

6288  
NREAD  
21 Jul 87

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

Dear Sir:

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

The Hadnot Point Wastewater Treatment Plant did not meet the weekly minimum average for Dissolved Oxygen of 5.0 mg/l. The weekly average for 1-6 June 1987 was 4.0 mg/l. The return filter effluent pumps to the trickling filters were determined to have a reduced capacity. A new pump was placed in operation on 9 June 1987 and the plant met the monthly minimum average for dissolved oxygen.

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

Sincerely,

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

Encls:

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

Copy to:  
EPA Region IV  
CMDR, LANTNAVPACENGCOM  
NEESA

Writer/Typist Betz / [Signature]  
Date Typed 21 Jul 87  
Word Processor Number 6288-L

Word Processor: Microsoft Word  
Date Typed: 10/1/98  
Written/Typed: Bill G...

# EFFLUENT

**NPDES PERMIT NO:** NC0063029    **DISCHARGE NO:** 001    **MONTH:** June    **YEAR:** 1987  
**FACILITY NAME:** Hadnot Point Sewage Treatment Plant    **CLASS:** IV    **COUNTY:** Onslow  
**OPERATOR IN RESPONSIBLE CHARGE (ORC):** Mack D. Davis    **GRADE:** IV  
**CERTIFIED LABORATORY:** Environmental Chemistry and Microbiology Laboratory

**PERSON(S) COLLECTING SAMPLES:** STP Operators

CHECK BLOCK IF ORC HAS CHANGED

Mail original and one copy to:  
 ATT: Central Files  
 Division of Environmental Management  
 NC Department of NRCO  
 PO Box 27687  
 Raleigh, North Carolina 27611

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



X Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 00010 00403 00545 50060 00310 00340 00610 00500 00530 31626 00300													00600 00601 00602		
			FLOW		TEMPERATURE CELSIUS	pH	SETTLABLE MATTER	RESIDUAL CHLORINE	BOD5 20°C	COD	AMMONIA NITROGEN	TOTAL RESIDUE	TOTAL SUSPENDED RESIDUE	FECAL COLIFORM	DISSOLVED OXYGEN	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW		
			EFF	INF												DAILY RATE	OIL & GREASE	TOTAL NITROGEN
HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MG/L	MG/L	MG/L	MG/L	
1	00	24	4.67300	25	6.8		3.0	18		3.6		15	0	3.0				
2	00	24	4.63800	24	6.6		4.0	27		5.5		15	70	4.6				
3	00	24	5.07200	23	6.9		3.0	27		5.7		13	2	3.4				
4	00	24	5.38100	24	6.8		3.0	28		4.3		17	0	4.0	2.0			
5	00	24	4.14700	24	6.6		3.0	24		4.2		19	0	4.4				
6	00	24	3.85300	24	6.8		4.0							4.7				
7	00	24	4.09500	24	6.8		3.0							4.9				
8	00	24	4.37100	25	6.8		4.0	18		4.1		15	10	5.0			5.1	
9	00	24	4.49300	28	6.8		3.0	25		6.0		12	0	4.8				
10	00	24	4.50400	25	6.8		3.0	19		4.0		6	0	5.1				
11	00	24	4.83600	26	7.0		4.0	17		5.1		13	0	5.5				
12	00	24	4.52000	25	6.8		4.0	6		4.9		14	0	5.6				
13	00	24	3.93200	26	6.6		4.0							5.4				
14	00	24	4.27500	24	6.8		4.0							5.5				
15	00	24	4.65000	26	6.8		4.0	10		3.2		5	0	5.2				
16	00	24	4.62300	25	6.7		4.0	13		4.8		7	0	5.4	11.83		4.7	
17	00	24	4.47000	25	6.8		4.0	15		6.4		7	0	6.0				
18	00	24	4.85500	25	6.4		4.0	7		5.1		11	2	6.4				
19	00	24	4.17500	25	6.8		4.0	17		4.8		10	0	5.8				
20	00	24	3.93300	25	6.8		4.0							5.7				
21	00	24	3.88700	25	6.6		4.0							5.3				
22	00	24	4.49000	25	6.7		4.0	17		2.7		15	0	5.4				
23	00	24	4.50600	25	6.6		4.0			2.9		0	0	5.0				
24	00	24	4.49000	25	6.9		4.0	11		4.5		15	0	6.0			5.9	
25	00	24	4.42400	27	6.9		3.0	12		3.5		10	0	5.4	0			
26	00	24	4.37100	25	6.8		4.0	11		4.8		8	0	5.0				
27	00	24	3.75800	26	7.1		4.0							5.3				
28	00	24	3.68500	25	6.9		4.0							5.9				
29	00	24	4.22700	29	6.7		4.0	12		3.4		12	0	6.8				
30	00	24	4.16900	27	6.8		4.0	12		3.6		10	0	6.1				
31																		
<b>Average</b>			4.33243	25			3.7	16		4.4		12	1.43	5.2		11.83	5.2	
<b>Max.</b>			5.38100	29	7.1		4.0	28		6.4		19	70	6.8	2	11.83	5.9	
<b>Min.</b>			3.68500	23	6.4		3.0	6		2.7		5	0	3.0	0	11.83	4.7	
<b>Comp.(C)/Grab(G)</b>				G	G		G	C		C		C	G	G	G	C	C	
<b>Monthly Limit</b>					6-8.5			22		13		30	14	>5	30			

Facility Status: ( Please check one of the following)

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

See Cover Letter for Explanation

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

*John D. Wooten*  
Signature of Permittee

PARAMETER CODES

00010 Temperature	00556 Oil and Grease	00950 Dissolved Fluoride	01077 Silver	39516 PCBS
00065 Stream Stage	00600 Total Nitrogen	01002 Total Arsenic	01087 Total Vanadium	39941 Roundup
00076 Turbidity	00610 Ammonia Nitrogen	01027 Cadmium	01092 Zinc	50047 Max. flow during 24-hr. period
00300 Dissolved Oxygen	00625 Total Kjeldahl Nitrogen	01032 Hexavalent Chromium	01105 Total Aluminum	50048 Min. flow during 24-hr. period
00310 BOD <sub>5</sub>	00665 Total Phosphorous	01034 Chromium	01147 Total Selenium	50050 Flow
00340 COD	00720 Cyanide	01037 Total Cobalt	31504 Total Coliform	50060 Total Residual Chlorine
00400 pH	00745 Total Sulfide	01042 Copper	31614 Fecal Coliform, MPN, Tube	71880 Formaldehyde
00500 Total Solids	00927 Total Magnesium	01045 Total Iron	31616 Fecal Coliform	71900 Mercury
00530 TSS	00929 Total Sodium	01051 Lead	32730 Total Phenolics	81318 Ferrocyanides
00545 Settleable Solids	00940 Total Chloride	01067 Nickel	38260 MBAS	85652 Time

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

If using alternate units for reporting data, please designate.

# EFFLUENT

NPDES PERMIT NO: NC0003239 DISCHARGE NO: 001 MONTH: June YEAR: 1987

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

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

CERTIFIED LABORATORY: Environmental Chemistry & Microbiology Section

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  
NC Department of NRCDD  
PO Box 27687  
Raleigh, North Carolina 27611

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

*Mack D. Davis*

X \_\_\_\_\_  
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050	00010	00403	00545	50060	00310	00340	00610	00500	00530	31816	00300	00556	00600	00665	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW		
			FLOW	TEMPERATURE	pH	SETTLABLE MATTER	RESIDUAL CHLORINE	BOD5 20°C	COD	AMMONIA NITROGEN	TOTAL RESIDUE	TOTAL SUSPENDED RESIDUE	FECAL COLIFORM	DISSOLVED OXYGEN	OIL & GREASE	TOTAL NITROGEN	TOTAL PHOSPHORUS			
			EFF <input type="checkbox"/>	CELSIUS														MGD	MG/L	MG/L
1	00	24	.83570	22	6.4		4.0	7		11.8		4	0	6.3						
2	00	24	.76960	22	6.6		4.0	10		11.4		2	0	6.8						
3	00	24	.78470	22	6.8		4.0	10		13.1		4	0	7.0						
4	00	24	.86280	23	6.4		4.0	12		12.6		5	2	7.0						
5	00	24	.77440	23	6.3		4.0	12		15.3		10	0	7.0						
6	00	24	.73990	23	6.2		4.0							7.6						
7	00	24	.75650	23	6.2		4.0							7.6						
8	00	24	.93450	23	6.6		4.0	21		26.9		15	6	6.4	3.4			5.6		
9	00	24	.94370	23	6.6		3.0	18		19.3		14	0	6.0						
10	00	24	.84820	24	6.8		4.0	21		16.9		15	0	6.2						
11	00	24	.91990	24	6.6		3.0	17		14.2		10	0	5.0						
12	00	24	.81970	24	6.6		3.0	4		13.2		16	0	5.0						
13	00	24	.72520	24	6.6		4.0							6.0						
14	00	24	.89480	23	6.4		4.0							5.2						
15	00	24	.87170	26	6.4		4.0	14		13.9		2	0	5.2						
16	00	24	.80330	26	6.4		4.0	19		16.2		4	0	5.3			18.43	1.6		
17	00	24	.86820	26	6.8		4.0	15		11.8		5	2	6.0						
18	00	24	.90680	26	6.9		4.0	3		13.7		4	0	6.4						
19	00	24	.75600	26	6.8		4.0	18		12.0		8	0	6.2						
20	00	24	1.06700	24	6.8		4.0							6.4						
21	00	24	.75490	26	6.7		4.0							5.6						
22	00	24	.82200	24	6.8		4.0	18		11.9		12	0	6.6						
23	00	24	.82000	26	6.8		4.0	18		9.4		4	0	6.2						
24	00	24	.84710	24	6.4		4.0	8		10.6		6	0	6.6					0.3	
25	00	24	.82930	24	6.4		4.0	7		9.9		3	0	6.3	0					
26	00	24	.84260	23	6.6		4.0	8		11.3		3	0	6.5						
27	00	24	.71910	24	6.6		4.0							6.8						
28	00	24	.72160	24	6.6		4.0							7.1						
29	00	24	.75940	24	6.7		4.0			14.4		7	0	6.9						
30	00	24	.74500	25	6.3		4.0	11		10.3		4	0	6.8						
31																				
Average			.82493	24			3.9	13		13.7		7	1.16	6.3	1.7	18.43	2.7			
Max.			1.06700	26	6.9		4.0	21		26.9		15	6	7.6	3.4	18.43	5.6			
Min.			.71910	22	6.2		3.0	3		9.4		3	0	5.0	0	18.43	0.3			
Comp.(C)/Grab(G)			G	G	G	G	C	C	C	C	C	C	G	G	G	C	C			
Monthly Limit					6-9			30				30	200		>					

Facility Status: ( Please check one of the following)

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

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

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

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

*Johari D. Wooten*  
Signature of Permittee

PARAMETER CODES

00010 Temperature	00556 Oil and Grease	00950 Dissolved Fluoride	01077 Silver	39516 PCBS
00065 Stream Stage	00600 Total Nitrogen	01002 Total Arsenic	01087 Total Vanadium	39941 Roundup
00076 Turbidity	00610 Ammonia Nitrogen	01027 Cadmium	01092 Zinc	50047 Max. flow during 24-hr. period
00300 Dissolved Oxygen	00625 Total Kjeldahl Nitrogen	01032 Hexavalent Chromium	01105 Total Aluminum	50048 Min. flow during 24-hr. period
00310 BOD <sub>5</sub>	00665 Total Phosphorous	01034 Chromium	01147 Total Selenium	50050 Flow
00340 COD	00720 Cyanide	01037 Total Cobalt	31504 Total Coliform	50060 Total Residual Chlorine
00400 pH	00745 Total Sulfide	01042 Copper	31614 Fecal Coliform, MPN, Tube	71880 Formaldehyde
00500 Total Solids	00927 Total Magnesium	01045 Total Iron	31616 Fecal Coliform	71900 Mercury
00530 TSS	00929 Total Sodium	01051 Lead	32730 Total Phenolics	81318 Ferrocyanides
00545 Settleable Solids	00940 Total Chloride	01067 Nickel	38260 MBAS	85652 Time

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

If using alternate units for reporting data, please designate.

# EFFLUENT

**NPDES PERMIT NO:** NC0063002    **DISCHARGE NO:** 001    **MONTH:** June    **YEAR:** 1987  
**FACILITY NAME:** Tarawa Terrace Sewage Treatment Plant    **CLASS:** III    **COUNTY:** Onslow  
**OPERATOR IN RESPONSIBLE CHARGE (ORC):** Mack D. Davis    **GRADE:** IV  
**CERTIFIED LABORATORY:** Environmental Chemistry & Microbiology Section

**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 NRCDD  
 PO Box 27687  
 Raleigh, North Carolina 27611

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

X

Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 00010 00403 00545 50060 00310 00340 00610 00500 00530 31616 006300 00556 00600 00669															
			FLOW		TEMPERATURE CELSIUS	PH	SETTLABLE MATTER	RESIDUAL CHLORINE	BOD5 20°C	COD	AMMONIA NITROGEN	TOTAL RESIDUE	TOTAL SUSPENDED RESIDUE	FECAL COLIFORM Geometric Mean	DISSOLVED OXYGEN	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW		
			EFF <input type="checkbox"/>	INF <input type="checkbox"/>												DAILY RATE	OIL & GREASE	TOTAL NITROGEN
HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L
1	00	24	.97940	25	6.6		4.2	14		1.8	8	0	8.7					
2	00	24	1.0450	25	6.5		4.0	10		6.0	7	0	8.9					
3	00	24	.96380	26	6.7		4.0	11		3.6	5	0	9.0	1.4				
4	00	24	.89620	24	6.7		4.0	12		1.8	6	0	8.8					
5	00	24	.85390	24	6.8		4.0	10		1.9	7	0	8.9					
6	00	24	.91470	24	6.8		4.0						8.9					
7	00	24	.96600	24	6.8		4.5						9.0					
8	00	24	.99790	24	6.9		4.0	12		2.1	9	0	9.0				5.1	
9	00	24	.92180	25	6.6		4.0	13		3.8	7	0	8.8					
10	00	24	.64110	25	6.5		4.0	16		3.4	10	0	8.6					
11	00	24	.91720	24	6.8		3.0	11		2.7	6	0	9.3					
12	00	24	1.01340	25	6.7		4.0	2		2.4	14	0	9.0					
13	00	24	.95620	25	6.5		4.0						9.1					
14	00	24	.98400	24	6.8		4.0						8.9					
15	00	24	.99560	24	6.4		4.0	10		1.7	6	12	8.6					
16	00	24	1.07920	24	6.4		4.0	12		3.6	4	0	8.5			14.4	5.4	
17	00	24	.94740	24	7.1		5.0	10		2.3	8	2	9.6					
18	00	24	.98220	24	6.7		3.0	7		1.9	8	0	9.1					
19	00	24	.92140	24	6.8		4.0	10		1.5	8	0	9.3					
20	00	24	1.04260	24	6.8		4.0						9.0					
21	00	24	.98910	24	6.7		4.0						8.8					
22	00	24	.94890	25	6.8		4.0	12		1.1	11	0	9.2					
23	00	24	.98730	25	6.6		4.0	12		1.7	8	0	9.1					
24	00	24	1.19090	25	6.6		4.0	14		2.9	11	0	9.0				4.3	
25	00	24	.92120	23	7.1		2.5	11		1.5	8	0	8.6	0				
26	00	24	1.00340	25	6.5		4.0	11		3.6	12	0	8.5					
27	00	24	.93510	25	6.5		4.0						8.8					
28	00	24	.89560	23	6.6		4.0						8.6					
29	00	24	.89490	23	6.6		4.0	11		1.5	12	0	9.0					
30	00	24	.93590	25	6.5		4.0	9		1.5	10	0	8.5					
31																		
<b>Average</b>			.95730	24			3.9	11		2.5	8	1.16	8.9	1.4	14.4	14.8		
<b>Max.</b>			1.1909	26	7.1		5.0	16		6.0	14	12	9.6	0.7	14.4	14.8		
<b>Min.</b>			.64110	23	6.4		2.5	2		1.1	4	0	8.5	1.4	14.4	5.1		
<b>Comp.(C)/Grab(G)</b>			G	G			G	C		C	C	G	G	G	C	C		
<b>Monthly Limit</b>					6-8.5			30				30	1000	35	30			

Facility Status: ( Please check one of the following)

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

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

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( Attach additional sheets if necessary)

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

*Johari J. 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 <sub>5</sub>	00665 Total Phosphorous	01034 Chromium	01147 Total Selenium	50050 Flow
00340 COD	00720 Cyanide	01037 Total Cobalt	31504 Total Coliform	50060 Total Residual Chlorine
00400 pH	00745 Total Sulfide	01042 Copper	31614 Fecal Coliform, MPN, Tube	71880 Formaldehyde
00500 Total Solids	00927 Total Magnesium	01045 Total Iron	31616 Fecal Coliform	71900 Mercury
00530 TSS	00929 Total Sodium	01051 Lead	32730 Total Phenolics	81318 Ferrocyanides
00545 Settleable Solids	00940 Total Chloride	01067 Nickel	38260 MBAS	85652 Time

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

If using alternate units for reporting data, please designate.

