6288
NREAD

SEP 23 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 August 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

Writer/Typist Betz/Tiranado
Date Typed 22 Sep 87
Word Processor Number 6288-L

EFFLUENT

NPDES PERMIT NO: NC0003239 **DISCHARGE NO:** 014 **MONTH:** August **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: 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	50050 FLOW EFF ☐ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00403 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L				
1																		
2																		
3																		
4	00	24			7.7													
5																		
6																		
7																		
8	00	24			8.0							2.0						
9																		
10		-																
11																		
12																		
13																		
14																		
15																		
16																		
17																		
18	00	24			8.1							8.0						
19																		
20																		
21																		
22																		
23																		
24																		
25	00	24			7.7							4.0						
26																		
27																		
28																		
29																		
30																		
31																		
Average												4.0						
Max.					8.1							8.0						
Min.					7.7							2.0						
Comp.(C)/Grab(G)					G							C						
Monthly Limit					6-9							30						

DEM Form MR-1 (11/84

Facility Status: (Please check one of the following)

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

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

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

_____
_____
_____
_____
_____
_____

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

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: NC0063053 **DISCHARGE NO:** 001 **MONTH:** August **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

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

Mail original and one copy to:
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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 BOD5 20°C MG/L	00340 COD MG/L	00610 AMMONIA NITROGEN MG/L	00500 TOTAL RESIDUE MG/L	00530 TOTAL SUSPENDED RESIDUE MG/L	31616 FECAL COLIFORM Geometric Mean /100 ML	00300 DISSOLVED OXYGEN MG/L	00556 OIL & GREASE MG/L	00600 TOTAL NITROGEN MG/L		
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
1			.10150				5.0											
2			.11782				3.5											
3			.11303				4.0											
4			.13164				5.0											
5			.13041				3.5											
6	00	24	.13095	24	6.8		5.0	14		2.0		8	0	4.5	8.4			
7			.12449				5.0											
8			.12898				5.0											
9			.12557				5.0											
10			.12639	24	7.0		6.0											
11			.12932				6.0								2.7			
12			.13445				5.0											
13	00	24	.13082	23	6.8		3.0	10		1.5		10	0	5.6		6.55		
14			.1929				4.5											
15			.11244				4.5											
16			.12142				4.5											
17			.12037				4.5											
18			.12273	24	6.7		3.0											
19			.12082				4.5											
20	00	24	.16008	24	6.8		4.0	7		0.08		8	0	6.7				
21			.10762				5.0											
22			.12517				5.0											
23			.11301				5.0											
24			.10578				5.0											
25			.14140	24	6.6		0.5							6.0				
26			.10600				4.0											
27	00	24	.10599	24	6.8		4.0	4		0.27		4	0	7.0				
28			.09801				4.0											
29			.08815				4.0											
30			.09922				4.0											
31																		
Average			.12181	24			4.4	9		1.00		8	0	6.0	5.6	6.55		
Max.			.19290	24	7.0		6.0	14		2.00		10	0	7.0	8.4	6.55		
Min.			.08815	23	6.6		0.5	4		0.08		4	0	4.5	2.7	6.55		
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	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 [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: NC0063045 **DISCHARGE NO:** 001 **MONTH:** August **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

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 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	.5950				4.0											
2	00	24	.5950				4.0											
3	00	24	.5950				0.0											
4	00	24	.3698	29	7.2		5.0	S.E.*		0.28		S.E.*	0	5.6	1.4			
5	00	24	.4144				3.0											
6	00	24	.4293				3.5											
7	00	24	.5950				4.0											
8	00	24	.3333				4.0											
9	00	24	.4174				4.0											
10	00	24	.4421	26	6.8		3.0							5.3				
11	00	24	.4615				6.0	8		0.10		5	0		2.7			
12	00	24	.4337				2.5											
13	00	24	.4409				4.0											
14	00	24	.5950				3.0											
15	00	24	.5950				2.0											
16	00	24	.4539				5.0											
17	00	24	.4537				4.0											
18	00	24	.4832	28	7.2		2.0	4		0.15	5		0	6.4				
19			.5731				2.0											
20			.5625				3.5											
21			.5170				5.0											
22			.4630				4.0											
23			.4197				4.0											
24			.4600				4.0											
25	00	24	.4362	24	7.4		2.0	6		0.11		4	0	7.0				
26			.4547				4.5											
27			.4501	26	7.2		5.0							6.8				
28			.4725				2.5											
29			.5950				2.5											
30			.5950				3.0											
31			.4536				3.0											
Average			.4889	27			3.5			0.16		5	0	6.2	2.1			
Max.			.5950	29	7.4		6.0			.15		5	0	7.0	2.7			
Min.			.4144	24	6.8		0.0			0.10		4	0	5.3	1.4			
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G			
Monthly Limit					6-8.5			30				30	14	>5	30			

