6280 ENVIRONMENTAL QUALITY AND
POLLUTION CONTROL

(TEMPORARY) SECNAVINST 5212.5B
PART II, CHAP 6, PAR 6000(1)(c)
2 YRS

PNAV 6286/144A (Rev. 8-81)
S/N 0107-LF-052-2320

DEPARTMENT OF THE NAVY

Memorandum

11345.4
MAIN

DATE: 15 July 1987

FROM: Utilities Systems General Foreman

TO: Director, Natural Resources and Environmental Affairs
Via: Director, Utilities Branch DB

SUBJ: RESULTS OF WASTEWATER TREATMENT COMPLIANCE MONITORING

Ref: (a) Your ltr 6286/1 of 13 July 1987

1. Per the reference, the following data concerning violation of Disolved Oxygen Permits Limits (Weekly) at the Hadnot Point Wastewater Plant is provided.

a. A new trickling filter return effluent pump was installed on 9 June 1987. Since the pump installion, the D.O. has averaged 5.6 mg/l.

2. If we could be of any further assistance, please contact us at your earliest convenience.

B. M. FRAZELLE, II

Scotch® 7664 "Post-it" Routing-Request Pad

ROUTING - REQUEST 16 July

Please
- [ ] READ
- [ ] HANDLE
- [ ] APPROVE

and
- [ ] FORWARD
- [ ] RETURN
- [ ] KEEP OR DISCARD
- [ ] REVIEW WITH ME

To Has been sent Copy to Betsy (?) Julian

Date _____ From _____

Please complete the required information on the form below when your current supply of monthly monitoring forms are exhausted. By return mail, you will be sent one pad of monthly monitoring forms for each sampling point. Example: If a "2" is placed in the blank after effluent, you will be mailed two pads of effluent forms. Write the number of pads required for each sampling point listed below:

Upstream/Downstream _____

Influent _____

Effluent _____

Special Effluent _____

County in which treatment plant is located _____

NPDES Permit Number NC00_____.

PLEASE PRINT OR TYPE
THIS IS YOUR MAILING LABEL

In the block provided, please give your complete mailing address, including ZIP CODE.

Check here if this is a new address:

North Carolina Department of Natural Resources & Community Development
P. O. Box 27687 Raleigh, N. C. 27611-7687

TO _____

_____

_____

_____

THIS PARCEL MAY BE OPENED FOR POSTAL INSPECTION

STAPLE HERE

- FOLD HERE -

N. C. Department of Natural Resources & Community Development
Division of Environmental Management
Monitoring Management
Post Office Box 27687
Raleigh, N. C. 27611

- FOLD HERE -

Directions for Completing Monthly Monitoring Reports

I. Facility Information

1. NPDES Permit No. - Number issued by the Division of Environmental Management consisting of the letters NC followed by a seven digit number.

2. Discharge No. - Number which corresponds to the effluent pipe for which the data is being reported.

3. Facility Name - Name of the facility as it appears on the NPDES permit.

4. Class - The classification assigned to the facility i.e., I, II, III, IV.

5. County - County in which the facility is located.

6. Operator in Responsible Charge - Certified WWTP operator that is designated as the operator in responsible charge.

7. Grade - Certificate grade of the operator in responsible charge.

8. Certified Laboratory - Name of the certified laboratory performing the analysis (if applicable).

9. Person(s) Collecting Samples - Individual who collected the sample for which the data was reported. In the case of several individuals, please specify as a group name, such as operators, etc.

10. Signature of Operator in Responsible Charge - Self explanatory.

II. Data Reporting

1. Data - Enter the analytical results for each sample under the appropriate parameter code in the row which corresponds to the day on which the sample was collected.

2. Average - Enter the average value for the results recorded in the column.
   Note: Average for coliform is a geometric mean and there is no average for pH.

3. Max. (maximum) - For each column of data enter the maximum value reported.

4. Min. (minimum) - For each column of data enter the minimum value reported.

5. Sample Type - Enter the sample description in each column for which data is reported. Enter the letter "C" for composite or the letter "G" for grab.

6. Monthly Limit - Enter the monthly NPDES permit limit for each parameter in the current NPDES permit.

7. Additional Parameters - Enter the appropriate parameter code, name of the parameter and the units reported in the spaces provided. Use the parameter codes listed on the reverse side of the effluent form (NRCD form MR-1).

III. Facility Status Information

1. Facility Status - Indicate whether the facility is compliant or non-compliant. If noncompliant, use the comment section to present the course of action taken or to be taken to achieve compliance.

2. Signature of Permittee - Signature of the individual to whom the permit was issued, or the signature of the authorized agent of the permittee.

IV. Stream Monitoring Information

1. Stream - Name of the stream from which the upstream/downstream samples are taken.

2. Location (Upstream/Downstream) - Location of the stream site from which the sample(s) was taken.

Please complete the required information on the form below when your current supply of monthly monitoring forms are exhausted. By return mail, you will be sent one pad of monthly monitoring forms for each sampling point. Example: If a "2" is placed in the blank after effluent, you will be mailed two pads of effluent forms. Write the number of pads required for each sampling point listed below:

Upstream/Downstream _____

Influent _____

Effluent _____

Special Effluent _____

County in which treatment plant is located _____

NPDES Permit Number NC00_____.

ANN MURTOS

PLEASE PRINT OR TYPE
THIS IS YOUR MAILING LABEL

In the block provided, please give your complete mailing address, including ZIP CODE.

Check here if this is a new address:

North Carolina Department of Natural Resources & Community Development
P. O. Box 27687 Raleigh, N. C. 27611-7687

TO _____

_____

_____

_____

THIS PARCEL MAY BE OPENED FOR POSTAL INSPECTION

STAPLE HERE

FOLD HERE

N. C. Department of Natural Resources & Community Development
Division of Environmental Management
Monitoring Management
Post Office Box 27687
Raleigh, N. C. 27611

FOLD HERE

UNITED STATES MARINE CORPS
MARINE CORPS BASE
CAMP LEJEUNE, NORTH CAROLINA 28542-5001

IN REPLY REFER TO
6288
NREAD

AUG 24 1987

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

Dear Sir:

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

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

Sincerely,

J. I. Wooten

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

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

Copy to:
EPA Region IV
CMDR, LANTNAVFACENGCOM
NEESA

Blind copy to:
EC+mc, NREAD
Util, BMD

EFFLUENT

NPDES PERMIT NO: NC0063029 DISCHARGE NO: 001 MONTH: July YEAR: 1987

FACILITY NAME: Hadnot Point Sewage Treatment Plant CLASS: IV COUNTY: Onslow

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X _____ Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME 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: Oil & Grease MG/L	Total Nitrogen MG/L	Total Phosphorus MG/L
1	00	24	4.728	26	6.9		3.0	12		4.4		12	0	7.5			
2	00	24	4.169	26	6.8		3.0	12		3.5		13	0	6.9			
3	00	24	3.914	27	6.8		4.0							6.8			
4	00	24	3.455	26	6.9		4.0							7.0			
5	00	24	3.613	25	6.8		4.0							7.2			
6	00	24	4.217	26	6.9		4.0	14		1.5		13	0	7.0			
7	00	24	4.579	26	6.6		4.0	10		2.8		8	0	5.7			4.3
8	00	24	4.332	25	6.8		4.0	12		3.2		9	8	7.2	2.3		
9	00	24	4.488	26	6.8		4.0	12		4.1		8	0	6.8			
10	00	24	4.398	27	6.8		4.0	11		3.2		7	20	6.4			
11	00	24	3.806	26	6.9		4.0							6.6			
12	00	24	3.842	27	7.0		4.0							5.7			
13	00	24	4.282	27	6.6		4.0	10		2.3		12	70	5.6			
14	00	24	4.374	27	6.2		2.0	15		3.6		10	0	5.9			
15	00	24	5.529	27	6.6		4.0	10		4.4		14	6	5.7			
16	00	24	5.647	26	6.6		4.0	13		3.1		9	6	5.6		11.75	
17	00	24	5.763	25	6.8		4.0	12		3.1		8	2	6.8			
18	00	24	4.381	25	6.8		4.0							7.0			
19	00	24	4.753	25	6.6		4.0							6.9			
20	00	24	5.541	25	6.2		4.0	10		2.2		13	0	7.0			
21	00	24	5.842	25	6.6		4.0	19		4.8		10	2	6.2	1.2		
22	00	24	4.696	25	6.6		4.0	12		5.9		9	0	5.9			
23	00	24	5.656	27	6.8		5.0	12		5.1		8	0	6.1			
24	00	24	5.503	26	6.8		3.0	17		5.9		6	0	5.2			
25	00	24	4.944	26	6.9		4.0							4.4			
26	00	24	4.640	26	6.8		4.0							5.4			
27	00	24	5.108	26	6.9		4.0	9		3.3		10	4	5.6			
28	00	24	5.324	25	6.6		4.0	9		3.6		10	0	5.0			
29	00	24	5.526	25	6.5		4.0	11		4.7		11	2	5.0			
30	00	24	5.893	25	6.8		4.0	12		7.7		13	4	5.1			
31	00	24	5.750	33	6.8		4.0	10		4.7		10	4	5.4			
Average			4.829	26			3.9	12		4.0		12	2.39	6.1	1.8	11.75	4.3
Max.			5.842	33	7.0		5.0	19		7.7		14	70	7.5	2.3	11.75	4.3
Min.			3.455	25	6.2		2.0	9		1.5		6	0	4.4	1.2	11.75	4.3
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C
Monthly Limit					6-8.5			22.0		13.0		30	14.0	5.0	30.0		

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)

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

Julian A Wooten

Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0063002 DISCHARGE NO: 001 MONTH: July 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~~ STP Operators

PERSON(s) COLLECTING SAMPLES:

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW: Oil & Grease	TOTAL NITROGEN	TOTAL PHOSPHORUS	
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	00556	00600	00665	
1	00	24	9583	26	6.6		4.0	13		3.0		14	6	9.2				
2	00	24	8690	25	6.5		4.0	12		2.8		8	0	8.6				
3	00	24	8000	25	6.5		4.0							8.5				
4	00	24	8506	25	6.9		5.0							8.5				
5	00	24	8505	25	6.7		5.0							8.6				
6	00	24	8505	26	6.8		4.0	10		1.7		9	0	8.2				
7	00	24	1.2500	26	6.5		5.0	14		2.8		10	0	8.0			6.7	
8	00	24	8500	25	6.8		4.0	14		1.5		11	0	8.5	0.0			
9	00	24	8700	27	6.4		3.0	12		0.6		8	18	7.5				
10	00	24	9000	27	6.4		4.0	10		1.6		11	28	7.6				
11	00	24	8500	26	6.4		4.0							7.3				
12	00	24	8500	26	6.5		4.0							7.9				
13	00	24	9000	26	6.5		4.0	10		2.1		9	0	8.3				
14	00	24	9000	26	6.5		4.0	7		1.8		7	0	8.1				
15	00	24	9000	26	6.7		4.0	7		1.8		4	6	8.2				
16	00	24	9000	26	6.7		4.0	10		0.9		7	0	8.5		14.09		
17	00	24	8500	26	6.6		4.0	11		1.8		8	0	8.0				
18	00	24	8500	26	6.8		4.0							8.2				
19	00	24	8500	26	6.7		4.0							7.9				
20	00	24	8500	26	6.7		4.0	12		1.4		8	0	7.8				
21	00	24	8500	27	6.6		4.0	12		2.0		9	0	8.1	0.9			
22	00	24	8500	27	6.6		4.5	9		2.8		8	0	7.8				
23	00	24	8500	26	6.5		4.0	12		1.0		8	0	8.5				
24	00	24	8500	27	6.3		4.0	11		1.2		9	0	8.0				
25	00	24	8500	27	6.3		4.0							8.2				
26	00	24	8500	27	6.6		4.0							8.1				
27	00	24	9500	27	6.4		4.0	12		1.4		8	0	7.8				
28	00	24	8500	26	6.4		4.0	10		2.0		12	0	8.2				
29	00	24	8500	27	6.8		4.0	10		2.3		9	0	8.2				
30	00	24	8500	26	6.3		4.0	9		1.6		5	0	8.5				
31	00	24	8500	25	6.4		4.0	8		0.8		8	0	8.8				
Average			380606	26			4.1	11		2.0		9	1.56	7.9	0.5	14.09	6.7	
Max.			12500	27	6.9		5.0	14		3.0		14	28	9.2	0.9	14.09	6.7	
Min.			30000	25	6.3		3.0	7		0.8		4	0	7.3	0.0	14.09	6.7	
Comp.(C)/Grab(G)			G	G			G	C		C		C	G	G	G	C	C	
Monthly Limit				6-8.5				30				30	1000	5.0	30.0			

DEM Form MR-1 (11/84)

ENCLOSURE (1)

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: 014 MONTH: July YEAR: 1987

FACILITY NAME: Onslow Beach WTP Pond CLASS: ___ COUNTY: Onslow

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: WTP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X ___ Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☐ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00403 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	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																		
5																		
6																		
7	00				7.8							6.0						
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21	00				8.3							3.2						
22																		
23																		
24																		
25																		
26																		
27																		
28	00				8.3							5.2						
29																		
30																		
31																		
Average												4.8						
Max.					8.3							6.0						
Min.					7.8							3.2						
Comp.(C)/ Grab(G)					G							C						
Monthly Limit					6-9							30						

DEM Form MR-1 (11/84

Facility Status: (Please check one of the following)

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

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(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: 001 MONTH: July YEAR: 1987

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

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

CERTIFIED LABORATORY: Environmental Chemistry & Microbiology Laboratory

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: ~~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 /100 ML	00300 DISSOLVED OXYGEN MG/L	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW: Oil & Grease 00556	Total Nitrogen 00600	Total Phosphorus 00665
1	00	24	.9306	28	6.6		4.0	13		13.0		9	0	6.3			
2	00	24	.7502	28	6.8		4.0	10		10.3		6	230	6.9			
3	00	24	1.0390	28	6.6		4.0	✓						6.6			
4	00	24	.6851	28	6.6									6.6			
5	00	24	.6673	28	6.8		4.0							6.8			
6	00	24	.9169	26	6.4		4.0	12		5.1		8	0	7.0			
7	00	24	.8292	28	6.8		4.0	13		7.2		4	0	6.9			2.8
8	00	24	.8745	28	6.6		4.0	10		8.9		4	0	4.6			
9	00	24	.9618	29	6.7		4.0	9		7.9		5	0	5.1			
10	00	24	.8623	29	6.8		4.0	13		10.2		6	0	6.5			
11	00	24	.7559	29	6.5		4.0							6.5			
12	00	24	.7487	29	6.4		4.0							6.7			
13	00	24	.8326	29	6.5		4.0	9		14.4		7	0	5.1			
14	00	24	.9002	28	6.6		4.0	11		10.7		12	0	6.4			
15	00	24	1.0909	27	6.4		4.0	13		10.6		6	8	6.0			
16	00	24	.8735	26	6.8		4.0	13		8.7		5	0	6.2		16.34	
17	00	24	.8690	26	6.8		4.0	14		9.7		6	2	6.2			
18	00	24	.8000	26	6.9		4.0							6.2			
19	00	24	.7000	26	6.6		4.0							6.4			
20	00	24	.8000	28	6.2		4.0	10		8.4		3	0	6.0			
21	00	24	.7000	28	6.6		4.0	12		11.1		5	0	6.7	0.0		
22	00	24	.8000	28	6.4		4.0	17		14.0		7	0	5.5			
23	00	24	.7000	28	6.6		4.0	14		15.1		8	0	6.0			
24	00	24	.8000	28	6.6		4.0	18		12.2		10	0	6.0	0.0		
25	00	24	.7000	28	6.7		4.0							6.0			
26	00	24	.8000	28	6.7		4.0							5.2			
27	00	24	1.0000	28	6.7		4.0	19		11.0		8	0	5.2			
28	00	24	.9025	28	5.8		4.0	17		9.5		16	0	5.2			
29	00	24	.7489	28	6.6		4.0	9		14.3		9	0	5.4			
30	00	23	.7966	28	6.6		4.0	6		16.0		5	28	6.0			
31	00	24	.8920	28	6.4		5.0	11		12.3		8	30	6.7			
Average			.8299	28			4.0	12		11		7	1.97*	6.2	0.0	16.34	2.8
Max.			1.0909	29	6.9		5.0	19		15.1		16	230	7.0	0.0	16.34	2.8
Min.			.6673	26	6.2		4.0	6		5.1		3	0	5.1	0.0	16.34	2.8
Comp.(C)/Grab(G)			G	G			G	C		C		C	G	G	G	C	G
Monthly Limit				6-9				30				30	200	>5.0	30.0		

DEM Form MR-1 (11/84

ENCLOSURE 11

Facility Status: (Please check one of the following)

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

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

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

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

Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0063045 DISCHARGE NO: 001 MONTH: July 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 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: Oil & Grease	Total Nitrogen	Total Phosphorous
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	00556	00600	00665
1	00	24	.4363				4.5										
2	00	24	.4941				2.0										
3	00	24	.5017				4.0										
4	00	24	.5891				4.0										
5	00	24	.5603				4.0										
6	00	24	.4262				6.0										
7	00	24	.4668	26	7.4		4.0	5		0.12		8	0	6.5			2.1
8	00	24	.4763				5.0										
9	00	24	.5060	26	7.6		4.0							6.9			
10	00	24	.4245				4.5										
11	00	24	.3858				4.0										
12	00	24	.4050				4.0										
13	00	24	.4464				4.0										
14	00	24	.4372	26	7.4		4.0	7		0.10		4	0	6.8			
15	00	24	.5383				4.0										
16	00	24	.5704				3.0										
17	00	24	.4677				3.0										
18	00	24	.3046				4.5										
19	00	24	.4123				5.0										
20	00	24	.4536				4.5										
21	00	24	.4573	26	7.4		4.0	4		0.13		2	0	6.9	7.6		
22	00	24	.4398				3.0										
23	00	24	.4461				4.5										
24	00	24	.4890				4.5								0.0		
25	00	24	.5956				4.0										
26	00	24	.5060				4.5										
27	00	24	.5645				4.0										
28	00	24	.5257	25	7.4		2.0	3		0.32		3	0-12 samp in	5.8			1.4
29	00	24	.4046				3.0										
30	00	24	.45432				4.0										
31	00	24	.5609				4.0										
Average			.4757	26			123.5	5		0.68		4	0	6.6	3.8		1.8
Max.			.5950	26	7.6		4.0	7		0.32		8	0	6.9	7.6		2.1
Min.			.3046	25	7.4		2.0	3		0.10		4	0	5.8	0.0		1.4
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C
Monthly Limit					6-8.5		30	30				30	14.0	5.0	30.0		

DEM Form MR-1 (11/84)

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)

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: NC0063037 DISCHARGE NO: 001 MONTH: July YEAR: 1987

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

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

Mail original and one copy to:
ATT: Central Files
Division of Environmental Management
N.C. Department of NRCD
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			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	00556	00600	00665	
1	00	24	.16104	21	6.6		5.0	4		0.16		4	0	8.6				
2	00	24	.26895				4.0											
3	00	24	.19933				4.0											
4	00	24	.16559		6.7		5.0							8.9				
5	00	24	.17414				5.0											
6	00	24	.17002				4.0											
7	00	24	.21198				5.0											
8	00	24	.19200	22	6.4		6.0	4		0.12		5	0	9.2				
9	00	24	.14690				5.0											
10	00	24	.17631				5.0											
11	00	24	.15965				5.0											
12	00	24	.15306				5.0											
13	00	24	.15331				5.0											
14	00	24	.33539				4.0											
15	00	24	.20086	23	6.8		4.0	3		1.15		3	Grab Sample	8.3				
16	00	24	.19447				4.0											
17	00	24	.17415				4.0											
18	00	24	.1148				5.0											
19	00	24	.13350				5.0											
20	00	24	.14538				5.0											
21	00	24	.13871				6.0								0.4			
22	00	24	.17444	22	6.5		5.0	2		0.11		2	0	9.6				
23	00	24	.28757				6.0											
24	00	24	.16974				3.0								0.7			
25	00	24	.16800				4.0											
26	00	24	.17360				5.0											
27	00	24	.18500				5.0											
28	00	24	.18129				5.0											
29	00	24	.14100	22	6.6		5.0	1		0.17		4	0	9.3				
30	00	24	.21146				5.0											
31	00	24	.19964				5.0											
Average			.165800	22			4.7	3		0.34		4	0	9.0	0.6			
Max.			.182516	23	6.8		6.0	4		0.11		5	0	9.6	0.7			
Min.			.111480	21	6.4		4.0	1		0.17		2	0	8.3	0.4			
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C	
Monthly Limit					6-8.5			30				30	14.0	>5.0	30.0			

