Cw
DDl

11331
NREAD
7 Mar 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 1-28 February 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.

The analysis is run by the Quality Control Laboratory located in the Natural Resources and Environmental Affairs Division, Assistant Chief of Staff, Facilities, Marine Corps Base, Camp Lejeune. Ms. Elizabeth Betz, Supervisory Chemist, Quality Control Laboratory, telephone (919) 451-5977 is the point of contact in this matter.

Sincerely,

J. I. WOOTEN
Director

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

Copy to:
LANTNAVFACENGCOM (Code 114)

Blind copy to:
BMO (UtilDir)
SupvChem, QCL (2 copies)

Writer: E. Betz, NREAD 5977
Typist: J. Cross 7Mar86

Year [illegible]

REPORT OF BACTERIOLOGICAL RESULTS TO DIVISION OF HEALTH SERVICES

Contaminant Code: 5000

Serial # 04-67-041

N. C. DEPARTMENT OF HUMAN RESOURCES

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.	PLANKTON
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MF MEDIA			BBL mEndo			BACTERIAL DENSITY			ARITH. MEAN							0	DIST. SYSTEM	TOTAL NO. SAMPLES								36	
TPC MEDIA									GEO. MEAN							1		SAMPLES EXCEEDING 3/50. 4/100. 7/200. 13/500ml								0	

Laboratory Cert. #37807

Signed Elizabeth A Betz

Cert. Grade B-Well No. 4067-W

ENCLOSURE (1)

Month FEBRUARY MARINE CORPS AIR STATION

Year 1986

MEMBRANE FILTER PROCEDURE

WATER TREATMENT PLANT AT Camp Lejeune

REPORT OF BACTERIOLOGICAL RESULTS TO DIVISION OF HEALTH SERVICES

N. C. DEPARTMENT OF HUMAN RESOURCES

Method Code: 303

Contaminant Code: 3000

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	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: COLIFORMS per 100 ml.	COLIFORMS per 100 ml.	COLIFORMS per 100 ml.	INCUBATOR TEMP.	PLANKTON
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MF MEDIA	BBL mEndo	BACTERIAL DENSITY	ARITH. MEAN		0	DIST. SYSTEM	TOTAL NO. SAMPLES 28
TPC MEDIA			GEO. MEAN		1		SAMPLES EXCEEDING 3/50. 4/100. 7/200. 13/500ml 0

MEMBRANE FILTER PROCEDURE

Month FEBRUARY HOLCOMB BLVD WATER TREATMENT PLANT AT Camp Lejeune Method Code: 303

Year 1986 REPORT OF BACTERIOLOGICAL RESULTS TO DIVISION OF HEALTH SERVICES Contaminant Code: 3000

Serial # 04-67-043 N. C. DEPARTMENT OF HUMAN RESOURCES

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: COLIFORMS per 100 ml.	COLIFORMS per 100 ml.	COLIFORMS per 100 ml.	INCUBATOR TEMP.	PLANKTON
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4	>4															0	7	0	0	0	0					35	
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MF MEDIA			BBL mEndo			BACTERIAL DENSITY		ARITH. MEAN								0	DIST. SYSTEM	TOTAL NO. SAMPLES								28	
TPC MEDIA								GEO. MEAN								1		SAMPLES EXCEEDING 3/50. (4/100. 7/200. 13/500ml)								0	

MEMBRANE FILTER PROCEDURE

Month FEBRUARY Year 1986 — JARAWA TERRACE WATER TREATMENT PLANT AT Camp Lejeune — Method Code: 303 — Contaminant Code: 3000

REPORT OF BACTERIOLOGICAL RESULTS TO DIVISION OF HEALTH SERVICES

Serial # 04-67-044 — N. C. DEPARTMENT OF HUMAN RESOURCES

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.	PLAKTON
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MF MEDIA		BBL mEndo			BACTERIAL DENSITY		ARITH. MEAN									0	DIST. SYSTEM	TOTAL NO. SAMPLES								12	
TPC MEDIA							GEO. MEAN									1		SAMPLES EXCEEDING 3/50. 4/100. 7/200. 13/500ml								0	

MEMBRANE FILTER PROCEDURE

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

Year 1986 — REPORT OF BACTERIOLOGICAL RESULTS TO DIVISION OF HEALTH SERVICES — Contaminant Code: 3000

Serial # 04-67-045 — N. C. DEPARTMENT OF HUMAN RESOURCES

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: COLIFORMS per 100 ml.	COLIFORMS per 100 ml.	COLIFORMS per 100 ml.	INCUBATOR TEMP.
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MF MEDIA			BBL mEndo			BACTERIAL DENSITY		ARITH. MEAN								0	DIST. SYSTEM	TOTAL NO. SAMPLES								12
TPC MEDIA								GEO. MEAN								1		SAMPLES EXCEEDING 3/50 (4/100) 7/200. 13/500ml								0

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

Year 1986 REPORT OF BACTERIOLOGICAL RESULTS TO DIVISION OF HEALTH SERVICES Contaminant Code: 3000

Serial # 04-67-046 N. C. DEPARTMENT OF HUMAN RESOURCES

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								12
TPC MEDIA					GEO. MEAN											1		SAMPLES EXCEEDING 3/50. (4/100) 7/200. 13/500ml								0

MEMBRANE FILTER PROCEDURE

Month FEBRUARY COURTHOUSE BAY WATER TREATMENT PLANT AT Camp Lejeune Method Code: 303

Year 1986 REPORT OF BACTERIOLOGICAL RESULTS TO DIVISION OF HEALTH SERVICES Contaminant Code: 3000

Serial # 04-67-047 N. C. DEPARTMENT OF HUMAN RESOURCES

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: COLIFORMS per 100 ml.	COLIFORMS per 100 ml.	COLIFORMS per 100 ml.	INCUBATOR TEMP.	BLANKS
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MF MEDIA			BBL mEndo			BACTERIAL DENSITY		ARITH. MEAN								C	DIST. SYSTEM	TOTAL NO. SAMPLES								16	
TPC MEDIA								GEO. MEAN										SAMPLES EXCEEDING 3/50, 4/100, 7/200, 13/500ml								0	

MEMBRANE FILTER PROCEDURE

Month FEBRUARY ONSLOW BEACH WATER TREATMENT PLANT AT Camp Lejeune Method Code: 303

Year 1986 REPORT OF BACTERIOLOGICAL RESULTS TO DIVISION OF HEALTH SERVICES Contaminant Code: 3000

Serial # 04-67-048 N. C. DEPARTMENT OF HUMAN RESOURCES

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		SAMPLES EXCEEDING 3/50, (4/100, 7/200, 13/500ml)								0

MCBCL 11330.3 (REV 6-84) ... PLANTS

DATE COLLECTED 2-4-86

DATE OF ANALYSIS 2-4-86

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	8.7	7.6	8.3	8.4	8.7	8.7		
PHENOLTHALEIN ALKALINITY	6	0	10	0	10	14	14	8		
METHYL ORANGE ALKALINITY	70	186	54	156	162	166	64	122		
CARBONATES AS $CaCO_3$	12	0	20	0	20	28	28	16		
BICARBONATES AS $CaCO_3$	58	186	34	156	142	138	36	106		
CHLORIDES AS C1	10	24	14	14	14	22	14	44		
HARDNESS AS $CaCO_3$	88	108	92	62	130	90	78	76		
IRON AS Fe	<0.04	0.80	<0.04	0.08	<0.04	<0.04	0.05	0.07		
FLUORIDE AM	0.91	0.15	0.74	0.19	0.09	0.08	0.88	0.38		
FLUORIDE PM	1.0	1.2	1.0	1.5	1.2	1.0	0.9	0.9		
CHLORINE RESIDUAL	0.3	2.1	0.3	0.3	0.3	0.5	0.9	0.5		
TURBIDITY AM		2.27			0.18					
TURBIDITY PM		1.25			0.08					
TOTAL PHOSPHATE		1.02			0.10					
ORTHO PHOSPHATE	0.0	-1.0	+0.2	-0.8	-0.2	-0.1	+0.2	+0.2		
META PHOSPHATE										
STABILITY										

REMARKS

COPY TO:

☐ UTIL DIR ☐

☐ WATER TREATMENT

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 ...