DEM Form MR-1 (11/84) *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 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: NC0063029 **DISCHARGE NO:** 001 **MONTH:** August **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	00600 Total Nitrogen	00665 Total Phosphrou
															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	4.850	28	6.8		4.0							6.0			
2	00	24	4.741	28	6.8		4.0							6.5			
3	00	24	5.496	25	6.7		4.0	9		0.9		9	0	6.2			
4	00	24	5.393	27	6.9		4.0	8		3.7		15	2	5.7			
5	00	24	5.450	27	6.9		4.0	9		4.6		14	0	4.9	2.2		
6	00	24	5.842	25	7.0		4.0	10		4.1		12	16	5.2			
7	00	24	5.630	26	6.9		4.0	10		4.4		10	0	5.0			
8	00	24	5.485	27	6.9		4.0							5.1			
9	00	24	4.440	25	6.9		3.0							5.0			
10	00	24	5.361	26	7.0		3.0	12		3.2		15	2	5.1			
11	00	24	5.928	26	7.0		3.0	13		3.6		10	0	5.0			
12	00	24	5.309	25	7.0		3.0	18		3.6		11	0	5.3		12.70	4.1
13	00	24	5.418	25	7.0		3.0	23		4.0		12	2	5.1			
14	00	24	5.144	25	6.8		3.0	12		5.2		9	2	5.2			
15	00	24	4.860	25	6.7		4.0							5.2			
16	00	24	4.635	26	6.8		4.0							5.1			
17	00	24	5.474	27	6.8		4.0	11		2.5		6	2	5.6			
18	00	24	5.849	27	6.8		4.0	9		3.5		12	0	5.5			
19	00	24	6.617	27	7.1		4.0	9		2.5		10	0	5.9			
20	00	24	6.925	25	7.1		4.0	14		4.3		11	0	6.0			
21	00	24	5.703	27	6.8		3.0	10		4.6		7	0	6.0			
22	00	24	4.847	27	6.9		4.0							6.0			
23	00	24	5.185	26	6.8		3.0							5.8			
24	00	24	5.653	26	6.8		3.0	9		1.8		11	2	5.1	3.0		
25	00	24	5.526	24	7.0		4.0	10		3.9		6	0	5.5			
26	00	24	5.676	27	6.8		4.0	12		3.6		11	0	5.3			
27	00	24	6.519	28	6.9		4.0	11		3.6		11	0	5.2			
28	00	24	5.788	27	6.9		4.0	12		3.2		11	2	5.2			
29	00	24	5.349	26	6.9		4.0							4.5			
30	00	24	4.753	26	6.9		4.0							5.5			
31	00	24	5.589	26	6.6		4.0	10		2.1		10	0	5.4			
Average			5.466	26			3.7	11		3.5		11	1.44*	5.4	2.6	12.70	4.1
Max.			6.925	28	7.1		4.0	23		5.2		15	16	6.5	3.0	12.70	4.1
Min.			4.440	24	6.6		3.0	8		0.9		6	0	4.5	2.2	12.70	4.1
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C
Monthly Limit					6-8.5			22		13		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)

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(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 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: NC 0063022 **DISCHARGE NO:** 001 **MONTH:** August **YEAR:** 1987

