UNITED STATES MARINE CORPS
Marine Corps Base
Camp Lejeune, North Carolina 28542-5001

6288
NREAD
26 Aug 86

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

Dear Sir:

In accordance with requirements of the National Pollutant Discharge Elimination System (NPDES) Permit Number NC0003239, two copies of Discharge Monitoring Reports (DMRs) for the month of July 1986 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 New construction to replace outdated base facilities should further reduce oil and grease and total suspended residue discharges.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
Assistant Chief of Staff, Facilities
By direction of the Commanding General

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

Copy to:
EPA Region IV
CMDR LANTNAVFACENGCOM
NEESA

Blind copy to:
OCL,NREAD

EFFLUENT

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

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

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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 Mack D. Davis
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME HRS	50050 FLOW EFF ☒ INF ☐ DAILY RATE MGD	00010 TEMPERATURE CELSIUS C°	00400 pH UNIT	00545 SETTLEABLE MATTER ML/L	50060 RESIDUAL CHLORINE MG/L	00310 BOD_5 20°C MG/L	00340 COD MG/L	00610 AMMONIA NITROGEN MG/L	00500 TOTAL RESIDUE MG/L	00530 TOTAL SUSPENDED RESIDUE MG/L	31616 FECAL COLIFORM Geometric Mean /100 ML	00300 DISSOLVED OXYGEN MG/L	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
1		8			8.8							1.6						
2																		
3																		
4																		
5																		
6																		
7																		
8		8			7.4							18						
9																		
10																		
11																		
12																		
13																		
14																		
15		8			7.7							6						
16																		
17																		
18																		
19																		
20																		
21																		
22		8			8.0							21						
23																		
24																		
25																		
26																		
27																		
28																		
29		8			8.2							4						
30																		
31																		
Average												10						
Max.					8.8							21						
Min.					7.4							1.6						
Comp.(C)/Grab(G)					G							C						
Monthly Limit					6–10							30						

DEM Form MR-1 (11/84

Facility Status: (Please check one of the following)

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

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

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

_____
_____
_____
_____
_____
_____

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	C0929	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: July YEAR: 1986

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

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X Mack D. Davis
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☐ INF ☒ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L				
1	08	8	.1216		6.4		6.0	7				2	0					
2	08	8	.1220		6.5		4.0											
3	08	8	.1206		6.4		6.0	NO SAMPLE	- -	- -	- -	- -	- - - -	- -	- -	NO SAMPLE		
4	08	8	.1228		6.5		6.0											
5	08	8	.1241		6.4		6.0											
6	08	8	.1247		6.6		6.0											
7	08	8	.1298		6.4		6.0											
8	08	8	.1111		6.6		6.0	13				4	0					
9	08	8	.1010		6.6		4.5											
10	08	8	.1258		6.3		6.0	8				1	0					
11	08	8	.1302		6.6		6.0											
12	08	8	.1354		6.4		6.0											
13	08	8	.1445		6.4		8.0											
14	08	8	.1260		6.5		8.0											
15	08	8	.1162		6.4		6.0	7				1	0					
16	08	8	.1190		6.8		6.0											
17	08	8	.1064		6.8		1.0	12				1	0					
18	08	8	.1380		6.4		6.0											
19	08	8	.1276		6.4		8.0											
20	08	8	.1317		6.7		6.0											
21	08	8	.1254		6.8		8.0											
22	08	8	.1278		6.4		6.0	14				18	0					
23	08	8	.1292		6.5		6.0											
24	08	8	.1202		6.5		6.0	7				4	0					
25	08	8	.1254		6.4		6.0											
26	08	8	.1319		6.4		4.0											
27	08	8	.1286		6.6		4.0											
28	08	8	.1324		6.6		4.0											
29	08	8	.1263		6.6		6.0	11				2	0					
30	08	8	.1283		6.6		6.0											
31	08	8	.1245		6.5		6.0	10				6	0					
Average			.1252					10				4	0					
Max.			.1380		6.8		8.0	14				18	0					
Min.			.1010		6.3		1.0	7				1	0					
Comp.(C)/ Grab(G)					G		G	C				C	G					
Monthly Limit					6–9			30				30	70					

DEM Form MR-1 (11/84

Facility Status: (Please check one of the following)

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

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

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

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

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:** July **YEAR:** 1986

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

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X 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	31504 ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW: TOTAL COLIFORM & GEOMET MEAN			
1	08	8	.4689		7.0		2.0	7				8			<300			
2	08	8	.5238		7.1		4.0											
3	08	8	.4356		6.8		4.0											
4	08	8	.4437		6.6		4.0											
5	08	8	.4203		6.6		8.0											
6	08	8	.4239		6.7		6.0											
7	08	8	.4905		7.0		4.0											
8	08	8	.4995		6.9		2.0	5				2			0			
9	08	8	.4770		6.6		8.0											
10	08	8	.5049		6.6		2.0	5				5			0			
11	08	8	.4545		6.9		1.5											
12	08	8	.4842		6.8		2.0											
13	08	8	.5319		6.7		2.0											
14	08	8	.4851		6.6		1.0											
15	08	8	.5094		6.7		1.0	3				4			250			
16	08	8	.5436		6.6		1.0											
17	08	8	.6075		6.8		1.0	6				1			6			
18	08	8	.5328		6.7		3.0											
19	08	8	.4545		6.8		4.0											
20	08	8	.5085		6.8		3.0											
21	08	8	.4896		6.6		3.0											
22	08	8	.5400		6.6		1.0	10				23			Lab Error			
23	08	8	.5067		6.8		2.0											
24	08	8	.5787		7.0		2.5	8				1			6			
25	08	8	.4860		6.6		1.5											
26	08	8	.4338		6.8		1.5											
27	08	8	.4338		6.8		4.0											
28	08	8	.4653		6.7		2.5											
29	08	8	.5787		6.6		1.5	6				3			4			
30	08	8	.5346		6.7		2.4											
31	08	8	.5265		6.7		1.6	8				6			0			
Average			.4959				2.8	6				6			10.11 *			
Max.			.5787		7.1		8.0	5				23			<300			
Min.			.4239		6.6		1.0	10				1			0			
Comp.(C)/Grab(G)					G		G	C				C			G			
Monthly Limit					6-9			30				30			70			

DEM Form MR-1 (11/84

Facility Status: (Please check one of the following)

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

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

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

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

Julian L. Wooten

Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0003239 **DISCHARGE NO:** 005 **MONTH:** July **YEAR:** 1986

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

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

PERSON(s) COLLECTING SAMPLES: STP Operators

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

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

X 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	31569 ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW: Total Coliform Geometric Mean			
		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	.21019		6.4		6.0	3				2			4			
2	08	8	.21519		6.4		5.0											
3	08	8	.20159		6.4		4.0	NO	SAMPLE									
4	08	8	.19433		6.6		5.0											
5	08	8	.19845		6.8		6.0											
6	08	8	.20731		6.7		5.0											
7	08	8	.19861		6.5		6.5											
8	08	8	.20149		7.0		6.0	6				3			0			
9	08	8	.20536		6.9		4.0											
10	08	8	.24210		6.9		4.0	2				1			6			
11	08	8	.23663		6.5		3.0											
12	08	8	.22928		6.5		3.2											
13	08	8	.23532		6.5		3.2											
14	08	8	.24931		1.5		7.0											
15	08	8	.28946		6.4		3.0	2				3			24			
16	08	8	.21323		6.8		5.0											
17	08	8	.25621		6.6		6.0	4				1			0			
18	08	8	.23354		6.4		3.4											
19	08	8	.23849		6.4		3.0											
20	08	8	.24722		6.4		5.0											
21	08	8	.22256		6.4		6.0											
22	08	8	.20238		6.5		5.0	7				10			Lab	Error		
23	08	8	.23236		6.8		4.5											
24	08	8	.27240		7.0		8.0	3				2			0			
25	08	8	.26402		6.6		6.5											
26	08	8	.24253		6.8		6.0											
27	08	8	.23578		6.7		5.0											
28	08	8	.24253		7.0		5.0											
29	08	8	.44735		6.7		2.6	5				2			0			
30	08	8	.29251		7.1		8.0											
31	08	8	.22096		6.9		6.0	5				8			0			
Average			.23802				1.6	4				4			2.21	*		
Max.			.29251		7.1		8.0	7				10			24			
Min.			.19433		1.5		3.0	2				1			0			
Comp.(C)/Grab(G)					G		G	C				C			G			
Monthly Limit					6-9			30				30			200			

DEM Form MR-1 (11/84

Facility Status: (Please check one of the following)

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

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

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

_____
_____
_____
_____
_____
_____

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

Julian d Wooten
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0003239 **DISCHARGE NO:** 004 **MONTH:** July **YEAR:** 1986

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

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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

PERSON(s) COLLECTING SAMPLES: STP Operators

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

X Mack D. Davis

Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME HRS	50050 FLOW EFF ☒ INF ☐ DAILY RATE MGD	00010 TEMPERATURE CELSIUS C°	00400 pH UNIT	00545 SETTLEABLE MATTER ML/L	50060 RESIDUAL CHLORINE MG/L	00310 BOD_5 20°C MG/L	00340 COD MG/L	00610 AMMONIA NITROGEN MG/L	00500 TOTAL RESIDUE MG/L	00530 TOTAL SUSPENDED RESIDUE MG/L	31616 FECAL COLIFORM Geometric Mean /100 ML	00300 DISSOLVED OXYGEN MG/L	31504 TOTAL Coliform & Geomet Mean			
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
1	08	24	6.695		6.6		3.0	11				8			0			
2	08	24	6.676		6.6		3.0	12				7			10			
3	08	24	5.993		6.6		2.0	13				10			2			
4	08	24	4.624		7.2		4.0	12				9			4			
5	08	24	4.596		7.1		4.0											
6	08	24	5.195		6.6		4.0											
7	08	24	6.983		7.0		3.0	10				7			16			
8	08	24	7.271		7.0		4.0	12				8			6			
9	08	24	6.133		6.8		3.0	9				5			8			
10	08	24	6.490		6.8		4.0	10				6			0			
11	08	24	6.724		6.8		1.5	13				6			Sample Error			
12	08	24	5.869		6.8		4.0											
13	08	24	5.736		7.0		4.0											
14	08	24	6.150		6.6		3.0	11				3			6			
15	08	24	6.130		6.6		4.0	8				7			2			
16	08	24	6.170		6.6		3.0	12				6			380			
17	08	24	5.342		6.7		3.0	15				7			10			
18	08	24	3.928		6.6		3.0	18				7			2			
19	08	24	5.768		6.8		4.0											
20	08	24	5.614		6.9		4.0											
21	08	24	6.407		6.5		4.0	Lab Error				7			12			
22	08	24	6.224		6.6		3.8	12				22			0			
23	08	24	6.523		6.6		4.0	12				3			0			
24	08	24	6.986		6.7		4.0	13				7			0			
25	08	24	7.090		6.8		5.0	15				9			0			
26	08	24	6.376		6.8		4.0											
27	08	24	5.952		6.8		4.0											
28	08	24	7.560		6.8		4.0	12				6			0			
29	08	24	6.580		6.6		4.0	13				5			2			
30	08	24	6.493		6.5		4.0	12				6			8			
31	08	24	6.142		6.4		4.0	13				8			104			
Average			6.143				7.5	12				8			4.9 *			
Max.			7.560		7.2		5.0	15				22			380			
Min.			3.928		6.4		1.5	8				3			0			
Comp.(C)/Grab(G)					G		G	C				C			G			
Monthly Limit					6–9			30				30			70			

DEM Form MR-1 (11/84)

Facility Status: (Please check one of the following)

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

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

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

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

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: JULY YEAR: 86

FACILITY NAME: Camp Johnson STP CLASS: II COUNTY: Onslow

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

CERTIFIED 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:

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

X Mack D. Davis
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L				
1	08	8	.522		6.6		2.0	6				6	0					
2	08	8	.520				4.0											
3	08	8	.385		6.5		3.0	7				4	2					
4	08	8	.346		6.6		4.0											
5	08	8	.451		6.8		6.0											
6	08	8	.316		6.6		1.0											
7	08	8	.317		6.9		4.0											
8	08	8	.312		6.6		2.5	9				5	10					
9	08	8	.333		6.6		1.5											
10	08	8	.352		6.6		4.0	8				5	100					
11	08	8	.331		6.6		4.0											
12	08	8	.605		6.9		4.0											
13	08	8	.549		6.8		5.0											
14	08	8	.546		6.6		1.5											
15	08	8	.598		6.5		4.0	6				4	22					
16	08	8	.524		6.6		3.0											
17	08	8	.525		6.5		3.0	7				1	0					
18	08	8	.470		6.6		4.0											
19	08	8	.509		6.6		8.0											
20	08	8	.517		6.6		5.0											
21	08	8	.514		6.5		1.0											
22	08	8	.547		6.6		2.0	8				16	130					
23	08	8	.511		6.6		1.5											
24	08	8	.551		6.6		2.5	8				3	0					
25	08	8	.551		6.5		3.0											
26	08	8	.507		6.6		5.0											
27	08	8	.543		6.6		5.0											
28	08	8	.526		6.8		3.0											
29	08	8	.510		6.8		2.5	8				3	0					
30	08	8	.445		6.6		4.0											
31	08	8	.474		6.8		3.0	9				5	0					
Average			.474				3.4	8				5	4.73*					
Max.			.598		6.9		8.0	9				16	130					
Min.			.312		6.5		1.0	6				1	0					
Comp.(C)/Grab(G)					G		G	C				C	G					
Monthly Limit					6-9			30				30	200					

DEM Form MR-1 (11/84

Facility Status: (Please check one of the following)

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

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

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

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

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.

EFFLUENT

NPDES PERMIT NO: NC0003239 **DISCHARGE NO:** 002 **MONTH:** July **YEAR:** 1986

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

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X Mack D. Davis
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 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	24	1.1901		6.8		4.5	12				4	0					
2	08	24	1.1990		6.8		4.0	12				8	10					
3	08	24	1.0875		6.9		4.0	11				7	0					
4	08	24	1.0680		7.2		4.0	13				9	0					
5	08	24	1.0428		6.4		5.0											
6	08	24	1.0770		6.6		3.0											
7	08	24	1.1962		6.7		2.0	14				5	72					
8	08	24	1.1150		6.8		5.0	15				8	0					
9	08	24	1.1943		6.7		4.0	19				4	0					
10	08	24	1.2300		6.8		4.0	11				4	2					
11	08	24	1.1656		6.7		4.0	12				7	0					
12	08	24	1.1993		6.5		4.0											
13	08	24	1.1454		6.8		4.0											
14	08	24	1.1101		6.8		4.0	15				4	160					
15	08	24	1.1264		6.7		4.0	16				8	10					
16	08	24	1.0469		6.7		4.0	17				10	Sample	Error				
17	08	24	1.1203		6.8		4.0	13				6	0					
18	08	24	1.1832		6.6		4.0	18				9	0					
19	08	24	1.0841		6.8		5.0											
20	08	24	1.0827		6.8		4.0											
21	08	24	1.2258		6.6		5.0	Lab Error				8	80					
22	08	24	1.0634		6.5		5.0	17				26	0					
23	08	24	1.0916		6.6		4.0	14				4	0					
24	08	24	1.1277		6.6		4.0	13				7	0					
25	08	24	1.1070		6.8		4.0	16				8	4					
26	08	24	1.0861		6.8		4.0											
27	08	24	1.1576		6.6		5.0											
28	08	24	1.2017		6.6		4.0	15				10	0					
29	08	24	1.1831		6.8		4.0	17				8	2					
30	08	24	1.0722		6.7		4.0	16				8	2					
31	08	24	1.0665		6.4		5.0											
Average			1.1305				4.1	15				8	2.69					
Max.			1.2300		7.2		5.0	19				26	160					
Min.			1.0428		6.4		2.9	11				4	0					
Comp.(C)/Grab(G)					G		G	C				C	G					
Monthly Limit					6-9			30				30	200					

DEM Form MR-1 (11/84

Facility Status: (Please check one of the following)

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

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

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

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

Julian D. Woolen
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0003239 **DISCHARGE NO:** 001 **MONTH:** July **YEAR:** 1986

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

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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

PERSON(s) COLLECTING SAMPLES: STP Operators

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

X Mack D Davis

Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L				
1	08	24	1.5047		6.6		4.0	7				8	0					
2	08	24	1.5015		6.6		4.0	8				8	0					
3	08	24	1.4281		6.9		4.0	7				3	0					
4	08	24	1.1975		6.6		4.0	1				1	0					
5	08	24	1.1552		6.4		4.0											
6	08	24	1.1713		6.4		4.0											
7	08	24	1.3070		6.4		4.0	4				1	0					
8	08	24	1.2939		6.8		4.0	6				5	0					
9	08	24	1.2750		6.8		4.0	8				6	0					
10	08	24	1.3462		6.8		4.0	8				7	0					
11	08	24	1.3326		7.0		4.0	8				9	0					
12	08	24	1.2762		6.6		4.0											
13	08	24	1.2276		6.6		4.0											
14	08	24	1.1097		6.7		4.0	7				4	0					
15	08	24	1.2532		6.7		4.0	7				5	18					
16	08	24	1.3485		6.8		4.0	7				4	0					
17	08	24	1.3011		6.4		4.0	6				5	0					
18	08	24	1.3186		6.8		4.0	10				6	0					
19	08	24	1.2089		6.8		4.0											
20	08	24	1.1645		6.8		4.0											
21	08	24	1.3193		6.8		4.0	Lab Error				6	CL2 IN SAMPLE					
22	08	24	1.2889		7.0		4.0	10				19	0					
23	08	24	1.2819		7.0		4.0	9				7	0					
24	08	24	1.2508		7.4		4.0	10				5	0					
25	08	24	1.2093		6.7		4.0	12				10	0					
26	08	24	1.1541		6.5		4.0											
27	08	24	1.1898		6.8		4.0											
28	08	24	1.2811		6.7		4.0	11				8	0					
29	08	24	1.2407		6.9		3.0	9				7	4					
30	08	24	1.2385		6.7		4.0	9				6	4					
31	08	24	1.2484		6.7		4.0	8				8	0					
Average			1.2717				4.0	7				6	1.29					
Max.			1.5047		7.4		4.0	11				19	18					
Min.			1.1097		6.4		3.0	1				1	0					
Comp.(C)/Grab(G)					G		G	C				C	G					
Monthly Limit					6-9			30				30	200					

DEM Form MR-1 (11/84

Facility Status: (Please check one of the following)

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

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

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

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

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.