LABORATORY ANALYSIS BY

MCBCL 11330-3 (REV 6-84)

DATE COLLECTED 2-11-86

DATE OF ANALYSIS 2-12-86

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)	8.6	7.2	8.5	7.4	7.8	8.2	8.7	8.6		
PHENOLTHALEIN ALKALINITY	2	0	2	0	0	0	2	4		
METHYL ORANGE ALKALINITY	58	182	48	160	162	168	64	122		
CARBONATES AS $CaCO_3$	4	0	4	0	0	0	4	8		
BICARBONATES AS $CaCO_3$	54	182	44	160	162	168	60	114		
CHLORIDES AS C1	10	26	12	28	28	26	24	50		
HARDNESS AS $CaCO_3$	68	64	72	62	60	66	70	48		
IRON AS Fe	<0.04	0.42	<0.04	0.12	<0.04	<0.04	<0.04	<0.04		
FLUORIDE AM	0.85		0.86				0.93			
FLUORIDE PM	0.77	0.15	0.82	0.16	0.09	0.08	0.91	0.48		
CHLORINE RESIDUAL	1.0	1.3	1.0	1.5	1.2	1.0	0.9	0.7		
TURBIDITY AM	0.2		0.4				0.5			
TURBIDITY PM	0.2	1.4	0.9	0.3	0.5	0.2	1.2	0.7		
TOTAL PHOSPHATE		1.57			0.06					
ORTHO PHOSPHATE		0.99			.00					
META PHOSPHATE		0.58			0.06					
STABILITY	+0.4	-1.0	+0.1	-0.8	-0.5	-0.1	+0.3	+0.1		

REMARKS

COPY TO:

☐ UTIL DIR ☐

☐ WATER TREATMENT

☐ PMU ☐ MCAS PMU

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

MCBCL 11330 3 REV 6 84 — WATER TREATMENT PLANTS

DATE COLLECTED: 2-18-86

DATE OF ANALYSIS: 2-18-86

PARAMETER SERIAL #04-67	HADNOT POINT -041	CAMP JOHNSON -045	TARAWA TERRACE -044	ONSLOW BEACH -048	COURTHOUSE BAY -047	RIFLE RANGE -046	HOLCOMB BLVD -013	NEW RIVER -042		
PH (IN LAB NOT PLANT)	8.6	7.4	8.6	7.7	7.7	8.3	8.7	8.9		
PHENOLTHALEIN ALKALINITY	4	0	8	0	0	4	10	26		
METHYL ORANGE ALKALINITY	64	180	64	172	170	170	70	122		
CARBONATES AS $CaCO_3$	8	0	16	0	0	8	20	52		
BICARBONATES AS $CaCO_3$	56	180	48	172	170	162	50	70		
CHLORIDES AS C1	12	28	14	16	18	22	20	46		
HARDNESS AS $CaCO_3$	70	60	76	68	60	68	74	56		
IRON AS Fe	<0.04	0.46	<0.04	0.15	<0.04	<0.04	<0.04	<0.04		
FLUORIDE AM	0.91		0.93				1.02			
FLUORIDE PM	0.93	0.17	1.2	0.16	0.13	0.12	1.06	0.39		
CHLORINE RESIDUAL	1.1	1.2	1.0	1.4	1.3	1.0	0.8	0.8		
TURBIDITY AM	0.4		0.4				0.9			
TURBIDITY PM	0.2	0.9	2.9	0.2	0.2	0.2	1.2	0.3		
TOTAL PHOSPHATE		1.82			0.35					
ORTHO PHOSPHATE		0.90			0.04					
META PHOSPHATE		0.92			0.31					
STABILITY	+0.4	-0.8	+0.4	-0.6	-0.6	0.0	+0.4	+0.3		

REMARKS

COPY TO:

☐ UTIL DIR ☐

☐ WATER TREATMENT

☐ PMU ☐ MCAS PMU

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

MCBCL 11330 3 (REV 6-84)

DATE COLLECTED: 25 FEB 86

DATE OF ANALYSIS: 25 FEB 86

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)	7.8	7.4	8.4	7.5	7.7	8.1	8.8	8.9		
PHENOLTHALEIN ALKALINITY	0	0	2	0	0	0	6	10		
METHYL ORANGE ALKALINITY	80	186	44	156	176	180	58	112		
CARBONATES AS $CaCO_3$	0	0	4	0	0	0	12	20		
BICARBONATES AS $CaCO_3$	80	186	40	156	176	180	46	92		
CHLORIDES AS C1	10	26	12	20	16	24	10	34		
HARDNESS AS $CaCO_3$	82	60	70	54	64	50	60	54		
IRON AS Fe	<0.04	0.30	<0.04	0.23	<0.04	<0.04	<0.04	<0.04		
FLUORIDE AM	0.83		0.89				0.86			
FLUORIDE PM	0.93	0.22	0.88	0.21	0.14	0.12	0.75	0.46		
CHLORINE RESIDUAL	1.1	1.3	1.0	1.5	1.1	1.0	0.9	0.8		
TURBIDITY AM	0.1		0.7				0.6			
TURBIDITY PM	0.2	1.2	0.8	0.3	0.3	0.6	0.7	0.3		
TOTAL PHOSPHATE		1.6			0.05					
ORTHO PHOSPHATE		0.9			0.05					
META PHOSPHATE		0.7			0.0					
STABILITY	-0.4	-0.9	+0.2	-0.5	-0.4	-0.1	+0.6	+0.2		

REMARKS

COPY TO:

☐ UTIL DIR ☐

☐ WATER TREATMENT

☐ MCAS CM

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

11330/1
NREAD
7 Mar 1986

From: Commanding General, Marine Corps Base, Camp Lejeune
To: Commanding Officer, Naval Hospital, Marine Corps Base, Camp Lejeune

Subj: WATER QUALITY MONITORING AND RELATED ENVIRONMENTAL HEALTH CONSIDERATIONS

Ref: (a) CG MCB CLNC ltr NREAD/DDS/th 11330/2 of 19 May 1983

Encl: (1) Weekly Chemical Analysis of Drinking Water
(2) Weekly Bacteriological Analysis of Drinking Water
(3) Analysis of Samples from PMU Inspections (ICE)
(4) Analysis of Complaints
(5) Water Plant Maintenance Check Samples

1. In accordance with the reference, enclosures (1) through (5) are forwarded for information.

2. Questions regarding this matter should be referred to Mr. Danny Sharpe, Supervisory Ecologist, extensions 2083/5003.

J. I. WOOTEN
By direction

Blind copy to:
SupvChemist (1 copy w/encl, 1 copy w/o encl)

Writer: E. Betz, NREAD 5977
Typist: J. Cross 7Mar86

6286/1
NREAD
24 Mar 86

From: Director, Natural Resources and Environmental Affairs Division, Marine Corps Base, Camp Lejeune
To: Base Maintenance Officer, Marine Corps Base, Camp Lejeune (Attn: Utilities Director)

Subj: NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) PERMIT RELATED REPORTING DATA

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

1. It is requested that the enclosure be routed to the Utilities Systems General Foreman. The enclosure summarizes the subject data for all sewage treatment plants for 1-30 February 1986. The data/information except chlorine residuals shown under the "LAB" column are submitted to the EPA and state in accordance with the NREAD permit.