FACILITY NAME: Camp Johnson (Montford Point) **CLASS:** ___ **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

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X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00403 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 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 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	.532				2.5											
2	00	24	.758				4.0											
3	00	24	.642	26	6.8		4.0	13		4.9		2	2	6.8				
4	00	24	.669				4.0								0.1			
5	00	24	.615				4.0											
6	00	24	.635				4.0											
7	00	24	.627	25	6.8		4.0	17		5.5		6	0	6.1				
8	00	24	.535				4.0											
9	00	24	.631				4.0											
10	00	24	.788				5.0	15		3.1		6	6					
11	00	24	.918				4.0											
12	00	24	.704				4.0											
13	00	24	.711				2.5											
14	00	24	.752	23	6.9		4.0	12		5.9		9	0	6.8				
15	00	24	.714				4.0											
16	00	24	.688				4.0											
17	00	24	.801	24	6.9		4.0	5		3.0		6	0	7.6				
18	00	24	.694				4.0								0.7			
19	00	24	.883				5.0											
20	00	24	.586				0.8											
21	00	24	.519	25	6.8		4.0	11		5.1		6	0	7.1				
22	00	24	.660				4.0			3.4								
23	00	24	.860				5.0											
24	00	24	.790	24	6.9		4.0	6				6	0	8.0				
25	00	24	.758				4.0											
26	00	24	.786				4.0											
27	00	24	.762				4.0											
28	00	24	.838	25	7.0		5.0	13		2.3		7	0	7.2				
29	00	24	.727				4.0											
30	00	24	.634				4.0											
31	00	24	.795	24	6.7		3.0	12		2.1		10	0	7.0	0.8			
Average			.710	25			3.9	12		3.9		6	1.36	7.1	0.4			
Max.			.918	26	7.0		5.0	17		5.9		10	9	8.0	0.8			
Min.			.519	23	6.7		0.8	5		2.3		2	0	6.1	0.1			
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G			
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 [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 H Watts
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:** August **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 ☐

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 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	.22263	25	6.8		3.5							8.6			
2	00	24	.1816	26	6.8		6.0							7.7			
3	00	24	.1798	25	6.8		4.0							8.1			
4	00	24	.2019				4.0								0.2		
5	00	24	.1894	25	6.8		3.0	3		0.15		3	0	8.4			
6	00	24	.1949				5.0										
7	00	24	.2332				4.0										
8	00	24	.1517				5.0										
9	00	24	.1836				5.0										
10	00	24	.1845				5.0										
11	00	24	.1890				5.0										
12	00	24	.1986	25	6.6		5.0	4		0.06		3	0	7.7		5.26	1.4
13	00	24	.1674				4.0										
14	00	24	.1968				4.0										
15	00	24	.1962				4.0										
16	00	24	.1988				4.0										
17	00	24	.2212				2.0										
18	00	24	.2172				4.0								0.5		
19	00	24	.2379	26	6.6		4.0	1		0.08		4	0	7.8			
20	00	24	.26458				4.0										
21	00	24	.2231				4.0										
22	00	24	.23429				5.0										
23	00	24	.20561				5.0										
24	00	24	.21685				3.0										
25	00	24	.22935				3.0										
26	00	24	.20605	25	6.4		5.0	4		0.10		5	0	8.0			
27	00	24	.20024				4.0										
28	00	24	.20678				4.0										
29	00	24	.23735				4.0										
30	00	24	.19009				4.0										
31	00	24	.26023				4.0										
Average			.20711	25			4.2	3		4.0		4	0	8.0	0.35	5.26	1.4
Max.			.26458	26	6.8		6.0	4		0.15		5	0	8.6	0.5	5.26	1.4
Min.			.15165	25	6.4		2.0	1		0.06		3	0	7.7	0.2	5.26	1.4
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 [X]
(Compliant)

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

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

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

Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0003239 **DISCHARGE NO:** 001 **MONTH:** August **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

