6288
NREAD
27 Mar 87

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

Dear Sir:

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

The Hadnot Point Wastewater Treatment Plant did not meet their Biochemical Oxygen Demand (BOD) percent monthly effluent average limit of 22 mg/l. The actual BOD effluent average was 27 mg/l. A bearing in one of the trickling filters malfunctioned in January 1987 which hindered filter growth and decreased plant efficiency.

A study run by the Base during February showed that moving the BOD effluent sample point from before the contact chamber, as recommended by Standard Methods, to the end of the contact chamber will show lower BOD readings. Starting with March 1987, all effluent BOD samples will be taken at the end of the contact chamber.

For the Courthouse Bay, Rifle Range and Onslow Beach Wastewater Treatment Plants there are no fecal coliform data for the month. The permits were received after total coliform data had already been started for the month, so for continuity it was continued. The total coliform count still did not exceed the 14/100 ml geometric mean. Fecal coliform is now being run on all plants.

There is no stream sampling for the Courthouse Bay Wastewater Treatment Plant or the Onslow Beach Wastewater Treatment Plant or downstream analysis for the Rifle Range Wastewater Treatment Plant due to inclement weather, i.e., high winds, which halted the sampling run.

6288
NREAD(L)

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:
ECML, NREAD (2)
BMO (1)

EFFLUENT

NPDES PERMIT NO: NC0063029 DISCHARGE NO: 001 MONTH: Feb. YEAR: 1987

FACILITY NAME: Hadnot Point STP 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 Mack D Davis
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	31504 TOTAL COLIFORM GEO MEAN
															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	/100 ML
1	00	24	5.461	19	6.9		4.0							7.8				
2	00	24	6.117	18	7.0		4.0	21		4.0		6	4	7.7				12
3	00	24	6.211	18	6.9		4.0	26		4.9		9	0	6.6				
4	00	24	6.194	18	7.0		4.0	22		5.7		8	820	7.2				
5	00	24	6.268	17	6.9		4.0	22		4.8		8	0	6.7				
6	00	24	6.141	16	7.0		4.0	29		5.8		10	2	7.9				
7	00	24	6.061	18	6.9		4.0							5.9				
8	00	24	6.093	18	6.8		3.0							7.0				
9	00	24	6.317	15	7.0		4.0	34		6.9		22	0	7.4				
10	00	24	6.050	15	7.0		4.0	26		8.8		11	0	7.0				
11	00	24	6.068	18	6.8		4.0	26		8.2		7	0	7.0				
12	00	24	6.036	18	6.8		4.0	29		10.1		10	0	6.3				
13	00	24	5.708	17	7.0		4.0	38		11.1		10	0	6.6				
14	00	24	4.859	18	7.0		4.0							6.8				
15	00	24	5.550	18	6.8		4.5							6.5				
16	00	24	6.880	16	7.0		4.0	21		8.2		9	4	7.7				
17	00	24	6.340	17	6.8		4.0	24		9.2		8	0	7.0				
18	00	24	6.205	16	6.9		3.0	28		7.7		9	0	7.0				
19	00	24	6.066	16	7.1		3.0	23		8.2		10	10	6.2				
20	00	24	4.768	15	7.0		4.0	28		8.7		9	2	6.8			5.5	
21	00	24	5.867	16	6.9		4.0							6.7				
22	00	24	7.024	15	6.8		4.0							6.9				
23	00	24	5.867	17	6.8		4.0	38		6.6		10	0	7.3				
24	00	24	7.158	16	7.0		4.0	23		7.6		10	0	7.2	0.2			
25	00	24	6.232	16	6.9		4.0	27		9.7		12	0	7.3			4.6	
26	00	24	6.623	15	6.8		4.0	27		8.7		10	30	6.3		11.49	5.9	
27	00	24	7.267	16	6.8		4.0	29		8.5		12	0	7.0	1.5			
28	00	24	8.392	19	6.9		4.0							7.2				
29																		
30																		
31																		
Average			6.208	16			3.9	27		7.7		10	2.29*	6.7	0.9	11.49	5.3	
Max.			8.392	19	7.1		4.5	38		11.1		22	820	7.9	1.5	11.49	5.9	
Min.			4.768	15	6.8		3.0	21		4.0		6	0	5.9	0.2	11.49	4.6	
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C	
Monthly Limit					6-9			22		19		30	14	>5	30			

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 [X] (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)

See Cover Letter for Explaination

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: Feb. YEAR: 1987

FACILITY NAME: Camp Geiger STP CLASS: III COUNTY: Onslow

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X Mack D. Davis

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	1.209	17	6.8		4.0			[illegible]				8.7				
2	00	24	1.3024	19	6.4		4.0	8		9.9		4	0	8.0				
3	00	24	1.1343	19	6.4		4.0	11		11.5		6	0	8.0				
4	00	24	1.2484	19	6.8		4.0	18		9.5		6	0	5.0				
5	00	24	1.0938	14	6.8		4.0	11		12.8		2	0	6.2				
6	00	24	1.2138	15	7.2		3.0	21		11.5		6.	0	4.5				
7	00	24	1.2379	17	7.2		4.0							7.5				
8	00	24	1.1461	15	7.2		4.0							8.2				
9	00	24	1.2540	14	6.8		5.0	7		11.8		2	0	7.5				
10	00	24	1.1298	14	6.6		4.0	14		13.1		6	0	8.2				
11	00	24	1.1721	14	6.4		2.5	13		14.5		6.	0	4.7				
12	00	24	1.2074	15	7.1		7.0	17		13.5		8	2	6.2				
13	00	24	1.2437	15	7.2		4.0	18		13.6		3	N.S.	5.0				
14	00	24	1.0569	15	6.6		4.0							5.6				
15	00	24	1.0012	15	7.0		4.0							6.0				
16	00	24	1.3207	14	7.4		4.0	14		10.9		8	0	5.6				
17	00	24	1.5389	15	6.7		4.0	11		7.8		5	0	6.9				
18	00	24	1.3854	15	6.7		4.0	12		11.6		2	0	9.0				
19	00	24	.12660	14	6.8		4.0	15		11.5		4.	0	10.5				
20	00	24	1.1714	15	6.8		4.0	11		11.7		2	0	11.0			1.1	
21	00	24	1.1589	14	6.8		4.0							6.6				
22	00	24	1.0836	14	6.8		4.0							6.2				
23	00	24	1.3493	15	6.8		4.0	12		12.0		1	0	9.9				
24	00	24	1.1705	15	6.6		4.0	16		12.6		2	0	9.5	0			
25	00	24	1.1913	15	6.8		4.0	18		17.3		7	0	10.0			1.1	
26	00	24	1.1596	14	6.6		4.0	20		12.7		2	0	11.0		15.33	2.6	
27	00	24	1.5603	15	6.8		4.0	40		12.0		16	2	10.5	1.0			
28	00	24	1.9756	17	6.9		4.0							11.0				
29																		
30																		
31																		
Average			1.2494	15			3.9	21		12.1		5	1.08	7.8	0.5	15.33	1.6	
Max.			1.9756	19	7.4		4.0	40		17.3		16	2	11.0	1.0	15.33	2.6	
Min.			1.0012	14	6.4		2.5	7		7.8		1	0	4.5	0	15.33	1.1	
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C	
Monthly Limit					6-9			30				30	200	>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)