ENCLOSURE

DEM Form MR-1 (11/84

Facility Status: (Please check one of the following)

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

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

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

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

Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0063053 DISCHARGE NO: 001 MONTH: July YEAR: 1987

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

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME HRS	50050 FLOW EFF ☐ INF ☒ DAILY RATE MGD	00010 TEMPERATURE CELSIUS C°	00403 pH UNIT	00545 SETTLEABLE MATTER ML/L	50060 RESIDUAL CHLORINE MG/L	00310 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: Oil & Grease 00556	Total Nitrogen 00600	Total Phosphorus 00665	
1	00	24	.09799				5.0	7		0.31		1						
2	00	24	.10885	24	6.6		6.0	7		0.29		1	60	8.2				
3	00	24	.08197				6.0											
4	00	24	.08979				5.0											
5	00	24	.08562				5.0											
6	00	24	.09592				4.0											
7	00	24	.10809				5.0											
8	00	24	.11453				5.0											
9	00	24	.10286	24	6.7		5.0	7		0.18		1	0	8.2				
10	00	24	.03623		6.6		5.5											
11	00	24	.09471		6.6		5.0											
12	00	24	.10353				5.5											
13	00	24	.08825				5.8											
14	00	24	.10408				6.0											
15	00	24	.08412															
16	00	24	.10037	23	6.7		3.0	8		0.31		6	0	8.6		6.37		
17	00	24	.09355				4.0											
18	00	24	.08886				3.0											
19	00	24	.10327				2.0											
20	00	24	.10155				4.0											
21	00	24	.10678				5.0											
22	00	24	.12128				2.0											
23	00	24	.12334	24	6.7		4.0	6		1.1		4	0	8.0	0.0			
24	00	24	.10964				4.0								4.4			
25	00	24	.13470				4.0											
26	00	24	.08500				4.5											
27	00	24	.09000				4.5											
28	00	24	.13000				5.0											
29	00	24	.12500				6.0											
30	00	24	.15244	25	6.9		5.0	11		2.8		9	2	8.1				
31	00	24	.12342				4.0											
Average			.104379	24			4.0	8		0.9		4	2.61*	8.2	2.2	6.37		
Max.			.152440	25	6.9		6.0	8		2.8		9	60	8.6	4.4	6.37		
Min.			.81970	23	6.6		2.0	7		0.18		1	0	8.0	0.4	6.37		
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	C	C		
Monthly Limit					6-9			30.0				30	14.0	5.0	30.0			

DEM Form MR-1 (11/84

ENCLOSURE 11

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: NC0063011 DISCHARGE NO: 001 MONTH: July YEAR: 1987

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

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00403 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW: Oil & Grease	Total Nitrogen	Total Phosphorous
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	00556	00600	00665
1	00	24	.647				4.0										
2	00	24	.632				4.0										
3	00	24	.958				4.0										
4	00	24	.684				4.0										
5	00	24	.726				4.0										
6	00	24	.612	24	6.8		3.0	10		4.6		9	0	7.6			
7	00	24	.795				5.0										
8	00	24	.667				2.0								7.9		
9	00	24	.624				4.0										
10	00	24	.538	27	6.8		4.0	17		3.5		10	0	6.6			
11	00	24	.674				5.0										
12	00	24	.731				4.0										
13	00	24	.677	26	6.8		4.0	14		3.7		7	0	7.1			
14	00	24	.648				4.0										
15	00	24	.449				4.0										
16	00	24	.461				4.0										
17	00	24	.525	25	6.8		5.0	17		2.6		7	0	6.8		12.75	
18	00	24	.467				4.0										
19	00	24	.505				4.0										
20	00	24	.517	25	6.6		5.0	Sample error		3.0		4	0	6.8			
21	00	24	.673				4.0								0.1		
22	00	24	.717				4.0										
23	00	24	.674				4.0										
24	00	24	.653	26	6.8		4.0	17		4.5		7	0	7.1			
25	00	24	.616				5.0										
26	00	24	.655				4.0										
27	00	24	.861	27	6.9		2.0	13		2.7		12	0	7.1			
28	00	24	.638				5.0										
29	00	24	.524				4.0										
30	00	24	.473				4.0										
31	00	24	.447	26	6.8		4.0	13		4.6		6	2	7.4			
Average			.628	26			4.1	14		3.7		8	1.09	7.1	4	12.75	
Max.			958	27	6.9		6.0	17		4.6		12	2	7.6	7.9	12.75	
Min.			.447	24	6.8		2.0	10		2.6		4	0	6.6	0.1	12.75	
Comp.(C)/Grab(G)				G	G		G	C		C		G	G	G	G	C	C
Monthly Limit					6-8.5			30				30	14.0	5.0	30		

ENCLOSURE (1)

Facility Status: (Please check one of the following)

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

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

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

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

Julian A. Woolin

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: July YEAR: 1987

FACILITY NAME: Camp Geiger STP COUNTY: Onslow

Date	Time	Composite Time	00400 PH	00010 Temperature (Celsius)	00545 Settleable Matter	00310 BOD5 20 °C	00610 Ammonia Nitrogen	00500 Total Residue	00530 Total Suspended Residue	00340 COD	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW
		HRS	STD UNITS	°C	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	
1	00	24				415			106		
2	00	24				336			146		
3											
4											
5											
6	00	24				180			146		
7	00	24				270			298		
8	00	24				296			204		
9	00	24				290			178		
10	00	24				310			156		
11											
12											
13	00	24				208			310		
14	00	24				164			96		
15	00	24				356			108		
16	00	24				328			300		
17	00	24				344			183		
18											
19											
20	00	24				340			214		
21	00	24				220			216		
22	00	24				300			174		
23	00	24				407			246		
24	00	24				336			216		
25											
26											
27	00	24				184			170		
28	00	24				164			180		
29	00	24				140			150		
30	00	25				273			128		
31	00	24				224			143		
AVERAGE						277			185		
MONTHLY MAXIMUM						415			310		
MONTHLY MINIMUM						164			96		
SAMPLE TYPE C or G						C			C		

DEM Form MR-2 (11/84)

ENCLOSURE (1)

Influent

NPDES NO: NC0063002 DISCHARGE NO: 001 MONTH: July YEAR: 1987

FACILITY NAME: Tarawa Terrace STP COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD5 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	00	24				196			158								
2	00	24				180			88								
3																	
4																	
5																	
6	00	24				164			130								
7	00	24				160			96								
8	00	24				196			164								
9	00	24				172			106								
10	00	24				208			130								
11																	
12																	
13	00	24				140			92								
14	00	24				208			120								
15	00	24				152			118								
16	00	24				172			120								
17	00	24				164			68								
18																	
19																	
20	00	24				245			228								
21	00	24				172			96								
22	00	24				172			100								
23	00	24				204			134								
24	00	24				164			88								
25																	
26																	
27	00	24				160			94								
28	00	24				132			88								
29	00	24				180			128								
30	00	24				168			82								
31	00	24				211			120								
AVERAGE						178			116								
MONTHLY MAXIMUM						240			228								
MONTHLY MINIMUM						152			82								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

ENCLOSURE

Influent

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

FACILITY NAME: Hadnot Point Sewage Treatment Plant COUNTY: Onslow

			00400	00010	00545	00310	00610	00500	00530	00340							
Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1	00	24				180	4.4		152								
2	00	24				184	3.5		158								
3																	
4																	
5																	
6	00	24				84	[illegible]		78								
7	00	24				164	3.3		175								
8	00	24				152	3.2		108								
9	00	24				192	3.3		134								
10	00	24				168	3.2		76								
11																	
12																	
13	00	24				136	2.3		106								
14	00	24				156			98								
15	00	24				200			115								
16	00	24				204			134								
17	00	24				200			126								
18																	
19																	
20	00	24				196			116								
21	00	24				188			150								
22	00	24				240			176								
23	00	24				152			110								
24	00	24				204			160								
25																	
26																	
27	00	24				132			100								
28	00	24				140			120								
29	00	24				148			86								
30	00	24				200			120								
31	00	24				164			95								
AVERAGE						173			122								
MONTHLY MAXIMUM						204			158								
MONTHLY MINIMUM						84			76								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

ENCLOSURE [illegible]

Influent

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

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

Date	Time	Composite Time	00400 PH	00010 Temperature (Celsius)	00545 Settleable Matter	00310 BOD_5 20 °C	00610 Ammonia Nitrogen	00500 Total Residue	00530 Total Suspended Residue	00340 COD							
											ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1	00	24				247			260								
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10	00	24				267			230								
11																	
12																	
13	00	24				255			180								
14																	
15																	
16																	
17	00	24				344			92								
18																	
19																	
20	00	24				332			186								
21																	
22																	
23																	
24	00	24				275			213								
25																	
26																	
27	00	24				279			363								
28																	
29																	
30	00	24				260			358								
31																	
AVERAGE						282			236								
MONTHLY MAXIMUM						344			363								
MONTHLY MINIMUM						247			92								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

ENCLOSURE (1)

Influent

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

FACILITY NAME: Courthouse Bay STP COUNTY: Onslow

Date	Time	Composite Time	00400 PH	00010 Temperature (Celsius)	00545 Settleable Matter	00310 BOD5 20 °C	00610 Ammonia Nitrogen	00500 Total Residue	00530 Total Suspended Residue	00340 COD	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2																	
3																	
4																	
5																	
6																	
7	00	24				144			88								
8																	
9																	
10																	
11																	
12																	
13																	
14	00	24				78			74								
15																	
16																	
17																	
18																	
19																	
20																	
21	00	24				188			94								
22																	
23																	
24	00	24				54			82								
25																	
26																	
27																	
28	00	24				54			82								
29																	
30																	
31																	
AVERAGE						116			85								
MONTHLY MAXIMUM						188			88								
MONTHLY MINIMUM						54			74								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

ENCLOSURE (1)

Influent

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

FACILITY NAME: Rifle Range STP COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD5 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	00	24				56			121								
2																	
3																	
4																	
5																	
6																	
7																	
8	00	24				52			64								
9																	
10																	
11																	
12																	
13																	
14																	
15	00	24				52			55								
16																	
17																	
18																	
19																	
20																	
21																	
22	00	24				65			96								
23																	
24																	
25																	
26																	
27																	
28																	
29	00	24				70			206								
30																	
31																	
AVERAGE						59			109								
MONTHLY MAXIMUM						70			206								
MONTHLY MINIMUM						52			55								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

ENCLOSURE

Influent

NPDES NO: NC0063053 DISCHARGE NO: 001 MONTH: July YEAR: 1987

FACILITY NAME: Onslow Beach STP COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD
			00400	00010	00545	00310	00610	00500	00530	00340
		HRS	STD UNITS	°C	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L
1	00	24				148			152	
2										
3										
4										
5										
6										
7										
8										
9	00	24				256			102	
10										
11										
12										
13										
14										
15										
16	00	24				284			158	
17										
18										
19										
20										
21										
22										
23	00	24				275			116	
24										
25										
26										
27										
28										
29										
30	00	24				104			116	
31										
AVERAGE						213			129	
MONTHLY MAXIMUM						284			158	
MONTHLY MINIMUM						104			102	
SAMPLE TYPE C or G						C			C	

ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW

DEM Form MR-2 (11/84)

ENCLOSURE ( )

6268
NREAD

SEP 23 1987

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

Dear Sir:

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

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

Sincerely,

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

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

Copy to:
EPA Region IV
CMDR, LANTNAVFACENGCOM
NEESA

Blind copy to:
EC&MS, NREAD
UTIL, BMD

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

EFFLUENT

NPDES PERMIT NO: NC0003239 **DISCHARGE NO:** 014 **MONTH:** August **YEAR:** 1987

FACILITY NAME: Onslow Beach WTP Pond **CLASS:** ___ **COUNTY:** Onslow

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

CERTIFIED LABORATORY: Environmental Chemistry & Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: WTP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☐ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	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																		
2																		
3																		
4	00	24			7.7													
5																		
6																		
7																		
8	00	24			8.0							2.0						
9																		
10		-																
11																		
12																		
13																		
14																		
15																		
16																		
17																		
18	00	24			8.1							8.0						
19																		
20																		
21																		
22																		
23																		
24																		
25	00	24			7.7							4.0						
26																		
27																		
28																		
29																		
30																		
31																		
Average												4.0						
Max.					8.1							8.0						
Min.					7.7							2.0						
Comp.(C)/Grab(G)					G							C						
Monthly Limit					6-9							30						

DEM Form MR-1 (11/84)

Facility Status: (Please check one of the following)

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

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

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

_____
_____
_____
_____
_____
_____

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

Julian A. Wooten
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0063053 **DISCHARGE NO:** 001 **MONTH:** August **YEAR:** 1987

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

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

Mail original and one copy to:
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	00552 OIL & GREASE	00600 TOTAL NITROGEN		
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MG/L	MG/L		
1			.10150				5.0											
2			.11782				3.5											
3			.11303				4.0											
4			.13164				5.0											
5			.13041				3.5											
6	00	24	.13095	24	6.8		5.0	14		2.0		8	0	4.5	8.4			
7			.12449				5.0											
8			.12898				5.0											
9			.12557				5.0											
10			.12639	24	7.0		6.0											
11			.12932				6.0								2.7			
12			.13445				5.0											
13	00	24	.13082	23	6.8		3.0	10		1.5		10	0	5.6		6.55		
14			.1929				4.5											
15			.11244				4.5											
16			.12142				4.5											
17			.12037				4.5											
18			.12273	24	6.7		3.0											
19			.12082				4.5											
20	00	24	.16008	24	6.8		4.0	7		0.08		8	0	6.7				
21			.10762				5.0											
22			.12517				5.0											
23			.11301				5.0											
24			.10578				5.0											
25			.14140	24	6.6		0.5							6.0				
26			.10600				4.0											
27	00	24	.10599	24	6.8		4.0	4		0.27		4	0	7.0				
28			.09801				4.0											
29			.08815				4.0											
30			.09922				4.0											
31																		
Average			.12181	24			4.4	9		1.00		8	0	6.0	5.6	6.55		
Max.			.19290	24	7.0		6.0	14		2.00		10	0	7.0	8.4	6.55		
Min.			.08815	23	6.6		0.5	4		0.08		4	0	4.5	2.7	6.55		
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C		
Monthly Limit					6-8.5			30				30	14	>5	30			

DEM Form MR-1 (11/84

Facility Status: (Please check one of the following)

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

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

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

_____
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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: NC0063045 **DISCHARGE NO:** 001 **MONTH:** August **YEAR:** 1987

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

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

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	00556 Oil & Grease	00620 Total Nitrogen	00665 Total Phosphorus	
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MG/L	MG/L	MG/L	
1	00	24	.5950				4.0											
2	00	24	.5950				4.0											
3	00	24	.5950				0.0											
4	00	24	.3698	29	7.2		5.0	S.E.*		0.28		S.E.*	0	5.6	1.4			
5	00	24	.4144				3.0											
6	00	24	.4293				3.5											
7	00	24	.5950				4.0											
8	00	24	.3333				4.0											
9	00	24	.4174				4.0											
10	00	24	.4421	26	6.8		3.0							5.3				
11	00	24	.4615				6.0	8		0.10		5	0		2.7			
12	00	24	.4337				2.5											
13	00	24	.4409				4.0											
14	00	24	.5950				3.0											
15	00	24	.5950				2.0											
16	00	24	.4539				5.0											
17	00	24	.4537				4.0											
18	00	24	.4832	28	7.2		2.0	4		0.15	5		0	6.4				
19			.5731				2.0											
20			.5625				3.5											
21			.5170				5.0											
22			.4630				4.0											
23			.4197				4.0											
24			.4600				4.0											
25	00	24	.4362	24	7.4		2.0	6		0.11		4	0	7.0				
26			.4547				4.5											
27			.4501	26	7.2		5.0							6.8				
28			.4725				2.5											
29			.5950				2.5											
30			.5950				3.0											
31			.4536				3.0											
Average			.4889	27			3.5			0.16		5	0	6.2	2.1			
Max.			.5950	29	7.4		6.0			.15		5	0	7.0	2.7			
Min.			.4144	24	6.8		0.0			0.10		4	0	5.3	1.4			
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G			
Monthly Limit					6-8.5			30				30	14	>5	30			

DEM Form MR-1 (11/84 *S.E. = Sample Error

Facility Status: (Please check one of the following)

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

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

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

_____

_____

_____

_____

_____

_____

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

Julian A. Wooten

Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

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

FACILITY NAME: Hadnot Point Sewage Treatment Plant **CLASS:** IV **COUNTY:** Onslow

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00556 Oil & Grease	00600 Total Nitrogen	00665 Total Phosphorus
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW		
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MG/L	MG/L	MG/L
1	00	24	4.850	28	6.8		4.0							6.0			
2	00	24	4.741	28	6.8		4.0							6.5			
3	00	24	5.496	25	6.7		4.0	9		0.9		9	0	6.2			
4	00	24	5.393	27	6.9		4.0	8		3.7		15	2	5.7			
5	00	24	5.450	27	6.9		4.0	9		4.6		14	0	4.9	2.2		
6	00	24	5.842	25	7.0		4.0	10		4.1		12	16	5.2			
7	00	24	5.630	26	6.9		4.0	10		4.4		10	0	5.0			
8	00	24	5.485	27	6.9		4.0							5.1			
9	00	24	4.440	25	6.9		3.0							5.0			
10	00	24	5.361	26	7.0		3.0	12		3.2		15	2	5.1			
11	00	24	5.928	26	7.0		3.0	13		3.6		10	0	5.0			
12	00	24	5.309	25	7.0		3.0	18		3.6		11	0	5.3		12.70	4.1
13	00	24	5.418	25	7.0		3.0	23		4.0		12	2	5.1			
14	00	24	5.144	25	6.8		3.0	12		5.2		9	2	5.2			
15	00	24	4.860	25	6.7		4.0							5.2			
16	00	24	4.635	26	6.8		4.0							5.1			
17	00	24	5.474	27	6.8		4.0	11		2.5		6	2	5.6			
18	00	24	5.849	27	6.8		4.0	9		3.5		12	0	5.5			
19	00	24	6.617	27	7.1		4.0	9		2.5		10	0	5.9			
20	00	24	6.925	25	7.1		4.0	14		4.3		11	0	6.0			
21	00	24	5.703	27	6.8		3.0	10		4.6		7	0	6.0			
22	00	24	4.847	27	6.9		4.0							6.0			
23	00	24	5.185	26	6.8		3.0							5.8			
24	00	24	5.653	26	6.8		3.0	9		1.8		11	2	5.1	3.0		
25	00	24	5.526	24	7.0		4.0	10		3.9		6	0	5.5			
26	00	24	5.676	27	6.8		4.0	12		3.6		11	0	5.3			
27	00	24	6.519	28	6.9		4.0	11		3.6		11	0	5.2			
28	00	24	5.788	27	6.9		4.0	12		3.2		11	2	5.2			
29	00	24	5.349	26	6.9		4.0							4.5			
30	00	24	4.753	26	6.9		4.0							5.5			
31	00	24	5.589	26	6.6		4.0	10		2.1		10	0	5.4			
Average			5.466	26			3.7	11		3.5		11	1.44*	5.4	2.6	12.70	4.1
Max.			6.925	28	7.1		4.0	23		5.2		15	16	6.5	3.0	12.70	4.1
Min.			4.440	24	6.6		3.0	8		0.9		6	0	4.5	2.2	12.70	4.1
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C
Monthly Limit					6-8.5			22		13		30	14	>5	30		

DEM Form MR-1 (11/84

Facility Status: (Please check one of the following)

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

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

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

_____
_____
_____
_____
_____
_____

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

Julian L Wooten
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC 0063022 **DISCHARGE NO:** 001 **MONTH:** August **YEAR:** 1987