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	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	.7057	28	6.4		4.0							6.0				
2	00	24	.9328	28	6.4		4.0							6.0				
3	00	24	.9360	28	6.6		4.0	7		15.1		7	0	6.6				
4	00	24	.9948	28	6.7		4.0	16		14.1		13	20	6.8	L.E.*			
5	00	24	.8374	28	6.6		4.0	16		16.0		14	62	6.2				
6	00	24	.9465	28	6.7		4.0	14		9.8		15	0	6.4				
7	00	24	.8903	28	6.8		4.0	12		10.8		6	8	4.5				
8	00	24	.9392	26	6.8		4.0							5.0				
9	00	24	1.0233	26	6.7		4.0							5.0				
10	00	24	.8364	28	6.8		4.0	7		8.1		6	10	5.5				
11	00	24	.8272	28	6.7		4.0	10		6.6		6	0	5.4				
12	00	24	.8235	28	6.8		4.0	3		2.1		3	30	5.6		10.63	.50	
13	00	24	.8836	26	6.9		4.0	9		7.3		4	0	5.8				
14	00	24	.9100	26	6.9		4.0	6		8.7		4	2	5.6				
15	00	24	.9066	26	6.9		4.0							5.8				
16	00	24	.9663	26	6.9		4.0							5.6				
17	00	24	.8590	26	6.8		4.0	10		7.6		10	0	5.8				
18	00	24	.7949	28	6.6		4.0	6		7.8		5	0	5.8	1.5			
19	00	24	.9084	28	6.6		4.0	5		6.4		4	0	6.1				
20	00	24	.8953	28	6.6		4.0	4		4.7		1	0	5.6				
21	00	24	1.0164	28	6.8		4.0	9		8.3		5	2	5.5				
22	00	24	.7830	28	6.8		4.0							5.8				
23	00	24	.8459	28	6.6		4.0							5.3				
24	00	24	.9109	28	6.4		4.0	4		7.5		30	0	5.8				
25	00	24	.8873	28	6.6		4.0	8		7.3		8	0	6.2	1.4		0.07	
26	00	24	.8336	28	6.6		4.0	6		8.3		5	2	6.0				
27	00	24	.8750	28	6.6		4.0	6		7.8		4	0	5.6				
28	00	24	.9181	28	6.5		4.0	14		9.3		7	14	5.6				
29	00	24	.9707	28	6.6		4.0							6.3				
30	00	24	.8043	28	6.6		4.0							6.0				
31	00	24	.9070	28	6.4		4.0	10		14.2		6	0	5.8				
Average			.8893	28			4.0	9		9.0		8	2.55*	5.8	1.5	10.63	0.29	
Max.			1.0233	28	6.9		4.0	16		16.0		30	62	6.8	1.5	10.63	.50	
Min.			.7057	26	6.4		4.0	3		2.1		1	0	4.5	1.4	10.63	0.07	
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)

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: NC0063002 **DISCHARGE NO:** 001 **MONTH:** August **YEAR:** 1987

