6286/1
NREAD
22 Dec 87

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

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

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

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

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

J. I. WOOTEN

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

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

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

INSTRUCTIONS:

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

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

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

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

ENCLOSURE (1)

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

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

	00310 5 DAY 20°C BOD			00610 AMMONIA	00530 TOTAL SUSPENDED RESIDUE			31616 FECAL COLIFORM	00556 OIL & GREASE	00600 TOTAL NITROGEN	00665 TOTAL PHOSPHOROUS
DATE	INFLUENT MG/L	EFFLUENT MG/L	%	EFFLUENT MG/L	INFLUENT MG/L	EFFLUENT MG/L	%	EFFLUENT MF/100 ML	EFFLUENT MG/L	EFFLUENT MG/L	EFFLUENT MG/L
1											
2	185	15	92	1.2	94	8	91	0			
3	190	12	94	2.3	108	10	91	4			
4	183	14	92	2.2	92	9	90	440			
5	188	14	93	4.1	73	12	84	0			
6	180	7	95	2.2	115	14	88	0			
7											
8											
9	220	9	96	1.9	153	10	92	2			
10	340	18	95	1.6	393	14	96	2			
11	HOLIDAY										
12	LAB	ERROR		5.8	116	10	91	0		17.74	
13	232	14	94	3.4	131	7	95	10	3.4		
14											
15											
16	176	20	89	4.8	110	13	88	0			
17	276	16	94	3.0	78	18	77	0			5.0
18	168	14	94	1.8	70	10	86	0			
19	180	14	92	1.6	120	11	91	0			
20	156	18	88	5.3	88	14	84	0			
21											
22											
23	156	15	90	6.6	164	9	95	0			
24	293	10	97	2.7	104	8	92	0			
25	188	16	91	6.3	106	16	85	2	2.6		
26	HOLIDAY										
27	196	19	90	7.3	112	13	88	4			
28											
29											
30	SAMPLE	ERROR		1.8	98	19	81	2			
31											
TOTAL	3507	245		65.9	2325	225			6.0	17.74	5.0
AVERAGE	206	14	92.7	3.5	122	12	88.7	2.08	3.0	17.74	5.0
MAXIMUM	340	20		6.6	393	18		440	3.4	17.74	5.0
MINIMUM	156	7		1.2	70	7		0	2.6	17.74	5.0
COMP (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		30				30		1000	30		

INSTRUCTIONS:

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

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

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

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

ENCLOSURE (1)

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

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

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

INSTRUCTIONS:

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

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

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

ENCLOSURE (1)

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

PLANT	NPDES PERMIT NO.	MONTH	YEAR
COURTHOUSE BAY	NC 0063045	NOVEMBER	1987

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

INSTRUCTIONS:

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

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

ENCLOSURE (1)

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

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

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

INSTRUCTIONS:

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

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

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

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

ENCLOSURE (1)

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

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

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

INSTRUCTIONS:

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

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

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

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

ENCLOSURE (1)

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

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

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

INSTRUCTIONS:

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

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

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

ENCLOSURE (1)