6288
NREAD

OCT 26 1987

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

Dear Sir:

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

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

Sincerely,

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

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

Copy to:
EPA Region IV
CMDR, LANTNAVFACENGCOM
NEESA

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

EFFLUENT

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

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

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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

PERSON(s) COLLECTING SAMPLES: STP Operators

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

X _____

Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME HRS	50050 FLOW EFF ☒ INF ☐ DAILY RATE MGD	00010 TEMPERATURE CELSIUS C°	00400 pH UNIT	00545 SETTLEABLE MATTER ML/L	50060 RESIDUAL CHLORINE MG/L	00310 BOD_5 20°C MG/L	00340 COD MG/L	00610 AMMONIA NITROGEN MG/L	00500 TOTAL RESIDUE MG/L	00530 TOTAL SUSPENDED RESIDUE MG/L	31616 FECAL COLIFORM Geometric Mean /100 ML	00300 DISSOLVED OXYGEN MG/L	00556 Oil & Grease MG/L	00600 Total Nitrogen MG/L	00665 Total Phosphorus MG/L	
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
1	00	24	.6200				4.0											
2	00	24	.6350				4.0											
3	00	24	.5960				4.0											
4	00	24	.5640	24	6.9		4.0	14		3.2		8	0	7.3				
5	00	24	.7360				4.0											
6	00	24	.7140				4.0											
7	00	24	1.207	24	7.0		1.5							7.2				
8	00	24	.7090				4.0											
9	00	24	.5030				4.0											
10	00	24	.6460				4.0											
11	00	24	.8010	25	6.8		2.5	4		3.1		6	0	7.1	1.6	9.8		
12	00	24	.6580				4.0											
13	00	24	.9810				4.0											
14	00	24	.7960	25	6.8		4.0	7		2.4		2	0	7.3				
15	00	24	.7760				4.0											
16	00	24	.7520				4.0											
17	00	24	.7010				4.0											
18	00	24	.6780	25	6.4		4.0	4		2.6		6	0	7.1				
19	00	24	.5900				4.0											
20	00	24	.6600				4.0											
21	00	24	.6400	25	6.5		4.0	8		2.2		5	0	7.9				
22	00	24	.6860				4.0											
23	00	24	.7070				4.0											
24	00	24	.7220				1.5											
25	00	24	.6270	23	6.9		4.0	12		3.1		4	0	7.6				
26	00	24	.5050				4.0											
27	00	24	.6490				4.0											
28	00	24	.8480	22	7.0		4.0	13		8.8		3	0	8.3	3.1			
29	00	24	.7850				4.0											
30	00	24	.5720				4.0											
31																		
Average			.7021				4.0	9		3.6		5	0	2.4	2.3	9.8		
Max.			1.207				4.0	14		8.8		8	0	3.1	3.1	9.8		
Min.			.5030				1.5	4		2.2		2	0	1.6	1.6	9.8		
Comp.(C)/Grab(G)								C		C		C	G	G	C	C		
Monthly Limit								30				30	1000	30				

DEM Form MR-1 (11-84)

Facility Status: (Please check one of the following)

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

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

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

_____

_____

_____

_____

_____

_____

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

Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

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

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

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

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

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

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00556 Oil & Grease	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	.2426				4.0											
2	00	24	.2375	24	6.3		4.0	L.E.		0.6		4	0	8.5				
3	00	24	.2265				4.0											
4	00	24	.2342				4.0											
5	00	24	.3957				4.0											
6	00	24	.3210				3.0											
7	00	24	.3864	26	6.6		3.0							7.7				
8	00	24	.3475				4.0								0.1			
9	00	24	.4026	28	7.0		2.0	4				7	0	8.3			0.8	
10	00	24	.2820				3.0			0.02								
11	00	24	.2493				4.0											
12	00	24	.2363				4.0											
13	00	24	.1053				3.0											
14	00	24	.1593				4.0											
15	00	24	.1850	25	6.6		3.0							8.0				
16	00	24	.5418				6.0	4				2	0					
17	00	24	.4547				5.0			0.12								
18	00	24	.3073				4.0											
19	00	24	.1530				5.0											
20	00	24	.1613				4.0											
21	00	24	.1060				4.0											
22	00	24	.1971				3.0											
23	00	24	.1782	23	6.3		2.0	3		0.07		3	0	7.7				
24	00	24	.2500				3.0											
25	00	24	.1123				4.0											
26	00	24	.2149				4.0											
27	00	24	.1059				5.0											
28	00	24	.1817				4.0								1.0			
29	00	24	.2900				5.0											
30	00	24	.3067	22	6.2		4.0	5		0.10		6	2	8.1				
31																		
Average			.2524				3.8	4		0.07		4	1.14*		0.6		0.8	
Max.			.5418				6.0	5		0.12		7	2		1.0		0.8	
Min.			.1059				2.0	3		0.06		2	0		0.1		0.8	
Comp.(C)/Grab(G)								C		C		C	G		G	C	C	
Monthly Limit								30				30	14		30			