FACILITY NAME: Tarawa Terrace STP **CLASS:** ___ **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 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	.9000	26	6.6		6.0							8.5			
2	00	24	.900	26	6.6		4.0							8.5			
3	00	24	.900	27	6.6		4.0	13		0.7		16	2	8.6			
4	00	24	.850	27	6.6		4.5	9		1.4		5	0	8.5	1.7		
5	00	24	.850	27	6.6		4.0	8		2.5		8	2	8.5			
6	00	24	.900	27	7.0		4.0	9		1.0		11	2	7.5			
7	00	24	.850	27	6.5		4.0	12		1.0		6	10	7.8			
8	00	24	.900	26	6.5		4.0							8.0			
9	00	24	.900	27	6.4		5.0							8.4			
10	00	24	.900	27	6.4		4.0	9		2.0		8	0	8.3			
11	00	24	.850	26	6.8		4.0	12		1.5		8	12	8.3			
12	00	24	.850	26	6.8		4.0	7		6.9		6	0	8.2		16.35	5.2
13	00	24	.900	26	6.6		4.0	7		1.6		8	0	8.5			
14	00	24	.900	26	6.7		4.0	10		1.6		8	0	8.1			
15	00	24	.850	27	6.5		4.0							8.1			
16	00	24	.900	27	6.8		4.0							7.9			
17	00	24	.850	27	6.7		4.0	6		1.8		10	6	8.3			
18	00	24	.850	27	6.7		4.0	9		1.7		8	0	8.0	1.1		
19	00	24	.850	27	6.7		4.0	9		1.4		8	0	8.1			
20	00	24	.900	28	6.8		5.0	12		2.0		11	0	7.8			
21	00	24	.900	28	6.8		3.0	10		1.3		6	0	8.0			
22	00	24	.850	28	6.9		4.0							7.9			
23	00	24	.850	25	6.6		4.0							8.8			
24	00	24	.850	24	6.7		3.0	9		1.2		10	0	7.8			
25	00	24	.900	24	6.8		5.0	11		3.1		6	2	8.5			0.07
26	00	24	.900	25	6.7		4.0	10		2.0		9	2	8.0			
27	00	24	.850	26	6.7		3.0	8		0.9		12	0	8.2			
28	00	24	.900	27	6.7		3.0	11		1.0		10	0	8.3			
29	00	24	.900	27	6.7		4.0							8.5			
30	00	24	.900	26	6.6		4.0							8.4			
31	00	24	.900	26	6.8		4.0	10		2.1		10	0	8.5			
Average			.879	26			4.0	10		1.8		9	1.61	8.2	1.4	16.35	5.2
Max.			.900	28	7.0		6.0	13		3.1		16	12	8.8	1.7	16.35	5.2
Min.			.850	24	6.4		3.0	6		0.7		6	0	7.5			
Comp.(C)/ Grab(G)				G	G		G	C		C		C	G	G	G	C	C
Monthly Limit					6-8.5			30				30	1000	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: NC0063002 DISCHARGE NO: 001 MONTH: August YEAR: 1987

FACILITY NAME: Tarawa Terrace STP COUNTY: Onslow

			00400	00010	00545	00310	00610	00500	00530	00340							
Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2																	
3	00	24				192			145								
4	00	24				208			76								
5	00	24				180			95								
6	00	24				192			75								
7	00	24				192			148								
8																	
9																	
10	00	24				200			108								
11	00	24				187			76								
12	00	24				172			92								
13	00	24				264			294								
14	00	24				250			90								
15																	
16																	
17	00	24				148			335								
18	00	24				164			100								
19	00	24				184			110								
20	00	24				156			98								
21	00	24				200			98								
22																	
23																	
24	00	24				176			83								
25	00	24				184			85								
26	00	24				148			75								
27	00	24				156			75								
28	00	24				180			85								
29																	
30																	
31	00	24				168			86								
AVERAGE						186			115								
MONTHLY MAXIMUM						264			115								
MONTHLY MINIMUM						148			75								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Camp Geiger COUNTY: Onslow

			00400	00010	00545	00310	00610	00500	00530	00340							
Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2																	
3	00	24				172			80								
4	00	24				410			193								
5	00	24				367			178								
6	00	24				487			238								
7	00	24				336			212								
8																	
9																	
10	00	24				204			153								
11	00	24				247			168								
12	00	24				200			124								
13	00	24				284			132								
14	00	24				200			154								
15																	
16																	
17	00	24				200			153								
18	00	24				268			106								
19	00	24				156			96								
20	00	24				164			116								
21	00	24				204			100								
22																	
23																	
24	00	24				293			235								
25	00	24				295			143								
26	00	24				210			115								
27	00	24				270			123								
28	00	24				273			133								
29																	
30																	
31	00	24				264			178								
AVERAGE						262			149								
MONTHLY MAXIMUM						410			238								
MONTHLY MINIMUM						156			80								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Rifle Range STP COUNTY: Onslow

