTY: Onslow

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						
			00400	00010	00545	00310	00610	00500	00530	00340							
		HRS	STD UNITS	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2																	
3	00	24				208			154								
4	00	24				232			128								
5	00	24				204			262								
6	00	24				228			216								
7	00	24				184			268								
8																	
9																	
10	00	24				LE			128								
11	00	24				176			127								
12	00	24				180			98								
13	00	24				316			345								
14	00	24				176			156								
15																	
16																	
17	00	24				144			74								
18	00	24				176			176								
19	00	24				180			67								
20	00	24				144			72								
21	00	24				184			200								
22																	
23																	
24	00	24				328			496								
25	00	24				188			92								
26	00	24				152			90								
27	00	24				260			158								
28	00	24				184			258								
29																	
30																	
31																	
AVERAGE						202			178								
MONTHLY MAXIMUM						328			496								
MONTHLY MINIMUM						144			67								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

LE = Lab Error

Influent

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

FACILITY NAME: Camp Johnson STP COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD						
			00400	00010	00545	00310	00610	00500	00530	00340						
											ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW					
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L						
1																
2																
3																
4	08	8				100			68							
5																
6	08	8				132			76							
7																
8																
9																
10																
11	08	8				180			76							
12																
13	08	8				60			8							
14																
15																
16																
17																
18	08	8				220			49							
19																
20	08	8				152			30							
21																
22																
23																
24																
25	08	8				100			23							
26																
27	08	8				68			30							
28																
29																
30																
31																
AVERAGE						127			45							
MONTHLY MAXIMUM						220			76							
MONTHLY MINIMUM						60			8							
SAMPLE TYPE C or G						C			C							

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Hadnot Point STP COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD							
			00400	00010	00545	00310	00610	00500	00530	00340							
											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				112			90								
4	00	24				164			86								
5	00	24				160			136								
6	00	24				136			102								
7	00	24				140			120								
8																	
9																	
10	00	24				LE			46								
11	00	24				120			35								
12	00	24				128			62								
13	00	24				152			106								
14	00	24				144			130								
15																	
16																	
17	00	24				104			92								
18	00	24				100			66								
19	00	24				148			110								
20	00	24				160			112								
21	00	24				144			128								
22																	
23																	
24	00	24				152			124								
25	00	24				128			88								
26	00	24				132			110								
27	00	24				144			145								
28	00	24				136			112								
29																	
30																	
31																	
AVERAGE						137			100								
MONTHLY MAXIMUM						164			145								
MONTHLY MINIMUM						100			35								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

LE=Lab Error

Influent

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

FACILITY NAME: Rifle Range STP COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD						
			00400	00010	00545	00310	00610	00500	00530	00340						
											ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW					
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L						
1																
2																
3																
4	08	8				24			24							
5																
6	08	8				36			40							
7																
8																
9																
10																
11	08	8				96			136							
12																
13	08	8				40			44							
14																
15																
16																
17																
18	08	8				48			32							
19																
20	08	8				52			25							
21																
22																
23																
24																
25	08	8				72			42							
26																
27	08	8				36			10							
28																
29																
30																
31																
AVERAGE						51			44							
MONTHLY MAXIMUM						96			136							
MONTHLY MINIMUM						24			10							
SAMPLE TYPE C or G						C			C							

DEM Form MR-2 (11/84)

Influent

NPDES NO: NC0003239 DISCHARGE NO: 006 MONTH: February 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																	
3																	
4	08	8				144			80								
5																	
6	08	8				76			56								
7																	
8																	
9																	
10																	
11	08	8				104			172								
12																	
13	08	8				152			114								
14																	
15																	
16																	
17																	
18	08	8				72			46								
19																	
20	08	8				SE			62								
21																	
22																	
23																	
24																	
25	08	8				72			84								
26																	
27	08	8				108			72								
28																	
29																	
30																	
31																	
AVERAGE						104			86								
MONTHLY MAXIMUM						152			172								
MONTHLY MINIMUM						72			46								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84) SE = Sample Error

Influent

NPDES NO: NC0003239 DISCHARGE NO: 007 MONTH: February 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																	
3																	
4	08	8				72			34								
5																	
6	08	8				132			70								
7																	
8																	
9																	
10																	
11	08	8				72			48								
12																	
13	08	8				160			72								
14																	
15																	
16																	
17																	
18	08	8				80			10								
19																	
20	08	8				56			18								
21																	
22																	
23																	
24																	
25	08	8				76			9								
26																	
27	08	8				160			30								
28																	
29																	
30																	
31																	
AVERAGE						101			36								
MONTHLY MAXIMUM						160			72								
MONTHLY MINIMUM						56			9								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

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

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	Enter Parameter Code above Name and Units Below			
		00010	00300	00400	00310	00340	31616				
								Oil Grease			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml				
1											
2											
3											
4											
5											
6											
7											
8											
9											
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24	09	10	11.3	8.4	2.0		36	0			
25											
26											
27											
28											
29											
30											
31											
Average		10	11.3		2.0		36*	0			
Monthly Maximum		10	11.3	8.4	2.0		36	0			
Monthly Minimum		10	11.3	8.4	2.0		36	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				
								Oil Grease			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml				
1											
2											
3											
4											
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6											
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19											
20											
21											
22											
23											
24	10	11	9.3	8.2	3.2		4	0			
25											
26											
27											
28											
29											
30											
31											
Average		11	9.3		3.2		4*	0			
Monthly Maximum		11	9.3	8.2	3.2		4	0			
Monthly Minimum		11	9.3	8.2	3.2		4	0			

DEM Form MR-3 (11/84)

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

FACILITY NAME: Tarawa Terrace STP COUNTY: Onslow

STREAM: Northeast Creek STREAM: Northeast Creek

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

Upstream

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				
								Oil Grease			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml				
1											
2											
3											
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21											
22											
23											
24	10	12	8.7	8.1	5.4		4	0			
25											
26											
27											
28											
29											
30											
31											
Average		12	8.7		5.4		4	0			
Monthly Maximum		12	8.7	8.1	5.4		4	0			
Monthly Minimum		12	8.7	8.1	5.4		4	0			

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				
							Oil Grease			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml				
10	11	8.8	8.1	3.3		4	0			
	11	8.8		3.3		4	0			
	11	8.8	8.1	3.3		4	0			
	11	8.8	8.1	3.3		4	0			

DEM Form MR-3 (11/84)

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

FACILITY NAME: Camp Johnson STP COUNTY: Onslow

STREAM: Northeast Creek STREAM: New River

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

Upstream

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				
								Oil Grease			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml				
1											
2											
3											
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20											
21											
22											
23											
24	10	11	8.8	8.1	3.3		4	0			
25											
26											
27											
28											
29											
30											
31											
Average		11	8.8		3.3		4	0			
Monthly Maximum		11	8.8	8.1	3.3		4	0			
Monthly Minimum		11	8.8	8.1	3.3		4	0			