P. E. BLACK
Acting

Blind copy to:
WQCL,NREAD

MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY
MCBCL 11345/8 (REV. 6-83)

PLANT: CAMP GEIGER

MONTH: February 1986

DATE	PLANT EFFLUENT DATA: FLOW TOTAL DAILY GPD	PH	CHLORINE RESIDUAL PLANT mg/1	CHLORINE RESIDUAL LAB mg/1	5 DAY 20° C. BOD RAW mg/1	5 DAY 20° C. BOD EFFLUENT mg/1	5 DAY 20° C. BOD PERCENT REMOVAL	SUSPENDED SOLIDS RAW mg/1	SUSPENDED SOLIDS EFFLUENT mg/1	SUSPENDED SOLIDS PERCENT REMOVAL	COLIFORM NUMBER PER 100 ml	COLIFORM GEOMETRIC MEAN
1	1.116	7.0	4.0									
2	1.227	6.9	4.0									
3	1.219	6.8	4.0	3.5	124	16	87	78	8	90	0	
4	1.136	6.9	4.0	4.0	132	12	91	82	6	93	2	
5	1.285	7.2	4.0	4.3	132	8	94	72	2	97	0	
6	1.125	6.9	4.0	3.0	132	5	96	134	3	98	0	
7	1.114	6.9	4.0	4.0	112	5	96	86	2	98	0	
8	1.157	7.0	4.0									
9	1.159	7.0	4.0									
10	1.156	7.0	4.0	2.7	--Lab Error---------			56	3	95	0	
11	1.153	7.0	4.0	2.7	108	9	92	102	8	92	0	
12	1.150	6.8	4.0	2.9	88	8	91	43	4	91	0	
13	1.151	7.0	4.0	5.2	224	6	97	124	1	99	0	
14	1.155	7.0	4.0	3.6	112	8	93	92	6	93	0	
15	1.124	7.0	4.0									
16	1.139	7.0	4.0									
17	0.820	7.0	4.0	4.7	80	9	89	52	4	92	0	
18	0.984	6.6	4.0	4.3	96	6	94	72	3	96	SE	
19	0.941	6.6	4.0	5.2	84	5	94	39	2	95	0	
20	1.171	6.7	4.0	4.5	120	6	95	94	3	97	0	
21	1.040	6.5	4.0	4.3	148	9	94	112	6	95	0	
22	1.193	6.5	3.5									
23	1.134	6.8	3.4									
24	0.776	6.7	4.0	5.1	144	7	95	86	7	92	0	
25	0.806	6.8	3.7	3.1	124	10	92	86	4	95	0	
26	1.113	6.8	3.2	2.7	112	8	93	72	8	89	0	
27	1.154	7.0	4.0	4.0	184	7	96	90	3	97	2	
28	0.943	6.6	4.0	4.0	136	9	93	124	10	92	0	
29												
30												
31												
Tot.	30.641		109.8		2392	153	1772/93	1696	93	1886/94		1.08
Ave.	1.094		3.9		126	8	94	85	5	94		

SE = Sample Error

MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY
MCBCL 11345/8 (REV. 6-83)

PLANT: TARAWA TERRACE

MONTH: February 1986

DATE	PLANT EFFLUENT DATA: FLOW TOTAL DAILY GPD	PH	CHLORINE RESIDUAL PLANT mg/1	CHLORINE RESIDUAL LAB mg/1	5 DAY 20° C. BOD RAW mg/1	5 DAY 20° C. BOD EFFLUENT mg/1	5 DAY 20° C. BOD PERCENT REMOVAL	SUSPENDED SOLIDS RAW mg/1	SUSPENDED SOLIDS EFFLUENT mg/1	SUSPENDED SOLIDS PERCENT REMOVAL	COLIFORM NUMBER PER 100 ml	COLIFORM GEOMETRIC MEAN
1	.9042	6.5	4.0									
2	.8948	6.7	5.0									
3	.8711	6.6	4.0	5.3	208	26	88	154	13	92	8	
4	.8995	6.6	5.0	3.0	232	22	91	128	8	94	0	
5	.8900	6.6	4.0	3.1	204	23	89	262	6	98	20	
6	.8500	6.5	4.5	2.0	228	24	89	216	11	95	2	
7	.8800	6.6	4.5	2.5	184	28	85	268	15	94	0	
8	.8900	6.5	4.5									
9	.8800	6.6	4.5									
10	.9000	6.5	4.5	3.0	—Lab Error—			128	6	95	0	
11	.9000	6.5	5.0	4.4	176	22	88	127	19	85	0	
12	.8700	6.6	4.0	3.7	180	26	86	98	11	89	0	
13	.9000	6.5	4.0	3.5	316	31	90	345	12	97	4	
14	.8700	6.5	4.0	3.0	176	24	86	156	14	91	280	
15	.8500	6.4	5.0									
16	.8600	6.2	5.0									
17	.8700	6.4	5.0	5.5	144	15	90	74	12	84	12	
18	.8800	6.3	4.0	2.6	176	20	89	176	9	95	0	
19	.9000	6.6	4.0	3.5	180	17	91	67	6	91	6	
20	.8800	6.4	4.0	2.9	144	18	88	72	11	85	0	
21	.8800	6.4	4.0	4.4	184	18	90	200	10	95	0	
22	.8800	6.5	4.0									
23	.8800	6.4	4.0									
24	.8800	6.5	4.0	3.0	328	23	93	496	6	99	0	
25	.8850	6.2	5.0	2.7	188	22	88	92	9	90	10	
26	.8900	6.5	4.0	3.7	152	18	88	90	6	93	0	
27	.8850	SE	4.5	4.1	260	19	93	158	6	96	2	
28	.8200	6.6	4.0	3.6	184	16	91	258	11	96	0	
29												
30												
31												
Tot.	24.6396		122.0		3844	412	1693/89	3565	201	1854/93		
Ave.	.8800		4.3		202	22	89	178	10	94		2.73

MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY

MCBCL 11345/8 (REV. 6-83)

PLANT: CAMP JOHNSON

MONTH: February 1986

DATE	PLANT EFFLUENT DATA: FLOW TOTAL DAILY GPD	PH	CHLORINE RESIDUAL: PLANT mg/1	CHLORINE RESIDUAL: LAB mg/1	5 DAY 20° C. BOD: RAW mg/1	5 DAY 20° C. BOD: EFFLUENT mg/1	5 DAY 20° C. BOD: PERCENT REMOVAL	SUSPENDED SOLIDS: RAW mg/1	SUSPENDED SOLIDS: EFFLUENT mg/1	SUSPENDED SOLIDS: PERCENT REMOVAL	COLIFORM: NUMBER PER 100 ml	COLIFORM: GEOMETRIC MEAN
1	.4272	6.7	6.0									
2	.2470	6.8	6.0									
3	.3342	6.9	2.5									
4	.4183	6.7	5.0	5.5	100	19	81	68	7	90	2	
5	.2629	6.7	5.0									
6	.3495	6.7	5.0	4.0	132	15	89	76	5	93	0	
7	.3230	6.7	6.0									
8	.3800	6.6	5.0									
9	.3860	6.7	5.0									
10	.4200	6.7	4.0									
11	.4240	6.8	4.0	9.0	180	26	86	76	12	84	0	
12	.4300	6.9	5.0									
13	.4420	6.8	4.0	10.2	60	13	78	8	2	75	0	
14	.3410	7.0	6.0									
15	.3350	6.7	6.0									
16	.3140	6.8	4.0									
17	.3150	6.7	6.0									
18	.3500	6.9	2.0	2.9	220	13	94	49	4	92	248	
19	.4130	6.8	4.0									
20	.5270	6.9	6.0	7.0	152	14	91	30	8	73	0	
21	.3850	6.8	4.0									
22	.4120	6.6	4.0									
23	.4690	6.6	4.0									
24	.4480	6.8	4.0									
25	.4260	6.7	5.0	5.2	100	21	79	23	9	61	0	
26	.4270	6.7	4.0									
27	.3970	6.7	4.0	8.5	68	14	79	30	6	80	0	
28	.3460	6.7	6.0									
29												
30												
31												
Tot.	10.7491		131.5		1012	135	68/85	360	53	648/81		2.17
Ave.	.3838		4.7		127	17	87	45	7	84		

MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY

MCBCL 11345/6 (REV. 6-83)

PLANT: HADNOT POINT

MONTH: February 1986

DATE	PLANT EFFLUENT DATA: FLOW TOTAL DAILY GPD	PH	CHLORINE RESIDUAL PLANT mg/1	CHLORINE RESIDUAL LAB mg/1	5 DAY 20° C. BOD RAW mg/1	5 DAY 20° C. BOD EFFLUENT mg/1	5 DAY 20° C. BOD PERCENT REMOVAL	SUSPENDED SOLIDS RAW mg/1	SUSPENDED SOLIDS EFFLUENT mg/1	SUSPENDED SOLIDS PERCENT REMOVAL	COLIFORM NUMBER PER 100 ml	COLIFORM GEOMETRIC MEAN
1	4.370	6.8	4.1									
2	4.762	6.9	4.0									
3	5.193	6.9	4.0	3.2	112	18	84	90	8	91	60/0	
4	4.675	6.8	4.0	2.6	164	18	89	86	11	87	36/0	
5	5.102	6.8	4.0	3.5	160	17	89	136	8	94	60/0	
6	5.478	6.7	4.3	3.0	136	17	88	102	8	92	10/0	
7	6.533	6.8	4.0	3.0	140	20	86	120	5	96	20/0	
8	4.577	6.8	4.1									
9	5.005	6.8	4.0									
10	5.550	6.8	4.0	2.7	---Lab	Error---	-------	46	3	93	410/32	
11	6.225	6.7	4.3	3.1	120	13	89	35	14	60	6/0	
12	4.185	6.8	4.0	3.0	128	16	88	62	3	95	10/0	
13	4.204	6.8	4.0	3.0	152	18	88	106	6	94	60/2	
14	3.909	6.9	4.0	3.6	144	22	85	130	7	95	4/0	
15	3.810	6.8	4.0									
16	3.598	6.7	4.0									
17	4.079	6.7	4.0	5.1	104	13	88	92	8	91	36/2	
18	4.580	6.7	4.0	3.6	100	12	88	66	4	94	114/10	
19	4.659	6.7	4.0	2.8	148	14	90	110	5	95	28/0	
20	5.041	6.7	4.0	2.6	160	15	91	112	5	96	1000/0	
21	5.053	6.8	4.0	3.1	144	20	86	128	6	95	40/0	
22	3.809	6.8	4.0									
23	3.765	6.8	4.0									
24	4.108	7.0	4.0	2.7	152	19	88	124	4	97	20/0	
25	4.234	7.0	4.0	4.1	128	16	88	88	4	95	20/4	
26	4.116	7.0	4.0	3.4	132	17	87	110	6	95	100/4	
27	4.501	7.0	4.0	3.2	144	21	85	145	8	94	40/4	
28	4.350	7.0	4.0	3.8	136	22	93	112	9	92	80/0	
29												
30												
31												
Tot.	129.471		112.8		2604	328	1670/88	2000	132	1841/92		
Ave.	4.624		4.0		137	17	88	100	7	93		39.76/1.76

MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY
MOBCL 11345/8 (REV. 6-83)

PLANT: RIFLE RANGE

MONTH: February 1986

DATE	PLANT EFFLUENT DATA: FLOW TOTAL DAILY GPD	PH	CHLORINE RESIDUAL PLANT mg/1	CHLORINE RESIDUAL LAB mg/1	5 DAY 20° C. BOD RAW mg/1	5 DAY 20° C. BOD EFFLUENT mg/1	5 DAY 20° C. BOD PERCENT REMOVAL	SUSPENDED SOLIDS RAW mg/1	SUSPENDED SOLIDS EFFLUENT mg/1	SUSPENDED SOLIDS PERCENT REMOVAL	COLIFORM NUMBER PER 100 ml	COLIFORM GEOMETRIC MEAN
1	.23015	6.4	4.2									
2	.23457	6.4	4.1									
3	.25992	6.4	3.2									
4	.27921	6.4	4.4	1.1	24	6	75	24	3	88	2	
5	.23214	6.4	3.5									
6	.27355	6.4	2.1	1.0	36	7	81	40	3	93	0	
7	.34751	6.4	3.6									
8	.18259	6.4	5.4									
9	.19871	6.4	5.1									
10	.23064	6.5	4.5									
11	.24063	6.4	4.0	2.3	96	8	92	136	9	93	0	
12	.29798	6.4	2.0									
13	.21944	6.4	4.0	5.7	40	12	70	44	2	95	0	
14	.20919	6.4	5.3									
15	.21596	6.4	4.3									
16	.18767	6.7	5.0									
17	.19470	6.4	5.3									
18	.20731	6.4	6.3	0.7	48	5	90	32	3	91	0	
19	.18084	6.4	6.0									
20	.22564	6.7	5.0	4.1	52	6	88	25	5	80	0	
21	.10981	6.4	5.2									
22	.18778	6.5	5.2									
23	.16846	6.4	7.0									
24	.26071	6.5	4.0									
25	.21133	6.5	3.0	3.2	72	8	89	42	3	93	20	
26	.21108	6.5	4.2									
27	.22720	6.6	4.8	6.6	36	10	72	10	6	40	0	
28	.17674	6.5	2.8									
29												
30												
31												
Tot.	6.20146		123.5		404	62	657 /82	353	34	673 /84		1.59
Avg.	.22148		4.4		51	8	84	44	4	90		

MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY

MCBCL 11345/8 (REV. 6-83)

PLANT: COURTHOUSE BAY

MONTH: February 1986

DATE	PLANT EFFLUENT DATA: FLOW TOTAL DAILY GPD	PH	CHLORINE RESIDUAL: PLANT mg/1	CHLORINE RESIDUAL: LAB mg/1	5 DAY 20° C. BOD: RAW mg/1	5 DAY 20° C. BOD: EFFLUENT mg/1	5 DAY 20° C. BOD: PERCENT REMOVAL	SUSPENDED SOLIDS: RAW mg/1	SUSPENDED SOLIDS: EFFLUENT mg/1	SUSPENDED SOLIDS: PERCENT REMOVAL	COLIFORM: NUMBER PER 100 ml	COLIFORM: GEOMETRIC MEAN
1	.483	6.8	2.4									
2	.496	6.8	2.9									
3	.400	6.8	1.8									
4	.448	6.8	2.3	1.5	144	9	94	80	2	98	2	
5	.470	6.7	2.2									
6	.476	6.6	2.6	1.8	76	10	87	56	6	89	18	
7	.487	6.7	2.1									
8	.470	6.8	2.7									
9	.403	6.7	2.1									
10	.405	6.8	1.8									
11	.481	6.8	1.9	0.7	104	14	87	172	15	91	0	
12	.441	6.8	1.9									
13	.356	6.8	2.2	2.5	152	23	85	114	9	92	58	
14	.377	6.7	2.3									
15	.457	6.7	2.2									
16	.465	6.8	2.0									
17	.445	6.6	2.3									
18	.521	6.8	2.0	1.5	72	9	88	46	5	89	18	
19	.520	6.8	2.3									
20	.482	6.8	2.5	1.7	--Sample Error ----			62	9	85	20	
21	.465	6.8	2.5									
22	.476	6.8	1.8									
23	.464	6.8	2.6									
24	.418	6.6	2.9									
25	.469	6.8	2.7	2.9	72	1	99	84	4	95	50	
26	.409	6.7	2.4									
27	.402	6.6	2.6	2.0	108	17	(84)	72	8	89	10	
28	.490	6.6	2.2									
29												
30												
31												
Tot.	12.676		64.2		728	83	624/89	686	58	728/91		11.80
Ave.	.453		2.3		104	12	88	86	7	92		

MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY
MCBCL 11345/8 (REV. 6-83)

PLANT: ONSLOW BEACH

MONTH: February 1986

DATE	PLANT EFFLUENT DATA: FLOW TOTAL DAILY GPD	PH	CHLORINE RESIDUAL PLANT mg/1	CHLORINE RESIDUAL LAB mg/1	5 DAY 20° C. BOD RAW mg/1	5 DAY 20° C. BOD EFFLUENT mg/1	5 DAY 20° C. BOD PERCENT REMOVAL	SUSPENDED SOLIDS RAW mg/1	SUSPENDED SOLIDS EFFLUENT mg/1	SUSPENDED SOLIDS PERCENT REMOVAL	COLIFORM NUMBER PER 100 ml	COLIFORM GEOMETRIC MEAN
1	.122	6.4	4.0									
2	.147	6.5	5.0									
3	.121	6.4	4.0									
4	.108	6.5	4.3	7.1	72	9	88	34	4	88	2	
5	.134	6.3	5.0									
6	.109	6.3	4.5	3.2	132	11	92	70	1	99	0	
7	.122	6.4	4.6									
8	.131	6.4	4.0									
9	.124	6.4	4.5									
10	.105	6.6	4.0									
11	.125	6.5	4.5	4.6	72	9	88	48	5	90	6	
12	.107	6.4	4.0									
13	.123	6.5	4.0	4.3	160	9	94	72	1	99	0	
14	.129	6.4	4.7									
15	.126	6.3	4.5									
16	.132	6.4	5.0									
17	.134	6.5	4.0									
18	.133	6.4	5.0	9.5	80	17	79	10	1	90	8	
19	.129	6.4	4.0									
20	.139	6.3	5.0	5.8	56	10	82	18	6	67	0	
21	.134	6.5	4.5									
22	.133	6.4	5.0									
23	.132	6.5	8.0									
24	.138	6.5	4.0									
25	.135	6.5	4.0	8.7	76	11	86	9	2	78	0	
26	.104	6.6	5.0									
27	.140	6.7	4.0	3.1	160	21	87	30	3	90	0	
28	.109	6.5	4.7									
29												
30												
31												
Tot.	3.525		127.8		808	97	696/87	291	23	701/88		1.77
Ave.	.126		4.6		101	12	88	36	3	92		

6288
NREAD

MAR 25 1986

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 NC 0003239, Discharge Monitoring Reports (DMRs) for the month of February 1986 are submitted.

Camp Johnson Wastewater Treatment Plant violated the NPDES permit requirement for monthly Total Suspended Residue (TSR) percent removal avearge for February 1986. The violation is attributed to the low TSR loading. February's influent and effluent monthly averages were 45 mg/l and 7 mg/l respectively.

Rifle Range Wastewater Treatment Plant violated the NPDES permit requirement for monthly Biochemcial Oxygen Demand (BOD) percent removal average for February 1986. The violation is attributed to the low BOD loading. February's influent and effluent monthly averages were 51 mg/l and 8 mg/l respectively.

The storm drains listed on the enclosed table may be correlated with base geography and facilities by referring to maps with numbered storm drain monitoring points that have been previously provided. Storm drains that have no values reported for the quarter were checked; however, each time they were checked they were either dry or had no flow. The base environmental staff is continuing to work on operational control methodology to reduce oil and grease and total suspended residue discharges. New construction to replace outdated base facilities should further reduce oil and grease and total suspended residue discharges.

6288
NREAD

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,

P. E. BLACK
Acting
Director, Natural Resources Division
Assistant Chief of Staff, Facilities
By direction of the Commanding General

Encls:
(1) DEM Form MR-2

Copy to:
EPA Region IV
CMDR LANTNAVFACENGCOM
NEESA

Blind copy to:
BMAINT(UTIL DIR)
NREAD (QCL 2)

Drafter: E. Betz, NREAD, 5003
Typist: T. Hardison, 25 Mar 86

EFFLUENT

NPDES PERMIT NO: NC0003239 DISCHARGE NO: 001 MONTH: February 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

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 _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF XX INF XX 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			1.116		7.0		4.0											
2			1.227		6.9		4.0											
3	00	24	1.219		6.8		4.0	16				8	0					
4	00	24	1.136		6.9		4.0	12				6	2					
5	00	24	1.285		7.2		4.0	8				2	0					
6	00	24	1.125		6.9		4.0	5				3	0					
7	00	24	1.114		6.9		4.0	5				2	0					
8			1.157		7.0		4.0											
9			1.159		7.0		4.0											
10	00	24	1.156		7.0		4.0	LE				3	0					
11	00	24	1.153		7.0		4.0	9				8	0					
12	00	24	1.150		6.8		4.0	8				4	0					
13	00	24	1.151		7.0		4.0	6				1	0					
14	00	24	1.155		7.0		4.0	8				6	0					
15			1.124		7.0		4.0											
16			1.139		7.0		4.0											
17	00	24	0.820		7.0		4.0	9				4	0					
18	00	24	0.984		6.6		4.0	6				3	SE					
19	00	24	0.941		6.6		4.0	5				2	0					
20	00	24	1.171		6.7		4.0	6				3	0					
21	00	24	1.040		6.5		4.0	9				6	0					
22			1.193		6.5		3.5											
23			1.134		6.8		3.4											
24	00	24	0.776		6.7		4.0	7				7	0					
25	00	24	0.806		6.8		3.7	10				4	0					
26	00	24	1.113		6.8		3.2	8				8	0					
27	00	24	1.154		7.0		4.0	7				3	2					
28	00	24	0.943		6.6		4.0	9				10	0					
29																		
30																		
31																		
Average			1.094				3.9	8				5	1.08*					
Max.			1.285		7.2		4.0	16				10	2					
Min.			0.776		6.5		3.2	5				1	0					
Comp.(C)/Grab(G)					G		G	C				C	G					
Monthly Limit					6-9			30				30	200					

DEM Form MR-1 (11/84)

LE = Lab Error SE = Sample Error

Facility Status: (Please check one of the following)

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

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

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

_____
_____
_____
_____
_____
_____

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

_____
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: February 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 ☐

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

PERSON(s) COLLECTING SAMPLES: STP Operators

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME HRS	50050 FLOW EFF ☒ INF ☒ DAILY RATE MGD	00010 TEMPERATURE CELSIUS C°	00400 pH UNIT	00545 SETTLEABLE MATTER ML/L	50060 RESIDUAL CHLORINE MG/L	00310 BOD_5 20°C MG/L	00340 COD MG/L	00610 AMMONIA NITROGEN MG/L	00500 TOTAL RESIDUE MG/L	00530 TOTAL SUSPENDED RESIDUE MG/L	31616 FECAL COLIFORM Geometric Mean /100ML	00300 DISSOLVED OXYGEN MG/L	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
1			.9042		6.5		4.0											
2			.8948		6.7		5.0											
3	00	24	.8711		6.6		4.0	26				13	8					
4	00	24	.8995		6.6		5.0	22				8	0					
5	00	24	.8900		6.6		4.0	23				6	20					
6	00	24	.8500		6.5		4.5	24				11	2					
7	00	24	.8800		6.6		4.5	28				15	0					
8			.8900		6.5		4.5											
9			.8800		6.6		4.5											
10	00	24	.9000		6.5		4.5	LE				6	0					
11	00	24	.9000		6.5		5.0	22				19	0					
12	00	24	.8700		6.6		4.0	26				11	0					
13	00	24	.9000		6.5		4.0	31				12	4					
14	00	24	.8700		6.5		4.0	24				14	280					
15			.8500		6.4		5.0											
16			.8600		6.2		5.0											
17	00	24	.8700		6.4		5.0	15				12	12					
18	00	24	.8800		6.3		4.0	20				9	0					
19	00	24	.9000		6.6		4.0	17				6	6					
20	00	24	.8800		6.4		4.0	18				11	0					
21	00	24	.8800		6.4		4.0	18				10	0					
22			.8800		6.5		4.0											
23			.8800		6.4		4.0											
24	00	24	.8800		6.5		4.0	23				6	0					
25	00	24	.8850		6.2		5.0	22				9	10					
26	00	24	.8900		6.5		4.0	18				6	0					
27	00	24	.8850		SE		4.5	19				6	2					
28	00	24	.8200		6.6		4.0	16				11	0					
29																		
30																		
31																		
Average			.8800				4.3	22				10	2.73*					
Max.			.9042		6.7		5.0	31				19	280					
Min.			.8200		6.2		4.0	15				6	0					
Comp.(C)/Grab(G)					G		G	C				C	G					
Monthly Limit					6–9			30				30	200					