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

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00556 Oil & Grease	00600 Total Nitrogen	00665 Total Phosphorus	
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MG/L	MG/L	MG/L	
1	00	24	.532				2.5											
2	00	24	.758				4.0											
3	00	24	.642	26	6.8		4.0	13		4.9		2	2	6.8				
4	00	24	.669				4.0								0.1			
5	00	24	.615				4.0											
6	00	24	.635				4.0											
7	00	24	.627	25	6.8		4.0	17		5.5		6	0	6.1				
8	00	24	.535				4.0											
9	00	24	.631				4.0											
10	00	24	.788				5.0	15		3.1		6	6					
11	00	24	.918				4.0											
12	00	24	.704				4.0											
13	00	24	.711				2.5											
14	00	24	.752	23	6.9		4.0	12		5.9		9	0	6.8				
15	00	24	.714				4.0											
16	00	24	.688				4.0											
17	00	24	.801	24	6.9		4.0	5		3.0		6	0	7.6				
18	00	24	.694				4.0								0.7			
19	00	24	.883				5.0											
20	00	24	.586				0.8											
21	00	24	.519	25	6.8		4.0	11		5.1		6	0	7.1				
22	00	24	.660				4.0			3.4								
23	00	24	.860				5.0											
24	00	24	.790	24	6.9		4.0	6				6	0	8.0				
25	00	24	.758				4.0											
26	00	24	.786				4.0											
27	00	24	.762				4.0											
28	00	24	.838	25	7.0		5.0	13		2.3		7	0	7.2				
29	00	24	.727				4.0											
30	00	24	.634				4.0											
31	00	24	.795	24	6.7		3.0	12		2.1		10	0	7.0	0.8			
Average			.710	25			3.9	12		3.9		6	1.36	7.1	0.4			
Max.			.918	26	7.0		5.0	17		5.9		10	9	8.0	0.8			
Min.			.519	23	6.7		0.8	5		2.3		2	0	6.1	0.1			
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G			
Monthly Limit					6-8.5			30				30	14	>5	30			

DEM Form MR 1 (11-81)

Facility Status: (Please check one of the following)

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

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

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

_____
_____
_____
_____
_____
_____

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

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

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00556 Oil & Grease	00600 Total Nitrogen	00665 Total Phosphorus
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW		
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MG/L	MG/L	MG/L
1	00	24	.22263	25	6.8		3.5							8.6			
2	00	24	.1816	26	6.8		6.0							7.7			
3	00	24	.1798	25	6.8		4.0							8.1			
4	00	24	.2019				4.0								0.2		
5	00	24	.1894	25	6.8		3.0	3		0.15		3	0	8.4			
6	00	24	.1949				5.0										
7	00	24	.2332				4.0										
8	00	24	.1517				5.0										
9	00	24	.1836				5.0										
10	00	24	.1845				5.0										
11	00	24	.1890				5.0										
12	00	24	.1986	25	6.6		5.0	4		0.06		3	0	7.7		5.26	1.4
13	00	24	.1674				4.0										
14	00	24	.1968				4.0										
15	00	24	.1962				4.0										
16	00	24	.1988				4.0										
17	00	24	.2212				2.0										
18	00	24	.2172				4.0								0.5		
19	00	24	.2379	26	6.6		4.0	1		0.08		4	0	7.8			
20	00	24	.26458				4.0										
21	00	24	.2231				4.0										
22	00	24	.23429				5.0										
23	00	24	.20561				5.0										
24	00	24	.21685				3.0										
25	00	24	.22935				3.0										
26	00	24	.20605	25	6.4		5.0	4		0.10		5	0	8.0			
27	00	24	.20024				4.0										
28	00	24	.20678				4.0										
29	00	24	.23735				4.0										
30	00	24	.19009				4.0										
31	00	24	.26023				4.0										
Average			.20711	25			4.2	3		4.0		4	0	8.0	0.35	5.26	1.4
Max.			.26458	26	6.8		6.0	4		0.15		5	0	8.6	0.5	5.26	1.4
Min.			.15165	25	6.4		2.0	1		0.06		3	0	7.7	0.2	5.26	1.4
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C
Monthly Limit					6-8.5			30				30	14	> 5	30		

DEM Form MR-1 (11/84)

Facility Status: (Please check one of the following)

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

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

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

_____
_____
_____
_____
_____
_____

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

Julian A Wooten
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

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

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

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

CERTIFIED LABORATORY: Environmental Chemistry & Microbiology Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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

PERSON(s) COLLECTING SAMPLES: STP Operators

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00556 Oil & Grease	00600 Total Nitrogen	00665 Total Phosphorus	
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MG/L	MG/L	MG/L	
1	00	24	.7057	28	6.4		4.0							6.0				
2	00	24	.9328	28	6.4		4.0							6.0				
3	00	24	.9360	28	6.6		4.0	7		15.1		7	0	6.6				
4	00	24	.9948	28	6.7		4.0	16		14.1		13	20	6.8	L.E.*			
5	00	24	.8374	28	6.6		4.0	16		16.0		14	62	6.2				
6	00	24	.9465	28	6.7		4.0	14		9.8		15	0	6.4				
7	00	24	.8903	28	6.8		4.0	12		10.8		6	8	4.5				
8	00	24	.9392	26	6.8		4.0							5.0				
9	00	24	1.0233	26	6.7		4.0							5.0				
10	00	24	.8364	28	6.8		4.0	7		8.1		6	10	5.5				
11	00	24	.8272	28	6.7		4.0	10		6.6		6	0	5.4				
12	00	24	.8235	28	6.8		4.0	3		2.1		3	30	5.6		10.6	3 .50	
13	00	24	.8836	26	6.9		4.0	9		7.3		4	0	5.8				
14	00	24	.9100	26	6.9		4.0	6		8.7		4	2	5.6				
15	00	24	.9066	26	6.9		4.0							5.8				
16	00	24	.9663	26	6.9		4.0							5.6				
17	00	24	.8590	26	6.8		4.0	10		7.6		10	0	5.8				
18	00	24	.7949	28	6.6		4.0	6		7.8		5	0	5.8	1.5			
19	00	24	.9084	28	6.6		4.0	5		6.4		4	0	6.1				
20	00	24	.8953	28	6.6		4.0	4		4.7		1	0	5.6				
21	00	24	1.0164	28	6.8		4.0	9		8.3		5	2	5.5				
22	00	24	.7830	28	6.8		4.0							5.8				
23	00	24	.8459	28	6.6		4.0							5.3				
24	00	24	.9109	28	6.4		4.0	4		7.5		30	0	5.8				
25	00	24	.8873	28	6.6		4.0	8		7.3		8	0	6.2	1.4		0.07	
26	00	24	.8336	28	6.6		4.0	6		8.3		5	2	6.0				
27	00	24	.8750	28	6.6		4.0	6		7.8		4	0	5.6				
28	00	24	.9181	28	6.5		4.0	14		9.3		7	14	5.6				
29	00	24	.9707	28	6.6		4.0							6.3				
30	00	24	.8043	28	6.6		4.0							6.0				
31	00	24	.9070	28	6.4		4.0	10		14.2		6	0	5.8				
Average			.8893	28			4.0	9		9.0		8	2.55*	5.8	1.5	10.6	3 0.29	
Max.			1.0233	28	6.9		4.0	16		16.0		30	62	6.8	1.5	10.6	3 .50	
Min.			.7057	26	6.4		4.0	3		2.1		1	0	4.5	1.4	10.6	3 0.07	
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C	
Monthly Limit					6-9			30				30	200					

DEM Form MR-1 (11/84)

Facility Status: (Please check one of the following)

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

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

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

_____
_____
_____
_____
_____
_____

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

Julian A Wooten
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

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

FACILITY NAME: Tarawa Terrace STP **CLASS:** ___ **COUNTY:** Onslow

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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

PERSON(s) COLLECTING SAMPLES: STP Operators

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00556 Oil & Grease	00600 Total Nitrogen	00665 Total Phosphorus
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW		
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MG/L	MG/L	MG/L
1	00	24	.9000	26	6.6		6.0							8.5			
2	00	24	.900	26	6.6		4.0							8.5			
3	00	24	.900	27	6.6		4.0	13		0.7		16	2	8.6			
4	00	24	.850	27	6.6		4.5	9		1.4		5	0	8.5	1.7		
5	00	24	.850	27	6.6		4.0	8		2.5		8	2	8.5			
6	00	24	.900	27	7.0		4.0	9		1.0		11	2	7.5			
7	00	24	.850	27	6.5		4.0	12		1.0		6	10	7.8			
8	00	24	.900	26	6.5		4.0							8.0			
9	00	24	.900	27	6.4		5.0							8.4			
10	00	24	.900	27	6.4		4.0	9		2.0		8	0	8.3			
11	00	24	.850	26	6.8		4.0	12		1.5		8	12	8.3			
12	00	24	.850	26	6.8		4.0	7		6.9		6	0	8.2		16.35	5.2
13	00	24	.900	26	6.6		4.0	7		1.6		8	0	8.5			
14	00	24	.900	26	6.7		4.0	10		1.6		8	0	8.1			
15	00	24	.850	27	6.5		4.0							8.1			
16	00	24	.900	27	6.8		4.0							7.9			
17	00	24	.850	27	6.7		4.0	6		1.8		10	6	8.3			
18	00	24	.850	27	6.7		4.0	9		1.7		8	0	8.0	1.1		
19	00	24	.850	27	6.7		4.0	9		1.4		8	0	8.1			
20	00	24	.900	28	6.8		5.0	12		2.0		11	0	7.8			
21	00	24	.900	28	6.8		3.0	10		1.3		6	0	8.0			
22	00	24	.850	28	6.9		4.0							7.9			
23	00	24	.850	25	6.6		4.0							8.8			
24	00	24	.850	24	6.7		3.0	9		1.2		10	0	7.8			
25	00	24	.900	24	6.8		5.0	11		3.1		6	2	8.5			0.07
26	00	24	.900	25	6.7		4.0	10		2.0		9	2	8.0			
27	00	24	.850	26	6.7		3.0	8		0.9		12	0	8.2			
28	00	24	.900	27	6.7		3.0	11		1.0		10	0	8.3			
29	00	24	.900	27	6.7		4.0							8.5			
30	00	24	.900	26	6.6		4.0							8.4			
31	00	24	.900	26	6.8		4.0	10		2.1		10	0	8.5			
Average			.879	26			4.0	10		1.8		9	1.61 *	8.2	1.4	16.35	5.2
Max.			.900	28	7.0		6.0	13		3.1		16	12	8.8	1.7	16.35	5.2
Min.			.850	24	6.4		3.0	6		0.7		6	0	7.5			
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C
Monthly Limit					6-8.5			30				30	1000	5	30		

Facility Status: (Please check one of the following)

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

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

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

_____
_____
_____
_____
_____
_____

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

Julian A Wooten

Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

Influent

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

FACILITY NAME: Tarawa Terrace STP COUNTY: Onslow

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

ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Camp Geiger 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				172			80								
4	00	24				410			193								
5	00	24				367			178								
6	00	24				487			238								
7	00	24				336			212								
8																	
9																	
10	00	24				204			153								
11	00	24				247			168								
12	00	24				200			124								
13	00	24				284			132								
14	00	24				200			154								
15																	
16																	
17	00	24				200			153								
18	00	24				268			106								
19	00	24				156			96								
20	00	24				164			116								
21	00	24				204			100								
22																	
23																	
24	00	24				293			235								
25	00	24				295			143								
26	00	24				210			115								
27	00	24				270			123								
28	00	24				273			133								
29																	
30																	
31	00	24				264			178								
AVERAGE						262			149								
MONTHLY MAXIMUM						410			238								
MONTHLY MINIMUM						156			80								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Rifle Range STP COUNTY: Onslow

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

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Courthouse Bay STP COUNTY: Onslow

Date	Time	Composite Time	00400 PH	00010 Temperature (Celsius)	00545 Settleable Matter	00310 BOD5 20 °C	00610 Ammonia Nitrogen	00500 Total Residue	00530 Total Suspended Residue	00340 COD	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2																	
3																	
4	00	24				sample error			sample error								
5																	
6																	
7																	
8																	
9																	
10																	
11	00	24				136			56								
12																	
13																	
14																	
15																	
16																	
17																	
18	00	24				132			83								
19																	
20																	
21																	
22																	
23																	
24																	
25	00	24				76			28								
26																	
27																	
28																	
29																	
30																	
31																	
AVERAGE						126			56								
MONTHLY MAXIMUM						136			83								
MONTHLY MINIMUM						76			28								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

NPDES NO: NC0063053 DISCHARGE NO: 001 MONTH: August YEAR: 1987

FACILITY NAME: Onslow Beach STP COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
			00400	00010	00545	00310	00610	00500	00530	00340							
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2																	
3																	
4																	
5																	
6	00	24				164			74								
7																	
8																	
9																	
10																	
11																	
12																	
13	00	24				251			173								
14																	
15																	
16																	
17																	
18																	
19																	
20	00	24				87			131								
21																	
22																	
23																	
24																	
25																	
26																	
27	00	24				216			59								
28																	
29																	
30																	
31																	
AVERAGE						180			109								
MONTHLY MAXIMUM						251			173								
MONTHLY MINIMUM						89			59								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Hadnot Point Sewage Treatment Plant COUNTY: Onslow

Date	Time	Composite Time	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				196			100								
4	00	24				168			205								
5	00	24				208			110								
6	00	24				236			128								
7	00	24				208			125								
8																	
9																	
10	00	24				176			118								
11	00	24				280			202								
12	00	24				176			163								
13	00	24				216			118								
14	00	24				172			103								
15																	
16																	
17	00	24				196			104								
18	00	24				208			153								
19	00	24				160			146								
20	00	24				148			160								
21	00	24				172			170								
22																	
23																	
24	00	24				132			100								
25	00	24				136			60								
26	00	24				136			78								
27	00	24				128			60								
28	00	24				164			82								
29																	
30																	
31	00	24				160			114								
AVERAGE						180			124								
MONTHLY MAXIMUM						280			205								
MONTHLY MINIMUM						128			60								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

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

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

ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW

DEM Form MR-2 (11/84)

6288
NREAD

OCT 2 6 1987

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

Dear Sir:

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

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

Sincerely,

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

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

Copy to:
EPA Region IV
CMDR, LANTNAVFACENGCOM
NEESA

Blind copy to:
EC&MS, NREAD (2)
UTIL, BMD

EFFLUENT

NPDES PERMIT NO: NC0063011 **DISCHARGE NO:** 001 **MONTH:** September **YEAR:** 1987

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

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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

PERSON(s) COLLECTING SAMPLES: STP Operators

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00556 Oil & Grease	00620 Total Nitrogen	00665 Total Phosphorus	
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MG/L	MG/L	MG/L	
1	00	24	.6200				4.0											
2	00	24	.6350				4.0											
3	00	24	.5960				4.0											
4	00	24	.5640	24	6.9		4.0	14		3.2		8	0	7.3				
5	00	24	.7360				4.0											
6	00	24	.7140				4.0											
7	00	24	1.207	24	7.0		1.5							7.2				
8	00	24	.7090				4.0											
9	00	24	.5030				4.0											
10	00	24	.6460				4.0											
11	00	24	.8010	25	6.8		2.5	4		3.1		6	0	7.1	1.6	9.8		
12	00	24	.6580				4.0											
13	00	24	.9810				4.0											
14	00	24	.7960	25	6.8		4.0	7		2.4		2	0	7.3				
15	00	24	.7760				4.0											
16	00	24	.7520				4.0											
17	00	24	.7010				4.0											
18	00	24	.6780	25	6.4		4.0	4		2.6		6	0	7.1				
19	00	24	.5900				4.0											
20	00	24	.6600				4.0											
21	00	24	.6400	25	6.5		4.0	8		2.2		5	0	7.9				
22	00	24	.6860				4.0											
23	00	24	.7070				4.0											
24	00	24	.7220				1.5											
25	00	24	.6270	23	6.9		4.0	12		3.1		4	0	7.6				
26	00	24	.5050				4.0											
27	00	24	.6490				4.0											
28	00	24	.8480	22	7.0		4.0	13		8.8		3	0	8.3	3.1			
29	00	24	.7850				4.0											
30	00	24	.5720				4.0											
31																		
Average			.7021				4.0	9		3.6		5	0	2.4	2.3	9.8		
Max.			1.207				4.0	14		8.8		8	0	3.1	3.1	9.8		
Min.			.5030				1.5	4		2.2		2	0	1.6	1.6	9.8		
Comp.(C)/Grab(G)								C		C		C	G	G	C	C		
Monthly Limit								30				30	1000	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 ☒ (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: NC0063037 **DISCHARGE NO:** 001 **MONTH:** September **YEAR:** 1987

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

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

CERTIFIED LABORATORY: ~~Environmental Chemistry and Microbiology Laboratory~~

PERSON(s) COLLECTING SAMPLES: ~~STP Operators~~

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00556 Oil & Grease	00600 Total Nitrogen	00665 Total Phosphorus	
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MG/L	MG/L	MG/L	
1	00	24	.2426				4.0											
2	00	24	.2375	24	6.3		4.0	L.E.		0.6		4	0	8.5				
3	00	24	.2265				4.0											
4	00	24	.2342				4.0											
5	00	24	.3957				4.0											
6	00	24	.3210				3.0											
7	00	24	.3864	26	6.6		3.0							7.7				
8	00	24	.3475				4.0								0.1			
9	00	24	.4026	28	7.0		2.0	4				7	0	8.3			0.8	
10	00	24	.2820				3.0			0.02								
11	00	24	.2493				4.0											
12	00	24	.2363				4.0											
13	00	24	.1053				3.0											
14	00	24	.1593				4.0											
15	00	24	.1850	25	6.6		3.0							8.0				
16	00	24	.5418				6.0	4				2	0					
17	00	24	.4547				5.0			0.12								
18	00	24	.3073				4.0											
19	00	24	.1530				5.0											
20	00	24	.1613				4.0											
21	00	24	.1060				4.0											
22	00	24	.1971				3.0											
23	00	24	.1782	23	6.3		2.0	3		0.07		3	0	7.7				
24	00	24	.2500				3.0											
25	00	24	.1123				4.0											
26	00	24	.2149				4.0											
27	00	24	.1059				5.0											
28	00	24	.1817				4.0								1.0			
29	00	24	.2900				5.0											
30	00	24	.3067	22	6.2		4.0	5		0.10		6	2	8.1				
31																		
Average			.2524				3.8	4		0.07		4	1.14*		0.6		0.8	
Max.			.5418				6.0	5		0.12		7	2		1.0		0.8	
Min.			.1059				2.0	3		0.06		2	0		0.1		0.8	
Comp.(C)/Grab(G)								C		C		C	G		G	C	C	
Monthly Limit								30				30	14		30			

DEM Form MR-1 (11/84)

L.E. = Lab Error

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)

_____
_____
_____
_____
_____
_____

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: NC0063029 **DISCHARGE NO:** 001 **MONTH:** September **YEAR:** 1987

FACILITY NAME: Hadnot Point Sewage Treatment Plant **CLASS:** IV **COUNTY:** Onslow

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00556 Oil & Grease	00600 Total Nitrogen	00665 Total Phosphorus	
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		NRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MG/L	MG/L	MG/L	
1	00	24	3.940	26	7.0		6.0	L.E.		3.2		8	0	6.0				
2	00	24	5.258	26	7.1		5.0	L.E.		3.3		7	0	5.5				
3	00	24	5.969	25	7.0		4.0	11		3.5		10	2	5.2				
4	00	24	6.038	26	7.0		5.0	11		2.8		8	0	5.8				
5	00	24	5.872	25	7.0		4.0							6.0				
6	00	24	4,939	26	7.0		4.0							6.1				
7	00	24	6.516	25	7.0		4.0							5.6				
8	00	24	6.107	26	7.0		4.0	9		0.9		12	0	6.4				
9	00	24	5,792	26	6.9		4.0	5		2.9		8	0	5.8			3.9	
10	00	24	5,645	26	7.0		4.0	9		3.2		11	2	6.0		19.4		
11	00	24	5.351	26	7.0		4.0	9		3.2		8	0	6.2	0.5			
12	00	24	4.643	25	7.0		4.0							6.1				
13	00	24	5.244	25	6.8		4.0							6.0				
14	00	24	5.976	25	7.2		3.0	10		1.5		9	0	5.6				
15	00	24	5.437	25	7.2		4.0	9		1.8		7	0	5.2				
16	00	24	5.292	25	7.2		1.5	7		2.6		6	0	5.6				
17	00	24	5.238	25	7.2		3.0	8		3.9		12	0	5.3				
18	00	24	5.110	26	7.0		4.0	5		2.7		11	0	5.6				
19	00	24	4.472	26	6.9		4.0							5.6				
20	00	24	5.220	26	7.0		4.0							6.1				
21	00	24	5.545	26	7.0		4.0	9		1.8		8	0	7.8				
22	00	24	5.503	26	6.9		2.0	15		3.6		10	4	6.8				
23	00	24	5.349	26	7.2		2.0	16		4.4		12	2	5.8			3.9	
24	00	24	5.787	26	7.1		2.0	21		4.7		12	10	5.6				
25	00	24	5.563	26	7.1		2.0	15		5.0		8	1	5.4				
26	00	24	5.023	26	7.0		2.0							5.0				
27	00	24	5.155	26	6.8		2.5							4.8				
28	00	24	5.573	26	7.0		2.0	11		2.3		10	0	6.4	2.9			
29	00	24	5.521	25	7.1		2.0	12		4.7		14	4	6.1				
30	00	24	5.852	25	7.1		2.0	10		5.5		9	0	5.6				
31																		
Average			5.431	26			3.4	11		3.2		9	1.41	5.8	1.7	19.4	3.9	
Max.			6.516	26				21		5.5		14	10		2.9	19.4	3.9	
Min.			3.940	25				5		0.9		6	0		0.5	19.4	3.9	
Comp.(C)/Grab(G)								C		C		C	G		G	C	C	
Monthly Limit								22		13		30	14		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 ☒ (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: NC0063053 **DISCHARGE NO:** 001 **MONTH:** September **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

