

6286/1
NREAD
23 Nov 87

From: Director, Natural Resources and Environmental Affairs
Division, Marine Corps Base, Camp Lejeune
To: Base Maintenance Officer, Marine Corps Base, Camp Lejeune
(Attn: Utilities Director)
Subj: NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
PERMIT RELATED REPORTING DATA

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

1. It is requested that the enclosures be routed to the Utilities Systems General Foreman. The enclosures summarize the subject data generated by the Environmental Chemistry and Microbiology Laboratory and contract laboratories for the seven wastewater treatment plants aboard the Camp Lejeune complex for the month of October 1987.
2. Questions regarding the enclosures should be forwarded to the Supervisory Chemist, Environmental Chemistry and Microbiology Laboratory, Natural Resources and Environmental Affairs Division, x5977.

J. I. WOOTEN

Blind Copy to:
EC&MS (2)

NOV 23 1954

FROM: Director, Natural Resources and Environment, Wildlife
Division, Wildlife Game Base, Camp Lejeune
TO: Base Maintenance Officer, Wildlife Game Base, Camp Lejeune
ATTN: Wildlife Division

RE: WILDLIFE DIVISION DISCHARGE PERMIT (WDP) SYSTEM (WDP-1)
PERMIT RELATED REPORTING DATA

1. Monthly report of waste treatment plant water quality
is requested that the information be forwarded to the Wildlife
Division, Wildlife Game Base, Camp Lejeune, P.O. Box 919,
Beaufort, North Carolina 28516. The information requested is subject
to the Division's Confidentiality and Information
Policy and should be forwarded to the Base Maintenance
Officer, Wildlife Game Base, Camp Lejeune, P.O. Box 919,
Beaufort, North Carolina 28516.

2. Questions regarding the procedures should be forwarded to
the Supervisory Chemical Environmental Chemist and Micro-
biological Laboratory, Environmental Research and Environmental Health
Division, Camp Lejeune.

2 1 1954

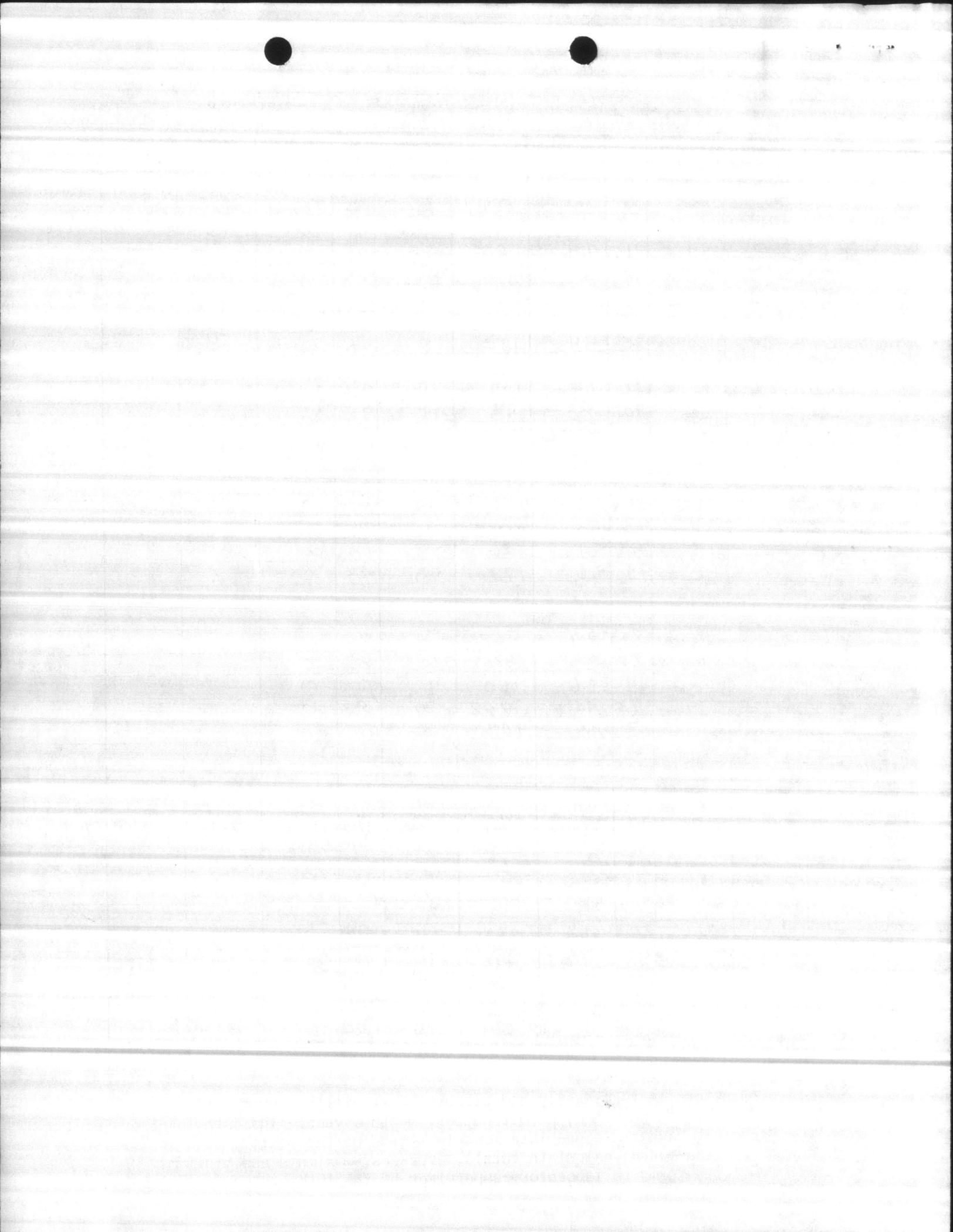
Blind copy to:
BOXES (1)

MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY
 NC82-11345/6 (REV. 9-86)

PLANT HADNOT POINT				NPDES PERMIT No. NC 0063029				MONTH OCTOBER		YEAR 1987	
DATE	00310 5 DAY 20°C BOD			00610 AMMONIA	00530 TOTAL SUSPENDED RESIDUE			FECAL COLIFORM	00866 OIL + GREASE	00600 TOTAL NITROGEN	00465 TOTAL PHOSPHORUS
	INFLUENT mg/L	EFFLUENT mg/L	%	EFFLUENT mg/L	INFLUENT mg/L	EFFLUENT mg/L	%	EFFLUENT MP/100 ML	EFFLUENT mg/L	EFFLUENT mg/L	EFFLUENT mg/L
1	180	11	94	8.0	198	18	91	2	2.8		
2	156	14	91	4.4	86	12	86	2			
3											
4											
5	224	14	94	3.7	123	12	90	2			
6	132	20	85	4.4	130	8	94	0			
7	216	19	91	5.0	136	8	94	8			
8	188	17	91	1.4	128	11	91	30			
9	216	21	90	7.3	143	11	92	20			
10											
11											
12											
13	124	11	91	2.6	126	12	90	0		14.05	
14	176	13	93	4.3	170	11	94	0			
15	164	14	92	5.1	126	9	93	0			
16	192	14	93	4.6	178	13	93	2			
17											
18											
19	252	11	96	2.7	262	15	94	16			5.1
20	208	12	94	2.5	135	10	93	0			
21	196	11	94	3.6	150	9	94	0			
22	212	14	93	4.1	162	11	93	0			
23	204	14	93	2.8	107	6	94	10			
24											
25											
26	176	19	89	2.3	148	19	87	0			
27	264	15	94	3.3	140	13	91	CL2	10.5		3.9
28	208	13	93	3.9	128	8	94	550			
29	202	14	93	4.8	132	12	91	0			
30	152	15	90	5.2	80	11	86	0			
31											
TOTAL	4048	306		85.5	2988	239			13.3	14.05	9.0
AVERAGE	193	15	92	4.1	142	11	92	3.0	6.7	14.05	4.5
MAXIMUM	264	20		8.0	262	19		550	10.5	14.05	5.1
MINIMUM	124	11		1.4	80	6		0	2.8	14.05	3.9
COMP (C) CRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		22		13		30		14	30		

INSTRUCTIONS:

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

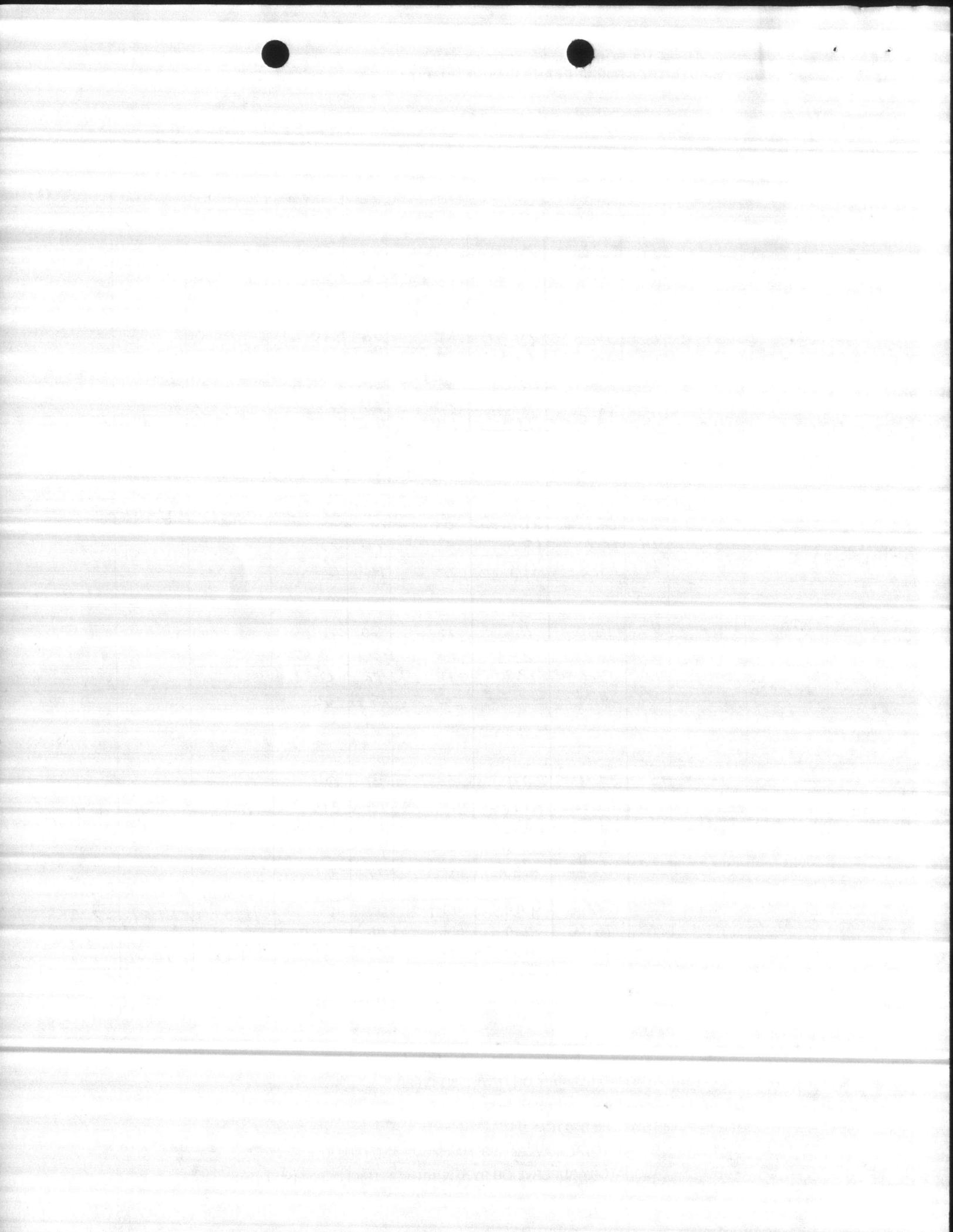


ENVIRONMENTAL CHEMISTRY & MICROBIOLOGY LABORATORY REPORT
 MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY
 MCBCL 11345/8 (REV. 09/87)

PLANT				NPDES PERMIT NO.				MONTH		YEAR	
CAMP GEIGER				NC 0003239				OCTOBER		1987	
DATE	00310 5 DAY 20°C BOD			00610 AMMONIA	00530 TOTAL SUSPENDED RESIDUE			31616 FECAL COLIFORM	00556 OIL & GREASE	00600 TOTAL NITROGEN	00665 TOTAL PHOSPHOROUS
	INFLUENT MG/L	EFFLUENT MG/L	%	EFFLUENT MG/L	INFLUENT MG/L	EFFLUENT MG/L	%	EFFLUENT MF/100 ML	EFFLUENT MG/L	EFFLUENT MG/L	EFFLUENT MG/L
1	308	10	97	21	225	12	95	0	2.3		
2	323	27	92	15	172	7	96	0			
3											
4											
5	324	27	92	16.6	243	4	98	18			
6	410	25	94	14.5	400	7	98	0			
7	295	12	96	13.1	138	6	96	0			
8	335	14	96	13.5	200	10	95	0			
9	425	22	95	15.9	273	14	95	0			
10											
11											
12											
13	370	8	98	10.2	296	8	97	0		14.84	
14	320	10	97	14.1	206	8	96	0			
15	254	13	95	11.2	183	8	96	0			
16	324	16	95	13.2	214	8	96	0			
17											
18											
19	340	9	97	15.0	116	12	90	0			1.4
20	324	25	92	16.1	185	15	92	0			
21	308	25	92	17.2	132	10	92	0			
22	457	29	94	17.4	136	3	98	2			
23	296	22	91	23.0	145	2	94	0			
24											
25											
26	345	9	97	27.4	284	9	97	0			
27	630	26	96	18.2	217	15	93	310	9.0		1.4
28	353	13	95	19.0	138	2	92	0			
29	594	21	96	17.8	335	6	98	0			
30	300	18	94	18.0	207	7	97	0			
31											
TOTAL	7645	392		348.6	4445	179			11.3	14.84	2.8
AVERAGE	364	19	94.8	16.6	212	9	96	1.74	5.7	14.84	1.4
MAXIMUM	630	29		27.4	400	15		310	9.0	14.84	1.4
MINIMUM	254	8		10.2	116	2		0	2.3	14.84	1.4
COMP (C)											
GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		30				30		200	30		