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				
							Oil Grease			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml				
10	11	9.3	8.2	3.2		0	0			
	11	9.3		3.2		0	0			
	11	9.3	8.2	3.2		0	0			
	11	9.3	8.2	3.2		0	0			

DEM Form MR-3 (11/84)

NPDES NO: NC0003239 DISCHARGE NO: 004 MONTH: February 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	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				
								Oil Grease			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml				
1											
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20											
21											
22											
23											
24	10	11	9.3	8.2	3.2		0	0			
25											
26											
27											
28											
29											
30											
31											
Average		11	9.3		3.2		0*	0			
Monthly Maximum		11	9.3	8.2	3.2		0	0			
Monthly Minimum		11	9.3	8.2	3.2		0	0			

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				
							Oil Grease			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml				
10	11	8.7	8.1	2.1		0	0			
	11	8.7		2.1		0*	0			
	11	8.7	8.1	2.1		0	0			
	11	8.7	8.1	2.1		0	0			

DEM Form MR-3 (11/84)

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

FACILITY NAME: Rifle Range STP COUNTY: Onslow

STREAM: New River STREAM: New River

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

Upstream

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				
								Oil Grease			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml				
1											
2											
3											
4											
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22											
23											
24	10	11	8.7	8.1	2.1		0	0			
25											
26											
27											
28											
29											
30											
31											
Average		11	8.7		2.1		0	0			
Monthly Maximum		11	8.7	8.1	2.1		0	0			
Monthly Minimum		11	8.7	8.1	2.1		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				
								Oil Grease			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml				
1											
2											
3											
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7											
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22											
23											
24	10	11	8.8	8.0	0.6		12	0			
25											
26											
27											
28											
29											
30											
31											
Average		11	8.8		0.6		12	0			
Monthly Maximum		11	8.8	8.0	0.6		12	0			
Monthly Minimum		11	8.8	8.0	0.6		12	0			

DEM Form MR-3 (11/84)

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

FACILITY NAME: Courthouse Bay STP COUNTY: Onslow

STREAM: New River STREAM: New River

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

Upstream

Date	Time 2400 Clock	00010 Temperature (Celsius)	00300 Dissolved Oxygen	00400 PH	00310 BOD_5 20°C	00340 COD	31616 Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below: Oil Grease			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml				
1											
2											
3											
4											
5											
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23	10	11	8.8	8.0	0.6		12	0			
24											
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28											
29											
30											
31											
Average		11	8.8		0.6		12*	0			
Monthly Maximum		11	8.8	8.0	0.6		12	0			
Monthly Minimum		11	8.8	8.0	0.6		12	0			

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	Enter Parameter Code above Name and Units Below: Oil Grease			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml				
1											
2											
3											
4											
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16											
17											
18											
19											
20											
21											
22											
23	11	10	8.5	7.9	LE		4	0			
24											
25											
26											
27											
28											
29											
30											
31											
Average		10	8.5		LE		4*	0			
Monthly Maximum		10	8.5	7.9	LE		4	0			
Monthly Minimum		10	8.5	7.9	LE		4	0			

DEM Form MR-3 (11/84)

LE = Lab Error

NPDES NO: NC0003239 DISCHARGE NO: 007 MONTH: February 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	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			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml				
1											
2											
3											
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22											
23											
24	11	10	8.6	8.0	LE		0	0			
25											
26											
27											
28											
29											
30											
31											
Average		10	8.6		LE		0	0			
Monthly Maximum		10	8.6	8.0	LE		0	0			
Monthly Minimum		10	8.6	8.0	LE		0	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: Oil Grease			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml				
1											
2											
3											
4											
5											
6											
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22											
23											
24	11	11	8.7	8.0	0.1		0	0			
25											
26											
27											
28											
29											
30											
31											
Average		11	8.7		0.1		0	0			
Monthly Maximum		11	8.7	8.0	0.1		0	0			
Monthly Minimum		11	8.7	8.0	0.1		0	0			

DEM Form MR-3 (11/84)

LE - Lab Error

STORM DRAINS

NPDES NO: NC0003239 MONTH: February 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	5 Feb 86	6,998,400	7.3	5	0
21	5 Feb 86	97,200	7.1	14	0.8
22	5 Feb 86	Dry			
23	5 Feb 86	12,150	8.1	124	5.3
24	5 Feb 86	No Flow			
25	5 Feb 86	No Flow			
26	5 Feb 86	48,600	7.3	0.2	2.1
27	5 Feb 86	36,450	7.2	3	1.6
28	5 Feb 86	76,982	8.5	1	1.5
31	5 Feb 86	194,400	8.4	16	0.4
66	5 Feb 86	Dry			

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

UNITED STATES MARINE CORPS
MARINE CORPS BASE
CAMP LEJEUNE, NORTH CAROLINA 28542

IN REPLY REFER TO
~~6280/8~~ 6288/1
NREAD
20 Feb 1986

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

Dear Sir:

In accordance with requirements of the National Pollutant Discharge Elimination System (NPDES) Permit Number NC 0003239, discharge monitoring reports for the month of January 1986 are submitted.

The Tarawa Terrace Wastewater Treatment Plant did not meet the 85% removal requirement for Biochemical Oxygen Demand for January 1986. It only had an 84.9% removal. The plant is under construction modification of the digestor heating system, one of the two digestors is off line and inoperable. The operating digestor is therefore handling an increased volume which probably caused the reduced percent removal.

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

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

Sincerely,

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

Encl:
(1) DEM Form MR-2

Copy to:
EPA Region IV
CMDR LANTNAVFACENGCOM
NEESA

EFFLUENT

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

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

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

PERSON(s) COLLECTING SAMPLES: STP Operators

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☒ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	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	24	.6258		6.6		4.0	5				6	0					
2	08	24	.6641		6.8		3.6	10				11	0					
3	08	24	.6633		7.0		3.8	11				4	0					
4	08	24	.6338		7.0		4.0											
5	08	24	.6649		7.0		4.0											
6	08	24	.6717		7.0		4.0											
7	08	24	.8837		7.0		4.0	13				7	2					
8	08	24	.7731		7.0		3.0	7				4	0					
9	08	24	.8663		7.0		4.0	11				9	0					
10	08	24	.7944		7.0		4.0	16				8						
11	08	24	.7851		7.0		3.7											
12	08	24	.7884		7.0		4.0											
13	08	24	.7903		7.2		4.0											
14	08	24	.8028		7.2		4.0	15				1	0					
15	08	24	1.0270		7.2		4.0	20				7	0					
16	08	24	1.3407		7.2		4.0	21				5	0					
17	08	24	1.2913		7.2		4.0	28				8						
18	08	24	1.2164		6.8		4.0											
19	08	24	1.1900		6.8		4.0											
20	08	24	1.2533		6.8		4.0											
21	08	24	1.3330		6.9		4.0	7				6	0					
22	08	24	1.2535		7.0		3.6	8				7	0					
23	08	24	1.2145		6.9		4.0	12				5	0					
24	08	24	1.3213		6.8		4.0	11				2						
25	08	24	1.3640		7.0		4.0											
26	08	24	1.6927		7.0		4.0											
27	08	24	1.4410		6.4		4.0	16				6	0					
28	08	24	1.2975		6.8		4.0	14				8	0					
29	08	24	1.1106		6.8		4.0	8				4	2					
30	08	24	1.2553		7.0		4.0	11				5	0					
31	08	24	.7430		6.8		4.0	15				8	SE					
Average			1.0243				3.9	13				6	1.09					
Max.			1.6927		7.2		4.0	28				11	2					
Min.			.6258		6.4		3.0	5				1	0					
Comp.(C)/Grab(G)					G		G	C				C	G					
Monthly Limit					6-9			30				30	200					

