NREAD

6288
NREAD
17 Dec 87

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

Dear Sir:

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

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

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

Sincerely,

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

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

Copy to:
EPA Region IV
CMDR, LANTNAVFACENGCOM
NEESA

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

EFFLUENT

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

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

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

CERTIFIED LABORATORY: Enviromental Chemistry & Microbiology Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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

PERSON(s) COLLECTING SAMPLES: STP Operators

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

X: _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00556 Oil & Grease	00600 Total Nitrogen	00665 Total Phosphorus	
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MG/L	MG/L	MG/L	
1	00	24	.627				3.0											
2	00	24	.563	17	6.6		4.0	14		3.3		4	Cl_2	8.4				
3	00	24	.591				4.0											
4	00	24	.587				4.0											
5	00	24	.807				4.0											
6	00	24	.601	17	6.9		4.0	7		9.2		12	0	8.7				
7	00	24	.611				4.0											
8	00	24	.335				5.0											
9	00	24	.588	19	6.8		5.0	14		6.1		7	5	7.6				
10	00	24	.628				6.0											
11	00	24	.505				4.0											
12	00	24	.616				4.0											
13	00	24	.612	15	7.0		4.0	24		8.3		4	2	9.1	3.2			
14	00	24	.560				4.0											
15	00	24	.579				4.0											
16	00	24	.510	17	7.0		4.0	20		6.1		1	0	9.5				
17	00	24	.618				4.0											
18	00	24	.604				4.0											
19	00	24	.604				4.0											
20	00	24	.505	16	6.9		4.0	28		8.0		12	2	8.6				
21	00	24	.467				5.0											
22	00	24	.499				4.0											
23	00	24	.504	15	6.9		3.0	23		9.0		10	0	9.2				
24	00	24	.568				3.0											
25	00	24	.598				4.0								3.2			
26	00	24	.482				3.0	H *										
27	00	24	.563	14	6.8		5.0	12		1.6		6	2	9.1				
28	00	24	.851				4.0											
29	00	24	.722				1.5											
30	00	24	.618	17	6.8		4.0	15		1.7		8	0	9.0				
31																		
Average			.586	16			4.0	17		5.9		7	1.59	8.8	3.2			
Max.			.851	19	7.0		6.0	28		9.2		12	5	9.5	3.2			
Min.			.335	14	6.6		1.5	7		1.6		1	0	7.6	3.2			
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	G		
Monthly Limit					6-8	5		30				30	14	>5	30			

DEM Form MR-1 (11/84

H * = Holiday

Facility Status: (Please check one of the following)

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

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

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

_____

_____

_____

_____

_____

_____

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

Julian L Woods

Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

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

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

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

CERTIFIED LABORATORY: Environmental Chemistry & Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00556 Oil & Grease	00620 Total Nitrogen	00665 Total Phos.	
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MG/L	MG/L	MG/L	
1	00	24	.4747	18	6.6		4.0							8.5				
2	00	24	.4430	18	6.6		4.0	15		1.2		8	0	8.0				
3	00	24	.4571	19	6.5		4.0	12		2.3		10	4	8.2				
4	00	24	.5215	20	6.7		4.0	14		2.2		9	440	8.1				
5	00	24	.5617	21	6.8		4.0	14		4.1		12	0	8.0				
6	00	24	.3966	19	6.7		4.0	7		2.2		14	0	7.4				
7	00	24	.5042	19	6.6		4.0							8.4				
8	00	24	.5482	19	6.8		4.0							8.1				
9	00	24	.5570	19	6.5		4.0	9		1.9		10	2	8.0				
10	00	24	.6823	20	6.7		4.0	18		1.6		14	2	8.2				
11	00	24	.4248	19	6.4		4.0	H.*						8.2				
12	00	24	.5071	20	6.5		4.0	L.E.*		5.8		10	0	8.4		17.74		
13	00	24	.5367	19	6.2		4.0	14		3.4		7	10	8.2	3.4			
14	00	24	.6047	18	6.2		4.0							9.5				
15	00	24	.6936	18	5.2		4.0							9.0				
16	00	24	.7780	18	6.4		4.0	20		4.8		13	0	8.0				
17	00	24	.7598	19	6.2		4.0	16		3.0		18	0	8.2			5.0	
18	00	24	.8124	18	6.5		4.0	14		1.8		10	0	8.5				
19	00	24	.7783	18	6.2		4.0	14		1.6		11	0	8.5				
20	00	24	.6417	17	6.5		4.5	18		5.3		14	0	8.3				
21	00	24	.5245	14	6.5		5.0							9.2				
22	00	24	.4612	13	6.4		5.0							8.5				
23	00	24	.6220	13	6.4		4.0	15		6.6		9	0	8.4				
24	00	24	.5904	16	6.4		4.0	10		2.7		8	0	8.6				
25	00	24	.5074	18	6.5		4.0	16		6.3		16	2	8.2	2.6			
26	00	24	.4893	19	6.5		4.0	H.*						7.8				
27	00	24	.4414	18	6.2		4.0	19		7.3		13	4	7.4				
28	00	24	.6162	20	6.0		4.0							9.0				
29	00	24	.6201	20	6.2		4.0							8.4				
30	00	24	.4307	20	6.4		4.0	S.E.*		1.8		19	2	7.1				
31																		
Average			.5662	18			4.1	14		3.5		12	2.08	8.3	3.0	17.74	5.0	
Max.			.8124	21	6.8		5.0	20		6.6		18	440	9.2	3.4	17.74	5.0	
Min.			.3966	13	6.0		4.0	7		1.2		7	0	7.1	2.6	17.74	5.0	
Comp.(C)/Grab(G)				C	G		G	C		C		C	G	G	G	C	C	
Monthly Limit					6-8.5			30				30	1000	>5	30			