_____

_____

_____

_____

_____

_____

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: Feb. YEAR: 1987

FACILITY NAME: Tarawa Terrace STP 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 ☐

PERSON(s) COLLECTING SAMPLES: STP Operators

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 Mack D Davis
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 PHOSPHOR.	
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	100 ML	MG/L	MG/L	MG/L	MG/L	
1	00	24	.7112	12	6.5		4.0							9.4				
2	00	24	.6869	12	6.6		4.0	30				6	0	9.3				
3	00	24	.7210	13	6.7		5.0	25				7	0	8.9				
4	00	24	.6514	13	6.6		4.0	28				7	0	9.0				
5	00	24	.6525	13	6.6		4.0	24				8	0	9.2				
6	00	24	.6237	14	6.6		4.0	25				4	0	9.0				
7	00	24	.7539	12	6.8		4.0							9.2				
8	00	24	.7354	12	6.2		4.0							9.0				
9	00	24	.6967	10	6.2		4.0	31				6	0	9.6				
10	00	24	.5842	10	6.4		4.0	24				5	0	9.8				
11	00	24	.6532	12	6.6		4.0	27				3	0	9.1				
12	00	24	.6851	14	6.4		4.5	23				6	0	9.6				
13	00	24	.6612	14	7.0		4.5	22				7	0	9.8				
14	00	24	.7543	14	6.8		4.5							9.7				
15	00	24	.6840	14	6.7		4.5							9.8				
16	00	24	.7807	12	6.7		4.5	30				10	0	9.8				
17	00	24	.8319	12	6.7		4.0	24				6	0	9.7				
18	00	24	.7691	12	6.7		4.0	24				5	0	9.6				
19	00	24	.6059	12	6.6		4.0	21				7	0	10.0				
20	00	24	.6092	12	6.7		4.0	23				5	0	9.8				
21	00	24	.6662	12	6.7		4.0							10.0				
22	00	24	.8023	12	6.6		3.0							8.9				
23	00	24	.7470	14	6.4		4.0	31				8	0	9.0				
24	00	24	.6067	13	6.6		4.0	22				12	480	9.5	0			
25	00	24	.6616	14	6.6		4.0	26				5	0	9.7			5.3	
26	00	24	.5198	12	6.8		4.0	28				6	0	9.4		10.89		
27	00	24	.7601	11	6.7		5.0	25				7	4	9.1	3.2			
28	00	24	1.0385	10	6.4		4.0							9.2				
29																		
30																		
31																		
Average			.7019	12			4.1	26				6	1.46	9.4	1.6	10.89	5.3	
Max.			1.0385	14	7.0		5.0	31				12	480	10.0	3.2	10.89	5.3	
Min.			.5198	10	6.2		3.0	21				3	0	8.9	0	10.89	5.3	
Comp.(C)/Grab(G)				G	G		G	C				C	G	G	G	C	C	
Monthly Limit					6-9			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)

_____
_____
_____
_____
_____
_____

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: NC0063011 DISCHARGE NO: 001 MONTH: Feb. YEAR: 1987

FACILITY NAME: Camp Johnson (Montford Point) 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:
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 Mack D. Davis
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 N 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	.3542				5.0											
2	00	24	.3400	18	7.0		4.0	22				8	0	8.9				
3	00	24	.3470				5.0	26										
4	00	24	.3440				5.0											
5	00	24	.3330				4.0											
6	00	24	.3480	17	6.9		4.0	26				8	0	9.0				
7	00	24	.2261				4.0											
8	00	24	.3457				0.2											
9	00	24	.3410	16	7.0		4.0	23				5	0	9.6				
10	00	24	.3380				5.0											
11	00	24	.3485				4.0											
12	00	24	.3468				2.5											
13	00	24	.3615	16	7.0		4.0	28				9	0	8.7				
14	00	24	.3097				4.0											
15	00	24	.2648				4.0											
16	00	24	.3895	15	7.1		4.0							10.2				
17	00	24	.3180				4.0	18				11	0					
18	00	24	.3746				4.0											
19	00	24	.2982				4.0											
20	00	24	.3379	14	6.9		4.0	37				10	0	9.7				
21	00	24	.3480				4.0											
22	00	24	.3258				4.0											
23	00	24	.3390	15	6.8		5.0	28				13	0	7.3				
24	00	24	.3389				4.0											
25	00	24	.3591				4.0											
26	00	24	.3309				4.0											
27	00	24	.3503	15	7.0		4.0	37				12	0	9.3	0			
28	00	24	.3651				4.0											
29																		
30																		
31																		
Average			.3366	16			4.0	27				10	0	9.3	0			
Max.			.3651	18	7.1		5.0	37				13	0	10.2	0			
Min.			.2648	14	6.8		0.2	18				5	0	8.7	0			
Comp.(C)/Grab(G)					G			C				C	G	G	G			

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 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: NC0063037 DISCHARGE NO: 001 MONTH: Feb. YEAR: 1987

FACILITY NAME: Rigle 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
P O Box 27687
Raleigh, North Carolina 27611

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

X Mack D. Davis

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	00607 TOTAL NITROGEN	00665 TOTAL PHOSPHORUS	31504 TOTAL COLIFORM Geo MEAN
															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	/100ml
1	00	24	.2435				4.0											
2	00	24	.2576				4.0											
3	00	24	.2388				4.0											
4	00	24	.2182	16	6.7		4.0	10		0.16		7		13.3				0
5	00	24	.2177				4.0											
6	00	24	.2177				4.0											
7	00	24	.1940				4.0											
8	00	24	.1914				4.0											
9	00	24	.2000				4.0											
10	00	24	.2305				4.0											
11	00	24	.2225	15	6.8		6.0	13		1.25		3		13.7				0
12	00	24	.2339				4.0											
13	00	24	.2405				4.0											
14	00	24	.2097				6.0											
15	00	24	.2139				4.0											
16	00	24	.2017				4.0											
17	00	24	.2130				4.0											
18	00	24	.2143	14	6.5		4.0	10		0.14		4		10.9				0
19	00	24	.2141	14			6.0											
20	00	24	.1935				5.0											
21	00	24	.2153				4.0											
22	00	24	.2125				5.0											
23	00	24	.1347				4.0											
24	00	24	.2540				5.0								0			
25	00	24	.2209	15	7.0		6.0	17		3.0		8		10.7			1.6	0
26	00	24	.1349				5.0											
27	00	24	.2373				4.0								0			
28	00	24	.2608				5.0											
29																		
30																		
31																		
Average			.21562	15			4.5	13		1.12		6		12.1	0		1.6	0
Max.			.26081	14	7.0		4.0	17		3.0		8		13.7	0		1.6	0
Min.			.13476	16	6.5		6.0	10		0.14		3		10.7	0		1.6	0
Comp.(C)/Grab(G)				G	G		G	C		C		C		G	G		C	G
Monthly Limit					6-9			30				30		>5	30			14

DEM Form MR-1 (11-81)

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.