Influent

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

FACILITY NAME: Camp Geiger STP COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD
			00400	00010	00545	00310	00610	00500	00530	00340
		HRS	STD UNITS	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L
1	08	24				124			94	
2	08	24				128			76	
3	08	24				92			74	
4	08	24				44			53	
5										
6										
7	08	24				108			1000	
8	08	24				116			93	
9	08	24				140			76	
10	08	24				108			90	
11	08	24				108			96.	
12										
13										
14	08	24				124			66	
15	08	24				128			66	
16	08	24				112			44	
17	08	24				140			158	
18	08	24				124			70	
19										
20										
21	08	24				L.E.			94	
22	08	24				116			138	
23	08	24				108			70	
24	08	24				136			94	
25	08	24				176			124	
26										
27										
28	08	24				164			106	
29	08	24				124			85	
30	08	24				140			82	
31	08	24				120			78	
AVERAGE						122			127	
MONTHLY MAXIMUM						176			1000	
MONTHLY MINIMUM						44			44	
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: 002 MONTH: July YEAR: 1986

FACILITY NAME: Tarawa Terrace STP COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD
			00400	00010	00545	00310	00610	00500	00530	00340
		HRS	STD UNITS	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L
1	08	24				132			323	
2	08	24				108			308	
3	08	24				136			34	
4	08	24				120			264	
5										
6										
7	08	24				124			138	
8	08	24				160			198	
9	08	24				124			156	
10	08	24				92			40	
11	08	24				148			108	
12										
13										
14	08	24				168			170	
15	08	24				240			316	
16	08	24				124			138	
17	08	24				120			130	
18	08	24				132			126	
19										
20										
21	08	24				Lab Error			355	
22	08	24				148			285	
23	08	24				168			198	
24	08	24				148			76	
25	08	24				112			90	
26										
27										
28	08	24				128			94	
29	08	24				124			64	
30	08	24				128			134	
31	08	24				180			152	
AVERAGE						139			169	
MONTHLY MAXIMUM						240			355	
MONTHLY MINIMUM						92			34	
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: 003 MONTH: July YEAR: 1986

FACILITY NAME: Camp Johnson STP COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD							
			00400	00010	00545	00310	00610	00500	00530	00340							
											ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1	08	8				72			56								
2																	
3	08	8				52			21								
4																	
5																	
6																	
7																	
8	08	8				124			76								
9																	
10	08	8				140			50								
11																	
12																	
13																	
14																	
15	08	8				60			38								
16																	
17	08	8				96			48								
18																	
19																	
20																	
21																	
22	08	8				60			114								
23																	
24	08	8				100			134								
25																	
26																	
27																	
28																	
29	08	8				120			70								
30																	
31	08	8				168			74								
AVERAGE						99			68								
MONTHLY MAXIMUM						168			134								
MONTHLY MINIMUM						52			21								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Hadnot Point STP COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD							
			00400	00010	00545	00310	00610	00500	00530	00340							
											ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1	08	24				100			98								
2	08	24				92			118								
3	08	24				108			138								
4	08	24				60			64								
5																	
6																	
7	08	24				84			68								
8	08	24				120			76								
9	08	24				108			64								
10	08	24				100			76								
11	08	24				92			88								
12																	
13																	
14	08	24				100			44								
15	08	24				100			64								
16	08	24				108			84								
17	08	24				124			90								
18	08	24				124			72								
19																	
20																	
21	08	24				Lab Error			70								
22	08	24				100			166								
23	08	24				112			86								
24	08	24				152			108								
25	08	24				132			148								
26																	
27																	
28	08	24				108			98								
29	08	24				96			72								
30	08	24				108			68								
31	08	24				124			110								
AVERAGE						107			90								
MONTHLY MAXIMUM						124			166								
MONTHLY MINIMUM						60			44								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Rifle Range 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	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1	08	8				80			58								
2																	
3	08	8				NO	SAMPLE										
4																	
5																	
6																	
7																	
8	08	8				40			17								
9																	
10	08	8				24			130								
11																	
12																	
13																	
14																	
15	08	8				52			19								
16																	
17	08	8				40			155								
18																	
19																	
20																	
21																	
22	08	8				48			73								
23																	
24	08	8				52			104								
25																	
26																	
27																	
28																	
29	08	8				32			8								
30																	
31	08	8				68			40								
AVERAGE						48			67								
MONTHLY MAXIMUM						80			155								
MONTHLY MINIMUM						24			8								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Courthouse Bay STP 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	08	8				84			72								
2																	
3																	
4																	
5																	
6																	
7																	
8	08	8				80			66								
9																	
10	08	8				68			36								
11																	
12																	
13																	
14																	
15	08	8				80			56								
16																	
17	08	8				64			26								
18																	
19																	
20																	
21																	
22	08	8				88			174								
23																	
24	08	8				108			185								
25																	
26																	
27																	
28																	
29	08	8				96			80								
30																	
31	08	8				104			86								
AVERAGE						86			87								
MONTHLY MAXIMUM						108			185								
MONTHLY MINIMUM						64			26								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Onslow Beach STP COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD							
			00400	00010	00545	00310	00610	00500	00530	00340							
											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	08	8				168			58								
2																	
3	08	8				NO SAMPLE											
4																	
5																	
6																	
7																	
8	08	8				216			48								
9																	
10	08	8				136			37								
11																	
12																	
13																	
14																	
15	08	8				200			36								
16																	
17	08	8				120			20								
18																	
19																	
20																	
21																	
22	08	8				136			132								
23																	
24	08	8				156			95								
25																	
26																	
27																	
28																	
29	08	8				188			34								
30																	
31	08	8				236			34								
AVERAGE						173			58								
MONTHLY MAXIMUM						236			132								
MONTHLY MINIMUM						120			20								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

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

FACILITY NAME: Camp Geiger STP COUNTY: Onslow

STREAM: New River STREAM: New River

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

Upstream

Date	Time 2400 Clock	00010 Temperature (Celsius)	00300 Dissolved Oxygen	00400 PH	00310 BOD_5 20°C	00340 COD	31616 Fecal Coliform *Geometric Mean	70350 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	09	29	4.9	6.9	NS*		20	0			
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		29	4.9		NS*		20	0			
Monthly Maximum		29	4.9		NS*		20	0			
Monthly Minimum		29	4.9		NS*		20	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	70350 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	10	32	6.9	8.2	5.7		0	0.2			
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		10	32	6.9		5.7		0	0.2		
Monthly Maximum		10	32	6.9		5.7		0	0.2		
Monthly Minimum		10	32	6.9		5.7		0	0.2		

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

FACILITY NAME: Tarawa Terrace STP COUNTY: Onslow

STREAM: Northeast Creek STREAM: Northeast Creek

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

Upstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Oil + Grease			
		00010	00300	00400	00310	00340	31616	70350			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
1											
2											
3											
4											
5											
6											
7	09	32	6.1	8.1	4.5		8	0			
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		32	6.1		4.5		8	0			
Monthly Maximum		32	6.1		4.5		8	0			
Monthly Minimum		32	6.1		4.5		8	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	70350			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
1											
2											
3											
4											
5											
6											
7	10	33	6.6	NS*	5.3		0	0			
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		10	33	6.6		5.3		0	0		
Monthly Maximum		10	33	6.6		5.3		0	0		
Monthly Minimum		10	33	6.6		5.3		0	0		

DEM Form MR-3 (11-84)

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

FACILITY NAME: Camp Johnson STP COUNTY: Onslow

STREAM: Northeast Creek STREAM: New River

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

Upstream

		00010	00300	00400	00310	00340	31616	70350			
Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD5 20°C	COD	Fecal Coliform *Geometric Mean	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	10	33	6.6	NS*	5.3		NS*	0			
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		33	6.6		5.3		NS*	0			
Monthly Maximum		33	6.6		5.3		NS*	0			
Monthly Minimum		33	6.6		5.3		NS*	0			

Downstream

		00010	00300	00400	00310	00340	31616	70350			
Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD5 20°C	COD	Fecal Coliform *Geometric Mean	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	10	32	6.9	8.2	5.7		NS*	0.2			
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	10	32	6.9		5.7		NS*	0.2			
Monthly Maximum	10	32	6.9		5.7		NS*	0.2			
Monthly Minimum	10	32	6.9		5.7		NS*	0.2			

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

FACILITY NAME: Hadnot Point STP COUNTY: Onslow

STREAM: New River STREAM: New River

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

Upstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Oil + Grease			
		00010	00300	00400	00310	00340	31616	70350			
								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	10	32	6.9	8.2	5.7		0	0.2			
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		32	6.9		5.7		0	0.2			
Monthly Maximum		32	6.9		5.7		0	0.2			
Monthly Minimum		32	6.9		5.7		0	0.2			

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	70350			
								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	12	33	6.4	8.2	3.7		0	0.2			
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		12	33	6.4		3.7		0	0.2		
Monthly Maximum		12	33	6.4		3.7		0	0.2		
Monthly Minimum		12	33	6.4		3.7		0	0.2		

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

FACILITY NAME: Rifle Range STP COUNTY: Onslow

STREAM: New River STREAM: New River

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

Upstream

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	70350			
								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	12	33	6.4	8.2	3.7		0	0.2			
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		33	6.4		3.7		0	0.2			
Monthly Maximum		33	6.4		3.7		0	0.2			
Monthly Minimum		33	6.4		3.7		0	0.2			

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	70350			
								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	10	32	6.1	8.1	2.6		0	0			
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		10	32	6.1		2.6		0	0		
Monthly Maximum		10	32	6.1		2.6		0	0		
Monthly Minimum		10	32	6.1		2.6		0	0		

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

FACILITY NAME: Courthouse Bay STP COUNTY: Onslow

STREAM: New River STREAM: New River

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

Upstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Oil + Grease			
		00010	00300	00400	00310	00340	31616	70350			
		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	10	32	6.1	8.1	2.6		0	0			
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		32	6.1		2.6		0*	0			
Monthly Maximum		32	6.1		2.6		0	0			
Monthly Minimum		32	6.1		2.6		0	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	70350			
		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	11	32	5.9	8.0	1.7		0	0			
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		11	32	5.9		1.7		0*	0		
Monthly Maximum		11	32	5.9		1.7		0	0		
Monthly Minimum		11	32	5.9		1.7		0	0		

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

FACILITY NAME: Onslow Beach STP COUNTY: Onslow

STREAM: Intracoastal Waterway STREAM: Intracoastal Waterway

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

Upstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Oil + Grease			
		00010	00300	00400	00310	00340	31616	70350			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
1											
2											
3											
4											
5											
6											
7	11	32	6.2	8.0	1.8		8	0			
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		32	6.2		1.8		8	0			
Monthly Maximum		32	6.2		1.8		8	0			
Monthly Minimum		32	6.2		1.8		8	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	70350			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
1											
2											
3											
4											
5											
6											
7	11	32	6.0	8.1	1.8		0	0			
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		11	32	6.0		8.1		0	0		
Monthly Maximum		11	32	6.0		8.1		0	0		
Monthly Minimum		11	32	6.0		8.1		0	0		

STORM DRAINS

NPDES NO: NC0003239 MONTH: July YEAR: 1986

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

STORM DRAIN NUMBER	DATE COLLECTED	FLOW 50050	pH 00400	TOTAL SUSPENDED RESIDUE 00530	OIL & GREASE 00556
20	14 July	No Flow			
21	14 July	Dry			
22	14 July	Dry			
23	14 July	Dry			
24	14 July	No Flow			
25	14 July	Dry			
26	14 July	No Flow			
27	15 July	Dry			
28	15 July	No Flow			
30	15 July	1,166,400	5.5	22.0	0.0
31	16 July	No Flow			
32	16 July	218.7 MG	7.2	2.5	0.6
33	16 July	145,800	7.6	10.0	0.0
34	16 July	Dry			
35	16 July	8,100	7.8	4.3	0.0
36	16 July	No Flow			
37	16 July	Dry			
38	16 July	Dry			
39	16 July	Dry			
40	16 July	194,400	7.7	2.0	0.1
41	16 July	218,700	7.9	0.0	0.0
42	16 July	291,600	7.7	4.0	0.0
43	16 July	No Flow			
44	16 July	874,800	7.3	20.8	2.8
45	16 July	729,000	7.4	1.0	0.3
46	17 July	437,400	7.7	130.0	3.6
47	17 July	1,749,600	8.2	0.7	0.0
48	17 July	2,187,000	7.8	0.0	0.0
49	17 July	174.960	7.4	0.0	0.0
50	17 July	Dry			
51	17 July	Dry			
52	17 July	72,900	7.0	0.7	0.0
53	17 July	No Flow			

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

STORM DRAINS

NPDES NO: NC0003239 MONTH: July YEAR: 1986

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

STORM DRAIN NUMBER	DATE COLLECTED	FLOW 50050	pH 00400	TOTAL SUSPENDED RESIDUE 00530	OIL & GREASE 00556
54	17 July	32,400	7.2	0.0	0.0
55	17 July	291,600	7.6	0.4	0.0
56	17 July	Dry			
57	17 July	874,800	8.1	1.3	0.0
62	17 July	583,200	7.3	0.0	0.0
63	16 July	1,749,600	7.1	5.0	4.7
64	16 July	4,665,600	7.2	2.0	5.0
65	17 July	583,200	8.4	2.6	0.0
66	14 July	Dry			
67	15 July	437,400	8.4	0.5	0.0
68	15 July	3,499,200	7.8	3.2	0.0
69	15 July	Dry			
70	24 July	Dry			
71	24 July	Dry			
72	24 July	874,800	7.3	0.0	0.0
73	24 July	Tidal	8.2	44.6	0.0
74	24 July	Tidal	8.1	24.4	0.0
75	24 July	Tidal	8.1	36.4	0.0
76	24 July	Dry			
77	24 July	Dry			
78	24 July	No Flow			
79	24 July	Dry			
80	24 July	Dry			
81	15 July	3,499,200	6.7	1.1	0.0
82	15 July	1,749,600	7.2	0.0	1.3
83	15 July	Dry			
84	15 July	Dry			
85	15 July	Dry			
86	15 July	1,749,600	7.1	4.0	0.0
87	15 July	Dry			
88	15 July	174,960	7.7	0.0	0.2
89	16 July	No Flow			
90	16 July	6,480	6.7	1.0	3.4

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

UNITED STATES MARINE CORPS
Marine Corps Base
Camp Lejeune, North Carolina 28542-5001

6288
NREAD
22 Jan 86

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

Dear Sir:

In accordance with requirements of the National Pollutant Discharge Elimination System (NPDES) Permit Number NC 0003239, Discharge Monitoring Reports (DMRs) for the month of ~~December~~ July, 1986 ~~1985~~ 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
Assistant Chief of Staff, Facilities
By direction of the Commanding General

Encls:
(1) DEM Form MR-2

Copy to:
EPA Region IV
CMDR LANTNAVFACENGCOM
NEESA

Blind Copy:
E. Betz (WQCL)

6288
NREAD
23 Sep 86

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

Dear Sir:

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

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

Copy to:
EPA Region IV
CMDR LANTNAVFACENGCOM
NEESA

Blind copy to:
BMAINTO
WCQL, NREAD

EFFLUENT

PDES PERMIT NO: NC0003239 DISCHARGE NO: 001 MONTH: AUGUST YEAR: 1986

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

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

ERTIFIED LABORATORY: Water Quality Control Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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

PERSON(s) COLLECTING SAMPLES: STP Operators

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

X Mack D. Davis

Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☒ DAILY RATE	00010 TEMPERATURE CELSIUS	00403 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L				
1	00	24	1.2254		7.0		4.0	11				13	0					
2	00	24	1.1575		6.9		4.0											
3	00	24	1.4431		6.9		4.0											
4	00	24	1.4871		6.9		4.0	9				6	16					
5	00	24	1.4016		6.8		4.0	6				3	220					
6	00	24	1.3229		6.4		4.0	10				6	0					
7	00	24	1.3166		6.7		4.0	7				4	50					
8	00	24	1.1984		6.8		4.0	7				4	0					
9	00	24	1.1551		6.8		4.0											
10	00	24	1.1249		6.8		4.0											
11	00	24	1.2084		6.6		4.0	18				2	0					
12	00	24	1.2186		7.2		4.0	9				4	0					
13	00	24	1.2380		7.0		4.0	8				3	0					
14	00	24	1.1753		6.8		4.0	4				2	0					
15	00	24	1.1423		6.9		4.0	3				1	0					
16	00	24	1.0414		6.6		4.0											
17	00	24	1.1749		6.8		4.0											
18	00	24	1.0236		6.4		4.0	4				2	0					
19	00	24	1.9033		6.8		3.0	7				10	0					
20	00	24	1.5906		6.6		4.0	3				2	0					
21	00	24	1.4709		6.4		4.0	3				2	0					
22	00	24	1.3667		6.4		4.0	7				9	2					
23	00	24	1.2355		6.4		4.0											
24	00	24	1.2343		6.4		4.0											
25	00	24	1.1660		6.4		4.0	6				3	0					
26	00	24	1.1377		6.6		4.0	8				1	0					
27	00	24	1.2081		6.6		4.0	8				3	0					
28	00	24	1.1468		6.6		4.0	5				2	0					
29	00	24	1.0537		6.8		4.0	5				2	0					
30	00	24	.9979		6.6		4.0											
31	00	24	1.0421		6.8		4.0											
Average			1.2454				4.0	7				4	1.84*					
Max.			1.9033		7.2		4.0	18				13	220					
Min.			.9979		6.4		4.0	3				1	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:

Julian H. 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

PDES PERMIT NO: NC0003239 DISCHARGE NO: 002 MONTH: August YEAR: 1986

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

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

ERTIFIED LABORATORY: Water Quality Control Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

PERSON(s) COLLECTING SAMPLES: STP Operators

Mail original and one copy to:
ATT: Central Files
Division of Environmental Management
N C Department of NRCD
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	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	0024		1.0003		6.5		4.0	21				13	8					
2	0024		1.1445		6.8		5.0											
3	0024		1.3525		6.4		5.0											
4	0024		1.1260		6.2		5.0	18				14	0					
5	0024		1.1665		6.3		4.0	16				10	6					
6	0024		1.0750		6.6		4.0	15				9	0					
7	0024		1.0590		6.4		4.0	16				10	6					
8	0024		1.0489		6.5		5.0	17				10	12					
9	0024		1.1565		6.4		4.0											
10	0024		1.1338		6.4		4.0											
11	0024		1.1635		6.5		4.0	23				11	94					
12	0024		1.0206		6.4		4.0	35				23	76					
13	0024		.8658		6.4		4.0	27				10	4					
14	0024		1.0988		6.4		5.0	16				10	16					
15	0024		1.1037		6.2		5.0	3				8	2					
16	0024		1.0630		6.5		4.0											
17	0024		1.2738		6.6		4.0											
18	0024		1.1358		6.5		5.0	3				8	4					
19	0024		1.6859		6.5		1.5	15				19	0					
20	0024		1.3559		6.5		4.0	11				8	0					
21	0024		1.1893		6.1		4.0	15				11	0					
22	0024		1.2110		6.5		4.0	15				11	0					
23	0024		1.0829		6.6		4.0											
24	0024		1.1119		6.5		3.5											
25	0024		1.0284		6.5		4.0	14				6	2					
26	0024		1.0493		6.6		4.0	13				3	0					
27	0024		1.0236		6.5		4.0	14				5	0					
28	0024		.9547		6.2		4.5	12				7	0					
29	0024		.9231		6.4		4.0	17				6	0					
30	0024		.8494		6.2		5.0											
31	0024		.8901		6.0		4.5											
Average			1.1079				4.2	16				10	3.24*					
Max.			1.6859		6.8		5.0	35				23	94					
Min.			.8494		6.0		1.5	3				3	0					
Comp.(C)/Grab(G)					G		G	C				C	G					
Monthly Limit					6–9			30				30	200					

DEM Form MR-1 (11/84

Facility Status: (Please check one of the following)

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

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

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

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

Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

PDES PERMIT NO: NC0003239 DISCHARGE NO: 003 MONTH: August YEAR: 1986

ACILITY NAME: Montfort Pointe STP CLASS: II COUNTY: Onslow

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

ERTIFIED LABORATORY: Water Quality Control Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

PERSON(s) COLLECTING SAMPLES: STP Operators

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

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

X Mack D. Davis

Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00403 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L				
1	08	8	.433		6.8		5.0											
2	08	8	.444		7.0		4.0											
3	08	8	.951		6.7		4.0											
4	08	8	.486		6.6		1.0											
5	08	8	.700		6.4		4.0	6				4	0					
6	08	8	.555		6.6		4.0											
7	08	8	.507		6.6		4.0	8				3	0					
8	08	8	.478		6.6		4.0											
9	08	8	.390		6.8		6.0											
10	08	8	.483		6.8		8.0											
11	08	8	.550		6.8		2.0											
12	08	8	.580		6.8		4.0	8				4	0					
13	08	8	.555		6.6		1.5											
14	08	8	.528		6.8		1.5	7				3	0					
15	08	8	.390		6.8		5.0											
16	08	8	.377		6.7		5.0											
17	08	8	.444		6.7		6.0											
18	08	8	.569		6.4		3.0											
19	08	8	.843		6.4		1.5	12				39	82					
20	08	8	.713		6.6		5.0											
21	08	8	.524		6.8		1.0	13				4	0					
22	08	8	.422		6.6		4.0											
23	08	8	.446		6.8		4.0											
24	08	8	.473		7.0		5.0											
25	08	8	.438		6.8		4.0											
26	08	8	.590		6.6		5.0	16				2	0					
27	08	8	.518		6.6		4.0											
28	08	8	.379		6.8		4.0	6				1	0					
29	08	8	.311		7.0		5.0											
30	08	8	.267		6.8		8.0											
31	08	8	.317		6.6		8.0											
Average			.505				4.2	10				8	1.73					
Max.			.951		7.0		8.0	16				39	82					
Min.			.267		6.4		1.0	6				1	0					
Comp.(C)/Grab(G)					G		G	C				C	G					
Monthly Limit					6-9			30				30	200					

