6280 ENVIRONMENTAL QUALITY AND
POLLUTION CONTROL

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

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

IN REPLY REFER TO:
6288
NREAD
26 Feb 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 January 1987 are submitted.

The Hadnot Point Wastewater Treatment Plant did not meet their Biochemical Oxygen Demand (BOD) percent removal requirement for the month. The actual BOD percent removal was 83% instead of the required minimum of 85%. The 83% BOD removal is attributed to a malfunctioning bearing in one of the trickling filters which has subsequently been repaired.

The Tarawa Terrace Wastewater Treatment Plant did not meet BOD average effluent or percent removal requirement for the month. The actual BOD average effluent was 35 mg/L instead of the required maximum of 30 mg/L. The actual percent removal for BOD was 80% instead of the required minimum of 85%. A bearing in the trickling filter system malfunctioned during the first part of December 1986 which decreased plant efficiency and hindered filter growth. A new bearing was installed 20 January 1987 and filter growth is beginning to return to normal.

The Camp Johnson and the Rifle Range Wastewater Treatment Plants did not meet their BOD percent removal requirement for the month. Camp Johnson's BOD percent removal was only 82%. The Rifle Range's BOD percent removal was only 84%. The BOD loading was low in both plants causing reduced plant efficiency.

There is no river data for the month of January 1987 because the laboratory's boat was out of service due to repairs.

6288
NREAD

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

Sincerely,

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:
EMML, NREAD (2)
BMO (1)

EFFLUENT

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

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

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

CERTIFIED LABORATORY: Enviromnental Chemical 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	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	08	8			7.9							2.4						
7																		
8																		
9																		
10																		
11																		
12																		
13	08	8			8.0							0.3						
14																		
15																		
16																		
17																		
18																		
19																		
20	08	8			7.8							1.5						
21																		
22																		
23																		
24																		
25																		
26																		
27	08	8			7.7							2.9						
28																		
29																		
30																		
31																		
Average												1.8						
Max.					8.0							2.9						
Min.					7.7							0.3						
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 Solids	00940	Total Chloride	01067	Nickel	38260	MBAS	85652	Time

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0003239 **DISCHARGE NO:** 007 **MONTH:** January **YEAR:** 1987

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

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

CERTIFIED LABORATORY: Environmental Chemical and Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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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 BOD5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	31504 TOTAL COLIFORM * GEOMETRIC MEAN			
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	/100 ML			
1	08	8	.12494		7.0		5.0											
2	08	8	.12392		7.0		4.0											
3	08	8	.15758		7.0		5.0											
4	08	8	.10166		7.0		5.0											
5	08	8	.11269		7.0		5.0											
6	08	8	.10256		6.5		5.0	22				5			6			
7	08	8	.12538		6.5		4.0											
8	08	8	.08179		6.4		4.0	10				2			6			
9	08	8	.08037		6.8		4.0											
10	08	8	.09365		6.2		5.0											
11	08	8	.08974		6.2		4.0											
12	08	8	.08996		6.6		6.0											
13	08	8	.08392		6.5		4.0	10				5			0			
14	08	8	.08991		6.7		4.0											
15	08	8	.07138		6.6		4.0	14				9			2			
16	08	8	.09541		6.5		4.0											
17	08	8	.11906		6.6		4.0											
18	08	8	.10205		6.5		5.0											
19	08	8	.13514		6.5		6.0											
20	08	8	.15153		6.6		6.0											
21	08	8	.12243		6.5		6.0											
22	00	24	.15697		6.6		3.0	13				6			2			
23	00	24	.14218		6.8		4.0											
24	00	24	.12670		6.9		4.0											
25	00	24	.15962		6.9		6.0											
26	00	24	.15916		6.6		6.0											
27	00	24	.15944		6.7		4.0											
28	00	24	.10039		6.6		5.0											
29	00	24	.15903		6.6		6.0	13				3			4			
30	00	24	.13960		6.6		4.0											
31	00	24	.15333		6.9		4.0											
Average			.11972				4.7	14				5			2.88			
Max.			.15962		7.0		6.0	22				9			6			
Min.			.07138		6.2		3.0	10				2			0			
Comp.(C)/Grab(G)					G		G	C				C			G			
Monthly Limit					6-9			30				30			70			

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:** 006 **MONTH:** January **YEAR:** 1987

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

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

CERTIFIED LABORATORY: Environmental Chemical 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: 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	31504 TOTAL COLIFORM MEMBRANE FILTER MEAN /100 ML			
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
1	08	8	.8063		6.9		3.5											
2	08	8	.6906		6.8		4.0											
3	08	8	.5109		6.9		4.0											
4	08	8	.3512		6.6		4.0											
5	08	8	.4146		6.8		4.0											
6	08	8	.4513		6.8		5.0	12				10			16			
7	08	8	.5158		6.8		4.5											
8	08	8	.5269		6.9		2.5	14				7			20			
9	08	8	.5227		7.0		4.5											
10	08	8	.5111		6.8		5.0											
11	08	8	.5578		6.8		4.5											
12	08	8	.4410		7.1		4.5											
13	08	8	.5923		7.1		2.5	13				6			10			
14	08	8	.4714		7.0		3.0											
15	08	8	.5023		7.2		5.0	13				6			18			
16	08	8	.4901		6.8		4.0											
17	08	8	.5202		7.0		4.0											
18	08	8	.6943		7.0		4.0											
19	08	8	.6804		6.9		4.0											
20	00	24	.5297		6.8		4.5	9				5			34			
21	00	24	.7065		7.0		4.0											
22	00	24	1.0119		7.0		4.0											
23	00	24	.5521		6.9		4.0											
24	00	24	.5339		6.9		3.5											
25	00	24	.7534		6.9		3.5											
26	00	24	.4383		6.9		4.0											
27	00	24	.5341		7.1		0.5	16				7			30			
28	00	24	.4602		7.1		4.0											
29	00	24	.4527		7.1		4.0											
30	00	24	.3911		7.1		4.0											
31	00	24	.3247		7.1		4.0											
Average			.5464				3.8	13				7			19.7			
Max.			1.0119		7.2		5.0	14				10			34			
Min.			.3247		6.8		2.5	9				5			10			
Comp.(C)/Grab(G)					G		C	C				C			G			
Monthly Limit					6-9			30				30			70			

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: 005 MONTH: January YEAR: 1987

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

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

CERTIFIED LABORATORY: Environmental Chemical and Microgiology 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	31504 TOTAL COLIFORM* GEOMETRIC MEAN			
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	/100 ML			
1	08	8	.3004				5.0											
2	08	8	.2386				6.0											
3	08	8	.2640				6.0											
4	08	8	.2246				6.0											
5	08	8	.2374				6.0											
6	08	8	.2390				4.5	6				4			0			
7	08	8	.2156		7.0		4.0											
8	08	8	.2470				3.0	8				2			0			
9	08	8	.1808				4.0											
10	08	8	.2295				6.0											
11	08	8	.2217				4.0											
12	08	8	.1331				4.0											
13	08	8	.2308				3.0	8				2			0			
14	08	8	.1285		7.0		3.0											
15	08	8	.2157				4.0	8				3			0			
16	08	8	.2130				3.0											
17	08	8	.1889				5.0											
18	08	8	.3341				4.0											
19	08	8	.2348				5.0											
20	08	8	.2629				4.0											
21	00	24	.2727		6.8		5.0	7				4			0			
22	00	24	.3879				3.0											
23	00	24	.3215				4.0											
24	00	24	.3052				4.0											
25	00	24	.2930				4.0											
26	00	24	.3205				4.0											
27	00	24	.3179				4.0											
28	00	24	.2871		6.9		4.0	10				7			0			
29	00	24	.2662				4.0											
30	00	24	.2395				4.0											
31	00	24	.2545				4.0											
Average			.2518				4.3	8				4			0			
Max.			.3879		7.0		6.0	10				7			0			
Min.			.1285		6.8		3.0	6				2			0			
Comp.(C)/Grab(G)					G		G	C				C			G			
Monthly Limit					6-9			30				30			70			

DEM Form MR-1 (11/84

Facility Status: (Please check one of the following)

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

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

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

SEE COVER LETTER

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
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00500	Total Solids	00927	Total Magnesium	01045	Total Iron	31616	Fecal Coliform	71900	Mercury
00530	TSS	00929	Total Sodium	01051	Lead	32730	Total Phenolics	81318	Ferrocyanides
00545	Settleable Solids	00940	Total Chloride	01067	Nickel	38260	MBAS	85652	Time

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0003239 DISCHARGE NO: 004 MONTH: January YEAR: 1987

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

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

CERTIFIED LABORATORY: Environmental Chemical and Microbiology Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

Mail original and one copy to:
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P O Box 27687
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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	31504 TOTAL COLIFORM MEMBRANE FILTER			
															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	/100 ML			
1	00	24	5.245		6.8		4.0	18				8			30			
2	00	24	5.895		6.9		4.0	19				7			6			
3	00	24	5.129		6.9		4.0											
4	00	24	5.360		6.9		4.0											
5	00	24	5.371		6.9		4.0	17				9			6			
6	00	24	5.464		7.0		4.0	17				7			6			
7	00	24	5.917		7.0		4.0	16				5			10			
8	00	24	5.848		7.0		4.0	16				2			2			
9	00	24	5.785		6.9		4.0	24				6			0			
10	00	24	5.434		7.0		4.0											
11	00	24	5.632		6.8		3.0											
12	00	24	5.958		7.0		3.0	19				9			10			
13	00	24	5.812		7.0		4.0	19				6			6			
14	00	24	5.764		6.9		3.0	17				6			6			
15	00	24	5.895		6.7		4.0	22				6			30			
16	00	24	5.722		6.8		4.0	25				7			20			
17	00	24	5.474		6.8		4.0											
18	00	24	5.817		6.8		3.0											
19	00	24	6.138		6.8		4.0	22				13			4			
20	00	24	6.291		6.8		4.0	21				14			50			
21	00	24	6.723		6.9		4.0	20				9			14			
22	00	24	7.950		6.8		4.0	19				7			26			
23	00	24	7.297		6.9		4.0	25				15			10			
24	00	24	6.561		6.9		4.0											
25	00	24	6.828		6.8		4.0											
26	00	24	7.213		6.9		4.0	17				11			0			
27	00	24	6.514		6.9		4.0	31				13			2			
28	00	24	6.509		7.0		4.0	22				11			6			
29	00	24	6.437		7.0		4.0	22				5			0			
30	00	24	5.751		6.9		4.0	36				8			6			
31	00	24	5.549		6.9		4.5											
Average			6.041				3.9	21				8			6.70			
Max.			7.950		7.0		4.5	36				15			50			
Min.			5.129		6.8		3.0	16				2			0			
Comp.(C)/Grab(G)					G		G	C				C			G			
Monthly Limit					6-9			30				30			70			

DEM Form MR-1 (11/84

Facility Status: (Please check one of the following)

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

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

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

SEE COVER LETTER

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: 003 MONTH: January YEAR: 1987

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

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

CERTIFIED LABORATORY: Environmental Chemical 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	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	08	8	.332		6.6		4.5	10				17	0					
2	08	8	.326		6.6		3.0											
3	08	8	.324		6.6		4.0											
4	08	8	.381		6.6		6.0											
5	08	8	0.34		6.7		4.0											
6	08	8	.345		6.9		6.0	16				6	4					
7	08	8	.365		7.1		4.0											
8	08	8	.356		7.1		5.0	15				6	0					
9	08	8	.325		6.9		4.0											
10	08	8	.342		7.0		3.0											
11	08	8	.331		6.9		4.0											
12	08	8	.327		7.1		4.0											
13	08	8	.341		7.1		4.0	18				6	0					
14	08	8	.339		7.0		5.0											
15	08	8	.347		6.9		6.0	15				6	0					
16	08	8	.344		7.1		4.0											
17	08	8	.326		6.9		4.0											
18	08	8	.326		7.0		4.0											
19	00	24	.344		7.0		1.5	15				9	0					
20	00	24	.348		7.2		0.0											
21	00	24	.341				4.0											
22	00	24	.333				2.0											
23	00	24	.345		7.3		2.5	18				10	4					
24	00	24	.337				4.0											
25	00	24	.336				5.0											
26	00	24	0.34		7.0		4.0	17				10	6					
27	00	24	.337				5.0											
28	00	24	.343				3.0											
29	00	24	.341				4.0											
30	00	24	.339		6.7		4.0	27				8						
31	00	24	.337				5.0											
Average			.3402				4.0	17				9	1.77					
Max.			.3815		7.3		6.0	27				17	6					
Min.			.3241		6.6		1.5	10				6	0					
Comp.(C)/Grab(G)					G		G	C				C	G					
Monthly Limit					6-9			30				30	200					

DEM Form MR-1 (11/84

Facility Status: (Please check one of the following)

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

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

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

SEE COVER LETTER

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

Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0003239 DISCHARGE NO: 002 MONTH: January YEAR: 1987

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

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

CERTIFIED LABORATORY: Environmental Chemical 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	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L				
1	00	24	1.3079		6.9		4.0	39				33	2					
2	00	24	.9482		6.9		4.0	41				25	0					
3	00	24	.7720		6.7		4.0											
4	00	24	.7841		6.5		4.0											
5	00	24	.8621		6.6		4.0	38				18	0					
6	00	24	.7645		6.5		4.0	35				22	0					
7	00	24	.6877		6.6		4.0	45				29	0					
8	00	24	.7544		6.6		4.0	31				13	0					
9	00	24	.6117		6.5		4.0	38				13	0					
10	00	24	.8346		6.6		4.0											
11	00	24	.7441		6.6		4.0											
12	00	24	.7541		6.6		4.0	38				22	0					
13	00	24	.7200		6.5		4.0	32				11	2					
14	00	24	.6707		6.6		4.0	28				12	0					
15	00	24	.7246		6.5		4.0	27				11	2					
16	00	24	.8348		6.5		4.5	40				8	0					
17	00	24	.8239		6.5		4.5											
18	00	24	.9210		6.7		4.5											
19	00	24	1.0262		6.7		4.5	25				11	16					
20	00	24	.7545		6.9		4.0	56				27	0					
21	00	24	.7297		6.6		4.0	62				24	4					
22	00	24	1.3283		6.6		2.0	41				11	2					
23	00	24	1.1078		6.4		4.0	36				16	0					
24	00	24	.7492		6.5		4.0											
25	00	24	.8546		6.5		4.0											
26	00	24	.9378		6.5		2.5	30				14	0					
27	00	24	.7092		6.6		4.0	29				8	4					
28	00	24	.5742		6.6		4.0	25				8	6					
29	00	24	.6492		6.6		4.0	19				5	2					
30	00	24	.7507		6.6		4.0	25				5	0					
31	00	24	.7217		6.7		4.0											
Average			.8197				3.9	35				16	1.63*					
Max.			1.3283		6.9		4.5	56				33	16					
Min.			.5742		6.4		2.0	19				5	0					
Comp.(C)/Grab(G)					G		G	C				C	G					
Monthly Limit					6-9			30				30	200					

DEM Form MR-1 (11/84

Facility Status: (Please check one of the following)

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(Attach additional sheets if necessary)

SEE COVER LETTER

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:** January **YEAR:** 1987

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

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

CERTIFIED LABORATORY: Environmental Chemical 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	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L				
1	00	24	1.8068		6.8		4.0	7				13	2					
2	00	24	1.6738		6.6		4.0	13				12	0					
3	00	24	1.5036		6.9		4.0											
4	00	24	1.2956		6.6		4.0											
5	00	24	1.3210		6.6		4.0	5				9	0					
6	00	24	1.3821		6.6		4.0	5				4	0					
7	00	24	1.4074		7.0		4.0	10				5	0					
8	00	24	1.6172		7.0		4.0	11				4	2					
9	00	24	1.3946		7.0		4.0	11				13	0					
10	00	24	1.2528		7.1		4.0											
11	00	24	1.2779		7.0		4.0											
12	00	24	1.2644		6.8		4.0	9				8	2					
13	00	24	1.1919		6.6		4.0	12				4	0					
14	00	24	1.1967		6.6		4.0	7				5	0					
15	00	24	1.1849		6.6		4.0	5				4	0					
16	00	24	1.1178		6.6		4.0	15				8	2					
17	00	24	1.2952		7.2		4.0											
18	00	24	1.5492		7.0		4.0											
19	00	24	1.6587		7.0		4.0	5				4	0					
20	00	24	1.4782		7.0		4.0	13				15	2					
21	00	24	1.3302		7.4		4.0	9				7	0					
22	00	24	1.4250		7.2		4.0	21				15	2					
23	00	24	1.8783		7.2		4.0	8				13	0					
24	00	24	1.5538		7.2		4.0											
25	00	24	1.5988		7.4		4.0											
26	00	24	1.8203		6.6		4.0	6				4	0					
27	00	24	1.4562		7.0		4.0	23				10	0					
28	00	24	1.4324		7.0		3.0	13				10	0					
29	00	24	1.3601		6.8		4.0	7				2	2					
30	00	24	1.3889		6.8		4.0	13				4	10					
31	00	24	1.2552		7.0		4.0											
Average			1.4313				7.8	10				8	1.38					
Max.			1.8783		7.4		4.0	21				15	10					
Min.			1.1178		6.6		3.0	5				2	0					
Comp.(C)/Grab(G)					G		G	C				C	G					
Monthly Limit					6-9			30				30	200					

Facility Status: (Please check one of the following)

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

Influent

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

FACILITY NAME: Camp Geiger STP COUNTY: Onslow

			00400	00010	00545	00310	00610	00500	00530	00340							
											ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD							
		HRS	STD UNITS	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1	00	24				88			80								
2	00	24				84			43								
3																	
4																	
5	00	24				128			60								
6	00	24				124			62								
7	00	24				140			88								
8	00	24				140			66								
9	00	24				124			80								
10																	
11																	
12	00	24				144			106								
13	00	24				112			90								
14	00	24				116			88								
15	00	24				124			93								
16	00	24				192			72								
17																	
18																	
19	00	24				68			58								
20	00	24				88			44								
21	00	24				92			40								
22	00	24				72			54								
23	00	24				68			40								
24																	
25																	
26	00	24				92			108								
27	00	24				80			26								
28	00	24				108			66								
29	00	24				104			120								
30	00	24				112			74								
31																	
AVERAGE						109			71								
MONTHLY MAXIMUM						192			120								
MONTHLY MINIMUM						68			2								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

NPDES NO: NC0003239 DISCHARGE NO: 002 MONTH: January 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				192			126								
2	00	24				132			258								
3																	
4																	
5	00	24				136			182								
6	00	24				136			290								
7	00	24				200			102								
8	00	24				160			60								
9	00	24				192			90								
10																	
11																	
12	00	24				148			152								
13	00	24				140			573								
14	00	24				200			173								
15	00	24				188			116								
16	00	24				340			305								
17																	
18																	
19	00	24				108			125								
20	00	24				204			145								
21	00	24				196			104								
22	00	24				116			230								
23	00	24				168			115								
24																	
25																	
26	00	24				116			183								
27	00	24				156			106								
28	00	24				175			194								
29	00	24				192			204								
30	00	24				212			240								
31																	
AVERAGE						173			185								
MONTHLY MAXIMUM						340			573								
MONTHLY MINIMUM						108			60								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

NPDES NO: NC0003239 DISCHARGE NO: 003 MONTH: January YEAR: 1987

FACILITY NAME: Montford Point (Camp Johnson) 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				64			154								
2																	
3																	
4																	
5																	
6	00	24				28			22								
7																	
8	00	24				84			130								
9																	
10																	
11																	
12																	
13	00	24				128			92								
14																	
15	00	24				80			38								
16																	
17																	
18																	
19	00	24				96			230								
20																	
21																	
22																	
23	00	24				76			114								
24																	
25																	
26	00	24				208			516								
27																	
28																	
29																	
30	00	24				84			36								
31																	
AVERAGE						94			148								
MONTHLY MAXIMUM						208			516								
MONTHLY MINIMUM						28			22								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