EFFLUENT

NPDES PERMIT NO: NC0063045 DISCHARGE NO: 001 MONTH: Feb. 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 ☐

PERSON(s) COLLECTING SAMPLES: STP Operators

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 Mack D. Davis
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	31504 TOTAL COLIFORM
															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	/100 ML
1	00	24	.4266				4.0											
2	00	24	.6577				2.0											
3	00	24	.7684	16	6.9		5.0	13		3.6		6		8.0				30
4	00	24	.5986				2.5											
5	00	24	.3259				4.0											
6	00	24	.5448				4.5											
7	00	24	.3502				4.0											
8	00	24	.3072				3.5											
9	00	24	.3860	14	6.7		4.0							8.2				
10	00	24	.3102				4.0	15		1.7		5						12
11	00	24	.3764				3.5											
12	00	24	.3290				4.0											
13	00	24	.3120				3.0											
14	00	24	.2488				3.0											
15	00	24	.2325				3.5											
16	00	24	.4261				4.5											
17	00	24	.4982	15	7.0		5.0	15		0.3		6		8.9				12
18	00	24	.3613				2.0											
19	00	24	.5186				4.0											
20	00	24	.3540				4.5											
21	00	24	.3280				4.0											
22	00	24	.4424				4.0											
23	00	24	.3168				4.0											
24	00	24	.2368	16	7.0		4.0	16		2.6		8		8.3	1.1			2
25	00	24	.2426				4.0											
26	00	24	.3769				4.0											
27	00	24	.6832				3.0								1.0			
28	00	24	.8916				4.0											
29																		
30																		
31																		
Average			.4232	15			3.8	15		2.1		6		8.4	1.1			9.64
Max.			.8916	16	7.0		5.0	16		3.6		8		8.9	1.1			30
Min.			.2368	14	6.7		2.0	13		0.3		5		8.0	1.0			2
Comp.(C)/Grab(G)				G	G		G	C		C		C		G	G			G
Monthly Limit					6-9			30				30		>5	30			14

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 d 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: Feb. 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:
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 Mack D. Davis

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 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	00620 TOTAL NITROGEN MG/L	00665 TOTAL PHOSPHORUS MG/L	31504 TOTAL COLIFORM /100ML
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
1	00	24	.13046				5.0											
2	00	24	.14415				5.0											
3	00	24	.1456				6.0											
4	00	24	.1553				6.0											
5	00	24	.1264	13	6.6		6.0	16		0.26		6		11.0				2
6	00	24	.1290				5.0											
7	00	24	.1018				5.0											
8	00	24	.1107				5.0											
9	00	24	.1491				4.5											
10	00	24	.1516				5.0											
11	00	24	.1225				6.0											
12	00	24	.1401	13	6.8		6.0	21		0.21		10		11.5				0
13	00	24	.1157				5.0											
14	00	24	.1049				4.0											
15	00	24	.1223				4.0											
16	00	24	.1588				4.0											
17	00	24	.1494				6.0											
18	00	24	.1543				5.0											
19	00	24	.1696	11	6.9		6.0	12		0.19		7		12.0				10
20	00	24	.1587				5.5											
21	00	24	.1718				5.5											
22	00	24	.1911				5.5											
23	00	24	.2006				5.5											
24	00	24	.1707				6.0								0.5			
25	00	24	.1296				6.0											
26	00	24	.1320	14	6.9		6.0	21		0.43		6		10.6		1.75		90
27	00	24	.1680		7.1		5.0								0			
28	00	24	.1843		7.0		5.0											
29																		
30																		
31																		
Average			.13944	13			5.3	18		0.27		7		11.3	0.25	1.75		6.51
Max.			.20063	14	7.1		6.0	21		0.43		10		12.0	0.5	1.75		90
Min.			.10490	11	6.6		4.0	12		0.19		6		10.6	0	1.75		0
Comp.(C)/Grab(G)				G	G		G	C		C		C		G	G	C		G
Monthly Limit					6-9			30				30		>5	30			14

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.

EFFLUENT

NPDES PERMIT NO: NC0003239 DISCHARGE NO: 014 MONTH: February YEAR: 1987

FACILITY NAME: Onslow Beach Water Treatment Pond CLASS: ___ COUNTY: Onslow

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

CERTIFIED LABORATORY: Environmental Chemistry and 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 Mack D. Davis

Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☐ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L				
1																		
2																		
3	008				7.8							1						
4																		
5																		
6																		
7																		
8																		
9																		
10	008				8.3							4						
11																		
12																		
13																		
14																		
15																		
16																		
17																		
18																		
19																		
20																		
21																		
22																		
23																		
24	008				8.1							6						
25																		
26																		
27																		
28																		
29																		
30																		
31																		
Average												4						
Max.					8.3							6						
Min.					7.8							1						
Comp.(C)/Grab(G)					G							C						
Monthly Limit					6-9							30						

Facility Status: (Please check one of the following)

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

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

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

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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: NC0063029 DISCHARGE NO: 001 MONTH: Feb. YEAR: 1987

FACILITY NAME: Hadnot 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	00	24				104			78								
3	00	24				124			144								
4	00	24				152			98								
5	00	24				136			98								
6	00	24				128			105								
7																	
8																	
9	00	24				112			90								
10	00	24				120			82								
11	00	24				108			66								
12	00	24				132			80								
13	00	24				148			98								
14																	
15																	
16	00	24				100			82								
17	00	24				116			120								
18	00	24				156			114								
19	00	24				128			86								
20	00	24				152			132								
21																	
22																	
23	00	24				112			88								
24	00	24				224			146								
25	00	24				160			172								
26	00	24				240			172								
27	00	24				180			88								
28																	
29																	
30																	
31																	
AVERAGE						142			107								
MONTHLY MAXIMUM						240			172								
MONTHLY MINIMUM						100			66								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

NPDES NO: NC0003239 DISCHARGE NO: 001 MONTH: Feb. YEAR: 1987

FACILITY NAME: Camp Geiger ST P COUNTY: Onlsow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD							
			00400	00010	00545	00310	00610	00500	00530	00340							
											ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2	00	24				172			96								
3	00	24				168			118								
4	00	24				148			112								
5	00	24				176			114								
6	00	24				172			114								
7																	
8																	
9	00	24				108			102								
10	00	24				204			139								
11	00	24				160			158								
12	00	24				216			146								
13	00	24				120			68								
14																	
15																	
16	00	24				96			54								
17	00	24				112			120								
18	00	24				136			142								
19	00	24				160			128								
20	00	24				156			112								
21																	
22																	
23	00	24				308			156								
24	00	24				316			162								
25	00	24				220			212								
26	00	24				188			108								
27	00	24				308			170								
28																	
29																	
30																	
31																	
AVERAGE						182			127								
MONTHLY MAXIMUM						316			212								
MONTHLY MINIMUM						96			54								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