DEM Form MR-1 (11/84)

Facility Status: (Please check one of the following)

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

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

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

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

Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

PDES PERMIT NO: NC0003239 DISCHARGE NO: 004 MONTH: August YEAR: 1986

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

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

ERTIFIED LABORATORY: Water Quality Control Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

PERSON(s) COLLECTING SAMPLES: STP Operators

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

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

X 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°	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	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
1	00	24	5.855		6.8		4.0	16				10			98			
2	00	24	5.514		6.6		4.0											
3	00	24	6.257		6.8		4.0											
4	00	24	6.114		6.8		3.0	13				9			2			
5	00	24	5.884		6.8		2.0	14				32			0			
6	00	24	3.992		6.5		4.0	11				9			0			
7	00	24	4.004		6.9		4.0	10				6			4			
8	00	24	3.760		6.8		4.0	14				8			0			
9	00	24	3.382		6.8		4.0											
10	00	24	3.271		6.8		4.0											
11	00	24	3.688		6.9		4.0	12				23			18			
12	00	24	3.541		6.6		4.0	12				7			18			
13	00	24	3.991		6.6		4.0	12				9			0			
14	00	24	3.852		6.6		3.0	12				7			6			
15	00	24	3.554		6.6		3.0	15				6			4			
16	00	24	3.046		6.7		4.0											
17	00	24	3.789		6.8		4.0											
18	00	24	3.630		6.8		4.0	10				4			0			
19	00	24	4.844		6.7		4.0	9				13			6			
20	00	24	4.188		6.6		3.0	9				6			26			
21	00	24	3.994		6.8		3.0	9				8			12			
22	00	24	3.558		6.4		4.0	13				10			2			
23	00	24	3.264		6.8		4.0											
24	00	24	3.171		6.8		4.0											
25	00	24	3.443		6.7		4.0	12				5			10			
26	00	24	3.412		6.7		3.0	10				4			4			
27	00	24	3.459		6.8		4.0	12				5			6			
28	00	24	3.560		6.8		3.0	12				3			0			
29	00	24	3.108		6.8		4.0	17				5			0			
30	00	24	2.737		6.6		4.0											
31	00	24	2.791		6.7		4.0											
Average			3.957				3.7	12				8			4.04*			
Max.			6.257		6.9		4.0	17				32			98			
Min.			2.737		6.4		2.0	9				3			0			
Comp.(C)/Grab(G)					G		G	C				C			G			
Monthly Limit					6-9			30				30			70			

DEM Form MR-1 (11/84

Facility Status: (Please check one of the following)

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

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

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

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

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

PDES PERMIT NO: NC0003239 DISCHARGE NO: 005 MONTH: August YEAR: 1986

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

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

ERTIFIED LABORATORY: Water Quality Control Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

PERSON(s) COLLECTING SAMPLES: STP Operators

Mail original and one copy to:
ATT: Central Files
Division of Environmental Management
N C Department of NRCD
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	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	31506 TOTAL COLIFORM FARMETRIC MEAN			
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	//100ML			
1	08	8	.26582		6.8		4.0											
2	08	8	.22060		6.8		5.0											
3	08	8	.20051		6.4		8.0											
4	08	8	.18941		6.9		6.0											
5	08	8	.25061		6.9		3.0	4				2			2			
6	08	8	.26920		6.9		6.0											
7	08	8	.24507		6.8		8.0	3				3			0			
8	08	8	.20184		6.7		6.0											
9	08	8	.21234		6.8		8.0											
10	08	8	.22923		6.9		8.0											
11	08	8	.19340		6.8		8.0											
12	08	8	.24459		6.6		5.0	7				3			0			
13	08	8	.23036		6.7		6.0											
14	08	8	.24147		6.8		5.0	4				1			0			
15	08	8	.22942		6.6		5.0											
16	08	8	.23845		6.8		5.4											
17	08	8	.25204		6.7		4.5											
18	08	8	.23640		6.7		6.0											
19	08	8	.27033		6.8		4.0	2				5			0			
20	08	8	.28533		7.0		6.0											
21	08	8	.26731		6.8		6.0	6				4			0			
22	08	8	.27101		6.7		8.0											
23	08	8	.25198		7.0		6.0											
24	08	8	.25680		6.8		4.0											
25	08	8	.23912		7.0		5.0											
26	08	8	.25572		7.0		4.0	8				1			0			
27	08	8	.25883		6.8		3.0											
28	08	8	.29711		7.0		4.0	4				2			0			
29	08	8	.22374		6.7		6.0											
30	08	8	.21533		7.0		8.0											
31	08	8	.22014		7.0		8.0											
Average			.24076				5.8	5				3			1.09			
Max.			.29711		7.0		8.0	8				5			2			
Min.			.18941		6.4		3.0	2				1			0			
Comp.(C)/Grab(G)					G		G	C				C			C			
Monthly Limit					6-9			30				30			70			

DEM Form MR-1 (11/84

Facility Status: (Please check one of the following)

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

PDES PERMIT NO: NC0003239 DISCHARGE NO: 006 MONTH: August YEAR: 1986

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

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

ERTIFIED LABORATORY: Water Quality Control Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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

PERSON(s) COLLECTING SAMPLES: STP Operators

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

X Mack D. Davis

Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	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	38504 ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW: TOTAL COLIFORM * GEOMETRIC MEAN			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	/100ML			
1	08		.5004		6.6		5.0											
2	08		.4503		6.6		4.0											
3	08		.4005		6.7		2.5											
4	08		.400		6.7		2.2											
5	08	8	.400		7.0		2.0	5				3			0			
6	08		.400		7.0		3.0											
7	08	8	.400		7.0		3.0	5				1			0			
8	08		.400		7.0		2.5											
9	08		.400		7.0		3.0											
10	08		.400		7.0		2.5											
11	08		.400		7.0		2.5											
12	08	8	.400		6.9		3.0	9				6			1400			
13	08		.400		6.9		2.5											
14	08	8	.400		6.7		3.5	4				4			0			
15	08	8	.400		6.9		3.0											
16	08		.400		6.8		2.5											
17	08		.400		6.9		2.5											
18	08		.400		6.6		4.5											
19	08	8	.400		6.6		2.5	4				6			0			
20	08		.584		6.6		3.5											
21	08	8	.4997		6.8		3.0	6				4			0			
22	08		.4057		6.9		5.0											
23	08		.4289		6.9		4.0											
24	08		.3637		7.0		4.0											
25	08		.3761		7.0		5.0											
26	08	8	.3927		7.0		5.0	9				1			0			
27	08		.4904		6.8		3.5											
28	08	8	.4475		7.0		2.5	5				2			0			
29	08		.4110		6.8		3.5											
30	08		.4064		6.9		3.0											
31	08		.4163		6.9		4.5											
Average			4185				3.3	6				3			2.47*			
Max.			.5840		7.0		5.0	9				6			1400			
Min.			.3637		6.6		2.2	4				1			0			
Comp.(C)/Grab(G)					G		G	C				C			G			
Monthly Limit					6-9			30				30			70			

DEM Form MR-1 (11/84

Facility Status: (Please check one of the following)

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

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

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

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

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

PDES PERMIT NO: NC0003239 DISCHARGE NO: 007 MONTH: August YEAR: 1986

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

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

ERTIFIED LABORATORY: Water Quality Control Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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

PERSON(s) COLLECTING SAMPLES: STP Operators

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

X Mack D. Davis

Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☐ INF ☑ DAILY RATE	00010 TEMPERATURE CELSIUS	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	31504 ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW: TOTAL COLIFORM GEOMETRIC MEAN			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100ML	MG/L	/100ML			
1	08	8	.1293		6.6		6.0											
2	08	8	.1216		6.6		6.0											
3	08	8	.1093		6.4		5.0											
4	08	8	.1607		6.5		5.0											
5	08	8	.1315		6.4		5.0	9				4			2			
6	08	8	.1362		6.4		6.0											
7	08	8	.1730		6.6		6.0	14				1			0			
8	08	8	.1301		6.0		6.6											
9	08	8	.1362		6.6		8.0											
10	08	8	.1301		6.7		8.0											
11	08	8	.1509		6.7		5.0											
12	08	8	.1768		6.6		6.0	17				8			0			
13	08	8	.1877		6.7		5.0											
14	08	8	.1378		6.6		8.0	11				2			6			
15	08	8	.1335		6.6		6.0											
16	08	8	.1625		6.6		6.0											
17	08	8	.1760		6.7		6.8											
18	08	8	.1620		6.7		6.0											
19	08	8	.1900		6.8		6.0	7				6			2			
20	08	8	.1580		6.4		6.0											
21	08	8	.1110		6.4		6.0	13				8			0			
22	08	8	.1900		6.4		6.0											
23	08	8	.1910		6.6		5.0											
24	08	8	.1751		6.4		4.0											
25	08	8	.1250		6.6		4.0											
26	08	8	.1155		6.8		6.0	8				1			0			
27	08	8	.1050		6.9		4.0											
28	08	8	.0902		6.5		6.0	10				2			0			
29	08	8	.0865		6.6		5.0											
30	08	8	.0846		6.6		5.0											
31	08	8	.0745		6.7		5.0											
Average			.1401				5.7	11				4			1.49*			
Max.			.1910		6.9		8.0	17				8			6			
Min.			.0745		6.0		4.0	7				1			0			
Comp.(C)/Grab(G)								C				C			G			
Monthly Limit								30				30			70			

DEM Form MR-1 (11/84)

Facility Status: (Please check one of the following)

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

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

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

_____
_____
_____
_____
_____
_____

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

William H 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

PDES PERMIT NO: NC0003239 DISCHARGE NO: 014 MONTH: August YEAR: 1986

ACILITY NAME: Onslow Beach Water Treatment Pond CLASS: NA COUNTY: Onslow

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

ERTIFIED LABORATORY: Water Quality Control Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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

PERSON(s) COLLECTING SAMPLES: STP Operators

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

X Mack D. Davis

Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☐ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00403 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L				
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12		8			8.4							9						
13																		
14																		
15																		
16																		
17																		
18																		
19		8			8.3							6						
20																		
21																		
22																		
23																		
24																		
25																		
26		8			N.R.							2						
27																		
28																		
29																		
30																		
31																		
Average												6						
Max.					8.4							9						
Min.					8.3							2						
Comp.(C)/Grab(G)					G							C						
Monthly Limit					6-9							30						

DEM Form MR-1 (11/84

Facility Status: (Please check one of the following)

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

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: August YEAR: 1986

FACILITY NAME: Camp Geiger STP COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD							
			00400	00010	00545	00310	00610	00500	00530	00340							
											ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1	00	24				208			132								
2																	
3																	
4	00	24				88			116								
5	00	24				124			72								
6	00	24				120			80								
7	00	24				116			88								
8	00	24				124			104								
9																	
10																	
11	00	24				88			66								
12	00	24				136			98								
13	00	24				124			58								
14	00	24				108			68								
15	00	24				200			70								
16																	
17																	
18	00	24				124			110								
19	00	24				92			160								
20	00	24				68			92								
21	00	24				96			64								
22	00	24				112			164								
23																	
24																	
25	00	24				104			54								
26	00	24				112			58								
27	00	24				132			72								
28	00	24				156			80								
29	00	24				260			90								
30																	
31																	
AVERAGE						128			90								
MONTHLY MAXIMUM						260			164								
MONTHLY MINIMUM						68			54								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Tarawa Terrace STP COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD							
			00400	00010	00545	00310	00610	00500	00530	00340							
											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				168			86								
2																	
3																	
4	00	24				108			346								
5	00	24				92			232								
6	00	24				148			100								
7	00	24				108			60								
8	00	24				240			306								
9																	
10																	
11	00	24				152			330								
12	00	24				108			202								
13	00	24				184			263								
14	00	24				152			500								
15	00	24				112			147								
16																	
17																	
18	00	24				148			150								
19	00	24				92			470								
20	00	24				84			72								
21	00	24				96			173								
22	00	24				132			270								
23																	
24																	
25	00	24				136			174								
26	00	24				112			172								
27	00	24				116			120								
28	00	24				220			220								
29	00	24				112			188								
30																	
31																	
AVERAGE						134			218								
MONTHLY MAXIMUM						240			500								
MONTHLY MINIMUM						84			60								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Montfort Point STP COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD							
			00400	00010	00545	00310	00610	00500	00530	00340							
											ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2																	
3																	
4																	
5	08	8				68			22								
6																	
7	08	8				64			34								
8																	
9																	
10																	
11																	
12	08	8				112			210								
13																	
14	08	8				156			70								
15																	
16																	
17																	
18																	
19	08	8				64			196								
20																	
21	08	8				96			25								
22																	
23																	
24																	
25																	
26	08	8				44			8								
27																	
28	08	8				96			130								
29																	
30																	
31																	
AVERAGE						88			87								
MONTHLY MAXIMUM						156			210								
MONTHLY MINIMUM						44			8								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Hadnot Point STP COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD						
			00400	00010	00545	00310	00610	00500	00530	00340						
											ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW					
		HRS	STD UNITS	°C	ml/L	MG/L	MG/L	MG/L	MG/L	MG/L						
1	00	24				124			108							
2																
3																
4	00	24				108			68							
5	00	24				124			138							
6	00	24				88			82							
7	00	24				108			96							
8	00	24				132			98							
9																
10																
11	00	24				116			78							
12	00	24				292			295							
13	00	24				112			126							
14	00	24				136			130							
15	00	24				132			50							
16																
17																
18	00	24				100			96							
19	00	24				92			138							
20	00	24				68			124							
21	00	24				88			120							
22	00	24				132			130							
23																
24																
25	00	24				96			74							
26	00	24				108			58							
27	00	24				92			66							
28	00	24				128			84							
29	00	24				108			50							
30																
31																
AVERAGE						118			105							
MONTHLY MAXIMUM						292			295							
MONTHLY MINIMUM						68			50							
SAMPLE TYPE C or G						C			C							

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Rifle Range STP COUNTY: Onslow

Date	Time	Composite Time	00400 PH	00010 Temperature (Celsius)	00545 Settleable Matter	00310 BOD5 20 °C	00610 Ammonia Nitrogen	00500 Total Residue	00530 Total Suspended Residue	00340 COD	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2																	
3																	
4																	
5	08	8				28			42								
6																	
7	08	8				24			8								
8																	
9																	
10																	
11																	
12	08	8				28			87								
13																	
14	08	8				56			48								
15																	
16																	
17																	
18																	
19	08	8				28			26								
20																	
21	08	8				44			18								
22																	
23																	
24																	
25																	
26	08	8				44			6								
27																	
28	08	8				48			56								
29																	
30																	
31																	
AVERAGE						38			36								
MONTHLY MAXIMUM						56			87								
MONTHLY MINIMUM						24			6								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

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	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2																	
3																	
4																	
5	08	8				32			16								
6																	
7	08	8				36			19								
8																	
9																	
10																	
11																	
12	08	8				56			38								
13																	
14	08	8				36			20								
15																	
16																	
17																	
18																	
19	08	8				24			44								
20																	
21	08	8				40			40								
22																	
23																	
24																	
25																	
26	08	8				48			8								
27																	
28	08	8				136			146								
29																	
30																	
31																	
AVERAGE						51			41								
MONTHLY MAXIMUM						136			146								
MONTHLY MINIMUM						24			8								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Onslow Beach STP COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD							
			00400	00010	00545	00310	00610	00500	00530	00340							
											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	08	8				92			26								
6																	
7	08	8				176			65								
8																	
9																	
10																	
11																	
12	08	8				120			48								
13																	
14	08	8				108			48								
15																	
16																	
17																	
18																	
19	08	8				60			66								
20																	
21	08	8				56			42								
22																	
23																	
24																	
25																	
26	08	8				76			4								
27																	
28	08	8				64			68								
29																	
30																	
31																	
AVERAGE						94			46								
MONTHLY MAXIMUM						176			68								
MONTHLY MINIMUM						56			4								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

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

FACILITY NAME: Camp Geiger STP COUNTY: Onslow

STREAM: New River STREAM: New River

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

Upstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below: OIL & GREASE			
		00010	00300	00400	00310	00340	31616	70350			
	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	09	32	4.4	7.1	1.7		40	0			
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		32	4.4		1.7		40*	0			
Monthly Maximum		32	4.4	7.1	1.7		40	0			
Monthly Minimum		32	4.4	7.1	1.7		40	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: OIL & GREASE			
		00010	00300	00400	00310	00340	31616	70350			
	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	10	33	5.0	8.0	5.0		4	0			
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		33	5.0		5.0		4*	0			
Monthly Maximum		33	5.0	8.0	5.0		4	0			
Monthly Minimum		33	5.0	8.0	5.0		4	0			

DEM Form MR-3 (11/84)

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

FACILITY NAME: Tarawa Terrace STP COUNTY: Onslow

STREAM: Northeast Creek STREAM: Northeast Creek

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

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	70350			
								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	09	33	4.9	7.1	3.3		4	0			
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		33	4.9		3.3		4	0			
Monthly Maximum		33	4.9	7.1	3.3		4	0			
Monthly Minimum		33	4.9	7.1	3.3		4	0			

Downstream

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	70350			
							Enter Parameter Code above Name and Units Below			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
10	32	5.3	8.0	5.3		4	0			
	32	5.3		5.3		4	0			
	32	5.3	8.0	5.3		4	0			
	32	5.3	8.0	5.3		4	0			

DEM Form MR-3 (11/84)

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

FACILITY NAME: Montfort Point STP COUNTY: Onslow

STREAM: Northeast Creek STREAM: New River

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

Upstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below: OIL & GREASE			
		00010	00300	00400	00310	00340	31616	70350			
	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	10	32	5.3	8.0	5.3		0	0			
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		32	5.3		5.3		0*	0			
Monthly Maximum		32	5.3	8.0	5.3		0	0			
Monthly Minimum		32	5.3	8.0	5.3		0	0			

Downstream

Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below: OIL & GREASE			
	00010	00300	00400	00310	00340	31616	70350			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
10	33	5.0	8.0	5.0		4	0			
	33	5.0		5.0		4*	0			
	33	5.0	8.0	5.0		4	0			
	33	5.0	8.0	5.0		4	0			

DEM Form MR-3 (11/84)

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

FACILITY NAME: Hadnot Point STP COUNTY: Onslow

STREAM: New River STREAM: New River

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

Upstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below: O/L & GREASE			
		00010	00300	00400	00310	00340	31616	70350			
	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	10	33	5.0	8.0	5.0		4	0			
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		33	5.0		5.0		4*	0			
Monthly Maximum		33	5.0	8.0	5.0		4	0			
Monthly Minimum		33	5.0	8.0	5.0		4	0			

Downstream

Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below: O/L & GREASE			
	00010	00300	00400	00310	00340	31616	70350			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
10	33	5.5	8.0	5.3		0	0			
	33	5.5		5.3		0*	0			
	33	5.5	8.0	5.3		0	0			
	33	5.5	8.0	5.3		0	0			

DEM Form MR-3 (11/84)

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

FACILITY NAME: Rifle Range STP COUNTY: Onslow

STREAM: New River STREAM: New River

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

Upstream

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	70350			
		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	10	33	5.5	8.0	5.3		0	0			
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		33	5.5		5.3		0*	0			
Monthly Maximum		33	5.5	8.0	5.3		0	0			
Monthly Minimum		33	5.5	8.0	5.3		0	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	70350			
		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	11	31	6.2	8.0	4.3		4	0			
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		31	6.2		4.3		4*	0			
Monthly Maximum		31	6.2	8.0	4.3		4	0			
Monthly Minimum		31	6.2	8.0	4.3		4	0			

DEM Form MR-3 (11/84)

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

FACILITY NAME: Courthouse Bay STP COUNTY: Onslow

STREAM: New River STREAM: New River

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

Upstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	OIL & GREASE			
		00010	00300	00400	00310	00340	31616	70350			
								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	11	31	6.2	8.0	4.3		4	0			
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		31	6.2		4.3		4*	0			
Monthly Maximum		31	6.2	8.0	4.3		4	0			
Monthly Minimum		31	6.2	8.0	4.3		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	70350			
								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	11	33	6.4	7.8	1.9		0	0			
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		33	6.4		1.9		0*	0			
Monthly Maximum		33	6.4	7.8	1.9		0	0			
Monthly Minimum		33	6.4	7.8	1.9		0	0			

DEM Form MR-3 (11/84)

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

FACILITY NAME: Onslow Beach STP COUNTY: Onslow

STREAM: Intracoastal Waterway STREAM: Intracoastal Waterway

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

Upstream

		00010	00300	00400	00310	00340	31616	70350			
Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	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	11	N.R.	6.0	7.9	2.4		0	0			
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		N.R	6.0		2.4		0	0			
Monthly Maximum		N.R	6.0	7.9	2.4		0	0			
Monthly Minimum		N.R	6.0	7.9	2.4		0	0			

Downstream

		00010	00300	00400	00310	00340	31616	70350			
Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	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	11	N.R.	6.2	7.9	2.8		0	0			
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		N.R.	6.2		2.8		0	0			
Monthly Maximum		N.R.	6.2	7.9	2.8		0	0			
Monthly Minimum		N.R.	6.2	7.9	2.8		0	0			

DEM Form MR-3 (11/84)

N.R. = No Results

STORM DRAINS

NPDES NO: NC0003239 MONTH: August YEAR: 1986

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

STORM DRAIN NUMBER	DATE COLLECTED	FLOW 50050	pH 00400	TOTAL SUSPENDED RESIDUE 00530	OIL & GREASE 00556
58	27 August	No Flow			
60	27 August	Dry			

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

6288
NREAD
28 Oct 86

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

Dear Sir:

In accordance with requirements of the National Pollutant Discharge Elimination System (NPDES) Permit Number NC0003239, two copies of Discharge Monitoring Reports (DMRs) for the month of September 1986 are submitted.