DEM Form MR-1 (11/84

Facility Status: (Please check one of the following)

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

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

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

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

Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

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

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

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00556 Oil & Grease	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	3.940	26	7.0		6.0	L.E.		3.2		8	0	6.0			
2	00	24	5.258	26	7.1		5.0	L.E.		3.3		7	0	5.5			
3	00	24	5.969	25	7.0		4.0	11		3.5		10	2	5.2			
4	00	24	6.038	26	7.0		5.0	11		2.8		8	0	5.8			
5	00	24	5.872	25	7.0		4.0							6.0			
6	00	24	4,939	26	7.0		4.0							6.1			
7	00	24	6.516	25	7.0		4.0							5.6			
8	00	24	6.107	26	7.0		4.0	9		0.9		12	0	6.4			
9	00	24	5,792	26	6.9		4.0	5		2.9		8	0	5.8			3.9
10	00	24	5,645	26	7.0		4.0	9		3.2		11	2	6.0		19.4	
11	00	24	5.351	26	7.0		4.0	9		3.2		8	0	6.2	0.5		
12	00	24	4.643	25	7.0		4.0							6.1			
13	00	24	5.244	25	6.8		4.0							6.0			
14	00	24	5.976	25	7.2		3.0	10		1.5		9	0	5.6			
15	00	24	5.437	25	7.2		4.0	9		1.8		7	0	5.2			
16	00	24	5.292	25	7.2		1.5	7		2.6		6	0	5.6			
17	00	24	5.238	25	7.2		3.0	8		3.9		12	0	5.3			
18	00	24	5.110	26	7.0		4.0	5		2.7		11	0	5.6			
19	00	24	4.472	26	6.9		4.0							5.6			
20	00	24	5.220	26	7.0		4.0							6.1			
21	00	24	5.545	26	7.0		4.0	9		1.8		8	0	7.8			
22	00	24	5.503	26	6.9		2.0	15		3.6		10	4	6.8			
23	00	24	5.349	26	7.2		2.0	16		4.4		12	2	5.8			3.9
24	00	24	5.787	26	7.1		2.0	21		4.7		12	10	5.6			
25	00	24	5.563	26	7.1		2.0	15		5.0		8	1	5.4			
26	00	24	5.023	26	7.0		2.0							5.0			
27	00	24	5.155	26	6.8		2.5							4.8			
28	00	24	5.573	26	7.0		2.0	11		2.3		10	0	6.4	2.9		
29	00	24	5.521	25	7.1		2.0	12		4.7		14	4	6.1			
30	00	24	5.852	25	7.1		2.0	10		5.5		9	0	5.6			
31																	
Average			5.431	26			3.4	11		3.2		9	1.41	5.8	1.7	19.4	3.9
Max.			6.516	26				21		5.5		14	10		2.9	19.4	3.9
Min.			3.940	25				5		0.9		6	0		0.5	19.4	3.9
Comp.(C)/Grab(G)								C		C		C	G		G	C	C
Monthly Limit								22		13		30	14		30		

DEM Form MR-1 (11/84

Facility Status: (Please check one of the following)

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

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

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

_____
_____
_____
_____
_____
_____

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

_____
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

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

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

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

PERSON(s) COLLECTING SAMPLES: STP Operators

Mail original and one copy to:
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Raleigh, North Carolina 27611

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☐ INF ☒ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00556 Oil & Grease	00600 Total Nitrogen	00665 Total Phosphorus	
															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	mg/L	mg/L	mg/L	
1	00	24	.1119				2.0											
2	00	24	.0953				5.0											
3	00	24	.1119	24	6.8		6.0	4		.15		2	0	8.0				
4	00	24	.0853				5.5											
5	00	24	.1213				5.5											
6	00	24	.1164				5.5											
7	00	24	.1110				4.0											
8	00	24	.1312				6.0								1.4			
9	00	24	.1129				6.0											
10	00	24	.2319	25	6.2		6.0	6		.20		4	0	10.0				
11	00	24	.1073				4.0											
12	00	24	.1263				2.0											
13	00	24	.1203				4.0											
14	00	24	.1186				4.5											
15	00	24	.1173				4.5											
16	00	24	.1095				5.0											
17	00	24	.1312	23	6.8		5.0	4		.21		4	0	7.5				
18	00	24	.0981				4.5											
19	00	24	.1021				4.5											
20	00	24	.1049				4.5											
21	00	24	.1056				5.0											
22	00	24	.1115				6.0											
23	00	24	.1077				5.0											
24	00	24	.1280	22	6.8		5.0	7		.13		4	0	7.7				
25	00	24	.2242				4.0											
26	00	24	.1100				3.0											
27	00	24	.1103				6.0											
28	00	24	.1274				4.0								1.3			
29	00	24	.1202		6.9		4.5											
30	00	24	.1102				5.5											
31																		
Average			.1201					5		.17		3	0					
Max.			.2318					7		.21		4	0					
Min.			.0853					4		.13		2	0					
Comp.(C)/Grab(G)								C		C		C	G					
Monthly Limit								30				30	14		30			