NPDES NO: NC0003239 DISCHARGE NO: 004 MONTH: January YEAR: 1987

FACILITY NAME: Hadnot Point STP COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD
			00400	00010	00545	00310	00610	00500	00530	00340
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L
1	00	24				100			94	
2	00	24				108			65	
3										
4										
5	00	24				132			88	
6	00	24				108			120	
7	00	24				140			90	
8	00	24				120			90	
9	00	24				148			116	
10										
11										
12	00	24				108			76	
13	00	24				120			94	
14	00	24				112			85	
15	00	24				136			84	
16	00	24				128			74	
17										
18										
19	00	24				72			58	
20	00	24				108			116	
21	00	24				124			108	
22	00	24				120			80	
23	00	24				108			128	
24										
25										
26	00	24				140			140	
27	00	24				120			92	
28	00	24				168			132	
29	00	24				164			90	
30	00	24				108			80	
31										
AVERAGE						122			95	
MONTHLY MAXIMUM						168			140	
MONTHLY MINIMUM						72			58	
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: 005 MONTH: January 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																	
6	08	8				40			16								
7																	
8	08	8				36			7								
9																	
10																	
11																	
12																	
13	08	8				32			10								
14																	
15	08	8				56			28								
16																	
17																	
18																	
19																	
20																	
21	08	8				56			23								
22																	
23																	
24																	
25																	
26																	
27																	
28	08	8				80			162								
29																	
30																	
31																	
AVERAGE						50			41								
MONTHLY MAXIMUM						80			162								
MONTHLY MINIMUM						32			7								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

NPDES NO: NC0003239 DISCHARGE NO: 006 MONTH: January YEAR: 1987

FACILITY NAME: Courthouse Bay STP COUNTY: Onslow

			00400	00010	00545	00310	00610	00500	00530	00340							
											ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD							
		HRS	STD UNITS	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2																	
3																	
4																	
5																	
6	08	8				216			195								
7																	
8	08	8				32			110								
9																	
10																	
11																	
12																	
13	08	8				124			98								
14																	
15	08	8				80			48								
16																	
17																	
18																	
19																	
20	08	8				208			220								
21																	
22																	
23																	
24																	
25																	
26																	
27	08	8				148			156								
28																	
29																	
30																	
31																	
AVERAGE						135			138								
MONTHLY MAXIMUM						216			220								
MONTHLY MINIMUM						32			48								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

NPDES NO: NC0003239 DISCHARGE NO: 007 MONTH: January 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																	
6	08	8				164			36								
7																	
8	08	8				152			92								
9																	
10																	
11																	
12																	
13	08	8				84			68								
14																	
15	08	8				156			64								
16																	
17																	
18																	
19																	
20																	
21																	
22	08	8				40			46								
23																	
24																	
25																	
26																	
27																	
28																	
29	08	8				124			120								
30																	
31																	
AVERAGE						120			71								
MONTHLY MAXIMUM						164			120								
MONTHLY MINIMUM						40			36								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

STORM DRAINS

MONTH: NC0003239 YEAR: January 1987

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

STORM DRAIN NUMBER	DATE COLLECTED	FLOW 50050	pH 00400	TOTAL SUSPENDED RESIDUE 00530	OIL & GREASE 00556
20	15 Jan	4,665,600	7.2	128	0
26	15 Jan	29,160	7.4	1.0	0
27	15 Jan	23,328	7.2	8	0
28	15 Jan	87,480	8.2	4	0
30	15 Jan	874,800	6.6	7	0
31	15 Jan	145,800	7.1	1.0	0.3
32	15 Jan	54,675,000	6.8	2	0
67	15 Jan	583,200	7.3	13	2.0
68	15 Jan	1,166,400	7.3	8	0
69	15 Jan	1,749,600	6.4	11	0.7
81	15 Jan	3,499,200	6.5	7	0.3
82	15 Jan	6,998,400	6.9	7	0.6
83	15 Jan	583,200	7.5	4	0
84	15 Jan	219,600	7.5	6	0
86	15 Jan	Tidal	7.1	5	0.4
87	15 Jan	349,920	7.1	4	0

BKW Danny DDS

OPNAV 5216/144A (Rev. 8-81)
S/N 0107-LF-052-2320

DEPARTMENT OF THE NAVY

Memorandum

11345.4
MAIN

DATE: 24 February 1987

FROM: Utilities Systems General Foreman

TO: Director, Utilities Branch

SUBJ: NPDES PERMIT VIOLATION, JANUARY 1987

1. The Hadnot Point Plant violated the percent removal parameter of 85% for BOD obtaining 83% removal due to the filter bearing being replaced. The mass on the filter died and is now regenerating.

2. The Tarawa Terrace Plant violated the percent removal parameter of 85% for BOD due to filter bearing being replaced, obtaining 80% removal. The bearing was installed 20 February 1987, and the mass has returned and we are no longer in violation.

3. The Camp Johnson Plant violated the percent removal parameter of 85%, obtaining 82% removal, due to low BOD loading of 94 mg/l influent.

4. The Rifle Range Plant violated BOD effluent percent parameter removal of 85% obtaining 84%, due to a low BOD loading of 50 mg/l influent.

B. M. Frazelle
B. M. FRAZELLE, II

11345
MAIN

FIRST ENDORSEMENT

From: Director, Utilities Branch
To: Director, Natural Resources and Environmental Affairs

1. Forwarded for appropriate action.

D L Southerland
D. L. SOUTHERLAND

☆U.S. GOVERNMENT PRINTING OFFICE: 1985 — 505-012/18049

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

IN REPLY REFER TO:

6288
NREAD
27 Mar 87

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

Dear Sir:

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

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

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

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

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

6288
NREAD(L)

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

Sincerely,

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

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

Copy to:
EPA Region IV
CMDR LANTNAVFACENGCOM
NEESA

BCC:
ECML, NREAD (2)
BMO (1)

EFFLUENT

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

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

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X Mack D Davis
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME 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	31504 TOTAL COLIFORM GEO MEAN /100 ML
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
1	00	24	5.461	19	6.9		4.0							7.8				
2	00	24	6.117	18	7.0		4.0	21		4.0		6	4	7.7				12
3	00	24	6.211	18	6.9		4.0	26		4.9		9	0	6.6				
4	00	24	6.194	18	7.0		4.0	22		5.7		8	820	7.2				
5	00	24	6.268	17	6.9		4.0	22		4.8		8	0	6.7				
6	00	24	6.141	16	7.0		4.0	29		5.8		10	2	7.9				
7	00	24	6.061	18	6.9		4.0							5.9				
8	00	24	6.093	18	6.8		3.0							7.0				
9	00	24	6.317	15	7.0		4.0	34		6.9		22	0	7.4				
10	00	24	6.050	15	7.0		4.0	26		8.8		11	0	7.0				
11	00	24	6.068	18	6.8		4.0	26		8.2		7	0	7.0				
12	00	24	6.036	18	6.8		4.0	29		10.1		10	0	6.3				
13	00	24	5.708	17	7.0		4.0	38		11.1		10	0	6.6				
14	00	24	4.859	18	7.0		4.0							6.8				
15	00	24	5.550	18	6.8		4.5							6.5				
16	00	24	6.880	16	7.0		4.0	21		8.2		9	4	7.7				
17	00	24	6.340	17	6.8		4.0	24		9.2		8	0	7.0				
18	00	24	6.205	16	6.9		3.0	28		7.7		9	0	7.0				
19	00	24	6.066	16	7.1		3.0	23		8.2		10	10	6.2				
20	00	24	4.768	15	7.0		4.0	28		8.7		9	2	6.8			5.5	
21	00	24	5.867	16	6.9		4.0							6.7				
22	00	24	7.024	15	6.8		4.0							6.9				
23	00	24	5.867	17	6.8		4.0	38		6.6		10	0	7.3				
24	00	24	7.158	16	7.0		4.0	23		7.5		10	0	7.2	0.2			
25	00	24	6.232	16	6.9		4.0	27		9.7		12	0	7.3			4.6	
26	00	24	6.623	15	6.8		4.0	27		8.7		10	30	6.3		11.49	5.9	
27	00	24	7.267	16	6.8		4.0	29		8.5		12	0	7.0	1.5			
28	00	24	8.392	19	6.9		4.0							7.2				
29																		
30																		
31																		
Average			6.208	16			3.9	27		7.7		10	2.29*	6.7	0.9	11.49	5.3	
Max.			8.392	19	7.1		4.5	38		11.1		22	820	7.9	1.5	11.49	5.9	
Min.			4.768	15	6.8		3.0	21		4.0		6	0	5.9	0.2	11.49	4.6	
Comp.(C)/Grab(G)			G		G		G	C		C		C	G	G	G	C	C	
Monthly Limit					6-9			22		19		30	14	>5	30			

Facility Status: (Please check one of the following)

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

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

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

See Cover Letter for Explaination

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

Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

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

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

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X Mack D. Davis
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	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	1.209	17	6.8		4.0							8.7			
2	00	24	1.3024	19	6.4		4.0	8		9.9		4	0	8.0			
3	00	24	1.1343	19	6.4		4.0	11		11.5		6	0	8.0			
4	00	24	1.2484	19	6.8		4.0	18		9.5		6	0	5.0			
5	00	24	1.0938	14	6.8		4.0	11		12.8		2	0	6.2			
6	00	24	1.2138	15	7.2		3.0	21		11.5		6.	0	4.5			
7	00	24	1.2379	17	7.2		4.0							7.5			
8	00	24	1.1461	15	7.2		4.0							8.2			
9	00	24	1.2540	14	6.8		5.0	7		11.8		2	0	7.5			
10	00	24	1.1298	14	6.6		4.0	14		13.1		6	0	8.2			
11	00	24	1.1721	14	6.4		2.5	13		14.5		6.	0	4.7			
12	00	24	1.2074	15	7.1		7.0	17		13.5		8	2	6.2			
13	00	24	1.2437	15	7.2		4.0	18		13.6		3	N.S.	5.0			
14	00	24	1.0569	15	6.6		4.0							5.6			
15	00	24	1.0012	15	7.0		4.0							6.0			
16	00	24	1.3207	14	7.4		4.0	14		10.9		8	0	5.6			
17	00	24	1.5389	15	6.7		4.0	11		7.8		5	0	6.9			
18	00	24	1.3854	15	6.7		4.0	12		11.6		2	0	9.0			
19	00	24	.12660	14	6.8		4.0	15		11.5		4.	0	10.5			
20	00	24	1.1714	15	6.8		4.0	11		11.7		2	0	11.0			1.1
21	00	24	1.1589	14	6.8		4.0							6.6			
22	00	24	1.0836	14	6.8		4.0							6.2			
23	00	24	1.3493	15	6.8		4.0	12		12.0		1	0	9.9			
24	00	24	1.1705	15	6.6		4.0	16		12.6		2	0	9.5	0		
25	00	24	1.1913	15	6.8		4.0	18		17.3		7	0	10.0			1.1
26	00	24	1.1596	14	6.6		4.0	20		12.7		2	0	11.0		15.33	2.6
27	00	24	1.5603	15	6.8		4.0	40		12.0		16	2	10.5	1.0		
28	00	24	1.9756	17	6.9		4.0							11.0			
29																	
30																	
31																	
Average			1.2494	15			3.9	21		12.1		5	1.08	7.8	0.5	15.33	1.6
Max.			1.9756	19	7.4		4.0	40		17.3		16	2	11.0	1.0	15.33	2.6
Min.			1.0012	14	6.4		2.5	7		7.8		1	0	4.5	0	15.33	1.1
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C
Monthly Limit					6-9			30				30	200	>5	30		

Facility Status: (Please check one of the following)

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

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

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

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

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

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

PERSON(s) COLLECTING SAMPLES: STP Operators

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

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

X Mack D Davis
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00556 OIL & GREASE	00620 TOTAL NITROGEN	00665 TOTAL PHOS PHOR.	
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	100 ML	MG/L	MG/L	MG/L	MG/L	
1	00	24	.7112	12	6.5		4.0							9.1				
2	00	24	.6869	12	6.6		4.0	30				6	0	9.3				
3	00	24	.7210	13	6.7		5.0	25				7	0	8.9				
4	00	24	.6514	13	6.6		4.0	28				7	0	9.0				
5	00	24	.6525	13	6.6		4.0	24				8	0	9.2				
6	00	24	.6237	14	6.6		4.0	25				4	0	9.0				
7	00	24	.7539	12	6.8		4.0							9.2				
8	00	24	.7354	12	6.2		4.0							9.0				
9	00	24	.6967	10	6.2		4.0	31				6	0	9.6				
10	00	24	.5842	10	6.4		4.0	24				5	0	9.8				
11	00	24	.6532	12	6.6		4.0	27				3	0	9.1				
12	00	24	.6851	14	6.4		4.5	23				6	0	9.6				
13	00	24	.6612	14	7.0		4.5	22				7	0	9.8				
14	00	24	.7543	14	6.8		4.5							9.7				
15	00	24	.6840	14	6.7		4.5							9.8				
16	00	24	.7807	12	6.7		4.5	30				10	0	9.8				
17	00	24	.8319	12	6.7		4.0	24				6	0	9.7				
18	00	24	.7691	12	6.7		4.0	24				5	0	9.6				
19	00	24	.6059	12	6.6		4.0	21				7	0	10.0				
20	00	24	.6092	12	6.7		4.0	23				5	0	9.8				
21	00	24	.6662	12	6.7		4.0							10.0				
22	00	24	.8023	12	6.6		3.0							8.9				
23	00	24	.7470	14	6.4		4.0	31				8	0	9.0				
24	00	24	.6067	13	6.6		4.0	22				12	480	9.5	0			
25	00	24	.6616	14	6.6		4.0	26				5	0	9.7			5.3	
26	00	24	.5198	12	6.8		4.0	28				6	0	9.4		10.89		
27	00	24	.7601	11	6.7		5.0	25				7	4	9.1	3.2			
28	00	24	1.0385	10	6.4		4.0							9.2				
29																		
30																		
31																		
Average			.7019	12			4.1	26				6	1.46	9.4	1.6	10.89	5.3	
Max.			1.0385	14	7.0		5.0	31				12	480	10.0	3.2	10.89	5.3	
Min.			.5198	10	6.2		3.0	21				3	0	8.9	0	10.89	5.3	
Comp.(C)/Grab(G)				G	G		G	C				C	G	G	G	C	C	
Monthly Limit					6-9			30				30	1000	>5	30			

Facility Status: (Please check one of the following)

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

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

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

_____
_____
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_____
_____

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

Julian L Wooten
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

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

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

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

PERSON(s) COLLECTING SAMPLES: STP Operators

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

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

X Mack D. Davis
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 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 N ITROGEN	00665 TOTAL PHOSPHORUS	
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MG/L	MG/L	MG/L	
1	00	24	.3542				5.0											
2	00	24	.3400	18	7.0		4.0	22				8	0	8.9				
3	00	24	.3470				5.0	26										
4	00	24	.3440				5.0											
5	00	24	.3330				4.0											
6	00	24	.3480	17	6.9		4.0	26				8	0	9.0				
7	00	24	.2261				4.0											
8	00	24	.3457				0.2											
9	00	24	.3410	16	7.0		4.0	23				5	0	9.6				
10	00	24	.3380				5.0											
11	00	24	.3485				4.0											
12	00	24	.3468				2.5											
13	00	24	.3615	16	7.0		4.0	28				9	0	8.7				
14	00	24	.3097				4.0											
15	00	24	.2648				4.0											
16	00	24	.3895	15	7.1		4.0							10.2				
17	00	24	.3180				4.0	18				11	0					
18	00	24	.3746				4.0											
19	00	24	.2982				4.0											
20	00	24	.3379	14	6.9		4.0	37				10	0	9.7				
21	00	24	.3480				4.0											
22	00	24	.3258				4.0											
23	00	24	.3390	15	6.8		5.0	28				13	0	7.3				
24	00	24	.3389				4.0											
25	00	24	.3591				4.0											
26	00	24	.3309				4.0											
27	00	24	.3503	15	7.0		4.0	37				12	0	9.3	0			
28	00	24	.3651				4.0											
29																		
30																		
31																		
Average			.3366	16			4.0	27				10	0	9.3	0			
Max.			.3651	18	7.1		5.0	37				13	0	10.2	0			
Min.			.2648	14	6.8		0.2	18				5	0	8.7	0			
Comp.(C)/Grab(G)					G			C				C	G	G	G			

Facility Status: (Please check one of the following)

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

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

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

_____
_____
_____
_____
_____
_____

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

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

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X Mack D. Davis

Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00556 OIL & GREASE	00602 TOTAL NITROGEN	00665 TOTAL PHOSPHORUS	31504 TOTAL COLIFORM #/100 MEAN
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	100 ML	MG/L	mg/L	mg/L	mg/L	/100ml
1	00	24	.2435				4.0											
2	00	24	.2576				4.0											
3	00	24	.2388				4.0											
4	00	24	.2182	16	6.7		4.0	10		0.16		7		13.3				0
5	00	24	.2177				4.0											
6	00	24	.2177				4.0											
7	00	24	.1940				4.0											
8	00	24	.1914				4.0											
9	00	24	.2000				4.0											
10	00	24	.2305				4.0											
11	00	24	.2225	15	6.8		6.0	13		1.25		3		13.7				0
12	00	24	.2339				4.0											
13	00	24	.2405				4.0											
14	00	24	.2097				6.0											
15	00	24	.2139				4.0											
16	00	24	.2017				4.0											
17	00	24	.2130				4.0											
18	00	24	.2143	14	6.5		4.0	10		0.14		4		10.9				0
19	00	24	.2141	14			6.0											
20	00	24	.1935				5.0											
21	00	24	.2153				4.0											
22	00	24	.2125				5.0											
23	00	24	.1347				4.0											
24	00	24	.2540				5.0								0			
25	00	24	.2209	15	7.0		6.0	17		3.0		8		10.7			1.6	0
26	00	24	.1349				5.0											
27	00	24	.2373				4.0								0			
28	00	24	.2608				5.0											
29																		
30																		
31																		
Average			.21562	15			4.5	13		1.12		6		12.1	0		1.6	0
Max.			.26081	14	7.0		4.0	17		3.0		8		13.7	0		1.6	0
Min.			.13476	16	6.5		6.0	10		0.14		3		10.7	0		1.6	0
Comp.(C)/Grab(G)				G	G		G	C		C		C		G	G		C	G
Monthly Limit					6-9			30				30		75	30			14

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

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

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X Mack D. Davis
Signature of operator in responsible charge

			50050	00010	00400	00545	50060	00310	00340	00610	00500	00530	31616	00300	00556	00602	00665	31504
			FLOW EFF ☒ INF ☐												ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
DATE	TIME 2400 CLOCK	COMPOSITE TIME	DAILY RATE	TEMPERATURE CELSIUS	pH	SETTLEABLE MATTER	RESIDUAL CHLORINE	BOD5 20°C	COD	AMMONIA NITROGEN	TOTAL RESIDUE	TOTAL SUSPENDED RESIDUE	FECAL COLIFORM Geometric Mean	DISSOLVED OXYGEN	OIL & GREASE	TOTAL NITROGEN	TOTAL PHOSPHORUS	TOTAL COLIFORM
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MG/L	MG/L	MG/L	/100 ML
1	00	24	.4266				4.0											
2	00	24	.6577				2.0											
3	00	24	.7684	16	6.9		5.0	13		3.6		6		8.0				30
4	00	24	.5986				2.5											
5	00	24	.3259				4.0											
6	00	24	.5448				4.5											
7	00	24	.3502				4.0											
8	00	24	.3072				3.5											
9	00	24	.3860	14	6.7		4.0							8.2				
10	00	24	.3102				4.0	15		1.7		5						12
11	00	24	.3764				3.5											
12	00	24	.3290				4.0											
13	00	24	.3120				3.0											
14	00	24	.2488				3.0											
15	00	24	.2325				3.5											
16	00	24	.4261				4.5											
17	00	24	.4982	15	7.0		5.0	15		0.3		6		8.9				12
18	00	24	.3613				2.0											
19	00	24	.5186				4.0											
20	00	24	.3540				4.5											
21	00	24	.3280				4.0											
22	00	24	.4424				4.0											
23	00	24	.3168				4.0											
24	00	24	.2368	16	7.0		4.0	16		2.6		8		8.3	1.1			2
25	00	24	.2426				4.0											
26	00	24	.3769				4.0											
27	00	24	.6832				3.0								1.0			
28	00	24	.8916				4.0											
29																		
30																		
31																		
Average			.4232	15			3.8	15		2.1		6		8.4	1.1			9.64
Max.			.8916	16	7.0		5.0	16		3.6		8		8.9	1.1			30
Min.			.2368	14	6.7		2.0	13		0.3		5		8.0	1.0			2
Comp.(C)/Grab(G)				G	G		G	C		C		C		G	G			G
Monthly Limit					6-9			30				30		75	30			14