# EFFLUENT

**NPDES PERMIT NO:** NC0063011    **DISCHARGE NO:** 001    **MONTH:** June    **YEAR:** 1987  
**FACILITY NAME:** Camp Johnson (Montford Point) STP    **CLASS:** II    **COUNTY:** Onslow  
**OPERATOR IN RESPONSIBLE CHARGE (ORC):** Mack D. Davis    **GRADE:** IV  
**CERTIFIED LABORATORY:** Environmental Chemistry and Microbiology Laboratory

**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  
 NC Department of NRCO  
 PO Box 27687  
 Raleigh, North Carolina 27611

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

X \_\_\_\_\_  
 Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050	00010	00400	00545	50060	00310	00340	00610	00500	00530	31416	00300	00558	00600	00668
			FLOW	TEMPERATURE CELSIUS	pH	SETTLABLE MATTER	RESIDUAL CHLORINE	BOD5 20°C	COD	AMMONIA NITROGEN	TOTAL RESIDUE	TOTAL SUSPENDED RESIDUE	FECAL COLIFORM	DISSOLVED OXYGEN	OIL & GREASE	TOTAL NITROGEN	TOTAL PHOS- PHORUS
			EFF <input type="checkbox"/>														
1	00	24	.73400	23	7.0		2.0	7		1.1		3	0	8.0			
2	00	24	.87100				2.5										
3	00	24	.62700				4.0								5.3		
4	00	24	.75500				4.0										
5	00	24	.66500	22	6.8		5.0	19		3.3		9	0	7.1			
6	00	24	.56000				5.0										
7	00	24	.68000				5.0										
8	00	24	.69400	23	7.1		3.0	14		1.4		6	0	7.4			2.2
9	00	24	.69900				2.5										
10	00	24	.57900				4.0										
11	00	24	.63800				4.0										
12	00	24	.61800	25	7.0		4.0	1		3.2		11	0	7.5			
13	00	24	.36800				0.4										
14	00	24	.90300				1.5										
15	00	24	.80700	24	7.0		4.0	16		5.0		6	0	7.4			
16	00	24	.69400				4.0										
17	00	24	.54100				5.0										
18	00	24	.50200				4.0										
19	00	24	.36400	24	7.0		4.0	11		6.7		5	2	7.5			
20	00	24	.50100				6.0										
21	00	24	.51300				4.0										
22	00	24	.48400	25	7.0		4.0	18		2.1		6	0	7.4			
23	00	24	.65700				4.0										
24	00	24	.77400				4.0										
25	00	24	.66400				4.0								0		
26	00	24	.68000	2.4	7.0		5.0	12		3.0		3	0	6.5			
27	00	24	.72000	24	6.8		2.0							6.0			
28	00	24	.68000				4.0										
29	00	24	.70400	24	6.6		4.0	10		2.0		4	0	7.2			
30	00	24	.62500				4.0										
31																	
Average			.643367	24			3.3	12		3.1		6	1.08	7.2	2.7		2.2
Max.			.90300	25	7.0		6.0	19		6.7		11	2	8.0	5.3		2.2
Min.			.36400	22	6.6		0.4	1		1.1		3	0	6.0	0		2.2
Comp.(C)/Grab(G)			G	G			G	C		C		C	G	G	C		C
Monthly Limit					6-8.5			30				30	14	>5	20		

ENCLOSURE (1)

Facility Status: ( Please check one of the following)

All monthly averages and / or other limitation do meet permit monitoring requirements

( Compliant)

All monthly averages and / or other limitation do not meet permit monitoring requirements

( Noncompliant)

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

( Attach additional sheets if necessary)

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

*Julian J. Woot*  
 \_\_\_\_\_  
 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 <sub>5</sub>	00665	Total Phosphorous	01034	Chromium	01147	Total Selenium	50050	Flow
00340	COD	00720	Cyanide	01037	Total Cobalt	31504	Total Coliform	50060	Total Residual Chlorine
00400	pH	00745	Total Sulfide	01042	Copper	31614	Fecal Coliform, MPN, Tube	71880	Formaldehyde
00500	Total Solids	00927	Total Magnesium	01045	Total Iron	31616	Fecal Coliform	71900	Mercury
00530	TSS	00929	Total Sodium	01051	Lead	32730	Total Phenolics	81318	Ferrocyanides
00545	Settleable Solids	00940	Total Chloride	01067	Nickel	38260	MBAS	85652	Time

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

If using alternate units for reporting data, please designate.

# EFFLUENT

**NPDES PERMIT NO:** NC0063045    **DISCHARGE NO:** 001    **MONTH:** June    **YEAR:** 1987  
**FACILITY NAME:** Courthouse Bay STP    **CLASS:** II    **COUNTY:** Onslow  
**OPERATOR IN RESPONSIBLE CHARGE (ORC):** Mack D. Davis    **GRADE:** IV  
**CERTIFIED LABORATORY:** Environmental Chemistry and Microbiology Laboratory

**PERSON(S) COLLECTING SAMPLES:** STP Operators

CHECK BLOCK IF ORC HAS CHANGED

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

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

X

Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 00010 00403 00545 50060 00310 00340 00610 00500 00530 31616 00300											00330 00602 00661				
			FLOW	TEMPERATURE CELSIUS	pH	SETTLABLE MATTER	RESIDUAL CHLORINE	BOD5 20°C	COD	AMMONIA NITROGEN	TOTAL RESIDUE	TOTAL SUSPENDED RESIDUE	FECAL COLIFORM	DISSOLVED OXYGEN	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
			EFF <input checked="" type="checkbox"/>												INF <input type="checkbox"/>	DAILY RATE	OIL & GREASE	TOTAL NITROGEN
HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	
1	0024				3.5							6.0						
2	0024		21	7.4	2.5	7		0.38		7	2							
3	0024				3.5													
4	0024				4.0													
5	0024				4.0													
6	0024				4.0													
7	0024				4.5													
8	0024				4.0									0				
9	0024		21	6.7	4.0	10		0.27		6	0	7.4						
10	0024				4.0													
11	0024				4.0													
12	0024				4.0													
13	0024				4.0													
14	0024				4.0													
15	0024				4.0													
16	0024		21	7.0	3.5	10		0.57		7	10	6.2		7.83	1.6			
17	0024				3.0													
18	0024				3.0													
19	0024				3.0													
20	0024				4.0													
21	0024				4.5													
22	0024				4.0													
23	0024		22	7.2	3.0	5		0.37		3	560	5.8						
24	0024				3.5													
25	0024				3.0									0.4				
26	0024				3.5													
27	0024				4.0													
28	0024				5.0													
29	0024				4.5													
30	0024		24	7.4	5.0	6		0.16		1	0	6.6						
31																		
<b>Average</b>		.37056	22		3.8	8		.92		5	6.45	32.0	0.2	7.83	1.6			
<b>Max.</b>		.64290	24	7.4	5.0	10		166		7	560	7.4	0.4	7.83	1.6			
<b>Min.</b>		.18230	21	6.7	2.5	5		48		1	0	5.8	0	7.83	1.6			
<b>Comp.(C)/ Grab(G)</b>			G	G	G	C		C		C	G	G	G	C	C			
<b>Monthly Limit</b>				6-8.5		30				30	14	>5	30					

Facility Status: ( Please check one of the following)

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

All monthly averages and / or other limitation do not meet permit monitoring requirements  ( 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:

*John J. Wooten*  
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Signature of Permittee

PARAMETER CODES

00010 Temperature	00556 Oil and Grease	00950 Dissolved Fluoride	01077 Silver	39516 PCBS
00065 Stream Stage	00600 Total Nitrogen	01002 Total Arsenic	01087 Total Vanadium	39941 Roundup
00076 Turbidity	00610 Ammonia Nitrogen	01027 Cadmium	01092 Zinc	50047 Max. flow during 24-hr. period
00300 Dissolved Oxygen	00625 Total Kjeldahl Nitrogen	01032 Hexavalent Chromium	01105 Total Aluminum	50048 Min. flow during 24-hr. period
00310 BOD <sub>5</sub>	00665 Total Phosphorous	01034 Chromium	01147 Total Selenium	50050 Flow
00340 COD	00720 Cyanide	01037 Total Cobalt	31504 Total Coliform	50060 Total Residual Chlorine
00400 pH	00745 Total Sulfide	01042 Copper	31614 Fecal Coliform, MPN, Tube	71880 Formaldehyde
00500 Total Solids	00927 Total Magnesium	01045 Total Iron	31616 Fecal Coliform	71900 Mercury
00530 TSS	00929 Total Sodium	01051 Lead	32730 Total Phenolics	81318 Ferrocyanides
00545 Settleable Solids	00940 Total Chloride	01067 Nickel	38260 MBAS	85652 Time

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

If using alternate units for reporting data, please designate.

# EFFLUENT

**NPDES PERMIT NO:** NC0063037    **DISCHARGE NO:** 001    **MONTH:** June    **YEAR:** 1987  
**FACILITY NAME:** Rifle Range STP    **CLASS:** II    **COUNTY:** Onslow  
**OPERATOR IN RESPONSIBLE CHARGE (ORC):** Mack D. Davis    **GRADE:** IV  
**CERTIFIED LABORATORY:** Environmental Chemistry and Microbiology Laboratory

**PERSON(S) COLLECTING SAMPLES:** STP Operators

CHECK BLOCK IF ORC HAS CHANGED

Mail original and one copy to:  
 ATT: Central Files  
 Division of Environmental Management  
 NC Department of NRCD  
 PO Box 27687  
 Raleigh, North Carolina 27611

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

X

Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 00010 00405 00545 50060 00310 00340 00610 00500 00530 31616 00300											00556 00600 00665			
			FLOW	TEMPERATURE CELSIUS	pH	SETTLABLE MATTER	RESIDUAL CHLORINE	BOD5 20°C	COD	AMMONIA NITROGEN	TOTAL RESIDUE	TOTAL SUSPENDED RESIDUE	FECAL COLIFORM	DISSOLVED OXYGEN	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW		
			EFF <input checked="" type="checkbox"/>												INF <input type="checkbox"/>	DAILY RATE	OIL & GREASE
HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MG/L	MG/L	MG/L	MG/L	
1	00	24	.19006			5.0											
2	00	24	.18390			4.0											
3	00	24	.19654	21	6.7	6.0						9.1					
4	00	24	.15903			5.0	4		0.31	1	0						
5	00	24	.13138			5.0											
6	00	24	.17977			4.0											
7	00	24	.17959			4.0											
8	00	24	.20892			5.0								0			
9	00	24	.21881			4.0											
10	00	24	.21260	20	6.6	4.0	6		0.14	4	0	8.0					
11	00	24	.15555			5.0											
12	00	24	.20555			4.0											
13	00	24	.20035			5.0											
14	00	24	.18900			4.0											
15	00	24	.19860			4.0											
16	00	24	.19822			5.0											
17	00	24	.20717	21	6.4	4.0	4		0.15	1	0	7.8		5.94			
18	00	24	.14650			6.0											
19	00	24	.14535			6.0											
20	00	24	.20359			6.0											
21	00	24	.13991			4.0											
22	00	24	.20156			5.0											
23	00	24	.16907	24	6.6	8.0						7.0					
24	00	24	.20578	24	6.6	8.0	5		0.31	2	0	9.0				1.5	
25	00	24	.26588	22	6.5	6.0						8.9	0				
26	00	24	.18746			6.0											
27	00	24	.17711			5.0											
28	00	24	.15140			5.0											
29	00	24	.18764			6.0											
30	00	24	.18975			5.0											
31																	
<b>Average</b>			.136102	22		5.3	19		0.91	8	0	8.3	0	5.94	1.5		
<b>Max.</b>			.26588	24	6.7	5.1	5		0.23	2	0	9.1	0	5.94	1.5		
<b>Min.</b>			.13138	21	6.4	4.0	6		0.31	4	0	7.0	0	5.94	1.5		
<b>Comp.(C)/Grab(G)</b>			G	G		G	C		C	C	C	G	G	C	C		
<b>Monthly Limit</b>					6-8.0		30					30	14	5	30		

Facility Status: ( Please check one of the following)

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

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

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

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

*Julian J. Wooten*  
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Signature of Permittee

PARAMETER CODES

00010 Temperature	00556 Oil and Grease	00950 Dissolved Fluoride	01077 Silver	39516 PCBS
00065 Stream Stage	00600 Total Nitrogen	01002 Total Arsenic	01087 Total Vanadium	39941 Roundup
00076 Turbidity	00610 Ammonia Nitrogen	01027 Cadmium	01092 Zinc	50047 Max. flow during 24-hr. period
00300 Dissolved Oxygen	00625 Total Kjeldahl Nitrogen	01032 Hexavalent Chromium	01105 Total Aluminum	50048 Min. flow during 24-hr. period
00310 BOD <sub>5</sub>	00665 Total Phosphorous	01034 Chromium	01147 Total Selenium	50050 Flow
00340 COD	00720 Cyanide	01037 Total Cobalt	31504 Total Coliform	50060 Total Residual Chlorine
00400 pH	00745 Total Sulfide	01042 Copper	31614 Fecal Coliform, MPN, Tube	71880 Formaldehyde
00500 Total Solids	00927 Total Magnesium	01045 Total Iron	31616 Fecal Coliform	71900 Mercury
00530 TSS	00929 Total Sodium	01051 Lead	32730 Total Phenolics	81318 Ferrocyanides
00545 Settleable Solids	00940 Total Chloride	01067 Nickel	38260 MBAS	85652 Time

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

If using alternate units for reporting data, please designate.