INSTRUCTIONS:

- COMPLETE THIS FORM IN INK, NEATLY AND CLEARLY OR IT WILL BE TYPED.
- HEAD THE FORM WITH PLANT NAME, PERMIT NUMBER, MONTH & YEAR. INDICATE TOTAL OR FECAL IN COLIFORM HEADING. ADD THE APPROPRIATE MONTHLY LIMITS AT THE BOTTOM.
- AT THE END OF THE MONTH, CALCULATE TOTALS, AVERAGES, MAXIMUMS AND MINIMUMS.
- SUBMIT COMPLETED FORMS TO LABORATORY SUPERVISOR BY THE 10TH OF THE FOLLOWING MONTH.



MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY
 NC 8 CL 11345/6 (REV. 9-86)

PLANT TARAWA TERRACE				NPDES PERMIT No. NC 0063002				MONTH OCTOBER		YEAR 1987	
DATE	00310 5 DAY 20°C BOD			00610 AMMONIA	00530 TOTAL SUSPENDED RESIDUE			COLIFORM	00864 OIL + GREASE	00600 TOTAL NITROGEN	00645 TOTAL PHOSPHORUS
	INFLUENT MG/L	EFFLUENT MG/L	%	EFFLUENT MG/L	INFLUENT MG/L	EFFLUENT MG/L	%	EFFLUENT MP/100 ML	EFFLUENT MG/L	EFFLUENT MG/L	EFFLUENT MG/L
1	159	12	92	1.6	105	13	88	2	2.9		
2	164	11	93	1.3	88	10	89	14			
3											
4											
5	184	13	93	1.9	103	6	94	4			
6	164	9	95	2.0	74	2	97	20			
7	172	13	92	3.7	80	10	88	2			
8	192	12	94	4.9	106	9	92	0			
9	192	14	93	1.7	112	8	93	0			
10											
11											
12											
13	156	13	92	2.3	78	3	90	0		13.79	
14	184	14	92	2.3	144	9	94	0			
15	164	15	91	3.5	102	9	91	10			
16	168	13	92	2.3	68	9	87	10			
17											
18											
19	180	12	93	2.9	108	16	85	0			5.1
20	180	13	93	1.4	66	7	89	0			
21	204	10	95	1.9	108	6	94	0			
22	188	12	94	1.7	132	7	95	0			
23	212	14	93	1.5	135	6	96	0			
24											
25											
26	160	15	91	1.2	106	12	89	0			
27	244	18	93	4.4	102	12	88	6	5.7		4.1
28	152	27	82	3.4	80	33	59	0			
29	190	13	93	1.6	80	9	89	ck 2			
30	180	13	93	2.0	135	8	94	2			
31											
TOTAL	3789	286		49.5	2112	208			8.6	13.79	9.2
AVERAGE	180	14	92	2.4	101	10	90	2.02	4.3	13.79	4.6
MAXIMUM	244	27		4.9	144	33		20	5.7	13.79	5.1
MINIMUM	152	9		1.2	66	2		0	2.9	13.79	4.1
COMP (C) CRAP (C)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT						30			30		

INSTRUCTIONS:

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

ENCLOSURE [1]