DEM Form MR-1 (11/84

SE-Sample error

ENCLOSURE

Facility Status: (Please check one of the following)

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

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

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

_____
_____
_____
_____
_____
_____

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

_____
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0003239 DISCHARGE NO: 002 MONTH: January YEAR: 1986

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

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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

PERSON(s) COLLECTING SAMPLES: STP Operators

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 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	0824		.9043		6.5		4.0	28				11	0					
2	0824		.8479		6.6		4.5	19				8	4					
3	0824		.8948		6.5		5.0	14				8	0					
4	0824		.8557		6.4		4.0											
5	0824		.8725		6.5		4.5											
6	0824		.9488		6.6		4.0											
7	0824		.8492		6.5		4.0	22				15	10					
8	0824		.8659		6.5		4.0	24				14	0					
9	0824		.9245		6.5		4.5	23				10	2					
10	0824		.8218		6.6		4.5	25				9						
11	0824		.9128		6.5		5.0											
12	0824		.9036		6.5		5.0											
13	08	24	.8791		6.5		4.5											
14	08	24	.8841		6.6		4.5	28				10	6					
15	08	24	.8220		6.5		4.0	SE				13	0					
16	08	24	.8171		6.6		5.0	30				12	0					
17	08	24	.8399		6.6		4.0	31				8						
18	08	24	.9090		6.6		5.0											
19	08	24	.9248		6.5		5.0											
20	08	24	.9302		6.2		5.0											
21	08	24	.7291		6.5		5.0	39				11	0					
22	08	24	.8047		6.6		4.0	36				12	0					
23	08	24	.8436		6.5		5.0	33				6	0					
24	08	24	.7794		6.4		4.0	35				11						
25	08	24	1.0254		6.4		4.0											
26	08	24	1.0824		6.5		4.0											
27	08	24	.9084		6.3		4.0	37				13	0					
28	08	24	.9445		6.4		4.0	21				12	2					
29	08	24	.9448		6.5		4.0	28				10	0					
30	08	24	.8550		6.6		5.0	25				7	0					
31	08	24	.9041		6.6		4.0	28				11	0					
Average			.8848				4.4	28				11	1.50					
Max.			1.0824		6.6		4.0	39				15	10					
Min.			.7291		6.2		4.0	14				6	0					
Comp.(C)/Grab(G)					G		G	C				C	G					
Monthly Limit					6-9			30				30	200					

DEM Form MR-1 (11/84

SE Sample

Facility Status: (Please check one of the following)

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

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

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

See cover letter for explanation.

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

_____
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0003239 DISCHARGE NO: 003 MONTH: January YEAR: 1986

FACILITY NAME: Camp Johnson 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 ☐

PERSON(s) COLLECTING SAMPLES: STP OPerators

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	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	.3415		7.0		6.0	4				3	0					
2	08	8	.3427		7.0		6.0	9				4	0					
3	08	8	.3409		6.3		3.0	7				6	0					
4	08	8	.3310		6.7		3.0											
5	08	8	.3389		6.3		6.0											
6	08	8	.3440		6.5		4.0											
7	08	8	.3378		6.5		5.0	11				2	SE					
8	08	8	.3673		6.5		5.0	13				6	0					
9	08	8	.3264		6.6		4.0	12				5	0					
10	08	8	.3449		6.5		5.0	12				5						
11	08	8	.3411		6.6		3.0											
12	08	8	.3387		6.5		5.0											
13	08	8	.3313		6.5		6.0											
14	08	8	.3455		6.7		5.0	15				3	0					
15	08	8	.3440		6.6		5.0	18				4	0					
16	08	8	.3705		6.5		5.0	18				6	0					
17	08	8	.3230		6.7		4.0	23				7						
18	08	8	.3394		6.6		6.0											
19	08	8	.3313		6.6		0.5											
20	08	8	.3299		6.6		5.0											
21	08	8	.3408		6.6		5.0	24				9	0					
22	08	8	.3424		6.6		5.0	17				6	0					
23	08	8	.3440		6.5		5.0	19				1	0					
24	08	8	.3410		6.7		5.0	18				4						
25	08	8	.3455		6.6		5.0											
26	08	8	.3403		6.7		4.0											
27	08	8	.3389		6.6		4.0											
28	08	8	.3714		7.0		4.0	13				7	0					
29	08	8	.3090		6.7		4.0											
30	08	8	.3303		6.9		4.9	19				1	0					
31	08	8	.3761		6.7		5.0											
Average			.3416				4.6	15				5	0					
Max.			.3761		7.0		6.0	24				9	0					
Min.			.3090		6.3		0.5	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.

EFFLUENT

NPDES PERMIT NO: NC0003239 DISCHARGE NO: 004 MONTH: January 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 ☐

PERSON(s) COLLECTING SAMPLES: STP Operators

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☒ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	31504 ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW: TOTAL COLIFORM #Geo 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	08	24	3.623		6.9		4.0	12				5			8			
2	08	24	4.078		6.6		4.0	18				8			60			
3	08	24	4.004		6.6		4.0	17				10			0			
4	08	24	3.853		6.6		4.0											
5	08	24	3.875		6.8		4.0	14				14						
6	08	24	4.160		6.7		4.0											
7	08	24	4.040		6.7		3.0	18				7			100			
8	08	24	3.856		6.7		4.0	15				9			4			
9	08	24	3.874		6.8		4.0	20				8			6			
10	08	24	4.046		6.7		4.0	18				6						
11	08	24	3.771		6.8		4.0											
12	08	24	3.308		6.8		4.0	17				8						
13	08	24	4.318		6.8		4.0											
14	08	24	3.999		6.7		5.0	19				7			2			
15	08	24	4.006		6.7		4.0	18				10			50			
16	08	24	3.806		6.7		5.0	23				10			2			
17	08	24	3.610		6.8		4.0	33				8						
18	08	24	3.670		6.7		4.0											
19	08	24	3.953		6.7		4.0											
20	08	24	3.732		6.6		4.0											
21	08	24	4.050		6.7		4.0	24				9			40			
22	08	24	4.068		6.7		4.0	20				10			60			
23	08	24	4.201		6.6		4.0	13				2			0			
24	08	24	3.892		6.6		4.0	21				5						
25	08	24	3.950		6.7		4.0											
26	08	24	4.836		6.7		4.0											
27	08	24	4.435		6.6		4.0	23				8			26			
28	08	24	3.970		6.8		4.0	13				10			10			
29	08	24	4.068		6.8		4.0	14				5			20			
30	08	24	4.591		6.8		4.0	20				7			10			
31	08	24	4.620		6.8		4.0	27				9			10			
Average			4.008				4.0	19				8			10.54			
Max.			4.836		6.9		5.0	33				14			100			
Min.			3.308		6.6		3.0	12				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