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	00556 Oil & Grease	00600 Total Nitrogen	00665 Total Phosphorus	
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	mg/L	mg/L	mg/L	
1	00	24	.1119				2.0											
2	00	24	.0953				5.0											
3	00	24	.1119	24	6.8		6.0	4		.15		2	0	8.0				
4	00	24	.0853				5.5											
5	00	24	.1213				5.5											
6	00	24	.1164				5.5											
7	00	24	.1110				4.0											
8	00	24	.1312				6.0								1.4			
9	00	24	.1129				6.0											
10	00	24	.2319	25	6.2		6.0	6		.20		4	0	10.0				
11	00	24	.1073				4.0											
12	00	24	.1263				2.0											
13	00	24	.1203				4.0											
14	00	24	.1186				4.5											
15	00	24	.1173				4.5											
16	00	24	.1095				5.0											
17	00	24	.1312	23	6.8		5.0	4		.21		4	0	7.5				
18	00	24	.0981				4.5											
19	00	24	.1021				4.5											
20	00	24	.1049				4.5											
21	00	24	.1056				5.0											
22	00	24	.1115				6.0											
23	00	24	.1077				5.0											
24	00	24	.1280	22	6.8		5.0	7		.13		4	0	7.7				
25	00	24	.2242				4.0											
26	00	24	.1100				3.0											
27	00	24	.1103				6.0											
28	00	24	.1274				4.0								1.3			
29	00	24	.1202		6.9		4.5											
30	00	24	.1102				5.5											
31																		
Average			.1201					5		.17		3	0					
Max.			.2318					7		.21		4	0					
Min.			.0853					4		.13		2	0					
Comp.(C)/Grab(G)								C		C		C	G					
Monthly Limit								30				30	14		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 ☒ (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: N C0003239 **DISCHARGE NO:** 014 **MONTH:** September **YEAR:** 1987

FACILITY NAME: Onslow Beach WTP Pond **CLASS:** ___ **COUNTY:** Onslow

OPERATOR IN RESPONSIBLE CHARGE (ORC): Mack D Davis **GRADE:** ___

CERTIFIED LABORATORY: Environmental Chemistry & Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: WTP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X ___
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☐ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	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	0024				7.8													
2																		
3																		
4																		
5																		
6																		
7																		
8	0024				8.0					0.8								
9																		
10																		
11																		
12																		
13																		
14																		
15	0024				8.1					2.0								
16																		
17																		
18																		
19																		
20																		
21																		
22	0024				8.0					5.0								
23																		
24																		
25																		
26																		
27																		
28																		
29	0024				8.3													
30																		
31																		
Average										2.6								
Max.					8.3					5.0								
Min.					7.8					0.8								
Comp.(C)/Grab(G)					G					C								
Monthly Limit					6-9					30								

DEM Form MR-1 (11 84

Facility Status: (Please check one of the following)

All monthly averages and / or other limitation do meet permit monitoring requirements ☒ (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: NC0063002 **DISCHARGE NO:** 001 **MONTH:** September **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 and Microbiology Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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

PERSON(s) COLLECTING SAMPLES: STP Operators

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☑ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00556 Oil & Grease	00600 Total Nitrogen	00665 Total Phosphorus
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MG/L	MG/L	MG/L
1	00	24	.8500	25	7.0		4.0	L.E.		1.2		7	0	8.4			
2	00	24	.8500	25	7.2		4.0	L.E.		2.6		15	140	8.0			
3	00	24	.8500	25	6.8		4.0	11		1.1		10	6	7.4			
4	00	24	.8500	25	6.8		4.0	12		1.2		11	10	7.7			
5	00	24	.8500	24	6.4		3.0							6.9			
6	00	24	.8500	24	6.5		4.0							7.4			
7	00	24	.8500	25	6.6		5.0							7.8			
8	00	24	.8500	25	6.7		5.0	9		1.2		6	14	7.9			
9	00	24	.8500	25	6.7		4.0	8		1.1		9	20	7.9			4.4
10	00	24	.8500	26	6.7		4.0	4		1.4		11	50	8.5		14.74	
11	00	24	1.2972	25	6.8		4.0	9		4.2		11	0	8.0	1.2		
12	00	24	.9714	25	6.6		4.0							7.9			
13	00	24	1.0060	25	6.8		4.0							8.1			
14	00	24	.9866	25	6.7		4.0	9		2.3		5	0	7.8			
15	00	24	.9703	25	6.6		4.0	8		2.3		5	0	8.0			
16	00	24	.9642	25	6.6		4.0	8		1.2		2	0	8.1			
17	00	24	1.0246	24	6.8		2.5	10		1.0		10	0	7.7			
18	00	24	.9799	24	6.8		3.0	4		2.2		12	0	6.0			
19	00	24	.9449	25	7.1		4.0							7.1			
20	00	24	.9978	25	6.8		4.0							8.0			
21	00	24	.9631	25	6.6		4.0	12		1.8		9	0	7.8			
22	00	24	.8841	25	6.6		5.0	10		3.8		10	0	7.7			6.3
23	00	24	1.4753	24	6.7		4.0	10		1.4		10	0	8.0			
24	00	24	.8500	23	6.6		4.0	7		0.8		7	0	8.0			
25	00	24	.5828	22	6.4		3.5	11		1.4		7	0	7.8			
26	00	24	.5930	22	6.4		4.0	•						8.0			
27	00	24	.5569	24	6.6		4.5							7.8			
28	00	24	.5403	24	6.6		4.0	14		1.1		7	0	7.6	2.6		
29	00	24	.5945	24	7.0		4.5	12		4.3		8	0	7.6			
30	00	24	.5574	26	7.0		2.5	13		1.5		9	0	7.9			
31																	
Average			.8747					9		1.9		9	2.42		1.9	14.74	5.4
Max.			1.4753					14		4.3		15	140		2.6	14.74	6.3
Min.			.5403					4		0.8		2	0		1.2	14.74	4.4
Comp.(C)/Grab(G)								C		C		C	G		G	C	C
Monthly Limit								30				30	1000		30		

ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW

DEM Form MR-1 (11-84) L.E. = Lab Error

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)

_____
_____
_____
_____
_____
_____

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

Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0003239 **DISCHARGE NO:** 001 **MONTH:** September **YEAR:** 1987

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

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

CERTIFIED LABORATORY: Environmental Chemistry & Microbiology Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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

PERSON(s) COLLECTING SAMPLES: ~~STP Operators~~

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00556 OIL & GREASE	00600 TOTAL NITROGEN	00665 TOTAL PHOSPHORUS	
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MG/L	MG/L	MG/L	
1	00	24	.6888	27	6.6		4.0	L.E.		9.8		7	820	6.5				
2	00	24	.7320	25	6.8		4.0	L.E.		9.4		10	36	5.8				
3	00	24	.8506	25	6.8		4.0	10		15.6		10	4	5.7				
4	00	24	1.024	25	6.4		4.0	7		13.5		6	84	5.8				
5	00	24	1.127	25	6.4		4.0							5.6				
6	00	24	.6100	25	6.6		4.0							5.5				
7	00	24	.6886	25	6.4		4.0							5.2				
8	00	24	.6580	25	6.4		4.0	5		3.6		4	12	4.9	1.0			
9	00	24	.7840	26	6.6		4.0	5		5.8		7	0	5.6			1.1	
10	00	24	.9272	26	6.8		4.0	1		8.3		6	0	6.8		10.9		
11	00	24	.9220	26	6.6		4.0	9		9.2		8	0	6.4				
12	00	24	.9030	16	6.4		4.0							5.8				
13	00	24	.9722	26	6.8		4.0							6.2				
14	00	24	1.064	26	6.4		4.0	4		9.1		3	0	6.2				
15	00	24	.9365	24	6.6		4.0	2		6.5		2	0	6.0				
16	00	24	.8156	25	7.0		4.0	4		9.4		1	0	6.1				
17	00	24	1.086	25	6.9		4.0	6		11.6		9	0	5.7				
18	00	24	.8805	27	6.5		4.0	8		11.8		6	0	6.1				
19	00	24	.8030	26	6.6		4.0							5.8				
20	00	24	.9510	26	6.6		4.0							5.5				
21	00	24	.8347	26	6.6		4.0	6		7.8		2	0	6.2				
22	00	24	.8921	25	6.6		4.0	6		11.0		12	2	5.9			1.1	
23	00	24	.8659	28	6.9		4.0	8		11.0		12	0	6.0				
24	00	24	.8729	25	7.0		4.0	11		10.2		9	0	5.4				
25	00	24	.8491	26	6.6		4.0	17		10.5		13	0	5.6				
26	00	24	.8698	26	6.5		4.0							5.6				
27	00	24	.9177	25	6.6		4.0							6.3				
28	00	24	.7452	25	6.6		4.0	10		4.3		2	0	5.3	5.7			
29	00	24	.9090	25	6.6		4.0	13		10.0		13	0	6.0				
30	00	24	.9608	25	6.8		4.0	10		12.5		7	0	7.0				
31																		
Average			.8714				4.0	7		9.6		7	2.51	5.9	3.4	10.9	1.1	
Max.			1.127				4.0	17		15.6		13	820	7.0	5.7	10.9	1.1	
Min.			.6100				4.0	1		3.6		1	0	4.9	1.0	10.9	1.1	
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C	
Monthly Limit					6-9			30				30	200					

DEM Form MR-1 (11/84)

L.E. = Lab Error

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)

_____
_____
_____
_____
_____
_____

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

_____
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0063045 **DISCHARGE NO:** 001 **MONTH:** September **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
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)	00556 Oil & Grease (mg/L)	00600 Total Nitrogen (mg/L)	00665 Total Phosphorus (mg/L)
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW		
1	00	24	.5023	26	7.2		3.5	L.E.		1.1		6	0	5.7			
2	00	24	.5419				4.0										
3	00	24	.4482				3.0										
4	00	24	.6392				3.5										
5	00	24	.9968				3.5										
6	00	24	.4860				2.5										
7	00	24	1.141				2.5										
8	00	24	.7972	26	7.3		2.5	4				5	0	7.5	0.0		
9	00	24	.7275				3.0			0.06							
10	00	24	.4996				2.0										
11	00	24	.4900				2.0										
12	00	24	.8047				4.0										
13	00	24	.5842				3.0										
14	00	24	.6328				4.5										
15	00	24	.5623	26	7.4		4.0	4		0.09		2	0	7.0			
16	00	24	.4788				4.0										
17	00	24	.5403				4.0										
18	00	24	.5310				4.5										
19	00	24	.5600				3.5										
20	00	24	.5620				3.5										
21	00	24	.5708				4.5										
22	00	24	.6210	25	7.6		4.5	3		0.10		3	0	7.6			1.4
23	00	24	.5720				4.0										
24	00	24	.5417				3.0										
25	00	24	.5179				4.0										
26	00	24	.4728				4.0										
27	00	24	.4875				4.0										
28	00	24	.4468				4.0									0.5	
29	00	24	.4878	25	7.3		4.0	6		0.22		6	0	6.8			
30	00	24	.5873				4.5										
31																	
Average			.5944					4		0.31		4	0		0.3	0.5	1.4
Max.			1.141					6		1.1		6	0		0.5	0.5	1.4
Min.			.4468					3		0.6		2	0		0.0	0.5	1.4
Comp.(C)/Grab(G)								C		C		C	G		G	C	C
Monthly Limit								30				30	14		30		

DEM Form MR-1 (11 84

L.E. =Lab Error

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)

_____
_____
_____
_____
_____
_____

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

_____
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

Influent

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

FACILITY NAME: Camp Geiger Sewage Treatment Plant COUNTY: Onslow

Date	Time	Composite Time	00400 PH	00010 Temperature (Celsius)	00545 Settleable Matter	00310 BOD_5 20 °C	00610 Ammonia Nitrogen	00500 Total Residue	00530 Total Suspended Residue	00340 COD	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1	00	24				L.E.			292								
2	00	24				L.E.			220								
3	00	24				315			172								
4	00	24				176			166								
5																	
6																	
7	HOLIDAY																
8	00	24				216			128								
9	00	24				200			145								
10	00	24				316			273								
11	00	24				280			459								
12																	
13																	
14	00	24				228			137								
15	00	24				174			147								
16	00	24				284			218								
17	00	24				204			150								
18	00	24				288			170								
19																	
20																	
21	00	24				212			158								
22	00	24				280			235								
23	00	24				296			178								
24	00	24				188			113								
25	00	24				284			175								
26																	
27																	
28	00	24				296			93								
29	00	24				244			75								
30	00	24				309			209								
31																	
AVERAGE						252			186								
MONTHLY MAXIMUM						309			459								
MONTHLY MINIMUM						174			75								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

L.E. = Lab Error

Influent

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

FACILITY NAME: Hadnot Point Sewage Treatment Plant COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD
			00400	00010	00545	00310	00610	00500	00530	00340
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L
1	00	24				L.E.			108	
2	00	24				L.E.			116	
3	00	24				196			144	
4	00	24				156			124	
5										
6										
7	HOLIDAY									
8	00	24				112			160	
9	00	24				208			148	
10	00	24				180			106	
11	00	24				172			90	
12										
13										
14	00	24				188			190	
15	00	24				164			450	
16	00	24				136			191	
17	00	24				196			570	
18	00	24				196			144	
19										
20										
21	00	24				160			73	
22	00	24				148			110	
23	00	24				160			108	
24	00	24				140			148	
25	00	24				130			68	
26										
27										
28	00	24				156			135	
29	00	24				256			178	
30	00	24				130			85	
31										
AVERAGE						169			164	
MONTHLY MAXIMUM						256			450	
MONTHLY MINIMUM						112			68	
SAMPLE TYPE C or G						C			C	

ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Rifle Range STP COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD							
			00400	00010	00545	00310	00610	00500	00530	00340							
											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	00	24				L.E.			172								
3																	
4																	
5																	
6																	
7	HOLIDAY																
8																	
9	00	24				26			256								
10																	
11																	
12																	
13																	
14																	
15																	
16	00	24				40			96								
17																	
18																	
19																	
20																	
21																	
22																	
23	00	24				58			48								
24																	
25																	
26																	
27																	
28																	
29	00	24				44			30								
30																	
31																	
AVERAGE						42			120								
MONTHLY MAXIMUM						58			256								
MONTHLY MINIMUM						26			48								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

L.E.= Lab Error

Influent

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

FACILITY NAME: Camp Johnson (Montford 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	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	00	24				332			430								
5																	
6																	
7	HOLIDAY																
8																	
9																	
10																	
11	00	24				225			260								
12																	
13																	
14	00	24				296			353								
15																	
16																	
17																	
18	00	24				300			212								
19																	
20																	
21	00	24				403			153								
22																	
23																	
24																	
25	00	24				255			280								
26																	
27																	
28	00	24				182			99								
29																	
30																	
31																	
AVERAGE						285			255								
MONTHLY MAXIMUM						403			430								
MONTHLY MINIMUM						182			99								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

NPDES NO: NC0063053 DISCHARGE NO: 001 MONTH: September YEAR: 1987

FACILITY NAME: Onslow Beach STP COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD							
			00400	00010	00545	00310	00610	00500	00530	00340							
											ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2																	
3	00	24				200			84								
4																	
5																	
6																	
7																	
8																	
9																	
10	00	24				218			103								
11																	
12																	
13																	
14																	
15																	
16																	
17	00	24				94			88								
18																	
19																	
20																	
21																	
22																	
23																	
24	00	24				192			72								
25																	
26																	
27																	
28																	
29																	
30																	
31																	
AVERAGE						176			87								
MONTHLY MAXIMUM						218			103								
MONTHLY MINIMUM						94			72								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

NPDES NO: NC0063002 DISCHARGE NO: 001 MONTH: September YEAR: 1987

FACILITY NAME: Tarawa Terrace STP COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD							
			00400	00010	00545	00310	00610	00500	00530	00340							
											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	00	24				L.E.			142								
2	00	24				L.E.			136								
3	00	24				204			106								
4	00	24				160			96								
5																	
6																	
7	HOLIDAY																
8	00	24				136			94								
9	00	24				144			78								
10	00	24				164			84								
11	00	24				205			124								
12																	
13																	
14	00	24				140			66								
15	00	24				152			80								
16	00	24				272			102								
17	00	24				208			235								
18	00	24				168			86								
19																	
20																	
21	00	24				248			255								
22	00	24				156			140								
23	00	24				180			113								
24	00	24				164			268								
25	00	24				172			96								
26																	
27																	
28	00	24				172			123								
29	00	24				168			78								
30	00	24				164			88								
31																	
AVERAGE						178			123								
MONTHLY MAXIMUM						272			268								
MONTHLY MINIMUM						136			66								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

L.E. = Lab Error

Influent

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

FACILITY NAME: Courthouse Bay STP COUNTY: Onslow

Date	Time	Composite Time	00400 PH	00010 Temperature (Celsius)	00545 Settleable Matter	00310 BOD_5 20 °C	00610 Ammonia Nitrogen	00500 Total Residue	00530 Total Suspended Residue	00340 COD	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1	00	24				L.E			40								
2																	
3																	
4																	
5																	
6																	
7	HOLIDAY																
8	00	24				80			76								
9																	
10																	
11																	
12																	
13																	
14																	
15	00	24				240			124								
16																	
17																	
18																	
19																	
20																	
21																	
22	00	24				46			44								
23																	
24																	
25																	
26																	
27																	
28																	
29	00	24				108			40								
30																	
31																	
AVERAGE						118			65								
MONTHLY MAXIMUM						240			124								
MONTHLY MINIMUM						46			40								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

L.E. = Lab Error

6288
NREAD

NOV 25 1987

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

Dear Sir:

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

The Tarawa Terrace Wastewater Treatment Plant, NC0063002, flow readings were estimated for the month of October. The flow meter was out of order.