DEM Form MR-1 (11/84)

LE = Lab 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:

_____
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: February YEAR: 1986

FACILITY NAME: Camp Johnson 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 ☐

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 _____
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			.4272		6.7		6.0											
2			.2470		6.8		6.0											
3			.3342		6.9		2.5											
4	08	8	.4183		6.7		5.0	19				7	2					
5			.2629		6.7		5.0											
6	08	8	.3495		6.7		5.0	15				5	0					
7			.3230		6.7		6.0											
8			.3800		6.6		5.0											
9			.3860		6.7		5.0											
10			.4200		6.7		4.0											
11	08	8	.4240		6.8		4.0	26				12	0					
12			.4300		6.9		5.0											
13	08	8	.4420		6.8		4.0	13				2	0					
14			.3410		7.0		6.0											
15			.3350		6.7		6.0											
16			.3140		6.8		4.0											
17			.3150		6.7		6.0											
18	08	8	.3500		6.9		2.0	13				4	248					
19			.4130		6.8		4.0											
20	08	8	.5270		6.9		6.0	14				8	0					
21			.3850		6.8		4.0											
22			.4120		6.6		4.0											
23			.4690		6.6		4.0											
24			.4480		6.8		4.0											
25	08	8	.4260		6.7		5.0	21				9	0					
26			.4270		6.7		4.0											
27	08	8	.3970		6.7		4.0	14				6	0					
28			.3460		6.7		6.0											
29																		
30																		
31																		
Average			.3838				4.7	17				7	2.17*					
Max.			.5270		7.0		6.0	26				12	248					
Min.			.2470		6.6		2.0	13				2	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 [ ] (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)

_____
_____
_____
_____
_____
_____

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: February 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

CHECK BLOCK IF ORC HAS CHANGED ☐

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

PERSON(s) COLLECTING SAMPLES: STP Operators

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

X _____
Signature of operator in responsible charge

			50050	00010	00400	00545	50060	00310	00340	00610	00500	00530	31616	00300				
			FLOW EFF ☒ INF ☒												ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
DATE	TIME 2400 CLOCK	COMPOSITE TIME	DAILY RATE	TEMPERATURE CELSIUS	pH	SETTLEABLE MATTER	RESIDUAL CHLORINE	BOD_5 20°C	COD	AMMONIA NITROGEN	TOTAL RESIDUE	TOTAL SUSPENDED RESIDUE	FECAL COLIFORM Geometric Mean	DISSOLVED OXYGEN	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				
1	00	24	4.370		6.8		4.1											
2	00	24	4.762		6.9		4.0											
3	00	24	5.193		6.9		4.0	18				8			60			
4	00	24	4.675		6.8		4.0	18				11			36			
5	00	24	5.102		6.8		4.0	17				8			60			
6	00	24	5.478		6.7		4.3	17				8			10			
7	00	24	6.533		6.8		4.0	20				5			20			
8	00	24	4.577		6.8		4.1											
9	00	24	5.005		6.8		4.0											
10	00	24	5.550		6.8		4.0	LE				3			410			
11	00	24	6.225		6.7		4.3	13				14			6			
12	00	24	4.185		6.8		4.0	16				3			10			
13	00	24	4.204		6.8		4.0	18				6			60			
14	00	24	3.909		6.9		4.0	22				7			4			
15	00	24	3.810		6.8		4.0											
16	00	24	3.598		6.7		4.0											
17	00	24	4.079		6.7		4.0	13				8			36			
18	00	24	4.580		6.7		4.0	12				4			114			
19	00	24	4.659		6.7		4.0	14				5			28			
20	00	24	5.041		6.7		4.0	15				5			1000			
21	00	24	5.053		6.8		4.0	20				6			40			
22	00	24	3.809		6.8		4.0											
23	00	24	3.765		6.8		4.0											
24	00	24	4.108		7.0		4.0	19				4			20			
25	00	24	4.234		7.0		4.0	16				4			20			
26	00	24	4.116		7.0		4.0	17				6			100			
27	00	24	4.501		7.0		4.0	21				8			40			
28	00	24	4.350		7.0		4.0	22				9			80			
29																		
30																		
31																		
Average			4.624				4.0	17				7			*39.76			
Max.			6.533		7.0		4.3	22				14			1000			
Min.			3.598		6.8		4.0	12				3			4			
Comp.(C)/Grab(G)					G		G	C				C			G			
Monthly Limit					6–9			30				30			70			

DEM Form MR-1 (11/84)

LE = Lab 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)

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

_____
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0003239 DISCHARGE NO: 005 MONTH: February 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

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 _____
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: Total Coliform *Geo Mean			
1			.23015		6.4		4.2											
2			.23457		6.4		4.1											
3			.25992		6.4		3.2											
4	08	8	.27921		6.4		4.4	6				3			2			
5			.23214		6.4		3.5											
6	08	8	.27355		6.4		2.1	7				3			0			
7			.34751		6.4		3.6											
8			.18259		6.4		5.4											
9			.19871		6.4		5.1											
10			.23064		6.5		4.5											
11	08	8	.24063		6.4		4.0	8				9			0			
12			.29798		6.4		2.0											
13	08	8	.21944		6.4		4.0	12				2			0			
14			.20919		6.4		5.3											
15			.21596		6.4		4.3											
16			.18767		6.7		5.0											
17			.19470		6.4		5.3											
18	08	8	.20731		6.4		6.3	5				3			0			
19			.18084		6.4		6.0											
20	08	8	.22564		6.7		5.0	6				5			0			
21			.10981		6.4		5.2											
22			.18778		6.5		5.2											
23			.16846		6.4		7.0											
24			.26071		6.5		4.0											
25	08	8	.21133		6.5		3.0	8				3			20			
26			.21108		6.5		4.2											
27	08	8	.22720		6.6		4.8	10				6			0			
28			.17674		6.5		2.8											
29																		
30																		
31																		
Average			.22148				4.4	8				4			1.59*			
Max.			.29798		6.7		7.0	12				9			20			
Min.			.10981		6.4		2.0	5				2			0			
Comp.(C)/Grab(G)					G		G	C				C			C			
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 [ ] (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)

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

_____
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0003239 DISCHARGE NO: 006 MONTH: February 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