# EFFLUENT

**NPDES PERMIT NO:** NC0063053    **DISCHARGE NO:** 001    **MONTH:** June    **YEAR:** 1987  
**FACILITY NAME:** Onslow Beach STP    **CLASS:** II    **COUNTY:** Onslow  
**OPERATOR IN RESPONSIBLE CHARGE (ORC):** Mack D. Davis    **GRADE:** IV  
**CERTIFIED LABORATORY:** Environmental Chemistry and Microbiology Laboratory  
STP Operators

CHECK BLOCK IF ORC HAS CHANGED  
 Mail original and one copy to:  
 ATT: Central Files  
 Division of Environmental Management  
 N C Department of NRCD  
 PO Box 27687  
 Raleigh, North Carolina 27611

**PERSON(S) COLLECTING SAMPLES:** \_\_\_\_\_  
 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 00010 00403 00545 50060 00310 00340 00610 00500 00530 31616 00300 00510 00101 00105													ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
			FLOW	TEMPERATURE CELSIUS	pH	SETTLABLE MATTER	RESIDUAL CHLORINE	BOD5 20°C	COD	AMMONIA NITROGEN	TOTAL RESIDUE	TOTAL SUSPENDED RESIDUE	FECAL COLIFORM	DISSOLVED OXYGEN	DTP	GRAB	SPAL	NITROGEN	TOTAL PHOSPHORUS
			EFF <input type="checkbox"/>																
HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	
1	00	24	.13204			4.5													
2	00	24	.09781			4.5													
3	00	24	.09152			5.0													
4	00	24	.09911	19	6.7	4.0	8		0.26		4	S.E.*	8.4	0.2					
5	00	24	.08134			4.0													
6	00	24	.18912			4.0													
7	00	24	.09863			4.0													
8	00	24	.08163			4.0													
9	00	24	.02149	19	6.6	5.0	8.0						9.0						
10	00	24	.09005			5.0													
11	00	24	.03711	18	6.4	8.0	11		0.37		6	0	8.0	0					
12	00	24	.07917			5.0													
13	00	24	.10673			5.0													
14	00	24	.09209			5.0													
15	00	24	.15187			5.0													
16	00	24	.04962			5.0													
17	00	24	.11396			5.0													
18	00	24	.12303	19	6.7	5.0	6		0.48		5	26	8.1						
19	00	24	.09329			4.0													
20	00	24	.10457			4.5													
21	00	24	.09197			4.5													
22	00	24	.12549			4.5													
23	00	24	.10414			4.5													
24	00	24	.09182			4.5													
25	00	24	.10695	18	6.6	4.5	6		0.22		2	0	8.3	0					
26	00	24	.09331			5.0													
27	00	24	.08789			5.0													
28	00	24	.09418			5.0													
29	00	24	.11658			4.0													
30	00	24	.10461			4.5													
31																			
Average			.09837	19		4.8	3		0.33		4	26	8.4						
Max.			.09837	19	6.7	8.0	11		0.48		6	26	9.0						
Min.			.02149	18	6.4	4.0	6		0.22		2	0	8.0						
Comp.(C)/Grab(G)			G	G		G	G		C		C	G	G	G	C	C			
Monthly Limit					6-8.5		30				30	14	>5		30				

Facility Status: ( Please check one of the following)

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

All monthly averages and / or other limitation do not meet permit monitoring requirements  ( 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:

*Jehan J. Woods*  
 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 <sub>5</sub>	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.



Facility Status: ( Please check one of the following)

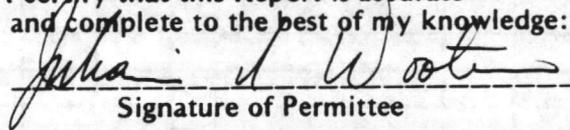
All monthly averages and / or other limitation do meet permit monitoring requirements  ( Compliant)

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

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

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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 <sub>5</sub>	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.

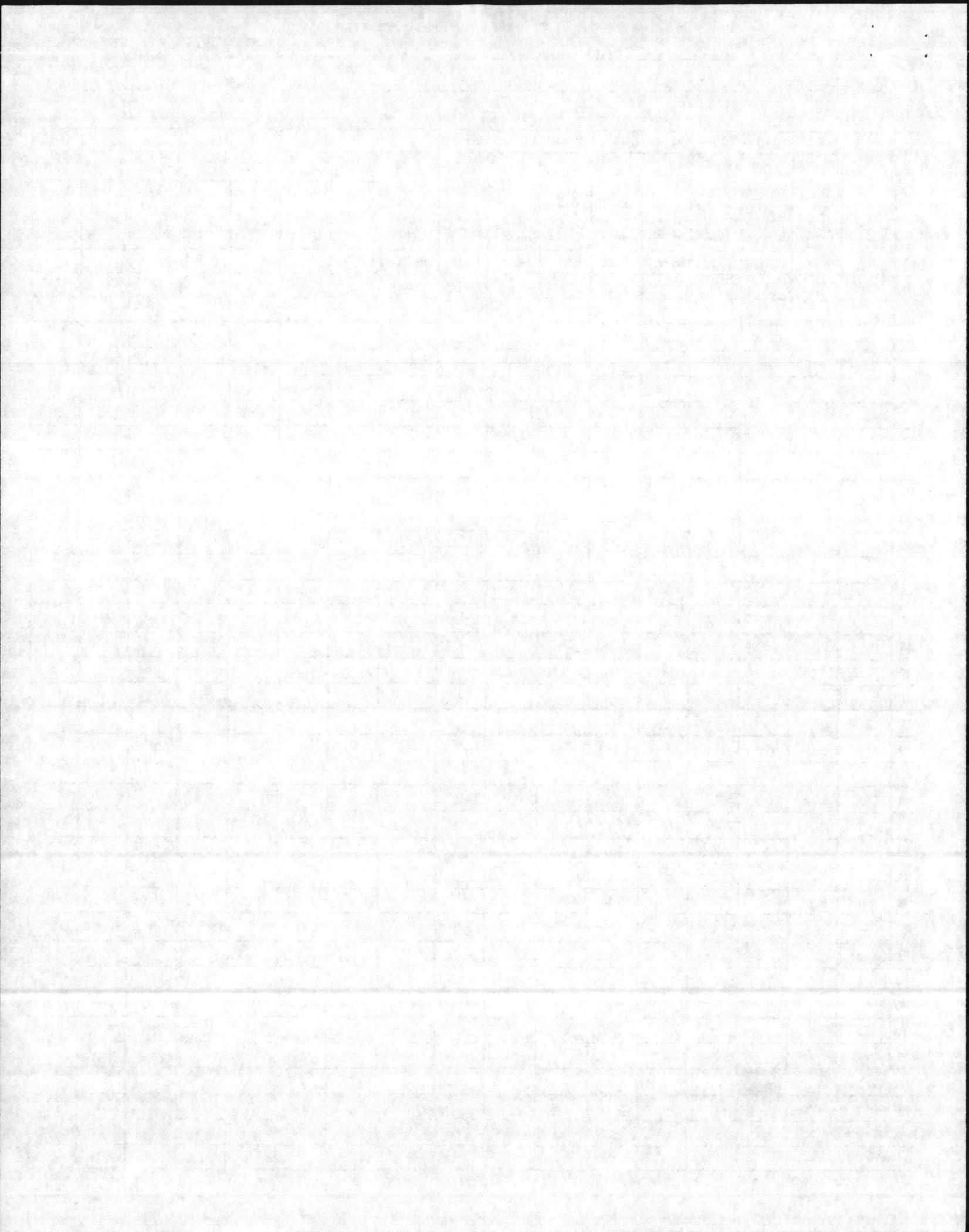
If using alternate units for reporting data, please designate.

# Influent

NPDES NO: NC0003239 DISCHARGE NO: \_\_\_\_\_ MONTH: June YEAR: 1987

FACILITY NAME: Camp Geiger Sewage Treatment Plant COUNTY: Onslow

			00400	00010	00545	00310	00610	00500	00530	00340	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD <sub>5</sub> 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD							
		HRS	STD UNITS	°C	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1	00	24				250			176								
2	00	24				308			173								
3	00	24				265			193								
4	00	24				390			340								
5	00	24				295			217								
6																	
7																	
8	00	24				308			237								
9	00	24				405			252								
10	00	24				275			173								
11	00	24				245			166								
12	00	24				284			190								
13																	
14																	
15	00	24				296			153								
16	00	24				324			314								
17	00	24				224			156								
18	00	24				316			183								
19	00	24				284			242								
20																	
21																	
22	00	24				332			206								
23	00	24				260			316								
24	00	24				200			174								
25	00	24				216			76								
26	00	24				410			283								
27																	
28																	
29	00	24				235			150								
30	00	24				250			134								
31																	
AVERAGE						290			205								
MONTHLY MAXIMUM						410			340								
MONTHLY MINIMUM						200			76								
SAMPLE TYPE C or G						C			C								

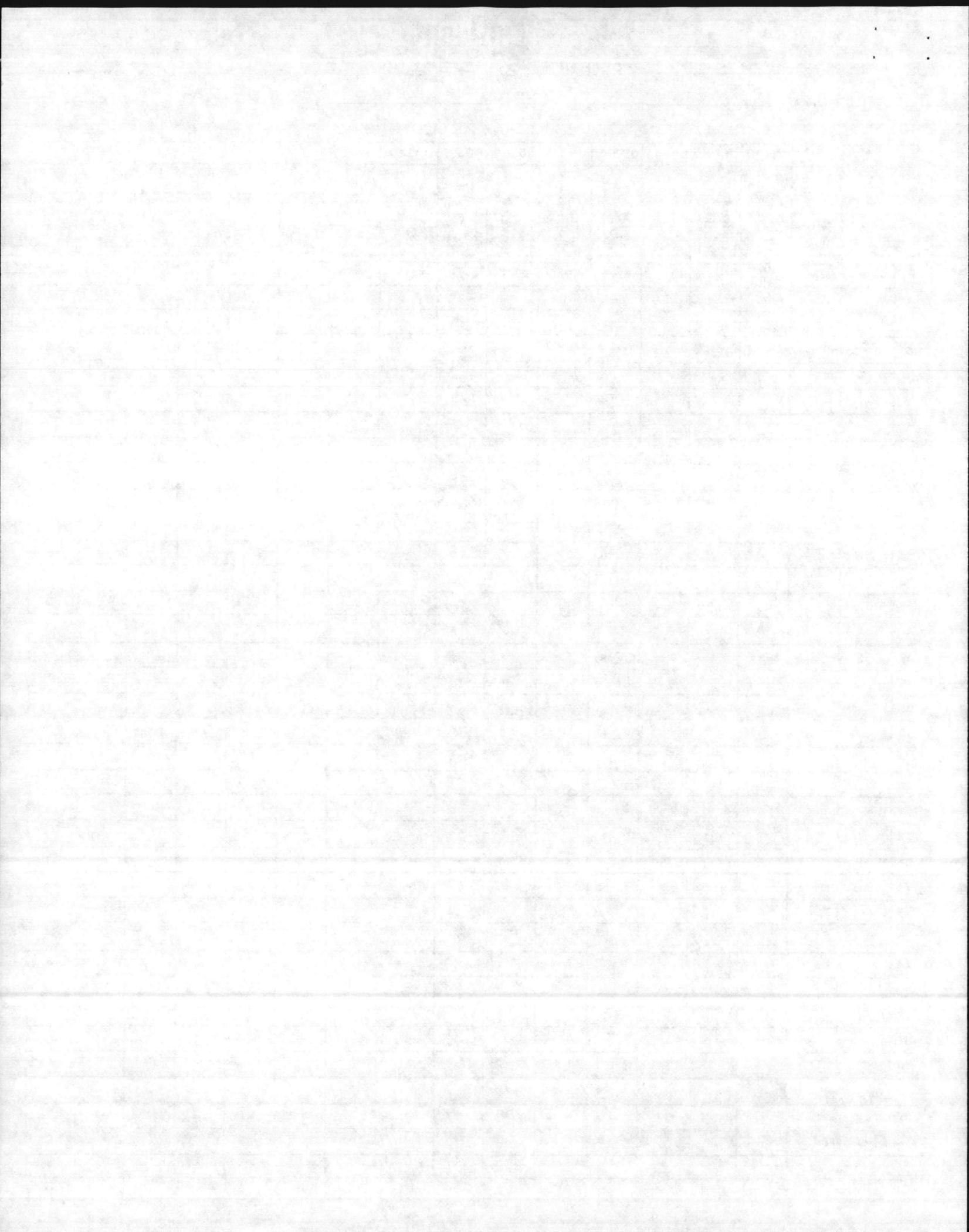


# Influent

NPDES NO: NC0063002 DISCHARGE NO: 001 MONTH: June YEAR: 1987  
Parawa Terrace Sewage Treatment Plant Onslow

FACILITY NAME: \_\_\_\_\_ COUNTY: \_\_\_\_\_

		00400	00010	00545	00310	00610	00500	00530	00340	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW				
Date	Time	PH	Temperature (Celsius)	Settleable Matter	BOD <sub>5</sub> 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD					
	Composite Time	STD UNITS	°C	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L					
1	00	24			216			216						
2	00	24			196			86						
3	00	24			196			86						
4	00	24			204			134						
5	00	24			255			174						
6														
7														
8	00	24			208			124						
9	00	24			176			96						
10	00	24			184			118						
11	00	24			188			116						
12	00	24			124			78						
13														
14														
15	00	24			180			106						
16	00	24			160			96						
17	00	24			100			92						
18	00	24			204			110						
19	00	24			256			358						
20														
21														
22	00	24			208			132						
23	00	24			148			126						
24	00	24			176			180						
25	00	24			184			108						
26	00	24			184			88						
27														
28														
29	00	24			152			122						
30	00	24			164			90						
31														
AVERAGE					185			129						
MONTHLY MAXIMUM					256			358						
MONTHLY MINIMUM					100			78						
SAMPLE TYPE C or G					C			C						