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

Sincerely,

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

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

Copy to:
EPA Region IV
CMDR, LANTNAVFACENGCOM
NEESA

Blind copy to:
EC&MS, NREAD
UTIL, BMD

Writer/Typist Betz/Ski
Date Typed 24 Nov 87
Word Processor Number 6288-L

EFFLUENT

NPDES PERMIT NO: NC0063045 **DISCHARGE NO:** 001 **MONTH:** October **YEAR:** 1987

FACILITY NAME: Courthouse Bay Sewage Treatment Plant **CLASS:** II **COUNTY:** Onslow

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☐ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00556 Oil & Grease	00600 Total Nitrogen	00665 Total Phosphorus	
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MG/L	MG/L	MG/L	
1	00	24	.4245				4.0								0.9			
2	00	24	.4500				4.0											
3	00	24	.4600				4.0											
4	00	24	.3368				4.5											
5	00	24	.5087				4.5											
6	00	24	.5114	19	7.3		4.0	6		0.17		2	0	7.0				
7	00	24	.5566				4.0											
8	00	24	.6383				5.0											
9	00	24	.4030				4.5											
10	00	24	.6327				4.5											
11	00	24	.4021				5.0											
12	00	24	.4910				4.5											
13	00	24	.5222	17	7.2		4.5	3		0.15		2	0	10.0		7.61		
14	00	24	.4479				4.0											
15	00	24	.4009				4.0											
16	00	24	.4672				4.5											
17	00	24	.5626				4.0											
18	00	24	.4570				3.5											
19	00	24	.4850				3.5											
20	00	24	.4437	18	7.2		3.5	10		0.41		9	0	8.0				
21	00	24	.5090				3.5											
22	00	24	.5966				4.0											
23	00	24	.4838				4.0											
24	00	24	.3425				4.0											
25	00	24	.5802				4.0											
26	00	24	.3081				4.0											
27	00	24	.4658	22	7.2		2.0	11		0.44		11	0	10.8	2.6		1.8	
28	00	24	.5495				4.0											
29	00	24	.4269				4.0											
30	00	24	.4330				4.0											
31	00	24	6.538				4.0											
Average			.4823				4.0	8		0.29		6	0	8.95	1.8	7.61	1.8	
Max.			.6538		7.3		5.0	11		0.44		11	0	10.8	2.6	7.61	1.8	
Min.			.3081		7.2		2.0	3		0.15		2	0	7.0	0.9	7.61	1.8	
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C	
Monthly Limit					6-8.5			30				30	14	>5	30			

DEM Form MR-1 (11/84)

Facility Status: (Please check one of the following)

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

(Compliant)

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

(Noncompliant)

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

_____

_____

_____

_____

_____

_____

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 Splids	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:** October **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
N C Department of NRCD
P O Box 27687
Raleigh, North Carolina 27611

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00403 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	80556 OIL & GREASE	00600 TOTAL NITROGEN	00665 TOTAL PHOS-PHORUS	
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MG/L	MG/L	MG/L	
1	00	24	.759	20	6.6		4.0	10		21		12	0	9.8	2.3			
2	00	24	.908	23	6.6		4.0	27		15		7	0	9.4				
3	00	24	.856	21	6.6		4.0							8.5				
4	00	24	1.004	21	6.6		4.0							6.0				
5	00	24	1.117	20	6.6		4.0	27		16.6		4	18	10.0				
6	00	24	.804	20	6.4		4.0	25		14.5		7	0	9.5				
7	00	24	1.045	20	7.0		4.0	12		13.1		6	0	8.0				
8	00	24	.904	22	6.8		4.0	14		13.5		10	0	8.2				
9	00	24	1.008	20	7.0		4.0	22		15.9		14	0	9.2				
10	00	24	.898	21	6.8		4.0							9.0				
11	00	24	.975	24	6.8		4.0							8.4				
12	00	24	.959	24	6.8		4.0							8.4				
13	00	24	.941	18	6.8		4.0	8		10.2		8	0	9.4		14.84		
14	00	24	1.026	21	6.6		4.0	10		14.1		8	0	9.0				
15	00	24	.968	21	6.4		4.0	13		11.8		8	0	8.5				
16	00	24	1.106	20	6.8		4.0	16		13.8		8	0	10.5				
17	00	24	.911	20	6.8		4.0							9.6				
18	00	24	.937	21	6.8		4.0							8.9				
19	00	24	.999	21	6.6		4.0	9		15.0		12	0	10.0			1.4	
20	00	24	.985	21	6.6		4.0	25		16.1		15	0	10.0				
21	00	24	.952	21	7.0		4.0	25		17.2		01	0	9.0				
22	00	24	1.054	24	6.8		4.0	29		17.4		3	2	5.6				
23	00	24	1.272	12	6.4		4.0	28		23.0		8	0	7.0				
24	00	24	.544	21	6.9		4.0							8.0				
25	00	24	.458	21	6.8		4.0							9.6				
26	00	24	.923	21	6.8		4.0	9		27.4		9	0	7.6				
27	00	24	1.070	20	6.9		4.0	26		18.2		15	310	9.0	9.0		1.4	
28	00	24	.671		6.4		4.0	18		19.0		2	0	9.0				
29	00	24	1.002	20	6.9		4.0	21		17.8		6	0	5.5				
30	00	24	.980	19	6.6		4.0	18		18.0		7	0	8.5				
31	00	24	.800		6.6		4.0							8.5				
Average			.930				4.0	19		16.6		9	1.74	8.6	5.7	14.84	1.4	
Max.			1.272		7.0		4.0	29		27.4		15	310	10.5	9.0	14.84	1.4	
Min.			.458		6.4		4.0	8		10.2		2	0	5.6	2.3	14.84	1.4	
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C	
Monthly Limit					6-9			30				30	200	>5	30			

DEM Form MR-1 (11/84)

Facility Status: (Please check one of the following)

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

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

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

_____
_____
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_____
_____

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

_____
Signature of Permittee

PARAMETER CODES

00010	Temperature	00556	Oil and Grease	00950	Dissolved Fluoride	01077	Silver	39516	PCBS
00065	Stream Stage	00600	Total Nitrogen	01002	Total Arsenic	01087	Total Vanadium	39941	Roundup
00076	Turbidity	00610	Ammonia Nitrogen	01027	Cadmium	01092	Zinc	50047	Max. flow during 24-hr. period
00300	Dissolved Oxygen	00625	Total Kjeldahl Nitrogen	01032	Hexavalent Chromium	01105	Total Aluminum	50048	Min. flow during 24-hr. period
00310	BOD_5	00665	Total Phosphorous	01034	Chromium	01147	Total Selenium	50050	Flow
00340	COD	00720	Cyanide	01037	Total Cobalt	31504	Total Coliform	50060	Total Residual Chlorine
00400	pH	00745	Total Sulfide	01042	Copper	31614	Fecal Coliform, MPN, Tube	71880	Formaldehyde
00500	Total Solids	00927	Total Magnesium	01045	Total Iron	31616	Fecal Coliform	71900	Mercury
00530	TSS	00929	Total Sodium	01051	Lead	32730	Total Phenolics	81318	Ferrocyanides
00545	Settleable Splids	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:** October **YEAR:** 1987

FACILITY NAME: Rifle Range Sewage Treatment Plant **CLASS:** II **COUNTY:** Onslow

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X _____
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: Oil & Grease	Total Nitrogen	Total Phosphor	
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MG/L	MG/L	MG/L	
1	00	24	.27283				4.0								0.9			
2	00	24	.27481				5.0											
3	00	24	.21333				4.0											
4	00	24	.28706				5.0											
5	00	24	.25167				4.0											
6	00	24	.24676	24	6.6		4.5							8.5				
7	00	24	.32635	25	6.6		4.0	5		0.21		2	0	8.2				
8	00	24	.29790				4.0											
9	00	24	.26693				5.0											
10	00	24	.26825	23			5.0											
11	00	24	.23840				5.0											
12	00	24	.24949				6.0											
13	00	24	.26408				4.0											
14	00	24	.29000	22	6.8		4.0	4		0.07		4	0	8.6				
15	00	24	.28008				4.0											
16	00	24	.17562				4.0											
17	00	24	.19416				4.0											
18	00	24	.20690				5.0											
19	00	24	.21090				3.0											
20	00	24	.29287				5.0											
21	00	24	.17730	27	6.4		2.0	5		0.12		1	0	8.0				
22	00	24	.25840				4.0											
23	00	24	.23790				4.0											
24	00	24	.33802				4.0											
25	00	24	.29400				4.0											
26	00	24	.30630				4.0											
27	00	24	.13841				4.0								3.1			
28	00	24	.30200	21	6.5		5.0	5		0.12		2	0	8.9				
29	00	24	.25072				4.0											
30	00	24	.22328				5.0											
31	00	24	.23381				4.0											
Average			.25382				4.3	5		0.13		2	0	8.4	2.0			
Max.			.33802		6.8		6.0	5		0.21		4	0	8.9	3.1			
Min.			.13841		6.4		2.0	4		0.07		1	0	8.0	0.9			
Comp.(C)/Grab(G)				G	G		G	C		C		C-	G	G	G	C	C	
Monthly Limit					6-8.5			30				30	14	>5	30			

DEM Form MR-1 (11/84

Facility Status: (Please check one of the following)

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

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

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

_____
_____
_____
_____
_____
_____

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 Splids	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:** October **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
N C Department of NRCD
P O Box 27687
Raleigh, North Carolina 27611

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☐ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00556 Oil & Grease	00600 Total Nitrogen	00665 Total Phosphor	
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MG/L	MG/L	MG/L	
1	00	24	.461	16										5.0	2.3			
2	00	24	.622	16	6.3		5.0	14		4.8		11	0	8.2				
3	00	24	.511	17			5.0											
4	00	24	.573	17			6.0											
5	00	24	.432	16	6.4		8.0	13		4.0		7	0	8.7				
6	00	24	.692	16			3.0											
7	00	24	.473	16			4.0											
8	00	24	.773	15			4.0											
9	00	24	.618	16	6.7		5.0	23		4.1		9	32	7.7				
10	00	24	.572				4.0											
11	00	24	.486				5.0											
12	00	24	.562				5.0											
13	00	24	.582				4.0											
14	00	24	.561				4.0											
15	00	24	.460				4.0											
16	00	24	.600	18	7.0		3.0	21		5.9		8	0	8.3		15.04		
17	00	24	.710				4.0											
18	00	24	.635				0.0											
19	00	24	.716	18	6.9		4.0	13		3.3		14	0	8.0			4.7	
20	00	24	.634				4.0											
21	00	24	.527				4.0											
22	00	24	.417				4.0											
23	00	24	.568	16	6.9		4.0	19		7.2		9	9	8.1				
24	00	24	.539				4.0											
25	00	24	.553				5.0											
26	00	24	.820	18	6.9		4.0	17		3.8		12	0	8.3				
27	00	24	.722				4.0								2.3			
28	00	24	.604				4.0											
29	00	24	.704				4.0											
30	00	24	.604	16	6.8		4.0	23		9.7		5	228	7.3				
31	00	24	.548				4.0											
Average			.645				4.3	18		5.4		9	3.04	8.2	2.3	15.04	4.7	
Max.			.820		7.0		8.0	23		9.7		12	228	8.7	2.3	15.04	4.7	
Min.			.417		6.3		3.0	13		3.3		5	0	7.3	2.3	15.04	4.7	
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C	
Monthly Limit					6-8.5			30				30	14	>5	30			

DEM Form MR-1 (11/84

Facility Status: (Please check one of the following)

All monthly averages and / or other limitation do meet permit monitoring requirements ☒ (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: NC0063029 **DISCHARGE NO:** 001 **MONTH:** October **YEAR:** 1987

FACILITY NAME: Hadnot Point Sewage Treatment Plant **CLASS:** IV **COUNTY:** Onslow

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME HRS	50050 FLOW EFF ☒ INF ☐ DAILY RATE MGD	00010 TEMPERATURE CELSIUS C°	00400 pH UNIT	00545 SETTLEABLE MATTER ML/L	50060 RESIDUAL CHLORINE MG/L	00310 BOD5 20°C MG/L	00340 COD MG/L	00610 AMMONIA NITROGEN MG/L	00500 TOTAL RESIDUE MG/L	00530 TOTAL SUSPENDED RESIDUE MG/L	31616 FECAL COLIFORM Geometric Mean /100 ML	00300 DISSOLVED OXYGEN MG/L	00556 Oil & Grease MG/L	00665 Total Nitrogen MG/L	00665 Total Phosphorus MG/L	
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
1	00	24	6.079	24	7.0		1.5	11		8.0		18	2	6.2	2.8			
2	00	24	5.818	23	7.1		1.5	14		4.4		12	2	6.2				
3	00	24	5.020	24	7.1		2.0							6.5				
4	00	24	4.350	21	7.0		1.5							6.6				
5	00	24	5.133	21	71		2.0	14		3.7		12	2	6.5				
6	00	24	5.199	23	7.2		1.5	20		4.4		8	0	6.8				
7	00	24	4.514	23	7.0		2.0	19		5.0		8	8	6.9				
8	00	24	7.014	21	7.0		2.0	17		1.4		11	30	5.8				
9	00	24	5.213	21	6.9		2.0	21		7.3		11	20	6.8				
10	00	24	4.446	23	7.0		2.0							6.0				
11	00	24	4.378	23	6.8		2.0							6.5				
12	00	24	4.412	21	6.8		2.0							6.4				
13	00	24	5.359	22	6.8		2.5	11		2.6		12	0	6.5		14.05		
14	00	24	5.146	20	6.8		2.0	13		4.3		11	0	6.5				
15	00	24	5.366	18	7.1		1.5	14		5.1		9	0	6.3				
16	00	24	5.620	18	7.0		1.5	14		4.1		13	2	6.5				
17	00	24	4.862	20	7.1		1.0							5.3				
18	00	24	5.033	22	7.0		2.0							5.4				
19	00	24	5.410	22	7.0		2.0	11		2.7		15	16	5.6			5.1	
20	00	24	4.430	22	6.9		2.0	12		2.5		10	0	5.6				
21	00	24	5.590	23	7.0		2.0	11		3.6		9	0	6.0				
22	00	24	5.241	20	7.0		2.0	14		4.1		11	0	5.6				
23	00	24	6.319	22	6.8		2.0	14		2.8		6	10	5.9				
24	00	24	5.480	20	6.9		3.0							5.9				
25	00	24	4.365	21	6.8		2.5							5.2				
26	00	24	5.095	20	6.9		2.0	19		2.3		19	0	5.4				
27	00	24	5.416	20	6.8		2.0	15		3.3		13	C12	5.5	10.5		3.9	
28	00	24	5.269	20	5.9		2.0	13		3.9		8	550	5.2				
29	00	24	5.605	20	6.8		2.0	14		4.8		12	0	5.6				
30	00	24	5.275	20	7.0		2.0	15		5.2		11	0	5.2				
31	00	24	4.450	20	6.9		2.0							5.5				
Average			5.207	21.2			1.9	15		4.1		11	3=10	6.0	6.7	14.05	4.5	
Max.			7.014	24	7.2		3.0	20		8.0		19	550	6.9	10.5	14.05	5.1	
Min.			4.350	18	6.8		1.0	11		1.4		6	0	5.2	2.8	14.05	3.9	
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C	
Monthly Limit					6-8.5			22		13		30	14	>5	30			

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 Splids	00940	Total Chloride	01067	Nickel	38260	MBAS	85652	Time

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0063029 **DISCHARGE NO:** 001 **MONTH:** October **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:
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Division of Environmental Management
N.C. Department of NRCD
P.O. Box 27687
Raleigh, North Carolina 27611

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

X _____
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	00552 Poccoloogest ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW: Oil & Grease	Total Nitrogen	Total Phosphor	
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MG/L	MG/L	MG/L	
1	00	24	6.079	24	7.0		1.5	11		8.0		18	2	6.2	2.8			
2	00	24	5.818	23	7.1		1.5	14		4.4		12	2	6.2				
3	00	24	5.020	24	7.1		2.0							6.5				
4	00	24	4.350	21	7.0		1.5							6.6				
5	00	24	5.133	21	71		2.0	14		3.7		12	2	6.5				
6	00	24	5.199	23	7.2		1.5	20		4.4		8	0	6.8				
7	00	24	4.514	23	7.0		2.0	19		5.0		8	8	6.9				
8	00	24	7.014	21	7.0		2.0	17		1.4		11	30	5.8				
9	00	24	5.213	21	6.9		2.0	21		7.3		11	20	6.8				
10	00	24	4.446	23	7.0		2.0							6.0				
11	00	24	4.378	23	6.8		2.0							6.5				
12	00	24	4.412	21	6.8		2.0							6.4				
13	00	24	5.359	22	6.8		2.5	11		2.6		12	0	6.5		14.05		
14	00	24	5.146	20	6.8		2.0	13		4.3		11	0	6.5				
15	00	24	5.366	18	7.1		1.5	14		5.1		9	0	6.3				
16	00	24	5.620	18	7.0		1.5	14		4.1		13	2	6.5				
17	00	24	4.862	20	7.1		1.0							5.3				
18	00	24	5.033	22	7.0		2.0							5.4				
19	00	24	5.410	22	7.0		2.0	11		2.7		15	16	5.6			5.1	
20	00	24	4.430	22	6.9		2.0	12		2.5		10	0	5.6				
21	00	24	5.590	23	7.0		2.0	11		3.6		9	0	6.0				
22	00	24	5.241	20	7.0		2.0	14		4.1		11	0	5.6				
23	00	24	6.319	22	6.8		2.0	14		2.8		6	10	5.9				
24	00	24	5.480	20	6.9		3.0							5.9				
25	00	24	4.365	21	6.8		2.5							5.2				
26	00	24	5.095	20	6.9		2.0	19		2.3		19	0	5.4				
27	00	24	5.416	20	6.8		2.0	15		3.3		13	C12	5.5	10.5		3.9	
28	00	24	5.269	20	5.9		2.0	13		3.9		8	550	5.2				
29	00	24	5.605	20	6.8		2.0	14		4.8		12	0	5.6				
30	00	24	5.275	20	7.0		2.0	15		5.2		11	0	5.2				
31	00	24	4.450	20	6.9		2.0							5.5				
Average			5.207	21.2			1.9	15		4.1		11	3.10	6.0	6.7	14.05	4.5	
Max.			7.014	24	7.2		3.0	20		8.0		19	550	6.9	10.5	14.05	5.1	
Min.			4.350	18	6.8		1.0	11		1.4		6	0	5.2	2.8	14.05	3.9	
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C	
Monthly Limit					6-8.5			22		13		30	14	>5	30			

DEM Form MR-1 (11/84)

Facility Status: (Please check one of the following)

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

(Compliant)

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

(Noncompliant)

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

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

Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0063002 **DISCHARGE NO:** 001 **MONTH:** October **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 and Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 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: Oil & Grease	Total Nitrogen	Total Phosphor	
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MG/L	MG/L	MG/L	
1	00	24	.752	22	6.4		4.0	12		1.6		13	2	7.5	2.9			
2	00	24	.752	22	6.6		4.0	11		1.3		10	14	7.89				
3	00	24	.752	22	6.5		5.0							7.7				
4	00	24	.752	21	6.5		4.0							7.6				
5	00	24	.752	18	6.7		4.0	13		1.9		6	4	8.8				
6	00	24	.752	20	6.6		5.0	9		2.0		2	20	8.0				
7	00	24	.752	20	6.6		4.0	13		3.7		10	2	8.2				
8	00	24	.752	20	6.6		4.0	12		4.9		9	0	7.8				
9	00	24	.752	20	6.5		4.0	14		1.7		8	0	7.9				
10	00	24	.752	20	6.8		4.0							8.2				
11	00	24	.752	20	6.6		4.0							8.0				
12	00	24	.752	20	6.8		4.0							7.7				
13	00	24	.752	20	6.6		4.0	13		2.3		8	0	8.1		13.79		
14	00	24	.752	20	6.6		4.0	14		2.3		9	0	8.1				
15	00	24	.752	21	6.6		4.0	15		3.5		9	10	8.6				
16	00	24	.752	20	6.5		5.0	13		2.3		9	10	8.8				
17	00	24	.752	20	6.5		4.0							8.4				
18	00	24	.752	20	6.6		4.0							8.6				
19	00	24	.752	20	6.5		5.0	12		2.9		16	0	8.2			5.1	
20	00	24	.752	20	6.5		5.0	13		1.4		7	0	8.2				
21	00	24	.752	20	6.8		4.0	10		1.9		6	0	8.2				
22	00	24	.752	18	6.4		3.5	12		1.7		7	0	8.5				
23	00	24	.752	18	6.4		4.0	14		1.5		6	0	8.4				
24	00	24	.752	19	6.2		4.0							8.0				
25	00	24	.752	19	6.6		4.0							8.5				
26	00	24	.752	19	6.4		4.0	15		1.2		12	0	8.5				
27	00	24	.752	19	6.2		4.0	18		4.4		12	6	8.4	5.7		4.1	
28	00	24	.752	19	6.7		4.0	27		3.4		33	0	8.2				
29	00	24	.752	17	6.4		4.0	13		1.6		9	Cl2	8.5				
30	00	24	.753	20	6.4		4.5	13		2.0		8	2	8.5				
31	00	24	.753	19	6.4		4.0							8.6				
Average			.752				4.3	14		2.4		10	2.02	8.2	4.3	13.79	4.6	
Max.			.753		6.8		5.0	27		4.9		33	20	8.8	5.7	13.79	5.1	
Min.			.752		6.2		3.5	9		1.2		2	0	7.5	2.9	13.79	4.1	
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C	
Monthly Limit					6-8.5			30				30	1000	>5	30			

DEM-5 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 ☐ (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:** 014 **MONTH:** October **YEAR:** 1987

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

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

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: 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 HRS	50050 FLOW EFF ☐ INF ☐ DAILY RATE MGD	00010 TEMPERATURE CELSIUS C°	00403 pH UNIT	00545 SETTLEABLE MATTER ML/L	50060 RESIDUAL CHLORINE MG/L	00310 BOD_5 20°C MG/L	00340 COD MG/L	00610 AMMONIA NITROGEN MG/L	00500 TOTAL RESIDUE MG/L	00530 TOTAL SUSPENDED RESIDUE MG/L	31616 FECAL COLIFORM Geometric Mean /100 ML	00300 DISSOLVED OXYGEN MG/L	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
1																		
2																		
3																		
4																		
5																		
6	00	24			8.1							5.						
7																		
8																		
9																		
10																		
11																		
12																		
13	00	24			7.8							0.8						
14																		
15																		
16																		
17																		
18																		
19																		
20	00	24			7.8							1.6						
21																		
22																		
23																		
24																		
25																		
26																		
27	00	24			8.2							3.6						
28																		
29																		
30																		
31																		
Average												2.8						
Max.					8.2							5.0						
Min.					7.8							0.8						
Comp.(C)/Grab(G)					G							C						
Monthly Limit					6-9							30						