DEM Form MR-1 (11/84

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(Attach additional sheets if necessary)

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_____
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_____

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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
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00500	Total Solids	00927	Total Magnesium	01045	Total Iron	31616	Fecal Coliform	71900	Mercury
00530	TSS	00929	Total Sodium	01051	Lead	32730	Total Phenolics	81318	Ferrocyanides
00545	Settleable Solids	00940	Total Chloride	01067	Nickel	38260	MBAS	85652	Time

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0003239 **DISCHARGE NO:** 014 **MONTH:** September **YEAR:** 1987

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

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

CERTIFIED LABORATORY: Environmental Chemistry & Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: WTP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X ___
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME HRS	50050 FLOW EFF ☐ INF ☐ DAILY RATE MGD	00010 TEMPERATURE CELSIUS C°	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	0024				7.8													
2																		
3																		
4																		
5																		
6																		
7																		
8	0024				8.0					0.8								
9																		
10																		
11																		
12																		
13																		
14																		
15	0024				8.1					2.0								
16																		
17																		
18																		
19																		
20																		
21																		
22	0024				8.0					5.0								
23																		
24																		
25																		
26																		
27																		
28																		
29	0024				8.3													
30																		
31																		
Average										2.6								
Max.					8.3					5.0								
Min.					7.8					0.8								
Comp.(C)/Grab(G)					G					C								
Monthly Limit					6-9					30								

DEM Form MR-1 (11/84)

Facility Status: (Please check one of the following)

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

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

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

_____

_____

_____

_____

_____

_____

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

_____
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

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

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

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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

PERSON(s) COLLECTING SAMPLES: STP Operators

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME HRS	50050 FLOW EFF ☑ INF ☐ DAILY RATE MGD	00010 TEMPERATURE CELSIUS C°	00400 pH UNIT	00545 SETTLEABLE MATTER ML/L	50060 RESIDUAL CHLORINE MG/L	00310 BOD_5 20°C MG/L	00340 COD MG/L	00610 AMMONIA NITROGEN MG/L	00500 TOTAL RESIDUE MG/L	00530 TOTAL SUSPENDED RESIDUE MG/L	31616 FECAL COLIFORM Geometric Mean /100 ML	00300 DISSOLVED OXYGEN MG/L	00556 Oil & Grease mg/L	00600 Total Nitrogen mg/L	00665 Total Phosphorus mg/L
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW		
1	00	24	.8500	25	7.0		4.0	L.E.		1.2		7	0	8.4			
2	00	24	.8500	25	7.2		4.0	L.E.		2.6		15	140	8.0			
3	00	24	.8500	25	6.8		4.0	11		1.1		10	6	7.4			
4	00	24	.8500	25	6.8		4.0	12		1.2		11	10	7.7			
5	00	24	.8500	24	6.4		3.0							6.9			
6	00	24	.8500	24	6.5		4.0							7.4			
7	00	24	.8500	25	6.6		5.0							7.8			
8	00	24	.8500	25	6.7		5.0	9		1.2		6	14	7.9			
9	00	24	.8500	25	6.7		4.0	8		1.1		9	20	7.9			4.4
10	00	24	.8500	26	6.7		4.0	4		1.4		11	50	8.5		14.74	
11	00	24	1.2972	25	6.8		4.0	9		4.2		11	0	8.0	1.2		
12	00	24	.9714	25	6.6		4.0							7.9			
13	00	24	1.0060	25	6.8		4.0							8.1			
14	00	24	.9866	25	6.7		4.0	9		2.3		5	0	7.8			
15	00	24	.9703	25	6.6		4.0	8		2.3		5	0	8.0			
16	00	24	.9642	25	6.6		4.0	8		1.2		2	0	8.1			
17	00	24	1.0246	24	6.8		2.5	10		1.0		10	0	7.7			
18	00	24	.9799	24	6.8		3.0	4		2.2		12	0	6.0			
19	00	24	.9449	25	7.1		4.0							7.1			
20	00	24	.9978	25	6.8		4.0							8.0			
21	00	24	.9631	25	6.6		4.0	12		1.8		9	0	7.8			
22	00	24	.8841	25	6.6		5.0	10		3.8		10	0	7.7			6.3
23	00	24	1.4753	24	6.7		4.0	10		1.4		10	0	8.0			
24	00	24	.8500	23	6.6		4.0	7		0.8		7	0	8.0			
25	00	24	.5828	22	6.4		3.5	11		1.4		7	0	7.8			
26	00	24	.5930	22	6.4		4.0							8.0			
27	00	24	.5569	24	6.6		4.5							7.8			
28	00	24	.5403	24	6.6		4.0	14		1.1		7	0	7.6	2.6		
29	00	24	.5945	24	7.0		4.5	12		4.3		8	0	7.6			
30	00	24	.5574	26	7.0		2.5	13		1.5		9	0	7.9			
31																	
Average			.8747					9		1.9		9	2.42*		1.9	14.74	5.4
Max.			1.4753					14		4.3		15	140		2.6	14.74	6.3
Min.			.5403					4		0.8		2	0		1.2	14.74	4.4
Comp.(C)/Grab(G)								C		C		C	G		G	C	C
Monthly Limit								30				30	1000		30		

