6288
NREAD
28 Oct 86

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

Dear Sir:

In accordance with requirements of the National Pollutant Discharge Elimination System (NPDES) Permit Number NC0003239, two copies of Discharge Monitoring Reports (DMRs) for the month of September 1986 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
Assistant Chief of Staff, Facilities
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

BCC:
GCL, NREAD
BMO

EFFLUENT

NPDES PERMIT NO: NC0003239 DISCHARGE NO: 001 MONTH: September YEAR: 1986

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

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

CERTIFIED LABORATORY: Water Quality Control 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 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	00	24	1.0641		6.6		4.0	4				2	4					
2	00	24	1.1231		6.6		4.0	6				3	0					
3	00	24	1.3104		6.6		4.0	4				6	0					
4	00	24	1.3384		6.6		4.0	6				9	0					
5	00	24	1.1158		6.6		4.0	10				4	0					
6			1.2597		6.6		4.0											
7			1.2638		6.8		4.0											
8	00	24	1.1186		6.8		4.0	4				2	0					
9	00	24	1.3640		6.8		4.0	6				4						
10	00	24	1.2562		6.9		2.0	7				3						
11	00	24	1.0866		6.8		4.0	4				1	6					
12	00	24	1.1708		6.8		3.0	7				2						
13	00	24	1.2393		6.6		3.0											
14	00	24	1.0977		6.6		4.0											
15	00	24	1.0835		6.2		4.0	3				1						
16	00	24	1.2207		6.8		4.0	7				4	0					
17	00	24	1.0136		6.8		4.0	5				2						
18	00	24	1.0657		6.8		4.0	5				3	0					
19	00	24	1.2113		6.8		4.0	7				6						
20	00	24	1.1255		6.8		4.0											
21	00	24	1.1492		6.8		4.0											
22	00	24	1.1411		6.8		4.0	8				6						
23	00	24	1.1629		6.8		4.0	6				2	0					
24	00	24	1.0794		6.4		4.0	7				5						
25	00	24	1.1445		6.8		4.0	6				5	0					
26	00	24	1.1770		6.6		4.0	9				4						
27	00	24	1.1210		7.0		4.0											
28	00	24	1.0562		7.0		4.0											
29	00	24	1.1814		7.0		4.0	7				10						
30	00	24	1.2181		7.0		4.0					3	0					
31																		
Average			1.1653				116.	6				4	1.30					
Max.			1.3640		7.0		4.0	10				10	6					
Min.			1.0130		6.2		2.0	3				1	0					
Comp.(C)/Grab(G)					G		G	C				C	G					
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:

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: 002 MONTH: September YEAR: 1986

FACILITY NAME: Tarawa Terrace STP CLASS: III COUNTY: Onslow

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

PERSON(s) COLLECTING SAMPLES: STP Operators

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

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

X 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	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
1	00	24	1.0705		6.5		4.0	13				8	4					
2	00	24	1.0834		6.9		4.0	15				6	0					
3	00	24	.9550		6.6		4.0	13				8	2					
4	00	24	.9614		6.1		3.0	15				10	0					
5	00	24	.9226		6.2		4.0	17				6	24					
6	00	24	1.0165		6.2		4.0											
7	00	24	1.0340		6.8		4.0											
8	00	24	.9434		6.4		4.5	18				4	30					
9	00	24	.9390		6.4		4.0	15				8						
10	00	24	.9694		6.6		4.0	15				8						
11	00	24	1.0005		7.0		4.0	14				1	0					
12	00	24	1.0342		6.9		4.0	16				6						
13	00	24	.9717		6.6		4.0											
14	00	24	.9223		6.5		5.0											
15	00	24	.9539		6.5		4.0	12				6						
16	00	24	.9181		6.4		4.0	17				11	4					
17	00	24	.8538		6.6		4.0	14				9						
18	00	24	.8545		6.6		4.0	13				8	0					
19	00	24	.88902		6.5		4.0	16				11						
20	00	24	1.0136		6.6		4.0											
21	00	24	1.0475		6.5		4.0											
22	00	24	.9369		6.6		4.0	13				8						
23	00	24	1.0043		6.4		4.0	13				2	2					
24	00	24	1.0291		6.5		4.0	11				8						
25	00	24	.9850		6.5		4.0	12				8	0					
26	00	24	1.0229		6.4		4.0	15				6						
27	00	24	.9966		6.4		4.5											
28	00	24	.9807		6.4		4.0											
29	00	24	1.0256		6.4		4.0	14				10						
30	00	24	.9390		6.4		4.0					9	0					
31																		
Average			.97582				4.0	14				7	2.45					
Max.			1.0705		7.0		5.0	18				11	30					
Min.			.8538		6.1		3.0	11				1	0					
Comp.(C)/Grab(G)					G		G	C				C	G					
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:

Johan S 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: 003 MONTH: September YEAR: 1986

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

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

CERTIFIED LABORATORY: Water Quality Control 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 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	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			.436		6.8		6.0											
2	08	8	.425		7.0		2.0	6				2	0					
3	08	8	.485		6.6		1.5											
4	08	8	.467		6.8		1.5	6				4	0					
5	08	8	.458		6.7		3.0											
6	08	8	.417		6.8		4.0											
7	08	8	.482		6.6		4.0											
8	08	8	.475		6.7		2.0											
9	08	8	.469		6.6		1.5	8				3	14					
10	08	8	.490		6.9		1.5											
11	08	8	.465		6.8		4.0	6				2						
12	08	8	.412		6.8		2.0											
13	08	8	.454		6.8		5.0											
14	08	8	.453		6.6		6.0											
15	08	8	.451		6.8		1.5											
16	08	8	.430		6.8		1.5	7				3	0					
17	08	8	.426		6.8		1.5											
18	08	8	.423		6.6		5.0	7				5						
19	08	8	.402		6.5		1.5											
20	08	8	.392		6.4		6.0											
21	08	8	.412		6.5		1.5											
22	08	8	.359		6.6		2.5											
23	08	8	.379		6.4		3.0	7					6					
24	08	8	.386		6.6		5.0											
25	08	8	.366		6.6		6.0	7				6	0					
26	08	8	.385		6.8		5.0											
27	08	8	.251		6.7		4.0											
28	08	8	.522		6.9		4.0											
29	08	8	.385		6.6		3.0											
30	08	8	.417		6.8		4.0					1	4500					
31																		
Average			.4259				3.4	7				3	6.26					
Max.			.5220		7.0		6.0	8				6	4500					
Min.			.2540		6.4		1.5	6				1	0					
Comp.(C)/Grab(G)					G		G	C				C	G					
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:

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: 004 MONTH: September YEAR: 1986

FACILITY NAME: Hadnot Point STP CLASS: IV COUNTY: Onslow

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X 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	31504 ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW: TOTAL COLIFORM GEO MEAN /100 ML			
1	00	24	3.885		6.8		4.0	10				10			0			
2	00	24	4.191		7.2		2.5	10				4			100			
3	00	24	3.977		6.9		4.0	8				7			0			
4	00	24	3.774		6.8		4.0	11				7			0			
5	00	24	4.181		6.8		4.0	15				4			0			
6	00	24	3.846		6.8		4.0											
7	00	24	3.822		6.8		4.0											
8	00	24	4.244		6.8		4.0	18				8			4			
9	00	24	4.283		6.7		4.0	13				6			0			
10	00	24	4.122		6.8		4.0	13				6						
11	00	24	4.035		6.9		3.5	12				2			2			
12	00	24	4.487		6.8		4.0	16				6						
13	00	24	3.693		6.8		4.0											
14	00	24	3.613		6.7		4.0											
15	00	24	4.005		6.6		4.0	11				7			16			
16	00	24	3.743		6.8		4.0	13				6			2			
17	00	24	3.952		6.7		4.0	13				7						
18	00	24	3.832		6.8		4.0	14				6			2			
19	00	24	3.986		6.9		4.0	19				10						
20	00	24	3.804		6.8		4.0											
21	00	24	3.983		6.8		4.0											
22	00	24	4.153		6.6		4.0	14				8			2			
23	00	24	4.006		6.7		4.0	15				3			3000			
24	00	24	4.103		6.8		5.0	11				7			2			
25	00	24	4.203		6.7		4.0	11				9			0			
26	00	24	4.009		6.8		4.0	16				5						
27	00	24	3.657		6.6		4.0											
28	00	24	3.600		6.8		4.0											
29	00	24	3.683		6.8		4.0	12				7			0			
30	00	24	3.970		6.7		4.0					6			0			
31																		
Average			3.9614				4.0	13				6			3.28			
Max.			4.487		7.2		5.0	19				10			3000			
Min.			3.613		6.6		2.5	3.0				10			0			
Comp.(C)/Grab(G)					G		G	C				C			G			
Monthly Limit					6-9			30				30			70			