DES PERMIT NO: NC0003239 DISCHARGE NO: 005 MONTH: January YEAR: 1986

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

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

RTIFIED LABORATORY: Water Quality Control Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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	31504 ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW: TOTAL COLIFORM GEO. 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	.23802		6.8		7.2											
2	08	8	.28915		6.8		5.1	5				5			0			
3	08	8	.25291		6.8		4.2											
4	08	8	.24794		6.8		5.0											
5	08	8	.26330		6.8		5.2											
6	08	8	.26211		6.8		4.0											
7	08	8	.26663		6.7		3.1	3				4			0			
8	08	8	.25083		6.5		3.6											
9	08	8	.33284		6.5		4.5	5				4			0			
10	08	8	.33492		6.8		3.0											
11	08	8	.30258		6.8		4.0											
12	08	8	.36305		6.8		5.0											
13	08	8	.25273		6.8		4.0											
14	08	8	.24268		6.7		5.0	8				2			0			
15	08	8	.24755		6.7		7.6											
16	08	8	.23172		6.7		3.2	8				3			0			
17	08	8	.20267		6.5		3.0											
18	08	8	.23052		6.4		6.0											
19	08	8	.21004		6.4		5.5											
20	08	8	.25819		6.5		5.1											
21	08	8	.41075		6.7		4.0	8				1			0			
22	08	8	.22694		6.5		3.0											
23	08	8	.24236		6.5		1.7	10				1			0			
24	08	8	.21644		6.5		2.8											
25	08	8	.24678		6.8		5.0											
26	08	8	.25121		6.5		3.4											
27	08	8	.24802		6.5		4.0											
28	08	8	.24749		6.7		2.9	5				3			8			
29	08	8	.24772		6.5		2.8											
30	08	8	.22742		6.6		4.5	6				4			0			
31	08	8	.21644		6.5		2.8											
Average			.26006				4.2	6				3			1.26			
Max.			.41075		6.8		7.6	10				5			8			
Min.			.20267		6.4		1.7	3				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: 006 MONTH: January 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 ☐

PERSON(s) COLLECTING SAMPLES: STP Operators

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	31504 ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW: TOTAL COLIFORM + GEO 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	.38877		6.7		4.0											
2	08	8	.37964		6.6		2.8	4				3			0			
3	08	8	.46484		6.5		2.1											
4	08	8	.45330		6.8		3.3											
5	08	8	.44951		6.5		2.0											
6	08	8	.43796		6.5		4.3											
7	08	8	.45270		6.7		2.6	10				6			7000			
8	08	8	.40195		6.5		3.3											
9	08	8	.44430		6.5		4.4	15				3			SE			
10	08	8	.45365		6.6		4.0											
11	08	8	.44580		6.6		4.0											
12	08	8	.43140		6.6		2.8											
13	08	8	.50550		6.8		1.8											
14	08	8	.44098		6.8		3.2	19				19			0			
15	08	8	.43187		6.7		4.0											
16	08	8	.40825		6.7		3.4	13				5			10			
17	08	8	.40825		6.8		4.1											
18	08	8	.41290		6.7		2.8											
19	08	8	.38660		6.8		2.6											
20	08	8	.40990		6.5		2.3											
21	08	8	.27475		6.7		4.0	14				4			0			
22	08	8	.40875		6.7		5.1											
23	08	8	.44800		6.8		3.8	12				2			6			
24	08	8	.40939		6.8		2.7											
25	08	8	.43958		6.4		4.2											
26	08	8	.43707		6.6		2.2											
27	08	8	.47177		6.5		2.1											
28	08	8	.37670		6.8		2.9	13				7			12			
29	08	8	.41875		6.8		3.4											
30	08	8	.36912		6.7		2.7	9				2			2			
31	08	8	.42228		6.7		2.4											
Average			.42228				3.2	12				6			7.51			
Max.			.50550		6.8		4.4	19				19			7000			
Min.			.27475		6.4		1.8	4				2			0			
Comp.(C)/Grab(G)					G		G	C				C			G			
Monthly Limit					6-9			30				30			70			

DEM Form MR-1 (11/84

SE=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 donot 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: 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 ☐

PERSON(s) COLLECTING SAMPLES: STP Operators

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☐ INF ☒ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	31504 ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW: TOTAL COLIFORM *GEO 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	.10000		6.2		4.0											
2	08	8	.10000		6.2		5.0	7				4			0			
3	08	8	.10000		6.3		4.6											
4	08	8	.10000		6.4		4.0											
5	08	8	.10000		6.6		4.0											
6	08	8	.10000		6.5		4.2											
7	08	8	.10000		6.4		3.6	9				2			2			
8	08	8	.10844		6.2		5.6											
9	08	8	.11581		6.2		5.1	11				2			SE			
10	08	8	.18934		6.2		4.7											
11	08	8	.19355		6.2		4.1											
12	08	8	.18835		6.2		4.5											
13	08	8	.15703		6.4		5.0											
14	08	8	.12730		6.4		5.0	8				1			6			
15	08	8	.15199		6.4		5.8											
16	08	8	.14207		6.4		4.5	10				2			10			
17	08	8	.14376		6.3		4.7											
18	08	8	.13300		6.6		6.0											
19	08	8	.13629		6.5		6.0											
20	08	8	.11422		6.3		5.0											
21	08	8	.03161		6.2		3.9	10				2			0			
22	08	8	.03020		6.3		4.1											
23	08	8	.03037		6.4		6.0	12				2			0			
24	08	8	.03156		6.4		4.6											
25	08	8	.03049		6.4		4.1											
26	08	8	.02642		6.4		4.0											
27	08	8	.03220		6.3		4.0											
28	08	8	.04004		6.4		3.0	9				2			0			
29	08	8	.03416		6.3		4.0											
30	08	8	.07696		6.4		5.0	LE				1			4			
31	08	8	.07946		6.4		6.0											
Average			.09821				4.6	10				2			2.16			
Max.			.19355		6.6		6.0	12				4			10			
Min.			.02642		6.2		3.0	7				1			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)