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

Facility Status: (Please check one of the following)

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

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

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

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

Julian L Wooten

Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

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

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

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME HRS	50050 FLOW EFF ☒ INF ☐ DAILY RATE MGD	00010 TEMPERATURE CELSIUS C°	00403 pH UNIT	00545 SETTLEABLE MATTER ML/L	50060 RESIDUAL CHLORINE MG/L	00310 BOD_5 20°C MG/L	00340 COD MG/L	00610 AMMONIA NITROGEN MG/L	00500 TOTAL RESIDUE MG/L	00530 TOTAL SUSPENDED RESIDUE MG/L	31616 FECAL COLIFORM Geometric Mean /100 ML	00300 DISSOLVED OXYGEN MG/L	00556 Oil & Grease MG/L	00600 Total Nitrogen MG/L	00665 Total Phosphorus MG/L
1	00	24	.8209	20	7.0		4.0							5.5			
2	00	24	.8145	19	6.4		4.0	12		26.2		7	0	6.5			
3	00	24	.7904	19	6.4		4.0	15		23.0		12	12	6.1			
4	00	24	.8022	24	6.8		4.0	20		20.0		19	2	7.5			
5	00	24	.8337	24	6.6		4.0	24		20.6		7	0	7.5			
6	00	24	.8208	20	6.8		4.0	130		17.6		11	0	7.5			
7	00	24	.7923	18	6.8		4.0							7.0			
8	00	24	.7551	20	6.9		4.0							12.0			
9	00	24	.8474	20	6.8		4.0	24		23.0		21	0	8.0			
10	00	24	1.0745	22	6.6		4.0	23		20.6		27	0	9.0			
11	00	24	1.3385	22	6.6		4.0	H*						9.2			
12	00	24	.9153	18	6.8		4.0	L.F.*		18.8		6	0	10.0		22.18	
13	00	24	1.0296	19	6.4		4.0	24		17.5		7	0	9.0	1.8		
14	00	24	.7753	19	6.4		4.0							8.1			
15	00	24	.7096	19	6.6		4.0							10.0			
16	00	24	.8185	18	6.6		4.0	17		27.8		23	0	8.3			
17	00	24	.9077	18	6.7		4.0	17		21.0		19	0	5.6			1.5
18	00	24	.9972	18	7.0		4.0	15		17.5		6	0	6.0			
19	00	24	.9166	18	6.9		4.0	20		18.9		18	0	5.8			
20	00	24	1.1483	18	6.6		4.0	19		17.2		14	0	5.0			
21	00	24	.8607	19	6.6		4.0							7.0			
22	00	24	.9299	19	6.6		4.0							6.0			
23	00	24	.8333	19	6.6		4.0	21		20.5		39	0	5.0			
24	00	24	.9366	19	6.7		4.0	8		19.6		23	2	7.2			
25	00	24	1.3218	19	6.6		4.0	24		25.3		38	0	5.0	3.3		
26	00	24	.8550	19	6.7		4.0	H.*						5.1			
27	00	24	.8034	18	6.6		4.0	22		13.7		29	0	5.1			
28	00	24	1.0978	20	6.6		4.0							5.6			
29	00	24	1.1161	20	6.6		4.0							6.1			
30	00	24	.8788	20	6.8		4.0	12		15.2		14	10	6.5			
31																	
Average			.9181	20			3.9	25		20.2		18	1.38	7.1	2.6	22.18	1.5
Max.			1.1483	24	7.0		4.0	130		27.8		39	12	12.0	3.3	22.18	1.5
Min.			.7551	18	6.4		2.0	8		13.7		6	0	5.0	1.8	22.18	1.5
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C
Monthly Limit				6-9				30				30	200				

ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW

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:** 014 **MONTH:** November **YEAR:** 1987

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

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

CERTIFIED LABORATORY: Environmental Chemistry & Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: WTPOperators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☐ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	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					8.1							3						
4																		
5																		
6																		
7																		
8																		
9																		
10					8.0							7						
11																		
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17					7.9							7						
18																		
19																		
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22																		
23																		
24					7.8							3.6						
25																		
26																		
27																		
28																		
29																		
30																		
31																		
Average												5.2						
Max.					8.1							7						
Min.					7.8							3						
Comp.(C)/Grab(G)					G							C						
Monthly Limit					6-9							30						

Facility Status: (Please check one of the following)

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

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

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

_____

_____

_____

_____

_____

_____

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

Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

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

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

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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

PERSON(s) COLLECTING SAMPLES: STP Operators

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☐ INF ☒ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00556 Oil & Grease	00602 Total Nitrogen	00665 Total Phosphor
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW		
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MG/L	MG/L	MG/L
1	00	24	.1297				4.5										
2	00	24	.1365				4.0										
3	00	24	.1260				4.5										
4	00	24	.1312				4.0										
5	00	24	.1458	17	6.9		4.5	6				1	0	8.2			
6	00	24	.1280				3.0										
7	00	24	.1343				2.0										
8	00	24	.1325				2.0										
9	00	24	.1329				2.0										
10	00	24	.1333				3.5										
11	00	24	.1469				4.5										
12	00	24	.1289	14	6.8		4.5	L.E.*				2	0	8.9		5.0	
13	00	24	.1426				6.0								1.9		
14	00	24	.1303				4.5										
15	00	24	.1251				4.0										
16	00	24	.1401				3.5										
17	00	24	.1674				4.0										
18	00	24	.1283				4.0										
19	00	24	.1504	16	7.0		4.5	7				1	0	9.1			
20	00	24	.1250				4.0										
21	00	24	.1408				4.0										
22	00	24	.1314				4.0										
23	00	24	.1596				4.0								1.2		
24	00	24	.1741				4.0										
25	00	24	.1867				3.5										
26	00	24	.1732	19	6.9		4.0	H.*						10.2			
27	00	24	.1348				4.0										
28	00	24	.1574				4.0										
29	00	24	.1225				3.5										
30	00	24	.1836				4.0										
31																	
Average			.1426	17			3.9	7				1	0	9.1	1.6	5.0	
Max.			.1867	19	7.0		6.0	7				2	0	10.2	1.9	5.0	
Min.			.1225	14	6.8		2.0	6				1	0	8.2	1.2	5.0	
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C
Monthly Limit					6-8.5			30				30	14	>5	30		

Facility Status: (Please check one of the following)

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

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

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

_____

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_____

_____

_____

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

_____
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

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

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

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00556 Oil & Grease	00620 Total Nitrogen	00665 Total Phosphorus	
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MG/L	MG/L	MG/L	
1	00	24	4.435	20	6.9		3.0							5.4				
2	00	24	5.061	20	7.0		2.0	14		2.0		9	8	5.2				
3	00	24	5.190	20	7.0		2.0	19		3.6		15	28	5.1				
4	00	24	5.295	20	7.1		2.0	22		4.6		14	0	4.9				
5	00	24	5.617	22	7.0		2.0	18		4.3		10	0	4.5				
6	00	24	5.530	18	7.1		2.0	14		4.1		10	0	5.9				
7	00	24	5.397	20	6.8		2.0							5.7				
8	00	24	5.833	20	6.9		2.0							5.6				
9	00	24	5.693	24	7.1		2.0	12		3.5		11	6	5.4				
10	00	24	5.841	23	7.1		2.0	19		4.7		14	6	4.9				
11	00	24	4.745	20	7.1		2.0	H.*						5.0				
12	00	24	5.258	20	7.1		2.0	L.E.*		5.8		8	2	8.5		14.9		
13	00	24	5.665	18	7.2		2.0	15		5.4		6	2	6.5	2.9			
14	00	24	4.790	20	7.0		2.5							6.1				
15	00	24	5.550	17	7.1		2.0							7.2				
16	00	24	7.645	18	7.1		2.0	12		4.2		13	0	6.5				
17	00	24	4.980	18	7.2		2.0	10		4.3		14	2	5.9			3.9	
18	00	24	5.500	22	7.2		2.0	11		4.6		10	2	5.5				
19	00	24	7.035	20	6.8		2.5	11		6.4		11	10	6.3				
20	00	24	6.793	18	6.8		2.5	12		5.6		9	2	6.1				
21	00	24	4.530	17	6.8		2.2							5.9				
22	00	24	4.477	17	7.0		2.5							5.8				
23	00	24	5.139	18	7.0		2.0	11		5.2		7	0	7.9				
24	00	24	5.087	18	7.2		2.0	12		6.7		8	10	6.0				
25	00	24	4.891	20	7.1		2.0	12		6.2		15	6	6.2	2.3			
26	00	24	4.141	21	7.1		2.0	H.*						6.3				
27	00	24	4.270	20	7.0		2.0	9		3.7		9	0	6.0				
28	00	24	5.245	20	7.0		2.0							6.1				
29	00	24	5.735	21	7.1		2.5							6.0				
30	00	24	5.490	20	7.0		2.0	10		4.5		11	6	6.3				
31																		
Average			5.361	20			2.1	14		4.7		11.0	2.96	5.95	2.6	14.9	3.9	
Max.			7.645	24	7.2		2.5	22		6.4		15	28	8.5	2.9	14.9	3.9	
Min.			4.141	17	6.8		2.0	9		2.0		6	0	4.5	2.3	14.9	3.9	
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C	
Monthly Limit				6-8.5				22		19		30	14	>5	30			