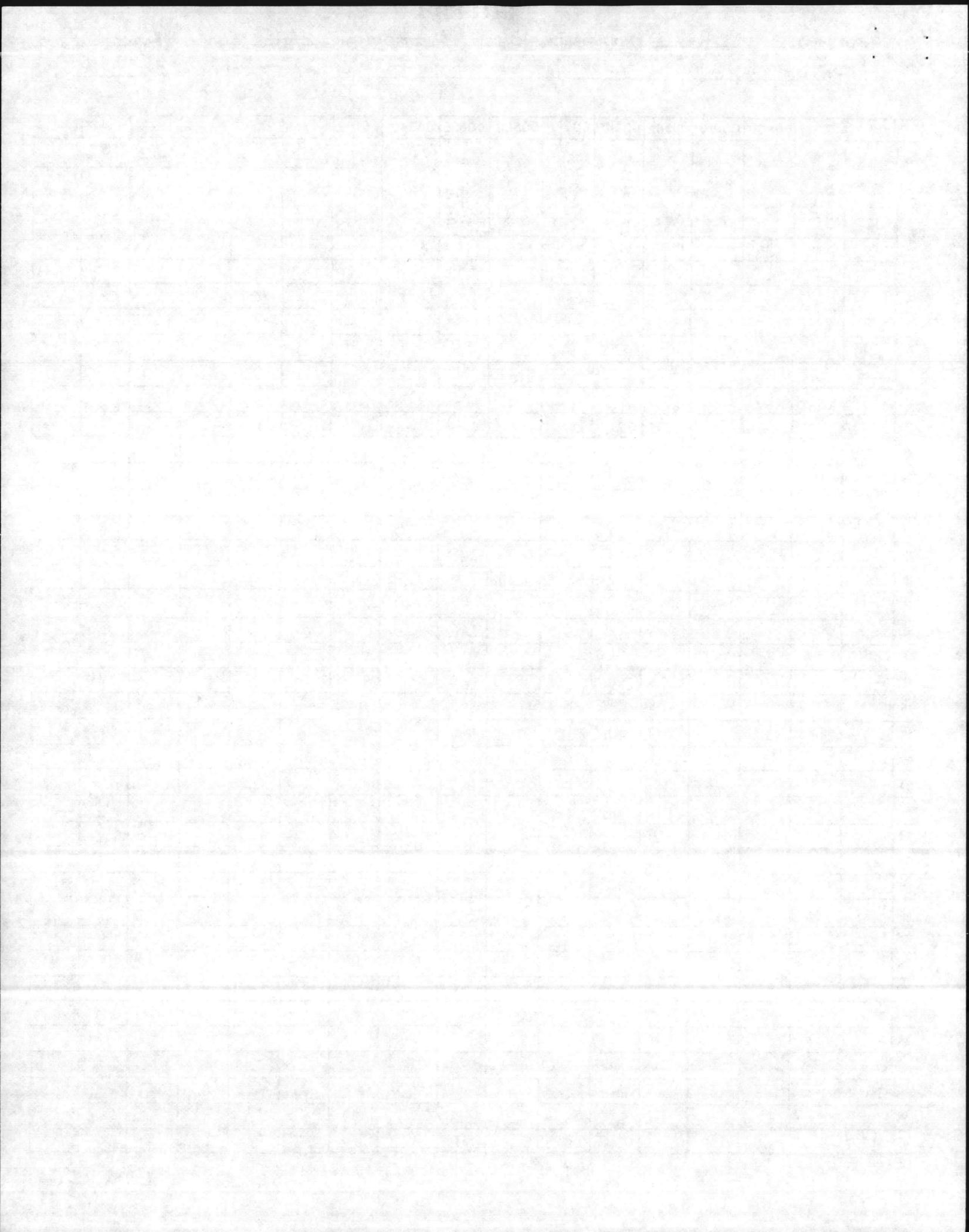


# Influent

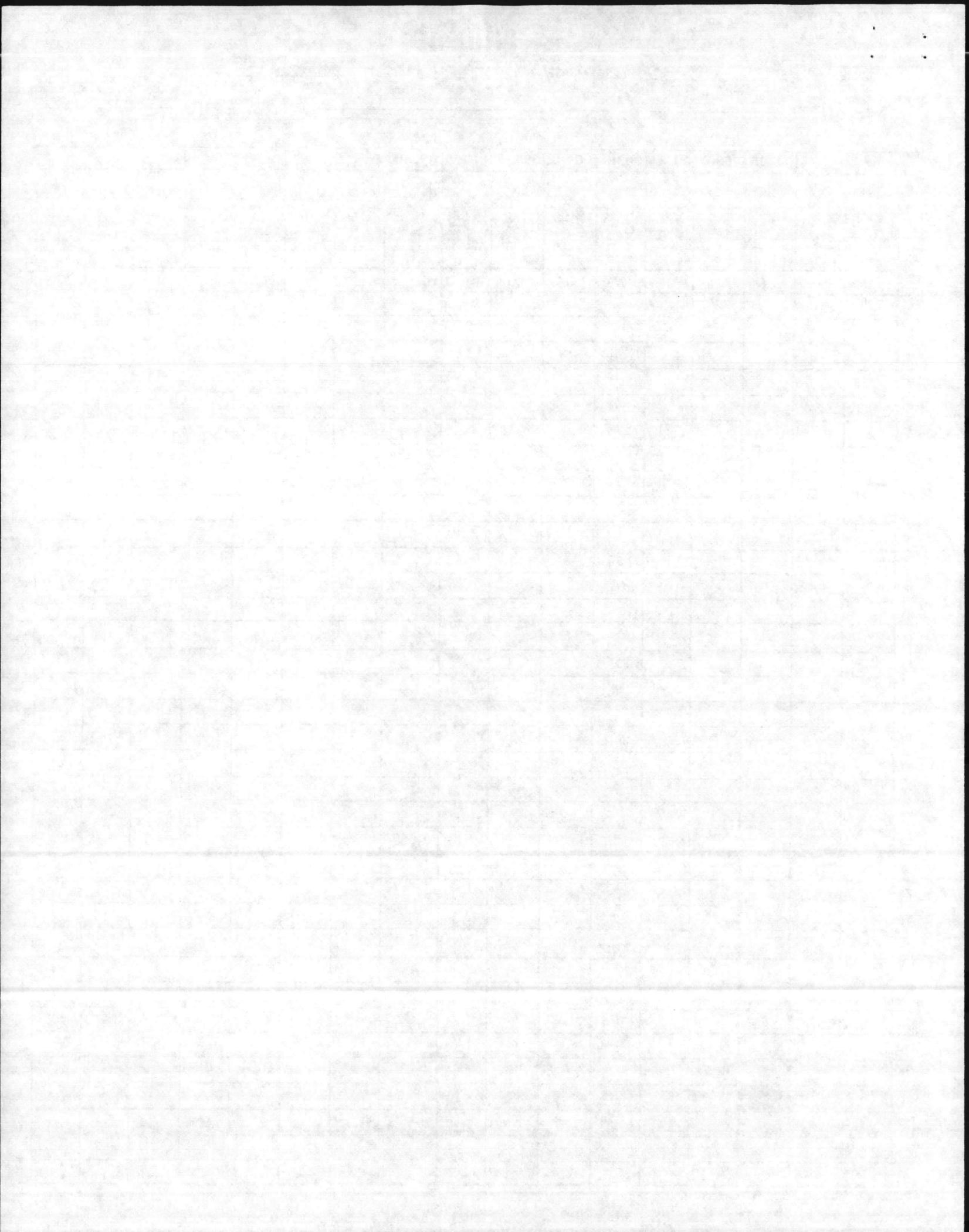
NPDES NO: NC0063011 DISCHARGE NO: 001 MONTH: June YEAR: 1987

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

		00400	00010	00545	00310	00610	00500	00530	00340	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW				
Date	Time	PH	Temperature (Celsius)	Settleable Matter	BOD <sub>5</sub> 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD					
	Composite Time		°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L					
	HRS	STD UNITS												
1	00	24			188			120						
2														
3														
4														
5	00	24			573			344						
6														
7														
8	00	24			324			122						
9														
10														
11														
12	00	24			276			108						
13														
14														
15	00	24			200			202						
16														
17														
18														
19	00	24			324			441						
20														
21														
22	00	24			345			313						
23														
24														
25														
26	00	24			184			182						
27														
28														
29	00	24			135			102						
30														
31														
AVERAGE					283			215						
MONTHLY MAXIMUM					573			441						
MONTHLY MINIMUM					135			102						
SAMPLE TYPE C or G					C			C						





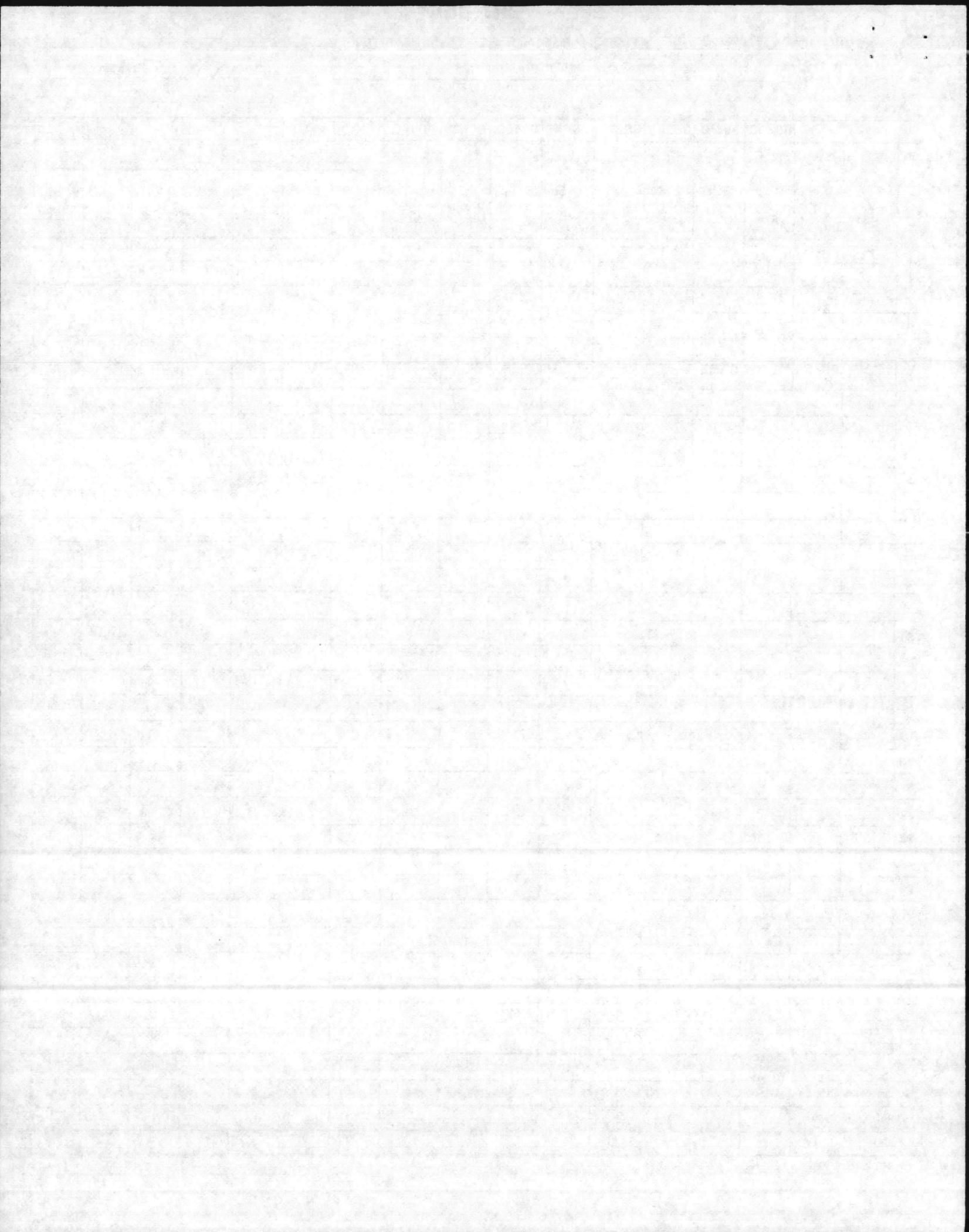


# Influent

NPDES NO: NC0063045      DISCHARGE NO.: 001      MONTH: June      YEAR: 1987  
 Courthouse Bay STP      COUNTY: Onslow

FACILITY NAME: \_\_\_\_\_

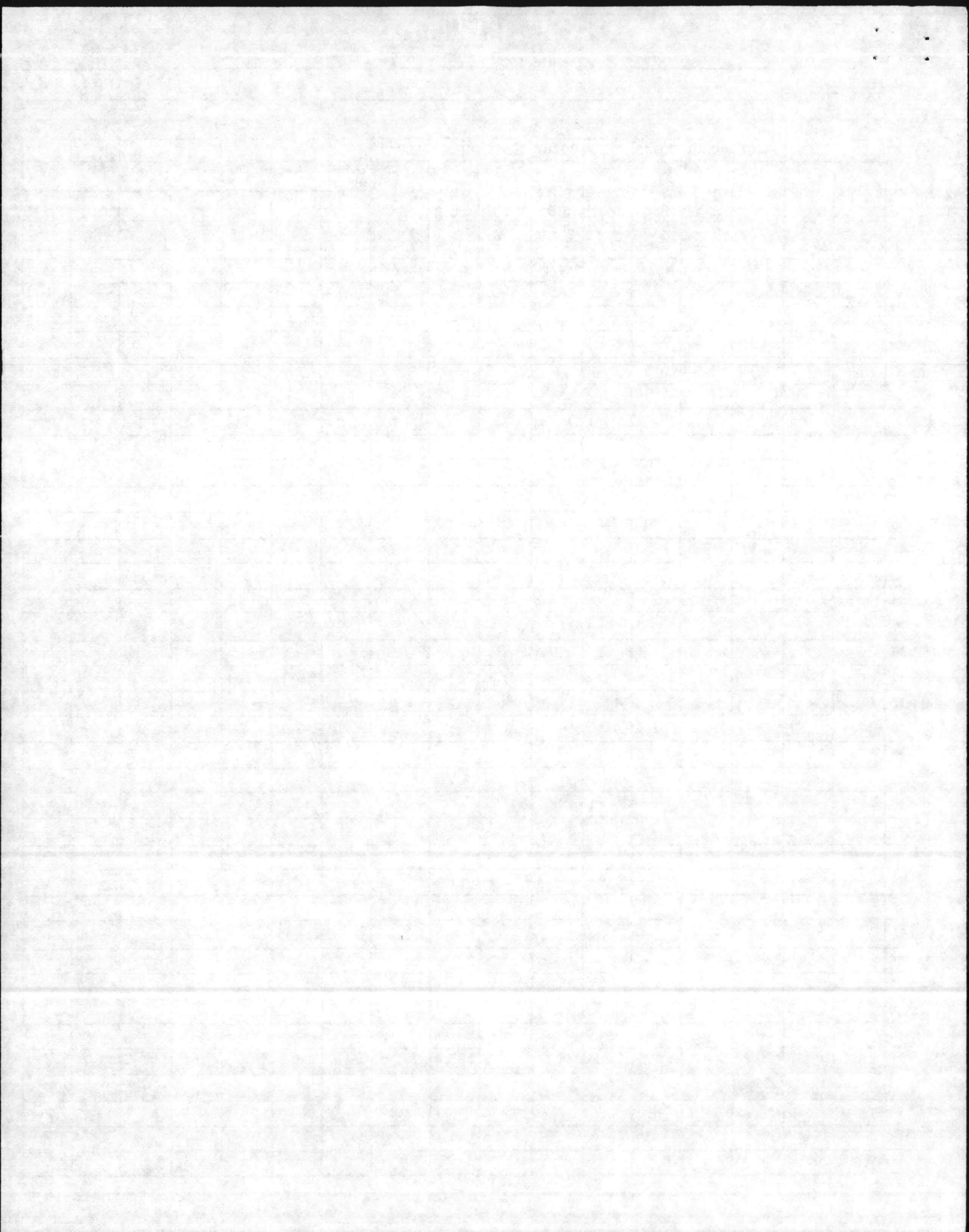
Date	Time	Composite Time	00400	00010	00545	00310	00610	00500	00530	00340	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW								
			PH	Temperature (Celsius)	Settleable Matter	BOD <sub>5</sub> 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD									
			STD UNITS	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L								
1																			
2	00	24				80			48										
3																			
4																			
5																			
6																			
7																			
8																			
9	00	24				132			62										
10																			
11																			
12																			
13																			
14																			
15																			
16	00	24				148			166										
17																			
18																			
19																			
20																			
21																			
22																			
23	00	24				220			136										
24																			
25																			
26																			
27																			
28																			
29																			
30	00	24				68			46										
31																			
AVERAGE						130			92										
MONTHLY MAXIMUM						220			166										
MONTHLY MINIMUM						68			48										
SAMPLE TYPE C or G						C			C										



# Influent

NPDES NO: NC0063037 DISCHARGE NO: 001 MONTH: June YEAR: 1987  
 FACILITY NAME: Rifle Range STP COUNTY: Onslow