_____

_____

_____

_____

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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

PDES PERMIT NO: NC0003239 DISCHARGE NO: 014 MONTH: January YEAR: 1986

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

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

ERTIFIED LABORATORY: Water Quality Control 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 _____
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																		
7					8.2							0.8						
8																		
9																		
10																		
11																		
12																		
13																		
14					7.9							4.0						
15																		
16																		
17																		
18																		
19																		
20																		
21					8.1							6.0						
22																		
23																		
24																		
25																		
26																		
27																		
28																		
29																		
30																		
31																		
Average												3.6						
Max.					8.2							6.0						
Min.					7.9							0.8						
Comp.(C)/Grab(G)					G							C						
Monthly Limit					6-10							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: NC0003239 DISCHARGE NO: 001 MONTH: January YEAR: 1986

FACILITY NAME: Camp Geiger STP COUNTY: Onslow

			00400	00010	00545	00310	00610	00500	00530	00340							
											ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD							
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1	08	24				104			136								
2	08	24				116			80								
3	08	24				152			130								
4	08	24															
5	08	24															
6	08	24															
7	08	24				132			51								
8	08	24				104			63								
9	08	24				112			166								
10	08	24				172			114								
11	08	24															
12	08	24															
13	08	24															
14	08	24				152			72								
15	08	24				160			202								
16	08	24				160			118								
17	08	24				156			104								
18	08	24															
19	08	24															
20	08	24															
21	08	24				92			42								
22	08	24				128			98								
23	08	24				124			76								
24	08	24				112			68								
25	08	24															
26	08	24															
27	08	24				92			44								
28	08	24				236			97								
29	08	24				124			118								
30	08	24				136			72								
31	08	24				172			126								
AVERAGE						137			99								
MONTHLY MAXIMUM						236			202								
MONTHLY MINIMUM						92			42								
SAMPLE TYPE C or G						C			C								

EM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Tarawa Terrace STP COUNTY: Onslow

			00400	00010	00545	00310	00610	00500	00530	00340							
											ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD							
		HRS	STD UNITS	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1	08	24				172			72								
2	08	24				216			165								
3	08	24				184			194								
4	08	24															
5	08	24															
6	08	24															
7	08	24				204			85								
8	08	24				192			244								
9	08	24				188			89								
10	08	24				192			96								
11	08	24															
12	08	24															
13	08	24															
14	08	24				176			102								
15	08	24				SE			248								
16	08	24				200			148								
17	08	24				192			262								
18	08	24															
19	08	24															
20	08	24															
21	08	24				300			346								
22	08	24				164			106								
23	08	24				184			76								
24	08	24				184			86								
25	08	24															
26	08	24															
27	08	24				156			69								
28	08	24				184			76								
29	08	24				164			119								
30	08	24				136			206								
31	08	24				120			126								
AVERAGE						185			146								
MONTHLY MAXIMUM						300			346								
MONTHLY MINIMUM						120			69								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84) SE S...

Influent

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

FACILITY NAME: Camp Johnson STP COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD						
			00400	00010	00545	00310	00610	00500	00530	00340						
											ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW					
		HRS	STD UNITS	°C	ml/L	MG/L	MG/L	MG/L	MG/L	MG/L						
1	08	8				84			43							
2	08	8				112			56							
3	08	8				52			43							
4	08	8														
5	08	8														
6	08	8														
7	08	8				124			53							
8	08	8				100			49							
9	08	8				124			34							
10	08	8				104			72							
11	08	8														
12	08	8														
13	08	8														
14	08	8				188			88							
15	08	8				96			84							
16	08	8				84			46							
17	08	8				88			140							
18	08	8														
19	08	8														
20	08	8														
21	08	8				136			56							
22	08	8				228			144							
23	08	8				152			34							
24	08	8				160			24							
25	08	8														
26	08	8														
27	08	8														
28	08	8				128			45							
29	08	8														
30	08	8				180			30							
31	08	8														
AVERAGE						126			61							
MONTHLY MAXIMUM						228			144							
MONTHLY MINIMUM						52			24							
SAMPLE TYPE C or G						C			C							

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Hadnot Point STP COUNTY: Onslow

			00400	00010	00545	00310	00610	00500	00530	00340							
	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1	08	24				100			148								
2	08	24				124			92								
3	08	24				108			87								
4	08	24															
5	08	24				104			86								
6	08	24															
7	08	24				136			124								
8	08	24				136			126								
9	08	24				152			122								
10	08	24				144			150								
11	08	24															
12	08	24				116			89								
13	08	24															
14	08	24				116			70								
15	08	24				124			84								
16	08	24				148			76								
17	08	24				120			110								
18	08	24															
19	08	24															
20	08	24															
21	08	24				120			62								
22	08	24				120			100								
23	08	24				132			50								
24	08	24				148			96								
25	08	24															
26	08	24															
27	08	24				116			84								
28	08	24				120			64								
29	08	24				116			84								
30	08	24				156			108								
31	08	24				132			58								
AVERAGE						127			94								
MONTHLY MAXIMUM						156			150								
MONTHLY MINIMUM						100			58								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Rifle Range STP COUNTY: Onslow

		00400	00010	00545	00310	00610	00500	00530	00340							
Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
	HRS	STD UNITS	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1 08	8															
2 08	8				40			216								
3 08	8															
4 08	8															
5 08	8															
6 08	8															
7 08	8				184			7								
8 08	8															
9 08	8				40			33								
10 08	8															
11 08	8															
12 08	8															
13 08	8															
14 08	8				112			324								
15 08	8															
16 08	8				28			13								
17 08	8															
18 08	8															
19 08	8															
20 08	8															
21 08	8				24			16								
22 08	8															
23 08	8				56			50								
24 08	8															
25 08	8															
26 08	8															
27 08	8															
28 08	8				48			194								
29 08	8															
30 08	8				40			10								
31 08	8															
AVERAGE					64			96								
MONTHLY MAXIMUM					184			194								
MONTHLY MINIMUM					24			7								
SAMPLE TYPE C or G					C			C								

DEM Form MR-2 (11/84)

Influent

NPDES NO: NC0003239 DISCHARGE NO: 006 MONTH: January 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	08	8															
2	08	8				68			33								
3	08	8															
4	08	8															
5	08	8															
6	08	8															
7	08	8				120			68								
8	08	8															
9	08	8				112			103								
10	08	8															
11	08	8															
12	08	8															
13	08	8															
14	08	8				72			68								
15	08	8															
16	08	8				80			60								
17	08	8															
18	08	8															
19	08	8															
20	08	8															
21	08	8				84			96								
22	08	8															
23	08	8				168			108								
24	08	8															
25	08	8															
26	08	8															
27	08	8															
28	08	8				228			110								
29	08	8															
30	08	8				204			202								
31	08	8															
AVERAGE						126			94								
MONTHLY MAXIMUM						228			202								
MONTHLY MINIMUM						68			33								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Onslow Beach STP COUNTY: Onslow