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]
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(Attach additional sheets if necessary)

_____

_____

_____

_____

_____

_____

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

Johan S Wooten
Signature of Permittee

PARAMETER CODES

00010	Temperature	00556	Oil and Grease	00950	Dissolved Fluoride	01077	Silver	39516	PCBS
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00076	Turbidity	00610	Ammonia Nitrogen	01027	Cadmium	01092	Zinc	50047	Max. flow during 24-hr. period
00300	Dissolved Oxygen	00625	Total Kjeldahl Nitrogen	01032	Hexavalent Chromium	01105	Total Aluminum	50048	Min. flow during 24-hr. period
00310	BOD_5	00665	Total Phosphorous	01034	Chromium	01147	Total Selenium	50050	Flow
00340	COD	00720	Cyanide	01037	Total Cobalt	31504	Total Coliform	50060	Total Residual Chlorine
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: 005 MONTH: September YEAR: 1986

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

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

CERTIFIED LABORATORY: Water Quality Control 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
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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	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	/100ml			
1			.18412		6.8		2.5											
2	08	8	.29665		7.2		8.0	4				1			SE			
3	08	8	.18821		7.0		5.0											
4	08	8	.23306		7.0		8.0	3				2			0			
5	08	8	.19127		6.9		8.0											
6	08	8	.20033		6.9		8.0											
7	08	8	.17890		6.7		8.0											
8	08	8	.19143		6.8		8.0											
9	08	8	.20808		6.6		5.0	5				1			0			
10	08	8	.19847		6.8		8.0											
11	08	8	.20999		7.0		6.0	3				2						
12	08	8	.22879		6.8		5.0											
13	08	8	.19393		6.8		8.0											
14	08	8	.19200		6.7		7.0											
15	08	8	.17850		6.9		8.0											
16	08	8	.18029		6.6		6.0	5				2			0			
17	08	8	.20900		6.8		6.0											
18	08	8	.20876		6.8		6.0	6				8						
19	08	8	.18619		7.0		8.0											
20	08	8	.18452		6.8		8.0											
21	08	8	.19676		6.6		5.0											
22	08	8	.18656		6.6		8.0											
23	08	8	.19044		6.8		4.0	5				1			0			
24	08	8	.19615		6.7		8.0											
25	08	8	.17722		7.2		2.0	4				5						
26	08	8	.18962		7.0		5.0											
27	08	8	.18721		6.8		3.0											
28	08	8	.18945		6.8		6.0											
29	08	8	.18157		7.0		8.0											
30	08	8	.17623		6.8		5.0	LE				1			0			
31																		
Average			5.9137				191.5	4				3			0 *			
Max.			29665		7.2		9.0	6				8			0			
Min.			17623		6.6		2.0	3				1			0			
Comp.(C)/Grab(G)					G		G	C				C			G			
Monthly Limit					6-9			30				30			70			

DEM Form MR-1 (11/84) SE=Sample Error LE=Laboratory 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:

Johan 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: 006 MONTH: September YEAR: 1986