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

Facility Status: (Please check one of the following)

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

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

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

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

Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

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

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

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

CERTIFIED LABORATORY: Environmental Chemistry & Microbiology Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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

PERSON(s) COLLECTING SAMPLES: STP Operators

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM (Geometric Mean)	00300 DISSOLVED OXYGEN	00552 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	.6888	27	6.6		4.0	L.E.		9.8		7	820	6.5				
2	00	24	.7320	25	6.8		4.0	L.E.		9.4		10	36	5.8				
3	00	24	.8506	25	6.8		4.0	10		15.6		10	4	5.7				
4	00	24	1.024	25	6.4		4.0	7		13.5		6	84	5.8				
5	00	24	1.127	25	6.4		4.0							5.6				
6	00	24	.6100	25	6.6		4.0							5.5				
7	00	24	.6886	25	6.4		4.0							5.2				
8	00	24	.6580	25	6.4		4.0	5		3.6		4	12	4.9	1.0			
9	00	24	.7840	26	6.6		4.0	5		5.8		7	0	5.6			1.1	
10	00	24	.9272	26	6.8		4.0	1		8.3		6	0	6.8		10.9		
11	00	24	.9220	26	6.6		4.0	9		9.2		8	0	6.4				
12	00	24	.9030	16	6.4		4.0							5.8				
13	00	24	.9722	26	6.8		4.0							6.2				
14	00	24	1.064	26	6.4		4.0	4		9.1		3	0	6.2				
15	00	24	.9365	24	6.6		4.0	2		6.5		2	0	6.0				
16	00	24	.8156	25	7.0		4.0	4		9.4		1	0	6.1				
17	00	24	1.086	25	6.9		4.0	6		11.6		9	0	5.7				
18	00	24	.8805	27	6.5		4.0	8		11.8		6	0	6.1				
19	00	24	.8030	26	6.6		4.0							5.8				
20	00	24	.9510	26	6.6		4.0							5.5				
21	00	24	.8347	26	6.6		4.0	6		7.8		2	0	6.2				
22	00	24	.8921	25	6.6		4.0	6		11.0		12	2	5.9			1.1	
23	00	24	.8659	28	6.9		4.0	8		11.0		12	0	6.0				
24	00	24	.8729	25	7.0		4.0	11		10.2		9	0	5.4				
25	00	24	.8491	26	6.6		4.0	17		10.5		13	0	5.6				
26	00	24	.8698	26	6.5		4.0							5.6				
27	00	24	.9177	25	6.6		4.0							6.3				
28	00	24	.7452	25	6.6		4.0	10		4.3		2	0	5.3	5.7			
29	00	24	.9090	25	6.6		4.0	13		10.0		13	0	6.0				
30	00	24	.9608	25	6.8		4.0	10		12.5		7	0	7.0				
31																		
Average			.8714				4.0	7		9.6		7	2.51	5.9	3.4	10.9	1.1	
Max.			1.127				4.0	17		15.6		13	820	7.0	5.7	10.9	1.1	
Min.			.6100				4.0	1		3.6		1	0	4.9	1.0	10.9	1.1	
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C	
Monthly Limit					6-9			30				30	200					