			00400	00010	00545	00310	00610	00500	00530	00340							
	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1	08	8															
2	08	8				56			12								
3	08	8															
4	08	8															
5	08	8															
6	08	8															
7	08	8				64			13								
8	08	8															
9	08	8				136			27								
10	08	8															
11	08	8															
12	08	8															
13	08	8															
14	08	8				80			7								
15	08	8															
16	08	8				112			48								
17	08	8															
18	08	8															
19	08	8															
20	08	8															
21	08	8				120			17								
22	08	8															
23	08	8				112			38								
24	08	8															
25	08	8															
26	08	8															
27	08	8															
28	08	8				124			9								
29	08	8															
30	08	8				LE			178								
31	08	8															
AVERAGE						101			39								
MONTHLY MAXIMUM						136			178								
MONTHLY MINIMUM						56			7								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84) LE=Lab error

STORM DRAINS

NPDES NO: NC0003239 MONTH: January 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
32	23 Jan 86	15,746,400	7.0	14	4.0
33	23 Jan 86	388,800	7.4	2	4.3
36	23 Jan 86	No flow			
37	23 Jan 86	No flow			
38	23 Jan 86	No flow			
48	23 Jan 86	1,399,680	7.1	4	5.3
49	23 Jan 86	3,149,280	7.1	2	4.0
50	23 Jan 86	Filled in			
51	23 Jan 86	No flow			
52	23 Jan 86	97,200	6.8	2	1.9
53	23 Jan 86	Dry			
54	23 Jan 86	24,300	6.9	3	1.7
55	23 Jan 86	24,300	6.9	14	1.5
56	23 Jan 86	No flow			
57	23 Jan 86	174,960	7.5	11	0.9
58	23 Jan 86	No flow			
59	23 Jan 86	1,749,600	6.9	0.4	0
60	23 Jan 86	Dry			
61	23 Jan 86	20,995,200	7.3	3	0.1
62	23 Jan 86	No flow			
63	23 Jan 86	1,166,400	6.6	6	0
64	23 Jan 86	29,160,000	6.8	1	0
65	23 Jan 86	12,150	8.0	18	0
89	23 Jan 86	No flow			
90	23 Jan 86	14,580	5.8	1	0

Parameter	Units	Limits
Flow	GPD	none
pH	none	6 - 9
TSR	mg/l	50 mg/l
O & G	mg/l	15 mg/l

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

FACILITY NAME: Camp Geiger STP COUNTY: Onslow

STREAM: New River STREAM: New River

LOCATION: RW01- At Hughes Marina LOCATION: RW04- Hospital Point

Upstream

Time 2400 Clock	00010 Temperature (Celsius)	00300 Dissolved Oxygen	00400 PH	00310 BOD5 20°C	00340 COD	31616 Fecal Coliform *Geometric Mean	00556 Enter Parameter Code above Name and Units Below: OIL + GREASE			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
4	10.2	7.2	6.9		276	0.6				
4	10.2	[redacted]	6.9		276	0.6				
4	10.2	7.2	6.9		276	0.6				
4	10.2	7.2	6.9		276	0.6				

Downstream

Time 2400 Clock	00010 Temperature (Celsius)	00300 Dissolved Oxygen	00400 PH	00310 BOD5 20°C	00340 COD	31616 Fecal Coliform *Geometric Mean	00556 Enter Parameter Code above Name and Units Below: OIL + GREASE			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
09	4	11.9	8.2	3.2		4	0			
	4	11.9	[redacted]	3.2		4	0			
	4	11.9	8.2	3.2		4	0			
	4	11.9	8.2	3.2		4	0			

Form MR-3 (11/84)

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

FACILITY NAME: Tarawa Terrace STP COUNTY: Onslow

STREAM: Northeast Creek STREAM: Northeast Creek

LOCATION: RW02-At Hwy24 Bridge LOCATION: RW03-Behind Discharge 002 & 003

Upstream

	00010	00300	00400	00310	00340	31616	00556			
Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below: OIL + GREASE			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
09	5	10.8	6.9	2.8		192	0			
Average	5	10.8	[redacted]	2.8		192*	0			
Monthly Maximum	5	10.8	6.9	2.8		192	0			
Monthly Minimum	5	10.8	6.9	2.8		192	0			

Downstream

	00010	00300	00400	00310	00340	31616	00556			
Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below: OIL + GREASE			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
09	4	11.8	7.1	3.8		200	0			
Average	4	11.8	[redacted]	3.8		200*	0			
Monthly Maximum	4	11.8	7.1	3.8		200	0			
Monthly Minimum	4	11.8	7.1	3.8		200	0			

DEM Form MR-3 (11/84)

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

FACILITY NAME: Camp Johnson STP COUNTY: Onslow

STREAM: Northeast Creek STREAM: New River

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

Upstream

	00010	00300	00400	00310	00340	31616	00556			
Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below			
							Oil + Grease			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
09	4	11.8	7.1	3.8		200	0			
Average	4	11.8	[redacted]	3.8		200	0			
Monthly Maximum	4	11.8	7.1	3.8		200	0			
Monthly Minimum	4	11.8	7.1	3.8		200	0			

Downstream

	00010	00300	00400	00310	00340	31616	00556			
Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below			
							Oil + Grease			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
09	4	11.9	8.2	3.2		4	0			
	4	11.9	[redacted]	3.2		4	0			
	4	11.9	8.2	3.2		4	0			
	4	11.9	8.2	3.2		4	0			

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

FACILITY NAME: Hadnot Point STP COUNTY: Onslow

STREAM: New River STREAM: New River

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

Upstream

	00010	00300	00400	00310	00340	31616	00556			
Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below: OIL + GREASE			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
09	4	11.9	8.2	3.2		4	0			
Average	4	11.9	[illegible]	3.2		4 *	0			
Monthly Maximum	4	11.9	8.2	3.2		4	0			
Monthly Minimum	4	11.9	8.2	3.2		4	0			

Downstream

	00010	00300	00400	00310	00340	31616	00556			
Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below: OIL + GREASE			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
09	4	11.7	8.2	2.8		0	0			
	4	11.7	[illegible]	2.8		0 *	0			
	4	11.7	8.2	2.8		0	0			
	4	11.7	8.2	2.8		0	0			

EM Form MR-3 (11/84)

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

FACILITY NAME: Rifle Range STP COUNTY: Onslow

STREAM: New River STREAM: New River

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

Upstream

	00010	00300	00400	00310	00340	31616	00556			
Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below			
							OIL + GREASE			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
09	4	11.7	8.2	2.8		0	0			
erage	4	11.7		2.8		0	0			
nthly ximum	4	11.7	8.2	2.8		0	0			
nthly imum	4	11.7	8.2	2.8		0	0			

Downstream

	00010	00300	00400	00310	00340	31616	00556			
Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below			
							OIL + GREASE			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
09	5	10.4	8.1	0.5		0	0			
	5	10.4		0.5		0	0			
	5	10.4	8.1	0.5		0	0			
	5	10.4	8.1	0.5		0	0			

EM Form MR-3 (11/84)

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

FACILITY NAME: Courthouse Bay STP COUNTY: Onslow

STREAM: New River STREAM: New River

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

Upstream

	00010	00300	00400	00310	00340	31616	00556			
Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below			
							OIL + GREASE			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
09	5	10.4	8.1	0.5		0	0			
verage	5	10.4		0.5		0	0			
onthly aximum	5	10.4	8.1	0.5		0	0			
onthly inimum	5	10.4	8.1	0.5		0	0			

Downstream

	00010	00300	00400	00310	00340	31616	00556			
Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below			
							OIL + GREASE			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
	No sample - Boat inoperable.									