Date	Time	Composite Time	00400 PH	00010 Temperature (Celsius)	00545 Settleable Matter	00310 BOD_5 20 °C	00610 Ammonia Nitrogen	00500 Total Residue	00530 Total Suspended Residue	00340 COD	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2																	
3																	
4																	
5	00	24				62			41								
6																	
7																	
8																	
9																	
10																	
11																	
12	00	24				50			138								
13																	
14																	
15																	
16																	
17																	
18																	
19	00	24				64			77								
20																	
21																	
22																	
23																	
24																	
25																	
26	00	24				52			63								
27																	
28																	
29																	
30																	
31																	
AVERAGE						57			80								
MONTHLY MAXIMUM						64			138								
MONTHLY MINIMUM						50			41								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Courthouse Bay STP COUNTY: Onslow

Date	Time	Composite Time	00400 PH	00010 Temperature (Celsius)	00545 Settleable Matter	00310 BOD_5 20 °C	00610 Ammonia Nitrogen	00500 Total Residue	00530 Total Suspended Residue	00340 COD	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2																	
3																	
4	00	24				sample error			sample error								
5																	
6																	
7																	
8																	
9																	
10																	
11	00	24				136			56								
12																	
13																	
14																	
15																	
16																	
17																	
18	00	24				132			83								
19																	
20																	
21																	
22																	
23																	
24																	
25	00	24				76			28								
26																	
27																	
28																	
29																	
30																	
31																	
AVERAGE						126			56								
MONTHLY MAXIMUM						136			83								
MONTHLY MINIMUM						76			28								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

NPDES NO: NC0063053 DISCHARGE NO: 001 MONTH: August 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																	
6	00	24				164			74								
7																	
8																	
9																	
10																	
11																	
12																	
13	00	24				251			173								
14																	
15																	
16																	
17																	
18																	
19																	
20	00	24				87			131								
21																	
22																	
23																	
24																	
25																	
26																	
27	00	24				216			59								
28																	
29																	
30																	
31																	
AVERAGE						180			109								
MONTHLY MAXIMUM						251			173								
MONTHLY MINIMUM						89			59								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Hadnot Point Sewage Treatment Plant COUNTY: Onslow

Date	Time	Composite Time	00400 PH	00010 Temperature (Celsius)	00545 Settleable Matter	00310 BOD_5 20 °C	00610 Ammonia Nitrogen	00500 Total Residue	00530 Total Suspended Residue	00340 COD	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L	
1											
2											
3	00	24				196			100		
4	00	24				168			205		
5	00	24				208			110		
6	00	24				236			128		
7	00	24				208			125		
8											
9											
10	00	24				176			118		
11	00	24				280			202		
12	00	24				176			163		
13	00	24				216			118		
14	00	24				172			103		
15											
16											
17	00	24				196			104		
18	00	24				208			153		
19	00	24				160			146		
20	00	24				148			160		
21	00	24				172			170		
22											
23											
24	00	24				132			100		
25	00	24				136			60		
26	00	24				136			78		
27	00	24				128			60		
28	00	24				164			82		
29											
30											
31	00	24				160			114		
AVERAGE						180			124		
MONTHLY MAXIMUM						280			205		
MONTHLY MINIMUM						128			60		
SAMPLE TYPE C or G						C			C		

DEM Form MR-2 (11/84)

Influent

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

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

Date	Time	Composite Time	00400 PH	00010 Temperature (Celsius)	00545 Settleable Matter	00310 BOD_5 20 °C	00610 Ammonia Nitrogen	00500 Total Residue	00530 Total Suspended Residue	00340 COD	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW
		HRS	STD UNITS	°C	ml/L	MG/L	MG/L	MG/L	MG/L	MG/L	
1											
2											
3	00	24				346			304		
4											
5											
6											
7	00	24				272			178		
8											
9											
10	00	24				496			229		
11											
12											
13											
14	00	96				204			102		
15											
16											
17	00	24				180			178		
18											
19											
20											
21	00	24				323			407		
22											
23											
24	00	24				229			115		
25											
26											
27											
28	00	24				150			118		
29											
30											
31	00	24				130			175		
AVERAGE						259			201		
MONTHLY MAXIMUM						496			407		
MONTHLY MINIMUM						130			102		
SAMPLE TYPE C or G						C			C		

DEM Form MR-2 (11/84)