Facility Status: (Please check one of the following)

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

(Compliant)

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

(Noncompliant)

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

(Attach additional sheets if necessary)

_____

_____

_____

_____

_____

_____

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 Splids	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: NC00063053 **DISCHARGE NO:** 001 **MONTH:** October **YEAR:** 198

FACILITY NAME: Onslow Beach Sewage Treatment Plant **CLASS:** II **COUNTY:** Onslow

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

PERSON(s) COLLECTING SAMPLES: STP Operators

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☐ INF ☒ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00556 Oil & Grease	00600 Total Nitrogen	00665 Total Phosphor	
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MG/L	MG/L	MG/L	
1	00	24	.1183	22	6.8		4.5	5				5	0	8.3				
2	00	24	.0954				4.5								0.7			
3	00	24	.0988				4.5											
4	00	24	.0800				5.0											
5	00	24	.1186				5.5											
6	00	24	.0822				6.0											
7	00	24	.8172				4.5											
8	00	24	.1020	23	6.8		5.0	6				3	0	8.0				
9	00	24	.1150				4.0											
10	00	24	.1008				4.5											
11	00	24	.0939				4.5											
12	00	24	.0936				4.5											
13	00	24	.1026				5.0											
14	00	24	.0954				5.0											
15	00	24	.0560	18	7.1		5.0	6				2	0	10.2				
16	00	24	.0710				4.0											
17	00	24	.0994				2.0											
18	00	24	.0768				5.0											
19	00	24	.0815				4.5											
20	00	24	.0862				6.0											
21	00	24	.0782				4.5											
22	00	24	.0765	17	7.0		5.0	4				3	0	8.1				
23	00	24	.0856				5.0											
24	00	24	.0866				5.5											
25	00	24	.0747				5.5											
26	00	24	.0864				3.0											
27	00	24	.1587				6.0								3.9			
28	00	24	.1600				5.0											
29	00	24	.1540	20	6.9		4.0	6				1	0	8.1				
30	00	24	.1368				3.5											
31	00	24	.1260				4.0											
Average			.0990				4.6	5				3	0	8.5	2.3			
Max.			.1600		7.1		6.0	6				5	0	10.2	3.9			
Min.			.0560		6.8		2.0	4				1	0	8.0	0.7			
Comp.(C)/Grab(G)					G		G	C		C		C	G	G	G	C	C	
Monthly Limit					6-8.5			30				30	14	>5	30			

DEM Form MR-1 (11/84

Facility Status: (Please check one of the following)

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

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

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

_____
_____
_____
_____
_____
_____

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 Splids	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: NC00063053 **DISCHARGE NO:** 001 **MONTH:** October **YEAR:** 1987

FACILITY NAME: Onslow Beach Sewage Treatment Plant **CLASS:** II **COUNTY:** Onslow

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☐ INF ☒ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00556 Oil & Grease	00600 Total Nitrogen	00665 Total Phosphor	
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MG/L	MG/L	MG/L	
1	00	24	.1183	22	6.8		4.5	5				5	0	8.3				
2	00	24	.0954				4.5								0.7			
3	00	24	.0988				4.5											
4	00	24	.0800				5.0											
5	00	24	.1186				5.5											
6	00	24	.0822				6.0											
7	00	24	.8172				4.5											
8	00	24	.1020	23	6.8		5.0	6				3	0	8.0				
9	00	24	.1150				4.0											
10	00	24	.1008				4.5											
11	00	24	.0939				4.5											
12	00	24	.0936				4.5											
13	00	24	.1026				5.0											
14	00	24	.0954				5.0											
15	00	24	.0560	18	7.1		5.0	6				2	0	10.2				
16	00	24	.0710				4.0											
17	00	24	.0994				2.0											
18	00	24	.0768				5.0											
19	00	24	.0815				4.5											
20	00	24	.0862				6.0											
21	00	24	.0782				4.5											
22	00	24	.0765	17	7.0		5.0	4				3	0	8.1				
23	00	24	.0856				5.0											
24	00	24	.0866				5.5											
25	00	24	.0747				5.5											
26	00	24	.0864				3.0											
27	00	24	.1587				6.0								3.9			
28	00	24	.1600				5.0											
29	00	24	.1540	20	6.9		4.0	6				1	0	8.1				
30	00	24	.1368				3.5											
31	00	24	.1260				4.0											
Average			.0990				4.6	5				3	0	8.5	2.3			
Max.			.1600		7.1		6.0	6				5	0	10.2	3.9			
Min.			.0560		6.8		2.0	4				1	0	8.0	0.7			
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C	
Monthly Limit					6-8.5			30				30	14	>5	30			

DEM Form MR-1 (11/84)

Facility Status: (Please check one of the following)

All monthly averages and / or other limitation do meet permit monitoring requirements ☒ (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 Splids	00940	Total Chloride	01067	Nickel	38260	MBAS	85652	Time

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

If using alternate units for reporting data, please designate.

Influent

NPDES NO: NC0063002 DISCHARGE NO: 001 MONTH: October YEAR: 1987

FACILITY NAME: Tarawa Terrace STP COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD							
			00400	00010	00545	00310	00610	00500	00530	00340							
											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	00	24				159			105								
2	00	24				164			88								
3																	
4																	
5	00	24				184			103								
6	00	24				164			74								
7	00	24				172			80								
8	00	24				192			106								
9	00	24				192			112								
10																	
11																	
12																	
13	00	24				156			78								
14	00	24				184			144								
15	00	24				164			102								
16	00	24				168			68								
17																	
18																	
19	00	24				180			108								
20	00	24				180			66								
21	00	24				204			108								
22	00	24				188			132								
23	00	24				212			135								
24																	
25																	
26	00	24				160			106								
27	00	24				244			102								
28	00	24				152			80								
29	00	24				190			80								
30	00	24				180			135								
31																	
AVERAGE						180			101								
MONTHLY MAXIMUM						244			144								
MONTHLY MINIMUM						152			66								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

NPDES NO: NC00063053 DISCHARGE NO: 001 MONTH: October YEAR: 1987

FACILITY NAME: Onslow Beach Sewage Treatment Plant COUNTY: Onslow

Date	Time	Composite Time	00400 PH	00010 Temperature (Celsius)	00545 Settleable Matter	00310 BOD_5 20 °C	00610 Ammonia Nitrogen	00500 Total Residue	00530 Total Suspended Residue	00340 COD	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1	00	24				136			63								
2																	
3																	
4																	
5																	
6																	
7																	
8	00	24				96			73								
9																	
10																	
11																	
12																	
13																	
14																	
15	00	24				138			40								
16																	
17																	
18																	
19																	
20																	
21																	
22	00	24				96			84								
23																	
24																	
25																	
26																	
27																	
28																	
29	00	24				92			96								
30																	
31																	
AVERAGE						112			71								
MONTHLY MAXIMUM						138			96								
MONTHLY MINIMUM						92			40								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

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																	
5																	
6	00	24				106			82								
7																	
8																	
9																	
10																	
11																	
12																	
13	00	24				108			93								
14																	
15																	
16																	
17																	
18																	
19																	
20	00	24				58			33								
21																	
22																	
23																	
24																	
25																	
26																	
27	00	24				198			97								
28																	
29																	
30																	
31																	
AVERAGE						118			76								
MONTHLY MAXIMUM						198			97								
MONTHLY MINIMUM						58			33								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Hadnot Point Sewage Treatment Plant COUNTY: Onslow

			00400	00010	00545	00310	00610	00500	00530	00340							
Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1	00	24				180			198								
2	00	24				156			86								
3																	
4																	
5	00	24				224			123								
6	00	24				132			130								
7	00	24				216			136								
8	00	24				118			128								
9	00	24				216			143								
10																	
11																	
12																	
13	00	24				124			126								
14	00	24				176			170								
15	00	24				164			126								
16	00	24				192			178								
17																	
18																	
19	00	24				252			262								
20	00	24				208			135								
21	00	24				196			150								
22	00	24				212			162								
23	00	24				204			107								
24																	
25																	
26	00	24				176			148								
27	00	24				264			140								
28	00	24				208			128								
29	00	24				208			132								
30	00	24				152			80								
31																	
AVERAGE						193			142								
MONTHLY MAXIMUM						264			262								
MONTHLY MINIMUM						124			80								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Camp Johnson (Montford 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	00	24				162			106								
3																	
4																	
5	00	24				198			112								
6																	
7																	
8																	
9	00	24				204			121								
10																	
11																	
12																	
13																	
14																	
15																	
16	00	24				340			428								
17																	
18																	
19	00	24				245			251								
20																	
21																	
22																	
23	00	24				236			180								
24																	
25																	
26	00	24				530			268								
27																	
28																	
29																	
30	00	24				172			50								
31																	
AVERAGE						261			190								
MONTHLY MAXIMUM						530			428								
MONTHLY MINIMUM						162			50								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Camp Geiger Sewage Treatment Plant 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	00	24				308			225								
2	00	24				328			172								
3																	
4																	
5	00	24				324			243								
6	00	24				410			400								
7	00	24				295			138								
8	00	24				335			200								
9	00	24				425			273								
10																	
11																	
12																	
13	00	24				370			296								
14	00	24				320			206								
15	00	24				254			183								
16	00	24				324			214								
17																	
18																	
19	00	24				340			116								
20	00	24				324			185								
21	00	24				308			132								
22	00	24				457			136								
23	00	24				296			145								
24																	
25																	
26	00	24				345			284								
27	00	24				630			217								
28	00	24				358			138								
29	00	24				594			335								
30	00	24				300			207								
31																	
AVERAGE						364			212								
MONTHLY MAXIMUM						630			400								
MONTHLY MINIMUM						254			116								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Rifle Range Sewage Treatment Plant 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																	
5																	
6																	
7	00	24				48			77								
8																	
9																	
10																	
11																	
12																	
13																	
14	00	24				44			74								
15																	
16																	
17																	
18																	
19																	
20																	
21	00	24				60			30								
22																	
23																	
24																	
25																	
26																	
27																	
28	00	24				82			26								
29																	
30																	
31																	
AVERAGE						59			52								
MONTHLY MAXIMUM						82			77								
MONTHLY MINIMUM						44			26								
SAMPLE TYPE C or G						C			C								

6288
NREAD
17 Dec 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 October 1987 are submitted. Nov

The Hadnot Point and Tarawa Terrace Wastewater Treatment Systems did not have the required number of BOD samples for the week of 8 - 14 Novemeber 1987 or the month because of a problem with the dilution water and a federal holiday.

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

Sincerely,

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

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

Copy to:
EPA Region IV
CMDR, LANTNAVFACENGCOM
NEESA

Blind copy to:
EC&MS, NREAD
UTIL, BMD

EFFLUENT

NPDES PERMIT NO: NC0063011 **DISCHARGE NO:** 001 **MONTH:** November **YEAR:** 1987

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

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

CERTIFIED LABORATORY: Enviromental Chemistry & Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00556 Oil & Grease	00600 Total Nitrogen	00665 Total Phosphorus	
															ENTER PARAMETER CODE AND UNITS BELOW ABOVE			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MG/L	MG/L	MG/L	
1	00	24	.627				3.0											
2	00	24	.563	17	6.6		4.0	14		3.3		4	Cl_2	8.4				
3	00	24	.591				4.0											
4	00	24	.587				4.0											
5	00	24	.807				4.0											
6	00	24	.601	17	6.9		4.0	7		9.2		12	0	8.7				
7	00	24	.611				4.0											
8	00	24	.335				5.0											
9	00	24	.588	19	6.8		5.0	14		6.1		7	5	7.6				
10	00	24	.628				6.0											
11	00	24	.505				4.0											
12	00	24	.616				4.0											
13	00	24	.612	15	7.0		4.0	24		8.3		4	2	9.1	3.2			
14	00	24	.560				4.0											
15	00	24	.579				4.0											
16	00	24	.510	17	7.0		4.0	20		6.1		1	0	9.5				
17	00	24	.618				4.0											
18	00	24	.604				4.0											
19	00	24	.604				4.0											
20	00	24	.505	16	6.9		4.0	28		8.0		12	2	8.6				
21	00	24	.467				5.0											
22	00	24	.499				4.0											
23	00	24	.504	15	6.9		3.0	23		9.0		10	0	9.2				
24	00	24	.568				3.0											
25	00	24	.598				4.0								3.2			
26	00	24	.482				3.0	H *										
27	00	24	.563	14	6.8		5.0	12		1.6		6	2	9.1				
28	00	24	.851				4.0											
29	00	24	.722				1.5											
30	00	24	.618	17	6.8		4.0	15		1.7		8	0	9.0				
31																		
Average			.586	16			4.0	17		5.9		7	1.59	8.8	3.2			
Max.			.851	19	7.0		6.0	28		9.2		12	5	9.5	3.2			
Min.			.335	14	6.6		1.5	7		1.6		1	0	7.6	3.2			
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	G		
Monthly Limit					6-8.5			30				30	14	>5	30			

DEM Form MR-1 (11/84)

H * = Holiday

Facility Status: (Please check one of the following)

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

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

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

_____
_____
_____
_____
_____
_____

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

Julian L 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_5	00665	Total Phosphorous	01034	Chromium	01147	Total Selenium	50050	Flow
00340	COD	00720	Cyanide	01037	Total Cobalt	31504	Total Coliform	50060	Total Residual Chlorine
00400	pH	00745	Total Sulfide	01042	Copper	31614	Fecal Coliform, MPN, Tube	71880	Formaldehyde
00500	Total Solids	00927	Total Magnesium	01045	Total Iron	31616	Fecal Coliform	71900	Mercury
00530	TSS	00929	Total Sodium	01051	Lead	32730	Total Phenolics	81318	Ferrocyanides
00545	Settleable Solids	00940	Total Chloride	01067	Nickel	38260	MBAS	85652	Time

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO NC0063002 **DISCHARGE NO:** 001 **MONTH:** November **YEAR:** 1987

FACILITY NAME: Tarawa Terrace Sewage Treatment P **CLASS:** II **COUNTY:** Onslow

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

CERTIFIED LABORATORY: Environmental Chemistry & Microbiology Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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

PERSON(s) COLLECTING SAMPLES: STP Operators

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00403 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	03556 Oil & Grease	00690 Total Nitrogen	00665 Total Phos.	
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MG/L	MG/L	MG/L	
1	00	24	.4747	18	6.6		4.0							8.5				
2	00	24	.4430	18	6.6		4.0	15		1.2		8	0	8.0				
3	00	24	.4571	19	6.5		4.0	12		2.3		10	4	8.2				
4	00	24	.5215	20	6.7		4.0	14		2.2		9	440	8.1				
5	00	24	.5617	21	6.8		4.0	14		4.1		12	0	8.0				
6	00	24	.3966	19	6.7		4.0	7		2.2		14	0	7.4				
7	00	24	.5042	19	6.6		4.0							8.4				
8	00	24	.5482	19	6.8		4.0							8.1				
9	00	24	.5570	19	6.5		4.0	9		1.9		10	2	8.0				
10	00	24	.6823	20	6.7		4.0	18		1.6		14	2	8.2				
11	00	24	.4248	19	6.4		4.0	H.*						8.2				
12	00	24	.5071	20	6.5		4.0	L.E.*		5.8		10	0	8.4		17.74		
13	00	24	.5367	19	6.2		4.0	14		3.4		7	10	8.2	3.4			
14	00	24	.6047	18	6.2		4.0							9.5				
15	00	24	.6936	18	5.2		4.0							9.0				
16	00	24	.7780	18	6.4		4.0	20		4.8		13	0	8.0				
17	00	24	.7598	19	6.2		4.0	16		3.0		18	0	8.2			5.0	
18	00	24	.8124	18	6.5		4.0	14		1.8		10	0	8.5				
19	00	24	.7783	18	6.2		4.0	14		1.6		11	0	8.5				
20	00	24	.6417	17	6.5		4.5	18		5.3		14	0	8.3				
21	00	24	.5245	14	6.5		5.0							9.2				
22	00	24	.4612	13	6.4		5.0							8.5				
23	00	24	.6220	13	6.4		4.0	15		6.6		9	0	8.4				
24	00	24	.5904	16	6.4		4.0	10		2.7		8	0	8.6				
25	00	24	.5074	18	6.5		4.0	16		6.3		16	2	8.2	2.6			
26	00	24	.4893	19	6.5		4.0	H.*						7.8				
27	00	24	.4414	18	6.2		4.0	19		7.3		13	4	7.4				
28	00	24	.6162	20	6.0		4.0							9.0				
29	00	24	.6201	20	6.2		4.0							8.4				
30	00	24	.4307	20	6.4		4.0	S.E.*		1.8		19	2	7.1				
31																		
Average			.5662	18			4.1	14		3.5		12	2.08	8.3	3.0	17.74	5.0	
Max.			.8124	21	6.8		5.0	20		6.6		18	440	9.2	3.4	17.74	5.0	
Min.			.3966	13	6.0		4.0	7		1.2		7	0	7.1	2.6	17.74	5.0	
Comp.(C)/Grab(G)				C	G		G	C		C		C	G	G	G	C	C	
Monthly Limit					6-8.5			30				30	1000	>5	30			

DEM Form MR-1 (11/84)

H.* = Holiday L.E.* = Lab Error S.E.* = Sample Error

Facility Status: (Please check one of the following)

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

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

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

_____

_____

_____

_____

_____

_____

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

Julian L Wooten

Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO NC0003239 **DISCHARGE NO:** 001 **MONTH:** November **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 and Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00556 Oil & Grease	00600 Total Nitrogen	00665 Total Phosphorus
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW		
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MG/L	MG/L	MG/L
1	00	24	.8209	20	7.0		4.0							5.5			
2	00	24	.8145	19	6.4		4.0	12		26.2		7	0	6.5			
3	00	24	.7904	19	6.4		4.0	15		23.0		12	12	6.1			
4	00	24	.8022	24	6.8		4.0	20		20.0		19	2	7.5			
5	00	24	.8337	24	6.6		4.0	24		20.6		7	0	7.5			
6	00	24	.8208	20	6.8		4.0	130		17.6		11	0	7.5			
7	00	24	.7923	18	6.8		4.0							7.0			
8	00	24	.7551	20	6.9		4.0							12.0			
9	00	24	.8474	20	6.8		4.0	24		23.0		21	0	8.0			
10	00	24	1.0745	22	6.6		4.0	23		20.6		27	0	9.0			
11	00	24	1.3385	22	6.6		4.0	H*						9.2			
12	00	24	.9153	18	6.8		4.0	L.F.*		18.8		6	0	10.0		22.18	
13	00	24	1.0296	19	6.4		4.0	24		17.5		7	0	9.0	1.8		
14	00	24	.7753	19	6.4		4.0							8.1			
15	00	24	.7096	19	6.6		4.0							10.0			
16	00	24	.8185	18	6.6		4.0	17		27.8		23	0	8.3			
17	00	24	.9077	18	6.7		4.0	17		21.0		19	0	5.6			1.5
18	00	24	.9972	18	7.0		4.0	15		17.5		6	0	6.0			
19	00	24	.9166	18	6.9		4.0	20		18.9		18	0	5.8			
20	00	24	1.1483	18	6.6		4.0	19		17.2		14	0	5.0			
21	00	24	.8607	19	6.6		4.0							7.0			
22	00	24	.9299	19	6.6		4.0							6.0			
23	00	24	.8333	19	6.6		4.0	21		20.5		39	0	5.0			
24	00	24	.9366	19	6.7		4.0	8		19.6		23	2	7.2			
25	00	24	1.3218	19	6.6		4.0	24		25.3		38	0	5.0	3.3		
26	00	24	.8550	19	6.7		4.0	H.*						5.1			
27	00	24	.8034	18	6.6		4.0	22		13.7		29	0	5.1			
28	00	24	1.0978	20	6.6		4.0							5.6			
29	00	24	1.1161	20	6.6		4.0							6.1			
30	00	24	.8788	20	6.8		4.0	12		15.2		14	10	6.5			
31																	
Average			.9181	20			3.9	25		20.2		18	1.38	7.1	2.6	22.18	1.5
Max.			1.1483	24	7.0		4.0	130		27.8		39	12	12.0	3.3	22.18	1.5
Min.			.7551	18	6.4		2.0	8		13.7		6	0	5.0	1.8	22.18	1.5
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C
Monthly Limit				6-9				30				30	200				

DEM Form MR 1 (11/84)

Facility Status: (Please check one of the following)