EM Form MR-3 (11/84)

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

FACILITY NAME: Onslow Beach STP COUNTY: Onslow

STREAM: Intracoastal Waterway STREAM: Intracoastal Waterway

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

Upstream

	00010	00300	00400	00310	00340	31616	00556			
Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below			
							OIL + GREASE			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
No sample - Boat inoperable.										
Average										
Monthly Maximum										
Monthly Minimum										

Downstream

	00010	00300	00400	00310	00340	31616	00556			
Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below			
							OIL + GREASE			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
No sample - Boat inoperable.										
Average										
Monthly Maximum										
Monthly Minimum										

DEM Form MR-3 (11/84)

EB 2-14-86

11345.4
MAIN
14 Feb 86

From: Wastewater Treatment
To: NREAD
Via. Utilities Director

Subj: NPDES VIOLATION TT. WASTEWATER TREATMENT PLANT

1. The NPDES Paramater for BOD discharged from the TT. wastewater plant of 85% removal was violated for the month of January 1986, actual percent removal obtained was 84.9 .

2. The plant is under construction modification of the digestor heating system, one digestor being off line and inoperable. The supernatant liquor removed from the digestor is not as clear as it would be if both digestors were operating, possibly increasing loading.

3. The design efficiency of the plant is 85% removal, and any deviation from designed treatment by units during off line can be detected.

WR Price
W.R. PRICE

- -

11345
MAIN
14 Feb 86

FIRST ENDORSEMENT

From: Director, Utilities Branch
To: Director, Natural Resources and Environmental Affairs

1. Forwarded for appropriate action.

GS Johnson Jr.
G.S. JOHNSON, JR

Writer: W.R. Price,WWSec,X1081
Typist: P. Snodgrass,14 Feb 86

Facility Name/Location (if different)

NAME Commanding General

ADDRESS Marine Corps Base
Camp Lejeune, NC 28542

FACILITY UIC 67001

LOCATION LANTDIV

DISCHARGE MONITORING REPORT (DMR)

FILE 6288

(2-16) NC0003239 PERMIT NUMBER

(17-19) 014 DISCHARGE NUMBER

Onslow Beach Water Treatment Plant

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	85	12	01	TO	85	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
00403 pH Laboratory	SAMPLE MEASUREMENT					8.1			00	01/07	Grab
W= 12-3-85	PERMIT REQUIREMENT				6.0		10.0			01/07	Grab
00403 pH Laboratory	SAMPLE MEASUREMENT					8.0			00	01/07	Grab
W= 12-10-85	PERMIT REQUIREMENT				6.0		10.0			01/07	Grab
00403 pH Laboratory	SAMPLE MEASUREMENT					8.5			00	01/07	Grab
W= 12-17-85	PERMIT REQUIREMENT				6.0		10.0			01/07	Grab
00403 pH Laboratory	SAMPLE MEASUREMENT								00	01/07	Grab
W=	PERMIT REQUIREMENT				6.0		10.0			01/07	Grab
00403 pH Laboratory	SAMPLE MEASUREMENT								00	01/07	Grab
W=	PERMIT REQUIREMENT				6.0		10.0			01/07	Grab
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE, NUMBER

DATE: YEAR, MO, DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

NAME Commanding General
ADDRESS Marine Corps Base
Camp Lejeune, NC 28542

FACILITY UIC 67001
LOCATION LANTDIV

(2-16) NC0003239 PERMIT NUMBER

(17-19) 014 DISCHARGE NUMBER

Onslow Beach Water Treatment Plant

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
00530 Total Suspended Solids	SAMPLE MEASUREMENT					2.0		mg/l	00	01/07	8 HC
W= 12-3-85	PERMIT REQUIREMENT					30	50			01/07	Comp
00530 Total Suspended Solids	SAMPLE MEASUREMENT					4.0		mg/l	00	01/07	8 HC
W=	PERMIT REQUIREMENT					30	50			01/07	Comp
00530 Total Suspended Solids	SAMPLE MEASUREMENT					2.0		mg/l	00	01/07	8 HC
W= 12-17-85	PERMIT REQUIREMENT					30	50			01/07	Comp
00530 Total Suspended Solids	SAMPLE MEASUREMENT							mg/l	00	01/07	8 HC
W=	PERMIT REQUIREMENT					30	50			01/07	Comp
00530 Total Suspended Solids	SAMPLE MEASUREMENT							mg/l	00	01/07	8 HC
W=	PERMIT REQUIREMENT					30	50			01/07	Comp
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE, NUMBER

DATE: YEAR, MO, DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

6288
NREAD
4 Feb 1986

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

Dear Sir:

In accordance with your 13 January 1986 letter, the monthly self-monitoring report for November 1985 is resubmitted in duplicate.

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

Sincerely,

J. I. WOOTEN
Director

Encl:
(1) DEM FORM MR- (2 copies)

Blind copy to:
Lab (2 copies)

Writer: E. Betz, NREAD 5977
Typist: J. Cross 4Feb86

NREA copy -

I sent another copy to DEM/Attn: Wakild.

sort of silly, isn't it?

A

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

January 13, 1986

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

U.S. Marine Corps
Bob Alexander
Marine Corps Base
Camp LeJeune, NC 28542

Scotch® 7664 "Post-it" Routing-Request Pad

Betsy

ROUTING - REQUEST

Please
- [ ] READ
- [ ] HANDLE
- [ ] APPROVE

and
- [ ] FORWARD
- [ ] RETURN
- [ ] KEEP OR DISCARD
- [ ] REVIEW WITH ME

To Please review + prepare resubmittal per Julian

Donna

Date _____ From _____

SUBJECT: NOTICE OF VIOLATION
NPDES No. NC0003239

Dear Mr. Alexander :

The monthly self-monitoring repo
returned as incomplete and/or un
reason(s):

____ Failure to record correct
____ Failure to complete month
____ Failure to certify results (signature of ORC/Permittee)
__X__ Failure to submit original and one copy
____ Other _____

You should complete the enclosed report(s) and return immediately to this Division. A copy of instructions is provided.