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

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

CERTIFIED LABORATORY: Water Quality Control 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 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	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	/100ML			
1			.506		6.9		5.0											
2	08	8	.525		6.9		5.0	6				2			0			
3	08	8	.557		6.6		4.0											
4	08	8	.547		6.5		4.0	6				4			0			
5	08	8	.530		7.0		4.5											
6	08	8	.444		6.9		2.5											
7	08	8	.451		6.9		3.0											
8	08	8	.529		6.8		5.0											
9	08	8	.539		7.2		3.0	6				3			8			
10	08	8	.486		7.3		4.0											
11	08	8	.512		6.8		5.0	5				2						
12	08	8	.538		6.9		4.0	5				2						
13	08	8	.4780		6.9		5.0											
14	08	8	.428		7.0		5.0											
15	08	8	.451		6.9		4.0											
16	08	8	.464		7.4		4.0	6				0						
17	08	8	.471		7.0		4.0											
18	08	8	.551		7.0		4.0	5				5						
19	08	8	.481		6.9		4.0											
20	08	8	.457		7.0		4.0											
21	08	8	.520		7.0		4.0											
22	08	8	.437		7.0		4.0											
23	08	8	.444		6.9		4.0	16				1			4			
24	08	8	.470		7.2		4.0											
25	08	8	.491		7.2		4.0	6				5						
26	08	8	.494		7.0		4.0											
27	08	8	.477		7.0		4.0											
28	08	8	.432		6.8		4.0											
29	08	8	.412		6.8		4.0											
30	08	8	.446		6.9		3.0					1			0			
31																		
Average			.4856				4.1	7				3			1.78			
Max.			.506		7.4		5.0	16				5			8			
Min.			.432		6.5		2.5	5				1			0			
Comp.(C)/Grab(G)					G		G	C				C			G			
Monthly Limit					6-9			30				30			70			

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:

Johan S 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: 007 MONTH: September YEAR: 1986

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

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

CERTIFIED LABORATORY: Water Quality Control 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 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	31504 ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW: TOTAL COLIFORM GEO. MEAN			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	/100 ML			
1			.18107		6.6		5.0											
2	08	8	.15221		6.4		6.0	6				1			0			
3	08	8	.16336		6.4		4.0											
4	08	8	.16000		6.6		8.0	7				3			0			
5	08	8	.12788		6.7		8.0											
6	08	8	.12879		6.6		6.0											
7	08	8	.13827		6.5		8.0											
8	08	8	.12528		6.6		6.0											
9	08	8	.12126		6.6		6.0	9				1			0			
10	08	8	.13566		6.8		6.0											
11	08	8	.12879		6.4		6.0	8				1						
12	08	8	.15769		6.5		6.0											
13	08	8	.100		6.4		6.0											
14	08	8	.100		6.5		6.0											
15	08	8	.09060		6.4		6.0											
16	08	8	.100		6.8		6.0	11				2			4			
17	08	8	.08405		6.8		8.0											
18	08	8	.09050		6.4		8.0	7				3						
19	08	8	.100		6.6		4.0											
20	08	8	.100		6.4		4.0											
21	08	8	.15600		6.4		4.0											
22	08	8	.13314		6.4		6.0											
23	08	8	.13442		6.6		5.0	7				1			0			
24	08	8	.125		6.5		6.0											
25	08	8	.125		6.4		8.0	8				3						
26	08	8	.125		6.6		6.0											
27	08	8	.140		6.6		8.0											
28	08	8	.150		6.5		6.0											
29	08	8	.16843		6.6		6.0											
30	08	8	.15604		6.6		0.0					2			0			
31																		
Average			.12995				5.9	8				2			1.26			
Max.			.18107		6.8		8.0	11				3			4			
Min.			.08405		6.4		4.0	6				1			0			
Comp.(C)/Grab(G)					G		G	C				C			G			
Monthly Limit					6-9			30				30			70			

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 [ ]

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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.