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

Sincerely,

J. I. WOOTEN
Director, Natural Resources Division
Assistant Chief of Staff, Facilities
By direction of the Commanding General

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

Copy to:
EPA Region IV
CMDR LANTNAVFACENGCOM
NEESA

BCC
OCL, NREAD

EFFLUENT

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

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

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X Mack D. Davis

Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☐ INF ☒ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L				
1	00	24	1.0641		6.6		4.0	4				2	4					
2	00	24	1.1231		6.6		4.0	6				3	0					
3	00	24	1.3104		6.6		4.0	4				6	0					
4	00	24	1.3384		6.6		4.0	6				9	0					
5	00	24	1.1158		6.6		4.0	10				4	0					
6			1.2597		6.6		4.0											
7			1.2638		6.8		4.0											
8	00	24	1.1186		6.8		4.0	4				2	0					
9	00	24	1.3640		6.8		4.0	6				4						
10	00	24	1.2562		6.9		2.0	7				3						
11	00	24	1.0866		6.8		4.0	4				1	6					
12	00	24	1.1708		6.8		3.0	7				2						
13	00	24	1.2393		6.6		3.0											
14	00	24	1.0977		6.6		4.0											
15	00	24	1.0835		6.2		4.0	3				1						
16	00	24	1.2207		6.8		4.0	7				4	0					
17	00	24	1.0136		6.8		4.0	5				2						
18	00	24	1.0657		6.8		4.0	5				3	0					
19	00	24	1.2113		6.8		4.0	7				6						
20	00	24	1.1255		6.8		4.0											
21	00	24	1.1492		6.8		4.0											
22	00	24	1.1411		6.8		4.0	8				6						
23	00	24	1.1629		6.8		4.0	6				2	0					
24	00	24	1.0794		6.4		4.0	7				5						
25	00	24	1.1445		6.8		4.0	6				5	0					
26	00	24	1.1770		6.6		4.0	9				4						
27	00	24	1.1210		7.0		4.0											
28	00	24	1.0562		7.0		4.0											
29	00	24	1.1814		7.0		4.0	7				10						
30	00	24	1.2181		7.0		4.0					3	0					
31																		
Average			1.1653				116.	6				4	1.30					
Max.			1.3640		7.0		4.0	10				10	6					
Min.			1.0130		6.2		2.0	3				1	0					
Comp.(C)/Grab(G)					G		G	C				C	G					
Monthly Limit					6 – 9			30				30	200					

DEM Form MR-1 (11/84)

Facility Status: (Please check one of the following)

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

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

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

_____
_____
_____
_____
_____
_____

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

Johan A Wooten
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

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

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

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

PERSON(s) COLLECTING SAMPLES: STP Operators

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

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

X Mack D. Davis

Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L				
1	00	24	1.0705		6.5		4.0	13				8	4					
2	00	24	1.0834		6.9		4.0	15				6	0					
3	00	24	.9550		6.6		4.0	13				8	2					
4	00	24	.9614		6.1		3.0	15				10	0					
5	00	24	.9226		6.2		4.0	17				6	24					
6	00	24	1.0165		6.2		4.0											
7	00	24	1.0340		6.8		4.0											
8	00	24	.9434		6.4		4.5	18				4	30					
9	00	24	.9390		6.4		4.0	15				8						
10	00	24	.9694		6.6		4.0	15				8						
11	00	24	1.0005		7.0		4.0	14				1	0					
12	00	24	1.0342		6.9		4.0	16				6						
13	00	24	.9717		6.6		4.0											
14	00	24	.9223		6.5		5.0											
15	00	24	.9539		6.5		4.0	12				6						
16	00	24	.9181		6.4		4.0	17				11	4					
17	00	24	.8538		6.6		4.0	14				9						
18	00	24	.8545		6.6		4.0	13				8	0					
19	00	24	.88902		6.5		4.0	16				11						
20	00	24	1.0136		6.6		4.0											
21	00	24	1.0475		6.5		4.0											
22	00	24	.9369		6.6		4.0	13				8						
23	00	24	1.0043		6.4		4.0	13				2	2					
24	00	24	1.0291		6.5		4.0	11				8						
25	00	24	.9850		6.5		4.0	12				8	0					
26	00	24	1.0229		6.4		4.0	15				6						
27	00	24	.9966		6.4		4.5											
28	00	24	.9807		6.4		4.0											
29	00	24	1.0256		6.4		4.0	14				10						
30	00	24	.9390		6.4		4.0					9	0					
31																		
Average			.97582				4.0	14				7	2.45					
Max.			1.0705		7.0		5.0	18				11	30					
Min.			.8538		6.1		3.0	11				1	0					
Comp.(C)/ Grab(G)					G		G	C				C	G					
Monthly Limit					6-9			30				30	200					

DEM Form MR-1 (11/84)

Facility Status: (Please check one of the following)

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

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

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

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

Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

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

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

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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

PERSON(s) COLLECTING SAMPLES: STP Operators

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

X Mack D. Davis

Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L				
1			.436		6.8		6.0											
2	08	8	.425		7.0		2.0	6				2	0					
3	08	8	.485		6.6		1.5											
4	08	8	.467		6.8		1.5	6				4	0					
5	08	8	.458		6.7		3.0											
6	08	8	.417		6.8		4.0											
7	08	8	.482		6.6		4.0											
8	08	8	.475		6.7		2.0											
9	08	8	.469		6.6		1.5	8				3	14					
10	08	8	.490		6.9		1.5											
11	08	8	.465		6.8		4.0	6				2						
12	08	8	.412		6.8		2.0											
13	08	8	.454		6.8		5.0											
14	08	8	.453		6.6		6.0											
15	08	8	.451		6.8		1.5											
16	08	8	.430		6.8		1.5	7				3	0					
17	08	8	.426		6.8		1.5											
18	08	8	.423		6.6		5.0	7				5						
19	08	8	.402		6.5		1.5											
20	08	8	.392		6.4		6.0											
21	08	8	.412		6.5		1.5											
22	08	8	.359		6.6		2.5											
23	08	8	.379		6.4		3.0	7					6					
24	08	8	.386		6.6		5.0											
25	08	8	.366		6.6		6.0	7				6	0					
26	08	8	.385		6.8		5.0											
27	08	8	.251		6.7		4.0											
28	08	8	.522		6.9		4.0											
29	08	8	.385		6.6		3.0					[illegible]	[illegible]					
30	08	8	.417		6.8		4.0					1	4500					
31																		
Average			.4259				3.4	7				3	6.26					
Max.			.5220		7.0		6.0	8				6	4500					
Min.			.2540		6.4		1.5	6				1	0					
Comp.(C)/Grab(G)					G		G	C				C	G					
Monthly Limit					6-9			30				30	200					

DEM Form MR-1 (11/84)

Facility Status: (Please check one of the following)

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

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

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

_____
_____
_____
_____
_____
_____

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

Julian S Wooten
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

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

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

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

Mail original and one copy to:
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	31504 ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW: TOTAL COLIFORM GEO MEAN			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	/100ml			
1	00	24	3.885		6.8		4.0	10				10			0			
2	00	24	4.191		7.2		2.5	10				4			100			
3	00	24	3.977		6.9		4.0	8				7			0			
4	00	24	3.774		6.8		4.0	11				7			0			
5	00	24	4.181		6.8		4.0	15				4			0			
6	00	24	3.846		6.8		4.0											
7	00	24	3.822		6.8		4.0											
8	00	24	4.244		6.8		4.0	18				8			4			
9	00	24	4.283		6.7		4.0	13				6			0			
10	00	24	4.122		6.8		4.0	13				6						
11	00	24	4.035		6.9		3.5	12				2			2			
12	00	24	4.487		6.8		4.0	16				6						
13	00	24	3.693		6.8		4.0											
14	00	24	3.613		6.7		4.0											
15	00	24	4.005		6.6		4.0	11				7			16			
16	00	24	3.743		6.8		4.0	13				6			2			
17	00	24	3.952		6.7		4.0	13				7						
18	00	24	3.832		6.8		4.0	14				6			2			
19	00	24	3.986		6.9		4.0	19				10						
20	00	24	3.804		6.8		4.0											
21	00	24	3.983		6.8		4.0											
22	00	24	4.153		6.6		4.0	14				8			2			
23	00	24	4.006		6.7		4.0	15				3			3000			
24	00	24	4.103		6.8		5.0	11				7			2			
25	00	24	4.203		6.7		4.0	11				9			0			
26	00	24	4.009		6.8		4.0	16				5						
27	00	24	3.657		6.6		4.0											
28	00	24	3.600		6.8		4.0											
29	00	24	3.683		6.8		4.0	12				7			0			
30	00	24	3.970		6.7		4.0					6			0			
31																		
Average			3.9614				4.0	13				6			3.29			
Max.			4.487		7.2		5.0	19				10			3000			
Min.			3.613		6.6		2.5	3.0				10			0			
Comp.(C)/Grab(G)					G		G	C				C			G			
Monthly Limit					6-9			30				30			70			

DEM Form MR-1 (11/84)

Facility Status: (Please check one of the following)

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

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

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

_____
_____
_____
_____
_____
_____

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

Johan H 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:** 005 **MONTH:** September **YEAR:** 1986

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

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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

PERSON(s) COLLECTING SAMPLES: STP Operators

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

X Mack D. Davis
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	31504 TOTAL COLIFORM * GEO MEAN			
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	/100ML			
1			.18412		6.8		2.5											
2	08	8	.29665		7.2		8.0	4				1			SE			
3	08	8	.18821		7.0		5.0											
4	08	8	.23306		7.0		8.0	3				2			0			
5	08	8	.19127		6.9		8.0											
6	08	8	.20033		6.9		8.0											
7	08	8	.17890		6.7		8.0											
8	08	8	.19143		6.8		8.0											
9	08	8	.20808		6.6		5.0	5				1			0			
10	08	8	.19847		6.8		8.0											
11	08	8	.20999		7.0		6.0	3				2						
12	08	8	.22879		6.8		5.0											
13	08	8	.19393		6.8		8.0											
14	08	8	.19200		6.7		7.0											
15	08	8	.17850		6.9		8.0											
16	08	8	.18029		6.6		6.0	5				2			0			
17	08	8	.20900		6.8		6.0											
18	08	8	.20876		6.8		6.0	6				8						
19	08	8	.18619		7.0		8.0											
20	08	8	.18452		6.8		8.0											
21	08	8	.19676		6.6		5.0											
22	08	8	.18656		6.6		8.0											
23	08	8	.19044		6.8		4.0	5				1			0			
24	08	8	.19615		6.7		8.0											
25	08	8	.17722		7.2		2.0	4				5						
26	08	8	.18962		7.0		5.0											
27	08	8	.18721		6.8		3.0											
28	08	8	.18945		6.8		6.0											
29	08	8	.18157		7.0		8.0											
30	08	8	.17623		6.8		5.0	LE				1			0			
31																		
Average			5.9137				191.5	4				3			0 *			
Max.			29665		7.2		9.0	6				8			0			
Min.			17623		6.6		2.0	3				1			0			
Comp.(C)/Grab(G)					G		G	C				C			G			
Monthly Limit					6-9			30				30			70			

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

Facility Status: (Please check one of the following)

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

(Compliant)

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

(Noncompliant)

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

(Attach additional sheets if necessary)

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

Julian I Wooten

Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

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

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

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X Mack D. Davis

Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	31504 ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW: TOTAL COLIFORM GEO MEAN			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	/100ML			
1			.506		6.9		5.0											
2	08	8	.525		6.9		5.0	6				2			0			
3	08	8	.557		6.6		4.0											
4	08	8	.547		6.5		4.0	6				4			0			
5	08	8	.530		7.0		4.5											
6	08	8	.444		6.9		2.5											
7	08	8	.451		6.9		3.0											
8	08	8	.529		6.8		5.0											
9	08	8	.539		7.2		3.0	6				3			.8			
10	08	8	.486		7.3		4.0											
11	08	8	.512		6.8		5.0	5				2						
12	08	8	.538		6.9		4.0	5				2						
13	08	8	.4780		6.9		5.0											
14	08	8	.428		7.0		5.0											
15	08	8	.451		6.9		4.0											
16	08	8	.464		7.4		4.0	6				0						
17	08	8	.471		7.0		4.0											
18	08	8	.551		7.0		4.0	5				5						
19	08	8	.481		6.9		4.0											
20	08	8	.457		7.0		4.0											
21	08	8	.520		7.0		4.0											
22	08	8	.437		7.0		4.0											
23	08	8	.444		6.9		4.0	16				1			4			
24	08	8	.470		7.2		4.0											
25	08	8	.491		7.2		4.0	6				5						
26	08	8	.494		7.0		4.0											
27	08	8	.477		7.0		4.0											
28	08	8	.432		6.8		4.0											
29	08	8	.412		6.8		4.0											
30	08	8	.446		6.9		3.0					1			0			
31																		
Average			.4856				4.1	7				3			1.78			
Max.			.506		7.4		5.0	16				5			8			
Min.			.432		6.5		2.5	5				1			0			
Comp.(C)/Grab(G)					G		G	C				C			G			
Monthly Limit					6-9			30				30			70			

DEM Form MR-1 (11/84)

Facility Status: (Please check one of the following)

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

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

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

_____
_____
_____
_____
_____
_____

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

Johan H Wooten
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

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

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

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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 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	31504 ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW: TOTAL COLIFORM GEO. MEAN /100 ML			
1			.18107		6.6		5.0											
2	08	8	.15221		6.4		6.0	6				1			0			
3	08	8	.16336		6.4		4.0											
4	08	8	.16000		6.6		8.0	7				3			0			
5	08	8	.12788		6.7		8.0											
6	08	8	.12879		6.6		6.0											
7	08	8	.13827		6.5		8.0											
8	08	8	.12528		6.6		6.0											
9	08	8	.12126		6.6		6.0	9				1			0			
10	08	8	.13566		6.8		6.0											
11	08	8	.12879		6.4		6.0	8				1						
12	08	8	.15769		6.5		6.0											
13	08	8	.100		6.4		6.0											
14	08	8	.100		6.5		6.0											
15	08	8	.09060		6.4		6.0											
16	08	8	.100		6.8		6.0	11				2			4			
17	08	8	.08405		6.8		8.0											
18	08	8	.09050		6.4		8.0	7				3						
19	08	8	.100		6.6		4.0											
20	08	8	.100		6.4		4.0											
21	08	8	.15600		6.4		4.0											
22	08	8	.13314		6.4		6.0											
23	08	8	.13442		6.6		5.0	7				1			0			
24	08	8	.125		6.5		6.0											
25	08	8	.125		6.4		8.0	8				3						
26	08	8	.125		6.6		6.0											
27	08	8	.140		6.6		8.0											
28	08	8	.150		6.5		6.0											
29	08	8	.16843		6.6		6.0											
30	08	8	.15604		6.6		0.0					2			0			
31																		
Average			.12995				5.9	8				2			1.2			
Max.			.18107		6.8		8.0	11				3			4			
Min.			.08405		6.4		4.0	6				1			0			
Comp.(C)/Grab(G)					G		G	C				C			G			
Monthly Limit					6-9			30				30			70			

DEM Form MR-1 (11/84)

Facility Status: (Please check one of the following)

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

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

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

_____
_____
_____
_____
_____
_____

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

Johan A Wooten
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

Influent

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

FACILITY NAME: Camp Geiger 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				92			92								
2	00	24				152			110								
3	00	24				68			64								
4	00	24				128			125								
5	00	24				176			66								
6																	
7																	
8	00	24				152			118								
9	00	24				104			90								
10	00	24				112			78								
11	00	24				120			80								
12	00	24				132			62								
13																	
14																	
15	00	24				132			78								
16	00	24				164			124								
17	00	24				112			88								
18	00	24				132			100								
19	00	24				172			140								
20																	
21																	
22	00	24				112			70								
23	00	24				124			78								
24	00	24				108			70								
25	00	24				128			98								
26	00	24				164			106								
27																	
28																	
29	00	24				120			74								
30	00	24				LE			68								
31																	
AVERAGE						129			90								
MONTHLY MAXIMUM						176			140								
MONTHLY MINIMUM						68			62								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

LE=Laboratory Error

Influent

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

FACILITY NAME: Tarawa Terrace STP COUNTY: Onslow

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

ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW

DEM Form MR-2 (11/84)

LE=Laboratory Error

Influent

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

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

Date	Time	Composite Time	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	08	8				96			46								
3																	
4	08	8				132			93								
5																	
6																	
7																	
8																	
9	08	8				216			530								
10																	
11	08	8				156			70								
12																	
13																	
14																	
15																	
16	08	8				96			26								
17																	
18	08	8				44			30								
19																	
20																	
21																	
22																	
23	08	8				36			LE								
24																	
25	08	8				164			84								
26																	
27																	
28																	
29																	
30						LE			62								
31																	
AVERAGE						118			118								
MONTHLY MAXIMUM						216			530								
MONTHLY MINIMUM						36			26								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

LE = Laboratory Error

Influent

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

FACILITY NAME: Hadnot Point STP COUNTY: Onslow

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

ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW

DEM Form MR-2 (11/84)

LE=Laboratory Error

Influent

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

FACILITY NAME: Rifle Range STP COUNTY: Onslow

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

DEM Form MR-2 (11/84)

LE = Laboratory Error

Influent

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

FACILITY NAME: Courthouse Bay STP COUNTY: Onslow

Date	Time	Composite Time	PH	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	08	8				104		102									
3																	
4	08	8				72		96									
5																	
6																	
7																	
8																	
9	08	8				28		14									
10																	
11	08	8				200		200									
12																	
13																	
14																	
15																	
16	08	8				60		44									
17																	
18	08	8				124		190									
19																	
20																	
21																	
22																	
23	08	8				216		183									
24																	
25	08	8				44		36									
26																	
27																	
28																	
29																	
30	08	8				LE		92									
31																	
AVERAGE						106		106									
MONTHLY MAXIMUM						216		200									
MONTHLY MINIMUM						28		14									
SAMPLE TYPE C or G						C		C									

DEM Form MR-2 (11/84)

LE = Laboratory Error

Influent

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

FACILITY NAME: Onslow Beach STP COUNTY: Onslow

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

DEM Form MR-2 (11/84)