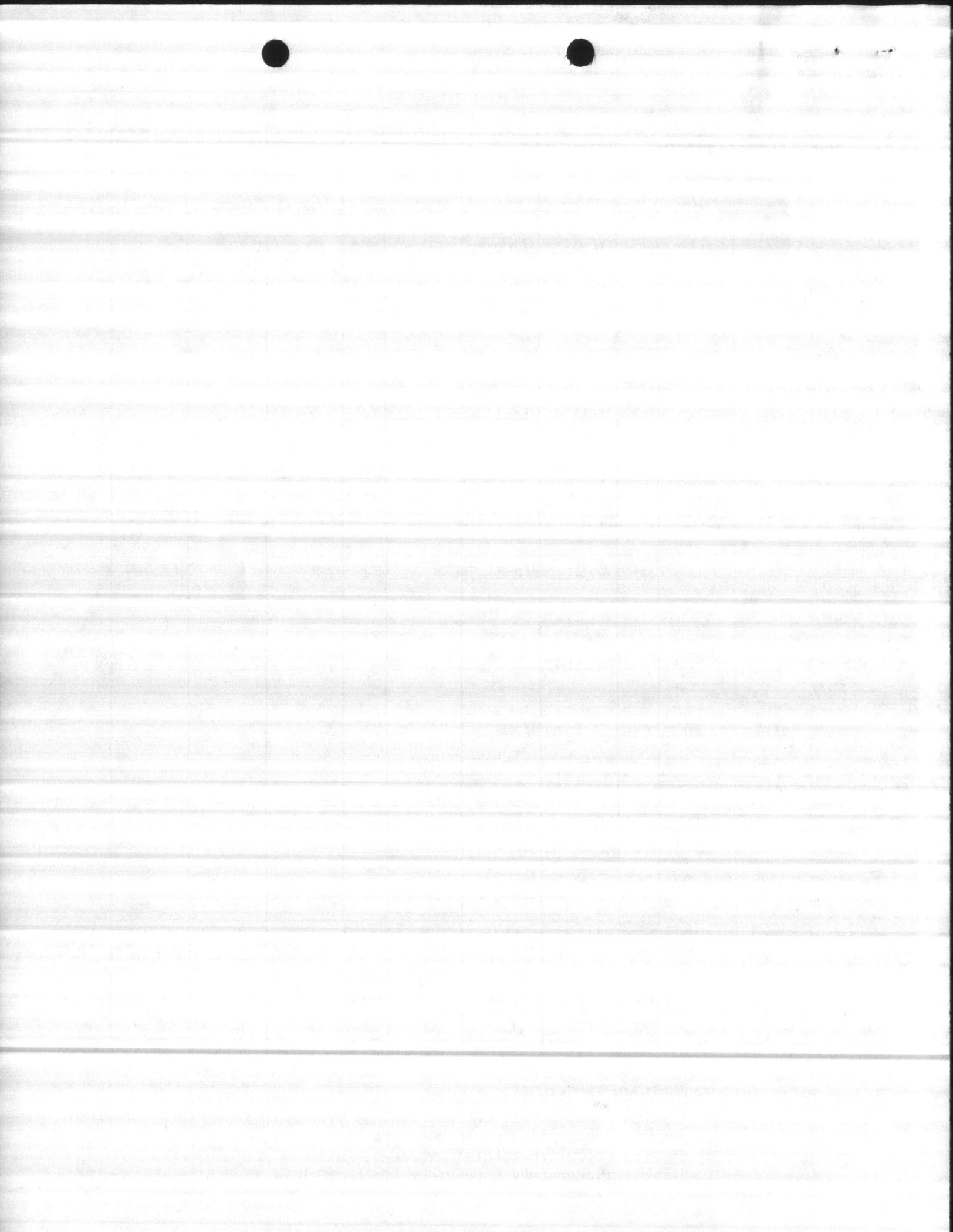
MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY
 MCBCL 11345/6 (REV. 9-86)

PLANT CAMP JOHNSON			NPDES PERMIT No. NC0063011				MONTH OCTOBER		YEAR 1987		
DATE	00310 5 DAY 20°C BOD			00610 AMMONIA	00520 TOTAL SUSPENDED RESIDUE			COLIFORM	00566 OIL & GREASE	00600 TOTAL NITROGEN	00645 TOTAL PHOSPHORUS
	INFLUENT mg/L	EFFLUENT mg/L	%	EFFLUENT mg/L	INFLUENT mg/L	EFFLUENT mg/L	%	EFFLUENT MF/100 ML	EFFLUENT mg/L	EFFLUENT mg/L	EFFLUENT mg/L
1									2.3		
2	162	14	91	4.8	106	11	90	0			
3											
4											
5	198	13	93	4.0	112	7	94	0			
6											
7											
8											
9	204	23	89	4.1	121	9	93	32			
10											
11											
12											
13											
14											
15											
16	340	21	94	5.9	428	8	98	0		15.04	
17											
18											
19	245	13	95	3.3	251	14	94	0			4.7
20											
21											
22											
23	236	19	92	7.2	180	9	95	0			
24											
25											
26	530	17	97	3.8	268	12	92	0			
27									2.3		
28											
29											
30	172	23	87	9.7	50	5	90	228			
31											
TOTAL	2087	143		42.8	1516	75			4.6	15.04	4.7
AVERAGE	261	18	93	5.4	190	9	95	3.04	2.3	15.04	4.7
MAXIMUM	530	23		9.7	428	12		228	2.3	15.04	4.7
MINIMUM	162	13		3.3	50	5			2.3	15.04	4.7
COND (C) GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT						30			30		