NPDES NO: NC0063053 DISCHARGE NO: 001 MONTH: Feb. YEAR: 1987

FACILITY NAME: Onslow Beach STP COUNTY: Onlsow

Date	Time	Composite Time	00400 PH	00010 Temperature (Celsius)	00545 Settleable Matter	00310 BOD5 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				108			84								
6																	
7																	
8																	
9																	
10																	
11																	
12	00	24				96			42								
13																	
14																	
15																	
16																	
17																	
18																	
19	00	24				68			29								
20																	
21																	
22																	
23																	
24																	
25																	
26	00	24				228			58								
27																	
28																	
29																	
30																	
31																	
AVERAGE						125			53								
MONTHLY MAXIMUM						228			84								
MONTHLY MINIMUM						68			29								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

NPDES NO: NC0063011 DISCHARGE NO: 001 MONTH: Feb. 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	00	24				204			96								
3																	
4																	
5																	
6	00	24				128			190								
7																	
8																	
9	00	24				204			218								
10																	
11																	
12																	
13	00	24				96			104								
14																	
15																	
16																	
17	00	24				172			78								
18																	
19																	
20	00	24				156			45								
21																	
22																	
23	00	24				128			74								
24																	
25																	
26																	
27	00	24				204			98								
28																	
29																	
30																	
31																	
AVERAGE						181			113								
MONTHLY MAXIMUM						204			218								
MONTHLY MINIMUM						96			45								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

NPDES NO: NC0063002 DISCHARGE NO: 001 MONTH: Feb. YEAR: 1987

FACILITY NAME: Tarawa Terrace 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	00	24				168			644								
3	00	24				216			333								
4	00	24				312			1130								
5	00	24				248			344								
6	00	24				387			492								
7																	
8																	
9	00	24				208			456								
10	00	24				344			1090								
11	00	24				212			124								
12	00	24				344			240								
13	00	24				244			210								
14																	
15																	
16	00	24				328			316								
17	00	24				328			1245								
18	00	24				304			123								
19	00	24				332			144								
20	00	24				272			398								
21																	
22																	
23	00	24				280			164								
24	00	24				527			386								
25	00	24				573			1488								
26	00	24				493			868								
27	00	24				276			157								
28																	
29																	
30																	
31																	
AVERAGE						320			518								
MONTHLY MAXIMUM						573			1488								
MONTHLY MINIMUM						208			123								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

NPDES NO: NC0063037 DISCHARGE NO: 001 MONTH: Feb. 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																	
3																	
4	00	24				52			162								
5																	
6																	
7																	
8																	
9																	
10																	
11	00	24				72			88								
12																	
13																	
14																	
15																	
16																	
17																	
18	00	24				28			100								
19																	
20																	
21																	
22																	
23																	
24																	
25	00	24				196			508								
26																	
27																	
28																	
29																	
30																	
31																	
AVERAGE						87			215								
MONTHLY MAXIMUM						196			508								
MONTHLY MINIMUM						28			88								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

NPDES NO: NC0063045 DISCHARGE NO: 001 MONTH: Feb. YEAR: 1987

FACILITY NAME: Courthouse Bay STP COUNTY: Onslow

			00400	00010	00545	00310	00610	00500	00530	00340							
											ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD							
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2																	
3	00	24				100			64								
4																	
5																	
6																	
7																	
8																	
9																	
10	00	24				152			315								
11																	
12																	
13																	
14																	
15																	
16																	
17	00	24				88			76								
18																	
19																	
20																	
21																	
22																	
23																	
24	00	24				88			32								
25																	
26																	
27																	
28																	
29																	
30																	
31																	
AVERAGE						107			122								
MONTHLY MAXIMUM						152			315								
MONTHLY MINIMUM						88			32								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

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

FACILITY NAME: Camp Geiger STP COUNTY: Onslow

STREAM: New River STREAM: New River

LOCATION: RW01 - At Hughes Marina LOCATION: RW04 - Hospital Point

Upstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below			
		00010	00300	00400	00310	00340	31616	00556			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25	09	8	9.2	7.3	3.1		800	0			
26											
27											
28											
29											
30											
31											
Average		8	9.2		3.1		800*	0			
Monthly Maximum		8	9.2	7.3	3.1		800	0			
Monthly Minimum		8	9.2	7.3	3.1		800	0			

Downstream

Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below			
	00010	00300	00400	00310	00340	31616	00556			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
10	8	12.5	8.2	8.1		50	0			
	8	12.5		8.1		50*	0			
	8	12.5	8.2	8.1		50	0			
	8	12.5	8.2	8.1		50	0			

DEM Form MR-3 (11/84)

NPDES NO: NC0063002 DISCHARGE NO: 001 MONTH: Feb. YEAR: 1987

FACILITY NAME: Tarawa Terrace STP COUNTY: Onslow

STREAM: Northeast Creek STREAM: Northeast Creek

LOCATION: RW02 - At Highway 24 Bridge LOCATION: RW03 - Between TT and CJ

Upstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below			
		00010	00300	00400	00310	00340	31616	00556			
								O/C & Grease			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25	10	10	13.0	7.7	11.7		70	0			
26											
27											
28											
29											
30											
31											
Average		10	13.0		11.7		70*	0			
Monthly Maximum			13.0	7.7	11.7		70	0			
Monthly Minimum			13.0	7.7	11.7		70	0			

Downstream

Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below			
	00010	00300	00400	00310	00340	31616	00556			
							O/C & Grease			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
10	9	12.4	8.0	12.3		60	0			
	9	12.4		12.3		60*	0			
	9	12.4	8.0	12.3		60	0			
	9	12.4	8.0	12.3		60	0			

DEM Form MR-3 (11/84)

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

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

STREAM: Northeast Creek STREAM: New River

LOCATION: RW03 - Between TT and CJ LOCATION: RW04 - Hospital Point

Upstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Oil & Grease			
		00010	00300	00400	00310	00340	31616	00556			
								Enter Parameter Code above Name and Units Below			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25	10	9	12.4	8.0	12.3		60	0			
26											
27											
28											
29											
30											
31											
Average		9	12.4		12.3		60*	0			
Monthly Maximum		9	12.4	8.0	12.3		60	0			
Monthly Minimum		9	12.4	8.0	12.3		60	0			

Downstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Oil & Grease			
		00010	00300	00400	00310	00340	31616	00556			
								Enter Parameter Code above Name and Units Below			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25	10	8	12.6	8.2	8.1		50	0			
26											
27											
28											
29											
30											
31											
Average		8	12.5		8.1		50*	0			
Monthly Maximum		8	12.5	8.2	8.1		50	0			
Monthly Minimum		8	12.6	8.2	8.1		50	0			

DEM Form MR-3 (11/84)

NPDES NO: NC0063029 DISCHARGE NO: 001 MONTH: Feb. YEAR: 1987

FACILITY NAME: Hadnot POint STP COUNTY: Onlsow

STREAM: New - Riverital P STREAM: New - Riverr

LOCATION: RW04 - Hospital Point LOCATION: RW05 - Marker #35

Upstream

Date	Time 2400 Clock	Temperature (Celsius) 00010	Dissolved Oxygen 00300	PH 00400	BOD_5 20°C 00310	COD 00340	Fecal Coliform *Geometric Mean 31616	Oil & Grease 00556			
								Enter Parameter Code above Name and Units Below			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25	10	8	12.5	8.2	8.1		50	0			
26											
27											
28											
29											
30											
31											
Average		8	12.5		8.1		50*	0			
Monthly Maximum		8	12.5	8.2	8.1		50	0			
Monthly Minimum		8	12.5	8.2	8.1		50	0			