START

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: Feb. YEAR: 1987

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

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X Mack D. Davis
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☐ INF ☒ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	00556 OIL & GREASE	00600 TOTAL NITROGEN	00665 TOTAL PHOSPHORUS	31504 TOTAL POLIFORM
															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	/100ML	MG/L	MG/L	MG/L	MG/L	/100ml
1	00	24	.13046				5.0											
2	00	24	.14415				5.0											
3	00	24	.1456				6.0											
4	00	24	.1553				6.0											
5	00	24	.1264	13	6.6		6.0	16		0.26		6		11.0				2
6	00	24	.1290				5.0											
7	00	24	.1018				5.0											
8	00	24	.1107				5.0											
9	00	24	.1491				4.5											
10	00	24	.1516				5.0											
11	00	24	.1225				6.0											
12	00	24	.1401	13	6.8		6.0	21		0.21		10		11.5				0
13	00	24	.1157				5.0											
14	00	24	.1049				4.0											
15	00	24	.1223				4.0											
16	00	24	.1588				4.0											
17	00	24	.1494				6.0											
18	00	24	.1543				5.0											
19	00	24	.1696	11	6.9		6.0	12		0.19		7		12.0				10
20	00	24	.1587				5.5											
21	00	24	.1718				5.5											
22	00	24	.1911				5.5											
23	00	24	.2006				5.5											
24	00	24	.1707				6.0								0.5			
25	00	24	.1296				6.0											
26	00	24	.1320	14	6.9		6.0	21		0.43		6		10.6		1.75		90
27	00	24	.1680		7.1		5.0								0			
28	00	24	.1843		7.0		5.0											
29																		
30																		
31																		
Average			.13944	13			5.3	18		0.27		7		11.3	0.25	1.75		6.51
Max.			.20063	14	7.1		6.0	21		0.43		10		12.0	0.5	1.75		90
Min.			.10490	11	6.6		4.0	12		0.19		6		10.6	0	1.75		0
Comp.(C)/Grab(G)				G	G		G	C		C		C		G	G	C		G
Monthly Limit					6-9			30				30		>5	30			14

Facility Status: (Please check one of the following)

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

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

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

_____
_____
_____
_____
_____
_____

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

Julian A Wooten
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

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

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

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: WTP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X Mack D. Davis
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME 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	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
1																		
2																		
3	008				7.8							1						
4																		
5																		
6																		
7																		
8																		
9																		
10	008				8.3							4						
11																		
12																		
13																		
14																		
15																		
16																		
17																		
18																		
19																		
20																		
21																		
22																		
23																		
24	008				8.1							6						
25																		
26																		
27																		
28																		
29																		
30																		
31																		
Average												4						
Max.					8.3							6						
Min.					7.8							1						
Comp.(C)/Grab(G)					G							C						
Monthly Limit					6-9							30						

Facility Status: (Please check one of the following)

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

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

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

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

FACILITY NAME: Hadnot Point STP COUNTY: Onslow

Date	Time	Composite Time	00400 PH	00010 Temperature (Celsius)	00545 Settleable Matter	00310 BOD_5 20 °C	00610 Ammonia Nitrogen	00500 Total Residue	00530 Total Suspended Residue	00340 COD	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2	00	24				104			78								
3	00	24				124			144								
4	00	24				152			98								
5	00	24				136			98								
6	00	24				128			105								
7																	
8																	
9	00	24				112			90								
10	00	24				120			82								
11	00	24				108			66								
12	00	24				132			80								
13	00	24				148			98								
14																	
15																	
16	00	24				100			82								
17	00	24				116			120								
18	00	24				156			114								
19	00	24				128			86								
20	00	24				152			132								
21																	
22																	
23	00	24				112			88								
24	00	24				224			146								
25	00	24				160			172								
26	00	24				240			172								
27	00	24				180			88								
28																	
29																	
30																	
31																	
AVERAGE						142			107								
MONTHLY MAXIMUM						240			172								
MONTHLY MINIMUM						100			66								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Camp Geiger ST.P COUNTY: Onlsow

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

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Onslow Beach STP COUNTY: Onlsow

			00400	00010	00545	00310	00610	00500	00530	00340							
Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2																	
3																	
4																	
5	00	24				108			84								
6																	
7																	
8																	
9																	
10																	
11																	
12	00	24				96			42								
13																	
14																	
15																	
16																	
17																	
18																	
19	00	24				68			29								
20																	
21																	
22																	
23																	
24																	
25																	
26	00	24				228			58								
27																	
28																	
29																	
30																	
31																	
AVERAGE						125			53								
MONTHLY MAXIMUM						228			84								
MONTHLY MINIMUM						68			29								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

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

			00400	00010	00545	00310	00610	00500	00530	00340							
											ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD							
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2	00	24				204			96								
3																	
4																	
5																	
6	00	24				128			190								
7																	
8																	
9	00	24				204			218								
10																	
11																	
12																	
13	00	24				96			104								
14																	
15																	
16																	
17	00	24				172			78								
18																	
19																	
20	00	24				156			45								
21																	
22																	
23	00	24				128			74								
24																	
25																	
26																	
27	00	24				204			98								
28																	
29																	
30																	
31																	
AVERAGE						181			113								
MONTHLY MAXIMUM						204			218								
MONTHLY MINIMUM						96			45								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Tarawa Terrace STP COUNTY: Onslow

Date	Time	Composite Time	00400 PH	00010 Temperature (Celsius)	00545 Settleable Matter	00310 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	00	24				168			644								
3	00	24				216			333								
4	00	24				312			1130								
5	00	24				248			344								
6	00	24				387			492								
7																	
8																	
9	00	24				208			456								
10	00	24				344			1090								
11	00	24				212			124								
12	00	24				344			240								
13	00	24				244			210								
14																	
15																	
16	00	24				328			316								
17	00	24				328			1245								
18	00	24				304			123								
19	00	24				332			144								
20	00	24				272			398								
21																	
22																	
23	00	24				280			164								
24	00	24				527			386								
25	00	24				573			1488								
26	00	24				493			868								
27	00	24				276			157								
28																	
29																	
30																	
31																	
AVERAGE						320			518								
MONTHLY MAXIMUM						573			1488								
MONTHLY MINIMUM						208			123								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Rifle Range STP COUNTY: Onslow

			00400	00010	00545	00310	00610	00500	00530	00340							
											ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD							
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2																	
3																	
4	00	24				52			162								
5																	
6																	
7																	
8																	
9																	
10																	
11	00	24				72			88								
12																	
13																	
14																	
15																	
16																	
17																	
18	00	24				28			100								
19																	
20																	
21																	
22																	
23																	
24																	
25	00	24				196			508								
26																	
27																	
28																	
29																	
30																	
31																	
AVERAGE						87			215								
MONTHLY MAXIMUM						196			508								
MONTHLY MINIMUM						28			88								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Courthouse Bay STP COUNTY: Onslow

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

DEM Form MR-2 (11/84)

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

FACILITY NAME: Camp Geiger STP COUNTY: Onslow

STREAM: New River STREAM: New River

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

Upstream

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

Downstream

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

DEM Form MR-3 (11/84)

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

FACILITY NAME: Tarawa Terrace STP COUNTY: Onslow

STREAM: Northeast Creek STREAM: Northeast Creek

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

Upstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below			
		00010	00300	00400	00310	00340	31616	00556			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
1											
2											
3											
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20											
21											
22											
23											
24											
25	10	10	13.0	7.7	11.7		70	0			
26											
27											
28											
29											
30											
31											
Average		10	13.0		11.7		70*	0			
Monthly Maximum			13.0	7.7	11.7		70	0			
Monthly Minimum			13.0	7.7	11.7		70	0			

Downstream

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

DEM Form MR-3 (11/84)

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

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

STREAM: Northeast Creek STREAM: New River

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

Upstream

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

Downstream

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

DEM Form MR-3 (11/84)

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

FACILITY NAME: Hadnot POint STP COUNTY: Onlsow

STREAM: New - Riverital P STREAM: New - Riverr

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

Upstream

Date	Time 2400 Clock	00010 Temperature (Celsius)	00300 Dissolved Oxygen	00400 PH	00310 BOD5 20°C	00340 COD	31616 Fecal Coliform *Geometric Mean	00556 Enter Parameter Code above Name and Units Below: Oil & Grease			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/l			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25	10	8	12.5	8.2	8.1		50	0			
26											
27											
28											
29											
30											
31											
Average		8	12.5		8.1		50*	0			
Monthly Maximum		8	12.5	8.2	8.1		50	0			
Monthly Minimum		8	12.5	8.2	8.1		50	0			

Downstream

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

DEM Form MR-3 (11/84)

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

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

STREAM: New River **STREAM:** New River

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

Upstream

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

Enter Parameter Code above Name and Units Below

Downstream

	00010	00300	00400	00310	00340	31616	00556[illegible]			
Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD5 20°C	COD	Fecal Coliform *Geometric Mean	Oil & Grease			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	Mg/L			

Enter Parameter Code above Name and Units Below

DEM Form MR-3 (11/84)

6288
NREAD
22 Apr 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 March 1987 are submitted.

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

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

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)

Writer/Typist Betz/Gnanoski
Date Typed 22 Apr 87
Word Processor Number 6288-L

Copy to:
EPA Region IV
CMDR LANTNAVFACENGCOM
NEESA

Blind Copy to: ECML, NREAD (2) BMO (UTILDIR)

EFFLUENT

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

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

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

PERSON(s) COLLECTING SAMPLES: STP Operators

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

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

X _____
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
		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	2.4548	18	7.0		4.0							10.0			
2	00	24	1.9113	19	6.5		4.0	21		7.1		38	0	11.0			
3	00	24	1.7221	17	6.8		4.0	26		7.9		16	0	10.5			
4	00	24	1.5803		6.8		4.0	20		12.7		20	2	9.0			
5	00	24	1.2050		6.5		4.0	11		10.6		7	0	9.8			
6	00	24	1.3235		6.8		4.0	8		11.4		4	0	7.7			
7	00	24	1.1334		7.0		4.0	8.						8.0			
8	00	24	1.2409		6.6		4.0							8.2			
9	00	24	1.2010		6.8		4.0	15		10.7		9	2	8.1			
10	00	24	1.1390	19	6.4		4.0	14		12.8		9	0	9.2			
11	00	24	1.2351	12	7.0		4.0	8		12.3		4	0	7.2	0		
12	00	24	1.1644	12	7.0		4.0	10		14.7		6	0	7.0			0.5
13	00	24	1.1275	23	7.1		3.5	18		12.4		12	0	6.6			
14	00	24	1.0126	22	6.6		4.0							8.4			
15	00	24	1.1748	11	6.8		4.0							8.0			
16	00	24	.93570	25	6.6		4.0	5		15.1		3	0	8.0			
17	00	24	1.0571	22	6.8		4.0	25		13.5		15	0	8.2			
18	00	24	1.2363	15	6.8		3.0	27		13.5		11	0	4.5			
19	00	24	1.2339	15	6.6		4.0	22		12.9		16	2	7.0			
20	00	24	1.0422	15	6.6		4.0	14		7.8		8	0	7.0			
21	00	24	1.0395	15	6.8		4.0							7.0			
22	00	24	1.1449	15	7.0		4.0							7.0			
23	00	24	1.0533	16	7.0		3.0	10		12.7		12	0	7.0	0.8		
24	00	24	1.0557	16	7.0		4.0	13		11.9		7	0	7.0			
25	00	24	1.4530	17	6.8		4.0	10		12.3		2	0	7.8			
26	00	24	.9670	18	6.4		4.0	10		14.2		8	0	7.2			
27	00	24	.9144	18	6.6		4.0	19		13.0		12	0	7.8			
28	00	24	1.0271	18	6.8		4.0							7.0			
29	00	24	1.1355	18	6.8		4.0							7.4			
30	00	24	1.2909	19	6.8		4.0	11		12.8		8	0	6.8		18.3	
31	00	24	1.1885	19	6.6		4.0	11		12.7		6	0	7.2			
Average			1.2387	18			3.9	15		12.6		10	1.10	7.8	0.4	18.3	0.5
Max.			2.4548	25	7.0		4.0	27		15.1		38	2	11.0	0.8	18.3	0.5
Min.			.91440	12	6.4		3.0	5		7.1		2	0	4.5	0	18.3	0.5
Comp.(C)/Grab(G)					G		G	C		C		C	G		G	C	C
Monthly Limit					6-9			30				30	200				

Start

ENCLOSURE

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:** March **YEAR:** 1987

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

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

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	1.3921	15	6.6		4.0							11.0				
2	00	24	.8351	15	6.2		5.0	11		6.1		6	0	9.7				
3	00	24	.7257	15	6.7		4.0	11		3.3		9	0	9.5				
4	00	24	.6390	14	6.6		4.0	11		3.6		10	2	9.7				
5	00	24	.6169	12	6.6		5.0	11		7.8		2	0	9.8				
6	00	24	.5696	12	6.6		4.0	10		5.6		2	0	9.4				
7	00	24	.6108	12	6.6		4.0							9.6				
8	00	24	.6967	14	6.5		4.0							9.8				
9	00	24	.7512	12	6.6		4.5	10		7.1		7	0	9.6				
10	00	24	.5727	12	6.6		4.0	11		5.4		12	0	9.8				
11	00	24	.5270	12	6.6		4.0	13		6.1		6	0	9.7	0.7			
12	00	24	.6111	12	6.6		4.5	12		6.4		9	0	10.0			6.2	
13	00	24	.5726	13	6.4		4.5	10		7.5		5	0	10.0				
14	00	24	.5750	13	6.5		4.0							9.9				
15	00	24	.6998	13	6.4		4.0							9.8				
16	00	24	.7137	15	6.7		4.5	19		7.7		14	0	10.0				
17	00	24	.7049	13	6.6		4.5	34		8.3		8	0	9.8				
18	00	24	.6229	13	6.7		4.5	17		5.7		13	0	10.4				
19	00	24	.8257	15	6.6		3.0	16		8.5		12	2	9.8				
20	00	24	.6613	14	6.4		4.0	19		3.2		9	6	10.4				
21	00	24	.6645	14	6.5		4.0							9.9				
22	00	24	.6884	15	6.6		4.0							10.0				
23	00	24	.6509	14	6.6		4.0	16		4.4		10	0	9.9	3.4			
24	00	24	.6999	15	6.6		4.0	17		6.3		13	0	10.0				
25	00	24	.6563	15	6.6		4.0	14		4.5		9	0	9.8				
26	00	24	.7777	15	6.8		5.0	14		1.3		8	0	9.4				
27	00	24	.7804	15	6.7		4.0	13		9.6		9	0	9.1				
28	00	24	.7771	15	6.5		4.0							9.6				
29	00	24	.7361	15	6.6		4.0							9.8				
30	00	24	.8610	17	6.9		4.0	14		5.1		10	0	9.6		15.0		
31	00	24	.7566	17	6.8		4.0	12		5.9		9	0	9.7				
Average			.70870	14			4.2	14		5.9		9	1.16	9.8	2.1	15.0	6.2	
Max.			1.3921	17	6.9		5.0	34		9.6		13	6	10.4	3.4	15.0	6.2	
Min.			.5270	12	6.2		3.0	10		1.3		2	0	9.1	0.7	15.0	6.2	
Comp.(C)/Grab(G)					G		G	C		C		C	G	G	G	C	C	
Monthly Limit					6-8	5		30				30	1000	5.0	30			

ENCLOSURE

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:** March **YEAR:** 1987

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

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: WTP Operators

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☐ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	100 ML	MG/L				
1																		
2																		
3	0024				8.1							7						
4																		
5																		
6																		
7																		
8																		
9																		
10	0024				7.9							6.4						
11																		
12																		
13																		
14																		
15																		
16																		
17	0024				8.0							1.0						
18																		
19																		
20																		
21																		
22																		
23																		
24	0024				8.0							1.6						
25																		
26																		
27																		
28																		
29																		
30																		
31	0024				7.8							0.8						
Average												3.4						
Max.					8.1							7						
Min.					7.9							0.8						
Comp.(C)/Grab(G)					G							C						
Monthly Limit					6-9							30						

ENCLOSURE 14

Facility Status: (Please check one of the following)

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

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

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

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

_____
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:** March **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	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	1.2148				2.0											
2	00	24	.9169				3.0											
3	00	24	.4933	17	7.0		4.0	7		1.1		8	4	8.9				
4	00	24	.4213				3.0											
5	00	24	.3785				4.0											
6	00	24	.4016				4.0											
7	00	24	.3293				5.0											
8	00	24	.5017				4.5											
9	00	24	.5214				4.5											
10	00	24	.3905	17	6.6		4.0	8		2.1		8	0	8.0				
11	00	24	.3694				4.0								0			
12	00	24	.4276				4.5											
13	00	24	.3172				4.5											
14	00	24	.2701				4.5											
15	00	24	.3210				3.0											
16	00	24	.3866	18	6.6		4.0							7.8				
17	00	24	.3375				4.0	10		1.5		6	0					
18	00	24	.3377				4.5											
19	00	24	.6462				4.0											
20	00	24	.4677				4.0											
21	00	24	.2288				4.0											
22	00	24	.3099	18	.68		4.0							7.5				
23	00	24	.3940				4.0								6.0			
24	00	24	.2947				4.0	8		2.2		6	0					
25	00	24	.3278				4.0											
26	00	24					4.0											
27	00	24	.4745				4.0											
28	00	24	.5412				3.0											
29	00	24	.3768				2.0											
30	00	24	.8170				4.0											
31	00	24	.4659	18	6.8		4.0	24		1.2		7	0	8.7				
Average			.4566	17.6	[redacted]		3.9	11		1.6		7	1.32	8.2	3.0			
Max.			1.2148	18	7.0		5.0	24		2.2		8	4	8.9	6.0			
Min.			.2288	17	6.6		2.0	7		1.1		6	0	7.5	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			

DISCLOSURE

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

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

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

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	00536 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		9.261	20	6.8		3.0							6.9				
2			8.250	15	6.7		3.0	11		4.2		10	0	7.6				
3	00	24	7.380	17	6.8		4.0	12		4.7		11	0	7.6				
4	00	24	7.090	16	6.9		4.0	14		5.6		12	0	7.4				
5	00	24	7.555	15	7.0		4.0	12		5.2		8	6	7.7				
6	00	24	6.685	16	6.8		4.0	19		6.1		10	0	7.6				
7	00	24	6.553	18	6.8		3.0							6.2				
8	00	24	6.009	18	6.7		4.0							6.6				
9	00	24	6.659	18	6.7		4.0	11		4.0		8	2	6.7				
10	00	24	6.185	19	6.7		4.0	13		5.6		14	10	6.0				
11	00	24	6.005	13	6.9		4.0	14		6.7		10	0	8.0	0			
12	00	24	5.944	15	6.9		4.0	15		6.6		8	2	8.1			4.9	
13	00	24	5.749	13	6.6		4.0	13		4.6		13	0	7.2				
14	00	24	5.428	17	6.8		4.0							7.5				
15	00	24	5.414	19	6.8		4.0							7.2				
16	00	24	5.757	16	6.9		4.0	11		3.0		7	0	6.5				
17	00	24	5.482	16	6.8		4.0	15		5.8		7	0	6.8				
18	00	24	5.536	16	6.9		4.0	11		5.1		8	4	6.5				
19	00	24	4.838	18	6.9		4.0	10		4.5		10	0	6.5				
20	00	24	2.959	16	6.9		4.0	21		5.5		7	0	6.6				
21	00	24	2.639	17	6.9		4.0							6.7				
22	00	24	2.592	18	6.8		4.0							6.6				
23	00	24	4.090	17	6.7		4.0	11		3.5		8	0	7.0	2.1			
24	00	24	4.827	18	7.0		4.0	13		4.6		8	0	7.1				
25	00	24	5.000	18	6.8		4.0	12		4.4		9	0	7.5				
26	00	24	5.294	20	6.8		4.0	15		4.2		10	0	7.3				
27	00	24	5.226	20	6.8		4.0	12		4.3		8	2	7.2				
28	00	24	4.650	20	6.8		4.0							7.2				
29	00	24	4.560	21	6.8		4.0							7.1				
30	00	24	5.745	20	6.8		4.0	10		3.0		8	0	7.7		9.98		
31	00	24	4.350	20	7.0		4.0	13		5.0		7	0	6.6				
Average			5.603	17			3.9	13		4.8		9	1.41	7.1	1.1	9.98	4.9	
Max.			9.261	21	7.0		4.0	21		6.7		14	10	8.1	2.1	9.98	4.9	
Min.			2.592	13	6.6		3.0	10		3.0		7	0	6.2	0	9.98	4.0	
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			