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☒ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 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: 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				
1			.483		6.8		2.4											
2			.496		6.8		2.9											
3			.400		6.8		1.8											
4	08	8	.448		6.8		2.3	9				2			2			
5			.470		6.7		2.2											
6	08	8	.476		6.6		2.6	10				6			18			
7			.487		6.7		2.1											
8			.470		6.8		2.7											
9			.403		6.7		2.1											
10			.405		6.8		1.8											
11	08	8	.481		6.8		1.9	14				15			0			
12			.441		6.8		1.9											
13	08	8	.356		6.8		2.2	23				9			58			
14			.377		6.7		2.3											
15			.457		6.7		2.2											
16			.465		6.8		2.0											
17			.445		6.6		2.3											
18	08	8	.521		6.8		2.0	9				5			18			
19			.520		6.8		2.3											
20	08	8	.482		6.8		2.5	SE				9			20			
21			.465		6.8		2.5											
22			.476		6.8		1.8											
23			.464		6.8		2.6											
24			.418		6.6		2.9											
25	08	8	.469		6.8		2.7	1				4			50			
26			.409		6.7		2.4											
27	08	8	.402		6.6		2.6	17				8			10			
28			.490		6.6		2.2											
29																		
30																		
31																		
Average			.453				2.3	12				7			11.80*			
Max.			.521		6.8		2.9	23				15			58			
Min.			.356		6.6		1.8	1				2			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

Facility Status: (Please check one of the following)

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

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

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

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_____

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

_____
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0003239 DISCHARGE NO: 007 MONTH: February 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

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☒ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	90300 DISSOLVED OXYGEN	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				
1			.122		6.4		4.0											
2			.147		6.5		5.0											
3			.121		6.4		4.0											
4	08	8	.108		6.5		4.3	9				4			2			
5			.134		6.3		5.0											
6	08	8	.109		6.3		4.5	11				1			0			
7			.122		6.4		4.6											
8			.131		6.4		4.0											
9			.124		6.4		4.5											
10			.105		6.6		4.0											
11	08	8	.125		6.5		4.5	9				5			6			
12			.107		6.4		4.0											
13	08	8	.123		6.5		4.0	9				1			0			
14			.129		6.4		4.7											
15			.126		6.3		4.5											
16			.132		6.4		5.0											
17			.134		6.5		4.0											
18	08	8	.133		6.4		5.0	17				1			8			
19			.129		6.4		4.0											
20	08	8	.139		6.3		5.0	10				6			0			
21			.134		6.5		4.5											
22			.133		6.4		5.0											
23			.132		6.5		8.0											
24			.138		6.5		4.0											
25	08	8	.135		6.5		4.0	11				2			0			
26			.104		6.6		5.0											
27	08	8	.140		6.7		4.0	21				3			0			
28			.109		6.5		4.7											
29																		
30																		
31																		
Average			.126				4.6	12				3			1.77*			
Max.			.147		6.7		8.0	21				6			8			
Min.			.104		6.3		4.0	9				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)

_____
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_____
_____

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

_____
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0003239 DISCHARGE NO: 014 MONTH: February YEAR: 1986

FACILITY NAME: Onslow Beach Water Treatment Pond CLASS: NA 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: WTP Operators

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☐ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L				
1																		
2																		
3																		
4					8.1							3.0						
5																		
6																		
7																		
8																		
9																		
10																		
11												2.4						
12					8.1													
13																		
14																		
15																		
16																		
17																		
18																		
19																		
20																		
21																		
22																		
23																		
24																		
25					8.3							5.0						
26																		
27																		
28																		
29																		
30																		
31																		
Average												3.5						
Max.					8.3							5.0						
Min.					8.1							2.4						
Comp.(C)/Grab(G)					G							C						
Monthly Limit					6-10							30						

DEM Form MR-1 (11/84)

Facility Status: (Please check one of the following)

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

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

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

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

_____
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

Influent

NPDES NO: NC0003239 DISCHARGE NO: 001 MONTH: February 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							
											ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2																	
3	00	24				124			78								
4	00	24				132			82								
5	00	24				132			72								
6	00	24				132			134								
7	00	24				112			86								
8																	
9																	
10	00	24				LE			56								
11	00	24				108			102								
12	00	24				88			43								
13	00	24				224			124								
14	00	24				112			92								
15																	
16																	
17	00	24				80			52								
18	00	24				96			72								
19	00	24				84			39								
20	00	24				120			94								
21	00	24				148			112								
22																	
23																	
24	00	24				144			86								
25	00	24				124			86								
26	00	24				112			72								
27	00	24				184			90								
28	00	24				136			124								
29																	
30																	
31																	
AVERAGE						126			85								
MONTHLY MAXIMUM						224			134								
MONTHLY MINIMUM						80			39								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

LE = Lab Error

Influent

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

FACILITY NAME: Tarawa Terrace COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD							
			00400	00010	00545	00310	00610	00500	00530	00340							
											ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2																	
3	00	24				208			154								
4	00	24				232			128								
5	00	24				204			262								
6	00	24				228			216								
7	00	24				184			268								
8																	
9																	
10	00	24				LE			128								
11	00	24				176			127								
12	00	24				180			98								
13	00	24				316			345								
14	00	24				176			156								
15																	
16																	
17	00	24				144			74								
18	00	24				176			176								
19	00	24				180			67								
20	00	24				144			72								
21	00	24				184			200								
22																	
23																	
24	00	24				328			496								
25	00	24				188			92								
26	00	24				152			90								
27	00	24				260			158								
28	00	24				184			258								
29																	
30																	
31																	
AVERAGE						202			178								
MONTHLY MAXIMUM						328			496								
MONTHLY MINIMUM						144			67								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

LE = Lab Error

Influent

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

FACILITY NAME: Camp Johnson STP COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD							
			00400	00010	00545	00310	00610	00500	00530	00340							
											ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2																	
3																	
4	08	8				100			68								
5																	
6	08	8				132			76								
7																	
8																	
9																	
10																	
11	08	8				180			76								
12																	
13	08	8				60			8								
14																	
15																	
16																	
17																	
18	08	8				220			49								
19																	
20	08	8				152			30								
21																	
22																	
23																	
24																	
25	08	8				100			23								
26																	
27	08	8				68			30								
28																	
29																	
30																	
31																	
AVERAGE						127			45								
MONTHLY MAXIMUM						220			76								
MONTHLY MINIMUM						60			8								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

NPDES NO: NC0003239 DISCHARGE NO: 004 MONTH: February 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							
											ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2																	
3	00	24				112			90								
4	00	24				164			86								
5	00	24				160			136								
6	00	24				136			102								
7	00	24				140			120								
8																	
9																	
10	00	24				LE			46								
11	00	24				120			35								
12	00	24				128			62								
13	00	24				152			106								
14	00	24				144			130								
15																	
16																	
17	00	24				104			92								
18	00	24				100			66								
19	00	24				148			110								
20	00	24				160			112								
21	00	24				144			128								
22																	
23																	
24	00	24				152			124								
25	00	24				128			88								
26	00	24				132			110								
27	00	24				144			145								
28	00	24				136			112								
29																	
30																	
31																	
AVERAGE						137			100								
MONTHLY MAXIMUM						164			145								
MONTHLY MINIMUM						100			35								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

LE=Lab Error

Influent

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

FACILITY NAME: Rifle Range STP COUNTY: Onslow

Date	Time	Composite Time	00400 PH	00010 Temperature (Celsius)	00545 Settleable Matter	00310 BOD_5 20 °C	00610 Ammonia Nitrogen	00500 Total Residue	00530 Total Suspended Residue	00340 COD	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2																	
3																	
4	08	8				24			24								
5																	
6	08	8				36			40								
7																	
8																	
9																	
10																	
11	08	8				96			136								
12																	
13	08	8				40			44								
14																	
15																	
16																	
17																	
18	08	8				48			32								
19																	
20	08	8				52			25								
21																	
22																	
23																	
24																	
25	08	8				72			42								
26																	
27	08	8				36			10								
28																	
29																	
30																	
31																	
AVERAGE						51			44								
MONTHLY MAXIMUM						96			136								
MONTHLY MINIMUM						24			10								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Courthouse Bay STP COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD							
			00400	00010	00545	00310	00610	00500	00530	00340							
											ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2																	
3																	
4	08	8				144			80								
5																	
6	08	8				76			56								
7																	
8																	
9																	
10																	
11	08	8				104			172								
12																	
13	08	8				152			114								
14																	
15																	
16																	
17																	
18	08	8				72			46								
19																	
20	08	8				SE			62								
21																	
22																	
23																	
24																	
25	08	8				72			84								
26																	
27	08	8				108			72								
28																	
29																	
30																	
31																	
AVERAGE						104			86								
MONTHLY MAXIMUM						152			172								
MONTHLY MINIMUM						72			46								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84) SE = Sample Error