Downstream

Date	Time 2400 Clock	Temperature (Celsius) 00010	Dissolved Oxygen 00300	PH 00400	BOD_5 20°C 00310	COD 00340	Fecal Coliform *Geometric Mean 31616	Oil & Grease 00556			
								Enter Parameter Code above Name and Units Below			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25	10	10	11.4	8.0	4.8		0	0			
26											
27											
28											
29											
30											
31											
Average		10	11.4		4.8		0*	0			
Monthly Maximum		10	11.4	8.0	4.8		0	0			
Monthly Minimum		10	11.4	8.0	4.8		0	0			

DEM Form MR-3 (11/84)

NPDES NO: NC0063037 DISCHARGE NO: 001 MONTH: Feb. YEAR: 1987

FACILITY NAME: Rifle Range STP COUNTY: Onslow

STREAM: New River STREAM: New River

LOCATION: RW05- Marker #35 LOCATION: RW06- Sneads Ferry Bridge

Upstream

	00010	00300	00400	00310	00340	31616	00556			
Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD5 20°C	COD	Fecal Coliform *Geometric Mean	Oil & Grease	Enter Parameter Code above Name and Units Below	
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L		
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25	10	10	11.4	8.0	4.8		0	0		
26										
27										
28										
29										
30										
31										
Average		10	11.4		4.8		0	0		
Monthly Maximum		10	11.4	8.0	4.8		0	0		
Monthly Minimum		10	11.4	8.0	4.8		0	0		

Downstream

	00010	00300	00400	00310	00340	31616	00556			
Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD5 20°C	COD	Fecal Coliform *Geometric Mean	Oil & Grease	Enter Parameter Code above Name and Units Below		
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
Average										
Monthly Maximum										
Monthly Minimum										

DEM Form MR-3 (11/84)

11331
NREAD
4 Mar 87

Mr. John McFadyen
Water Supply Branch
Division of Health Services
North Carolina Department of
Human Resources
Post Office Box 2091
Raleigh, North Carolina 27602

Dear Mr. McFadyen:

Enclosed are the completed Department of Health Forms (DHS 1942 2/74) for all water treatment plants aboard Marine Corps Base, Camp Lejeune for the period 1-28 February 1987. Also enclosed are the weekly Chemical Analysis Forms (MCBCL 11330/3 Rev 3-82) for the same period, as requested in the 25 October 1982 letter from Mr. Charles Rundgren of your office.

One sample of the 3 February 1987 collection from the Holcomb Blvd. Water Treatment Plant was positive. On the membrane filter 45 colonies/100 ml were counted. Five colonies were picked off and run through Laurl Trypose Broth Tubes and Brilliant Green Bile Broth tubes. All five were confirmed to be coliform. Check samples were collected on 4 and 5 February 1987 and were negative.

Although only nine samples are required of the Holcomb Blvd. System, 28 were collected in February 1987. Our determination of the enclosed data is that the contaminated sample was not a representative sample. It is requested that one of the 19 extra samples be submitted for the contaminated sample in computing the coliform density. This request is based on rules and regulations of the Safe Drinking Water Act published in the Federal Register, Volume 45, Number 168, dated 27 August 1980.

The analysis is run by the Environmental Chemistry and Microbiology Laboratory, located in the Natural Resources and Environmental Affairs Division, Assistant Chief of Staff, Facilities. Ms. Betz, Supervisory Chemist, Environmental Chemistry and Microbiology Laboratory, telephone (919) 451-5977, is the point of contact in this matter.

Sincerely,

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

Encls: (1) Dept of Health Forms
(2) Chemical Analysis Forms

Writer/Typist Betz/Truanoski
Date Typed 4 Mar 87
Word Processor Number 11331

Copy to:
LANTNAVFACENGCOM (Code 114)
Blind copy to: BMO (Attn: Util Dir), Supvy Chem (2)

Written by: Pete Dunn [illegible]

Date Typed: 4 Nov 87

Word Processor Number: 1331

Month FEBRUARY Year 1987

HADNOT POINT WATER TREATMENT PLANT AT Camp Lejeune

MEMBRANE FILTER PROCEDURE

REPORT OF BACTERIOLOGICAL RESULTS TO DIVISION OF HEALTH SERVICES

N. C. DEPARTMENT OF HUMAN RESOURCES

Serial # 04-67-041

Method Code: 303

Contaminant Code: 3000

DATE	RAW WATER COLIFORMS (MFP) A: VOLUME FILTERED ml.	A: TOTAL COLONIES	A: COLIFORM COLONIES	B: VOLUME FILTERED ml.	B: TOTAL COLONIES	B: COLIFORM COLONIES	C: VOLUME FILTERED ml.	C: TOTAL COLONIES	C: COLIFORM COLONIES	NO. OF COLIFORMS PER 100 ml.	FILTERED: TOTAL PLATE COUNT	FILTERED: MFP COLIFORMS per 100 ml.	FINISHED: TOTAL PLATE COUNT	FINISHED: MFP COLIFORMS per 100 ml.	DISTRIBUTION SYSTEM: TOTAL PLATE COUNT	DISTRIBUTION SYSTEM COLIFORMS (MFP): AVE. COLIFORMS per 100 ml.	NO. OF SAMPLES EXAMINED	1: COLIFORMS per 100 ml.	2: COLIFORMS per 100 ml.	3: COLIFORMS per 100 ml.	4: COLIFORMS per 100 ml.	5: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	INCUBATOR TEMP.
1																										
2																										
3	3/3															0	9	0 0	0 0	0 0	0 0	0				35
4																										
5																										
6																										
7																										
8																										
9																										
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MF MEDIA			BBL mEndo			BACTERIAL DENSITY		ARITH. MEAN								0	DIST. SYSTEM	TOTAL NO. SAMPLES								34
TPC MEDIA								GEO. MEAN								1.0		SAMPLES EXCEEDING 3/50	4/100	7/200.	13/500ml					0

LAB ID # 37807

Elizabeth A Bell Bureau 9987-00

MEMBRANE FILTER PROCEDURE

Month FEBRUARY — MARINE CORPS AIR STATION — WATER TREATMENT PLANT AT Camp Lejeune — Method Code: 303

Year 1987 — REPORT OF BACTERIOLOGICAL RESULTS TO DIVISION OF HEALTH SERVICES — Contaminant Code: 300

N. C. DEPARTMENT OF HUMAN RESOURCES

Serial # 04-67-042

DATE	RAW WATER COLIFORMS (MFP) A: VOLUME FILTERED ml.	A: TOTAL COLONIES	A: COLIFORM COLONIES	B: VOLUME FILTERED ml.	B: TOTAL COLONIES	B: COLIFORM COLONIES	C: VOLUME FILTERED ml.	C: TOTAL COLONIES	C: COLIFORM COLONIES	NO. OF COLIFORMS PER 100 ml.	FILTERED: TOTAL PLATE COUNT	FILTERED: MFP COLIFORMS per 100 ml.	FINISHED: TOTAL PLATE COUNT	FINISHED: MFP COLIFORMS per 100 ml.	DISTRIBUTION SYSTEM: TOTAL PLATE COUNT	COLIFORMS (MFP): AVE. COLIFORMS per 100 ml.	NO. OF SAMPLES EXAMINED	1: COLIFORMS per 100 ml.	2: COLIFORMS per 100 ml.	3: COLIFORMS per 100 ml.	4: COLIFORMS per 100 ml.	5: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	INDICATOR TOPS
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MF MEDIA	BBL mEndo	BACTERIAL DENSITY	ARITH. MEAN		0	DIST. SYSTEM	TOTAL NO. SAMPLES 27
TPC MEDIA			GEO. MEAN		10		SAMPLES EXCEEDING 3/50. 4/100 7/200. 13/500ml 0