LE = Laboratory Error

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

FACILITY NAME: Camp Geiger STP COUNTY: Onslow

STREAM: New River STREAM: New River

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

Upstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below: OIL + GREASE			
	00010	00300	00400	00310	00340	31616					
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
1											
2											
3											
4											
5											
6											
7											
8	10	25	3.9	7.1	2.7		200	2.4			
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		25	3.9		2.7		200	2.4			
Monthly Maximum		25	3.9	7.1	2.7		200	2.4			
Monthly Minimum		25	3.9	7.1	2.7		200	2.4			

Downstream

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

DEM Form MR-3 (11/84)

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

FACILITY NAME: Tarawa Terrace STP COUNTY: Onslow

STREAM: Northeast Creek STREAM: Northeast Creek

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

Upstream

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

Downstream

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

DEM Form MR-3 (11/84)

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

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

STREAM: Northeast Creek STREAM: New River

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

Upstream

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

Downstream

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

DEM Form MR-3 (11/84)

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

FACILITY NAME: Hadnot Point STP COUNTY: Onslow

STREAM: New River STREAM: New River

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

Upstream

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

Downstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Name and Units Below: OIL + GREASE			
		00010	00300	00400	00310	00340	31616				
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
1											
2											
3											
4											
5											
6											
7											
8	11	26	7.9	8.3	4.5		4	2.2			
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		11	26	7.9		4.5		4	2.2		
Monthly Maximum		11	26	7.9	8.3	4.5		4	2.2		
Monthly Minimum		11	26	7.9	8.3	4.5		4	2.2		

DEM Form MR-3 (11/84)

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

FACILITY NAME: Rifle Range STP COUNTY: Onslow

STREAM: New River STREAM: New River

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

Upstream

		00010	00300	00400	00310	00340	31616	Enter Parameter Code above Name and Units Below			
Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD5 20°C	COD	Fecal Coliform *Geometric Mean	OIL + GREASE			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
1											
2											
3											
4											
5											
6											
7											
8	11	26	7.9	8.3	4.5		4	2.2			
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		26	7.9		4.5		4	2.2			
Monthly Maximum		26	7.9	8.3	4.5		4	2.2			
Monthly Minimum		26	7.9	8.3	4.5		4	2.2			

Downstream

		00010	00300	00400	00310	00340	31616	Enter Parameter Code above Name and Units Below			
Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD5 20°C	COD	Fecal Coliform *Geometric Mean	OIL + GREASE			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
1											
2											
3											
4											
5											
6											
7											
8	11	26	6.9	8.1	2.7		0	2.4			
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average	11	26	6.9		2.7		0	2.4			
Monthly Maximum	11	26	6.9	8.1	2.7		0	2.4			
Monthly Minimum	11	26	6.9	8.1	2.7		0	2.4			

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

FACILITY NAME: Courthouse Bay STP COUNTY: Onslow

STREAM: New River STREAM: New River

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

Upstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Name and Units Below: OIL + GREASE			
		00010	00300	00400	00310	00340	31616				
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
1											
2											
3											
4											
5											
6											
7											
8	11	26	6.9	8.1	2.7		0	2.4			
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		26	6.9		2.7		0	2.4			
Monthly Maximum		26	6.9	8.1	2.7		0	2.4			
Monthly Minimum		26	6.9	8.1	2.7		0	2.4			

Downstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Name and Units Below: OIL + GREASE			
		00010	00300	00400	00310	00340	31616				
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
1											
2											
3											
4											
5											
6											
7											
8	11	25	6.4	8.1	0.5		0	0.0			
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		25	6.4		0.5		0	0.0			
Monthly Maximum		25	6.4		0.5		0	0.0			
Monthly Minimum		25	6.4		0.5		0	0.0			

DEM Form MR-3 (11/84)

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

FACILITY NAME: Onslow Beach STP COUNTY: Onslow

STREAM: Intracoastal Waterway STREAM: Intracoastal Waterway

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

Upstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD5 20°C	COD	Fecal Coliform *Geometric Mean	Oil + Grease			
		00010	00300	00400	00310	00340	31616	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	12	24	6.6	8.1	0.8		0	0.0			
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		24	6.6		0.8		0	0.0			
Monthly Maximum		24	6.6	8.1	0.8		0	0.0			
Monthly Minimum		24	6.6	8.1	0.8		0	0.0			

Downstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD5 20°C	COD	Fecal Coliform *Geometric Mean	Oil + Grease			
		00010	00300	00400	00310	00340	31616	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	12	26	6.1	8.0	1.8		0	0.8			
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average	12	26	6.1		1.8		0	0.8			
Monthly Maximum	12	26	6.1	8.0	1.8		0	0.8			
Monthly Minimum	12	26	6.1	8.0	1.8		0	0.8			

DEM Form MR-3 (11/84)

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

DEPARTMENT OF THE NAVY

Memorandum

11345
MAIN

DATE: 20 January 1987

FROM: Utilities Systems General Foreman

TO: Director, Utilities Branch

SUBJ: NPDES PERMIT VIOLATION, TT-35 WASTEWATER TREATMENT PLANT

1. The NPDES Parameter for BOD discharged from the TT-35 Wastewater Plant of 85% removal was violated for the month of December 1986; actual percent removal obtained was 83%.

2. The bearing to the trickling filter malfunctioned during the first part of December 1986 which decreased plant efficiency. A new bearing has since been procured and installed.

3. If any additional information is required, please contact us at your earlist convience.

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

Bearing was installed 20 January 1987
According to Phoncon on 26 JAN 1987 w/ M. Davis

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

UNITED STATES MARINE CORPS
Marine Corps Base
Camp Lejeune, North Carolina 28542-5001

6288
NREAD
24 Nov 86

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

Dear Sir:

In accordance with requirements of the National Pollutant Discharge Elimination System (NPDES) Permit Number NC0003239, two copies of Discharge Monitoring Reports (DMRs) for the month of ~~September~~ OCTOBER 1986 are submitted.

There are no stream samplings 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 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 drains 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
Assistant Chief of Staff, Facilities
By direction of the Commanding General

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

Copy to:
EPA Region IV
CMDR LANTNAVFACENGCOM
NEESA

BCC:
WQCL (2)

BMO (Uti)

EFFLUENT

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

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

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

PERSON(s) COLLECTING SAMPLES: STP Operators

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

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

X Mack D. Davis

Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☐ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L				
1																		
2																		
3																		
4																		
5																		
6																		
7		8			8.3							11						
8																		
9																		
10																		
11																		
12																		
13																		
14		8			8.3							14						
15																		
16																		
17																		
18																		
19																		
20																		
21		8			8.0							9						
22																		
23																		
24																		
25																		
26																		
27																		
28		8			7.8							1						
29																		
30																		
31																		
Average												9						
Max.					8.3							14						
Min.					7.8							1						
Comp.(C)/Grab(G)					G							C						
Monthly Limit					6-10							30						

Facility Status: (Please check one of the following)

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

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

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

_____
_____
_____
_____
_____
_____

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

Julian A Wooten
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0003239 DISCHARGE NO: 007 MONTH: October YEAR: 1986

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

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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 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 GEOMETRIC MEAN /100ML			
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
1			.0697		6.7		6.0											
2	08	8	.0811		4.0		4.0	7				1			L.E.			
3	08	8	.6484		6.5		8.0											
4	08	8	.5849		6.4		6.0											
5	08	8	.5279		6.7		4.0											
6	08	8	.9805		6.9		4.0											
7	08	8	1.1622		6.8		5.0	11				6			40			
8	08	8	.9764		7.0		2.0											
9	08	8	.8361		6.6		3.0	7				2			4000			
10	08	8	.6200		6.5		4.0											
11	08	8	.6068		6.6		5.0											
12	08	8	.9758		6.6		5.0											
13	08	8	1.2953		6.4		4.0											
14	08	8	1.6563		6.9		4.0	2				5			0			
15	08	8	.9623		6.6		6.0											
16	08	8	.80450		6.5		4.0	6				1			2			
17	08	8	.9388		6.8		5.0											
18	08	8	.87630		6.4		3.0											
19	08	8	1.3092		6.4		4.0											
20	08	8	1.1126		6.6		4.0											
21	08	8	.7050		6.5		4.0	7				2			0			
22	08	8	.9347		6.8		5.0											
23	08	8	.9124		6.7		6.0	9				1			0			
24	08	8	.6858		6.7		5.0											
25	08	8	.6350		6.7		6.0											
26	08	8	.7650		6.8		5.0											
27	08	8	.7202		6.6		4.0											
28	08	8	.9446		6.7		5.0	10				0.2			4			
29	08	8	.2492		6.7		6.0											
30	08	8	.2280		6.7		4.0	10				3			0			
31	08	8	.2600		6.8		6.0											
Average			.82005				6.0	7				2			4.74			
Max.			1.6563		7.0		8.0	11				6			0			
Min.			.2280		6.4		2.0	2				0.2			4000			
Comp.(C)/Grab(G)					G		G	C				C			G			
Monthly Limit					6-9			30				30			70			

DEM Form MR-1 (11-84)

L.E. = Lab Error

Facility Status: (Please check one of the following)

All monthly averages and / or other limitation do meet permit monitoring requirements [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 S. Wooten
_____
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0003239 **DISCHARGE NO:** 006 **MONTH:** October **YEAR:** 1986

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

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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

PERSON(s) COLLECTING SAMPLES: STP Operators

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

X Mack D. Davis

Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☐ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 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	/100ML	MG/L	/100ML			
1			.3629		6.9		3.0											
2	08	8	.4043		6.8		3.0	5				2			L.E.			
3	08	8	.3835		6.8		3.0											
4	08	8	.3433		6.8		3.0											
5	08	8	.3626		7.0		4.0											
6	08	8	.4168		6.8		3.5											
7	08	8	.5936		6.5		3.5	11				5			0			
8	08	8	.7598		6.8		3.5											
9	08	8	.5818		6.8		4.0	7				4			0			
10	08	8	.6992		6.8		3.5											
11	08	8	.4895		6.8		3.5											
12	08	8	.5400		6.9		4.0											
13	08	8	.6069		6.8		4.0											
14	08	8	.7192		6.6		2.5	3				8			0			
15	08	8	.5252		6.8		3.0											
16	08	8	.5468		6.6		4.0	6				1			36			
17	08	8	.7080		6.6		4.0											
18	08	8	.5812		6.8		4.0											
19	08	8	.5889		6.8		3.0											
20	08	8	.5286		6.6		3.5											
21	08	8	.7207		6.6		2.0	4				4			0			
22	08	8	.4904		6.6		3.0											
23	08	8	.4860		6.4		3.5	5				6			0			
24	08	8	.4039		6.6		3.3											
25	08	8	.5665		6.4		4.0											
26	08	8	.5255		6.7		4.0											
27	08	8	.3423		6.7		3.5											
28	08	8	.3223		6.9		3.0	7				2			2			
29	08	8	.2720		6.8		3.5											
30	08	8	.3538		7.3		4.0	8				7			8			
31	08	8	.4961		7.0		4.0											
Average			.5072				3.5	6				4			2.21*			
Max.			.7598		6.7		4.0	11				8			36			
Min.			.2720		6.4		2.0	3				1			0			
Comp.(C)/Grab(G)					G		G	C				C			G			
Monthly Limit					6-9			30				30			70			

DEM Form MR-1 (11-84)

L. E. = Lab Error

Facility Status: (Please check one of the following)

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

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

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

_____
_____
_____
_____
_____
_____

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: 005 MONTH: October YEAR: 1986

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

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

PERSON(s) COLLECTING SAMPLES: STP Operators

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

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

X 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	31504 TOTAL COLIFORM GEOMETRIC MEAN /100 ML			
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
1			.19721		6.8		4.0											
2	08	8	.19109		7.2		6.0	5				1			L.E.			
3	08	8	.19360		6.8		6.0											
4	08	8	.18871		6.8		3.0											
5	08	8	.18558		6.8		8.0											
6	08	8	.16311		6.8		6.0											
7	08	8	.13594		6.4		8.0	9				3			2			
8	08	8	.14252		6.4		8.0											
9	08	8	.15478		6.6		8.0	7				2			2			
10	08	8	.1410		6.6		8.0											
11	08	8	.14303		6.9		8.0											
12	08	8	.1590		6.9		8.0											
13	08	8	.14453		6.9		8.0											
14	08	8	.19447		6.8		2.0	2				5			110			
15	08	8	.14973		7.2		8.0											
16	08	8	.15072		7.2		5.0	4				0.3			2			
17	08	8	.13723		6.8		8.0											
18	08	8	.17434		6.4		8.0											
19	08	8	.14970		6.6		6.0											
20	08	8	.13703		6.6		2.0											
21	08	8	.13689		6.2		6.0	4				4			0			
22	08	8	.15105		6.4		8.0											
23	08	8	.14307		6.6		3.0	5				2			0			
24	08	8	.13296		6.8		8.0											
25	08	8	.19041		6.8		8.0											
26	08	8	.18229		6.9		8.0											
27	08	8	.18843		6.8		6.0											
28	08	8	.14829		6.8		2.0	6				0.2			0			
29	08	8	.18923		6.8		8.0											
30	08	8	.16892		7.0		4.0	5				3			0			
31	08	8	.14596		7.0		6.0											
Average			.161639				6.3	9				2			2.33			
Max.			.19721		7.2		8.0	9				5			110			
Min.			.132960		6.7		2.0	2				0.2			0			
Comp.(C)/Grab(G)					G		G	C				C			G			
Monthly Limit					6-9			30				30			70			

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

Facility Status: (Please check one of the following)

All monthly averages and / or other limitation do meet permit monitoring requirements [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 H. 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: 004 MONTH: October YEAR: 1986

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

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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

PERSON(s) COLLECTING SAMPLES: STP Operators

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

X Mack D. Davis

Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☐ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	31504 ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW: TOTAL COLIFORM GEOMETRIC MEAN			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	/100 ML			
1	00	24	3.043		6.7		4.0	11				6			16			
2	00	24	4.518		6.7		3.0	12				4			L.E.			
3	00	24	4.952		6.8		4.0	15				7			2/2			
4	00	24	4.587		6.7		4.0											
5	00	24	5.176		6.9		4.0											
6	00	24	5.884		6.9		4.5	15				7			14/2			
7	00	24	5.998		6.8		4.0	15				10			4/2			
8	00	24	6.410		6.8		4.0	12				6			10			
9	00	24	5.935		6.6		3.0	13				10			0			
10	00	24	5.840		6.5		3.0	18				9			0			
11	00	24	4.563		6.8		4.0											
12	00	24	4.596		6.8		4.0											
13	00	24	4.730		6.8		4.0	16				9			16/2			
14	00	24	5.673		6.8		3.5	14				14			20/2			
15	00	24	4.933		6.8		4.0	20				0.4			16/4			
16	00	24	5.332		6.6		3.0	22				8			4/2			
17	00	24	5.323		6.9		3.0	24				12			0			
18	00	24	4.626		6.9		4.0											
19	00	24	4.856		6.9		5.0											
20	00	24	5.923		6.8		4.0	20				8			0			
21	00	24	5.960		6.9		4.0	20				11			6			
22	00	24	5.713		6.8		4.0	19				12			0/0			
23	00	24	5.724		6.8		4.0	23				10			20/4			
24	00	24	5.655		6.8		4.5	28				10			0/0			
25	00	24	5.689		6.8		4.0											
26	00	24	5.567		6.8		4.0											
27	00	24	5.619		6.6		4.0	13				7			14/2			
28	00	24	5.750		6.7		4.0	22				7			4/2			
29	00	24	5.630		6.8		4.0	22				12			20/0			
30	00	24	6.045		6.9		4.0	19				7			880/2			
31	00	24	5.768		6.9		4.0	31				17			6/0			
Average			5.356				3.9	18				8			5.57			
Max.			6.045		6.9		5.0	28				17			880			
Min.			3.043		6.5		3.0	11				0.4			0			
Comp.(C)/Grab(G)					G		G	C				C		G	G			
Monthly Limit					6-9			30				30			70			

DEM Form MR-1 (11-84)

Facility Status: (Please check one of the following)

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

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

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

_____
_____
_____
_____
_____
_____

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

Julian A. Wolter
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:** October **YEAR:** 1986

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

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X 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			.371		7.0		4.0											
2	08	8	.453		7.0		4.0	7				3	12					
3	08	8	.347		6.8		1.5											
4	08	8	.462		6.9		8.0											
5	08	8	.467		6.8		6.0											
6	08	8	.391		6.8		3.0											
7	08	8	.391		6.8		1.5	19				4	6					
8	08	8	.342		6.8		4.0											
9	08	8	.306		6.8		3.0	7				3	8					
10	08	8	.429		7.0		2.0											
11	08	8	.371		6.7		8.0											
12	08	8	.357		6.8		5.0											
13	08	8	.399		6.8		8.0											
14	08	8	.372		6.8		2.0	4				5	4					
15	08	8	.575		6.8		2.5											
16	08	8	.435		6.8		4.0	10				4	0					
17	08	8	.344		6.8		4.0											
18	08	8	.344		6.9		4.0											
19	08	8	.406		6.8		3.0											
20	08	8	.376		7.0		3.0											
21	08	8	.395		7.0		5.0	8				8	12					
22	08	8	.404		6.8		4.0											
23	08	8	.394		6.9		4.0	12				7	0					
24	08	8	.390		6.9		5.0											
25	08	8	.323		6.9		5.0											
26	08	8	.430		6.8		6.0											
27	08	8	.439		7.0		5.0											
28	08	8	.421		7.0		5.0	10				1	2					
29	08	8	.432		6.8		4.0											
30	08	8	.377		6.7		6.0	9				3	6					
31	08	8	.316		7.0		1.5											
Average			.3955				4.2	10				4	4.1					
Max.			.5750		7.0		8.0	19				8	12					
Min.			.3060		6.7		1.5	4				1	0					
Comp.(C)/Grab(G)					G		G	C				C	G					
Monthly Limit					6-9			30				30	200					

DEM Form MR-1 (11/84)

Facility Status: (Please check one of the following)

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

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

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

_____
_____
_____
_____
_____
_____

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

Julian L Wooten
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0003239 DISCHARGE NO: 002 MONTH: October YEAR: 1986

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

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

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	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	.9734		6.6		4.0	14				8	6					
2	00	24	.9985		6.5		4.0	18				5	0					
3	00	24	.9175		6.4		4.0	16				11	6					
4	00	24	1.0238		6.2		4.0											
5	00	24	1.1033		6.5		4.0											
6	00	24	.9388		6.5		4.0	17				6	2					
7	00	24	.9094		6.5		4.0	20				10	9					
8	00	24	.9139		6.6		4.0	16				9	10					
9	00	24	.9346		6.7		4.0	14				10	0					
10	00	24	.9628		6.5		4.0	20				8	0					
11	00	24	.8462		6.7		4.0											
12	00	24	.8920		6.7		4.0											
13	00	24	1.0065		6.5		4.0	16				6	4					
14	00	24	.9798		6.6		4.0	15				14	4					
15	00	24	.8264		6.6		4.0	17				0.4	0					
16	00	24	.8023		6.6		4.0	22				10	0					
17	00	24	.7565		6.6		4.0	19				7	0					
18	00	24	.8083		6.6		4.0											
19	00	24	.7848		6.5		4.0											
20	00	24	.7741		6.6		4.0	18				10	0					
21	00	24	.7744		6.5		4.0	19				10	0					
22	00	24	.8079		6.6		4.0	21				8	0					
23	00	24	.8078		6.2		4.0	17				11	8					
24	00	24	.8146		6.5		4.0	21				10	0					
25	00	24	.9506		6.4		4.5											
26	00	24	.9167		6.4		5.0											
27	00	24	.9727		6.2		4.5	19				6	2					
28	00	24	.9174		6.5		4.0	23				12	2					
29	00	24	.8243		6.5		4.0	24				15	2					
30	00	24	.8054		6.4		4.0	23				10	6					
31	00	24	.8125		6.6		4.0	22				14	0					
Average			.8890				4.1	19				9	2.14*					
Max.			1.1033		6.7		5.0	24				15	10					
Min.			.7565		6.2		4.0	14				0.4	0					
Comp.(C)/Grab(G)					G		G	C				C	G					
Monthly Limit					6-9			30				30	200					

DEM Form MR-1 (11/84)

Facility Status: (Please check one of the following)