ENCLOSURE

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:** March **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 Operatprs

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	.32335				2.0											
2	00	24	.30562				3.0											
3	00	24	.26533				5.0											
4	00	24	.26895	17	6.7		5.0	7		0.41		10	0	10.4				
5	00	24	.2299				4.0											
6	00	24	.2237				4.0											
7	00	24	.2240				5.0											
8	00	24	.2230				5.0											
9	00	24	.1918				5.0											
10	00	24	.2231				4.0											
11	00	24	.2251	14	6.7		3.0	6		0.39		6	12,500	10.5	0			
12	00	24	.2023				3.0											
13	00	24	.2587				3.0											
14	00	24	.2259				4.0											
15	00	24	.2160				4.0											
16	00	24	.2280				4.0											
17	00	24	.2322				4.0											
18	00	24	.2421	17	6.8		4.0	6				8	0	10.9				
19	00	24	.2399				5.0			0.21								
20	00	24	.2258				4.0											
21	00	24	.1150				5.0											
22	00	24	.2300				4.0											
23	00	24	.2346				5.0								0.5			
24	00	24	.2307				5.0											
25	00	24	.2382	16	6.7		4.0	8				6	0	10.3				
26	00	24	.3191				4.0			0.26								
27	00	24	.2990				4.0											
28	00	24	.3202				4.0											
29	00	24	.2523				4.0											
30	00	24	.3355				4.0											
31	00	24	.3307				4.0											
Average			.2477	16			4.1	7		0.32		8	10.57*	10.5	0.25			
Max.			.3355	17	6.8		5.0	8		0.41		10	12,500	10.9	0.5			
Min.			.1150	14	6.7		2.0	6		0.21		6	0	10.3	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			

Stat

ENCLOSURE

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: NC0063011 **DISCHARGE NO:** 001 **MONTH:** March **YEAR:** 1987

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

OPERATOR IN RESPONSIBLE CHARGE (ORC): Mach D. DAvis **GRADE:** IV

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratroy

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 / 00665 / 00665 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	MG/L	MG/L	MG/L
1	00	24	.3188				1.0										
2	00	24	.2868	17	7.1		2.0	16		2.4		11	0	8.7			
3	00	24	.3878				4.0										
4	00	24	.3783				5.0										
5	00	24	.3997				5.0										
6	00	24	.4190	16	7.0		4.0	17		4.9		6	0	8.9			
7	00	24	.3131				4.0										
8	00	24	.2812				4.0										
9	00	24	.3375	17	7.0		4.0	13		4.3		8	0	8.1			
10	00	24	.3425				5.0										
11	00	24	.3300				4.0								0		
12	00	24	.3460				4.0										
13	00	24	.3518	15	6.8		4.0	15		5.4		8	0	8.9			
14	00	24	.3553				5.0										
15	00	24	.3174				4.0										
16	00	24	.3585	16	6.8		4.0	12		5.2		6	0	9.4			
17	00	24	.3290				4.0										
18	00	24	.3582				4.0										
19	00	24	.3055				4.0										
20	00	24	.3424	16	7.0		4.0	16		5.7		6	2	9.5			
21	00	24	.3003				4.0										
22	00	24	.3424				4.0										
23	00	24	.3341	17	7.0		2.5	12		4.7		9	0	9.3	6.2		
24	00	24	.3421				0.0										
25	00	24	.3440				5.0										
26	00	24	.3589				5.0										
27	00	24	.3525	19	6.9		4.0	18		7.1		7	4	7.7			
28	00	24	.3329				6.0										
29	00	24	.3232				8.0										
30	00	24	.3702	19	7.1		4.0	16		6.3		8	0	8.0			
31	00	24	.3158				8.0										5.2
Average			.3411	17			4.1	15		5.1		9	1.30	8.7	3.1		5.2
Max.			.4190	19	7.1		8.0	18		7.1		11	4	9.5	6.2		5.2
Min.			.2312	16	6.8		0.0	12		2.4		6	0	7.7	0		5.2
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	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: NC0063053 **DISCHARGE NO:** 001 **MONTH:** March **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	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	.1736				6.0										
2	00	24	.1458				6.0										
3	00	24	.1520				5.0										
4	00	24	.1793				4.0										
5	00	24	.1868	13	6.8		5.0	6		.40		3	10	10.2			
6	00	24	.1168				6.0										
7	00	24	.1317				5.0										
8	00	24	.1386				5.5										
9	00	24	.1500				8.0										
10	00	24	.1643				6.0										
11	00	24	.1759				4.5								0		
12	00	24	.1566	14	6.8		5.0	6		.23		9	0	9.8			1.4
13	00	24	.2783				5.0										
14	00	24	.1495				5.0										
15	00	24	.1472				5.0										
16	00	24	.1393				5.0										
17	00	24	.1305				5.0										
18	00	24	.1170				4.0										
19	00	24	.1627	14	7.1		4.0	9		.21		9	2	9.2			
20	00	24	.0899				8.0										
21	00	24	.0634				8.0										
22	00	24	.079				6.0										
23	00	24	.1012				5.5								0.6		
24	00	24	.0921				5.0										
25	00	24	.0984				4.5										
26	00	24	.930	13	6.8		5.0	6		.26		8	0	9.5			
27	00	24	.771				5.0										
28	00	24	.0975				5.0										
29	00	24	.798				6.0										
30	00	24	.1019				3.0										
31	00	24	.1126	14	7.0		5.0							9.3			
Average			.1322	13.6			5.3	7		.28		7	2.11	9.6	0.3		1.4
Max.			.2783	14	7.1		8.0	9		.40		9	10	10.2	0.6		1.4
Min.			.0634	13	6.8		3.0	6		.21		3	0	9.2	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	14	> 5	30		

ENCLOSURE

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:** March **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	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	.1736				6.0										
2	00	24	.1458				6.0										
3	00	24	.1520				5.0										
4	00	24	.1793				4.0										
5	00	24	.1868	13	6.8		5.0	6		.40		3	10	10.2			
6	00	24	.1168				6.0										
7	00	24	.1317				5.0										
8	00	24	.1386				5.5										
9	00	24	.1500				8.0										
10	00	24	.1643				6.0										
11	00	24	.1759				4.5								0		
12	00	24	.1566	14	6.8		5.0	6		.23		9	0	9.8			1.4
13	00	24	.2783				5.0										
14	00	24	.1495				5.0										
15	00	24	.1472				5.0										
16	00	24	.1393				5.0										
17	00	24	.1305				5.0										
18	00	24	.1170				4.0										
19	00	24	.1627	14	7.1		4.0	9		.21		9	2	9.2			
20	00	24	.0899				8.0										
21	00	24	.0634				8.0										
22	00	24	.079				6.0										
23	00	24	.1012				5.5								0.6		
24	00	24	.0921				5.0										
25	00	24	.0984				4.5										
26	00	24	.930	13	6.8		5.0	6		.26		8	0	9.5			
27	00	24	.771				5.0										
28	00	24	.0975				5.0										
29	00	24	.798				6.0										
30	00	24	.1019				3.0										
31	00	24	.1126	14	7.0		5.0							9.3			
Average			.1322	13.6			5.3	7		.28		7	2.11	9.6	0.3		1.4
Max.			.2783	14	7.1		8.0	9		.40		9	10	10.2	0.6		1.4
Min.			.0634	13	6.8		3.0	6		.21		3	0	9.2	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	14	>5	30		

ENCLOSURE

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.

Influent

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

FACILITY NAME: Camp Geiger STP COUNTY: Onslow

			00400	00010	00545	00310	00610	00500	00530	00340							
											ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD							
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2	00	24				168			256								
3	00	24				148			116								
4	00	24				180			108								
5	00	24				248			182								
6	00	24				180			94								
7																	
8																	
9	00	24				188			128								
10	00	24				224			186								
11	00	24				220			172								
12	00	24				188			220								
13	00	24				216			138								
14																	
15																	
16	00	24				148			164								
17	00	24				244			258								
18	00	24				220			140								
19	00	24				180			216								
20	00	24				200			176								
21																	
22																	
23	00	24				184			94								
24	00	24				220			158								
25	00	24				300			210								
26	00	24				332			186								
27	00	24				196			200								
28																	
29																	
30	00	24				260			290								
31	00	24				204			146								
AVERAGE						211			174								
MONTHLY MAXIMUM						332			258								
MONTHLY MINIMUM						148			94								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11 84)

ENCLOSURE (1)

Influent

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

FACILITY NAME: Hadnot Point STP COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD
			00400	00010	00545	00310	00610	00500	00530	00340
		HRS	STD UNITS	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L
1										
2	00	24				96			106	
3	00	24				132			118	
4	00	24				120			110	
5	00	24				136			106	
6	00	24				140			112	
7										
8										
9	00	24				116			88	
10	00	24				100			82	
11	00	24				124			112	
12	00	24				112			104	
13	00	24				132			106	
14										
15										
16	00	24				124			144	
17	00	24				120			96	
18	00	24				108			80	
19	00	24				164			104	
20	00	24				128			176	
21										
22										
23	00	24				132			100	
24	00	24				104			132	
25	00	24				136			86	
26	00	24				148			170	
27	00	24				108			84	
28										
29										
30	00	24				124			86	
31	00	24				128			140	
AVERAGE						124			111	
MONTHLY MAXIMUM						164			176	
MONTHLY MINIMUM						96			80	
SAMPLE TYPE C or G						C			C	

ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW

DEM Form MR-2 (11 84)

Influent

NPDES NO: NC0063002 DISCHARGE NO: 001 MONTH: March 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	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L
1										
2	00	24				750			1510	
3	00	24				156			254	
4	00	24				196			184	
5	00	24				760			1084	
6	00	24				470			760	
7										
8										
9	00	24				260			192	
10	00	24				264			230	
11	00	24				212			120	
12	00	24				344			330	
13	00	24				320			755	
14										
15										
16	00	24				340			2670	
17	00	24				324			884	
18	00	24				272			158	
19	00	24				276			288	
20	00	24				280			724	
21										
22										
23	00	24				207			158	
24	00	24				208			152	
25	00	24				256			1182	
26	00	24				232			186	
27	00	24				288			548	
28										
29										
30	00	24				253			850	
31	00	24				208			116	
AVERAGE						313			606	
MONTHLY MAXIMUM						760			2670	
MONTHLY MINIMUM						156			116	
SAMPLE TYPE C or G						C			C	

ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW

DEM Form MR-2 (11 84)

ENCLOSURE (1)

Influent

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

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

Date	Time	Composite Time	00400 pH	00010 Temperature (Celsius)	00545 Settleable Matter	00310 BOD_5 20 °C	00610 Ammonia Nitrogen	00500 Total Residue	00530 Total Suspended Residue	00340 COD	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2	00	24				184			206								
3																	
4																	
5																	
6	00	24				84			72								
7																	
8																	
9	00	24				156			168								
10																	
11																	
12																	
13	00	24				120			48								
14																	
15																	
16	00	24				116			48								
17																	
18																	
19																	
20	00	24				145			192								
21																	
22																	
23	00	24				56			26								
24																	
25																	
26																	
27	00	24				124			150								
28																	
29																	
30	00	24				236			260								
31																	
AVERAGE						136			130								
MONTHLY MAXIMUM						236			260								
MONTHLY MINIMUM						56			26								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Courthouse Bay STP 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
		HRS	STD UNITS	°C	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L
1										
2										
3	00	24				76			84	
4										
5										
6										
7										
8										
9										
10	00	24				60			78	
11										
12										
13										
14										
15										
16										
17	00	24				104			58	
18										
19										
20										
21										
22										
23										
24	00	24				64			42	
25										
26										
27										
28										
29										
30										
31	00	24				144			70	
AVERAGE						90			66	
MONTHLY MAXIMUM						144			84	
MONTHLY MINIMUM						60			42	
SAMPLE TYPE C or G						C			C	

ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW

DEM Form MR-2 (11/84)

ENCLOSURE

Influent

NPDES NO: NC0063037 DISCHARGE NO: 001 MONTH: March 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
		HRS	STD UNITS	°C	ml/L	MG/L	MG/L	MG/L	MG/L	MG/L
1										
2										
3										
4	00	24				73			284	
5										
6										
7										
8										
9										
10										
11	00	24				88			253	
12										
13										
14										
15										
16										
17										
18	00	24				88			136	
19										
20										
21										
22										
23										
24										
25	00	24				240			3190	
26										
27										
28										
29										
30										
31										
AVERAGE						122			966	
MONTHLY MAXIMUM						240			3190	
MONTHLY MINIMUM						73			136	
SAMPLE TYPE C or G						C			C	

ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW

DEM Form MR-2 (11 84)

ENCLOSURE

Influent

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

FACILITY NAME: Obslow Beach STP 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																	
3																	
4																	
5	00	24				72			14								
6																	
7																	
8																	
9																	
10																	
11																	
12	00	24				152			56								
13																	
14																	
15																	
16																	
17																	
18																	
19	00	24				128			72								
20																	
21																	
22																	
23																	
24																	
25																	
26	00	24				164			80								
27																	
28																	
29																	
30																	
31																	
AVERAGE						129			56								
MONTHLY MAXIMUM						164			80								
MONTHLY MINIMUM						72			14								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11 84)

ENCLOSURE

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

FACILITY NAME: Camp Geiger STP COUNTY: Onslow

STREAM: New River STREAM: New River

LOCATION: RW-01 At Hughes Marina LOCATION: RW-04 Hospital Point

Upstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below			
		00010	00300	00400	00310	00340	31616	00534			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
1											
2											
3											
W 4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16	10	12	9.0	7.1	2.2		120	2.0			
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		12	9.0		2.2		120	2.			
Monthly Maximum		12	9.0	7.1	2.2		120	2			
Monthly Minimum		12	9.0	7.1	2.2		120	2			

Downstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below			
		00010	00300	00400	00310	00340	31616	00556			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16	10	-	12.5	8.2	6.9		4	0			
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average			12.5		6.9		4	0			
Monthly Maximum			12.5	8.2	6.9		4	0			
Monthly Minimum			12.5	8.2	6.9		4	0			

DEM Form MR-3 (11/84)

ENCLOSURE

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

FACILITY NAME: Tarawa Terrace STP COUNTY: Onslow

STREAM: Northeast Creek STREAM: Northeast Creek

LOCATION: RW-02 At Hgy 24 Bridge LOCATION: RW-03 Between TT & CJ

Upstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below			
		00010	00300	00400	00310	00340	31616	00556			
								OIL & GREASE			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16	10	12	11.0	7.2	6.7		70	1.0			
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		12	11		6.7		70*	1			
Monthly Maximum		12	11	7.2	6.7		70	1			
Monthly Minimum		12	11	7.2	6.7		70	1			

Downstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below			
		00010	00300	00400	00310	00340	31616	00556			
								OIL & GREASE			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16	10	11.5	12.4	8.6	12.2		20	0			
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		11.5	12.		12.2		20*	0			
Monthly Maximum		11.5	12.	8.6	12.2		20	0			
Monthly Minimum		11.5	12	8.6	12.2		20	0			

DEM Form MR-3 (11-84)

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

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

STREAM: Northeast Creek STREAM: New River

LOCATION: RW-03 Between TT & CJ LOCATION: RW-04 Hospital Point

Upstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below			
		00010	00300	00400	00310	00340	31616	00556			
								OIL & GREASE			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16	10	11.5	12.4	8.6	12.2		20	0			
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		11.5	12.4	[redacted]	12.2		20*	0			
Monthly Maximum		11.5	12.4	8.6	12.2		20	0			
Monthly Minimum		11.5	12.4	8.6	12.2		20	0			

Downstream

Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below			
	00010	00300	00400	00310	00340	31616	00556			
							OIL & GREASE			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
10	–	12.5	8.2	6.9		4	0			
	–	12.5	[redacted]	6.9		4*	0			
	–	12.5	8.2	6.9		4	0			
	–	12.5	8.2	6.9		4	0			

DEM Form MR-3 (11/84)

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

FACILITY NAME: Hadnot Point STP COUNTY: Onlsow

STREAM: New River STREAM: New River

LOCATION: RW-04 Hospital Point LOCATION: RW-05 Marker #35

Upstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Oil & Grease			
		00010	00300	00400	00310	00340	31616	00556			
								Enter Parameter Code above Name and Units Below			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16	10	–	12.5	8.2	6.9		4	0			
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		–	12.5		6.9		4	0			
Monthly Maximum		–	12.5	8.2	6.9		4	0			
Monthly Minimum		–	12.5	8.2	6.9		4	0			

Downstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Oil & Grease			
		00010	00300	00400	00310	00340	31616	00556			
								Enter Parameter Code above Name and Units Below			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16	11	–	11.9	8.1	5.7		8	0			
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		–	11.9		5.7		8	0			
Monthly Maximum		–	11.9	8.1	5.7		8	0			
Monthly Minimum		–	11.9	8.1	5.7		8	0			

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

FACILITY NAME: Rifle Range STP COUNTY: Onslow

STREAM: New River STREAM: New River

LOCATION: RW-05 Marker #35 LOCATION: RW-06 Sneads Ferry Bridge

Upstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below			
		00010	00300	00400	00310	00340	31616	00556			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16	11	–	11.9	8.1	5.7		8	0			
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		–	11.9		5.7		8	0			
Monthly Maximum		–	11.9	8.1	5.7		8	0			
Monthly Minimum		–	11.9	8.1	5.7		8	0			

Downstream

Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below			
	00010	00300	00400	00310	00340	31616	00556			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
11	–	10.	7.9	2		4	0			
	–	10.		2		4	0			
	–	10	7.9	2		4	0			
	–	10	7.9	2		4	0			

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

FACILITY NAME: Courthouse Bay STP COUNTY: Onslow

STREAM: New River STREAM:

LOCATION: RW-06 Sneads Ferry Bridge LOCATION:

Upstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD5 20°C	COD	Fecal Coliform *Geometric Mean	O/L & GREASE			
		00010	00300	00400	00310	00340	31616	00556			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	Mg/L			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16	11	-	10.	7.9	2		4	0			
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		-	10		2		4	0			
Monthly Maximum		-	10	7.9	2		4	0			
Monthly Minimum		-	10	7.9	2		4	0			

Enter Parameter Code above Name and Units Below

Downstream

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

Enter Parameter Code above Name and Units Below

STORM DRAINS

MONTH: March YEAR: 1987

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

STORM DRAIN NUMBER	DATE COLLECTED	FLOW 50050	pH 00400	TOTAL SUSPENDED RESIDUE 00530	OIL & GREASE 00556
On March 4, the following storm drains had no flow: SD - 34, SD - 37. SD - 39, SD - 5					
On March 4, the following storm drains were dry: SD - 38, SD - 50					
33	3-4	9,331,200	6.4	1	13.6
35	3-4	583,200	7.0	2	0.2
36	3-4	2,624,400	6.7	6	2.2
40	3-4	3.499,200	7.3	0.4	0.2
41	3-4	1,749,600	7.2	0.4	1.6
42	3-4	11,664,000	7.0	1	3.8
43	3-4	9,331,200	7.1	1	1.1
44	3-4	9,331,200	7.2	1	1.2
51	3-4	9,331,200	6.6	2	1.4
52	3-4	3,499,200	6.9	11	5.9
53	3-4	5,248,000	7.0	1	0
54	3-4	9,331,200	7.0	9	0
55	3-4	1,749,600	7.1	2	9.5
57	3-4	2,187,000	7.6	1	0.6
72	3-13	291,600	6.7	1	1.9
89	3-4	1,749,600	6.2	2	0.4
90	3-4	1,458,000	7.1	2	2.6