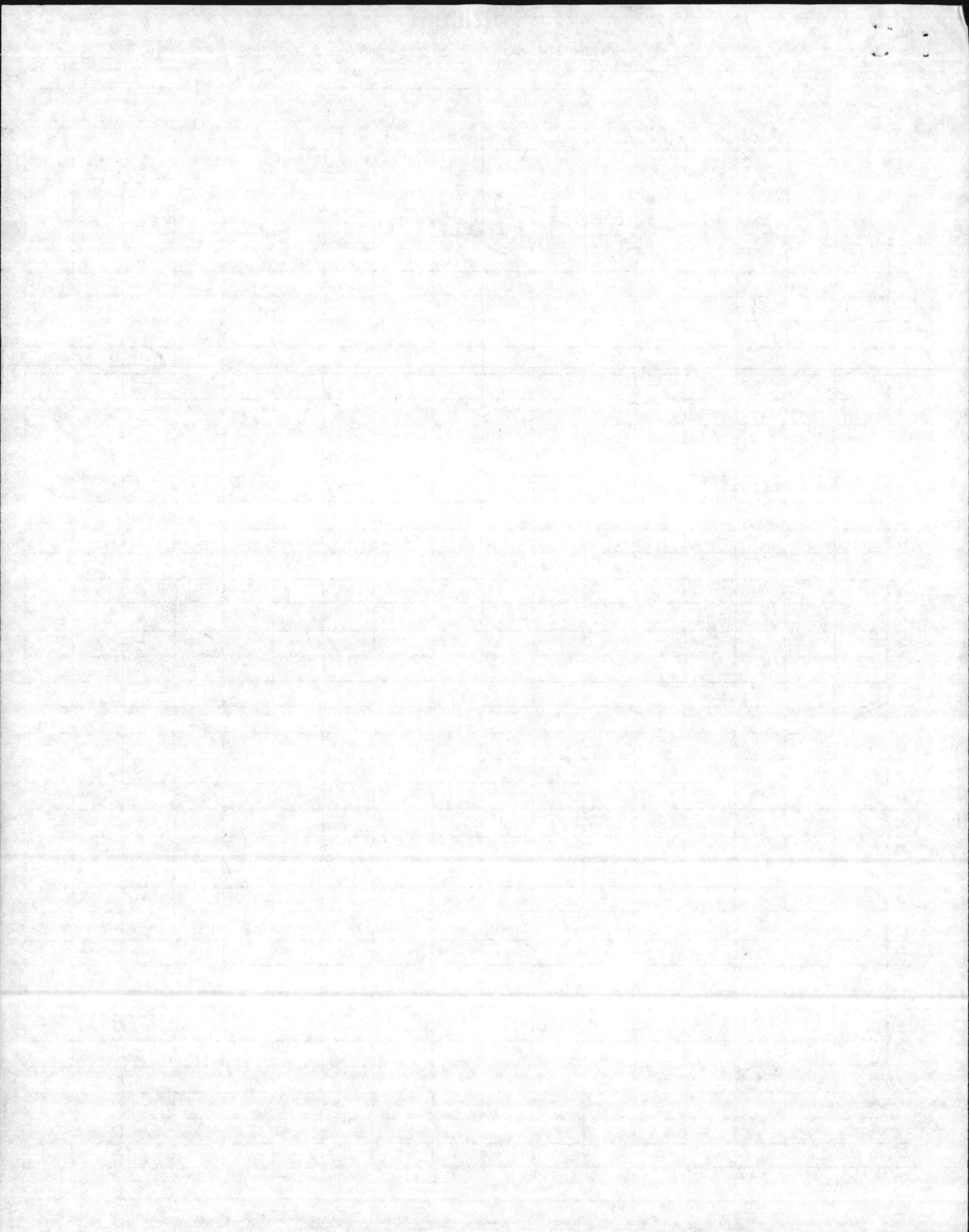
Date	Time	Composite Time	00400	00010	00545	00310	00610	00500	00530	00340	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW							
			PH	Temperature (Celsius)	Settleable Matter	BOD <sub>5</sub> 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD								
			STD UNITS	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																		
2																		
3																		
4	00	24				40			136									
5																		
6																		
7																		
8																		
9																		
10	00	24				68			70									
11																		
12																		
13																		
14																		
15																		
16																		
17	00	24				44			76									
18																		
19																		
20																		
21																		
22																		
23																		
24	00	24				60			200									
25																		
26																		
27																		
28																		
29																		
30																		
31																		
AVERAGE						53			121									
MONTHLY MAXIMUM						68			200									
MONTHLY MINIMUM						40			70									
SAMPLE TYPE C or G						C			C									



# Influent

NPDES NO: NC0063053 DISCHARGE NO: 001 MONTH: June YEAR: 1987  
Onslow Beach STP  
 FACILITY NAME: \_\_\_\_\_ COUNTY: Onslow

		00400	00010	00545	00310	00610	00500	00530	00340	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW			
Date	Time	PH	Temperature (Celsius)	Settleable Matter	BOD <sub>5</sub> 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD				
	Composite Time	STD UNITS	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L				
	HRS												
1													
2													
3													
4	00	24			268			346					
5													
6													
7													
8													
9													
10													
11	00	24			180			264					
12													
13													
14													
15													
16													
17													
18	00	24			164			156					
19													
20													
21													
22													
23													
24													
25	00	24			184			232					
26													
27													
28													
29													
30													
31													
AVERAGE					199			250					
MONTHLY MAXIMUM					268			346					
MONTHLY MINIMUM					164			156					
SAMPLE TYPE C or G					C			C					



*fdw*  
AUG 10 1987

6280/4  
FAC

Assistant Chief of Staff, Facilities, Marine Corps Base, Camp  
Lejeune  
Base Maintenance Officer

WASTEWATER COMPLIANCE INSPECTION REPORTS

Encl: (1) NC Div of Env Mgmt ltr dtd 30 Jul 87 w/encl

1. Please direct your attention to the summary of findings and comments per the enclosure. In all cases the plants were rated to be in compliance. Please provide a response by 15 September 1987 on the status of the findings and comments regarding adjusting chlorine residuals and cleaning of sludge drying beds.

2. POC is Bob Alexander, extension 3034.

K. J. KIRIACOPOULOS  
By direction

Copy to:  
NREAD ←

W/ff

1987  
140

AUG 10 1987

THE BOARD OF DIRECTORS OF THE COMPANY HAS REVIEWED THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31.12.86 AND IS OF THE OPINION THAT THEY GIVE A TRUE AND FAIR VIEW OF THE COMPANY'S FINANCIAL POSITION AT THE BALANCE SHEET DATE AND OF ITS PERFORMANCE DURING THE YEAR.

THE DIRECTORS OF THE COMPANY HAVE REVIEWED THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31.12.86 AND ARE OF THE OPINION THAT THEY GIVE A TRUE AND FAIR VIEW OF THE COMPANY'S FINANCIAL POSITION AT THE BALANCE SHEET DATE AND OF ITS PERFORMANCE DURING THE YEAR.

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A 3/5



State of North Carolina  
Department of Natural Resources and Community Development  
Wilmington Regional Office

James G. Martin, Governor  
S. Thomas Rhodes, Secretary

Bob Jamieson

DIVISION OF ENVIRONMENTAL MANAGEMENT

July 30, 1987

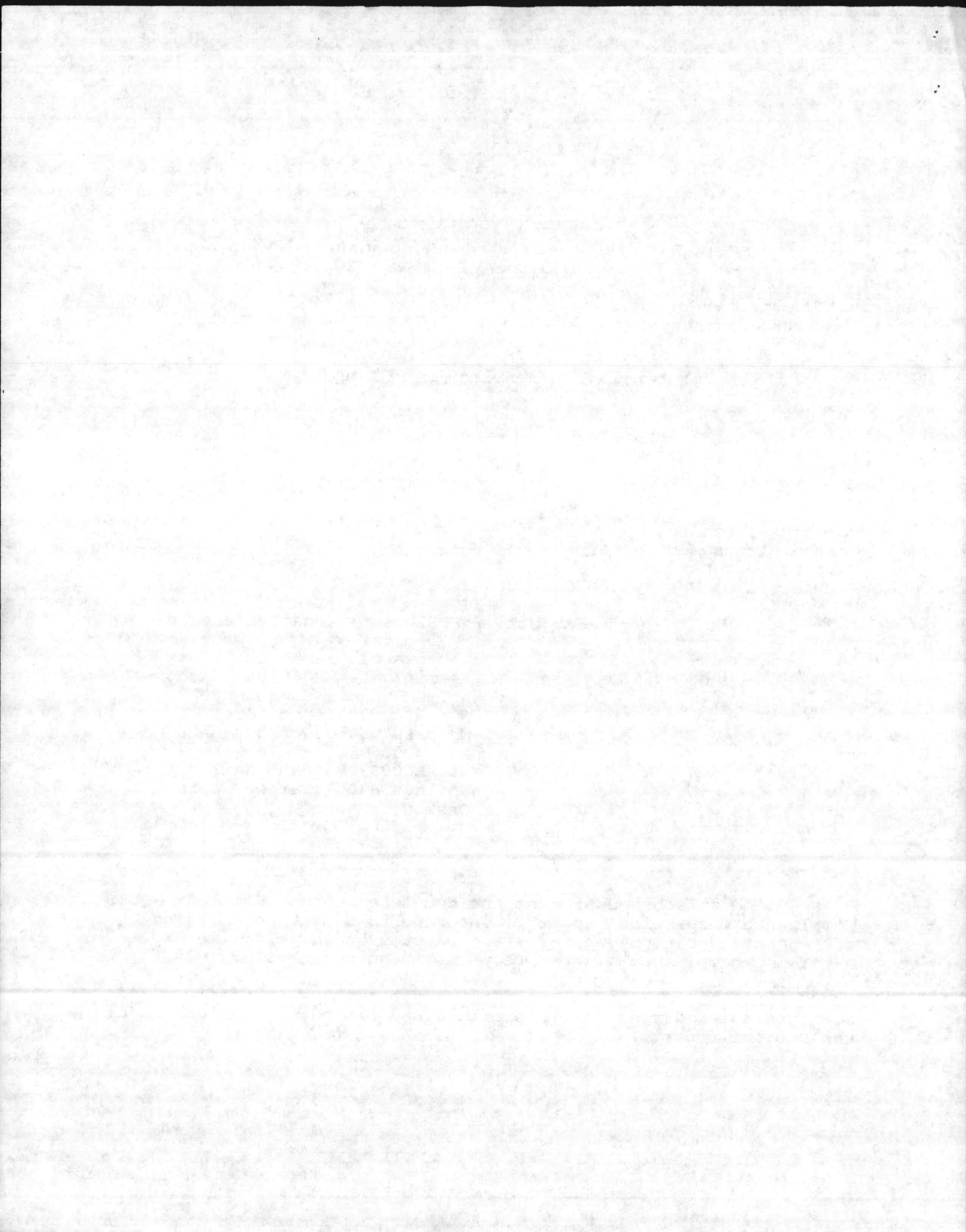
Commanding General  
United States Marine Corps  
Camp Lejeune Marine Corps Base  
Jacksonville, North Carolina 28542

Subject: NPDES Compliance Inspection  
Reports  
Wastewater Treatment Plants  
Permit Nos. NC0063069 Hadnot Pt.  
No. NC0063045 Courthouse Bay  
No. NC0063011 Montford Point  
No. NC0063053 Onslow Beach  
No. NC0063037 Rifle Range  
No. NC0062995 Camp Geiger  
No. NC0063002 Tarawa Terrace  
Onslow County

Dear Sir:

Please find attached copies of the completed forms entitled "NPDES Compliance Inspection Report". The reports summarize the findings of recent inspections which were conducted on July 21, 1987 to determine compliance with NPDES permit requirements.

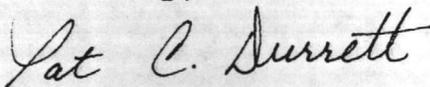
Your attention is also directed towards a summary of findings and comments noted during the inspections and listed in Section "D" of the subject reports.



Page Two  
Commanding General  
United States Marine Corps  
July 30, 1987

If you have any questions concerning these reports, please contact me at the Wilmington Regional Office, telephone number (919) 256-4161.

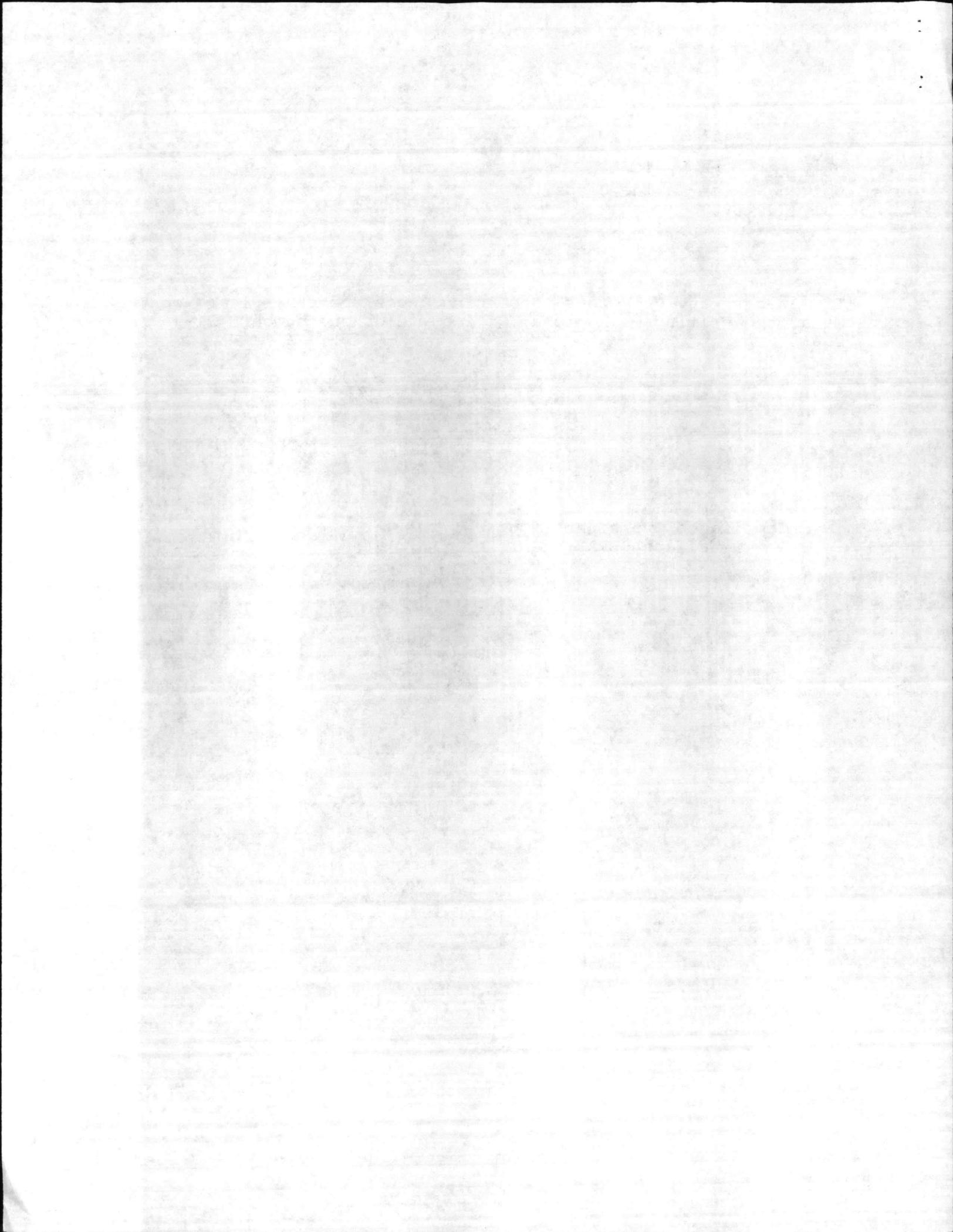
Sincerely,



Pat C. Durrett  
Wastewater Treatment Plant Consultant

PCD:kc

cc: WiRO, CF  
Compliance Oversight Group  
G. W. Wallace, EPA



## NPDES Compliance Inspection Report

### Section A: National Data System Coding

Transaction Code: N NPDES NC0063045  
Date: 87/07/21 Inspection Type: C Inspector: S  
Facility Type: 4 Facility Evaluation Rating: 4  
BI: N QA: N

### Section B: Facility Data

#### Name and Location of Facility Inspected:

Courthouse Bay  
Camp Lejeune

Entry Time: 11:00 am Exit Time/Date: 11:40-7/21/87  
Permit Effective Date: 2/1/87 Permit Expiration Date: 1/31/92

#### Name(s), Title(s) of On-Site Representative(s):

Mac Davis (Initial Interview), ORC  
Tommy Kennedy, Work Leader  
Glen Vause, Day Operator

Phone Number: 451-5988

#### Name, Title and Address of Responsible Official:

Davis Southerland, Utilities Director  
Utilities Division, Base Maintenance  
Marine Corps Base, Camp Lejeune

Phone Number: 451-5161 Contacted: No

### Section C: Areas Evaluated During Inspection

(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Evaluated)

Permit: S	Records/Reports: S
Facility Site Review: N	Flow Measurement: S
Laboratory: S	Effluent/Receiving Waters: S
Pretreatment: N	Compliance Schedules: N
Self-Monitoring Program: S	Operations & Maintenance: S
Sludge Disposal: S	Other:

Compliance Status: **Compliance**



**Section D: Summary of Findings/Comments**

1. A review of the past twelve months of data from the self-monitoring reports submitted by the permittee show the facility to be in compliance with the effluent limitations contained in the NPDES discharge permit.
2. Visual observations made during the inspection show the facility was well operated and maintained.
3. The effluent was noted to be very clear and free of suspended matter.
4. The automatic samplers are not being utilized for sample collection. This should be corrected as soon as possible. A more representative sample will be collected when using the automatic samplers.
5. The CL2 residual is too high. A minimum of 0.5 mg/l is required and you are in excess of 4.0 mg/l. Not only is this practice costly it could create toxic conditions in the receiving waters. The residual should be only high enough to ensure compliance with fecal coliform limits.
6. Drying beds are not being cleaned in a timely manner. These should be cleaned as they dry in order to move solids inventory quickly if the need arises.