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

Facility Status: (Please check one of the following)

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

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

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

_____

_____

_____

_____

_____

_____

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

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	85692	Time

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

If using alternate units for reporting data, please designate.

EFFLUENT

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

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

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

CERTIFIED LABORATORY Environmental Chemistry & Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00556 Oil & Grease	00600 Total Nitrogen	00665 Total Phos.	
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MG/L	MG/L	MG/L	
1	00	24	.550				4.0											
2	00	24	.5614	20	7.2		4.0											
3	00	24	.550				4.0	10		1.1		12	0					
4	00	24	.550				4.0											
5	00	24	.644				4.0											
6	00	24	.553				3.0											
7	00	24	.558				4.0											
8	00	24	.626				5.0											
9	00	24	.692				3.0											
10	00	24	.834	18	7.2		4.0	10		0.56		7	0	9.8				
11	00	24	.922				3.0											
12	00	24	.664				4.0											
13	00	24	.688				4.0								2.6			
14	00	24	.609				4.0											
15	00	24	.771				3.5											
16	00	24	.515				4.0											
17	00	24	.729	18	7.3		3.5	11		0.50		19	0	9.5			1.7	
18	00	24	.840				4.5											
19	00	24	.726				4.0											
20	00	24	.632				4.0											
21	00	24	.666				4.0											
22	00	24	.602				4.5											
23	00	24	.638				4.0								2.1			
24	00	24	.583	17	7.2		3.0	7		1.5		7	0	11.5				
25	00	24	.596				4.0											
26	00	24	.550				4.0											
27	00	24	.550				3.5											
28	00	24	.627				3.5											
29	00	24	.758				3.0											
30	00	24	.694				4.0											
31																		
Average			.649	18			4.0	10		0.92		11	0	10.3	2.4		1.7	
Max.			.840	20	7.3		5.0	11		1.5		19	0	11.5	2.6		1.7	
Min.			.515	17	7.2		3.0	7		0.5		7	0	9.5	2.1		1.7	
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C	
Monthly Limit				6-8	5			30				30	14	>5	30			

DEM Form MR-1 (11/84

Facility Status: (Please check one of the following)

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

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

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

_____

_____

_____

_____

_____

_____

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

Julian J. 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.

RR

EFFLUENT

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

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

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

CERTIFIED LABORATORY: Environmental Chemistry & Microbiology Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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