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

6288
NREAD
29 May 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 ~~March~~ APRIL 1987 are submitted.

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

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:** 001 **MONTH:** April **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

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 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	1.1171	17	6.4		4.0	7		14.1		5	0	7.0				
2	00	24	1.2222	16	6.6		4.0	8		12.4		4	0	7.2				
3	00	24	1.3202	17	6.6		4.0	26		12.0		12	2	6.9				
4	00	24	1.1525	17	6.4		4.0							7.3				
5	00	24	1.1196	17	6.4		4.0							7.1				
6	00	24	1.3249	16	6.5		4.0	14		12.7		12	4	6.8				
7	00	24	1.1100	17	6.5		4.0	17		13.1		7	0	7.2			1.6	
8	00	24	1.1100	17	6.6		4.0	16		18.6		8	2	7.0	4.2			
9	00	24	1.1529	20	6.7		3.0	3		14.1		7	0	5.6				
10	00	24	1.0607	20	6.4		4.0	15		15.8		7	0	7.0				
11	00	24	.93460	20	6.4		4.0							7.3				
12	00	24	1.0535	21	6.6		4.0							7.0				
13	00	24	1.0555	21	6.8		4.0	11		15.2		15	0	7.0				
14	00	24	.93500	21	7.0		4.0	23		14.3		15	0	8.2				
15	00	24	1.3919	19	6.6		4.0	20		16.3		16	8	4.5				
16	00	24	1.3314	19	7.0		3.0	18		12.6		9	0	4.6				
17	00	24	4.7249	20	7.0		3.0	14		9.3		7	2	5.0				
18	00	24	1.0000	19	7.0		4.0							5.0				
19	00	24	.96400	20	7.4		4.0							5.3				
20	00	24	1.0715	20	7.5		4.0	14		12.3		5	0	4.9				
21	00	24	1.0061	19	7.2		4.0	18		11.5		12	0	6.6				
22	00	24	1.0291	22	6.8		4.0	7		13.1		1	0	6.4				
23	00	24	1.0370	22	6.8		4.0	14		15.8		10	2	6.8				
24	00	24	.9808	22	6.8		4.0	14		15.1		6	0	6.4				
25	00	24	.72950	20	6.6		4.0							6.4				
26	00	24	.6756	18	6.8		4.0							6.6				
27	00	24	.5166	18	6.9		4.0	7		15.0		7	0	7.2	1.9			
28	00	24	3.3890	18	6.8		4.0	22		15.1		9	0	7.0				
29	00	24	.78800	18	6.8		4.0	24		14.0		14	0	5.8				
30	00	24	1.0420	18	6.8		4.0	17		13.2		10	0	6.7		20.31		
31																		
Average			1.1432	19			3.9	15		13.9		9	1.33	6.5	3.0	20.31	1.6	
Max.			4.7249	22	7.5		4.0	24		18.6		15	8	8.2	4.2	20.31	1.6	
Min.			3.3890	16	6.4		3.0	3		9.3		1	0	4.5	1.9	20.31	1.6	
Comp.(C)/Grab(G)			G	G			G	C		C		C	G	G	G	G	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:** April **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 HRS	50050 FLOW EFF ☐ INF ☐ DAILY RATE MGD	00010 TEMPERATURE CELSIUS C°	00400 pH UNIT	00545 SETTLEABLE MATTER ML/L	50060 RESIDUAL CHLORINE MG/L	00310 BOD_5 20°C MG/L	00340 COD MG/L	00610 AMMONIA NITROGEN MG/L	00500 TOTAL RESIDUE MG/L	00530 TOTAL SUSPENDED RESIDUE MG/L	31616 FECAL COLIFORM Geometric Mean /100 ML	00300 DISSOLVED OXYGEN MG/L	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14	08	8									6							
15																		
16																		
17																		
18																		
19																		
20																		
21	08	8			7.9						4							
22																		
23																		
24																		
25																		
26																		
27																		
28	08	8			7.6						10.8							
29																		
30																		
31																		
Average											6.9							
Max.					7.9						10.8							
Min.					7.6						4							
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: NC0063029 **DISCHARGE NO:** 001 **MONTH:** April **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

CHECK BLOCK IF ORC HAS CHANGED ☐

PERSON(s) COLLECTING SAMPLES: Plant 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 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	3.893	17	6.9		4.0	14		6.8		12	0	7.2				
2	00	24	4.532	18	6.8		4.0	12		6.0		8	2	7.2				
3	00	24	4.515	18	6.9		3.0	14		6.2		10	0	7.2				
4	00	24	4.289	17	6.8		4.0							7.5				
5	00	24	3.984	18	6.8		4.0							7.8				
6	00	24	4.507	18	6.9		4.0	16		7.4		17	0	6.2				
7	00	24	4.634	18	7.0		4.0	18		6.9		10	0	6.3			4.6	
8	00	24	4.646	18	6.9		3.0	20		8.2		16	0	5.0				
9	00	24	4.531	18	6.8		4.0	10		6.9		11	0	5.5	14.0			
10	00	24	4.581	18	7.0		4.0	21		7.2		10	0	6.5				
11	00	24	4.158	19	6.9		4.0							6.1				
12	00	24	4.205	19	6.8		4.0							6.0				
13	00	24	4.989	20	7.0		3.0	16		8.7		12	0	7.4				
14	00	24	4.631	20	7.0		3.5	20		11.6		16	0	5.0				
15	00	24	5.009	20	6.8		4.0	15		8.1		14	0	4.8				
16	00	24	5.491	20	6.9		4.0	14		12.3		9	0	5.9				
17	00	24	4.905	20	6.8		4.0	16		5.7		16	0	5.4				
18	00	24	4.004	20	6.8		4.0							5.8				
19	00	24	4.306	19	6.9		4.0							6.0				
20	00	24	4.962	20	.69		4.0	13		3.4		9	4	5.0				
21	00	24	5.029	20	6.8		4.0	14		5.0		14	0	5.0				
22	00	24	5.119	20	6.8		3.0	17		5.8		7	0	5.3				
23	00	24	5.439	21	6.8		4.0	15		4.5		11	0	4.9				
24	00	24	5.666	21	6.8		4.0	15		6.0		11	0	5.3				
25	00	24	5.756	20	6.8		4.0							5.3				
26	00	24	4.287	18	6.8		4.0							5.6				
27	00	24	5.041	18	6.8		4.0	19		4.3		10	0	5.4				
28	00	24	4.902	18	6.6		4.0	14		6.1		8	0	5.8				
29	00	24	4.455	20	6.7		4.0	11		6.5		10	0	5.2				
30	00	24	4.458	19	6.7		4.0	12		5.9		7	2	6.2	2.8	14.57		
31																		
Average			4.697	19			3.9	15		6.8		11	1.13	5.9	8.4	14.57	4.6	
Max.			5.756	21	7.0		4.0	20		12.3		16	4	7.4	14.0	14.57	4.6	
Min.			3.893	17	6.6		3.0	10		3.4		7	0	4.8	2.8	14.57	4.6	
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C	
Monthly Limit					6-8.5			22		13		30	14	>5.0	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: NC0063037 **DISCHARGE NO:** 001 **MONTH:** April **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 ☐

PERSON(s) COLLECTING SAMPLES: STP Operators

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME HRS	50050 FLOW EFF ☒ INF ☐ DAILY RATE MGD	00010 TEMPERATURE CELSIUS C°	00400 pH UNIT	00545 SETTLEABLE MATTER ML/L	50060 RESIDUAL CHLORINE MG/L	00310 BOD_5 20°C MG/L	00340 COD MG/L	00610 AMMONIA NITROGEN MG/L	00500 TOTAL RESIDUE MG/L	00530 TOTAL SUSPENDED RESIDUE MG/L	31616 FECAL COLIFORM Geometric Mean /100 ML	00300 DISSOLVED OXYGEN MG/L	00556 OIL & GREASE mg/L	00600 TOTAL NITROGEN mg/L	00665 TOTAL PHOS-PHORUS mg/L	
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
1	00	24	.34607	15	6.7		2.0	7		0.89		6	0	10.1				
2	00	24	.36004				4.0											
3	00	24	.32800				4.0											
4	00	24	.32220				4.0											
5	00	24	.21810				4.5											
6	00	24	.31017				4.0											
7	00	24	.32543				4.5											
8	00	24	.34770	17	6.7		2.0	8		0.38		4	0	9.6				
9	00	24	.20277				4.0											
10	00	24	.40998				4.0											
11	00	24	.62977				5.0											
12	00	24	.61663				4.0											
13	00	24	.68528				3.0											
14	00	24	.69773				4.0								3.9			
15	00	24	.68718	18	6.7		2.0	6		1.33		8	0	9.1				
16	00	24	.64940				4.0											
17	00	24	.64188				4.0											
18	00	24	.68261				4.0											
19	00	24	.69101				4.0											
20	00	24	.67010				3.0											
21	00	24	.68226				4.0											
22	00	24	.33772	19	6.7		3.0	3		0.40		2	0	9.3				
23	00	24	.48280				4.0											
24	00	24	.48570				4.0											
25	00	24	.25114				4.0											
26	00	24	.25371				4.0											
27	00	24	.25903				4.0											
28	00	24	.26409				4.0											
29	00	24	24870	18	6.8		5.0	7		0.43		11	10	10.5				
30	00	24	.26541				5.0								2.1	5.34		
31																		
Average			.44508	17.4			3.8	6		0.69		6	1.78*	9.7	3.0	5.34		
Max.			.69773	19	6.8		5.0	8		1.33		11	10	10.5	3.9	5.34		
Min.			.21810	15	6.7		2.0	3		0.38		2	0	9.1	2.1	5.34		
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 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 001

NPDES PERMIT NO: NC0063011 **DISCHARGE NO:** _____ **MONTH:** April **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: Plant 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	.3248				4.0											
2	00	24	.3193				5.0											
3	00	24	.3340	15	6.9		4.0	26		10.2		12	2	8.9				
4	00	24	.3423				5.0											
5	00	24	.3260				4.0											
6	00	24	.3276	16	6.8		5.0	15		6.6		14	0	8.6				
7	00	24	.3318				5.0											
8	00	24	.5330				4.0								5.7			
9	00	24	.6140				4.0											
10	00	24	.6040	17	7.0		4.0	21		0.12		16	0	8.5				
11	00	24	.5220				6.0											
12	00	24	.5870				8.0											
13	00	24	.5620	18	7.0		2.0	13		6.1		9	0	7.4				
14	00	24	.5040				4.0											
15	00	24	.6770				3.0											
16	00	24	.6160				4.0											
17	00	24	.6490	18	7.0		4.0	19		8.2		7	0	8.0				
18	00	24	.5710				6.0											
19	00	24	.5910				4.0											
20	00	24	.6440	19	7.0		4.0	10		3.3		4	0	9.1			4.6	
21	00	24	.7440				4.0											
22	00	24	.6750				4.0											
23	00	24	.6290				4.0											
24	00	24	.6280	18	6.6		5.0	18		6.8		7	0	7.8				
25	00	24	.2700				5.0											
26	00	24	.5330				5.0											
27	00	24	.5750	17	7.0		4.0	14		4.6		6	0	8.2	0.3			
28	00	24	.5550				4.0											
29	00	24	.4000				4.0											
30	00	24	.3000				4.0											
31																		
Average			.5096	17			4.4	17		5.7		9	1.09	8.3	3.0		4.6	
Max.			.7440	19	7.0		8.0	26		10.2		16	2	9.1	5.7		4.6	
Min.			.2700	15	6.6		2.0	10		0.12		4	0	7.4	0.3		4.6	
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C	
Monthly Limit					6-8.5			30				30	14	>5.0	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: NC0063002 **DISCHARGE NO:** 001 **MONTH:** April **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: ~~Plant 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)	00556 OIL & GREASE (mg/L)	00600 TOTAL NITROGEN (mg/L)	00665 TOTAL PHOS-PHORUS (mg/L)	
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
1	00	24	.6160	15	6.6		4.0	13		3.8		11	0	9.8				
2	00	24	.6825	14	6.5		5.0	12		3.0		10	0	9.5				
3	00	24	.8048	14	6.5		5.0	13		4.9		13	0	9.8				
4	00	24	.7420	14	6.6		4.5							9.6				
5	00	24	.7027	14	6.5		5.0							9.8				
6	00	24	.7427	15	6.6		4.0	13		5.4		12	0	9.8				
7	00	24	.7841	15	6.6		4.0	13		4.7		10	0	9.9			6.2	
8	00	24	.7327	14	6.6		4.0	14		9.6		8	2	9.8	5.7			
9	00	24	.7548	17	6.7		4.5	5		4.4		7	0	10.2				
10	00	24	.8010	17	6.9		4.0	15		3.8		8	0	10.1				
11	00	24	.7770	18	6.8		4.0							9.9				
12	00	24	.8867	18	6.6		5.0							10.0				
13	00	24	.8074	18	6.8		4.5	15		3.5		13	0	9.0				
14	00	24	.7030	18	6.9		4.5	17		3.7		17	0	9.5				
15	00	24	.9408	18	6.6		4.0	14		13.0		11	0	9.0				
16	00	24	.8483	20	6.7		4.0	12		2.7		9	2	9.3				
17	00	24	.7309	19	6.6		4.0	11		2.9		16	4	9.4				
18	00	24	.7833	19	6.7		4.0							9.1				
19	00	24	.7351	20	6.5		4.0							9.0				
20	00	24	.7811	19	6.6		5.0	12		2.5		5	0	9.4				
21	00	24	.8040	18	6.7		4.0	13		4.1		12	0	9.1				
22	00	24	.7800	19	6.6		4.0	11		9.2		6	0	9.4				
23	00	24	.7742	19	6.9		5.0	11		3.1		8	0	9.6				
24	00	24	.7721	18	6.8		4.0	11		3.6		5	2	9.4				
25	00	24	.7905	18	6.7		4.0							9.6				
26	00	24	.7816	17	6.8		5.0							9.5				
27	00	24	.6839	18	6.7		4.0	12		3.1		3	2	9.4	0.3			
28	00	24	.7281	18	6.6		4.0	12		4.8		4	0	9.3				
29	00	24	.7074	18	6.6		4.0	12		7.2		10	2	9.5				
30	00	24	.7751	20	6.5		4.0	10		2.6		6	0	9.1		16.69		
31																		
Average			.7651	17			4.3	12		4.7		9	1.25	9.5	3.0	16.69	6.2	
Max.			.9408	20	6.9		5.0	17		13.0		17	4	10.2	5.7	16.69	6.2	
Min.			.6160	14	6.5		4.0	5		2.5		3	2	9.0	0.3	16.69	6.2	
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			

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:** April **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

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	.09077				4.0											
2	00	24	.10766	17	6.8		6.0	10		0.43		14	0	9.0				
3	00	24	.10305				6.0											
4	00	24	.094900				4.5											
5	00	24	.089800				5.5											
6	00	24	.10189				6.0											
7	00	24	.10438				5.0											
8	00	24	.093430				5.0											
9	00	24	.15455	15	6.7		6.0	1		0.73		11	0	10.0				
10	00	24	.12507				4.0							9.5				
11	00	24	.10303	20	6.6		3.0							8.5				
12	00	24	.10475				5.0							8.7				
13	00	24	.10234				5.0							8.9				
14	00	24	.12843				4.5											
15	00	24	.12892				4.0											
16	00	24	.17440	17	6.9		2.0	8		0.78		8	0	9.1				
17	00	24	.12000	17	6.8		6.0							8.3				
18	00	24	.11400				5.5											
19	00	24	.11090				5.0											
20	00	24	.13770				4.5											
21	00	24	.15000	19	6.2		4.0							8.3	0.2			
22	00	24	.11570				4.0											
23	00	24	.12000	20	6.3		4.0	7		0.74		7	0	8.5				
24	00	24	.15050				3.0											
25	00	24	.10291				3.0											
26	00	24	.085190				3.0											
27	00	24	.10430				3.0											
28	00	24	.12379	19	6.8		8.0							7.8				
29	00	24	.097840				4.0											
30	00	24	.11280	17	6.6		4.0	14		1.59		8	0	7.8	1.9			
31																		
Average			.11510	18			4.6	8		1.07		10	0	8.7	2.0			
Max.			.17440	20	6.9		8.0	14		1.59		14	0	10.0	1.9			
Min.			.85190	17	6.2		2.0	1		0.85		7	0	7.8	0.2			
Comp.(C)/Grab(G)				G	G		G	C		C		C	C	G	G	C	C	
Monthly Limit					6-8.5			30				30	14	>5.0	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: NC0063045 **DISCHARGE NO:** 001 **MONTH:** April **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 ☐

PERSON(s) COLLECTING SAMPLES: Plant 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 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 AND GREASE	00600 TOTAL NITROGEN	00665T 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	.33400				4.0											
2	00	24	.30830				4.0											
3	00	24	.53110				4.0											
4	00	24	.41760				4.0											
5	00	24	.37710				4.0											
6	00	24	.39710				4.5											
7	00	24	.3636	18	6.8		4.5	7		1.7		8	0	8.0			1.7	
8	00	24	.45680				4.5											
9	00	24	.33180				4.0											
10	00	24	.46100				4.5											
11	00	24	.39080				3.0											
12	00	24	.39210				4.0											
13	00	24	.45190				5.0											
14	00	24	.35640	19	7.2		3.0	11		1.8		8	0	6.7	5.6			
15	00	24	.75850		7.1		4.0							7.4				
16	00	24	.62580		6.8		4.0											
17	00	24	.55570		6.8		4.0											
18	00	24	.35000				4.0											
19	00	24	.54970				4.0											
20	00	24	.64970				3.5											
21	00	24	.35740	18	6.8		4.0	6		1.5		5	0	7.5	2.3			
22	00	24	.43070				4.0											
23	00	24	.41940				4.0											
24	00	24	.49780				4.0											
25	00	24	.39190				4.0											
26	00	24	.29250				3.0											
27	00	24	.39160				4.0											
28	00	24	.45320	18	7.1		4.0	7		1.4		5	0	8.1				
29	00	24	.42700				4.0											
30	00	24	.26370				4.5											
31																		
Average			.43280	18.3			4.0	8		1.6		7	0	7.5	4.0		1.7	
Max.			.75870	19	7.2		5.0	11		1.8		8	0	8.1	5.6		1.7	
Min.			.26370	18	6.8		3.0	6		1.4		5	0	6.7	2.3		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	>5.0	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 U 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: NC0003239 DISCHARGE NO: 001 MONTH: April 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				164			112								
2	00	24				172			110								
3	00	24				340			126								
4																	
5																	
6	00	24				275			68								
7	00	24				300			158								
8	00	24				293			228								
9	00	24				200			124								
10	00	24				148			110								
11																	
12																	
13	00	24				215			142								
14	00	24				390			176								
15	00	24				296			166								
16	00	24				204			204								
17	00	24				280			170								
18																	
19																	
20	00	24				230			152								
21	00	24				308			140								
22	00	24				344			325								
23	00	24				300			210								
24	00	24				348			208								
25																	
26																	
27	00	24				340			248								
28	00	24				348			260								
29	00	24				220			234								
30	00	24				310			162								
31																	
AVERAGE						274			179								
MONTHLY MAXIMUM						390			260								
MONTHLY MINIMUM						148			68								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Tarawa Terrace 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				204			164							
2	00	24				520			256							
3	00	24				380			312							
4																
5																
6	00	24				235			470							
7	00	24				420			235							
8	00	24				224			158							
9	00	24				168			215							
10	00	24				200			418							
11																
12																
13	00	24				360			1932							
14	00	24				273			228							
15	00	24				236			956							
16	00	24				440			1164							
17	00	24				292			276							
18	00	24														
19																
20	00	24				240			94							
21	00	24				208			184							
22	00	24				164			88							
23	00	24				204			112							
24	00	24				260			192							
25																
26																
27	00	24				200			114							
28	00	24				224			122							
29	00	24				228			146							
30	00	24				200			120							
31																
AVERAGE						267			362							
MONTHLY MAXIMUM						520			1932							
MONTHLY MINIMUM						164			88							
SAMPLE TYPE C or G						C			C							