LAB ID # 37307 — Elizabeth A Beck — B. Wall — 4087-W

Month FEBRUARY Year 1987

HOLCOMB BLVD

MEMBRANE FILTER PROCEDURE

WATER TREATMENT PLANT AT Camp Lejeune

REPORT OF BACTERIOLOGICAL RESULTS TO DIVISION OF HEALTH SERVICES

N. C. DEPARTMENT OF HUMAN RESOURCES

Serial # 04-67-043

Method Code: 303

Contaminant Code: 3000

DATE	RAW WATER COLIFORMS (MFP) A: VOLUME FILTERED ml.	A: TOTAL COLONIES	A: COLIFORM COLONIES	B: VOLUME FILTERED ml.	B: TOTAL COLONIES	B: COLIFORM COLONIES	C: VOLUME FILTERED ml.	C: TOTAL COLONIES	C: COLIFORM COLONIES	NO. OF COLIFORMS PER 100 ml.	FILTERED: TOTAL PLATE COUNT	FILTERED: MFP COLIFORMS per 100 ml.	FINISHED: TOTAL PLATE COUNT	FINISHED: MFP COLIFORMS per 100 ml.	DISTRIBUTION SYSTEM: TOTAL PLATE COUNT	AVE. COLIFORMS per 100 ml.	NO. OF SAMPLES EXAMINED	COLIFORMS (MFP) 1: COLIFORMS per 100 ml.	2: COLIFORMS per 100 ml.	3: COLIFORMS per 100 ml.	4: COLIFORMS per 100 ml.	5: COLIFORMS per 100 ml.	REPEAT SAMPLES ON 2/4/87: COLIFORMS per 100 ml.	ON 2/5/87: COLIFORMS per 100 ml.	COLIFORMS per 100 ml.	INCUBATOR TEMP.
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MF MEDIA	BBL mEndo															1.61	DIST. SYSTEM	TOTAL NO. SAMPLES								28
MPC MEDIA																1.14		SAMPLES EXCEEDING 3/50 4/100 7/200 13/500ml								1

BACTERIAL DENSITY

ARITH. MEAN

GEO. MEAN

LAB ID # 37307

MEMBRANE FILTER PROCEDURE

Month FEBRUARY — TARAWA TERRACE — WATER TREATMENT PLANT AT Camp Lejeune — Method Code: 303

Year 1987 — REPORT OF BACTERIOLOGICAL RESULTS TO DIVISION OF HEALTH SERVICES — Contaminant Code: 300

N. C. DEPARTMENT OF HUMAN RESOURCES

Serial # 04-67-044

DATE	RAW WATER COLIFORMS (MFP) A: VOLUME FILTERED ml.	A: TOTAL COLONIES	A: COLIFORM COLONIES	B: VOLUME FILTERED ml.	B: TOTAL COLONIES	B: COLIFORM COLONIES	C: VOLUME FILTERED ml.	C: TOTAL COLONIES	C: COLIFORM COLONIES	NO. OF COLIFORMS PER 100 ml.	FILTERED: TOTAL PLATE COUNT	FILTERED: MFP COLIFORMS per 100 ml.	FINISHED: TOTAL PLATE COUNT	FINISHED: MFP COLIFORMS per 100 ml.	DISTRIBUTION SYSTEM: TOTAL PLATE COUNT	COLIFORMS (MFP): AVE. COLIFORMS per 100 ml.	NO. OF SAMPLES EXAMINED	1: COLIFORMS per 100 ml.	2: COLIFORMS per 100 ml.	3: COLIFORMS per 100 ml.	4: COLIFORMS per 100 ml.	5: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	[illegible]
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MF MEDIA			BBL mEndo			BACTERIAL DENSITY	ARITH. MEAN									0	DIST. SYSTEM	TOTAL NO. SAMPLES								1
TPC MEDIA							GEO. MEAN									1.0		SAMPLES EXCEEDING 3/50. (4/100) 7/200. 13/500ml								0

LAB ID # 37807 — Elizabeth A Bell — B Ward — 4087-W

Month FEBRUARY — CAMP JOHNSON — WATER TREATMENT PLANT AT Camp Lejeune — Method Code: 303

Year 1987 — REPORT OF BACTERIOLOGICAL RESULTS TO DIVISION OF HEALTH SERVICES — Contaminant Code: 3000

N. C. DEPARTMENT OF HUMAN RESOURCES

Serial # 04-67-045

DATE	RAW WATER COLIFORMS (MFP) A: VOLUME FILTERED ml.	A: TOTAL COLONIES	A: COLIFORM COLONIES	B: VOLUME FILTERED ml.	B: TOTAL COLONIES	B: COLIFORM COLONIES	C: VOLUME FILTERED ml.	C: TOTAL COLONIES	C: COLIFORM COLONIES	NO. OF COLIFORMS PER 100 ml.	FILTERED: TOTAL PLATE COUNT	FILTERED: MFP COLIFORMS per 100 ml.	FINISHED: TOTAL PLATE COUNT	FINISHED: MFP COLIFORMS per 100 ml.	DISTRIBUTION SYSTEM: TOTAL PLATE COUNT	COLIFORMS (MFP): AVE. COLIFORMS per 100 ml.	COLIFORMS (MFP): NO. OF SAMPLES EXAMINED	1: COLIFORMS per 100 ml.	2: COLIFORMS per 100 ml.	3: COLIFORMS per 100 ml.	4: COLIFORMS per 100 ml.	5: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	INCUBATOR TEMP.
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MF MEDIA		BBL mEndo				BACTERIAL DENSITY		ARITH. MEAN								0	DIST. SYSTEM	TOTAL NO. SAMPLES								8
TPC MEDIA								GEO. MEAN								1.0		SAMPLES EXCEEDING 3/50. 4/100. 7/200. 13/500ml								0

LAB ID # 37807

Elizabeth A. Bx — B WFC

4087-W

Month FEBRUARY RIFLE RANGE WATER TREATMENT PLANT AT Camp Lejeune Method Code: 303

Year 1987 REPORT OF BACTERIOLOGICAL RESULTS TO DIVISION OF HEALTH SERVICES Contaminant Code: 300