Influent

NPDES NO: NC0003239 DISCHARGE NO: 001 MONTH: September YEAR: 1986

FACILITY NAME: Camp Geiger STP COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD
			00400	00010	00545	00310	00610	00500	00530	00340
		HRS	STD UNITS	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L
1	00	24				92			92	
2	00	24				152			110	
3	00	24				68			64	
4	00	24				128			125	
5	00	24				176			66	
6										
7										
8	00	24				152			118	
9	00	24				104			90	
10	00	24				112			78	
11	00	24				120			80	
12	00	24				132			62	
13										
14										
15	00	24				132			78	
16	00	24				164			124	
17	00	24				112			88	
18	00	24				132			100	
19	00	24				172			140	
20										
21										
22	00	24				112			70	
23	00	24				124			78	
24	00	24				108			70	
25	00	24				128			98	
26	00	24				164			106	
27										
28										
29	00	24				120			74	
30	00	24				LE			68	
31										
AVERAGE						129			90	
MONTHLY MAXIMUM						176			140	
MONTHLY MINIMUM						68			62	
SAMPLE TYPE C or G						C			C	

ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW

DEM Form MR-2 (11/84)

LE=Laboratory Error

Influent

NPDES NO: NC0003239 DISCHARGE NO: 002 MONTH: September YEAR: 1986

FACILITY NAME: Tarawa Terrace STP COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD
			00400	00010	00545	00310	00610	00500	00530	00340
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L
1	00	24				120			160	
2	00	24				132			120	
3	00	24				208			128	
4	00	24				192			102	
5	00	24				168			132	
6										
7										
8	00	24				144			225	
9	00	24				124			143	
10	00	24				188			120	
11	00	24				148			42	
12	00	24				168			118	
13										
14										
15	00	24				104			160	
16	00	24				124			240	
17	00	24				140			246	
18	00	24				168			96	
19	00	24				188			172	
20										
21										
22	00	24				176			168	
23	00	24				112			138	
24	00	24				148			246	
25	00	24				172			122	
26	00	24				144			250	
27										
28	00	24				128			94	
29	00	24				LE			250	
30										
31										
AVERAGE						152			158	
MONTHLY MAXIMUM						208			250	
MONTHLY MINIMUM						104			42	
SAMPLE TYPE C or G						C			C	

ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW

DEM Form MR-2 (11/84)

LE=Laboratory Error

Influent

NPDES NO: NC0003239 DISCHARGE NO: 003 MONTH: September YEAR: 1986

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

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
			00400	00010	00545	00310	00610	00500	00530	00340							
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2	08	8				96			46								
3																	
4	08	8				132			93								
5																	
6																	
7																	
8																	
9	08	8				216			530								
10																	
11	08	8				156			70								
12																	
13																	
14																	
15																	
16	08	8				96			26								
17																	
18	08	8				44			30								
19																	
20																	
21																	
22																	
23	08	8				36			LE								
24																	
25	08	8				164			84								
26																	
27																	
28																	
29																	
30						LE			62								
31																	
AVERAGE						118			118								
MONTHLY MAXIMUM						216			530								
MONTHLY MINIMUM						36			26								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

LE = Laboratory Error

Influent

NPDES NO: NC0003239 DISCHARGE NO: 004 MONTH: September YEAR: 1986

FACILITY NAME: Hadnot Point STP COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD
			00400	00010	00545	00310	00610	00500	00530	00340
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L
1	00	24				64			46	
2	00	24				104			72	
3	00	24				88			62	
4	00	24				116			88	
5	00	24				128			62	
6										
7										
8	00	24				116			80	
9	00	24				128			84	
10	00	24				100			54	
11	00	24				156			56	
12	00	24				132			112	
13										
14										
15	00	24				112			80	
16	00	24				100			68	
17	00	24				104			46	
18	00	24				116			102	
19	00	24				160			138	
20										
21										
22	00	24				84			68	
23	00	24				124			74	
24	00	24				108			72	
25	00	24				100			84	
26	00	24				120			92	
27										
28										
29	00	24				124			100	
30	00	24				LE			94	
31										
AVERAGE						114			79	
MONTHLY MAXIMUM						160			138	
MONTHLY MINIMUM						64			46	
SAMPLE TYPE C or G						C			C	

ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW

DEM Form MR-2 (11/84)