Influent

NPDES NO: NC0003239 DISCHARGE NO: 007 MONTH: February 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	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
			00400	00010	00545	00310	00610	00500	00530	00340							
		HRS	STD UNITS	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2																	
3																	
4	08	8				72			34								
5																	
6	08	8				132			70								
7																	
8																	
9																	
10																	
11	08	8				72			48								
12																	
13	08	8				160			72								
14																	
15																	
16																	
17																	
18	08	8				80			10								
19																	
20	08	8				56			18								
21																	
22																	
23																	
24																	
25	08	8				76			9								
26																	
27	08	8				160			30								
28																	
29																	
30																	
31																	
AVERAGE						101			36								
MONTHLY MAXIMUM						160			72								
MONTHLY MINIMUM						56			9								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

NPDES NO: NC0003239 DISCHARGE NO: 001 MONTH: February 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)	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				
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24	09	10	11.3	8.4	2.0		36	0			
25											
26											
27											
28											
29											
30											
31											
Average		10	11.3		2.0		36*	0			
Monthly Maximum		10	11.3	8.4	2.0		36	0			
Monthly Minimum		10	11.3	8.4	2.0		36	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				
10	11	9.3	8.2	3.2		4	0			
	11	9.3		3.2		4*	0			
	11	9.3	8.2	3.2		4	0			
	11	9.3	8.2	3.2		4	0			

DEM Form MR-3 (11/84)

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

FACILITY NAME: Tarawa Terrace STP COUNTY: Onslow

STREAM: Northeast Creek STREAM: Northeast Creek

LOCATION: RW02 - At Hwy 24 Bridge LOCATION: RW03 - Between discharge 002 & 003

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				
								Oil Grease			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml				
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24	10	12	8.7	8.1	5.4		4	0			
25											
26											
27											
28											
29											
30											
31											
Average		12	8.7		5.4		4	0			
Monthly Maximum		12	8.7	8.1	5.4		4	0			
Monthly Minimum		12	8.7	8.1	5.4		4	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				
							Oil Grease			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml				
10	11	8.8	8.1	3.3		4	0			
	11	8.8		3.3		4	0			
	11	8.8	8.1	3.3		4	0			
	11	8.8	8.1	3.3		4	0			

DEM Form MR-3 (11/84)

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

FACILITY NAME: Camp Johnson STP COUNTY: Onslow

STREAM: Northeast Creek STREAM: New River

LOCATION: RW03 - Between discharge 002 & 003 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				
								Oil Grease			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml				
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24	10	11	8.8	8.1	3.3		4	0			
25											
26											
27											
28											
29											
30											
31											
Average		11	8.8		3.3		4	0			
Monthly Maximum		11	8.8	8.1	3.3		4	0			
Monthly Minimum		11	8.8	8.1	3.3		4	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				
							Oil Grease			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml				
10	11	9.3	8.2	3.2		0	0			
	11	9.3		3.2		0	0			
	11	9.3	8.2	3.2		0	0			
	11	9.3	8.2	3.2		0	0			

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

FACILITY NAME: Hadnot Point STP COUNTY: Onslow

STREAM: New River STREAM: New River

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

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				
								Oil Grease			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml				
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24	10	11	9.3	8.2	3.2		0	0			
25											
26											
27											
28											
29											
30											
31											
Average		11	9.3		3.2		0*	0			
Monthly Maximum		11	9.3	8.2	3.2		0	0			
Monthly Minimum		11	9.3	8.2	3.2		0	0			

Downstream

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				
								Oil Grease			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml				
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24	10	11	8.7	8.1	2.1		0	0			
25											
26											
27											
28											
29											
30											
31											
Average		11	8.7		2.1		0*	0			
Monthly Maximum		11	8.7	8.1	2.1		0	0			
Monthly Minimum		11	8.7	8.1	2.1		0	0			

DEM Form MR-3 (11/84)

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

FACILITY NAME: Rifle Range STP COUNTY: Onslow

STREAM: New River STREAM: New River

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

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				
								Oil Grease			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml				
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24	10	11	8.7	8.1	2.1		0	0			
25											
26											
27											
28											
29											
30											
31											
Average		11	8.7		2.1		0	0			
Monthly Maximum		11	8.7	8.1	2.1		0	0			
Monthly Minimum		11	8.7	8.1	2.1		0	0			

Downstream

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				
								Oil Grease			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml				
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24	10	11	8.8	8.0	0.6		12	0			
25											
26											
27											
28											
29											
30											
31											
Average		11	8.8		0.6		12	0			
Monthly Maximum		11	8.8	8.0	0.6		12	0			
Monthly Minimum		11	8.8	8.0	0.6		12	0			

DEM Form MR-3 (11/84)

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

FACILITY NAME: Courthouse Bay STP COUNTY: Onslow

STREAM: New River STREAM: New River

LOCATION: RW06 - Outside 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	Enter Parameter Code above Name and Units Below			
		00010	00300	00400	00310	00340	31616				
								Oil Grease			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml				
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23	10	11	8.8	8.0	0.6		12	0			
24											
25											
26											
27											
28											
29											
30											
31											
Average		11	8.8		0.6		12*	0			
Monthly Maximum		11	8.8	8.0	0.6		12	0			
Monthly Minimum		11	8.8	8.0	0.6		12	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				
							Oil Grease			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml				
11	10	8.5	7.9	LE		4	0			
	10	8.5		LE		4*	0			
	10	8.5	7.9	LE		4	0			
	10	8.5	7.9	LE		4	0			

DEM Form MR-3 (11/84)

LE = Lab Error

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

FACILITY NAME: Onslow Beach STP 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) 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				
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24	11	10	8.6	8.0	LE		0	0			
25											
26											
27											
28											
29											
30											
31											
Average		10	8.6		LE		0	0			
Monthly Maximum		10	8.6	8.0	LE		0	0			
Monthly Minimum		10	8.6	8.0	LE		0	0			

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				
11	11	8.7	8.0	0.1		0	0			
	11	8.7		0.1		0	0			
	11	8.7	8.0	0.1		0	0			
	11	8.7	8.0	0.1		0	0			

DEM Form MR-3 (11/84)

LE = Lab Error

STORM DRAINS

NPDES NO: NC0003239 MONTH: February YEAR: 1986

LOCATION: Marine Corps Base, Camp Lejeune, NC COUNTY: Onslow

STORM DRAIN NUMBER	DATE COLLECTED	FLOW 50050	pH 00400	TOTAL SUSPENDED RESIDUE 00530	OIL & GREASE 00556
20	5 Feb 86	6,998,400	7.3	5	0
21	5 Feb 86	97,200	7.1	14	0.8
22	5 Feb 86	Dry			
23	5 Feb 86	12,150	8.1	124	5.3
24	5 Feb 86	No Flow			
25	5 Feb 86	No Flow			
26	5 Feb 86	48,600	7.3	0.2	2.1
27	5 Feb 86	36,450	7.2	3	1.6
28	5 Feb 86	76,982	8.5	1	1.5
31	5 Feb 86	194,400	8.4	16	0.4
66	5 Feb 86	Dry			

PARAMETER	UNITS	LIMITS
Flow	GPD	None
pH	None	6 - 9
TSR	mg/l	50 mg/l
O & G	mg/l	15 mg/l