INSTRUCTIONS:

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

ENCLOSURE

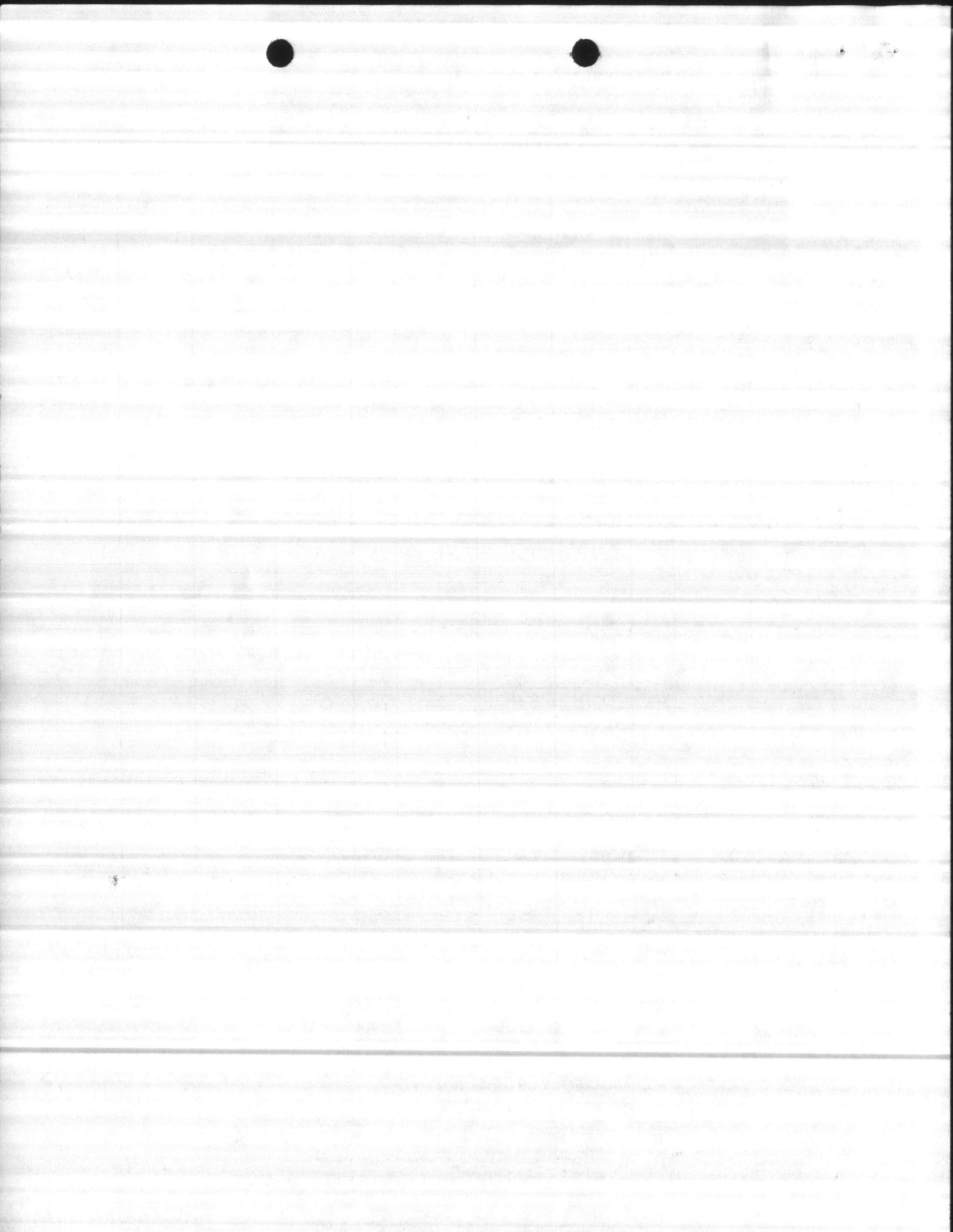


ENVIRONMENTAL CHEMISTRY & MICROBIOLOGY LABORATORY REPORT
 MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY
 MCBCCL 11345/8 (REV. 09/87)