**Name(s) and Signature(s) of Inspector(s):**

Pat Durrett *Pat Durrett*

**Agency/Office/Telephone:** NRCD/Wilmington/256-4161

**Date:** 7/21/87



**NPDES Compliance Inspection Report**

**Section A: National Data System Coding**

Transaction Code: N NPDES NC0063011  
Date: 87/07/21 Inspection Type: C Inspector: S  
Facility Type: 4 Facility Evaluation Rating: 4  
BI: N QA: N

**Section B: Facility Data**

**Name and Location of Facility Inspected:**

Camp Johnson

Entry Time: 1:10 pm Exit Time/Date: 1:40-7/21/87  
Permit Effective Date: 2/1/87 Permit Expiration Date: 1/31/92

**Name(s), Title(s) of On-Site Representative(s):**

Tommy Kennedy, Work Leader  
Stan Hill, Day Operator

Phone Number: 451-5988

**Name, Title and Address of Responsible Official:**

Davis Southerland, Utilities Director  
Utilities Division, Base Maintenance  
Marine Corps Base, Camp Lejeune

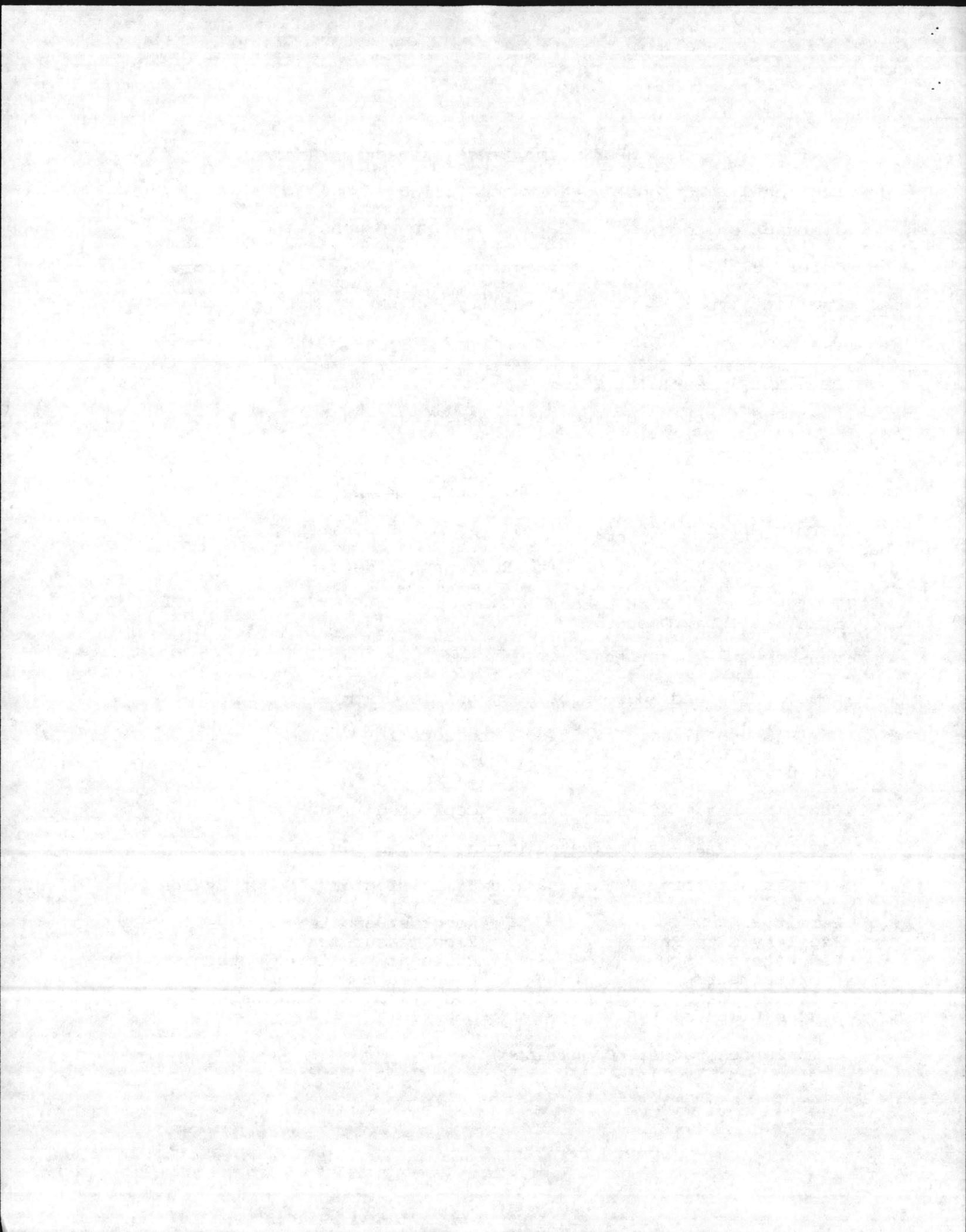
Phone Number: 451-5161 Contacted: No

**Section C: Areas Evaluated During Inspection**

(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Evaluated)

Permit: S	Records/Reports: S
Facility Site Review: N	Flow Measurement: S
Laboratory: S	Effluent/Receiving Waters: S
Pretreatment: N	Compliance Schedules: N
Self-Monitoring Program: S	Operations & Maintenance: S
Sludge Disposal: S	Other:

Compliance Status: **Compliance**



**Section D: Summary of Findings/Comments**

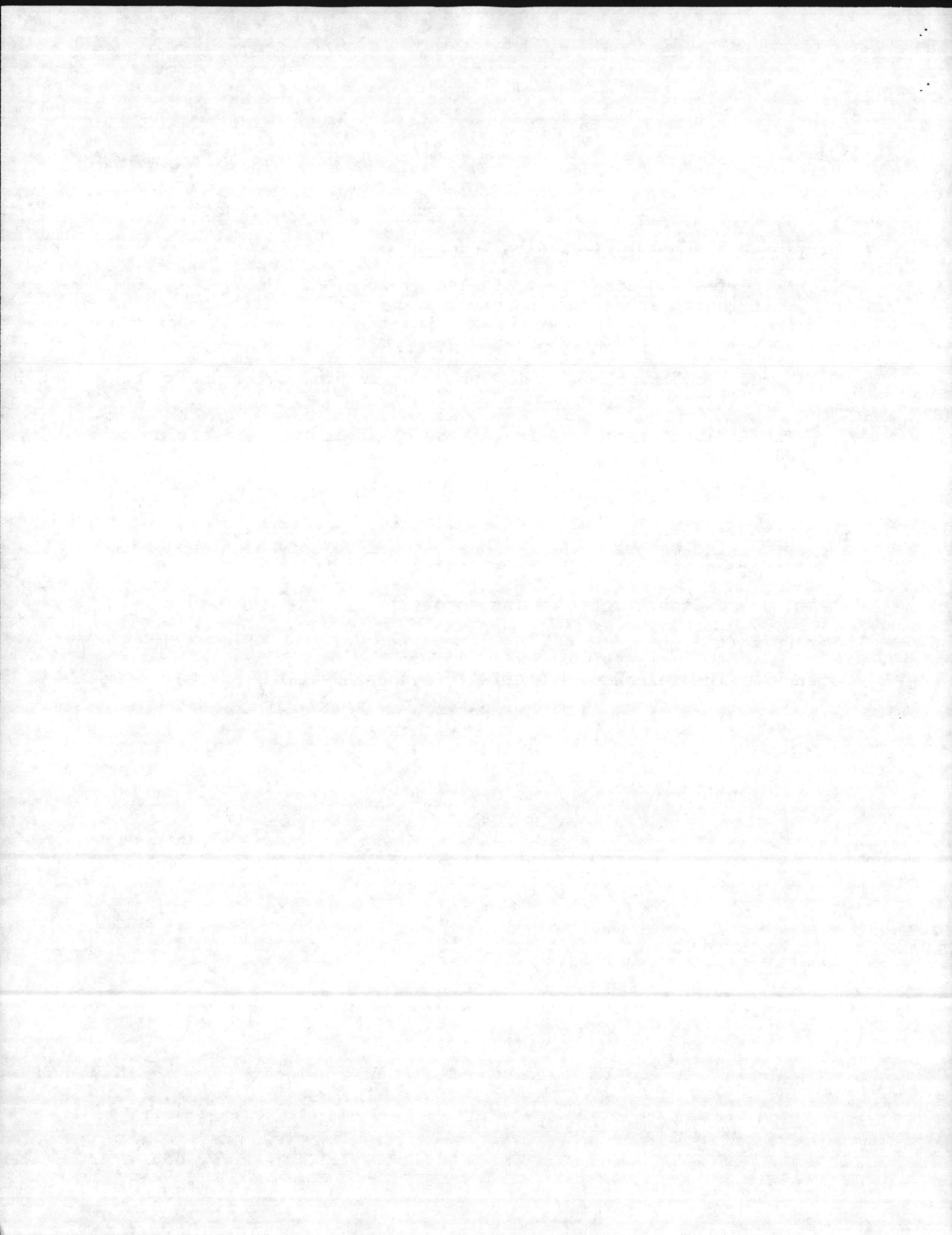
1. A review of the past twelve months of data from the self-monitoring reports submitted by the permittee show the facility to be in compliance with the effluent limitations contained in the NPDES discharge permit.
2. Visual observations made during the inspection show the facility was well operated and maintained.
3. The effluent was noted to be very clear and free of suspended matter.
4. The CL2 residual is too high. A minimum of 0.5 mg/l is required and you are in excess of 4.0 mg/l. Not only is this practice costly it could create toxic conditions in the receiving waters. The residual should be only high enough to ensure compliance with fecal coliform limits.

**Name(s) and Signature(s) of Inspector(s):**

Pat Durrett *Pat Durrett*

**Agency/Office/Telephone:** NRCD/Wilmington/256-4161

**Date:** 7/21/87



## NPDES Compliance Inspection Report

### Section A: National Data System Coding

Transaction Code: N NPDES NC0063069  
Date: 87/07/21 Inspection Type: C Inspector: S  
Facility Type: 4 Facility Evaluation Rating: 4  
BI: N QA: N

### Section B: Facility Data

#### Name and Location of Facility Inspected:

Hadnot Point  
Camp Lejeune

Entry Time: 9:20 am Exit Time/Date: 10:15-7/21/87

Permit Effective Date: 2/1/87 Permit Expiration Date: 1/31/92

#### Name(s), Title(s) of On-Site Representative(s):

Tommy Kennedy, Work Leader  
Albert Salter, Day Operator

Phone Number: 451-5933

#### Name, Title and Address of Responsible Official:

Davis Southerland, Utilities Director  
Utilities Division, Base Maintenance  
Marine Corps Base, Camp Lejeune

Phone Number: 451-5161 Contacted: No

### Section C: Areas Evaluated During Inspection

(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Evaluated)

Permit: S	Records/Reports: S
Facility Site Review: N	Flow Measurement: S
Laboratory: S	Effluent/Receiving Waters: S
Pretreatment: N	Compliance Schedules: N
Self-Monitoring Program: S	Operations & Maintenance: S
Sludge Disposal: S	Other:

Compliance Status: **Compliance**



**Section D: Summary of Findings/Comments**

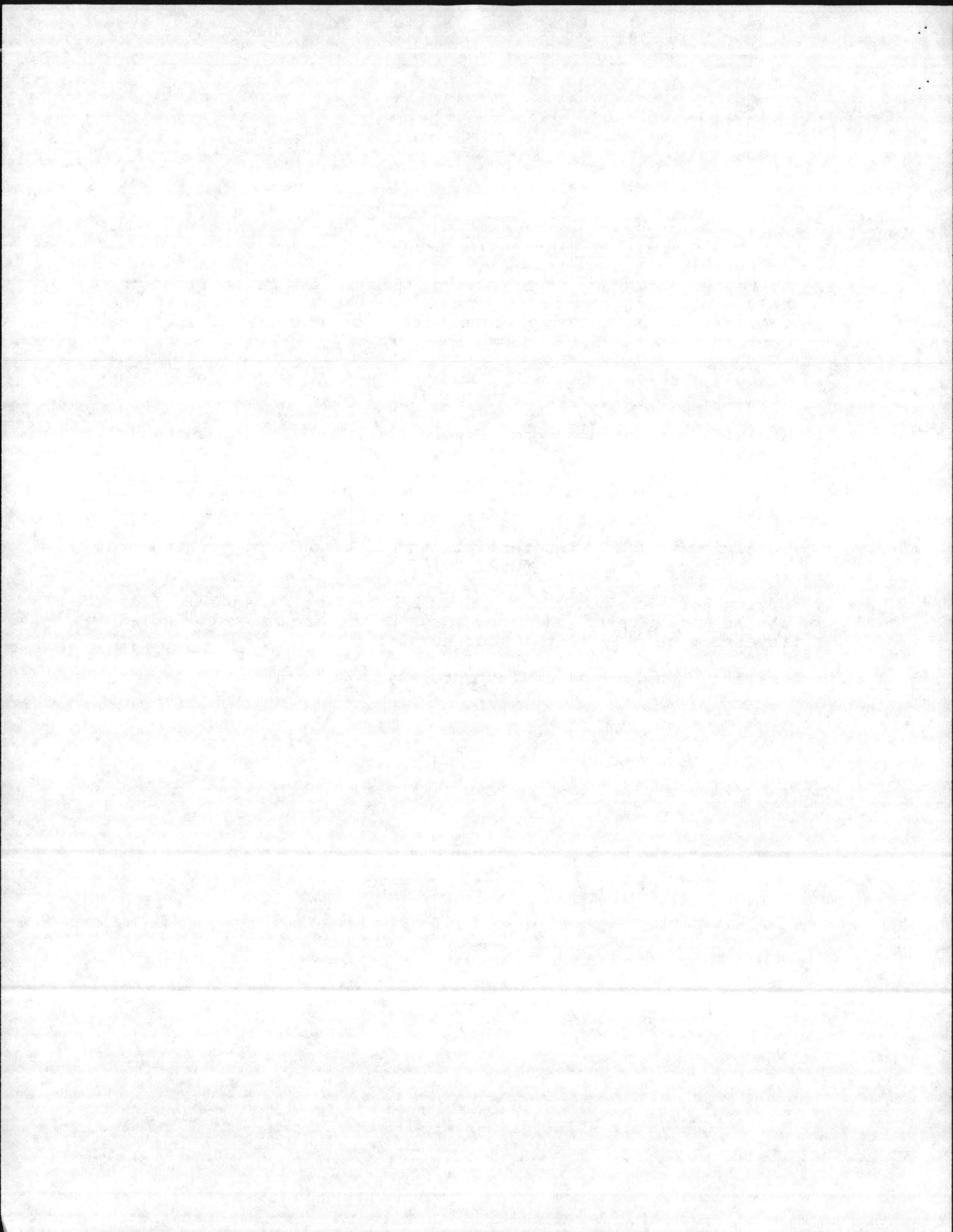
1. A review of the past twelve months of data from the self-monitoring reports submitted by the permittee show the facility to be in compliance with the effluent limitations contained in the NPDES discharge permit.
2. Visual observations made during the inspection show the facility was well operated and maintained.
3. The effluent was noted to be very clear and free of suspended matter.
4. The CL2 residual is too high. A minimum of 0.5 mg/l is required and you are in excess of 4.0 mg/l. Not only is this practice costly it could create toxic conditions in the receiving waters. The residual should be only high enough to ensure compliance with fecal coliform limits.
5. Drying beds are not being cleaned in a timely manner. These should be cleaned as they dry in order to move solids inventory quickly if the need arises.