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

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

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

_____
_____
_____
_____
_____
_____

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

Johan 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: October YEAR: 1986

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

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

PERSON(s) COLLECTING SAMPLES: STP Operators

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

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

X Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME HRS	50050 FLOW EFF ☐ INF ☐ DAILY RATE MGD	00010 TEMPERATURE CELSIUS C°	00400 pH UNIT	00545 SETTLEABLE MATTER ML/L	50060 RESIDUAL CHLORINE MG/L	00310 BOD_5 20°C MG/L	00340 COD MG/L	00610 AMMONIA NITROGEN MG/L	00500 TOTAL RESIDUE MG/L	00530 TOTAL SUSPENDED RESIDUE MG/L	31616 FECAL COLIFORM Geometric Mean /100 ML	00300 DISSOLVED OXYGEN MG/L	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
1	00	24	1.1411		6.6		4.0	8				6	0					
2	00	24	1.1751		6.4		4.0	10				6	0					
3	00	24	.8700		6.8		4.0	9				11	0					
4	00	24	.6830		6.6		4.0											
5	00	24	1.2660		6.8		4.0											
6	00	24	1.4740		6.8		4.0	7				3	0					
7	00	24	1.2240		6.9		4.0	10				6	0					
8	00	24	.6180		6.9		4.0	11				7	2					
9	00	24	1.4290		6.8		4.0	7				15	0					
10	00	24	1.4300		6.9		4.0	9				3	0					
11	00	24	.8940		6.8		4.0											
12	00	24	.7400		7.0		4.0											
13	00	24	1.3240		7.0		4.0	4				2	0					
14	00	24	1.2350		6.8		4.0	8				13	10					
15	00	24	1.4090		6.8		4.0	9				3	0					
16	00	24	1.4000		6.8		4.0	8				0.3	0					
17	00	24	1.2520		6.7		4.0	4				4	0					
18	00	24	1.2080		6.8		4.0											
19	00	24	1.1760		6.6		4.0											
20	00	24	1.1890		6.8		4.0	8				6	4					
21	00	24	1.1780		7.0		4.0	9				8	4					
22	00	24	1.2370		7.1		4.0	8				3	0					
23	00	24	1.2760		6.6		4.0	8				2	0					
24	00	24	1.2460		6.8		4.0	13				4	0					
25	00	24	1.3420		7.0		4.0											
26	00	24	1.2250		7.2		4.0											
27	00	24	1.3550		6.6		4.0	11				1	0					
28	00	24	1.3250		6.8		4.0	17				4	0					
29	00	24	1.4820		6.5		4.0	15				3	2					
30	00	24	.8540		6.8		4.0	9				2	4					
31	00	24	.9030		6.8		4.0	6				4	0					
Average			1.1794				4.0	9				5	1.40 *					
Max.			1.4820		7.2		4.0	17				15	10					
Min.			.6180		6.4		4.0	4				0.3	0					
Comp.(C)/Grab(G)					G		G	C				C	G					
Monthly Limit					6-9			30				30	200					

DEM Form MR-1 (11/84)

Facility Status: (Please check one of the following)

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

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

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

_____
_____
_____
_____
_____
_____

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

Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

Influent

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

FACILITY NAME: CAMP GEIGER STP COUNTY: ONSLOW

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
			00400	00010	00545	00310	00610	00500	00530	00340							
		HRS	STD UNITS	°C	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1	00	24				156			96								
2	00	24				132			68								
3	00	24				172			170								
4																	
5																	
6	00	24				188			171								
7	00	24				180			98								
8	00	24				144			140								
9	00	24				100			58								
10	00	24				112			84								
11																	
12																	
13	00	24				72			34								
14	00	24				80			106								
15	00	24				112			24								
16	00	24				164			76								
17	00	24				216			112								
18																	
19																	
20	00	24				160			110								
21	00	24				160			114								
22	00	24				280			273								
23	00	24				156			80								
24	00	24				148			100								
25																	
26																	
27	00	24				132			52								
28	00	24				152			60								
29	00	24				180			60								
30	00	24				300			72								
31	00	24				160			100								
AVERAGE						159			98								
MONTHLY MAXIMUM						300			273								
MONTHLY MINIMUM						72			24								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: TARAWA TERRACE STP COUNTY: ONSLOW

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD							
			00400	00010	00545	00310	00610	00500	00530	00340							
											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				176			102								
2	00	24				188			96								
3	00	24				120			138								
4																	
5																	
6	00	24				144			150								
7	00	24				184			132								
8	00	24				212			198								
9	00	24				180			84								
10	00	24				128			118								
11																	
12																	
13	00	24				184			118								
14	00	24				160			212								
15	00	24				160			174								
16	00	24				292			236								
17	00	24				196			162								
18																	
19																	
20	00	24				184			138								
21	00	24				156			100								
22	00	24				180			296								
23	00	24				128			164								
24	00	24				168			230								
25																	
26																	
27	00	24				196			172								
28	00	24				216			168								
29	00	24				204			236								
30	00	24				204			156								
31	00	24				204			120								
AVERAGE						181			161								
MONTHLY MAXIMUM						292			296								
MONTHLY MINIMUM						120			84								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: MONTFORD POINT (CAMP JOHNSON) STP COUNTY: ONSLOW

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
			00400	00010	00545	00310	00610	00500	00530	00340							
		HRS	STD UNITS	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1	08	8															
2	08	8				44			30								
3																	
4																	
5																	
6																	
7	08	8				156			50								
8																	
9	08	8				80			48								
10																	
11																	
12																	
13																	
14	08	8				68			108								
15																	
16	08	8				76			43								
17																	
18																	
19																	
20																	
21	08	8				112			162								
22																	
23	08	8				76			28								
24																	
25																	
26																	
27																	
28	08	8				72			28								
29																	
30	08	8				180			82								
31																	
AVERAGE						96			64								
MONTHLY MAXIMUM						180			162								
MONTHLY MINIMUM						44			28								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: HADNOT POINT STP COUNTY: ONSLOW

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD
			00400	00010	00545	00310	00610	00500	00530	00340
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L
1	00	24				120		73		
2	00	24				144		82		
3	00	24				160		130		
4										
5										
6	00	24				128		80		
7	00	24				112		108		
8	00	24				120		100		
9	00	24				112		114		
10	00	24				84		76		
11										
12										
13	00	24				120		80		
14	00	24				104		116		
15	00	24				132		54		
16	00	24				136		114		
17	00	24				140		144		
18										
19										
20	00	24				152		102		
21	00	24				132		88		
22	00	24				116		82		
23	00	24				160		112		
24	00	24				156		96		
25										
26										
27	00	24				136		114		
28	00	24				148		130		
29	00	24				144		113		
30	00	24				112		104		
31	00	24				144		106		
AVERAGE						131		101		
MONTHLY MAXIMUM						160		144		
MONTHLY MINIMUM						84		54		
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: OCTOBER YEAR: 1986

FACILITY NAME: RIFLE RANGE STP COUNTY: ONSLOW

			00400	00010	00545	00310	00610	00500	00530	00340							
Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1	08	8				48			54								
2																	
3																	
4																	
5																	
6																	
7	08	8				104			110								
8																	
9	08	8				80			134								
10																	
11																	
12																	
13																	
14	08	8				16			60								
15																	
16	08	8				64			92								
17																	
18																	
19																	
20																	
21	08	8				84			62								
22																	
23	08	8				96			50								
24																	
25																	
26																	
27																	
28	08	8				56			23								
29																	
30	08	8				56			56								
31																	
AVERAGE						67			71								
MONTHLY MAXIMUM						104			110								
MONTHLY MINIMUM						16			23								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

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	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1	08	8				40			74								
2																	
3																	
4																	
5																	
6																	
7	08	8				120			120								
8																	
9	08	8				200			228								
10																	
11																	
12																	
13																	
14	08	8				36			76								
15																	
16	08	8				80			64								
17																	
18																	
19																	
20																	
21	08	8				48			50								
22																	
23	08	8				224			78								
24																	
25																	
26																	
27																	
28	08	8				52			22								
29																	
30	08	8				236			120								
31																	
AVERAGE						115			92								
MONTHLY MAXIMUM						236			228								
MONTHLY MINIMUM						36			22								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: ONSLOW BEACH STP COUNTY: ONSLOW

			00400	00010	00545	00310	00610	00500	00530	00340							
Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1	08	8				84			20								
2																	
3																	
4																	
5																	
6																	
7	08	8				148			38								
8																	
9	08	8				84			29								
10																	
11																	
12																	
13																	
14	08	8				108			176								
15																	
16	08	8				104			64								
17																	
18																	
19																	
20																	
21	08	8				155			84								
22																	
23	08	8				128			48								
24																	
25																	
26																	
27																	
28	08	8				196			72								
29																	
30	08	8				116			12								
31																	
AVERAGE						126			60								
MONTHLY MAXIMUM						196			176								
MONTHLY MINIMUM						84			12								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

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

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	BOD5 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	09	22	4.9	7.8	0.0		100	0.2			
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		22	4.9		0		100	0.2			
Monthly Maximum		22	4.9	7.8	0		100	0.2			
Monthly Minimum		22	4.9	7.8	0		100	0.2			

Downstream

Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD5 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	25	6.5	8.1	2.0		0	0			
	22	6.5		2.0		0	0			
	22	6.5	8.1	2.0		0	0			
	22	6.5	8.1	2.0		0	0			

DEM Form MR-3 (11/84)

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

FACILITY NAME: Tarawa Terrace STP COUNTY: Onslow

STREAM: Northeast Creek STREAM: Northeast Creek

LOCATION: RW - 02 AT Hwy. 24 Bridge LOCATION: RW - 03 Between Discharge 002 & 003

Upstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below			
		00010	00300	00400	00310	00340	31616	00556 OIL & GREASE			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
1											
2											
3											
4											
5											
6	10	26	6.8	8.0	2.0		8	0.3			
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		26	6.8		2.0		8	0.3			
Monthly Maximum		26	6.8	8.0	2.0		8	0.3			
Monthly Minimum		26	6.8	8.0	2.0		8	0.3			

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	27	5.5	8.0	1.0		4	0			
	27	5.5		1.0		4	0			
	27	5.5	8.0	1.0		4	0			
	27	5.5	8.0	1.0		4	0			

DEM Form MR-3 (11/84)

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

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

STREAM: Northeast Creek STREAM: New River

LOCATION: RW - 03 Between Discharge 002 & 003 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			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
1											
2											
3											
4											
5											
6	10	27	5.5	8.0	1.0		4	0			
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		27	5.5		1.0		4	0			
Monthly Maximum		27	5.5	8.0	1.0		4	0			
Monthly Minimum		27	5.5	8.0	1.0		4	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			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
1											
2											
3											
4											
5											
6	10	25	6.5	8.1	2.0		0	0			
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		25	6.5		2.0		0	0			
Monthly Maximum		25	6.5	8.1	2.0		0	0			
Monthly Minimum		25	6.5	8.1	2.0		0	0			

DEM Form MR-3 (11/84)

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

FACILITY NAME: Hadnot Point STP COUNTY: Onslow

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	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	10	25	6.5	8.1	2.0		0	0			
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		25	6.5		2.0		0	0			
Monthly Maximum		25	6.5	8.1	2.0		0	0			
Monthly Minimum		25	6.5	8.1	2.0		0	0			

Downstream

Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below: OIL & GREASE			
	00010	00300	00400	00310	00340	31616	00556			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
11	26	6.7	8.2	2.2		0	0			
	26	6.7		2.2		0	0			
	26	6.7	8.2	2.2		0	0			
	26	6.7	8.2	2.2		0	0			

DEM Form MR-3 (11/84)

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

FACILITY NAME: Rifle Range STP COUNTY: Onslow

STREAM: New River STREAM: New River

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

Upstream

Date	Time 2400 Clock (HRS)	00010 Temperature (Celsius) °C	00300 Dissolved Oxygen MG/L	00400 PH STD UNITS	00310 BOD5 20°C MG/L	00340 COD MG/L	31616 Fecal Coliform *Geometric Mean 100 ml	00556 Oil & Grease MG/L			
1											
2											
3											
4											
5											
6	11	26	6.7	8.2	2.2		0	0			
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		26	6.7		2.2		0	0			
Monthly Maximum		26	6.7	8.2	2.2		0	0			
Monthly Minimum		26	6.7	8.2	2.2		0	0			

Downstream

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

DEM Form MR-3 (11/84)

STORM DRAINS

NPDES NO: NC0003239 MONTH: OCTOBER YEAR: 1986

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

STORM DRAIN NUMBER	DATE COLLECTED	FLOW 50050	pH 00400	TOTAL SUSPENDED RESIDUE 00530	OIL & GREASE 00556
72	28 Oct.	879,800	7.1	51.0	0.3

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
23 Dec 86

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

Dear Sir:

In accordance with requirements of the National Pollutant Discharge Elimination System (NPDES) Permit Number NC0003239, two copies of Discharge Monitoring Reports (DMRs) for the month of November 1986 are submitted.

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

Sincerely,

J. I. WOOTEN
Director, Natural Resources Division
Assistant Chief of Staff, Facilities
By direction of the Commanding General

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

Copy to:
EPA Region IV
CNEM LANTNAVFACENGCOM
MEESA

Blind copy to:
ECML, NREAD (2)

EFFLUENT

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

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

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

PERSON(s) COLLECTING SAMPLES: STP Operators

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

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

X Mack D. Davis

Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☒ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L				
1			0.817		6.8		4.0											
2			0.832		6.6		4.0											
3	00	24	0.801		6.7		4.0	7				3	0					
4	00	24	0.833		6.6		4.0	11				3	2					
5	00	24	1.010		6.8		3.0	16				5	0					
6	00	24	0.724		6.8		4.0	13				6	10					
7	00	24	0.691		6.8		4.0	16				9	0					
8			0.600		6.8		4.0											
9			0.971		6.8		4.0											
10	00	24	1.009		6.9		4.0	15				7	0					
11	00	24	1.000		6.9		4.0	7				4	2					
12	00	24	0.950		6.8		4.0	4				5	0					
13	00	24	0.900		6.8		4.0	9				5	0					
14	00	24	1.494		7.0		4.0	8				4	0					
15	[illegible]	[illegible]	1.477		7.2		4.0											
16			1.468		7.0		4.2											
17	00	24	1.476		7.0		4.0	7				3	0					
18	00	24	1.444		6.8		4.0	8				3	4					
19	00	24	1.461		6.6		4.0	7				6	0					
20	00	24	1.480		7.0		4.0	15				6	0					
21	00	24	0.900		7.2		4.0	19				6	0					
22			1.000		7.2		4.0											
23			1.250		7.0		4.0											
24	00	24	1.050		6.8		4.0	16				13	0					
25	00	24	1.080		7.2		4.0	19				7	0					
26	00	24	1.000		6.8		4.0	10				8	0					
27	00	24	1.250		7.0		4.0	12				6	0					
28	00	24	1.400		6.8		4.0	10				5	0					
29			1.200		6.7		3.0											
30			1.000		6.8		4.0											
31																		
Average			1.086				3.9	11				6	1.292					
Max.			1.494		7.2		4.0	19				13	10					
Min.			0.600		6.6		3.0	7				3	0					
Comp.(C)/Grab(G)					G		G	C				C	G					
Monthly Limit					6-9			30				30	200					

DEM Form MR-1 (11/84

Facility Status: (Please check one of the following)

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

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

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

_____
_____
_____
_____
_____
_____

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

Julian H. 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: 002 MONTH: November YEAR: 1986

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

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

PERSON(s) COLLECTING SAMPLES: STP Operators

Mail original and one copy to:
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	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			.9923		6.5		5.0											
2			.9722		6.3		4.0											
3	00	24	.8675		6.3		4.0	23				8	0					
4	00	24	.9216		6.2		4.0	22				10	2					
5	00	24	.8712		6.5		4.0	19				9	30					
6	00	24	.8991		6.6		4.0	15				9	0					
7	00	24	.9351		6.4		4.0	18				12	0					
8			.9022		6.5		4.0											
9			.9313		6.4		4.0											
10	00	24	.8797		6.6		4.0	19				3	2					
11	00	24	.9607		6.5		4.0	18				10	10					
12	00	24	.8721		6.6		4.0	17				12	2					
13	00	24	.7427		6.5		4.0	21				4	0					
14	00	24	.6291		6.6		4.0	25				12	0					
15			1.001		6.5		5.0											
16			.8544		6.6		4.0											
17	00	24	.8467		6.5		4.0	19				8	0					
18	00	24	.9159		6.6		5.0	19				4	0					
19	00	24	.7953		6.6		4.0	19				7	0					
20	00	24	.6080		7.0		4.0	19				5	46					
21	00	24	.7627		6.6		4.0	19				4	30					
22			.9235		6.9		5.0											
23			.8287		6.4		5.0											
24	00	24	.9834		6.4		4.0	19				8	10					
25	00	24	.7580		6.3		4.0	22				6	20					
26	00	24	1.057		6.6		4.0	28				10	0					
27	00	24	.9437		6.5		4.0	23				13	160					
28	00	24	.7830		6.5		5.0	10				12	4					
29			.8408		6.7		4.0											
30			.8260		6.6		4.0											
31																		
Average			.8702				4.2	20				8	3.81*					
Max.			1.057		7.0		5.0	28				13	160					
Min.			.6080		6.2		4.0	10				4	0					
Comp.(C)/Grab(G)					G		G	C				C	G					
Monthly Limit					6-9			30				30	200					

DEM Form MR-1 (11/84

Facility Status: (Please check one of the following)

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

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

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

_____
_____
_____
_____
_____
_____

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

Julian H. 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: November YEAR: 1986

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

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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	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			.112		7.0		4.0											
2			.440		7.0		1.5											
3			.438		7.0		5.0											
4	08	8	.413		7.0		5.0	10				1	0					
5			.384		7.0		5.0											
6	08	8	.492		7.0		3.0	9				5	6					
7			.388		7.1		4.0											
8			.346		7.2		3.0											
9			.410		7.0		4.0											
10			.369		7.1		4.0											
11	08	8	.435		7.0		5.0	12				4	0					
12			.381		7.0		6.0											
13	08	8	.426		7.0		4.0	7				3	0					
14			.403		7.1		4.0											
15			.483		7.0		4.0											
16			.379		7.0		5.0											
17			.296		7.1		5.0											
18	08	8	.297		7.1		4.0											
19			.423		7.0		5.0											
20	08	8	.305		7.0		4.0	11				2	0					
21			.375		7.1		4.0											
22			.404		7.0		1.5											
23			.300		7.2		3.0											
24			.374		7.0		4.0											
25	08	8	.527		7.0		4.0	LE				2	0					
26			.325		7.0		0.4											
27	08	8	.343		7.0		4.0	9				4	12					
28			.343		7.0		5.0											
29			.346		6.9		3.0											
30			.291		6.8		6.0											
31																		
Average			.3801				3.9	9				3	1.71					
Max.			.527		7.2		6.0	12				5	12					
Min.			.112		6.8		0.4	7				1	6					
Comp.(C)/Grab(G)					G		G	C				C	G					
Monthly Limit					6-9			30				30	200					

DEM Form MR-1 (11/84

Facility Status: (Please check one of the following)

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

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

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

_____
_____
_____
_____
_____
_____

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

Julian H. 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: 004 MONTH: November YEAR: 1986

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

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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 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 + GEOMETRIC MEAN /100 ml			
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
1			5.1260		6.8		4.0											
2			4.8640		6.8		4.0											
3	00	24	6.0380		6.6		4.0	18				4			6			
4	00	24	5.7220		6.7		4.0	20				10			8			
5	00	24	5.5770		6.7		4.0	15				8			0			
6	00	24	6.4180		6.9		3.0	21				11			2/10			
7	00	24	5.6890		6.8		4.0	20				7			2/2			
8			4.6910		6.8		4.0											
9			4.5250		6.8		4.0											
10	00	24	5.1100		6.7		4.0	15				3			10/4			
11	00	24	5.8200		6.8		4.0	16				10			4/0			
12	00	24	5.1190		6.7		4.0	10				8			6/2			
13	00	24	6.0060		6.8		4.0	16				80			14/0			
14	00	24	5.9150		6.8		4.0	22				10			14/2			
15			6.4530		6.8		4.0											
16			5.4720		6.9		4.0											
17	00	24	6.5900		6.9		4.0	14				6			2/4			
18	00	24	6.1820		6.8		4.0	15				2			10/0			
19	00	24	6.0930		7.0		3.0	11				6			10/0			
20	00	24	6.7950		6.8		4.5	18				6			4/2			
21	00	24	6.4120		6.6		4.0	18				6			0/0			
22			4.3000		6.8		4.0											
23			5.4600		6.8		4.0											
24	00	24	6.3220		6.8		4.0	14				6			6/2			
25	00	24	6.1130		6.8		2.0	17				4			10/0			
26	00	24	6.1870		6.9		3.0	17				7			10/0			
27	00	24	5.2520		6.8		4.0	15				7			0/0			
28	00	24	4.0070		6.8		4.0	16				9			14/0			
29			2.8100		6.8		4.0											
30			2.9360		6.9		4.0											
31																		
Average			5.4668				3.9	16				11			4.89			
Max.			6.7950		6.9		4.0	21				80			14			
Min.			2.8100		6.6		2.0	11				2			2			
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:

Julian H. 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: 005 MONTH: November YEAR: 1986

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

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

PERSON(s) COLLECTING SAMPLES: STP Operators

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

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

X Mack D. Davis

Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	31504 ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW: TOTAL COLIFORM GEOMETRIC MEANS			
		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			.16249		6.8		4.0											
2			.15007		6.6		8.0											
3			.18198		6.8		6.0											
4	08	8	.19731		7.0		8.0	6				1			0			
5			.25272		7.0		6.0											
6	08	8	.18997		6.6		8.0	5				4			38			
7			.16509		7.0		6.0											
8			.17574		6.6		6.0											
9			.16124		6.8		6.0											
10			.17698		7.0		6.0											
11	08	8	.16597		6.8		8.0	5				2			0			
12			.17700		7.0		6.0											
13	08	8	.16983		6.8		6.0	5				2			0			
14			.17021		6.8		8.0											
15			.19668		6.6		4.0											
16			.19701		6.8		8.0											
17			.21226		7.0		5.0											
18	08	8	.20977		7.0		2.0	5				13			2			
19			.17272		6.6		6.0											
20	08	8	.17242		6.6		4.0	8				2			0			
21			.17669		6.9		6.0											
22			.18786		7.0		.60											
23			.19200		7.0		6.0											
24			.19119		6.8		6.0											
25	08	8	.20435		4.0		6.0	LE				1			0			
26			.14693		6.9		3.0											
27	08	8	.17713		6.8		6.0	5				2			0			
28			.18410		6.9		6.0											
29			.16450		6.8		5.0											
30			.16710		6.8		5.0											
31																		
Average			.18164				5.8	5				3			1.72			
Max.			.25272		7.0		8.0	8				13			38			
Min.			.14693		4.0		2.0	5				1			2			
Comp.(C)/Grab(G)					G		G	C				C			G			
Monthly Limit					6-9			30				30			70			

DEM Form MR-1 (11/84

Facility Status: (Please check one of the following)

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

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

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

_____
_____
_____
_____
_____
_____

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

Julian H. Wooten
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0003239 DISCHARGE NO: 006 MONTH: November YEAR: 1986

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

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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	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	31504 ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW: TOTAL COLIFORM A GEO MEAN			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	/100 ML			
1			.6448		7.0		4.0											
2			.4213		7.0		4.0											
3			.6143		6.9		4.0											
4	08	8	.5146		6.6		5.0	9				2			0			
5			.5204		6.6		8.0											
6	08	8	.4911		6.8		6.0	7				8			0			
7			.3641		6.6		5.0											
8			.2485		6.8		5.0											
9			.3294		6.8		6.0											
10			.4121		6.6		5.0											
11	08	8	.4568		7.1		5.0	12				2			2			
12			.3691		6.8		3.4											
13	08	8	.3529		6.8		3.5	6				3			0			
14			.3133		6.8		4.5											
15			.5281		6.9		4.0											
16			.4758		6.9		4.0											
17			.3246		6.9		3.0											
18	08	8	.4795		6.9		4.0	7				1			6			
19			.4135		6.8		3.5											
20	08	8	.4774		6.9		3.5	12				3			6			
21			.5200		.69		3.5											
22			.5565		6.8		3.5											
23			.5127		6.9		4.0											
24			.5178		6.9		4.0											
25	08	8	.5258		6.9		6.0	LE				2			0			
26			.7520		6.7		4.5											
27	08	8	.5392		6.8		2.5	6				4			0			
28			.4392		6.7		3.5											
29			.4681		6.6		3.5											
30			.4552		6.7		3.5											
31																		
Average			0.4679				4.2	7				3			1.71*			
Max.			.752		7.1		8.0	12				8			6			
Min.			.249		6.6		2.5	6				1			2			
Comp.(C)/Grab(G)					G		G	C				C			G			
Monthly Limit					6-9			30				30			70			

DEM Form MR-1 (11/84)

Facility Status: (Please check one of the following)

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

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

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

_____
_____
_____
_____
_____
_____

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

Julian H. Wooten
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0003239 DISCHARGE NO: 007 MONTH: November YEAR: 1986

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

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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

PERSON(s) COLLECTING SAMPLES: STP Operators

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

X Mack D. Davis

Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME 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 GEO. MEAN /100ML			
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
1			.06327		6.6		5.0											
2			.06213		6.5		8.0											
3			.10616		6.4		8.0											
4	08	8	.10227		6.4		6.0	14				1			0			
5			.12320		6.6		2.0											
6	08	8	.15722		6.7		3.0	8				2			0			
7			.06514		6.6		4.0											
8			.12790		6.6		5.0											
9			.11386		6.6		5.0											
10			.14245		6.6		5.0											
11	08	8	.05755		6.5		8.0	7				1			2			
12			.34260		6.7		6.0											
13	08	8	.14205		6.7		6.0	12				1			0			
14			.23450		6.5		6.0											
15			.19975		6.6		6.0											
16			.11505		6.6		6.0											
17			.09828		6.4		6.0											
18	08	8	.08780		6.8		6.0	8				1			0			
19			.06318		6.8		4.0											
20	08	8	.09600		6.4		8.0	10				3			0			
21			.06540		6.6		4.0											
22			.06400		6.7		5.0											
23			.09410		6.4		6.0											
24			.09410		6.4		4.0											
25	08	8	.12700		6.4		4.0	LE				1			10			
26			.14722		6.5		5.0											
27	08	8	.10725		6.8		6.0	8				1			0			
28			.07680		6.4		6.0											
29			.08318		6.5		6.0											
30			.07258		6.6		6.0											
31																		
Average			.11440				5.5	8				1			1.45			
Max.			.3426		6.8		8.0	14				3			10			
Min.			.06213		6.4		2.0	7				1			2			
Comp.(C)/Grab(G)					G		G	C				C			G			
Monthly Limit					6-9			30				30			70			

DEM Form MR-1 (11/84

Facility Status: (Please check one of the following)

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

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

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

_____
_____
_____
_____
_____
_____

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

Julian H. Watts
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

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

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

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

PERSON(s) COLLECTING SAMPLES: 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 Mack D Davis
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☐ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L				
1																		
2																		
3																		
4		8			8.0							1						
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		
16																		
17																		
18		8			7.7							2						
19																		
20																		
21																		
22																		
23																		
24																		
25		8			7.8							2						
26																		
27																		
28																		
29																		
30																		
31																		
Average												2						
Max.					8.0							2						
Min.					7.7							1						
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 H. 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: November YEAR: 1986

FACILITY NAME: Camp Geiger STP COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD							
			00400	00010	00545	00310	00610	00500	00530	00340							
											ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2																	
3	00	24				172			68								
4	00	24				172			74								
5	00	24				220			102								
6	00	24				172			102								
7	00	24				184			142								
8																	
9																	
10	00	24				168			106								
11	00	24				120			52								
12	00	24				166			102								
13	00	24				168			106								
14	00	24				112			112								
15																	
16																	
17	00	24				136			92								
18	00	24				128			58								
19	00	24				148			96								
20	00	24				144			74								
21	00	24				172			96								
22																	
23																	
24	00	24				160			92								
25	00	24				128			56								
26	00	24				124			114								
27	00	24				172			98								
28	00	24				120			80								
29																	
30																	
31																	
AVERAGE						154			91								
MONTHLY MAXIMUM						220			142								
MONTHLY MINIMUM						112			52								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Tarawa Terrace 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	00	24				248			158								
4	00	24				172			120								
5	00	24				216			102								
6	00	24				136			195								
7	00	24				204			138								
8																	
9																	
10	00	24				176			286								
11	00	24				180			235								
12	00	24				184			66								
13	00	24				308			10								
14	00	24				172			162								
15																	
16																	
17	00	24				204			114								
18	00	24				184			62								
19	00	24				168			105								
20	00	24				148			240								
21	00	24				188			52								
22																	
23																	
24	00	24				128			160								
25	00	24				172			100								
26	00	24				140			310								
27	00	24				200			335								
28	00	24				220			183								
29																	
30																	
31																	
AVERAGE						187			157								
MONTHLY MAXIMUM						248			335								
MONTHLY MINIMUM						140			10								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Montford Point (Camp Johnson) 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	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2																	
3																	
4	08	8				116			50								
5	[illegible]	[illegible]				[illegible]			[illegible]								
6	08	8				48			56								
7																	
8																	
9																	
10																	
11	08	8				324			380								
12																	
13	08	8				84			36								
14																	
15																	
16																	
17																	
18	08	8				176			44								
19																	
20	08	8				172			32								
21																	
22																	
23																	
24																	
25	08	8				LE			24								
26																	
27	08	8				64			40								
28																	
29																	
30																	
31																	
AVERAGE						123			662								
MONTHLY MAXIMUM						324			83								
MONTHLY MINIMUM						48			24								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Hadnot Point COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD							
			00400	00010	00545	00310	00610	00500	00530	00340							
											ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2																	
3	00	24				168			86								
4	00	24				152			198								
5	00	24				136			142								
6	00	24				152			150								
7	00	24				184			166								
8																	
9																	
10	00	24				124			72								
11	00	24				104			102								
12	00	24				204			128								
13	00	24				140			687								
14	00	24				164			196								
15																	
16																	
17	00	24				112			66								
18	00	24				120			52								
19	00	24				140			95								
20	00	24				180			143								
21	00	24				140			92								
22																	
23																	
24	00	24				108			92								
25	00	24				130			42								
26	00	24				136			106								
27	00	24				128			88								
28	00	24				144			106								
29																	
30																	
31																	
AVERAGE						143			140								
MONTHLY MAXIMUM						204			687								
MONTHLY MINIMUM						104			42								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Rifle Range COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD							
			00400	00010	00545	00310	00610	00500	00530	00340							
											ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2																	
3																	
4	08	8				60			102								
5																	
6	08	8				36			58								
7																	
8																	
9																	
10																	
11	08	8				44			20								
12																	
13	08	8				72			48								
14																	
15																	
16																	
17																	
18	08	8				60			58								
19																	
20	08	8				56			50								
21																	
22																	
23																	
24																	
25	08	8				LE			29								
26																	
27	08	8				28			14								
28																	
29																	
30																	
31																	
AVERAGE						41			47								
MONTHLY MAXIMUM						72			102								
MONTHLY MINIMUM						28			14								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

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																	
4	08	8				220			198								
5																	
6	08	8				168			108								
7																	
8																	
9																	
10																	
11	08	8				108			110								
12																	
13	08	8				84			24								
14																	
15																	
16																	
17																	
18	08	8				248			160								
19																	
20	08	8				220			180								
21																	
22																	
23																	
24																	
25	08	8				LE			112								
26																	
27	08	8				44			108								
28																	
29																	
30																	
31																	
AVERAGE						137			125								
MONTHLY MAXIMUM						248			198								
MONTHLY MINIMUM						44			24								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Onslow Beach 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	08	8				120			22								
5	08	8															
6	08	8				144			84								
7																	
8																	
9																	
10																	
11	08	8				188			19								
12																	
13	08	8				72			92								
14																	
15																	
16																	
17																	
18	08	8				188			9								
19																	
20	08	8				120			17								
21																	
22																	
23																	
24																	
25	08	8				LE			17								
26																	
27	08	8				64			22								
28																	
29																	
30																	
31																	
AVERAGE						112			35								
MONTHLY MAXIMUM						188			84								
MONTHLY MINIMUM						64			9								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

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

FACILITY NAME: Camp Geiger STP COUNTY: Onslow

STREAM: New River STREAM: New River

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

Upstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Oil and 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											
17											
18											
19											
20											
21											
22											
23											
24	10	14	6.9	7.0	5.3		70	4.4			
25											
26											
27											
28											
29											
30											
31											
Average		14	6.9		5.3		70*	4.4			
Monthly Maximum		14	6.9	7.0	5.3		70	4.4			
Monthly Minimum		14	6.9	7.0	5.3		70	4.4			

Downstream

Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Oil and 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			
10	13	10.7	8.0	3.9		8	1.8			
10	13	10.7		3.9		8*	1.8			
10	13	10.7	8.0	3.9		8	1.8			
10	13	10.7	8.0	3.9		8	1.8			

DEM Form MR-3 (11/84)

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

FACILITY NAME: Tarawa Terrace STP COUNTY: Onslow

STREAM: Northeast Creek STREAM: Northeast Creek

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

Upstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Oil and 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											
23											
24	10	15	8.2	7.5	5.8		120	2.0			
25											
26											
27											
28											
29											
30											
31											
Average		15	8.2		5.8		120	2.0			
Monthly Maximum		15	8.2	7.5	5.8		120	2.0			
Monthly Minimum		15	8.2	7.5	5.8		120	2.0			

Downstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Oil and 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											
23											
24	10	13	11.7	8.0	6.2		36	3.4			
25											
26											
27											
28											
29											
30											
31											
Average		10	13	11.7		6.2		36	3.4		
Monthly Maximum		10	13	11.7	8.0	6.2		36	3.4		
Monthly Minimum		10	13	11.7	8.0	6.2		36	3.4		

Enter Parameter Code above Name and Units Below

DEM Form MR-3 (11/84)

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

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

STREAM: Northeast Creek STREAM: New River

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

Upstream

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 and 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	10	13	11.7	8.0	6.2		36	3.4			
25											
26											
27											
28											
29											
30											
31											
Average		13	11.7		6.2		36*	3.4			
Monthly Maximum		13	11.7	8.0	6.2		36	3.4			
Monthly Minimum		13	11.7	8.0	6.2		36	3.4			

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 and Grease				
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
10	13	10.7	8.0	3.9		8	1.8			
10	13	10.7		3.9		8*	1.8			
10	13	10.7	8.0	3.9		8	1.8			
10	13	10.7	8.0	3.9		8	1.8			

DEM Form MR-3 (11/84)

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

FACILITY NAME: Hadnot Point STP COUNTY: Onslow

STREAM: New River STREAM: New River

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

Upstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below			
		00010	00300	00400	00310	00340	31616	00556			
								0.1 and 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	10	13	10.7	8.0	3.9		8	1.8			
25											
26											
27											
28											
29											
30											
31											
Average		13	10.7		3.9		8	1.8			
Monthly Maximum		13	10.7	8.0	3.9		8	1.8			
Monthly Minimum		13	10.7	8.0	3.9		8	1.8			

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			
							0.1 and GREASE			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
11	13	10.0	8.0	2.8		0	2.0			
11	13	10.0		2.8		0	2.0			
11	13	10.0	8.0	2.8		0	2.0			
11	13	10.0	8.0	2.8		0	2.0			

DEM Form MR-3 (11/84)

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

FACILITY NAME: Rifle Range STP COUNTY: Onslow

STREAM: New River STREAM: New River

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

Upstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Oil and 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											
17											
18											
19											
20											
21											
22											
23											
24	11	13	10.0	8.0	2.8		0	2.0			
25											
26											
27											
28											
29											
30											
31											
Average		13	10.0		2.8		0	2.0			
Monthly Maximum		13	10.0	8.0	2.8		0	2.0			
Monthly Minimum		13	10.0	8.0	2.8		0	2.0			

Downstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Oil and 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											
17											
18											
19											
20											
21											
22											
23											
24	11	10	9.0	8.0	2.6		0	1.8			
25											
26											
27											
28											
29											
30											
31											
Average		11	10	9.0		2.6		0	1.8		
Monthly Maximum		11	10	9.0	8.0	2.6		0	1.8		
Monthly Minimum		11	10	9.0	8.0	2.6		0	1.8		

DEM Form MR-3 (11/84)

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

FACILITY NAME: Courthouse Bay STP COUNTY: Onslow

STREAM: New River STREAM: New River

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

Upstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	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											
17											
18											
19											
20											
21											
22											
23											
24	11	10	9.0	8.0	2.6		0	1.8			
25											
26											
27											
28											
29											
30											
31											
Average		10	9.0		2.6		0	1.8			
Monthly Maximum		10	9.0	8.0	2.6		0	1.8			
Monthly Minimum		10	9.0	8.0	2.6		0	1.8			

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	8.3	8.0	0.8		8	0.8			
11	10	8.3		0.8		8	0.8			
11	10	8.3	8.0	0.8		8	0.8			
11	10	8.3	8.0	0.8		8	0.8			

DEM Form MR-3 (11/84)

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

FACILITY NAME: Onslow Beach STP COUNTY: Onslow

STREAM: Intracoastal Waterway STREAM: Intracoastal Waterway

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

Upstream

Date	Time 2400 Clock	Temperature (Celsius)	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 and 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	12	14	8.7	8.0	1.3		0	0.4			
25											
26											
27											
28											
29											
30											
31											
Average		14	8.7		1.3		0	0.4			
Monthly Maximum		14	8.7	8.0	1.3		0	0.4			
Monthly Minimum		14	8.7	8.0	1.3		0	0.4			

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 and Grease			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
12	15	8.6	8.0	1.5		0	0.0			
12	15	8.6		1.5		0	0.0			
12	15	8.6	8.0	1.5		0	0.0			
12	15	8.6	8.0	1.5		0	0.0			

DEM Form MR-3 (11/84)

6288
NREAD
26 Jan 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 ~~November~~ DECEMBER 1986 are submitted.

The Tarawa Terrace Wastewater Treatment Plant did not meet their Biochemical Oxygen Demand (BOD) percent removal requirement for the month. The actual percent removal for BOD was 83% instead of the required minimum of 85%. The bearing to the trickling filter malfunctioned during the first part of December 1986 which decreased plant efficiency. A new bearing was installed 20 January 1987.