N. C. DEPARTMENT OF HUMAN RESOURCES

Serial # 04-67-046

DATE	RAW WATER COLIFORMS (MFP) A: VOLUME FILTERED ml.	A: TOTAL COLONIES	A: COLIFORM COLONIES	B: VOLUME FILTERED ml.	B: TOTAL COLONIES	B: COLIFORM COLONIES	C: VOLUME FILTERED ml.	C: TOTAL COLONIES	C: COLIFORM COLONIES	NO. OF COLIFORMS PER 100 ml.	FILTERED: TOTAL PLATE COUNT	FILTERED: MFP COLIFORMS per 100 ml.	FINISHED: TOTAL PLATE COUNT	FINISHED: MFP COLIFORMS per 100 ml.	DISTRIBUTION SYSTEM: TOTAL PLATE COUNT	COLIFORMS (MFP): AVE. COLIFORMS per 100 ml.	COLIFORMS (MFP): NO. OF SAMPLES EXAMINED	COLIFORMS (MFP): 1 COLIFORMS per 100 ml.	COLIFORMS (MFP): 2 COLIFORMS per 100 ml.	COLIFORMS (MFP): 3 COLIFORMS per 100 ml.	COLIFORMS (MFP): 4 COLIFORMS per 100 ml.	COLIFORMS (MFP): 5 COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	INCUBATOR TEMP
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MF MEDIA	BBL mEndo	BACTERIAL DENSITY	ARITH. MEAN					D	DIST. SYSTEM	TOTAL NO. SAMPLES			
TPC MEDIA			GEO. MEAN					1.0		SAMPLES EXCEEDING 3/50	4/100	7/200	13/500ml

LAB ID # 37807

Elizabeth O Berg B [illegible] 4087-6

Month FEBRUARY Courthouse Bay WATER TREATMENT PLANT AT Camp Lejeune Method Code: 303

Year 1987 REPORT OF BACTERIOLOGICAL RESULTS TO DIVISION OF HEALTH SERVICES Contaminant Code: 300

N. C. DEPARTMENT OF HUMAN RESOURCES

Serial # 04-67-047

DATE	RAW WATER COLIFORMS (MFP) A: VOLUME FILTERED ml.	A: TOTAL COLONIES	A: COLIFORM COLONIES	B: VOLUME FILTERED ml.	B: TOTAL COLONIES	B: COLIFORM COLONIES	C: VOLUME FILTERED ml.	C: TOTAL COLONIES	C: COLIFORM COLONIES	NO. OF COLIFORMS PER 100 ml.	FILTERED: TOTAL PLATE COUNT	FILTERED: MFP COLIFORMS per 100 ml.	FINISHED: TOTAL PLATE COUNT	FINISHED: MFP COLIFORMS per 100 ml.	DISTRIBUTION SYSTEM: TOTAL PLATE COUNT	COLIFORMS (MFP): AVE. COLIFORMS per 100 ml.	NO. OF SAMPLES EXAMINED	1: COLIFORMS per 100 ml.	2: COLIFORMS per 100 ml.	3: COLIFORMS per 100 ml.	4: COLIFORMS per 100 ml.	5: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	COLIFORMS per 100 ml.	COLIFORMS per 100 ml.	
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MF MEDIA		BBL mEndo		DACTERIAL DENSITY	ARITH. MEAN										0	DIST. SYSTEM	TOTAL NO. SAMPLES									
TPC MEDIA					GEO. MEAN										1.0		SAMPLES EXCEEDING 3/50; 4/100; 7/200; 13/500ml									

LAB ID # 37307

Elizabeth A Bay B Wade 4087-n

MEMBRANE FILTER PROCEDURE

Month FEBRUARY Year 1987 — ONSLOW BEACH — WATER TREATMENT PLANT AT Camp Lejeune — Method Code: 303 — Contaminant Code: 3000

REPORT OF BACTERIOLOGICAL RESULTS TO DIVISION OF HEALTH SERVICES

N. C. DEPARTMENT OF HUMAN RESOURCES

Serial # 04-67-048

DATE	RAW WATER COLIFORMS (MFP) A: VOLUME FILTERED ml.	A: TOTAL COLONIES	A: COLIFORM COLONIES	B: VOLUME FILTERED ml.	B: TOTAL COLONIES	B: COLIFORM COLONIES	C: VOLUME FILTERED ml.	C: TOTAL COLONIES	C: COLIFORM COLONIES	NO. OF COLIFORMS PER 100 ml.	FILTERED: TOTAL PLATE COUNT	FILTERED: MFP COLIFORMS per 100 ml.	FINISHED: TOTAL PLATE COUNT	FINISHED: MFP COLIFORMS per 100 ml.	DISTRIBUTION SYSTEM: TOTAL PLATE COUNT	COLIFORMS (MFP): AVE. COLIFORMS per 100 ml.	NO. OF SAMPLES EXAMINED	1: COLIFORMS per 100 ml.	2: COLIFORMS per 100 ml.	3: COLIFORMS per 100 ml.	4: COLIFORMS per 100 ml.	5: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	REPEAT SAMPLES: COLIFORMS per 100 ml.	INCUBATOR TEMP.
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MF MEDIA		BBL mEndo			BACTERIAL DENSITY		ARITH. MEAN									0	DIST. SYSTEM	TOTAL NO. SAMPLES								8
TPC MEDIA							GEO. MEAN									1.0		SAMPLES EXCEEDING 3/50	4/100	7/200	13/500ml					0

LAB ID # 37307

Elizabeth Bell B. WELL 4057-W

CHEMICAL ANALYSIS — WATER TREATMENT PLANTS
MCBCL 11330 3 (REV. 6-84)

DATE COLLECTED: 2-3-87

DATE OF ANALYSIS: 2-3-87

PARAMETER SERIAL#04-67	HADNOT POINT -041	CAMP JOHNSON -045	TARAWA TERRACE -044	ONSLOW BEACH -048	COURTHOUSE BAY -047	RIFLE RANGE -046	HOLCOMB BLVD -043	NEW RIVER -042		
PH (IN LAB NOT PLANT)	8.4	7.2	8.4	7.4	7.9	8.0	8.3	8.5		
PHENOLTHALEIN ALKALINITY	4	0	4	0	0	0	0	10		
METHYL ORANGE ALKALINITY	56	174	50	174	178	168	74	144		
CARBONATES AS $CaCO_3$	8	0	8	0	0	0	0	20		
BICARBONATES AS $CaCO_3$	48	174	42	174	178	168	74	124		
CHLORIDES AS C1	12	12	16	18	18	48	10	56		
HARDNESS AS $CaCO_3$	62	68	74	52	60	62	76	54		
IRON AS Fe	<0.04	0.21	0.06	0.17	<0.04	<0.04	<0.04	0.05		
FLUORIDE Am	1.17		0.76				1.00			
FLUORIDE pm	1.21	0.14	0.79	0.13	0.10	0.09	1.04	0.53		
CHLORINE RESIDUAL	1.0	1.2	1.0	1.5	1.3	1.0	1.0	1.0		
TURBIDITY Am	0.9		0.8				0.9			
TURBIDITY pm	1.1	1.7	1.5	1.1	1.2	0.9	3.2	1.6		
TOTAL PHOSPHATE		3.0								
ORTHO PHOSPHATE		1.2								
META PHOSPHATE		1.8								
STABILITY	+0.6	-0.7	+0.6	-0.7	-0.1	-0.1	+0.2	+0.1		

REMARKS

COPY TO:

- ☐ UTIL DIR ☐
- ☐ WATER TREATMENT
- ☐ PMU ☐ MCAS PMU
- ☐ NREAD ☐ FILE

NOTE: All results reported in parts per million unless otherwise noted except for pH, temperature, and specific conductance. One liter of potable water is assumed to weigh one kilogram.