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Camp Johnson (Montford Point) 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															
2																	
3	00	24				340			126								
4																	
5																	
6	00	24				200			134								
7																	
8																	
9																	
10	00	24				152			182								
11																	
12																	
13	00	24				208			102								
14																	
15																	
16																	
17	00	24				176			116								
18																	
19																	
20	00	24				180			82								
21																	
22																	
23																	
24	00	24				308			214								
25																	
26																	
27	00	24				150			246								
28																	
29																	
30																	
31																	
AVERAGE						214			150								
MONTHLY MAXIMUM						340			246								
MONTHLY MINIMUM						152			82								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

NPDES NO: NC0063029 DISCHARGE NO: 001 MONTH: April 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	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1	00	24				120			146								
2	00	24				140			126								
3	00	24				160			76								
4																	
5																	
6	00	24				128			122								
7	00	24				120			142								
8	00	24				172			142								
9	00	24				100			82								
10	00	24				136			110								
11																	
12																	
13	00	24				108			102								
14	00	24				140			140								
15	00	24				172			162								
16	00	24				140			120								
17	00	24				164			78								
18																	
19																	
20	00	24				120			68								
21	00	24				160			160								
22	00	24				120			92								
23	00	24				128			104								
24	00	24				176			106								
25																	
26																	
27	00	24				124			106								
28	00	24				128			158								
29	00	24				128			100								
30	00	24				144			136								
31																	
AVERAGE						138			117								
MONTHLY MAXIMUM						176			162								
MONTHLY MINIMUM						100			68								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

NPDES NO: NC0063037 DISCHARGE NO: _____ MONTH: April 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	00	24				60			182								
2																	
3																	
4																	
5																	
6																	
7																	
8	00	24				80			116								
9																	
10																	
11																	
12																	
13																	
14																	
15	00	24				48			108								
16																	
17																	
18																	
19																	
20																	
21																	
22	00	24				36			214								
23																	
24																	
25																	
26																	
27																	
28																	
29	00	24				72			140								
30																	
31																	
AVERAGE						59			152								
MONTHLY MAXIMUM						80			214								
MONTHLY MINIMUM						36			108								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Courthouse Bay 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																	
3																	
4																	
5																	
6																	
7	00	24				72			74								
8																	
9																	
10																	
11																	
12																	
13																	
14	00	24				88			60								
15																	
16																	
17																	
18																	
19																	
20																	
21	00	24				76			54								
22																	
23																	
24																	
25																	
26																	
27																	
28	00	24				80			64								
29																	
30																	
31																	
AVERAGE						79			63								
MONTHLY MAXIMUM						88			74								
MONTHLY MINIMUM						72			54								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

NPDES NO: NC0063053 DISCHARGE NO: 001 MONTH: April 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																	
2	00	24				336			112								
3																	
4																	
5																	
6																	
7																	
8																	
9	00	24				76			112								
10																	
11																	
12																	
13																	
14																	
15																	
16	00	24				120			64								
17																	
18																	
19																	
20																	
21																	
22																	
23	00	24				108			188								
24																	
25																	
26																	
27																	
28																	
29																	
30	00	24				232			46								
31																	
AVERAGE						174			104								
MONTHLY MAXIMUM						336			188								
MONTHLY MINIMUM						76			46								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

STORM DRAINS

MONTH: April YEAR: 1987

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

STORM DRAIN NUMBER	DATE COLLECTED	FLOW 50050	pH 00400	TOTAL SUSPENDED RESIDUE 00530	OIL & GREASE 00556
The following storm drains, collected on April 14, 1987 were found to be dry:					
SD70, SD71, SD73, SD75, SD76, SD77					
SD72	14 April	583,200	6.4	5.2	16.3
SD74	14 April	583,200	6.5	5.2	19.0

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

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

FACILITY NAME: Camp Geiger Sewage Treatment Plant COUNTY: Onslow

STREAM: New River STREAM: New River

LOCATION: RW-01 - At Hughes Marina LOCATION: RW-04 - Hospital Point

Upstream

Date	Time 2400 Clock	00010 Temperature (Celsius)	00300 Dissolved Oxygen	00400 PH	00310 BOD_5 20°C	00340 COD	31616 Fecal Coliform *Geometric Mean	00556 Enter Parameter Code above Name and Units Below: OIL & GREASE			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22	10	22	5.0	7.3	3.6		220	3.4			
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		22	5.0		3.6		220	3.4			
Monthly Maximum		22	5.0	7.3	3.6		220	3.4			
Monthly Minimum		22	5.0	7.3	3.6		220	3.4			

Downstream

Date	Time 2400 Clock	00010 Temperature (Celsius)	00300 Dissolved Oxygen	00400 PH	00310 BOD_5 20°C	00340 COD	31616 Fecal Coliform *Geometric Mean	00556 Enter Parameter Code above Name and Units Below: OIL & GREASE			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22	10	22	8.7	8.2	3.1		0	0.6			
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		22	8.7		3.1		0	0.6			
Monthly Maximum		22	8.7	8.2	3.1		0	0.6			
Monthly Minimum		22	8.7	8.2	3.1		0	0.6			

DEM Form MR-3 (11/84)

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

FACILITY NAME: Tarawa Terrace STP COUNTY: Onlsow

STREAM: Northeast Creek STREAM: Northeast Creek

LOCATION: RW02 - At Hgy. 24 Bridge LOCATION: RW03 - Between TT & CJ

Upstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below			
		00010	00300	00400	00310	00340	31616	00556			
								OIL & GREASE			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22	10	22	7.0	7.4	2.5		296	1.7			
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		22	7.0		2.5		296	1.7			
Monthly Maximum		22	7.0	7.4	2.5		296	1.7			
Monthly Minimum		22	7.0	7.4	2.5		296	1.7			

Downstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below			
		00010	00300	00400	00310	00340	31616	00556			
								OIL & GREASE			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22	10	22	8.5	7.9	2.6		90	1.0			
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		22	8.5		2.6		90	1.0			
Monthly Maximum		22	8.5	7.9	2.6		90	1.0			
Monthly Minimum		22	8.5	7.9	2.6		90	1.0			

DEM Form MR-3 (11/84)

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

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

STREAM: Northeast Creek STREAM: New River

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

Upstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below			
		00010	00300	00400	00310	00340	31616	00556			
								OIL & GREASE			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22	10	22	8.5	7.9	2.6		90	1.0			
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		22	8.5		2.6		90	1.0			
Monthly Maximum		22	8.5	7.9	2.6		90	1.0			
Monthly Minimum		22	8.5	7.9	2.6		90	1.0			

Downstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below			
		00010	00300	00400	00310	00340	31616	00556			
								OIL & GREASE			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22	10	22	8.7	8.2	3.1		0	0.6			
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		22	8.7		3.1		0	0.6			
Monthly Maximum		22	8.7	8.2	3.1		0	0.6			
Monthly Minimum		22	8.7	8.2	3.1		0	0.6			

DEM Form MR-3 (11/84)

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

FACILITY NAME: Hadnot Point Sewage Treatment Plant COUNTY: Onslow

STREAM: New River STREAM: New River

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

Upstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below: OIL & GREASE			
		00010	00300	00400	00310	00340	31616	00556			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22	10	22	8.7	8.2	3.1		0	0.6			
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		22	8.7		3.1		0	0.6			
Monthly Maximum		22	8.7	8.2	3.1		0	0.6			
Monthly Minimum		22	8.7	8.2	3.1		0	0.6			

Downstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below: OIL & GREASE			
		00010	00300	00400	00310	00340	31616	00556			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22	11	22	8.2	8.0	2.5		4	1.8			
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		22	8.2		2.5		4	1.8			
Monthly Maximum		22	8.2	8.0	2.5		4	1.8			
Monthly Minimum		22	8.2	8.0	2.5		4	1.8			

DEM Form MR-3 (11/84)

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

FACILITY NAME: Rifle Range STP COUNTY: Onslow

STREAM: New River STREAM: New River

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

Upstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below			
		00010	00300	00400	00310	00340	31616	00556			
								OIL & GREASE			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22	11	22	8.2	8.0	2.5		4	1.8			
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		22	8.2		2.5		4	1.8			
Monthly Maximum		22	8.2	8.0	2.5		4	1.8			
Monthly Minimum		22	8.2	8.0	2.5		4	1.8			

Downstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below			
		00010	00300	00400	00310	00340	31616	00556			
								OIL & GREASE			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22	11	22	7.9	8.0	1.7		0	0.8			
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		22	7.9		1.7		0	0.8			
Monthly Maximum		22	7.9	8.0	1.7		0	0.8			
Monthly Minimum		22	7.9	8.0	1.7		0	0.8			

DEM Form MR-3 (11/84)

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

FACILITY NAME: Courthouse Bay STP COUNTY: Onslow

STREAM: New River STREAM:

LOCATION: ~~RW06 - Sneads Ferry Bridge~~ LOCATION:

Upstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below			
		00010	00300	00400	00310	00340	31616	00556			
								Oil & Grease			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22	11	22	7.9	8.0	1.7		0	0.8			
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		22	7.9		1.7		0 *	0.8			
Monthly Maximum		22	7.9	8.0	1.7		0	0.8			
Monthly Minimum		22	7.9	8.0	1.7		0	0.8			

Downstream

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

DEM Form MR-3 (11/84)

6288
NREAD
22 Jun 87

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

Dear Sir:

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

The Hadnot Point Wastewater Treatment Plant did not meet the weekly minimum average for Dissolved Oxygen of 5.0 mg/l. The weekly averages for 17-23 May 1987, 24-30 May 1987, and 31 May 1987 were 4.4 mg/l, 4.2 mg/l, and 3.8 mg/l respectively. The return filter effluent pumps to the trickling filters were determined to have a reduced capacity. A new pump was placed in operation on 9 June 1987. The plant did meet the monthly minimum average for dissolved oxygen.

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

Sincerely,

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

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

Copy to:
EPA Region IV
CMDR, LANTNAVFACENGCOM
NEESA

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

EFFLUENT

NPDES PERMIT NO: NC0063037 DISCHARGE NO: 001 MONTH: May YEAR: 1987

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

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

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 N	00665 TOTAL P
															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	.26452				4.0										
2	00	24	.2533				5.0										
3	00	24	.2497				6.0										
4	00	24	.2308				5.0										
5	00	24	.2766				5.0										
6	00	24	.26728	18	6.6		4.0	8		0.66		4	0	9.6			
7	00	24	.2485				3.0										
8	00	24	.2585				4.0										
9	00	24	.2367				4.0										
10	00	24	.2269				4.0										
11	00	24	.2683				4.0								0		
12	00	24	.2380				4.0										
13	00	24	.2310	17	6.6		5.0	5		0.14		3	0	8.4			
14	00	24	.2317				5.0										
15	00	24	.1965				5.0										
16	00	24	.2187				5.0										
17	00	24	.1970				4.0										
18	00	24	.2020				5.0										
19	00	24	.2066				5.0										
20	00	24	.2171	19	6.5		6.0	5		0.35		4	0	9.7			1.4
21	00	24	.2050				5.0										
22	00	24	.2163				4.0										
23	00	24	.3113	20	6.6		3.0							8.1			
24	00	24	.1883				5.0										
25	00	24	.1926				4.0										
26	00	24	.1530				5.0								0		
27	00	24	.1843	20	6.5		6.0	2		0.26		3	0	8.9			
28	00	24	.2885				4.0										
29	00	24	.1621				4.0										
30	00	24	.1855		6.4		5.0							9.2			
31	00	24	.1582				5.0										
Average			.2247	19			4.6	5		0.35		4	0	9.0	0		1.4
Max.			.3153	20	6.6		6.0	8		0.66		4	0	9.7	0		1.4
Min.			.1530	17	6.4		3.0	2		0.14		3	0	8.1	0		1.4
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G		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: NC0003239 **DISCHARGE NO:** 001 **MONTH:** May **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 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	.8500	19	6.4		4.0	23		14.9		23	0	6.3				
2	00	24	.8500	19	6.4		4.0							6.6				
3	00	24	.8500	19	6.6		4.0							6.3				
4	00	24	.8500	19	6.7		4.0	14		20.8		5	0	6.8				
5	00	24	.8500	17	6.6		4.0	15		15.6		8	0	7.0	1.3		1.4	
6	00	24	.8500	18	6.9		4.0	10		13.7		8	0	6.8				
7	00	24	.8500	17	6.6		4.0	15		14.3		7	0	6.8				
8	00	24	.8500	21	6.2		4.5	16		10.6		7	0	6.2				
9	00	24	.8555	20	6.3		4.0							7.6				
10	00	24	.8620	20	6.6		4.0							7.0				
11	00	24	.8611	20	6.8		4.0	12		18.1		8	0	6.5				
12	00	24	.8761	20	6.9		3.0	22		13.5		11	0	5.4				
13	00	24	.8632	21	6.0		5.0	17		13.3		10	0	5.3				
14	00	24	.9558	21	6.6		4.0	15		12.6		12	0	6.7				
15	00	24	.9100	21	6.8		4.0	20		12.9		16	10	6.6				
16	00	24	.7470	21	6.6		4.0							6.8				
17	00	24	.8794	21	6.6		4.0							5.5				
18	00	24	.8742	22	6.6		4.0	2		10.7		2	0	6.0				
19	00	24	.9942	27	6.6		4.0	14		10.6		9	0	6.8				
20	00	24	.9675	22	6.6		4.0	12		12.7		13	0	6.5			1.1	
21	00	24	.8996	21	6.4		4.0	12		15.8		5	0	7.0				
22	00	24	.7806	22	6.8		4.0	12		13.5		7	0	6.8				
23	00	24	.7537	22	6.6		4.0							7.0				
24	00	24	.7302	22	6.6		4.0							6.6				
25	00	24	.7445	22	6.6		4.0	HOLIDAY						7.0				
26	00	24	.8752	22	6.8		4.0	8		9.2		3	0	6.4	L/E			
27	00	24	.9158	25	6.6		4.0	19		11.2		8	0	7.0				
28	00	24	.9279	23	6.4		4.0	13		12.2		7	0	6.1			1.2	
29	00	24	.8570	23	6.3		4.0	12		13.1		8	0	6.6		11.49		
30	00	24	.7500	23	6.6		4.0							6.4				
31	00	24	.7528	23	6.6		4.0							6.8				
Average			.8526	21			4.0	14		13		9	1.12*	6.6	1.3	11.49	1.2	
Max.			.9942	27	6.9		5.0	23		20.8		23	10	7.6	1.3	11.49	1.4	
Min.			.7302	17	6.0		3.0	2		9.2		3	0	5.3	1.3	11.49	1.1	
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C	
Monthly Limit					6-8.5			30				30	200	>5	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 limitations do meet permit monitoring requirements ☒ (Compliant)

All monthly averages and / or other limitation do not meet permit monitoring requirements ☐ (Non-Compliant)

If the facility is noncompliant, please comments 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 true to the best of my knowledge.

Signature of Individual

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	39961	Roundup
00076	Turbidity	00610	Ammonia Nitrogen	01027	Cadmium	01092	Zinc	50067	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, MTN, 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:** May **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 & 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 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	.632	19	7.0		2.5	16		6.6		7	0	7.8				
2	00	24	.535				4.0											
3	00	24	.600				4.0											
4	00	24	.590	20	6.9		4.0	15		4.6		5	0	7.8				
5	00	24	.550				4.0								2.8			
6	00	24	.523				4.0											
7	00	24	.519				5.0											
8	00	24	.607	19	6.7		4.0	14		6.0		6	0	8.0				
9	00	24	.1601				5.0											
10	00	24	.537				6.0											
11	00	24	.594	20	6.6		6.0	10		6.6		8	0	8.4				
12	00	24	.498				4.0											
13	00	24	.554				5.0											
14	00	24	.519				5.0											
15	00	24	.340	20	6.6		4.0	17		6.4		8		7.3				
16	00	24	.513				4.0											
17	00	24	.673				4.0											
18	00	24	.539	21	7.0		3.0	22		6.8		4	0	6.1				
19	00	24	.619				4.0											
20	00	24	.625				4.0											
21	00	24	.632				4.0								0.6			
22	00	24	.611	20	6.7		4.0	14		6.2		7	0	6.4				
23	00	24	.576	20	6.8		4.0							8.1				
24	00	24	.519				4.0											
25	00	24	.536				5.0	HOLI	DAY									
26	00	24	.674				5.0											
27	00	24	.635				5.0											
28	00	24	.555				4.0											
29	00	24	.765	23	6.9		3.0	10		2.7		3	6	7.5				
30	00	24	.496				4.0											
31	00	24	.665				4.0											
Average			.5468	20			4.2	15		5.7		6	1.29	7.5	1.7			
Max.			.765	23	7.0		6.0	22		6.8		8	6	8.4	2.8			
Min.			.160	19	6.6		2.5	10		2.7		3	0	6.1	0.6			
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)

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:** May **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 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	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	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	.7355	19	6.6		4.0	9		2.4		10	4	9.6				
2	00	24	.8012	19	6.6		4.0							9.4				
3	00	24	.7867	20	6.5		4.0							10.0				
4	00	24	.7303	20	6.5		5.0	13		3.4		12	2	9.8				
5	00	24	.5539	18	6.6		4.0	12		1.9		13	0	9.0			6.6	
6	00	24	.6427	18	6.6		4.0	12		2.6		5	0	9.2				
7	00	24	.7020	20	6.8		4.5	12		9.0		11	0	9.4				
8	00	24	.6813	20	7.0		4.5	15		3.4		15	0	9.3				
9	00	24	.7670	19	6.8		4.0							9.5				
10	00	24	.8395	19	6.8		4.5							9.6				
11	00	24	.8013	20	6.9		4.0	12		3.4		12	0	9.6				
12	00	24	.7847	20	6.9		4.0	12		2.7		7	0	9.6				
13	00	24	.8122	19	6.6		4.0	8		2.6		7	0	9.5				
14	00	24	.7969	22	6.6		4.0	10		6.5		13	4	8.8				
15	00	24	.7818	21	6.7		4.0	82		3.1		13	0	9.2				
16	00	24	.8321	21	6.7		4.0							9.4				
17	00	24	.8888	21	6.5		5.0							10.5				
18	00	24	.8893	21	6.6		4.0	10		2.3		2	0	10.2				
19	00	24	.8871	22	6.6		4.0	12		2.1		4	2	8.7				
20	00	24	.8112	22	6.6		4.0	12		3.0		6	0	9.5			5.3	
21	00	24	.8620	21	6.6		4.0	10		5.6		4	0	9.4	0			
22	00	24	.8759	21	6.8		4.0	11		4.2		8	0	9.6				
23	00	24	.8547	22	6.7		4.0							9.2				
24	00	24	.9515	22	6.6		4.0							9.0				
25	00	24	.9267	23	6.7		4.0	HOLIDAY						9.6				
26	00	24	.8784	23	6.8		4.0	12		2.4		5	0	9.5	2.3			
27	00	24	.8543	22	6.6		4.0	10		2.7		7	0	9.6				
28	00	24	.8591	23	6.6		4.5	12		2.0		10	0	8.9			5.5	
29	00	24	.9187	25	6.5		4.0	12		3.6		7	0	9.4		9.22		
30	00	24	.8768	23	6.5		4.0							9.6				
31	00	24	.9815	23	6.5		4.0							9.0				
Average			.8182	21			4.1	11		3.3		9	1.23	9.4	1.2	9.22	5.8	
Max.			.9815	25	7.0		5.0	15		9.0		15	4	10.5	2.3	9.22	6.6	
Min.			.5539	18	6.5		4.0	8		1.9		2	0	8.7	0	9.22	5.3	
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