DEM Form MR-1 (11/84)

L.E. = Lab Error

Facility Status: (Please check one of the following)

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

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

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

_____
_____
_____
_____
_____
_____

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

Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

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

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

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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Raleigh, North Carolina 27611

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00556 Oil & Grease	00600 Total Nitrogen	00665 Total Phosphorus
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MG/L	MG/L	MG/L
1	00	24	.5023	26	7.2		3.5	L.E.		1.1		6	0	5.7			
2	00	24	.5419				4.0										
3	00	24	.4482				3.0										
4	00	24	.6392				3.5										
5	00	24	.9968				3.5										
6	00	24	.4860				2.5										
7	00	24	1.141				2.5										
8	00	24	.7972	26	7.3		2.5	4				5	0	7.5	0.0		
9	00	24	.7275				3.0			0.06							
10	00	24	.4996				2.0										
11	00	24	.4900				2.0										
12	00	24	.8047				4.0										
13	00	24	.5842				3.0										
14	00	24	.6328				4.5										
15	00	24	.5623	26	7.4		4.0	4		0.09		2	0	7.0			
16	00	24	.4788				4.0										
17	00	24	.5403				4.0										
18	00	24	.5310				4.5										
19	00	24	.5600				3.5										
20	00	24	.5620				3.5										
21	00	24	.5708				4.5										
22	00	24	.6210	25	7.6		4.5	3		0.10		3	0	7.6			1.4
23	00	24	.5720				4.0										
24	00	24	.5417				3.0										
25	00	24	.5179				4.0										
26	00	24	.4728				4.0										
27	00	24	.4875				4.0										
28	00	24	.4468				4.0									0.5	
29	00	24	.4878	25	7.3		4.0	6		0.22		6	0	6.8			
30	00	24	.5873				4.5										
31																	
Average			.5944					4		0.31		4	0		0.3	0.5	1.4
Max.			1.141					6		1.1		6	0		0.5	0.5	1.4
Min.			.4468					3		0.6		2	0		0.0	0.5	1.4
Comp.(C)/Grab(G)								C		C		C	G		G	C	C
Monthly Limit								30				30	14		30		

DEM Form MR-1 (11/84)

L.E. =Lab Error

Facility Status: (Please check one of the following)

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

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

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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: September YEAR: 1987

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

ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW

DEM Form MR-2 (11/84)

L.E. = Lab Error

Influent

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

FACILITY NAME: Hadnot Point Sewage Treatment Plant COUNTY: Onslow

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

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Rifle Range STP COUNTY: Onslow

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

DEM Form MR-2 (11/84)

L.E.= Lab Error

Influent

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

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

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

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Onslow Beach STP COUNTY: Onslow

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

DEM Form MR-2 (11/84)

Influent

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

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
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L
1	00	24				L.E.			142	
2	00	24				L.E.			136	
3	00	24				204			106	
4	00	24				160			96	
5										
6										
7	HOLIDAY									
8	00	24				136			94	
9	00	24				144			78	
10	00	24				164			84	
11	00	24				205			124	
12										
13										
14	00	24				140			66	
15	00	24				152			80	
16	00	24				272			102	
17	00	24				208			235	
18	00	24				168			86	
19										
20										
21	00	24				248			255	
22	00	24				156			140	
23	00	24				180			113	
24	00	24				164			268	
25	00	24				172			96	
26										
27										
28	00	24				172			123	
29	00	24				168			78	
30	00	24				164			88	
31										
AVERAGE						178			123	
MONTHLY MAXIMUM						272			268	
MONTHLY MINIMUM						136			66	
SAMPLE TYPE C or G						C			C	

ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW

DEM Form MR-2 (11/84)

L.E. = Lab Error

Influent

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

FACILITY NAME: Courthouse Bay STP COUNTY: Onslow

Date	Time	Composite Time	PH (00400)	Temperature (Celsius) (00010)	Settleable Matter (00545)	BOD_5 20 °C (00310)	Ammonia Nitrogen (00610)	Total Residue (00500)	Total Suspended Residue (00530)	COD (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	00	24				L.E			40								
2																	
3																	
4																	
5																	
6																	
7	HOLIDAY																
8	00	24				80			76								
9																	
10																	
11																	
12																	
13																	
14																	
15	00	24				240			124								
16																	
17																	
18																	
19																	
20																	
21																	
22	00	24				46			44								
23																	
24																	
25																	
26																	
27																	
28																	
29	00	24				108			40								
30																	
31																	
AVERAGE						118			65								
MONTHLY MAXIMUM						240			124								
MONTHLY MINIMUM						46			40								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

L.E.= Lab Error