**Name(s) and Signature(s) of Inspector(s):**

Pat Durrett *Pat Durrett*

**Agency/Office/Telephone: NRCD/Wilmington/256-4161**

**Date: 7/21/87**



**NPDES Compliance Inspection Report**

**Section A: National Data System Coding**

Transaction Code: N NPDES NC0062995  
Date: 87/07/21 Inspection Type: C Inspector: S  
Facility Type: 4 Facility Evaluation Rating: 4  
BI: N QA: N

**Section B: Facility Data**

**Name and Location of Facility Inspected:**

Camp Geiger

Entry Time: 12:40 pm Exit Time/Date: 1:05-7/21/87

Permit Effective Date: Pending Permit Expiration Date:

**Name(s), Title(s) of On-Site Representative(s):**

Tommy Kennedy, Work Leader  
John Ambrose, Day Operator

Phone Number: 451-5988

**Name, Title and Address of Responsible Official:**

Davis Southerland, Utilities Director  
Utilities Division, Base Maintenance  
Marine Corps Base, Camp Lejeune

Phone Number: 451-5161 Contacted: No

**Section C: Areas Evaluated During Inspection**

(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Evaluated)

Permit: S	Records/Reports: S
Facility Site Review: N	Flow Measurement: S
Laboratory: S	Effluent/Receiving Waters: S
Pretreatment: N	Compliance Schedules: N
Self-Monitoring Program: S	Operations & Maintenance: S
Sludge Disposal: S	Other:

Compliance Status: Compliance



**Section D: Summary of Findings/Comments**

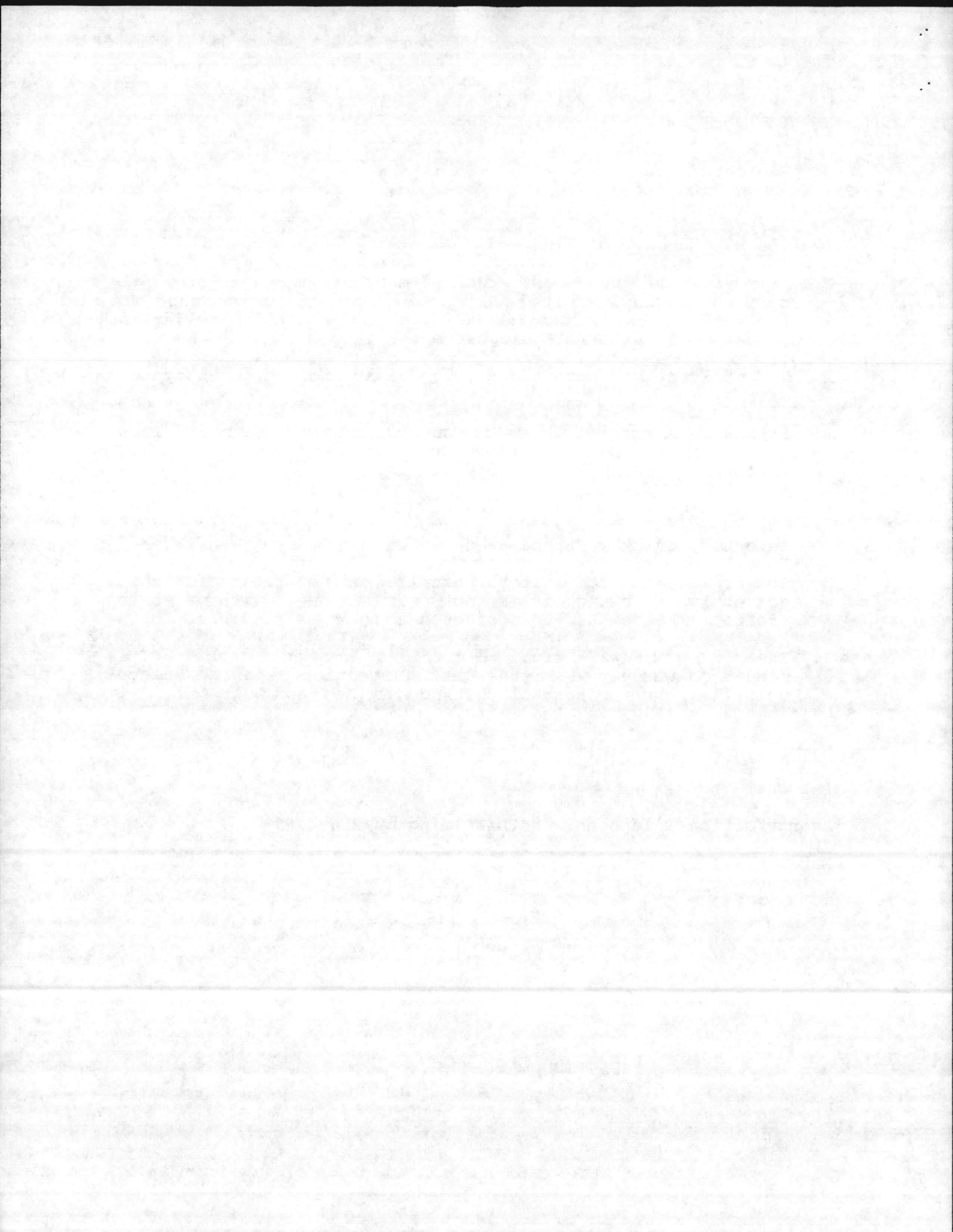
1. A review of the past twelve months of data from the self-monitoring reports submitted by the permittee show the facility to be in compliance with the effluent limitations contained in the NPDES discharge permit.
2. The effluent was noted to be very clear and free of suspended matter.
3. Drying beds are not being cleaned in a timely manner. These should be cleaned as they dry in order to move solids inventory quickly if the need arises.
4. Drying beds are not being cleaned in a timely manner. These should be cleaned as they dry in order to move solids inventory quickly if the need arises.
5. The replacement comminutors installed do not fit the channels correctly allowing items to pass through without being treated. This should be corrected as soon as possible.
6. The weirs in the final clarifiers are not level. This condition was noted in the last inspection report. Unlevel weirs can cause short-circuiting in the tank and result in loss of solids over the weirs.

**Name(s) and Signature(s) of Inspector(s):**

Pat Durrett *Pat Durrett*

**Agency/Office/Telephone:** NRCD/Wilmington/256-4161

**Date:** 7/21/87



NPDES Compliance Inspection Report

Section A: National Data System Coding

Transaction Code: N NPDES NC0063002  
Date: 87/07/21 Inspection Type: C Inspector: S  
Facility Type: 4 Facility Evaluation Rating: 4  
BI: N QA: N

Section B: Facility Data

Name and Location of Facility Inspected:

Tarawa Terrace  
Camp Lejeune

Entry Time: 1:50 pm Exit Time/Date: 2:25-7/21/87  
Permit Effective Date: 2/1/87 Permit Expiration Date: 1/31/92

Name(s), Title(s) of On-Site Representative(s):

Tommy Kennedy, Work Leader  
Bill Carlisle, Day Operator

Phone Number: 451-5988

Name, Title and Address of Responsible Official:

Davis Southerland, Utilities Director  
Utilities Division, Base Maintenance  
Marine Corps Base, Camp Lejeune

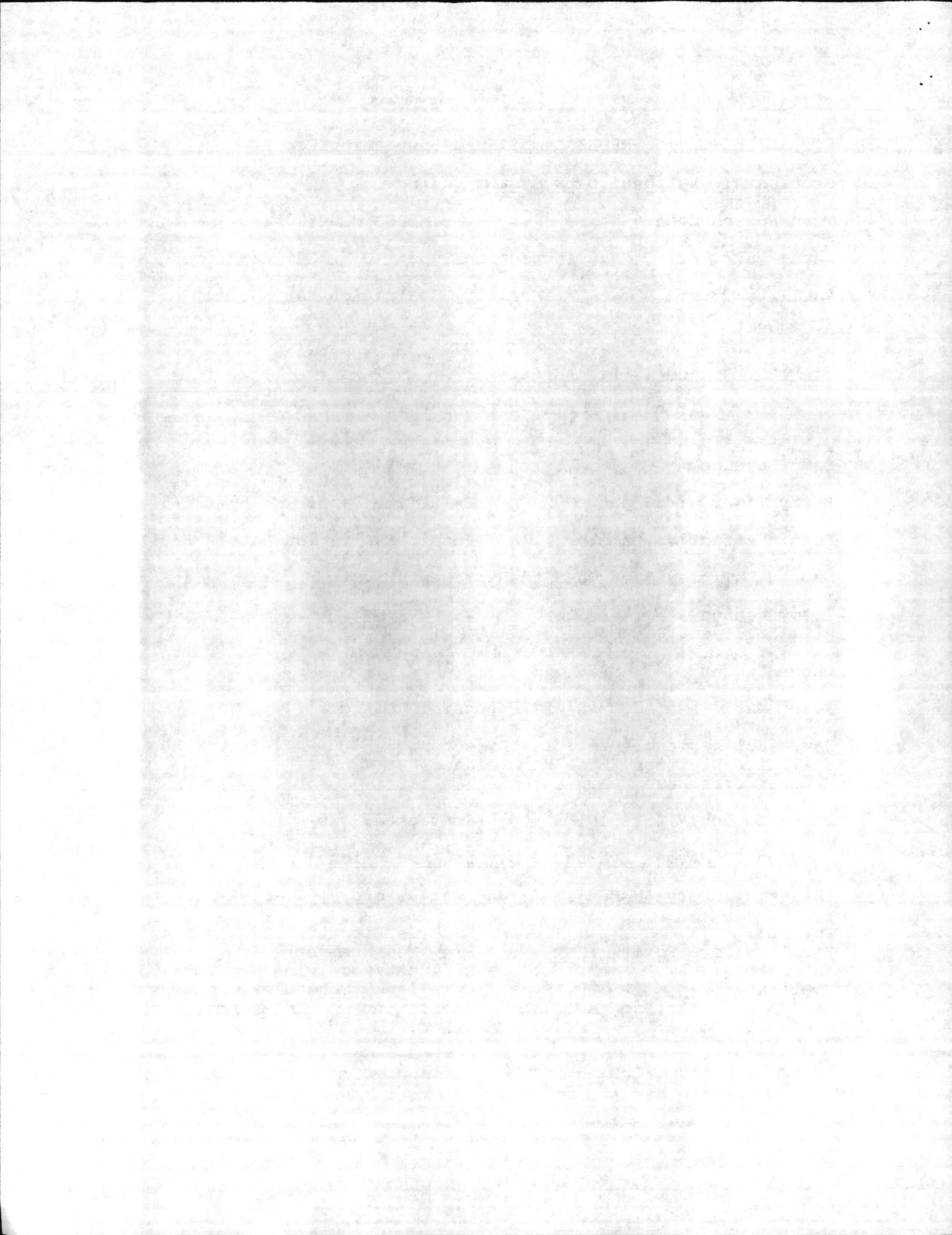
Phone Number: 451-5161 Contacted: No

Section C: Areas Evaluated During Inspection

(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Evaluated)

Permit: S	Records/Reports: S
Facility Site Review: N	Flow Measurement: S
Laboratory: S	Effluent/Receiving Waters: S
Pretreatment: N	Compliance Schedules: N
Self-Monitoring Program: S	Operations & Maintenance: S
Sludge Disposal: S	Other:

Compliance Status: Compliance



**Section D: Summary of Findings/Comments**

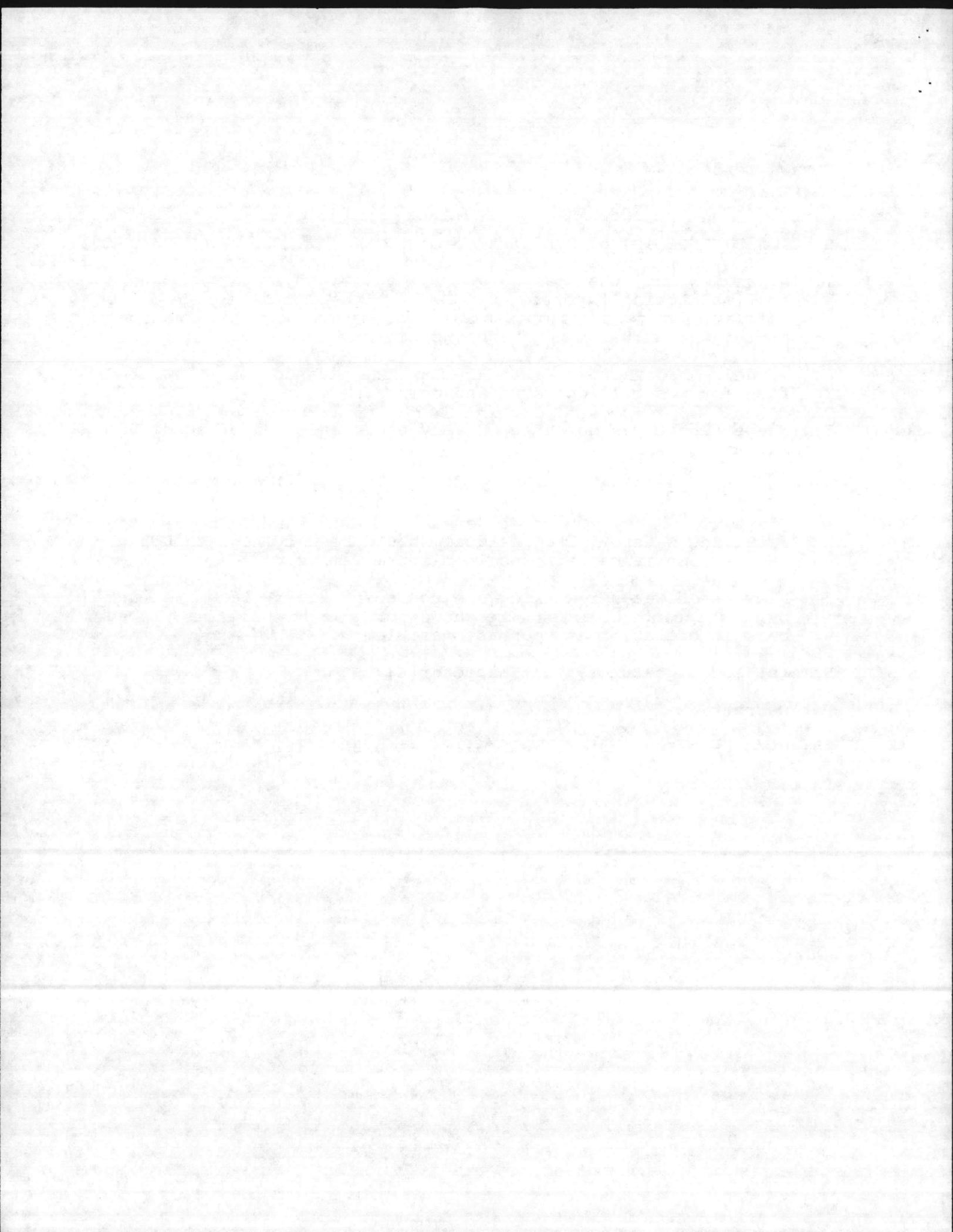
1. A review of the past twelve months of data from the self-monitoring reports submitted by the permittee show the facility to be in compliance with the effluent limitations contained in the NPDES discharge permit.
2. Visual observations made during the inspection show the facility was well operated and maintained.
3. The effluent was noted to be very clear and free of suspended matter.
4. The CL2 residual is too high. A minimum of 0.5 mg/l is required and you are in excess of 4.0mg/l. Not only is this practice costly it could create toxic conditions in the receiving waters. The residual should be only high enough to ensure compliance with fecal coliform limits.
5. Flow meter was not working due to recent storm, it was struck by lightning. Parts were on order and it will be placed back in operation as soon as possible.