You will be considered noncompliant with the self-monitoring requirements contained in your NPDES Permit until the completed report has been corrected and resubmitted. In addition, if future monitoring reports are received with deficiencies or not received within the prescribed reporting period, further enforcement action including a civil penalty of $300.00 will be imposed by the Division for failure to report. If you have any questions, please contact Mr. Chuck Wakild, Regional Water Quality Supervisor, at 919/256-4161.

Sincerely,

R. Paul Wilms

R. Paul Wilms

cc: Regional Supervisor
George Everett
OLA

Pollution Prevention Pays

P.O. Box 27687, Raleigh, North Carolina 27611-7687 Telephone 919-733-7015

An Equal Opportunity Affirmative Action Employer

NREA copy -

I sent another copy to DEM/Attn: Wakild. sort of silly, isn't it?

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

January 13, 1986

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

U.S. Marine Corps
Bob Alexander
Marine Corps Base
Camp LeJeune, NC 28542

SUBJECT: NOTICE OF VIOLATION
NPDES No. NC0003239 , Onslow County

Dear Mr. Alexander :

The monthly self-monitoring report for November , 1985 is being returned as incomplete and/or unacceptable for the following reason(s):

____ Failure to record correct NPDES Permit number
____ Failure to complete monthly average portion of report
____ Failure to certify results (signature of ORC/Permittee)
_X_ Failure to submit original and one copy
____ Other _____

You should complete the enclosed report(s) and return immediately to this Division. A copy of instructions is provided.

You will be considered noncompliant with the self-monitoring requirements contained in your NPDES Permit until the completed report has been corrected and resubmitted. In addition, if future monitoring reports are received with deficiencies or not received within the prescribed reporting period, further enforcement action including a civil penalty of $300.00 will be imposed by the Division for failure to report. If you have any questions, please contact Mr. Chuck Wakild, Regional Water Quality Supervisor, at 919/256-4161.

Sincerely,

R. Paul Wilms

R. Paul Wilms

cc: Regional Supervisor
George Everett
OLA

Directions for Completing Monthly Monitoring Reports

I. Facility Information

1. NPDES Permit No. - Number issued by the Division of Environmental Management consisting of the letters NC followed by a seven digit number.

2. Discharge No. - Number which corresponds to the effluent pipe for which the data is being reported.

3. Facility Name - Name of the facility as it appears on the NPDES permit.

4. Class - The classification assigned to the facility i.e., I, II, III, IV.

5. County - County in which the facility is located.

6. Operator in Responsible Charge - Certified WWTP operator that is designated as the operator in responsible charge.

7. Grade - Certificate grade of the operator in responsible charge.

8. Certified Laboratory - Name of the certified laboratory performing the analysis (if applicable).

9. Person(s) Collecting Samples - Individual who collected the sample for which the data was reported. In the case of several individuals, please specify as a group name, such as operators, etc.

10. Signature of Operator in Responsible Charge - Self explanatory.

II. Data Reporting

1. Data - Enter the analytical results for each sample under the appropriate parameter code in the row which corresponds to the day on which the sample was collected.

2. Average - Enter the average value for the results recorded in the column.
   Note: Average for coliform is a geometric mean and there is no average for pH.

3. Max. (maximum) - For each column of data enter the maximum value reported.

4. Min. (minimum) - For each column of data enter the minimum value reported.

5. Sample Type - Enter the sample description in each column for which data is reported. Enter the letter "C" for composite or the letter "G" for grab.

6. Monthly Limit - Enter the monthly NPDES permit limit for each parameter in the current NPDES permit.

7. Additional Parameters - Enter the appropriate parameter code, name of the parameter and the units reported in the spaces provided. Use the parameter codes listed on the reverse side of the effluent form (NRCD form MR-1).

III. Facility Status Information

1. Facility Status - Indicate whether the facility is compliant or non-compliant. If noncompliant, use the comment section to present the course of action taken or to be taken to achieve compliance.

2. Signature of Permittee - Signature of the individual to whom the permit was issued, or the signature of the authorized agent of the permittee.

IV. Stream Monitoring Information

1. Stream - Name of the stream from which the upstream/downstream samples are taken.

2. Location (Upstream/Downstream) - Location of the stream site from which the sample(s) was taken.

DES

Betsy these are the new forms -

I pulled these off of pads of blank forms. I assume the pads will be forwarded. Review and brief me - who is appropriate person to sign report?

D Sharpe

De... nt

James G. Martin, ... Rhodes, Secretary

...ENT

Mr. Bob Al...
Assistant Chief of Staff Facilities
Marine Corps Base
Camp Lejeune, North Carolina 28542

Subject: NPDES Stream Monitoring Forms

Dear Bob:

You will find enclosed copies of the current NPDES stream monitoring forms for review by you and your staff members. I have also included an instruction sheet for completing the forms as well as an information sheet to be used for reordering.

You will receive a complete supply of the necessary forms for monitoring of all of the Camp Lejeune facilities once your NPDES permits are renewed. If you have any questions at all, please feel free to give me a call.

Sincerely,

Ted L. Bush Jr

Ted L. Bush, Jr.
Environmental Engineer

TLB/sf

enclosure

cc: Wilmington Regional Office
Central Files

P.O. Box 27687, Raleigh, North Carolina 27611-7687 Telephone 919-733-4984

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DES

State of North Carolina
Department of Natural Resources and Community Development
512 North Salisbury Street • Raleigh, North Carolina 27611

James G. Martin, Governor

S. Thomas Rhodes, Secretary

DIVISION OF ENVIRONMENTAL MANAGEMENT

March 8, 1985

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Assistant Chief of Staff Facilities
Marine Corps Base
Camp Lejeune, North Carolina 28542

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1. Stream - Name of the stream from which the upstream/downstream samples are taken.

2. Location (Upstream/Downstream) - Location of the stream site from which the sample(s) was taken.

Please complete the required information on the form below when your current supply of monthly monitoring forms are exhausted. By return mail, you will be sent one pad of monthly monitoring forms for each sampling point. Example: If a "2" is placed in the blank after effluent, you will be mailed two pads of effluent forms. Write the number of pads required for each sampling point listed below:

Upstream _____

Influent _____

Effluent _____

Downstream _____

Special Effluent _____

EPA Form 3320-1 _____
(Revised 10-77)

County in which treatment plant is located _____

NPDES Permit Number NC00_____

PLEASE PRINT OR TYPE
THIS IS YOUR MAILING LABEL

In the block provided, please give your complete mailing address, including ZIP CODE.

Check here if this is a new address:

North Carolina Department of Natural Resources & Community Development
P. O. Box 27687 Raleigh, N. C. 27611-7687

TO _____

THIS PARCEL MAY BE OPENED FOR POSTAL INSPECTION