PERSON(s) COLLECTING SAMPLES: STP Operators

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00556 Oil & Grease	00600 Total Nitrogen	00665 Total Phos.	
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MG/L	MG/L	MG/L	
1	00	24	.22334				5.0											
2	00	24	.25300				5.0											
3	00	24	.24905				5.0											
4	00	24	.25152	22	6.8		3.0	5		0.48		2	2	8.6				
5	00	24	.23668				4.0											
6	00	24	.17255				4.0											
7	00	24	.23045				4.0											
8	00	24	.15137				4.0											
9	00	24	.18438				5.0											
10	00	24	.18765				4.0											
11	00	24	.18305	20	6.6		4.0	H.*						8.3				
12	00	24	.18240				4.0											
13	00	24	.19692				3.0								0.6			
14	00	24	.17753				4.0											
15	00	24	.20540				4.0											
16	00	24	.21542				4.0											
17	00	24	.20378	20	6.7		3.0							9.8				
18	00	24	.19898	19	6.5		4.0	7		0.30		6	0	9.6		4.71		
19	00	24	.19181				4.0											
20	00	24	.19310				4.0											
21	00	24	.18518				4.0											
22	00	24	.18453				4.0											
23	00	24	.17710				4.0								1.1			
24	00	24	.19028				4.0											
25	00	24	.18592	18	6.9		4.0	5		0.18		4	0	9.8				
26	00	24	.19125				4.0											
27	00	24	.17124				4.0											
28	00	24	.23651				4.0											
29	00	24	.23680				4.0											
30	00	24	.22541				5.0											
31																		
Average			.20242	19.8			4.0	6		0.32		4	1.26	9.2	0.9	4.71		
Max.			.25300	22	6.9		5.0	7		0.48		6	2	9.8	1.1	4.71		
Min.			.17124	18	6.5		3.0	5		0.18		2	0	8.3	0.6	4.71		
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C	
Monthly Limit					6-8	5		30				30	14	>5	30			

Facility Status: (Please check one of the following)

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

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

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

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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.

Influent

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

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																	
4																	
5	00	24				285			248								
6																	
7																	
8																	
9																	
10																	
11																	
12	00	24				L.E*			106								
13																	
14																	
15																	
16																	
17																	
18																	
19	00	24				142			118								
20																	
21																	
22																	
23																	
24																	
25																	
26						H.*											
27																	
28																	
29																	
30																	
31																	
AVERAGE						214			157								
MONTHLY MAXIMUM						285			248								
MONTHLY MINIMUM						142			106								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

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

Influent

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

FACILITY NAME: Camp Geiger Sewage Treatment Plant COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD							
			00400	00010	00545	00310	00610	00500	00530	00340							
											ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2	00	24				400			280								
3	00	24				520			333								
4	00	24				580			408								
5	00	24				513			260								
6	00	24				590			266								
7																	
8																	
9	00	24				410			203								
10	00	24				385			438								
11						H.*											
12	00	24				L.E*			176								
13	00	24				493			186								
14																	
15																	
16	00	24				372			178								
17	00	24				285			178								
18	00	24				347			208								
19	00	24				345			308								
20	00	24				279			168								
21																	
22																	
23	00	24				560			264								
24	00	24				360			163								
25	00	24				312			200								
26						H.*											
27	00	24				156			76								
28																	
29																	
30	00	24				268			130								
31																	
AVERAGE						399			233								
MONTHLY MAXIMUM						590			408								
MONTHLY MINIMUM						156			76								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

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

Influent

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

FACILITY NAME: Rifle Range Sewage Treatment Plant COUNTY: Onslow

Date	Time	Composite Time	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																	
4	00	24				93			106								
5																	
6																	
7																	
8																	
9																	
10																	
11						H.*											
12																	
13																	
14																	
15																	
16																	
17																	
18	00	24				78			206								
19																	
20																	
21																	
22																	
23																	
24																	
25	00	24				100			125								
26																	
27																	
28																	
29																	
30																	
31																	
AVERAGE						90			146								
MONTHLY MAXIMUM						100			206								
MONTHLY MINIMUM						78			106								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

H.* = Holiday

Influent

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

FACILITY NAME: Hadnot Point Sewage Treatment Plant COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD						
			00400	00010	00545	00310	00610	00500	00530	00340						
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L						
1																
2	00	24				124			100							
3	00	24				185			138							
4	00	24				210			150							
5	00	24				215			127							
6	00	24				200			113							
7																
8																
9	00	24				160			116							
10	00	24				232			134							
11						H.*										
12	00	24				L.E*			114							
13	00	24				276			137							
14																
15																
16	00	24				184			98							
17	00	24				172			130							
18	00	24				208			118							
19	00	24				188			140							
20	00	24				180			155							
21																
22																
23	00	24				120			116							
24	00	24				168			130							
25	00	24				172			130							
26						H.*										
27	00	24				232			127							
28																
29																
30	00	24				148			110							
31																
AVERAGE						187			125							
MONTHLY MAXIMUM						276			155							
MONTHLY MINIMUM						120			98							
SAMPLE TYPE C or G						C			C							

ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW

DEM Form MR-2 (11/84)

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

Influent

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

FACILITY NAME: Courthouse Bay STP COUNTY: Onslow

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

DEM Form MR-2 (11/84)

Influent

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

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

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

DEM Form MR-2 (11/84)

H.* = Holiday

Influent

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

FACILITY NAME: Tarawa Terrace Sewage Treatment Plant COUNTY: Onslow

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

DEM Form MR-2 (11/84)