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

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

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

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

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:** November **YEAR:** 1987

FACILITY NAME: Onslow Beach WTP Pond **CLASS:** ___ **COUNTY:** Onslow

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

CERTIFIED LABORATORY: Environmental Chemistry & Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: WTPOperators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☐ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	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					8.1							3						
4																		
5																		
6																		
7																		
8																		
9																		
10					8.0							7						
11																		
12																		
13																		
14																		
15																		
16																		
17					7.9							7						
18																		
19																		
20																		
21																		
22																		
23																		
24					7.8							3.6						
25																		
26																		
27																		
28																		
29																		
30																		
31																		
Average												5.2						
Max.					8.1							7						
Min.					7.8							3						
Comp.(C)/Grab(G)					G							C						
Monthly Limit					6-9							30						

DEM Form MR-1 (11/84)

Facility Status: (Please check one of the following)

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

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

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

_____
_____
_____
_____
_____
_____

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

Julian A Wooten
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0063053 **DISCHARGE NO:** 001 **MONTH:** November **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

CHECK BLOCK IF ORC HAS CHANGED ☐

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

PERSON(s) COLLECTING SAMPLES: STP Operators

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☐ INF ☒ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00556 Oil & Grease	00607 Total Nitrogen	00665 Total Phosphorus
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW		
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MG/L	MG/L	MG/L
1	00	24	.1297				4.5										
2	00	24	.1365				4.0										
3	00	24	.1260				4.5										
4	00	24	.1312				4.0										
5	00	24	.1458	17	6.9		4.5	6				1	0	8.2			
6	00	24	.1280				3.0										
7	00	24	.1343				2.0										
8	00	24	.1325				2.0										
9	00	24	.1329				2.0										
10	00	24	.1333				3.5										
11	00	24	.1469				4.5										
12	00	24	.1289	14	6.8		4.5	L.E*				2	0	8.9		5.0	
13	00	24	.1426				6.0								1.9		
14	00	24	.1303				4.5										
15	00	24	.1251				4.0										
16	00	24	.1401				3.5										
17	00	24	.1674				4.0										
18	00	24	.1283				4.0										
19	00	24	.1504	16	7.0		4.5	7				1	0	9.1			
20	00	24	.1250				4.0										
21	00	24	.1408				4.0										
22	00	24	.1314				4.0										
23	00	24	.1596				4.0								1.2		
24	00	24	.1741				4.0										
25	00	24	.1867				3.5										
26	00	24	.1732	19	6.9		4.0	H.*						10.2			
27	00	24	.1348				4.0										
28	00	24	.1574				4.0										
29	00	24	.1225				3.5										
30	00	24	.1836				4.0										
31																	
Average			.1426	17			3.9	7				1	0	9.1	1.6	5.0	
Max.			.1867	19	7.0		6.0	7				2	0	10.2	1.9	5.0	
Min.			.1225	14	6.8		2.0	6				1	0	8.2	1.2	5.0	
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C
Monthly Limit					6-8.5			30				30	14	>5	30		

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: NC0063029 **DISCHARGE NO:** 001 **MONTH:** November **YEAR:** 1987

FACILITY NAME: Hadnot Point Sewage Treatment Plant **CLASS:** IV **COUNTY:** Onslow

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00403 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00556 Oil & Grease	00620 Total Nitrogen	00665 Total Phosphorus	
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MG/L	MG/L	MG/L	
1	00	24	4.435	20	6.9		3.0							5.4				
2	00	24	5.061	20	7.0		2.0	14		2.0		9	8	5.2				
3	00	24	5.190	20	7.0		2.0	19		3.6		15	28	5.1				
4	00	24	5.295	20	7.1		2.0	22		4.6		14	0	4.9				
5	00	24	5.617	22	7.0		2.0	18		4.3		10	0	4.5				
6	00	24	5.530	18	7.1		2.0	14		4.1		10	0	5.9				
7	00	24	5.397	20	6.8		2.0							5.7				
8	00	24	5.833	20	6.9		2.0							5.6				
9	00	24	5.693	24	7.1		2.0	12		3.5		11	6	5.4				
10	00	24	5.841	23	7.1		2.0	19		4.7		14	6	4.9				
11	00	24	4.745	20	7.1		2.0	H.*						5.0				
12	00	24	5.258	20	7.1		2.0	L.E.*		5.8		8	2	8.5		14.9		
13	00	24	5.665	18	7.2		2.0	15		5.4		6	2	6.5	2.9			
14	00	24	4.790	20	7.0		2.5							6.1				
15	00	24	5.550	17	7.1		2.0							7.2				
16	00	24	7.645	18	7.1		2.0	12		4.2		13	0	6.5				
17	00	24	4.980	18	7.2		2.0	10		4.3		14	2	5.9			3.9	
18	00	24	5.500	22	7.2		2.0	11		4.6		10	2	5.5				
19	00	24	7.035	20	6.8		2.5	11		6.4		11	10	6.3				
20	00	24	6.793	18	6.8		2.5	12		5.6		9	2	6.1				
21	00	24	4.530	17	6.8		2.2							5.9				
22	00	24	4.477	17	7.0		2.5							5.8				
23	00	24	5.139	18	7.0		2.0	11		5.2		7	0	7.9				
24	00	24	5.087	18	7.2		2.0	12		6.7		8	10	6.0				
25	00	24	4.891	20	7.1		2.0	12		6.2		15	6	6.2	2.3			
26	00	24	4.141	21	7.1		2.0	H.*						6.3				
27	00	24	4.270	20	7.0		2.0	9		3.7		9	0	6.0				
28	00	24	5.245	20	7.0		2.0							6.1				
29	00	24	5.735	21	7.1		2.5							6.0				
30	00	24	5.490	20	7.0		2.0	10		4.5		11	6	6.3				
31																		
Average			5.361	20			2.1	14		4.7		11.0	2.96	5.95	2.6	14.9	3.9	
Max.			7.645	24	7.2		2.5	22		6.4		15	28	8.5	2.9	14.9	3.9	
Min.			4.141	17	6.8		2.0	9		2.0		6	0	4.5	2.3	14.9	3.9	
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C	
Monthly Limit				6-8.5				22		19		30	14	>5	30			

DEM Form MR-1 (11/84 H.* = Holiday L.E.* = 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:

Julian A Wooten

Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0063045 **DISCHARGE NO:** 001 **MONTH:** November **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 & Microbiology Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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

PERSON(s) COLLECTING SAMPLES: STP Operators

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00556 Oil & Grease	00620 Total Nitrogen	00665 Total Phos.	
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MG/L	MG/L	MG/L	
1	00	24	.550				4.0											
2	00	24	.5614	20	7.2		4.0											
3	00	24	.550				4.0	10		1.1		12	0					
4	00	24	.550				4.0											
5	00	24	.644				4.0											
6	00	24	.553				3.0											
7	00	24	.558				4.0											
8	00	24	.626				5.0											
9	00	24	.692				3.0											
10	00	24	.834	18	7.2		4.0	10		0.56		7	0	9.8				
11	00	24	.922				3.0											
12	00	24	.664				4.0											
13	00	24	.688				4.0								2.6			
14	00	24	.609				4.0											
15	00	24	.771				3.5											
16	00	24	.515				4.0											
17	00	24	.729	18	7.3		3.5	11		0.50		19	0	9.5			1.7	
18	00	24	.840				4.5											
19	00	24	.726				4.0											
20	00	24	.632				4.0											
21	00	24	.666				4.0											
22	00	24	.602				4.5											
23	00	24	.638				4.0								2.1			
24	00	24	.583	17	7.2		3.0	7		1.5		7	0	11.5				
25	00	24	.596				4.0											
26	00	24	.550				4.0											
27	00	24	.550				3.5											
28	00	24	.627				3.5											
29	00	24	.758				3.0											
30	00	24	.694				4.0											
31																		
Average			.649	18			4.0	10		0.92		11	0	10.3	2.4		1.7	
Max.			.840	20	7.3		5.0	11		1.5		19	0	11.5	2.6		1.7	
Min.			.515	17	7.2		3.0	7		0.5		7	0	9.5	2.1		1.7	
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C	
Monthly Limit				6-8.5				30				30	14	>5	30			

DEM Form MR-1 (11/84)

Facility Status: (Please check one of the following)

All monthly averages and / or other limitation do meet permit monitoring requirements [+]
(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.

RR

EFFLUENT

NPDES PERMIT NO: NC00663037 **DISCHARGE NO:** 001 **MONTH:** November **YEAR:** 1987

FACILITY NAME: Rifle Range Sewage Treatment Plant **CLASS:** II **COUNTY:** Onslow

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

CERTIFIED LABORATORY: Environmental Chemistry & Microbiology Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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

PERSON(s) COLLECTING SAMPLES: STP Operators

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00556 Oil & Grease	00600 Total Nitrogen	00665 Total Phos.	
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MG/L	MG/L	MG/L	
1	00	24	.22334				5.0											
2	00	24	.25300				5.0											
3	00	24	.24905				5.0											
4	00	24	.25152	22	6.8		3.0	5		0.48		2	2	8.6				
5	00	24	.23668				4.0											
6	00	24	.17255				4.0											
7	00	24	.23045				4.0											
8	00	24	.15137				4.0											
9	00	24	.18438				5.0											
10	00	24	.18765				4.0											
11	00	24	.18305	20	6.6		4.0	H.*						8.3				
12	00	24	.18240				4.0											
13	00	24	.19692				3.0								0.6			
14	00	24	.17753				4.0											
15	00	24	.20540				4.0											
16	00	24	.21542				4.0											
17	00	24	.20378	20	6.7		3.0							9.8				
18	00	24	.19898	19	6.5		4.0	7		0.30		6	0	9.6		4.71		
19	00	24	.19181				4.0											
20	00	24	.19310				4.0											
21	00	24	.18518				4.0											
22	00	24	.18453				4.0											
23	00	24	.17710				4.0								1.1			
24	00	24	.19028				4.0											
25	00	24	.18592	18	6.9		4.0	5		0.18		4	0	9.8				
26	00	24	.19125				4.0											
27	00	24	.17124				4.0											
28	00	24	.23651				4.0											
29	00	24	.23680				4.0											
30	00	24	.22541				5.0											
31																		
Average			.20242	19.8			4.0	6		0.32		4	1.26	9.2	0.9	4.71		
Max.			.25300	22	6.9		5.0	7		0.48		6	2	9.8	1.1	4.71		
Min.			.17124	18	6.5		3.0	5		0.18		2	0	8.3	0.6	4.71		
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C	
Monthly Limit					6-8	5		30				30	14	>5	30			

Facility Status: (Please check one of the following)

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

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

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

_____

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_____

_____

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

Julian A Wood
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: NC0063053 DISCHARGE NO: 001 MONTH: November YEAR: 1987

FACILITY NAME: Onslow Beach STP COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD							
			00400	00010	00545	00310	00610	00500	00530	00340							
											ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2																	
3																	
4																	
5	00	24				285			248								
6																	
7																	
8																	
9																	
10																	
11																	
12	00	24				L.E*			106								
13																	
14																	
15																	
16																	
17																	
18																	
19	00	24				142			118								
20																	
21																	
22																	
23																	
24																	
25																	
26						H.*											
27																	
28																	
29																	
30																	
31																	
AVERAGE						214			157								
MONTHLY MAXIMUM						285			248								
MONTHLY MINIMUM						142			106								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

H.* = Holiday L.E.* = Lab Error

Influent

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

FACILITY NAME: Camp Geiger Sewage Treatment Plant 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	00	24				400			280								
3	00	24				520			333								
4	00	24				580			408								
5	00	24				513			260								
6	00	24				590			266								
7																	
8																	
9	00	24				410			203								
10	00	24				385			438								
11						H.*											
12	00	24				L.E*			176								
13	00	24				493			186								
14																	
15																	
16	00	24				372			178								
17	00	24				285			178								
18	00	24				347			208								
19	00	24				345			308								
20	00	24				279			168								
21																	
22																	
23	00	24				560			264								
24	00	24				360			163								
25	00	24				312			200								
26						H.*											
27	00	24				156			76								
28																	
29																	
30	00	24				268			130								
31																	
AVERAGE						399			233								
MONTHLY MAXIMUM						590			408								
MONTHLY MINIMUM						156			76								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

H.* = Holiday L.E.* = Lab Error

Influent

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

FACILITY NAME: Rifle Range Sewage Treatment Plant COUNTY: Onslow

Date	Time	Composite Time	00400 PH	00010 Temperature (Celsius)	00545 Settleable Matter	00310 BOD_5 20 °C	00610 Ammonia Nitrogen	00500 Total Residue	00530 Total Suspended Residue	00340 COD	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2																	
3																	
4	00	24				93			106								
5																	
6																	
7																	
8																	
9																	
10																	
11						H.*											
12																	
13																	
14																	
15																	
16																	
17																	
18	00	24				78			206								
19																	
20																	
21																	
22																	
23																	
24																	
25	00	24				100			125								
26																	
27																	
28																	
29																	
30																	
31																	
AVERAGE						90			146								
MONTHLY MAXIMUM						100			206								
MONTHLY MINIMUM						78			106								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

H.* = Holiday

Influent

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

FACILITY NAME: Hadnot Point Sewage Treatment Plant COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD
			00400	00010	00545	00310	00610	00500	00530	00340
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L
1										
2	00	24				124			100	
3	00	24				185			138	
4	00	24				210			150	
5	00	24				215			127	
6	00	24				200			113	
7										
8										
9	00	24				160			116	
10	00	24				232			134	
11						H.*				
12	00	24				L.E*			114	
13	00	24				276			137	
14										
15										
16	00	24				184			98	
17	00	24				172			130	
18	00	24				208			118	
19	00	24				188			140	
20	00	24				180			155	
21										
22										
23	00	24				120			116	
24	00	24				168			130	
25	00	24				172			130	
26						H.*				
27	00	24				232			127	
28										
29										
30	00	24				148			110	
31										
AVERAGE						187			125	
MONTHLY MAXIMUM						276			155	
MONTHLY MINIMUM						120			98	
SAMPLE TYPE C or G						C			C	

ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW

DEM Form MR-2 (11/84)

H.* = Holiday L.E.* = Lab Error

Influent

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

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	00	24				305			305								
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10	00	24				259			181								
11																	
12																	
13																	
14																	
15																	
16																	
17	00	24				248			189								
18																	
19																	
20																	
21																	
22																	
23																	
24	00	24				64			105								
25																	
26																	
27																	
28																	
29																	
30																	
31																	
AVERAGE						219			195								
MONTHLY MAXIMUM						305			305								
MONTHLY MINIMUM						64			105								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Camp Johnson (Montford 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	00	24				530			173								
3																	
4																	
5																	
6	00	24				520			366								
7																	
8																	
9	00	24				420			245								
10																	
11																	
12																	
13	00	24				336			457								
14																	
15																	
16	00	24				840			370								
17																	
18																	
19																	
20	00	24				220			130								
21																	
22																	
23	00	24				144			147								
24																	
25																	
26						H.*											
27	00	24				154			124								
28																	
29																	
30	00	24				425			275								
31																	
AVERAGE						399			254								
MONTHLY MAXIMUM						840			457								
MONTHLY MINIMUM						144			124								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

H.* = Holiday

Influent

NPDES NO: NC0063002 DISCHARGE NO: 001 MONTH: November YEAR: 1987

FACILITY NAME: Tarawa Terrace Sewage Treatment Plant 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	00	24				185			94								
3	00	24				190			108								
4	00	24				183			92								
5	00	24				188			73								
6	00	24				180			115								
7																	
8																	
9	00	24				220			153								
10	00	24				340			393								
11						H.*											
12	00	24				L.E*			116								
13	00	24				232			131								
14																	
15																	
16	00	24				176			110								
17	00	24				276			78								
18	00	24				168			70								
19	00	24				180			120								
20	00	24				156			88								
21																	
22																	
23	00	24				156			164								
24	00	24				293			104								
25	00	24				188			106								
26						H.*											
27	00	24				196			112								
28																	
29																	
30	00	24				S.E*			98								
31																	
AVERAGE						206			122								
MONTHLY MAXIMUM						340			393								
MONTHLY MINIMUM						156			70								
SAMPLE TYPE C or G						C			C								

6280
NREAD
27 Jan 88

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 December 1987 are submitted.

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

Sincerely,

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

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

Copy to:
EPA Region IV
CMDR LANTNAVFACENGCOM
NEESA

Blind copy to:
EC&MS, NREAD
UTIL, BMD

EFFLUENT

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

FACILITY NAME: Onslow Beach WTP Pond CLASS: ___ COUNTY: Onslow

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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

PERSON(s) COLLECTING SAMPLES: 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 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					8.0							4.0						
2																		
3																		
4																		
5																		
6																		
7																		
8					8.0							1.6						
9																		
10																		
11																		
12																		
13																		
14																		
15					8.1													
16																		
17																		
18																		
19																		
20																		
21																		
22					7.8							2.0						
23																		
24																		
25																		
26																		
27																		
28																		
29					8.0							3.6						
30																		
31																		
Average												2.8						
Max.					8.1							4.0						
Min.					7.8							1.6						
Comp.(C)/Grab(G)					G							C						
Monthly Limit					6-9							30						

DEM Form MR-1 (11/84)

EFFLUENT

NPDES PERMIT NO: NC0063029 **DISCHARGE NO:** 001 **MONTH:** December **YEAR:** 1987

FACILITY NAME: Hadnot Point Sewage Treatment Plant **CLASS:** IV **COUNTY:** Onslow

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00556 Oil & Grease	00620 Total Nitrogen	00665 Total Phosphorus	
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MG/L	MG/L	MG/L	
1	0024		5.315	20	7.2		2.0	12		7.4		13	10	6.7				
2	00	24	6.482		6.9		2.5	13		7.4		9	10	8.3				
3	00	24	5.577	19	7.4		2.0	12		8.3		6	0	7.4			3.2	
4	00	24	5.995	19	7.1		1.5	14		6.5		13	2	6.8	5.7			
5	00	24	5.204	18	7.0		2.5							6.8				
6	00	24	5.521	18	6.9		2.5							6.7				
7	00	24	6.261	19	6.8		2.0	14		7.2		11	0	5.9				
8	00	24	6.398	18	7.1		2.0	15		8.2		9	4	6.7		16.64		
9	00	24	5.777	19	7.2		1.5	12		8.0		15	4	6.3				
10	00	24	4.240	19	7.1		1.5	12		7.4		17	10	6.8				
11	00	24	3.915	22	6.9		1.5	13		6.7		10	6	6.5				
12	00	24	2.865	22	6.9		1.5							6.6				
13	00	24	3.000	19	7.0		1.5							6.8				
14	00	24	3.235	18	7.2		2.0	16		6.9		11	0	7.4				
15	00	24	3.085	10	7.2		2.0	14		8.5		6	10	6.8				
16	00	24	2.975	16	7.3		2.5	13		7.4		14	10	8.3				
17	00	24	2.930	16	7.3		2.0	14		7.8		17	6	8.6				
18	00	24	2.883	16	7.0		1.5	16		7.5		10	2	7.0	3.5			
19	00	24	2.656	16	6.6		2.5							5.8				
20	00	24	2.651	16	7.0		2.0							6.0				
21	00	24	3.299	17	7.0		2.0	2		4.1		12	6	7.2				
22	00	24	4.697	16	7.0		2.0	11		5.8		5	0	7.4				
23	00	24	4.979	18	7.1		2.0	11		4.8		11	6	7.2				
24	00	24	5.590	18	7.2		2.0	10		3.9		10	2	6.6				
25	00	24	4.479	17	7.0		3.0							6.7				
26	00	24	3.286	18	7.0		2.0							6.4				
27	00	24	3.445	18	7.0		2.0							6.0				
28	00	24	2.755	17	7.0		3.0	12		2.6		14	10	7.1				
29	00	24	3.935	17	7.0		2.5	12		3.0		10	0	6.8				
30	00	24	3.655	14	7.0		2.5	17		6.7		12	0	7.4				
31	00	24	3.561	15	7.2		1.5	17		6.1		9	6	6.6				
Average			4.214	17.8			2.1	13		6.5		11	3.51*	6.9	4.6	16.64	3.2	
Max.			6.482	22	7.3		3.0	17		8.5		17	10	8.6	5.7	16.64	3.2	
Min.			2.651	14	6.6		1.5	2		2.6		5	0	5.8	3.5			
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C	
Monthly Limit					6-8.5			22		19		30	14	>5	30			

DEM Form MR-1 (11/84)

EFFLUENT

NPDES PERMIT NO: NC0063011 **DISCHARGE NO:** 001 **MONTH:** December **YEAR:** 1987

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

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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