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:** May **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 & 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 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	4.070	20	6.6		4.0	12		4.8		5	0	6.0				
2	00	24	3.957	22	6.7		3.0							5.1				
3	00	24	4.202	22	6.6		4.0							5.5				
4	00	24	4.365	22	6.4		4.0	12		4.0		10	0	6.2				
5	00	24	4.477	20	6.8		4.0	11		4.9		7	0	6.1			4.9	
6	00	24	4.145	20	6.8		4.0	12		4.6		6	0	6.3				
7	00	24	4.249	22	6.8		4.0	10		4.4		8	6	6.7				
8	00	24	4.831	22	6.6		4.0	15		4.8		11	0	6.5				
9	00	24	4.611	20	6.6		4.0							6.0				
10	00	24	4.794	20	6.8		4.0							6.5				
11	00	24	4.837	20	6.2		3.0	10		3.9		10	0	6.0	0.3			
12	00	24	4.105	22	6.6		4.0	12		4.1		7	0	5.2				
13	00	24	4.132	20	6.6		4.0	10		5.1		5	0	5.0				
14	00	24	4.201	22	6.6		3.0	14		5.3		13	0	5.5				
15	00	24	4.448	22	6.8		4.0	14		4.9		19	0	5.0				
16	00	24	4.196	21	6.8		4.0							5.2				
17	00	24	4.295	23	6.7		4.0							5.1				
18	00	24	5.582	22	6.6		3.0	16		3.8		11	6	4.8				
19	00	24	4.582	24	6.5		3.0	22		4.3		11	0	4.6				
20	00	24	4.588	23	6.5		3.0	23		5.3		13	0	4.4			4.9	
21	00	24	4.552	22	6.4		3.0	13		5.8		14	0	4.0	3.1			
22	00	24	4.240	23	6.7		4.0	22		4.7		18	0	4.0				
23	00	24	3.918	23	6.8		4.0							4.2				
24	00	24	3.773	23	6.8		4.0							4.1				
25	00	24	4.029	24	6.6		4.0	HOLIDAY						4.7				
26	00	24	4.608	24	6.8		3.0	18		2.6		12	0	4.2				
27	00	24	4.455	24	6.6		4.0	17		3.9		11	2	4.8				
28	00	24	4.564	24	6.7		4.0	19		4.7		16	0	4.2			4.9	
29	00	24	4.600	24	6.8		3.0	23		5.2		18	2	3.5		16.21		
30	00	24	4.098	24	6.8		3.0							3.7				
31	00	24	4.064	24	6.6		4.0							3.8				
Average			4.374	22			3.7	15		4.6		11	1.28	5.1	1.7	16.21	4.9	
Max.			5.582	24	6.8		4.0	23		5.8		19	6	6.7	3.1	16.21	4.9	
Min.			3.773	20	5.8		3.0	10		2.6		5	0	3.5	0.3	16.21	4.9	
Comp.(C)/Grab(G)			G	G			G	C		C		C	G	G	G	C	C	
Monthly Limit				6-8.5				22				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 [X] (Noncompliant)

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

See Cover Letter for Explaination

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

Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0063053 **DISCHARGE NO:** 001 **MONTH:** May **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 & 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	00620 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	.09873				4.0											
2	00	24	.09059				4.0											
3	00	24	.09568				4.5											
4	00	24	.09266				5.0											
5	00	24	0.10392				4.0											
6	00	24	.09206				4.5											
7	00	24	.08963	18	6.7		4.0	8		0.21		11	0	8.9				
8	00	24	.09086				4.0											
9	00	24	.08906				4.0											
10	00	24	.08818				4.0											
11	00	24	.09048				3.0								5.1			
12	00	24	.09661				4.0											
13	00	24	.08622				5.0											
14	00	24	.09489	19	6.8		4.5	9		1.50		13	0	8.2				
15	00	24	.08360				4.0											
16	00	24	.08549				4.5											
17	00	24	0.10045				5.0											
18	00	24	.08352				5.5											
19	00	24	.09054				4.5											
20	00	24	.07430				4.0											
21	00	24	0.14431	18	6.7		4.5	8		0.60		5	0	8.5				
22	00	24	.08030				2.0											
23	00	24	0.14637				4.0											
24	00	24	0.13566				5.0											
25	00	24	0.10628				5.0											
26	00	24	0.10422				4.5								0.5			
27	00	24	.08913				2.0											
28	00	24	0.10536	19	6.6		4.5	8		0.22		6	0	7.8			3.4	
29	00	24	.08472				4.0									17.92		
30	00	24	.09998				5.0											
31	00	24	.09748				5.0											
Average			.09617	19			4.2	8		0.63		9	0	8.4	2.8	17.92	3.4	
Max.			0.14637	19	6.8		5.5	9		1.50		13	0	8.9	5.1	17.92	3.4	
Min.			.07430	18	6.6		2.0	8		0.21		5	0	7.8	0.5	17.92	3.4	
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C	
Monthly Limit					6-8.5			30				30	14	>5.0	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: NC0003239 DISCHARGE NO: 014 MONTH: May 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

CHECK BLOCK IF ORC HAS CHANGED ☐

PERSON(s) COLLECTING SAMPLES: WTP 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	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	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	08	8			7.8							5.2						
6																		
7																		
8																		
9																		
10																		
11																		
12	08	8			7.9							0.8						
13																		
14																		
15																		
16																		
17																		
18																		
19	08	8			8.0							3.2						
20																		
21																		
22																		
23																		
24																		
25																		
26	08	8			8.2							1.6						
27																		
28																		
29																		
30																		
31																		
Average												2.7						
Max.					8.2							5.2						
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: NC0063045 **DISCHARGE NO:** 001 **MONTH:** May **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 & 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	.2758		6.8		5.0											
2	00	24	.4426				4.0											
3	00	24	.4973				4.5											
4	00	24	.3778				4.0											
5	00	24	.2854	19	7.5		2.5	7		0.69		14	0	7.8			1.4	
6	00	24	.2957				4.0											
7	00	24	.3446				4.0											
8	00	24	.4614				4.0											
9	00	24	.2875				4.0											
10	00	24	.2430				4.5											
11	00	24	.3890				3.0								0.5			
12	00	24	.3710	21	7.2		3.0	6		0.44		3	0	7.8				
13	00	24	.3194				3.0											
14	00	24	.3085				4.0											
15	00	24	.2504				4.0											
16	00	24	.2579				3.0											
17	00	24	.2344				3.5											
18	00	24	.3170				3.0											
19	00	24	.3486	21	7.2		4.0	5		0.22		4	0	7.3				
20	00	24	.4350				4.0											
21	00	24	.3708				3.0											
22	00	24	.3286				2.0											
23	00	24	.1609				2.0											
24	00	24	.3504				4.5											
25	00	24	.2532				4.5											
26	00	24	.2932	23	7.3		4.5	5		0.17		1	0	8.9	0.4			
27	00	24	.2970				4.0											
28	00	24	.3240				4.5											
29	00	24	.2996				5.0											
30	00	24	.3232				3.5											
31	00	24	.2510				4.0											
Average			.3243	21			3.79	6		0.39		6	0	8.0	0.5		1.4	
Max.			.4973	23	7.5		5.0	7		0.69		14	0	8.9	0.5		1.4	
Min.			.1609	14	6.8		2.0	5		0.19		1	0	7.3	0.4		1.4	
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)

_____
_____
_____
_____
_____
_____

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: May YEAR: 1987

FACILITY NAME: Camp Geiger Sewage Treatment Plant COUNTY: Onslow

			00400	00010	00545	00310	00610	00500	00530	00340							
											ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD							
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1	00	24				340			174								
2																	
3																	
4	00	24				250			238								
5	00	24				296			144								
6	00	24				320			190								
7	00	24				256			190								
8	00	24				256			142								
9																	
10																	
11	00	24				305			194								
12	00	24				204			132								
13	00	24				280			206								
14	00	24				296			162								
15	00	24				224			206								
16																	
17																	
18	00	24				200			168								
19	00	24				235			182								
20	00	24				310			210								
21	00	24				375			210								
22	00	24				344			232								
23																	
24																	
25	HOLIDAY																
26	00	24				324			203								
27	00	24				276			214								
28	00	24				228			116								
29	00	24				320			123								
30																	
31																	
AVERAGE						282			182								
MONTHLY MAXIMUM						375			238								
MONTHLY MINIMUM						200			116								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11 84)

Influent

NPDES NO: NC0063002 DISCHARGE NO: 001 MONTH: May 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
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L
1	00	24				212			134	
2										
3										
4	00	24				184			102	
5	00	24				236			168	
6	00	24				220			96	
7	00	24				284			446	
8	00	24				184			128	
9										
10										
11	00	24				192			124	
12	00	24				208			134	
13	00	24				228			102	
14	00	24				180			112	
15	00	24				260			193	
16										
17										
18	00	24				345			350	
19	00	24				220			164	
20	00	24				212			122	
21	00	24				232			122	
22	00	24				204			112	
23										
24										
25	HOLIDAY									
26	00	24				220			132	
27	00	24				168			78	
28	00	24				216			104	
29	00	24				212			83	
30										
31										
AVERAGE						221			150	
MONTHLY MAXIMUM						345			446	
MONTHLY MINIMUM						168			78	
SAMPLE TYPE C or G						C			C	

ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW

DEM Form MR-2 (11 84)

Influent

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

FACILITY NAME: Camp Johnson (Montford Point) 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				324			148								
2																	
3																	
4	00	24				810			505								
5																	
6																	
7																	
8	00	24				160			158								
9																	
10																	
11	00	24				84			34								
12																	
13																	
14																	
15	00	24				144			128								
16																	
17																	
18	00	24				156			100								
19																	
20																	
21																	
22	00	24				116			68								
23																	
24																	
25						HOLIDAY											
26																	
27																	
28																	
29	00	24				467			333								
30																	
31																	
AVERAGE						283			184								
MONTHLY MAXIMUM						467			505								
MONTHLY MINIMUM						84			34								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11 84)

Influent

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

FACILITY NAME: Hadnot Point Sewage Treatment Plant COUNTY: Onslow

			00400	00010	00545	00310	00610	00500	00530	00340							
											ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD							
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1	00	24				156			94								
2																	
3																	
4	00	24				124			100								
5	00	24				168			110								
6	00	24				176			120								
7	00	24				136			128								
8	00	24				168			108								
9																	
10																	
11	00	24				120			102								
12	00	24				124			92								
13	00	24				136			100								
14	00	24				204			118								
15	00	24				148			118								
16																	
17																	
18	00	24				136			104								
19	00	24				216			112								
20	00	24				180			138								
21	00	24				256			134								
22	00	24				152			88								
23																	
24																	
25	HOLIDAY																
26	00	24				312			144								
27	00	24				168			116								
28	00	24				188			124								
29	00	24				216			235								
30																	
31																	
AVERAGE						174			119								
MONTHLY MAXIMUM						312			235								
MONTHLY MINIMUM						120			88								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11 84)

Influent

NPDES NO: NC0063037 DISCHARGE NO: 001 MONTH: May 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	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2																	
3																	
4																	
5																	
6	00	24				56			74								
7																	
8																	
9																	
10																	
11																	
12																	
13	00	24				52			100								
14																	
15																	
16																	
17																	
18																	
19																	
20	00	24				48			82								
21																	
22																	
23																	
24																	
25																	
26																	
27	00	24				32			142								
28																	
29																	
30																	
31																	
AVERAGE						47			100								
MONTHLY MAXIMUM						56			142								
MONTHLY MINIMUM						32			74								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11 84)

Influent

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

FACILITY NAME: Courthouse Bay 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																	
4																	
5	00	24				124			58								
6																	
7																	
8																	
9																	
10																	
11																	
12	00	24				72			40								
13																	
14																	
15																	
16																	
17																	
18																	
19	00	24				72			38								
20																	
21																	
22																	
23																	
24																	
25																	
26	00	24				104			54								
27																	
28																	
29																	
30																	
31																	
AVERAGE						93			49								
MONTHLY MAXIMUM						124			58								
MONTHLY MINIMUM						72			38								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11 84)

Influent

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

FACILITY NAME: Onslow Beach 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																	
2																	
3																	
4																	
5																	
6																	
7	00	24				327			565								
8																	
9																	
10																	
11																	
12																	
13																	
14	00	24				176			162								
15																	
16																	
17																	
18																	
19																	
20																	
21	00	24				195			142								
22																	
23																	
24																	
25																	
26																	
27																	
28	00	24				196			90								
29																	
30																	
31																	
AVERAGE						224			240								
MONTHLY MAXIMUM						327			565								
MONTHLY MINIMUM						176			90								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11 84)

Darry

OPNAV 5216/144A (Rev. 8-81)
S/N 0107-LF-052-2320

DEPARTMENT OF THE NAVY

Memorandum

11345.4
MAIN

DATE: 12 June 1987

FROM: Utilities Systems General Foreman

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

SUBJ: NPDES PERMIT VIOLATION, MAY 1987

Ref: (a) Your ltr 6286/1 of 10 Jun 87

1. Per the reference, the following data concerning violation of Dissolved Oxygen Permit Limits (weekly) at the Hadnot Point Wastewater Plant is provided.

a. The return filter effluent pumps to the trickling filters were determined to have a reduced capacity. Attempt was made to order repair parts but due to pump age, no parts were available. A new pump was procured and installed, and a rewiring of controls and starting circuits was necessary. Purchase and installation time plus rewiring required approximately 3 weeks. The new pump was placed in operation on 9 June 1987.

2. It should be noted the monthly D. O. limits were not violated. Present D. O. readings after the new pump installation are averaging 5.5 mg/l.

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

B. M. FRAZELLE, II

SENT: 19 JUNE 1987

6286/1
NREAD(L)

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

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

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

1. It is requested that the enclosure be routed to the Utilities Systems General Foreman. The enclosure summarizes the subject data generated by the Environmental Chemistry and Microbiology Laboratory and contract laboratories for the seven wastewater treatment plants aboard the Camp Lejeune Complex for the month of 1-31 May 1987.

2. The Wastewater treatment compliance monitoring data for the month of May 1987 provided by your office shows that the Hadnot Point Wastewater Treatment Plant did not meet the weekly minimum average for Dissolved Oxygen of 5.0 mg/l. The of 17-23 May 1987, 24-30 May 1987 and 31 May 1987, the weekly averages were 4.4 mg/l, 4.2 mg/l, and 3.8 mg/l respectively. Natural Resources will need a letter explaining these violations by 18 June 1987 for inclusion in the monthly report.

3. Questions regarding the enclosure should be forwarded to the Supervisory Chemist, Environmental Chemistry and Microbiology Laboratory, Natural Resources and Environmental Affairs Division, x5977.

J. I. WOOTEN

Blind copy to;
EC&MS (2)

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

IN REPLY REFER TO:
6288
~~NREAD~~
21 Jul 87

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

Dear Sir:

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

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

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

Sincerely,

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

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

Copy to:
EPA Region IV
CMDR, LANTNAVFACENGCOM
NEESA

Blind copy to:
CC+ML (2)
Util, BMD

EFFLUENT

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

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

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

Mail original and one copy to:
ATT: Central Files
Division of Environmental Management
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 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	00600 TOTAL NITROGEN mg/L	00665 TOTAL PHOSPHORUS mg/L	
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
1	00	24	4.67300	25	6.8		3.0	18		3.6		15	0	3.0				
2	00	24	4.63800	24	6.6		4.0	27		5.5		15	70	4.6				
3	00	24	5.07200	23	6.9		3.0	27		5.7		13	2	3.4				
4	00	24	5.38100	24	6.8		3.0	28		4.3		17	0	4.0	2.0			
5	00	24	4.14700	24	6.6		3.0	24		4.2		19	0	4.4				
6	00	24	3.85300	24	6.8		4.0							4.7				
7	00	24	4.09500	24	6.8		3.0							4.9				
8	00	24	4.37100	25	6.8		4.0	18		4.1		15	10	5.0			5.1	
9	00	24	4.49300	28	6.8		3.0	25		6.0		12	0	4.8				
10	00	24	4.50400	25	6.8		3.0	19		4.0		6	0	5.1				
11	00	24	4.83600	26	7.0		4.0	17		5.1		13	0	5.5				
12	00	24	4.52000	25	6.8		4.0	6		4.9		14	0	5.6				
13	00	24	3.93200	26	6.6		4.0							5.4				
14	00	24	4.27500	24	6.8		4.0							5.5				
15	00	24	4.65000	26	6.8		4.0	10		3.2		5	0	5.2				
16	00	24	4.62300	25	6.7		4.0	13		4.8		7	0	5.4		11.83	4.7	
17	00	24	4.47000	25	6.8		4.0	15		6.4		7	0	6.0				
18	00	24	4.85500	25	6.4		4.0	7		5.1		11	2	6.4				
19	00	24	4.17500	25	6.8		4.0	17		4.8		10	0	5.8				
20	00	24	3.93300	25	6.8		4.0							5.7				
21	00	24	3.88700	25	6.6		4.0							5.3				
22	00	24	4.49000	25	6.7		4.0	17		2.7		15	0	5.4				
23	00	24	4.50600	25	6.6		4.0			2.9		9	0	5.0				
24	00	24	4.49000	25	6.9		4.0	13		4.5		15	0	6.0			5.9	
25	00	24	4.42400	27	6.9		3.0	12		3.5		10	0	5.4	0			
26	00	24	4.37100	25	6.8		4.0	11		4.8		8	0	5.0				
27	00	24	3.75800	26	7.1		4.0							5.3				
28	00	24	3.68500	25	6.9		4.0							5.9				
29	00	24	4.22700	29	6.7		4.0	12		3.4		12	0	6.8				
30	00	24	4.1690	27	6.8		4.0	12		3.6		10	0	6.1				
31																		
Average			4.38343	25			3.7	16		4.4		12	1.43	5.2	1	11.83	5.2	
Max.			5.38100	29	7.1		4.0	28		6.4		19	70	6.8	2	11.83	5.9	
Min.			3.68500	23	6.4		3.0	6		2.7		5	0	3.0	0	11.83	4.7	
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

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 [X] (Noncompliant)

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

See Cover Letter for Explaination

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

Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

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

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

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

CERTIFIED LABORATORY: Environmental Chemistry & Microbiology Section

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

Mail original and one copy to:
ATT: Central Files
Division of Environmental Management
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	.83570	22	6.4		4.0	7		11.8		4	0	6.3				
2	00	24	.76960	22	6.6		4.0	10		11.4		2	0	6.8				
3	00	24	.78470	22	6.8		4.0	10		13.1		4	0	7.0				
4	00	24	.86280	23	6.4		4.0	12		12.6		5	2	7.0				
5	00	24	.77440	23	6.3		4.0	12		15.3		10	0	7.0				
6	00	24	.73990	23	6.2		4.0							7.6				
7	00	24	.75650	23	6.2		4.0							7.6				
8	00	24	.93450	23	6.6		4.0	21		26.9		15	6	6.4	3.4		5.6	
9	00	24	.94370	23	6.6		3.0	18		19.3		14	0	6.0				
10	00	24	.84820	24	6.8		4.0	21		16.9		15	0	6.2				
11	00	24	.91990	24	6.6		3.0	17		14.2		10	0	5.0				
12	00	24	.81970	24	6.6		3.0	4		13.2		16	0	5.0				
13	00	24	.72520	24	6.6		4.0							6.0				
14	00	24	.89480	23	6.4		4.0							5.2				
15	00	24	.87110	26	6.4		4.0	14		13.9		2	0	5.2				
16	00	24	.80830	26	6.4		4.0	19		16.2		4	0	5.3		18.43	1.6	
17	00	24	.86820	26	6.8		4.0	15		11.8		5	2	6.0				
18	00	24	.90680	26	6.9		4.0	3		13.7		4	0	6.4				
19	00	24	.75600	26	6.8		4.0	18		12.0		8	0	6.2				
20	00	24	1.06700	24	6.8		4.0							6.4				
21	00	24	.75490	26	6.7		4.0							5.6				
22	00	24	.82200	24	6.8		4.0	18		11.9		12	0	6.6				
23	00	24	.82000	26	6.8		4.0	18		9.4		4	0	6.2				
24	00	24	.84710	24	6.4		4.0	8		10.6		6	0	6.6			0.3	
25	00	24	.82930	24	6.4		4.0	7		9.9		3	0	6.3	0			
26	00	24	.84260	23	6.6		4.0	8		11.3		3	0	6.5				
27	00	24	.71910	24	6.6		4.0							6.8				
28	00	24	.72160	24	6.6		4.0							7.1				
29	00	24	.75940	24	6.7		4.0			14.4		7	0	6.9				
30	00	24	.74500	25	6.8		4.0	11		10.3		4	0	6.8				
31																		
Average			.324933	24			3.9	13		13.7		7	1.16	6.3	1.7	18.43	2.7	
Max.			1.06700	26	6.9		4.0	21		26.9		15	6	7.6	3.4	18.43	5.6	
Min.			719100	22	6.2		3.0	3		9.4		3	0	5.0	0	18.43	0.3	
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