LE=Laboratory Error

Influent

NPDES NO: NC0003239 DISCHARGE NO: 005 MONTH: September YEAR: 1986

FACILITY NAME: Rifle Range STP COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD
			00400	00010	00545	00310	00610	00500	00530	00340
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L
1										
2	08	8				36			118	
3										
4	08	8				28			44	
5										
6										
7										
8										
9	08	8				56			54	
10										
11	08	8				32			54	
12										
13										
14										
15										
16	08	8				40			28	
17										
18	08	8				40			198	
19										
20										
21										
22										
23	08	8				32			15	
24										
25	08	8				28			122	
26										
27										
28										
29										
30	08	8				LE			36	
31										
AVERAGE						37			74	
MONTHLY MAXIMUM						56			198	
MONTHLY MINIMUM						28			15	
SAMPLE TYPE C or G						C			C	

ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW

DEM Form MR-2 (11/84)

LE = Laboratory Error

Influent

NPDES NO: NC0003239 DISCHARGE NO: 006 MONTH: September YEAR: 1986

FACILITY NAME: Courthouse Bay STP COUNTY: Onslow

Date	Time	Composite Time	PH (00400)	Temperature (Celsius) (00010)	Settleable Matter (00545)	BOD_5 20 °C (00310)	Ammonia Nitrogen (00610)	Total Residue (00500)	Total Suspended Residue (00530)	COD (00340)
		HRS	STD UNITS	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L
1										
2	08	8				104		102		
3										
4	08	8				72		96		
5										
6										
7										
8										
9	08	8				28		14		
10										
11	08	8				200		200		
12										
13										
14										
15										
16	08	8				60		44		
17										
18	08	8				124		190		
19										
20										
21										
22										
23	08	8				216		183		
24										
25	08	8				44		36		
26										
27										
28										
29										
30	08	8				LE		92		
31										
AVERAGE						106		106		
MONTHLY MAXIMUM						216		200		
MONTHLY MINIMUM						28		14		
SAMPLE TYPE C or G						C		C		

ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW

DEM Form MR-2 (11/84)

LE = Laboratory Error

Influent

NPDES NO: NC0003239 DISCHARGE NO: 007 MONTH: September YEAR: 1986

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
		HRS	STD UNITS	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L
1										
2	08	8				52			50	
3										
4	08	8				128			60	
5										
6										
7										
8										
9	08	8				108			80	
10										
11	08	8				92			16	
12										
13										
14										
15										
16	08	8				92			72	
17										
18	08	8				56			78	
19										
20										
21										
22										
23	08	8				72			46	
24										
25	08	8				60			30	
26										
27										
28										
29										
30	08	8				LE			19	
31										
AVERAGE						83			50	
MONTHLY MAXIMUM						128			80	
MONTHLY MINIMUM						52			16	
SAMPLE TYPE C or G						C			C	

ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW

DEM Form MR-2 (11/84)

LE = Laboratory Error

NPDES NO: NC0003239 DISCHARGE NO: 001 MONTH: September YEAR: 1986

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) 00010	Dissolved Oxygen 00300	PH 00400	BOD_5 20°C 00310	COD 00340	Fecal Coliform *Geometric Mean 31616	Enter Parameter Code above Name and Units Below: Oil + Grease			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
1											
2											
3											
4											
5											
6											
7											
8	10	25	3.9	7.1	2.7		200	2.4			
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		25	3.9		2.7		200	2.4			
Monthly Maximum		25	3.9	7.1	2.7		200	2.4			
Monthly Minimum		25	3.9	7.1	2.7		200	2.4			

Downstream

Time 2400 Clock	Temperature (Celsius) 00010	Dissolved Oxygen 00300	PH 00400	BOD_5 20°C 00310	COD 00340	Fecal Coliform *Geometric Mean 31616	Enter Parameter Code above Name and Units Below: Oil + Grease			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
10	25	9.0	8.5	4.5		0	4.0			
	25	9.0		4.5		0	4.0			
	25	9.0	8.5	4.5		0	4.0			
	25	9.0	8.5	4.5		0	4.0			

DEM Form MR-3 (11/84)