PERSON(s) COLLECTING SAMPLES: STP Operators

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

X _____

Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00552 Oil & Grease	00602 Total Nitrogen	00665 Total Phosphorus	
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MG/L	MG/L	MG/L	
1	0024		.609				4.0											
2	00	24	.573				2.0											
3	00	24	.538				4.0											
4	00	24	.534	15	7.0		4.0	14		9.4		12	0	9.0	3.0			
5	00	24	.489				4.0											
6	00	24	.547				6.0											
7	00	24	.520	14	7.0		4.0	18		9.4		8	0	9.5				
8	00	24	.367	13	7.0		4.0	18		7.7		10	0	8.5				
9	00	24	.442	13	7.0		4.0	26		6.3		13	0	7.6				
10	00	24	.368	14	6.4		4.0	18		7.5		11	0	6.8				
11	00	24	.377	15	6.8		4.0	24		5.5		11	0	8.2				
12	00	24	.337				4.0											
13	00	24	.385				4.0											
14	00	24	.449	15	6.8		4.0	23		6.4		10	0	8.9				
15	00	24	.420				4.0								3.9			
16	00	24	.363				4.0											
17	00	24	.373				4.0											
18	00	24	.330	13	7.0		4.0	28		9.0		14	0	8.6				
19	00	24	.287				4.0											
20	00	24	.322				5.0											
21	00	24	.333	13	7.0		4.0	13		3.2		9	0	9.2				
22	00	24	.343				4.0											
23	00	24	.321				4.0											
24	00	24	.320				4.0											
25	00	24	.321				4.0											
26	00	24	.333				4.0											
27	00	24	.359				4.0											
28	00	24	.446	15	7.0		3.0	12		2.9		6	0	9.6				
29	00	24	.351				3.0											
30	00	24	.378				4.0											
31	00	24	.333				4.0											
Average			.402	14			3.98	19		6.5		10	0	8.6	3.5			
Max.			.609	15	7.0		6.0	28		9.4		14	0	9.6	3.9			
Min.			.287	13	6.4		2.0	12		2.9		6	0	6.8	3.0			
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C	
Monthly Limit					6-8.5			30				30	14	>5	30			

DEM Form MR-1 (11/84)

EFFLUENT

NPDES PERMIT NO: NC0063053 **DISCHARGE NO:** 001 **MONTH:** December **YEAR:** 1987

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

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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ATT: Central Files
Division of Environmental Management
N C Department of NRCD
P O Box 27687
Raleigh, North Carolina 27611

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☐ INF ☒ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00556 Oil & Grease	00602 Total Nitrogen	00665 Total Phosphorus	
															ENTER PARAMETER CODE ABOVE - NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MG/L	MG/L	MG/L	
1	00	24	.0761				4.5											
2	00	24	.0779				4.0											
3	00	24	.1013	16	6.9		3.5	7		1.0		4	845	9.4			2.5	
4	00	24	.0598				4.5								3.8			
5	00	24	.0843				4.5											
6	00	24	.1025				4.5											
7	00	24	.0665				4.5											
8	00	24	.0400				4.5											
9	00	24	.0412				3.0											
10	00	24	.0622	17	6.8		3.0	9		0.9		6	0	7.0				
11	00	24	.0589				3.5											
12	00	24	.0488				3.0											
13	00	24	.0632				4.0											
14	00	24	.0697				4.5											
15	00	24	.0652				0.6											
16	00	24	.0804				4.0											
17	00	24	.0884	15	6.8		4.0	10		0.39		5	2	7.5				
18	00	24	.0525				4.0								1.1			
19	00	24	.0399				4.5											
20	00	24	.0382				4.5											
21	00	24	.0439				4.5											
22	00	24	.0528				4.5											
23	00	24	.0606				4.0											
24	00	24	.0420	16	6.8		4.0	4		0.12		2	0	8.4				
25	00	24	.0335				5.5											
26	00	24	.0446				4.0											
27	00	24	.0352				4.0											
28	00	24	.0666				4.0											
29	00	24	.0698				4.5											
30	00	24	.0503				4.5											
31	00	24	.0685	14	6.8		4.0							8.7				
Average			.0610	15.6			4.0	10		0.51		4	5.08	8.2	2.5		2.5	
Max.			.1025	17	6.9		5.5	18		1.00		6	845	9.4	3.8		2.5	
Min.			.0400	14	6.8		0.6	4		0.12		2	0	7.0	1.1		2.5	
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C	
Monthly Limit					6-8.5			30				30	14	>5	30			

DEM Form MR-1 (11/84

EFFLUENT

NPDES PERMIT NO: NC0063037 **DISCHARGE NO:** 001 **MONTH:** December **YEAR:** 1987

FACILITY NAME: Rifle Range Sewage Treatment Plant **CLASS:** II **COUNTY:** Onslow

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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Division of Environmental Management
N C Department of NRCD
PO Box 27687
Raleigh, North Carolina 27611

PERSON(s) COLLECTING SAMPLES: STP Operators

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☐ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00556 Oil & Grease	00620 Total Nitrogen	00665 Total Phosphor	
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MG/L	MG/L	MG/L	
1	00	24	.229				4.0											
2	00	24	.232	18	6.8		4.0	4		0.12		3	0	9.6				
3	00	24	.215				4.0											
4	00	24	.242				4.0								1.6			
5	00	24	.220				4.0											
6	00	24	.224				4.0											
7	00	24	.216				4.0											
8	00	24	.219				2.0									7.10		
9	00	24	.224	18	6.6		4.0	7		1.1		6	0	9.2			1.5	
10	00	24	.223				3.0											
11	00	24	.200				4.0											
12	00	24	.185				3.0											
13	00	24	.204				4.0											
14	00	24	.195				4.0											
15	00	24	.201	17	6.4		3.0											
16	00	24	.238	17	6.6		4.0	10		2.3		6	0	9.0				
17	00	24	.205				4.0											
18	00	24	.221				4.0								2.1			
19	00	24	.185				4.0											
20	00	24	.178				4.0											
21	00	24	.178				4.0											
22	00	24	.203				4.0											
23	00	24	.209	17	6.6		4.0	7		0.14		4	0	8.7				
24	00	24	.183				4.0											
25	00	24	.172				3.0											
26	00	24	.183				3.0											
27	00	24	.162				4.0											
28	00	24	.226				4.0											
29	00	24	.171				4.0											
30	00	24	.203	14	6.8		4.0	4		0.13		3	0	9.6				
31	00	24	.199				4.0											
Average			.205	16.8			3.8	6		0.76		4	0	9.2	1.9	7.10	1.5	
Max.			.242	18			4.0	10		1.10		6	0	9.6	2.1	7.10	1.5	
Min.			.162	14			2.0	4		0.12		3	0	8.7	1.6	7.10	1.5	
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C	
Monthly Limit					6-8.5			30				30	14	>5	30			

DEM Form MR-1 (11/84

EFFLUENT

NPDES PERMIT NO: NC0063045 **DISCHARGE NO:** 001 **MONTH:** December **YEAR:** 1987

FACILITY NAME: Courthouse Bay Sewage Treatment Plant **CLASS:** II **COUNTY:** Onslow

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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

PERSON(s) COLLECTING SAMPLES: STP Operators

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00556 Oil & Grease	00600 Total Nitrogen	00665 Total Phosphorus	
															ENTER PARAMETER CODE/ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MG/L	MG/L	MG/L	
1	0024		.623		7.0		3.5	9		0.66		10	2	10.5				
2	00	24	.520				3.5											
3	00	24	.688				4.0											
4	00	24	.620				4.0								3.1			
5	00	24	.673				4.5											
6	00	24	.602				4.0											
7	00	24	.586				4.0											
8	00	24	.569	15	7.3		4.5	9		0.55		7	0	7.8		10.33		
9	00	24	.670				4.5											
10	00	24	.620				3.5											
11	00	24	.614				4.0											
12	00	24	.530				4.0											
13	00	24	.603				4.0											
14	00	24	.583				4.5											
15	00	24	.622	16	7.2		4.0	9		5.2		10	0	8.0				
16	00	24	.583				4.0											
17	00	24	.470				4.0											
18	00	24	.362				4.0								1.8			
19	00	24	.347				4.0											
20	00	24	.487				4.0											
21	00	24	.537				4.0											
22	00	24	.605	16	7.2		4.5	8		1.08		6	0	9.2				
23	00	24	.432				4.0											
24	00	24	.388				4.0											
25	00	24	.355				4.0											
26	00	24	.358				4.0											
27	00	24	.387				4.0											
28	00	24	.486				4.0											
29	00	24	.457	15	7.2		4.0	8		0.11		11	10	7.7				
30	00	24	.411				4.0											
31	00	24	.441				4.5											
Average			.520	155			4.0	9		1.52		9	1.82*	8.6	2.5	10.33		
Max.			.688	16	7.3		4.5	9		5.20		11	10	10.5	3.1	10.33		
Min.			.335	15	7.0		3.5	8		0.11		6	0	7.7	1.8	10.33		
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C	
Monthly Limit					6-8.5			30				30	14	5	30			

DEM Form MR-1 (11/84

EFFLUENT

NPDES PERMIT NO: NC0063002 **DISCHARGE NO:** 001 **MONTH:** December **YEAR:** 1987

FACILITY NAME: Tarawa Terrace Sewage Treatment Plant **CLASS:** III **COUNTY:** Onlsow

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

PERSON(s) COLLECTING SAMPLES: STP Operators

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00556 Oil & Grease	00600 Total Nitrogen	00665 Total Phosphorus
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MG/L	MG/L	MG/L
1	00	24	.789	20	6.6		4.0	14		4.2		8	0	8.0			
2	00	24	.631	19	6.5		4.0	15		5.6		13	10	8.2			
3	00	24	.667	19	6.6		4.0	14		3.3		14	0	7.9			3.8
4	00	24	.672	19	6.5		4.0	8		2.9		10	0	8.1	2.7		
5	00	24	.672	19	6.5		4.0							7.7			
6	00	24	.760	19	6.7		5.0							8.3			
7	00	24	.648	19	6.6		4.0	18		4.6		13	0	8.0			
8	00	24	.715	18	6.5		4.0	17		3.6		7	0	8.3		17.28	
9	00	24	.849	19	6.6		4.0	13		2.5		15	0	8.0			
10	00	24	1.109	25	6.2		4.0	12		7.2		15	10	8.8			
11	00	24	.900	25	6.2		4.0	14		2.9		7	0	8.2			
12	00	24	.940	20	6.4		4.0							8.6			
13	00	24	.942	20	6.4		4.0							8.2			
14	00	24	.849	20	6.2		4.0	12		2.8		14	0	8.2			
15	00	24	1.007	20	6.4		4.0	12		2.0		10	0	8.8	4.0		
16	00	24	.813	20	6.0		4.0	15		2.9		10	0	8.6			
17	00	24	.744	15	6.4		4.0	18		3.3		12	0	9.4			
18	00	24	.734	13	6.3		4.0	18		5.5		13	0	9.2			
19	00	24	.741	15	6.4		4.0							8.2			
20	00	24	.945	16	6.4		4.5							9.2			
21	00	24	.894	17	6.2		4.0	13		1.2		10	0	9.4			
22	00	24	.854	15	6.5		4.0	17		6.0		12	0	9.1			
23	00	24	.734	18	6.5		4.0	16		2.6		10	0	9.0			
24	00	24	.804	17	6.5		4.0	15		2.8		10	0	8.4			
25	00	24	.979	17	6.2		3.0							8.3			
26	00	24	.882	18	6.3		4.0							8.8			
27	00	24	.855	16	6.4		5.0							8.8			
28	00	24	.965	16	6.3		4.0	12		3.6		9	10	8.4			
29	00	24	.833	16	6.2		4.0	13		3.4		9	0	8.6			
30	00	24	.684	15	6.6		4.0	14		6.4		13	0	8.4			
31	00	24	.747	15	6.4		4.0	11		5.6		12	0	8.2			
Average			.818	18			4.05	14		3.9		11	1.37*	8.5	3.4	17.28	3.8
Max.			1.109	25	6.7		5.0	18		7.2		15	10	9.4	4.0	17.28	3.8
Min.			.631	13	6.2		3.0	8		1.2		7	0	7.7	2.7	17.28	3.8
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C
Monthly Limit					6-8.5			30				30	1000	>5	30		

DEM Form MR-1 (11/84)

EFFLUENT

NPDES PERMIT NO: NC0003239 DISCHARGE NO: 001 MONTH: December 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 and Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☑ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00556 Oil & Grease	00600 Total Nitrogen	00665 Total Phosphorus	
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MG/L	MG/L	MG/L	
1	0034	24	.988	20	6.8		3.0	11		18.0		7	2	6.0				
2	00	24	.854	18	6.9		2.0	15		18.2		14	2	7.2				
3	00	24	.882	18	6.8		2.0	23		19.2		21	0	7.4			1.9	
4	00	24	.965	21	6.8		2.0	23		19.1		20	2	7.0	2.8			
5	00	24	.946	20	6.8		2.0							7.2				
6	00	24	.760	18	6.8		2.0							7.2				
7	00	24	.829	18	7.2		2.0	54		20.2		53	0	7.4				
8	00	24	.943	19	6.9		2.0	27		19.1		20	0	6.4		23.92		
9	00	24	.796	19	6.8		2.0	15		18.8		14	0	6.3				
10	00	24	.843	20	6.8		2.5	22		21.0		19	2	6.8				
11	00	24	.874	20	6.2		2.0	23		17.5		7	0	6.2				
12	00	24	.891	18	6.8		2.0							6.5				
13	00	24	.906	18	6.8		2.0							6.2				
14	00	24	.869	19	6.6		2.0	19		20.2		11	4	6.1				
15	00	24	.949	18	6.8		2.0	29		17.5		17	6	6.2	2.4			
16	00	24	.887	18	6.8		2.0	20		19.4		22	70	5.3				
17	00	24	.997	17	6.8		2.5	19		23.1		22	2	6.8				
18	00	24	.794	18	7.0		2.0	38		23.0		33	2	6.0				
19	00	24	.832	19	6.7		2.5							6.0				
20	00	24	.798	19	6.8		2.5							6.2				
21	00	24	.887	19	6.6		2.0	22		18.5		20	0	6.3				
22	00	24	.981	19	6.6		2.0	14		16.9		12	0	5.2				
23	00	24	.996	19	6.6		2.0	18		17.2		12	2	5.8				
24	00	24	.897	18	6.8		3.0	16		18.4		11	0	5.0				
25	00	24	.941	18	6.6		2.5							5.0				
26	00	24	.886	17	6.6		2.0							6.2				
27	00	24	.892	17	6.7		2.5							9.4				
28	00	24	.859	18	6.7		3.0	11		16.3		8	0	7.4				
29	00	24	.877	17	6.4		2.5	18		12.8		10	0	7.1				
30	00	24	.907	16	6.6		3.0	7		14.8		13	0	8.2				
31	00	24	.938	16	6.8		3.0	11		15.6		10	0	8.2				
Average			.892	18.4			2.3	19		18.4		16	1.75*	6.6	2.6	23.92	1.9	
Max.			.998	21	7.2		3.0	54		23.1		53	70	9.4	2.8	23.92	1.9	
Min.			.760	16	6.2		2.0	7		12.8		7	0	5.0	2.4	23.92	1.9	
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C	
Monthly Limit					6-9			30				30	200					

DEM Form MR-1 (11/84

Influent

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

FACILITY NAME: Rifle Range Sewage Treatment Plant COUNTY: Onslow

Date	Time	Composite Time	00400 PH	00010 Temperature (Celsius)	00545 Settleable Matter	00310 BOD_5 20 °C	00610 Ammonia Nitrogen	00500 Total Residue	00530 Total Suspended Residue	00340 COD	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2	00	24				32			78								
3																	
4																	
5																	
6																	
7																	
8																	
9						74			38								
10																	
11																	
12																	
13																	
14																	
15																	
16						112			91								
17																	
18																	
19																	
20																	
21																	
22																	
23						120			107								
24																	
25																	
26																	
27																	
28																	
29																	
30						34			60								
31																	
AVERAGE						74			75								
MONTHLY MAXIMUM						120			107								
MONTHLY MINIMUM						32			38								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

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	00	24				106			90							
2																
3																
4																
5																
6																
7																
8						86			54							
9																
10																
11																
12																
13																
14																
15						124			102							
16																
17																
18																
19																
20																
21																
22						157			154							
23																
24																
25																
26																
27																
28																
29						142			147							
30																
31																
AVERAGE						123			109							
MONTHLY MAXIMUM						157			154							
MONTHLY MINIMUM						86			54							
SAMPLE TYPE C or G						C			C							

DEM Form MR-2 (11/84)

Influent

NPDES NO: NC0063053 DISCHARGE NO: 001 ~~001~~ MONTH: December YEAR: 1987

FACILITY NAME: Onslow Beach STP COUNTY: Onslow

Date	Time	Composite Time	00400 PH	00010 Temperature (Celsius)	00545 Settleable Matter	00310 BOD_5 20 °C	00610 Ammonia Nitrogen	00500 Total Residue	00530 Total Suspended Residue	00340 COD	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2																	
3	00	24				87			204								
4																	
5																	
6																	
7																	
8																	
9																	
10	00	24				146			94								
11																	
12																	
13																	
14																	
15																	
16																	
17	00	24				176			108								
18																	
19																	
20																	
21																	
22																	
23																	
24	00	24				84			37								
25																	
26																	
27																	
28																	
29																	
30																	
31																	
AVERAGE						118			115								
MONTHLY MAXIMUM						176			204								
MONTHLY MINIMUM						84			37								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Camp Johnson (Montford 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	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	00	24				248			295								
5																	
6																	
7	00	24				324			306								
8	00	24				284			128								
9	00	24				395			502								
10	00	24				547			244								
11	00	24				350			149								
12																	
13																	
14	00	24				176			55								
15																	
16																	
17																	
18	00	24				378			605								
19																	
20																	
21	00	24				165			69								
22																	
23																	
24																	
25																	
26																	
27																	
28	00	24				174			145								
29																	
30																	
31																	
AVERAGE						304			250								
MONTHLY MAXIMUM						547			605								
MONTHLY MINIMUM						165			55								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

NPDES NO: NC0063002 DISCHARGE NO: 001 MONTH: December YEAR: 1987

FACILITY NAME: Tarawa Terrace Sewage Treatment Plant COUNTY: Onlsow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD							
			00400	00010	00545	00310	00610	00500	00530	00340							
											ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1	00	24				172			84								
2						176			82								
3						156			112								
4						176			80								
5																	
6																	
7						208			158								
8						216			116								
9						188			100								
10						176			108								
11						188			113								
12																	
13																	
14						190			95								
15						208			104								
16						192			102								
17						192			116								
18						164			102								
19																	
20																	
21						188			76								
22						105			44								
23						200			114								
24						204			66								
25																	
26																	
27																	
28						160			114								
29						212			155								
30						188			88								
31						204			144								
AVERAGE						185			103								
MONTHLY MAXIMUM						216			158								
MONTHLY MINIMUM						105			44								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Camp Geiger Sewage Treatment Plant COUNTY: Onslow

			00400	00010	00545	00310	00610	00500	00530	00340							
Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1	00	24				410			238								
2						325			249								
3						213			152								
4						410			190								
5																	
6																	
7						450			226								
8						304			66								
9						300			210								
10						290			192								
11						371			186								
12																	
13																	
14						275			163								
15						290			192								
16						440			223								
17						410			320								
18						310			190								
19																	
20																	
21						340			258								
22						290			110								
23						500			265								
24						200			113								
25																	
26																	
27																	
28						280			138								
29						310			180								
30						300			115								
31						324			172								
AVERAGE						330			179								
MONTHLY MAXIMUM						500			320								
MONTHLY MINIMUM						200			66								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Hadnot Point Sewage Treatment Plant COUNTY: Onslow

Date	Time	Composite Time	00400 PH	00010 Temperature (Celsius)	00545 Settleable Matter	00310 BOD_5 20 °C	00610 Ammonia Nitrogen	00500 Total Residue	00530 Total Suspended Residue	00340 COD	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1	00	24				210			180								
2	00	24				172			157								
3	00	24				176			150								
4	00	24				275			156								
5																	
6																	
7	00	24				182			168								
8	00	24				184			122								
9	00	24				168			184								
10	00	24				265			160								
11	00	24				192			135								
12																	
13																	
14	00	24				135			90								
15	00	24				212			163								
16	00	24				227			135								
17	00	24				185			98								
18	00	24				148			110								
19																	
20																	
21	00	24				172			76								
22	00	24				100			105								
23	00	24				160			65								
24	00	24				172			84								
25																	
26																	
27																	
28	00	24				164			104								
29	00	24				164			115								
30	00	24				136			74								
31	00	24				128			88								
AVERAGE						178			124								
MONTHLY MAXIMUM						275			184								
MONTHLY MINIMUM						100			56								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)