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)

_____
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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: NC0063002 **DISCHARGE NO:** 001 **MONTH:** June **YEAR:** 1987

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

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

CERTIFIED LABORATORY: Environmental Chemistry & Microbiology Section

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

Mail original and one copy to:
ATT: Central Files
Division of Environmental Management
N.C. Department of 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 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	00600 TOTAL NITROGEN MG/L	00665 TOTAL PHOSPHOROUS MG/L	
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
1	00	24	.97940	25	6.6		4.2	14		1.8		8	0	8.7				
2	00	24	1.0454	25	6.5		4.0	10		6.0		7	0	8.9				
3	00	24	.96380	26	6.7		4.0	11		3.6		5	0	9.0	1.4			
4	00	24	.89620	24	6.7		4.0	12		1.8		6	0	8.8				
5	00	24	.85390	24	6.8		4.0	10		1.9		7	0	8.9				
6	00	24	.91470	24	6.8		4.0							8.9				
7	00	24	.96600	24	6.8		4.5							9.0				
8	00	24	.99790	24	6.9		4.0	12		2.1		9	0	9.0			5.1	
9	00	24	.92180	25	6.6		4.0	13		3.8		7	0	8.8				
10	00	24	.64110	25	6.5		4.0	16		3.4		10	0	8.6				
11	00	24	.91720	24	6.8		3.0	11		2.7		6	0	9.3				
12	00	24	1.01340	25	6.7		4.0	2		2.4		14	0	9.0				
13	00	24	.95620	25	6.5		4.0							9.1				
14	00	24	.98400	24	6.8		4.0							8.9				
15	00	24	.99560	24	6.4		4.0	10		1.7		6	12	8.6				
16	00	24	1.07920	24	6.4		4.0	12		3.6		4	0	8.5		14.4	5.4	
17	00	24	.94740	24	7.1		5.0	10		2.3		8	2	9.6				
18	00	24	.98220	24	6.7		3.0	7		1.9		8	0	9.1				
19	00	24	.92140	24	6.8		4.0	10		1.5		8	0	9.3				
20	00	24	1.04260	24	6.8		4.0							9.0				
21	00	24	.98910	24	6.7		4.0							8.8				
22	00	24	.94890	25	6.8		4.0	12		1.1		11	0	9.2				
23	00	24	.98730	25	6.6		4.0	12		1.7		8	0	9.1				
24	00	24	1.19090	25	6.6		4.0	14		2.9		11	0	9.0			4.3	
25	00	24	.92120	23	7.1		2.5	11		1.5		8	0	8.6	0			
26	00	24	1.00340	25	6.5		4.0	11		3.6		12	0	8.5				
27	00	24	.93510	25	6.5		4.0							8.8				
28	00	24	.89560	23	6.6		4.0							8.6				
29	00	24	.89490	23	6.6		4.0	11		1.5		12	0	9.0				
30	00	24	.93590	25	6.5		4.0	9		1.5		10	0	8.5				
31																		
Average			.95739	24			3.9	11		2.5		8	1.16	8.9	1.4	14.41	14.8	
Max.			1.1909	26	7.1		5.0	16		6.0		14	12	9.6	0.7	14.41	4.9	
Min.			.64110	23	6.4		2.5	2		1.1		4	0	8.5	1.4	14.41	5.1	
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 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:

Johnson A Wooten
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

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

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

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

Mail original and one copy to:
ATT: Central Files
Division of Environmental Management
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 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	.73400	23	7.0		2.0	7		1.1		3	0	8.0				
2	00	24	.87100				2.5											
3	00	24	.62700				4.0								5.3			
4	00	24	.75500				4.0											
5	00	24	.66500	22	6.8		5.0	19		3.3		9	0	7.1				
6	00	24	.56000				5.0											
7	00	24	.68000				5.0											
8	00	24	.69400	23	7.1		3.0	14		1.4		6	0	7.4			2.2	
9	00	24	.69900				2.5											
10	00	24	.57900				4.0											
11	00	24	.63800				4.0											
12	00	24	.61800	25	7.0		4.0	1		3.2		11	0	7.5				
13	00	24	.36800				0.4											
14	00	24	.90300				1.5											
15	00	24	.80700	24	7.0		4.0	16		5.0		6	0	7.4				
16	00	24	.69400				4.0											
17	00	24	.54100				5.0											
18	00	24	.50200				4.0											
19	00	24	.36400	24	7.0		4.0	11		6.7		5	2	7.5				
20	00	24	.50100				6.0											
21	00	24	.51300				4.0											
22	00	24	.48400	25	7.0		4.0	18		2.1		6	0	7.4				
23	00	24	.65700				4.0											
24	00	24	.77400				4.0											
25	00	24	.66400				4.0								0			
26	00	24	.68000	2.4	7.0		5.0	12		3.0		3	0	6.5				
27	00	24	.72000	24	6.8		2.0							6.0				
28	00	24	.68000				4.0											
29	00	24	.70400	24	6.6		4.0	10		2.0		4	0	7.2				
30	00	24	.62500				4.0											
31																		
Average			.643367	24			3.8	12		3.1		6	1.08	7.2	2.7		2.2	
Max.			.90300	25	7.0		6.0	19		6.7		11	2	8.0	5.3		2.2	
Min.			.36400	22	6.6		0.4	1		1.1		3	0	6.0	0		2.2	
Comp.(C)/Grab(G)				G	G		G	C		C		C	G	G	G	C	C	
Monthly Limit					6-8.5			30				30	14	>5	30			

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)

_____
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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:** June **YEAR:** 1987

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

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

Mail original and one copy to:
ATT: Central Files
Division of Environmental Management
N C Department of NRCD
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	00620 TOTAL NITROGEN MG/L	00665 TOTAL PHOS-PHORUS MG/L	
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
1	00	24	.34160				3.5							6.0				
2	00	24	.35900	21	7.4		2.5	7		0.38		7	2					
3	00	24	.34280				3.5											
4	00	24	.42300				4.0											
5	00	24	.49080				4.0											
6	00	24	.23660				4.0											
7	00	24	.30160				4.5											
8	00	24	.29360				4.0								0			
9	00	24	.33070	21	6.7		4.0	10		0.27		6	0	7.4				
10	00	24	.18230				4.0											
11	00	24	.29280				4.0											
12	00	24	.36550				4.0											
13	00	24	.46580				4.0											
14	00	24	.64290				4.0											
15	00	24	.42790				4.0											
16	00	24	.41010	21	7.0		3.5	10		0.57		7	10	6.2		7.83	1.6	
17	00	24	.36040				3.0											
18	00	24	.51740				3.0											
19	00	24	.32010				3.0											
20	00	24	.31870				4.0											
21	00	24	.43800				4.5											
22	00	24	.33850				4.0											
23	00	24	.64160	22	7.2		3.0	5		0.37		3	560	5.8				
24	00	24	.40360				3.5											
25	00	24	.39640				3.0								0.4			
26	00	24	.35810				3.5											
27	00	24	.26100				4.0											
28	00	24	.25530				5.0											
29	00	24	.30070				4.5											
30	00	24	.30000	24	7.4		5.0	6		0.16		1	0	6.6				
31																		
Average			.37056	22			3.8	8		92		5	5.45 •	32.0	0.2	7.83	1.6	
Max.			.64290	24	7.4		5.0	10		166		7	560	7.4	0.4	7.83	1.6	
Min.			.18230	21	6.7		2.5	5		48		1	0	5.8	0	7.83	1.6	
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)

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 L Wooten
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

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

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

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

Mail original and one copy to:
ATT: Central Files
Division of Environmental Management
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	00556 OIL & GREASE	00602 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	.19006				5.0											
2	00	24	.18390				4.0											
3	00	24	.19654	21	6.7		6.0							9.1				
4	00	24	.15903				5.0	4		0.31		1	0					
5	00	24	.13138				5.0											
6	00	24	.17977				4.0											
7	00	24	.17959				4.0											
8	00	24	.20892				5.0								0			
9	00	24	.21881				4.0											
10	00	24	.21260	20	6.6		4.0	6		0.14		4	0	8.0				
11	00	24	.15555				5.0											
12	00	24	.20555				4.0											
13	00	24	.20035				5.0											
14	00	24	.18900				4.0											
15	00	24	.19860				4.0											
16	00	24	.19822				5.0											
17	00	24	.20717	21	6.4		4.0	4		0.15		1	0	7.8		5.94		
18	00	24	.14650				6.0											
19	00	24	.14535				6.0											
20	00	24	.20359				6.0											
21	00	24	.13991				4.0											
22	00	24	.20156				5.0											
23	00	24	.16907	24	6.6		8.0							7.0				
24	00	24	.20578	24	6.6		8.0	5		0.31		2	0	9.0			1.5	
25	00	24	.26588	22	6.5		6.0							8.9	0			
26	00	24	.18746				6.0											
27	00	24	.17711				5.0											
28	00	24	.15140				5.0											
29	00	24	.18764				6.0											
30	00	24	.18976				5.0											
31																		
Average			.136102	22			153	19		0.91		8	0	8.6	0	5.94	1.5	
Max.			265880	24	6.7		5.1	5		0.23		2	0	9.1	0	5.94	1.5	
Min.			131380	21	6.4		4.0	6		0.31		4	0	7.0	0	5.94	1.5	
Comp.(C)/Grab(G)				G	G		G	C		C		C	C	G	G	C	C	
Monthly Limit					6-8.5			30				30	14	5	30			

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:

Julian A Wootin
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:** June **YEAR:** 1987

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

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

CERTIFIED LABORATORY: Environmental Chemistry and Microbiology Laboratory

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				
1	00	24	.13204				4.5											
2	00	24	.09781				4.5											
3	00	24	.09152				5.0											
4	00	24	.09911	19	6.7		4.0	8		0.26		4	S.E.*	8.4	0.2			
5	00	24	.08134				4.0											
6	00	24	.13912				4.0											
7	00	24	.09863				4.0											
8	00	24	.08163				4.0											
9	00	24	.021492	19	6.6	5.5	8.0							9.0				
10	00	24	.090053				5.0											
11	00	24	.037111	18	6.4		8.0	11		0.37		6	0	8.0	0			
12	00	24	.079170				5.0											
13	00	24	.106730				5.0											
14	00	24	.092090				5.0											
15	00	24	.151870				5.0											
16	00	24	.049620				5.0											
17	00	24	.113960				5.0											
18	00	24	.123030	19	6.7		5.0	6		0.48		5	26	8.1				
19	00	24	.093290				4.0											
20	00	24	.104570				4.5											
21	00	24	.091970				4.5											
22	00	24	.125490				4.5											
23	00	24	.104140				4.5											
24	00	24	.091820				4.5											
25	00	24	.106950	18	6.6		4.5	6		0.22		2	0	8.3	0			
26	00	24	.093371				5.0											
27	00	24	.087890				5.0											
28	00	24	.094130				5.0											
29	00	24	.116580				4.0											
30	00	24	.104610				4.5											
31																		
Average			.098371	19			4.8	3		0.33		4	2.96	8.4				
Max.			.098371	19	6.7		8.0	11		0.48		6	26	9.0				
Min.			.021492	18	6.4		4.0	6		0.22		2	0	8.0				
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) S.E. = Sample Error

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:** June **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	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	00	24			8.4							2.0						
3																		
4																		
5																		
6																		
7																		
8																		
9	00	24			7.8							3.2						
10																		
11																		
12																		
13																		
14																		
15																		
16	00	24			8.5							1.2						
17																		
18																		
19																		
20																		
21																		
22																		
23	00	24			8.0							1.2						
24																		
25																		
26																		
27																		
28																		
29																		
30	00	24			8.1							1.2						
31																		
Average												1.3						
Max.					8.5							3.2						
Min.					7.8							1.2						
Comp.(C)/ Grab(G)					G							C						
Monthly Limit					6-9							30						

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:

John 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: NC0003239 DISCHARGE NO: _____ MONTH: June 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	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1	00	24				250			176								
2	00	24				308			173								
3	00	24				265			193								
4	00	24				390			340								
5	00	24				295			217								
6																	
7																	
8	00	24				308			237								
9	00	24				405			252								
10	00	24				275			173								
11	00	24				245			166								
12	00	24				284			190								
13																	
14																	
15	00	24				296			153								
16	00	24				324			314								
17	00	24				224			156								
18	00	24				316			183								
19	00	24				284			242								
20																	
21																	
22	00	24				332			206								
23	00	24				260			316								
24	00	24				200			174								
25	00	24				216			76								
26	00	24				410			283								
27																	
28																	
29	00	24				235			150								
30	00	24				250			134								
31																	
AVERAGE						290			205								
MONTHLY MAXIMUM						410			340								
MONTHLY MINIMUM						200			76								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

ENCLOSURE (1)

Influent

NPDES NO: NC0063002 DISCHARGE NO: 001 MONTH: June 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
		HRS	STD UNITS	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L
1	00	24				216			216	
2	00	24				196			86	
3	00	24				196			86	
4	00	24				204			134	
5	00	24				255			174	
6										
7										
8	00	24				208			124	
9	00	24				176			96	
10	00	24				184			118	
11	00	24				188			116	
12	00	24				124			78	
13										
14										
15	00	24				180			106	
16	00	24				160			96	
17	00	24				100			92	
18	00	24				204			110	
19	00	24				256			358	
20										
21										
22	00	24				208			132	
23	00	24				148			126	
24	00	24				176			180	
25	00	24				184			108	
26	00	24				184			88	
27										
28										
29	00	24				152			122	
30	00	24				164			90	
31										
AVERAGE						185			129	
MONTHLY MAXIMUM						256			358	
MONTHLY MINIMUM						100			78	
SAMPLE TYPE C or G						C			C	

ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW

DEM Form MR-2 (11/84)

ENCLOSURE (1)

Influent

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

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

			00400	00010	00545	00310	00610	00500	00530	00340							
											ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD							
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1	00	24				188			120								
2																	
3																	
4																	
5	00	24				573			344								
6																	
7																	
8	00	24				324			122								
9																	
10																	
11																	
12	00	24				276			108								
13																	
14																	
15	00	24				200			202								
16																	
17																	
18																	
19	00	24				324			441								
20																	
21																	
22	00	24				345			313								
23																	
24																	
25																	
26	00	24				184			182								
27																	
28																	
29	00	24				135			102								
30																	
31																	
AVERAGE						283			215								
MONTHLY MAXIMUM						573			441								
MONTHLY MINIMUM						135			102								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

ENCLOSURE (6)

Influent

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

FACILITY NAME: Hadnot Point Sewage Treatment Plant COUNTY: Onslow

			00400	00010	00545	00310	00610	00500	00530	00340							
											ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD							
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1	00	24				188			104								
2	00	24				172			128								
3	00	24				184			76								
4	00	24				216			86								
5	00	24				230			146								
6																	
7																	
8	00	24				204			112								
9	00	24				224			132								
10	00	24				184			120								
11	00	24				136			66								
12	00	24				200			212								
13																	
14																	
15	00	24				164			124								
16	00	24				140			130								
17	00	24				192			140								
18	00	24				196			98								
19	00	24				160			92								
20																	
21																	
22	00	24				124			108								
23	00	24				204			218								
24	00	24				164			154								
25	00	24				200			92								
26	00	24				168			113								
27																	
28																	
29	00	24				184			142								
30	00	24				160			118								
31																	
AVERAGE						182			123								
MONTHLY MAXIMUM						230			212								
MONTHLY MINIMUM						124			66								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

ENCLOSURE 11

Influent

NPDES NO: NC0063045 DISCHARGE NO: 001 MONTH: June 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																
2	00	24				80			48							
3																
4																
5																
6																
7																
8																
9	00	24				132			62							
10																
11																
12																
13																
14																
15																
16	00	24				148			166							
17																
18																
19																
20																
21																
22																
23	00	24				220			136							
24																
25																
26																
27																
28																
29																
30	00	24				68			46							
31																
AVERAGE						130			92							
MONTHLY MAXIMUM						220			166							
MONTHLY MINIMUM						68			48							
SAMPLE TYPE C or G						C			C							

DEM Form MR-2 (11 84)

ENCLOSURE (1)

Influent

NPDES NO: NC0063037 DISCHARGE NO: 001 MONTH: June 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	00	24				40			136								
5																	
6																	
7																	
8																	
9																	
10	00	24				68			70								
11																	
12																	
13																	
14																	
15																	
16																	
17	00	24				44			76								
18																	
19																	
20																	
21																	
22																	
23																	
24	00	24				60			200								
25																	
26																	
27																	
28																	
29																	
30																	
31																	
AVERAGE						53			121								
MONTHLY MAXIMUM						68			200								
MONTHLY MINIMUM						40			70								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11 84)

ENCLOSURE (1)

Influent

NPDES NO: NC0063053 DISCHARGE NO: 001 MONTH: June 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	00	24				268			346								
5																	
6																	
7																	
8																	
9																	
10																	
11	00	24				180			264								
12																	
13																	
14																	
15																	
16																	
17																	
18	00	24				164			156								
19																	
20																	
21																	
22																	
23																	
24																	
25	00	24				184			232								
26																	
27																	
28																	
29																	
30																	
31																	
AVERAGE						199			250								
MONTHLY MAXIMUM						268			346								
MONTHLY MINIMUM						164			156								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11 84)

ENCLOSURE 1/1

11345.4
MAIN

24 February 1987

Utilities Systems General Foreman

Director, Utilities Branch

NPDES PERMIT VIOLATION, JANUARY 1987

1. The Hadnot Point Plant violated the percent removal parameter of 85% for BOD obtaining 83% removal due to the filter bearing being replaced. The mass on the filter died and is now regenerating.

2. The Tarawa Terrace Plant violated the percent removal parameter of 85% for BOD due to filter bearing being replaced, obtaining 80% removal. The bearing was installed 20 February 1987, and the mass has returned and we are no longer in violation.

3. The Camp Johnson Plant violated the percent removal parameter of 85%, obtaining 82% removal, due to low BOD loading of 94 mg/l influent.

4. The Rifle Range Plant violated BOD effluent percent parameter removal of 85% obtaining 84%, due to a low BOD loading of 50 mg/l influent.

B. M. FRAZELLE, II

11345
MAIN

FIRST ENDORSEMENT

From: Director, Utilities Branch
To: Director, Natural Resources and Environmental Affairs

1. Forwarded for appropriate action.

D. L. SOUTHERLAND

Writer: M.D.Davis, X2069
Typist: S. Kolde, 24 Feb 87

24 February 1987

Utilities Systems General Foreman

Director, Utilities Branch

NPDES PERMIT VIOLATION, JANUARY 1987

1. The Hadnot Point Plant violated the percent removal parameter of 85% for BOD obtaining 82% removal due to the filter bearing being replaced. The mass on the filter died and is undergoing regeneration.

2. The Tarawa Terrace Plant violated the percent removal parameter of 85% for BOD due to filter bearing being replaced, obtaining 80% removal. The bearing was installed 20 February 1987, and the mass has returned and we are no longer in violation.

3. The Camp Johnson Plant violated the percent removal parameter of 85%, obtaining 82% removal, due to low BOD loading of 94 mg/l influent.

4. The Rifle Range Plant violated BOD effluent percent parameter removal of 85% obtaining 84%, due to a low BOD loading of 50 mg/l influent.

B. M. FRAZELLE, II

11340
MAIN

FIRST ENDORSEMENT

From: Director, Utilities Branch
To: Director, Natural Resources and Environmental Affairs

1. Forwarded for appropriate action.

D. L. SOUTHERLAND