LABORATORY ANALYSIS BY

L. Lane & H. Burns

CHEMICAL ANALYSIS — WATER TREATMENT PLANTS
MCBCL 11330/3 (REV. 6-84)

DATE COLLECTED: 2-9-87

DATE OF ANALYSIS: 2-10-87

PARAMETER SERIAL# 0467	HADNOT POINT -041	CAMP JOHNSON -045	TARAWA TERRACE -044	ONSLOW BEACH -048	COURTHOUSE BAY -047	RIFLE RANGE -046	HOLCOMB BLVD -043	NEW RIVER -042		
PH (IN LAB NOT PLANT)	8.5	7.4	9.3	7.5	8.2	8.2	NO SAMPLE	8.8		
PHENOLTHALEIN ALKALINITY	6	0	16	0	0	0	—	12		
METHYL ORANGE ALKALINITY	60	180	36	166	174	160	—	146		
CARBONATES AS $CaCO_3$	12	0	32	0	0	0	—	24		
BICARBONATES AS $CaCO_3$	48	180	4	166	174	160	—	120		
CHLORIDES AS C1	12	10	16	20	18	50	—	60		
HARDNESS AS $CaCO_3$	66	64	62	62	54	54	—	50		
IRON AS Fe	—	AA	DOWN	—	—	—	—	—		
FLUORIDE Am	0.82		0.83							
FLUORIDE pm	0.85	0.12	0.71	0.13	0.11	0.09	—	054		
CHLORINE RESIDUAL	1.0	1.1	1.0	1.0	1.3	0.8	—	0.8		
TURBIDITY Am	1.9		7.8							
TURBIDITY pm	0.9	1.0	2.4	0.9	1.1	0.7	—	1.0		
TOTAL PHOSPHATE		1.70								
ORTHO PHOSPHATE		1.00								
META PHOSPHATE		0.70								
STABILITY	+0.4	−0.7	+0.8	−0.6	0.0	0.0	—	+0.3		

REMARKS

COPY TO

☐ UTIL DIR ☐

☐ WATER TREATMENT

☐ PMU ☐ MCAS PMU

☐ NPLAD ☐ FILE

NOTE: All results reported in parts per million unless otherwise noted except for pH, temperature, and specific conductance. One liter of potable water is assumed to weigh one kilogram.

LABORATORY ANALYSIS BY

L. LAWE + BURNS

CHEMICAL ANALYSIS — WATER TREATMENT PLANTS
MCBCL 11330/3 (REV. 6-84)

DATE COLLECTED 2-17-87

DATE OF ANALYSIS 2-17-87

PARAMETER SERIAL# 04-67	HADNOT POINT -041	CAMP JOHNSON -045	TARAWA TERRACE -044	ONSLOW BEACH -048	COURTHOUSE BAY -047	RIFLE RANGE -046	HOLCOMB BLVD -043	NEW RIVER -042		
PH (IN LAB NOT PLANT)	9.3	8.0	9.7	7.9	8.6	8.7	NO SAMPLE	9.2		
PHENOLTHALEIN ALKALINITY	8	0	20	0	6	6	—	20		
METHYL ORANGE ALKALINITY	52	184	58	170	178	174	—	150		
CARBONATES AS $CaCO_3$	16	0	40	0	12	12	—	40		
BICARBONATES AS $CaCO_3$	36	184	18	170	166	162	—	110		
CHLORIDES AS C1	14	14	20	174	20	50	—	52		
HARDNESS AS $CaCO_3$	66	56	66	70	54	56	—	56		
IRON AS Fe	—	—	A.A.	DOWN	—	—	—	—		
FLUORIDE Am	0.76		0.76							
FLUORIDE pm	0.86	0.15	0.67	0.14	0.10	0.09	—	0.51		
CHLORINE RESIDUAL	0.9	1.2	1.0	1.5	1.5	1.0	—	0.9		
TURBIDITY Am	1.7		2.0							
TURBIDITY pm	1.6	3.3	4.1	3.1	1.2	1.4	—	1.4		
TOTAL PHOSPHATE		2.4								
ORTHO PHOSPHATE		1.1								
META PHOSPHATE		1.3								
STABILITY	+1.3	-0.6	+2.0	-0.8	-0.2	0.0		0.5		

REMARKS

COPY TO

- ☐ UTIL DIR ☐
- ☐ WATER TREATMENT
- ☐ PMU ☐ MCAS PMU
- ☐ NREAD ☐ FILE

NOTE: All results reported in parts per million unless otherwise noted except for pH, temperature, and specific conductance. One liter of potable water is assumed to weigh one kilogram.

LABORATORY ANALYSIS BY

L. LANE & BURNS

CHEMICAL ANALYSIS — WATER TREATMENT PLANTS
MCBCL 11330/3 (REV. 6-84)

DATE COLLECTED: 2-24-87
DATE OF ANALYSIS: 2-24-87

PARAMETER SERIAL# 04-67	HADNOT POINT -041	CAMP JOHNSON -045	TARAWA TERRACE -044	ONSLOW BEACH -048	COURTHOUSE BAY -047	RIFLE RANGE -046	HOLCOMB BLVD -043	NEW RIVER -042		
PH (IN LAB NOT PLANT)	8.4	7.4	9.0	7.4	8.2	8.3	NO SAMPLE	8.9		
PHENOLTHALEIN ALKALINITY	4	0	4	0	0	4		20		
METHYL ORANGE ALKALINITY	74	176	44	156	174	154		148		
CARBONATES AS $CaCO_3$	8	0	8	0	0	8		40		
BICARBONATES AS $CaCO_3$	66	176	36	156	174	146		108		
CHLORIDES AS C1	10	12	16	20	16	44		56		
HARDNESS AS $CaCO_3$	68	62	64	54	60	64		70		
IRON AS Fe	←		→	AA	DOWN	←		→		
FLUORIDE Am	1.14		1.60							
FLUORIDE pm	1.16	0.17	1.47	0.15	0.12	0.10		0.55		
CHLORINE RESIDUAL	1.1	1.2	1.0	1.1	1.4	1.0		0.8		
TURBIDITY Am	0.7		1.9							
TURBIDITY pm	1.1	1.1	1.9	0.6	0.3	1.0		0.7		
TOTAL PHOSPHATE		2.4								
ORTHO PHOSPHATE		1.0								
META PHOSPHATE		1.4								
STABILITY	+0.8	-0.5	+1.4	-0.5	+0.1	+0.5		+0.8		

REMARKS

COPY TO
- ☐ UTIL DIR ☐
- ☐ WATER TREATMENT
- ☐ PMU ☐ MCAS PMU
- ☐ NREAD ☐ FILE

NOTE: All results reported in parts per million unless otherwise noted except for pH, temperature, and specific conductance. One liter of potable water is assumed to weigh one kilogram.

LABORATORY ANALYSIS BY
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