NPDES NO: NC0003239 DISCHARGE NO: 002 MONTH: September YEAR: 1986

FACILITY NAME: Tarawa Terrace STP COUNTY: Onslow

STREAM: Northeast Creek STREAM: Northeast Creek

LOCATION: RW02 - Ar Hwy 24 Bridge LOCATION: RW03 - Between discharge 002 & 00

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: OIL + GREASE			
		00010	00300	00400	00310	00340	31616				
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
1											
2											
3											
4											
5											
6											
7											
8	10	24	0.0	6.9	0.0		400	0.0			
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		24	0.0		0.0		400	0.0			
Monthly Maximum		24	0.0	6.9	0.0		400	0.0			
Monthly Minimum		24	0.0	6.9	0.0		400	0.0			

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: OIL + GREASE			
	00010	00300	00400	00310	00340	31616				
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
10	25	6.8	7.8	3.8		8	2.0			
10	25	6.8		3.8		8	2.0			
10	25	6.8	7.8	3.8		8	2.0			
10	25	6.8	7.8	3.8		8	2.0			

DEM Form MR-3 (11/84)

NPDES NO: NC0003239 DISCHARGE NO: 003 MONTH: September YEAR: 1986

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

STREAM: Northeast Creek STREAM: New River

LOCATION: RW03 - Between discharge 002 & 003 LOCATION: RW04 - Hospital Point

Upstream

		00010	00300	00400	00310	00340	31616	Enter Parameter Code above Name and Units Below			
Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 $20^{\circ}C$	COD	Fecal Coliform *Geometric Mean	OIL + GREASE			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
1											
2											
3											
4											
5											
6											
7											
8	10	25	6.8	7.8	3.8		8	2.0			
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		25	6.8		3.8		8	2.0			
Monthly Maximum		25	6.8	7.8	3.8		8	2.0			
Monthly Minimum		25	6.8	7.8	3.8		8	2.0			

Downstream

		00010	00300	00400	00310	00340	31616	Enter Parameter Code above Name and Units Below			
Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 $20^{\circ}C$	COD	Fecal Coliform *Geometric Mean	OIL + GREASE			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
1											
2											
3											
4											
5											
6											
7											
8	10	25	9.0	8.5	4.5		0	4.0			
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average	10	25	9.0		4.5		0	4.0			
Monthly Maximum	10	25	9.0	8.5	4.5		0	4.0			
Monthly Minimum	10	25	9.0	8.5	4.5		0	4.0			

DEM Form MR-3 (11/84)

NPDES NO: NC0003239 DISCHARGE NO: 004 MONTH: September YEAR: 1986

FACILITY NAME: Hadnot Point STP COUNTY: Onslow

STREAM: New River STREAM: New River

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

Upstream

		00010	00300	00400	00310	00340	31616				
Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Oil + Grease			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
1											
2											
3											
4											
5											
6											
7											
8	10	25	9.0	8.5	4.5		0	4.0			
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		25	9.0		4.5		0	4.0			
Monthly Maximum		25	9.0	8.5	4.5		0	4.0			
Monthly Minimum		25	9.0	8.5	4.5		0	4.0			

Downstream

	00010	00300	00400	00310	00340	31616				
Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Oil + Grease			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
11	26	7.9	8.3	4.5		4	2.2			
11	26	7.9		4.5		4	2.2			
11	26	7.9	8.3	4.5		4	2.2			
11	26	7.9	8.3	4.5		4	2.2			

DEM Form MR-3 (11/84)

NPDES NO: NC0003239 DISCHARGE NO: 005 MONTH: September YEAR: 1986

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	Enter Parameter Code above Name and Units Below			
Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD5 20°C	COD	Fecal Coliform *Geometric Mean	OIL + GREASE			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
1											
2											
3											
4											
5											
6											
7											
8	11	26	7.9	8.3	4.5		4	2.2			
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		26	7.9		4.5		4	2.2			
Monthly Maximum		26	7.9	8.3	4.5		4	2.2			
Monthly Minimum		26	7.9	8.3	4.5		4	2.2			

Downstream

	00010	00300	00400	00310	00340	31616	Enter Parameter Code above Name and Units Below			
Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD5 20°C	COD	Fecal Coliform *Geometric Mean	OIL + GREASE			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
11	26	6.9	8.1	2.7		0	2.4			
11	26	6.9		2.7		0	2.4			
11	26	6.9	8.1	2.7		0	2.4			
11	26	6.9	8.1	2.7		0	2.4			