**Name(s) and Signature(s) of Inspector(s):**

Pat Durrett *Pat Durrett*

**Agency/Office/Telephone:** NRCD/Wilmington/256-4161

**Date:** 7/21/87



**NPDES Compliance Inspection Report**

**Section A: National Data System Coding**

Transaction Code: N NPDES NC0063037  
Date: 87/07/21 Inspection Type: C Inspector: S  
Facility Type: 4 Facility Evaluation Rating: 4  
BI: N QA: N

**Section B: Facility Data**

**Name and Location of Facility Inspected:**

Rifle Range

Entry Time: 11:55 am Exit Time/Date: 12:25-7/21/87  
Permit Effective Date: 2/1/87 Permit Expiration Date: 1/31/92

**Name(s), Title(s) of On-Site Representative(s):**

Tommy Kennedy, Work Leader  
Amos Booth, Day Operator

Phone Number: 451-5988

**Name, Title and Address of Responsible Official:**

Davis Southerland, Utilities Director  
Utilities Division, Base Maintenance  
Marine Corps Base, Camp Lejeune

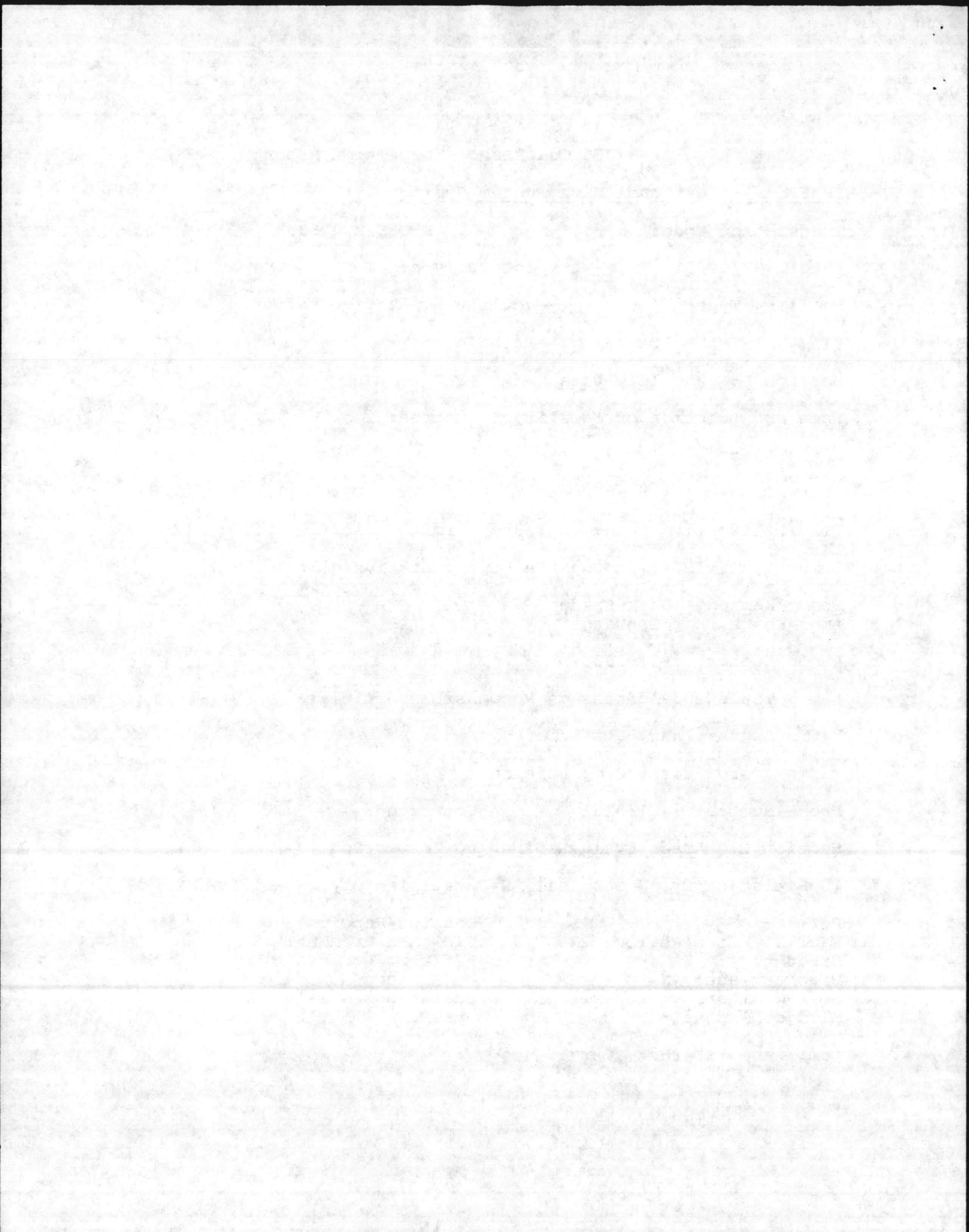
Phone Number: 451-5161 Contacted: No

**Section C: Areas Evaluated During Inspection**

(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Evaluated)

Permit: S	Records/Reports: S
Facility Site Review: N	Flow Measurement: S
Laboratory: S	Effluent/Receiving Waters: S
Pretreatment: N	Compliance Schedules: N
Self-Monitoring Program: S	Operations & Maintenance: S
Sludge Disposal: S	Other:

Compliance Status: **Compliance**



Section D: Summary of Findings/Comments

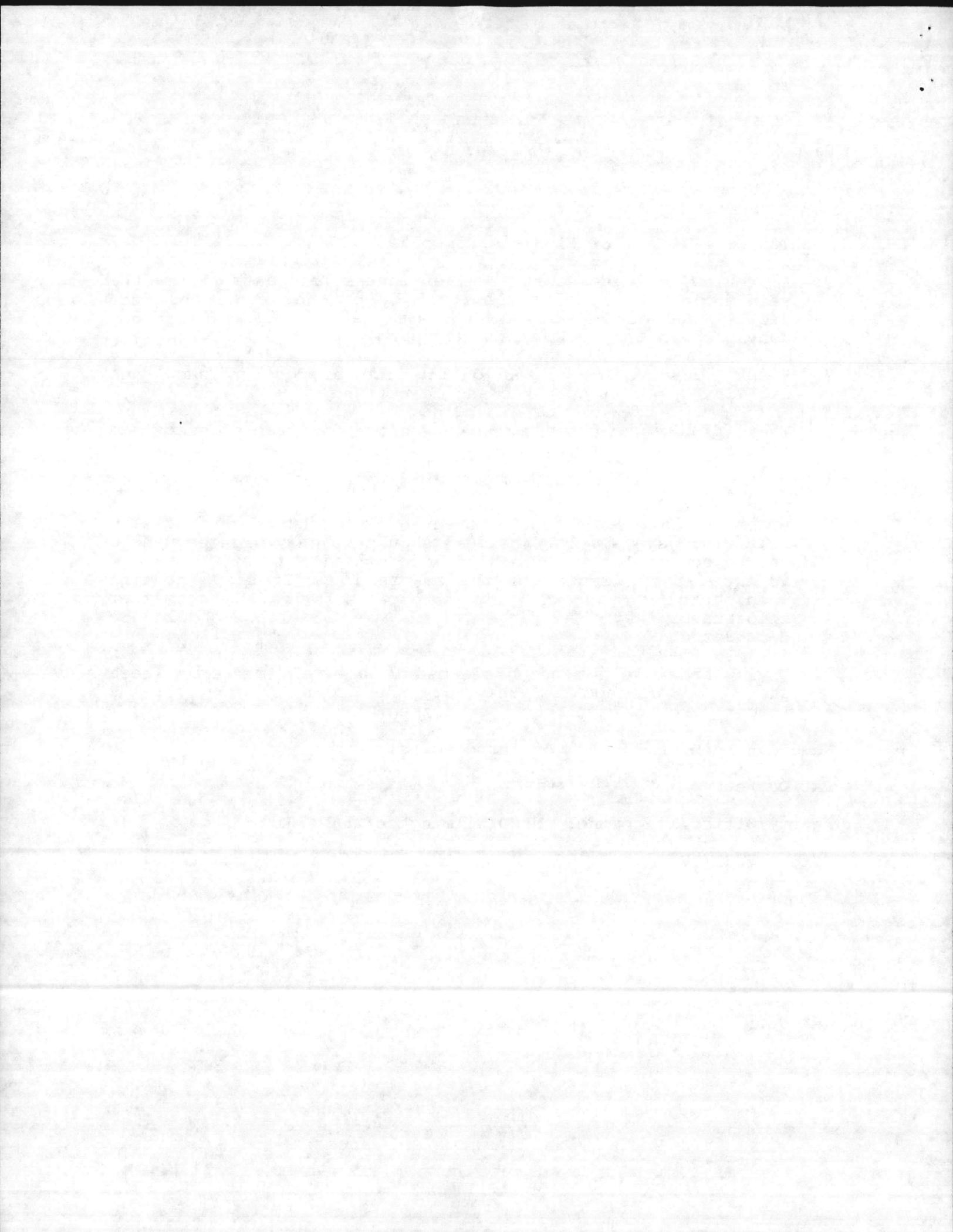
1. A review of the past twelve months of data from the self-monitoring reports submitted by the permittee show the facility to be in compliance with the effluent limitations contained in the NPDES discharge permit.
2. Visual observations made during the inspection show the facility was well operated and maintained.
3. The effluent was noted to be very clear and free of suspended matter.
4. The CL2 residual is too high. A minimum of 0.5 mg/l is required and you are in excess of 4.0 mg/l. Not only is this practice costly it could create toxic conditions in the receiving waters. The residual should be only high enough to ensure compliance with fecal coliform limits. The CL2 feeder is too large a range for the small flow. It stops feeding when turning the CL2 down below 15 lbs. A smaller chlorinator with a range of 0 to 25 lbs. should be considered.
5. Drying beds are not being cleaned in a timely manner. These should be cleaned as they dry in order to move solids inventory quickly if the need arises.

Name(s) and Signature(s) of Inspector(s):

Pat Durrett *Pat Durrett*

Agency/Office/Telephone: NRCD/Wilmington/256-4161

Date: 7/21/87



**NPDES Compliance Inspection Report**

**Section A: National Data System Coding**

Transaction Code: N NPDES NC0063053  
Date: 87/07/21 Inspection Type: C Inspector: S  
Facility Type: 4 Facility Evaluation Rating: 4  
BI: N QA: N

**Section B: Facility Data**

**Name and Location of Facility Inspected:**

Onslow Beach  
Camp Lejeune

Entry Time: 10:30 am Exit Time/Date: 10:55-7/21/87  
Permit Effective Date: 2/1/87 Permit Expiration Date: 1/31/92

**Name(s), Title(s) of On-Site Representative(s):**

Tommy Kennedy, Work Leader  
Mike Vincent, Day Operator

Phone Number: 451-5988

**Name, Title and Address of Responsible Official:**

Davis Southerland, Utilities Director  
Utilities Division, Base Maintenance  
Marine Corps Base, Camp Lejeune

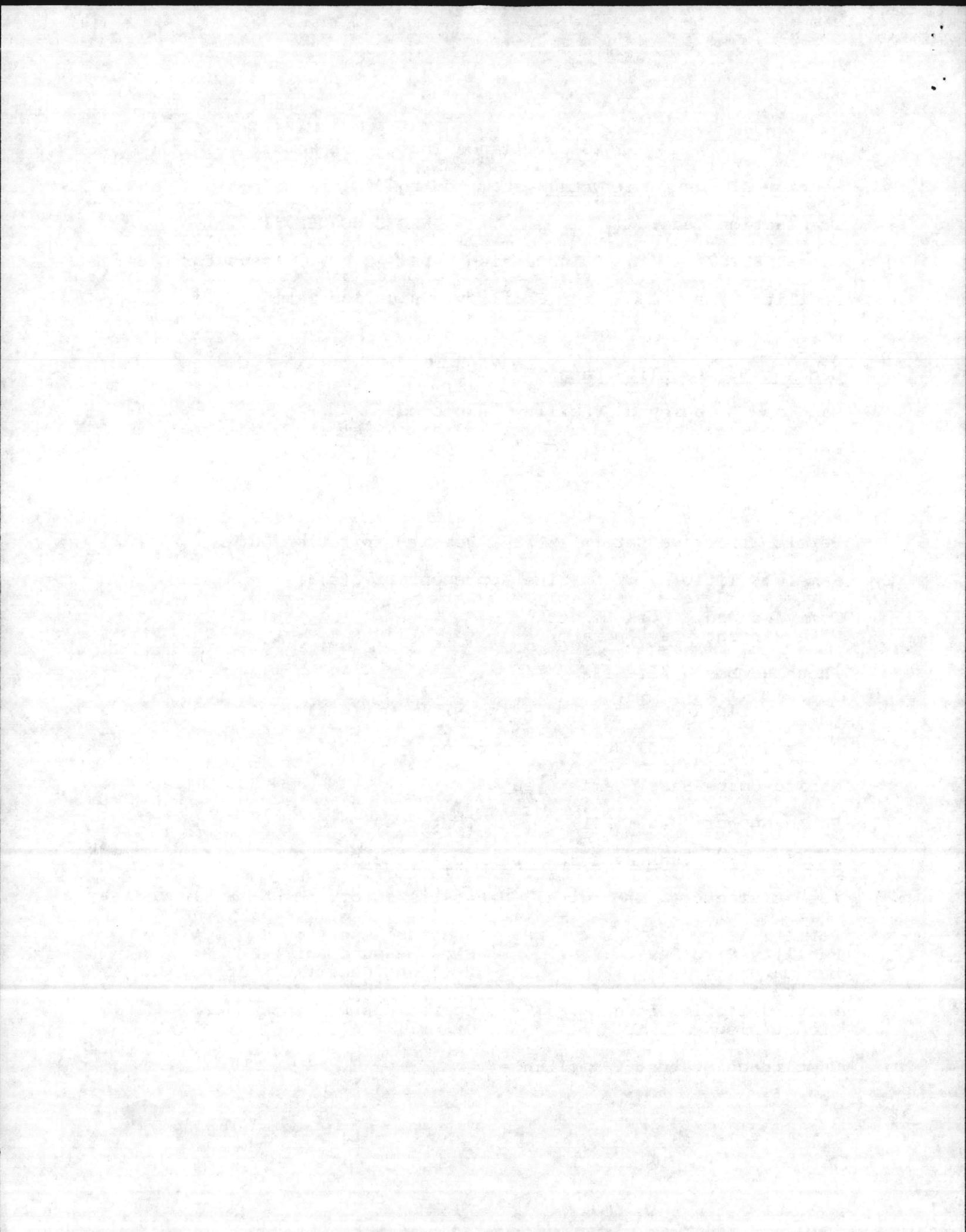
Phone Number: 451-5161 Contacted: No

**Section C: Areas Evaluated During Inspection**

(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Evaluated)

Permit: S	Records/Reports: S
Facility Site Review: N	Flow Measurement: S
Laboratory: S	Effluent/Receiving Waters: S
Pretreatment: N	Compliance Schedules: N
Self-Monitoring Program: S	Operations & Maintenance: S
Sludge Disposal: S	Other:

Compliance Status: **Compliance**



**Section D: Summary of Findings/Comments**

1. A review of the past twelve months of data from the self-monitoring reports submitted by the permittee show the facility to be in compliance with the effluent limitations contained in the NPDES discharge permit.
2. Visual observations made during the inspection show the facility was well operated and maintained.
3. The effluent was noted to be very clear and free of suspended matter.
4. The CL2 residual is too high. A minimum of 0.5 mg/l is required and you are in excess of 4.0 mg/l. Not only is this practice costly it could create toxic conditions in the receiving waters. The residual should be only high enough to ensure compliance with fecal coliform limits. The CL2 feeder is too large a range for the small flow. It stops feeding when turning the CL2 down below 15 lbs. A smaller chlorinator with a range of 0 to 25 lbs. should be considered.
5. Drying beds are not being cleaned in a timely manner. These should be cleaned as they dry in order to move solids inventory quickly if the need arises.

**Name(s) and Signature(s) of Inspector(s):**

Pat Durrett *Pat Durrett*

**Agency/Office/Telephone:** NRCD/Wilmington/256-4161

**Date:** 7/21/87