PLANT	NPDES PERMIT NO.							MONTH	YEAR		
ONELOW BEACH	NC 0063053							OCTOBER	1987		
DATE	00310 5 DAY 20°C BOD			00610 AMMONIA	00530 TOTAL SUSPENDED RESIDUE			31616 FECAL COLIFORM	00556 OIL & GREASE	00600 TOTAL NITROGEN	00665 TOTAL PHOSPHOROUS
	INFLUENT MG/L	EFFLUENT MG/L	%	EFFLUENT MG/L	INFLUENT MG/L	EFFLUENT MG/L	%	EFFLUENT MF/100 ML	EFFLUENT MG/L	EFFLUENT MG/L	EFFLUENT MG/L
1	136	5	96	0.19	63	5	95	0			
2									0.7		
3											
4											
5											
6											
7											
8	96	6	94	0.19	73	3	96	0			
9											
10											
11											
12											
13											
14											
15	132	6	96	0.13	40	2	95	0			
16											
17											
18											
19											
20											
21											
22	96	4	96	0.18	84	3	90	0			
23											
24											
25											
26											
27											
28									3.9		
29	92	6	93	0.28	96	1	0	0			
30											
31											
TOTAL	558	27		0.97	356	14			4.6		
AVERAGE	112	5		0.19	71	3	96	0	2.3		
MAXIMUM	138	6		0.28	96	5		0	3.9		
MINIMUM	92	4		0.13	40	1		0	0.7		
COMP (C)											
GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		6.30		-		30		14	30		

INSTRUCTIONS:

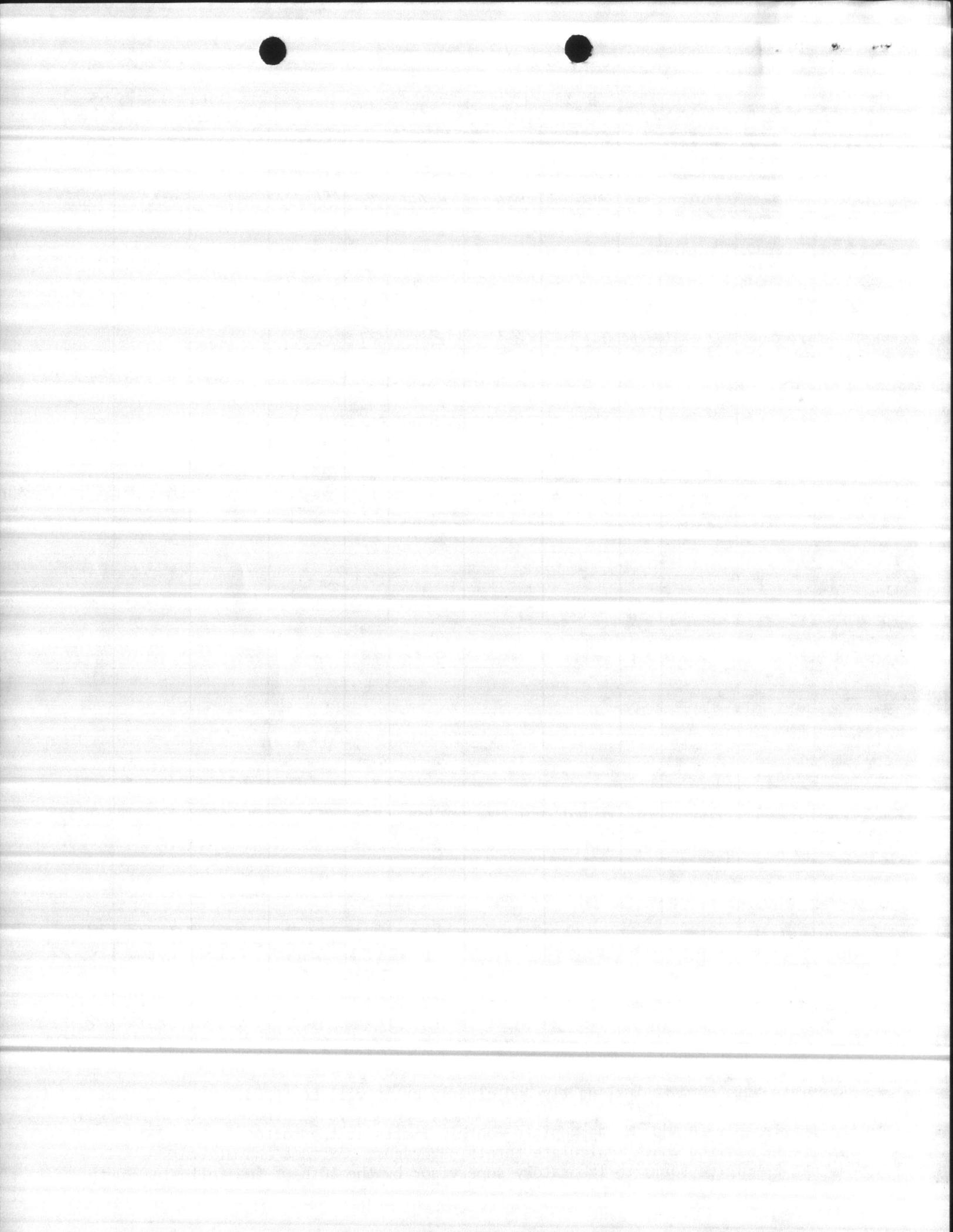
- COMPLETE THIS FORM IN INK, NEATLY AND CLEARLY OR IT WILL BE TYPED.
- HEAD THE FORM WITH PLANT NAME, PERMIT NUMBER, MONTH & YEAR. INDICATE TOTAL OR FECAL IN COLIFORM HEADING. ADD THE APPROPRIATE MONTHLY LIMITS AT THE BOTTOM.
- AT THE END OF THE MONTH, CALCULATE TOTALS, AVERAGES, MAXIMUMS AND MINIMUMS.
- SUBMIT COMPLETED FORMS TO LABORATORY SUPERVISOR BY THE 10TH OF THE FOLLOWING MONTH.