DEM Form MR-3 (11/84)

NPDES NO: NC0003239 DISCHARGE NO: 006 MONTH: September YEAR: 1986

FACILITY NAME: Courthouse Bay STP COUNTY: Onslow

STREAM: New River STREAM: New River

LOCATION: RW06 - Sneads Ferry Bridge LOCATION: RW07 - Mouth of Inlet

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				
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
1											
2											
3											
4											
5											
6											
7											
8	11	26	6.9	8.1	2.7		0	2.4			
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		26	6.9		2.7		0	2.4			
Monthly Maximum		26	6.9	8.1	2.7		0	2.4			
Monthly Minimum		26	6.9	8.1	2.7		0	2.4			

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				
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
1											
2											
3											
4											
5											
6											
7											
8	11	25	6.4	8.1	0.5		0	0.0			
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average	11	25	6.4		0.5		0	0.0			
Monthly Maximum	11	25	6.4		0.5		0	0.0			
Monthly Minimum	11	25	6.4		0.5		0	0.0			

DEM Form MR-3 (11/84)

NPDES NO: NC0003239 DISCHARGE NO: 007 MONTH: September YEAR: 1986

FACILITY NAME: Onslow Beach [redacted]TP [redacted] COUNTY: Onslow

STREAM: Intracoastal Waterway STREAM: Intracoastal Waterway

LOCATION: RW08 - East of Discharge 007 LOCATION: RW09 - West of Discharge 007

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: OIL + GREASE			
		00010	00300	00400	00310	00340	31616				
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
1											
2											
3											
4											
5											
6											
7											
8	12	24	6.6	8.1	0.8		0	0.0			
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		24	6.6	[redacted]	0.8		0	0.0			
Monthly Maximum		24	6.6	8.1	0.8		0	0.0			
Monthly Minimum		24	6.6	8.1	0.8		0	0.0			

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: OIL + GREASE			
	00010	00300	00400	00310	00340	31616				
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
12	26	6.1	8.0	1.8		0	0.8			
12	26	6.1	[redacted]	1.8		0	0.8			
12	26	6.1	8.0	1.8		0	0.8			
12	26	6.1	8.0	1.8		0	0.8			

DEM Form MR-3 (11/84)

11331
NREAD

OCT 07 1986

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 1-30 September 1986. 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.

Two samples of the 30 September 1986 collection from the Rifle Range Water Treatment Plant, serial number 04-67-046, were positive. The membrane filters contained 17/100 ml and 53/100 ml colonies. Five colonies were picked off each filter and run through Laurl Tryptose Both (LTB) and Brilliant Green Bile Broth (BGB) tubes. All ten were confirmed to be coliform. The first and second check samples were taken on 1 and 2 October 1986 and contained no coliform colonies.

Two samples of the 30 September 1986 collection from the Courthouse Bay Water Treatment Plant, serial number 04-67-047, were positive. The membrane filters contained 124/100 ml and 93/100 ml colonies. Five colonies were picked off each filter and run through LTB and BGB tubes. All ten were confirmed to be coliform. The first and second check samples were taken on 1 and 2 October 1986 and contained no coliform colonies.

During your 3 October 1986 telephone conversation with Ms. Elizabeth Betz, Natural Resources and Environmental Affairs Division, (NREAD), Marine Corps Base, Camp Lejeune, the positive samples were discussed. Since two samples were involved in each system, you advised that substitution could not be used and public notification would be required.

Drafter: E. Betz, NREAD, x5977 Typist: T. Hardison, 7 Oct 86

11331
NREAD

The analysis is run by the Quality Control Laboratory, located in the NREAD, Assistant Chief of Staff, Facilities. Ms. Betz, Supervisory Chemist, Quality Control Laboratory, telephone (919) 451-5977, is the point of contact in this matter.

Sincerely,

B. W. ELSTON
Deputy Assistant Chief of Staff, Facilities
By direction of the Commanding General

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

Copy to:
LANTDIV (Code 114)