MONTHLY REPORT OF WASTEWATER TREATMENT PLANT WATER QUALITY
 MCBCL 11245/6 (REV. 9-86)

PLANT COURTHOUSE BAY				NPDES PERMIT No. WC 0063045				MONTH OCTOBER		YEAR 1987	
DATE	00310 5 DAY 20°C BOD			00610 AMMONIA	00530 TOTAL SUSPENDED RESIDUE			COLIFORM	00856 OIL + GREASE	00600 TOTAL NITROGEN	00645 TOTAL PHOSPHORUS
	INFLUENT mg/L	EFFLUENT mg/L	%	EFFLUENT mg/L	INFLUENT mg/L	EFFLUENT mg/L	%	EFFLUENT MF/100 ML	EFFLUENT mg/L	EFFLUENT mg/L	EFFLUENT mg/L
1									0.9		
2											
3											
4											
5											
6	106	6	94	0.17	82	2	97	0			
7											
8											
9											
10											
11											
12											
13	108	3	97	0.15	93	2	98	0		7.61	
14											
15											
16											
17											
18											
19	REDACTED										
20	58	10	83	0.41	33	9	73	0			
21											
22											
23											
24											
25											
26											
27	198	11	94	0.44	97	11	87	0	2.6		1.8
28											
29											
30											
31											
TOTAL	470	30		1.17	305	24		0	3.5	7.61	1.8
AVERAGE	118	8	93	0.29	76	6	92	0	1.8	7.61	1.8
MAXIMUM	198	11		0.44	97	11		0	2.6	7.61	1.8
MINIMUM	58	3		0.15	33	2		0	0.9	7.61	1.8
COND (C) CEAD (C)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT						30			30		

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



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

PLANT				NPDES PERMIT NO.				MONTH		YEAR	
RIFLE RANGE				NC 0063037				OCTOBER		1987	
DATE	00310 5 DAY 20°C BOD			00610 AMMONIA	00530 TOTAL SUSPENDED RESIDUE			31616 FECAL COLIFORM	00556 OIL & GREASE	00600 TOTAL NITROGEN	00665 TOTAL PHOSPHOROUS
	INFLUENT MG/L	EFFLUENT MG/L	%	EFFLUENT MG/L	INFLUENT MG/L	EFFLUENT MG/L	%	EFFLUENT MF/100 ML	EFFLUENT MG/L	EFFLUENT MG/L	EFFLUENT MG/L
1									0.9		
2											
3											
4											
5											
6											
7	48	5	90	0.21	77	2	97	0			
8											
9											
10											
11											
12											
13											
14	44	4	91	0.07	74	4	95	0			
15											
16											
17											
18											
19											
20											
21	60	5	92	0.12	30	1	97	0			
22											
23											
24											
25											
26											
27									3.1		
28	82	5	94	0.12	26	2	92	0			
29											
30											
31											
TOTAL	234	19		0.52	207	9			4.0		
AVERAGE	59	5	92	0.13	52	2		0	2.0		
MAXIMUM	82	5		0.21	77	4		0	3.1		
MINIMUM	44	4		0.07	26	1		0	0.9		
COMP (C)											
GRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		30		—		30		14	30		

INSTRUCTIONS:

- COMPLETE THIS FORM IN INK, NEATLY AND CLEARLY OR IT WILL BE TYPED.
- HEAD THE FORM WITH PLANT NAME, PERMIT NUMBER, MONTH & YEAR. INDICATE TOTAL OR FECAL IN COLIFORM HEADING. ADD THE APPROPRIATE MONTHLY LIMITS AT THE BOTTOM.
- AT THE END OF THE MONTH, CALCULATE TOTALS, AVERAGES, MAXIMUMS AND MINIMUMS.
- SUBMIT COMPLETED FORMS TO LABORATORY SUPERVISOR BY THE 10TH OF THE FOLLOWING MONTH.