The storm drains listed on the enclosed table may be correlated with base geography and facilities by referring to maps with numbered storm drains monitoring point 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
Assistant Chief of Staff, Facilities
By direction of the Commanding General

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

Copy to:
EPA Region IV
CMDR LANTNAVFACENGCOM
NEESA

Blind copy to:
ECML, NREAD (2)
BMO (1)

EFFLUENT

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

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

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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																		
4																		
5																		
6																		
7																		
8																		
9					7.9							4.8						
10																		
11																		
12																		
13																		
14																		
15																		
16																		
17																		
18																		
19																		
20																		
21																		
22																		
23																		
24																		
25																		
26																		
27																		
28																		
29																		
30					7.9							0.8						
31																		
Average												2.8						
Max.					7.9							4.8						
Min.					7.9							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 [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:** December **YEAR:** 1986

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

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☐ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L				
1		8	.0975		6.6		8.0											
2	08	8	.08592		6.4		2.0	16				7			4			
3	08	8	.08464		6.6		5.0											
4	08	8	.08726		6.7		6.0	12				1			0			
5	08	8	.10621		6.5		6.0											
6	08	8	.11044		6.6		5.0											
7	08	8	.10527		6.6		6.0											
8	08	8	.15913		6.9		8.0											
9	08	8	.1098		6.5		5.0	12				7			10			
10	08	8	.11508		6.3		4.0											
11	08	8	.12293		6.2		1.5	10				6			40			
12	08	8	.12283		6.4		4.0											
13	08	8	.12296		6.4		5.0											
14	08	8	.12197		6.6		3.0											
15	08	8	.17071		6.2		5.0											
16	08	8	.11851		6.3		4.5	9				1			0			
17	08	8	.12045		6.4		5.0											
18	08	8	.12355		6.6		4.0	LE				4			0			
19	08	8	.08458		6.7		5.0											
20	08	8	.12340		6.8		6.0											
21	08	8	.10165		6.7		6.0											
22	08	8	.0934		6.8		5.0	9				1			2			
23	08	8	.11852		6.7		4.0											
24	08	8	.14645		6.9		4.0											
25	08	8	.17383		6.4		5.0											
26	08	8	.19276		6.6		4.0											
27	08	8	.11692		6.5		6.0											
28	08	8	.11692		6.5		6.0											
29	08	8	.12022		6.6		5.0											
30	08	8	.11233		6.5		5.0	7				3			2			
31	08	8	.19998		6.6		5.0											
Average			.12213				4.9	11				4			1.10			
Max.			.19998		6.9		8.0	16				7			40			
Min.			.08458		6.2		1.5	7				1			0			
Comp.(C)/Grab(G)								C				C			G			
Monthly Limit								30				30			70			

DEM Form MR 1 (11-81)

Facility Status: (Please check one of the following)

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

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

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

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

Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0003239 **DISCHARGE NO:** 006 **MONTH:** December **YEAR:** 1986

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

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

Mail original and one copy to:
ATT: Central Files
Division of Environmental Management
N C Department of NRCD
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	31504 TOTAL COLIFORM # GEOMETRIC MEAN /100ML			
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
1			.5407		6.8		3.5											
2	08	8	.5251		6.7		3.0	13				.8			4			
3	08	8	.7444		6.4		2.5											
4	08	8	.5365		6.4		2.0	11				7			0			
5	08	8	.6900		6.8		5.0											
6	08	8	.4814		6.9		2.5											
7	08	8	.5345		6.9		2.0											
8	08	8	.4316		6.9		4.0											
9	08	8	.4610		6.6		3.0	10				11			0			
10	08	8	.5011		6.9		4.0											
11	08	8	.5331		6.9		4.0	9				2			0			
12	08	8	.8215		6.8		4.0											
13	08	8	.4973		6.9		4.0											
14	08	8	.4135		6.8		4.0											
15	08	8	.4476		6.8		4.0											
16	08	8	.5264		7.0		4.0	8				1			0			
17	08	8	.5260		6.9		4.0											
18	08	8	.5341		6.8		4.0	LE				1			0			
19	08	8	.4699		6.9		4.0											
20	08	8	.3878		6.9		4.0											
21	08	8	.3512		7.0		4.5											
22	08	8	.4352		7.0		4.5	10				8			12			
23	08	8	.3684		6.8		3.5											
24	08	8	.5240		6.8		4.0											
25	08	8	.2818		7.0		4.0											
26	08	8	.2790		6.6		4.0											
27	08	8	.2484		6.6		4.0											
28	08	8	.2758		6.6		2.5											
29	08	8	.3034		6.6		2.5											
30	08	8	.3118		6.6		2.0	8				7			2			
31	08	8	.2878		6.9		3.5											
Average			.4613				3.6	10				6			1.77			
Max.			.8215		7.0		5.0	13				11			12			
Min.			.2484		6.4		2.0	8				1			0			
Comp.(C)/Grab(G)					G		G	C				C			G			
Monthly Limit					6-9			30				30			70			

DEM Form MR-1 (11/84)

Facility Status: (Please check one of the following)

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

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

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

_____
_____
_____
_____
_____
_____

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

Julian U. Woolin
Signature of Permittee

PARAMETER CODES

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

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

If using alternate units for reporting data, please designate.

EFFLUENT

NPDES PERMIT NO: NC0003239 DISCHARGE NO: 005 MONTH: December YEAR: 1986

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

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

Mail original and one copy to:
ATT: Central Files
Division of Environmental Management
N C Department of NRCD
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	31504 TOTAL COLIFORM GEOMET. MEAN			
															ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	/100ML			
1			.1875		6.8		5.0											
2	08	8	.1729		6.8		5.0	6				3			2			
3	08	8	.1995		6.8		5.0											
4	08	8	.2463		6.8		5.0	10				4			0			
5	08	8	.1975		6.8		3.0											
6	08	8	.2195		7.1		4.0											
7	08	8	.2028		6.9		6.0											
8	08	8	.2246		7.1		5.0											
9	08	8	.2052		6.9		5.0	6				4			0			
10	08	8	.1826		7.0		5.0											
11	08	8	.2251		7.0		5.0	6				3			0			
12	08	8	.2718		6.8		5.0											
13	08	8	.2313		6.8		4.0											
14	08	8	.2483		6.8		5.0											
15	08	8	.2295		7.0		4.0											
16	08	8	.3004		7.0		2.0	5				3			0			
17	08	8	.2357		7.1		4.0											
18	08	8	.2628		7.0		2.0	LE				1			0			
19	08	8	.1283		6.8		4.0											
20	08	8	.1972		6.9		6.0											
21	08	8	.1682		6.5		5.0											
22	08	8	.1750		7.0		6.0	5				2			0			
23	08	8	.1834		6.8		5.0											
24	08	8	.2331		6.8		4.0											
25	08	8	.1661		6.8		6.0											
26	08	8	.1669		6.8		5.0											
27	08	8	.1850		6.8		5.0											
28	08	8	.1855		6.8		4.0											
29	08	8	.1946		7.2		4.0											
30	08	8	.1843		6.8		5.0	5				2			0			
31	08	8	.1710		6.8		5.0											
Average			.2058				4.6	6				3			1.09*			
Max.			.3004		7.2		6.0	10				4			2			
Min.			.1283		6.5		2.0	5				1			0			
Comp.(C)/Grab(G)					G		G	C				C			G			
Monthly Limit					6-9			30				30			70			

DEM Form MR-1 (11/84)

Facility Status: (Please check one of the following)

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

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

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

_____
_____
_____
_____
_____
_____

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

Julian H 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:** 004 **MONTH:** December **YEAR:** 1986

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

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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

PERSON(s) COLLECTING SAMPLES: STP OPerators

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME HRS	50050 FLOW EFF ☒ INF ☐ DAILY RATE MGD	00010 TEMPERATURE CELSIUS C°	00400 pH UNIT	00545 SETTLEABLE MATTER ML/L	50060 RESIDUAL CHLORINE MG/L	00310 BOD_5 20°C MG/L	00340 COD MG/L	00610 AMMONIA NITROGEN MG/L	00500 TOTAL RESIDUE MG/L	00530 TOTAL SUSPENDED RESIDUE MG/L	31616 FECAL COLIFORM Geometric Mean /100 ML	00300 DISSOLVED OXYGEN MG/L	31504 ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW: TOTAL COLIFORM & GEOMETRIC MEAN /100ML			
1	00	24	3.457		6.9		4.0	18				12			4			
2	00	24	4.133		6.8		4.0	19				12			66			
3	00	24	3.644		6.8		3.0	16				6			6			
4	00	24	2.906		6.8		4.0	23				5			10			
5	00	24	2.869		6.8		4.0	22				8			8			
6	00	24	1.753		6.8		4.0											
7	00	24	1.678		6.8		4.0											
8	00	24	2.354		6.8		4.0	16				6			10			
9	00	24	.2741		6.8		4.0	17				9			10			
10	00	24	3.001		6.8		2.5	16				10			10			
11	00	24	2.979		6.9		3.0	18				8			60			
12	00	24	3.248		6.8		4.0	26				5			30			
13	00	24	2.886		6.8		3.0											
14	00	24	2.769		6.9		4.0											
15	00	24	2.863		6.9		4.0	17				7			20			
16	00	24	3.685		6.9		4.0	22				12			4			
17	00	24	6.554		6.7		4.0	24				10			0			
18	00	24	7.440		6.7		4.0	LE				8			16			
19	00	24	6.684		6.8		4.0	LE				7			0			
20	00	24	5.500		6.8		4.0											
21	00	24	5.527		6.8		4.0											
22	00	24	6.292		6.8		3.0	19				9			12			
23	00	24	5.678		6.8		4.0	21				10			4			
24	00	24	6.504		6.8		4.0	20				9			20			
25	00	24	5.294		6.8		4.0	13				6			10			
26	00	24	5.320		6.8		4.0	LE				11			550			
27	00	24	5.443		6.8		4.0											
28	00	24	5.293		6.8		4.0											
29	00	24	6.119		6.8		4.0	16				12			20			
30	00	24	6.341		6.9		3.0	19				8			80			
31	00	24	6.040		6.8		4.0	18				8			2			
Average			4.419				3.8	19				9			11.86			
Max.			7.440		6.9		4.0	26				12			550			
Min.			1.678		6.7		2.5	13				5			0			
Comp.(C)/Grab(G)					G		G	C				C			G			
Monthly Limit					6-9			30				30			70			

DEM Form MR-1 (11 84

Facility Status: (Please check one of the following)

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

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

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

_____
_____
_____
_____
_____
_____

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

William 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:** December **YEAR:** 1986

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

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

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

X _____
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			.346		6.8		5.0											
2	08	8	.503		7.0		3.0	18				10	2					
3	08	8	.346		7.0		5.0											
4	08	8	.333		7.1		4.0	11				2	0					
5	08	8	.451		7.0		4.0											
6	08	8	.296		7.0		5.0											
7	08	8	.330		7.0		5.0											
8	08	8	.317		7.1		5.0											
9	08	8	.341		7.2		4.0	12				4	0					
10	08	8	.312		6.9		5.0											
11	08	8	.340		7.2		4.0	7				1	0					
12	08	8	.311		7.1		4.0											
13	08	8	.445		7.0		4.0											
14	08	8	.252		7.2		0.2											
15	08	8	.340		7.0		4.0											
16	08	8	.343		7.1		4.0	7				1	10					
17	08	8	.344		7.0		4.0											
18	08	8	.3594		7.0		4.0	LE				1	12					
19	08	8	.3261		6.9		4.0											
20	08	8	.3454		7.0		3.0											
21	08	8	.3526		6.8		4.0											
22	08	8	.3279		6.8		3.0	10				6	6					
23	08	8	.3445		7.0		3.0	12				4	4					
24	08	8	.346		7.0		1.5											
25	08	8	.331		7.1		2.5											
26	08	8	.327		6.9		4.0											
27	08	8	.345		7.0		2.0											
28	08	8	.342		7.0		4.0											
29	08	8	.343		7.0		1.5											
30	08	8	.3422		7.1		4.0	8				4	2					
31	08	8	.3403		6.4		3.0											
Average			.3348				3.6	11				4	2.83*					
Max.			.503		7.2		5.0	18				10	12					
Min.			.252		6.4		0.2	7				1	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.

EFFLUENT

NPDES PERMIT NO: NC0003239 DISCHARGE NO: 002 MONTH: December YEAR: 1986

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

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED ☐

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME 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	00	24	.8106		6.4		4.0	27				16	26					
2	00	24	1.3023		6.5		3.0	24				9	8					
3	00	24	.8692		6.6		4.0	19				7	70					
4	00	24	.8006		6.6		4.0	22				4	6					
5	00	24	.8280		6.5		4.0	27				8	2					
6	00	24	.7319		6.5		4.0											
7	00	24	.7249		6.7		4.0											
8	00	24	.7945		6.6		4.0	25				12	2					
9	00	24	.8248		6.8		4.0	25				11	2					
10	00	24	.8825		6.6		4.0	37				16	0					
11	00	24	.8979		6.8		4.0	32				10	0					
12	00	24	1.0287		6.6		4.0	28				9	4					
13	00	24	.9317		6.6		4.0											
14	00	24	.7878		6.6		4.0											
15	00	24	.7874		6.5		4.0	29				9	0					
16	00	24	.7034		6.5		4.5	31				7	0					
17	00	24	.7820		6.6		4.0	29				7	0					
18	00	24	1.8022		6.7		4.0	LE				8	0					
19	00	24	.8046		6.5		4.5	LE				9	10					
20	00	24	.6721		6.4		5.0											
21	00	24	.7690		6.5		5.0											
22	00	24	.7473		6.6		4.0	36				14	0					
23	00	24	.6670		6.4		5.0	27				13	0					
24	00	24	1.1608		6.7		4.0											
25	00	24	.7866		6.6		4.0											
26	00	24	.7600		6.6		4.0	LE				15	4					
27	00	24	.7871		6.6		4.0											
28	00	24	.7329		6.7		4.0											
29	00	24	.8077		6.5		4.0	29				19	0					
30	00	24	1.8023		6.6		4.0	30				14	40					
31	00	24	.8042		6.5		4.0	42				19	0					
Average			.8901					29				11	2.88*					
Max.			1.8023		6.8		5.0	42				19	70					
Min.			.6670		6.4		3.0	19				4	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 for comments

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:** December **YEAR:** 1986

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

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

CHECK BLOCK IF ORC HAS CHANGED ☐

PERSON(s) COLLECTING SAMPLES: STP Operators

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

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

X _____
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ 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	.8516		6.4		4.0	4				2	4					
2	00	24	.8672		6.8		4.0	12				6	2					
3	00	24	.8672		6.6		4.0	10				5	2					
4	00	24	1.2357		6.9		4.0	8				1	0					
5	00	24	1.0695		6.8		4.0	11				7	0					
6	00	24	1.0311		6.8		4.0											
7	00	24	.9383		7.0		4.0											
8	00	24	.9168		7.0		4.0	9				11	0					
9	00	24	.9316		7.0		4.0	10				8	0					
10	00	24	1.0915		7.1		4.0	12				6	0					
11	00	24	1.1851		7.0		4.0	16				8	6					
12	00	24	1.4597		7.2		4.0	17				4	30					
13	00	24	1.1578		7.0		4.0											
14	00	24	1.2007		7.2		4.0											
15	00	24	1.1370		7.1		4.0	16				4	0					
16	00	24	1.1227		6.9		4.0	10				1	0					
17	00	24	1.0981		7.4		4.0	10				4	0					
18	00	24	1.2114		7.2		4.0	LE				3	60					
19	00	24	1.1096		7.2		4.0	LE				6	0					
20	00	24	1.0270		6.9		4.0											
21	00	24	.9601		7.0		4.0											
22	00	24	1.0854		7.0		4.0	7				3	0					
23	00	24	1.0799		7.0		4.0	5				7	18					
24	00	24	1.4657		6.4		4.0											
25	00	24	1.1326		6.6		4.0											
26	00	24	.4880		7.2		4.0	LE				10	0					
27	00	24	1.0138		7.0		4.0											
28	00	24	.9720		6.9		4.0											
29	00	24	1.1605		6.8		4.0	8				9	0					
30	00	24	1.1948		6.8		4.0	5				2	0					
31	00	24	1.1948		6.8		4.0	9				6	0					
Average			1.0728				4.0	10				5	2.04					
Max.			1.4657		7.4		4.0	17				11	60					
Min.			.4880		6.4		4.0	4				1	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:

Johann J. Wooten
Signature of Permittee

PARAMETER CODES

00010	Temperature	00556	Oil and Grease	00950	Dissolved Fluoride	01077	Silver	39516	PCBS
00065	Stream Stage	00600	Total Nitrogen	01002	Total Arsenic	01087	Total Vanadium	39941	Roundup
00076	Turbidity	00610	Ammonia Nitrogen	01027	Cadmium	01092	Zinc	50047	Max. flow during 24-hr. period
00300	Dissolved Oxygen	00625	Total Kjeldahl Nitrogen	01032	Hexavalent Chromium	01105	Total Aluminum	50048	Min. flow during 24-hr. period
00310	BOD_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: December YEAR: 1986

FACILITY NAME: Camp Geiger STP COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD
			00400	00010	00545	00310	00610	00500	00530	00340
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L
1	00	24				148			110	
2	00	24				172			134	
3	00	24				104			56	
4	00	24				172			130	
5	00	24				128			94	
6										
7										
8	00	24				196			180	
9	00	24				148			100	
10	00	24				236			94	
11	00	24				136			86	
12	00	24				156			98	
13										
14										
15	00	24				120			50	
16	00	24				108			52	
17	00	24				160			76	
18	00	24				LE			90	
19	00	24				LE			68	
20										
21										
22	00	24				88			60	
23	00	24				108			82	
24										
25										
26	00	24				LE			42	
27										
28										
29	00	24				156			183	
30	00	24				108			120	
31	00	24				124			82	
AVERAGE						143			95	
MONTHLY MAXIMUM						236			183	
MONTHLY MINIMUM						88			42	
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: 002 MONTH: December YEAR: 1986

FACILITY NAME: Tarawa Terrace 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				120			296								
2	00	24				128			136								
3	00	24				144			130								
4	00	24				220			176								
5	00	24				176			78								
6																	
7																	
8	00	24				188			94								
9	00	24				192			138								
10	00	24				184			118								
11	00	24				168			120								
12	00	24				204			310								
13																	
14																	
15	00	24				200			92								
16	00	24				176			194								
17	00	24				180			94								
18	00	24				LE			68								
19	00	24				LE			130								
20																	
21																	
22	00	24				140			140								
23	00	24				188			108								
24																	
25																	
26	00	24				LE			196								
27																	
28																	
29	00	24				140			97								
30	00	24				172			272								
31	00	24				160			98								
AVERAGE						171			147								
MONTHLY MAXIMUM						220			310								
MONTHLY MINIMUM						120			78								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

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

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD
			00400	00010	00545	00310	00610	00500	00530	00340
		HRS	STD UNITS	°C	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L
1										
2	08	8				108			76	
3										
4	08	8				160			32	
5										
6										
7										
8										
9	08	8				140			82	
10										
11	08	8				84			28	
12										
13										
14										
15										
16	08	8				88			40	
17										
18	08	8				LE			20	
19										
20										
21										
22	08	8				48			30	
23	08	8				108			48	
24										
25										
26										
27										
28										
29										
30	08	8				56			33	
31										
AVERAGE						99			43	
MONTHLY MAXIMUM						160			82	
MONTHLY MINIMUM						48			20	
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: 004 MONTH: December YEAR: 1986

FACILITY NAME: Hadnot 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				200			140								
2	00	24				188			132								
3	00	24				124			112								
4	00	24				124			98								
5	00	24				148			108								
6																	
7																	
8	00	24				112			96								
9	00	24				196			213								
10	00	24				128			106								
11	00	24				156			138								
12	00	24				152			138								
13																	
14																	
15	00	24				104			72								
16	00	24				144			58								
17	00	24				136			118								
18	00	24				LE			96								
19	00	24				LE			70								
20																	
21																	
22	00	24				100			66								
23	00	24				108			83								
24	00	24				100			117								
25	00	24				104			96								
26	00	24				LE			94								
27																	
28																	
29	00	24				128			132								
30	00	24				128			54								
31	00	24				92			64								
AVERAGE						134			104								
MONTHLY MAXIMUM						200			213								
MONTHLY MINIMUM						92			54								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Rifle Range STP COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD							
			00400	00010	00545	00310	00610	00500	00530	00340							
											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	08	8				60			54								
3																	
4	08	8				72			68								
5																	
6																	
7																	
8																	
9	08	8				40			20								
10																	
11	08	8				32			12								
12																	
13																	
14																	
15																	
16	08	8				20			88								
17																	
18	08	8				LE			40								
19																	
20																	
21																	
22	08	8				44			30								
23																	
24																	
25																	
26																	
27																	
28																	
29																	
30	08	8				24			5								
31																	
AVERAGE						42			40								
MONTHLY MAXIMUM						72			88								
MONTHLY MINIMUM						20			12								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

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

FACILITY NAME: Courthouse Bay STP COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD
			00400	00010	00545	00310	00610	00500	00530	00340
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L
1										
2	08	8				132			45	
3										
4	08	8				48			30	
5										
6										
7										
8										
9	08	8				76			30	
10										
11	08	8				276			232	
12										
13										
14										
15										
16	08	8				108			184	
17										
18	08	8				LE			16	
19										
20										
21										
22	08	8				80			240	
23										
24										
25										
26										
27										
28										
29										
30	08	8				60			80	
31										
AVERAGE						111			107	
MONTHLY MAXIMUM						276			240	
MONTHLY MINIMUM						48			16	
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: 007 MONTH: December YEAR: 1986

FACILITY NAME: Onslow Beach STP COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD
			00400	00010	00545	00310	00610	00500	00530	00340
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L
1										
2	08	8				248			56	
3										
4	08	8				260			52	
5										
6										
7										
8										
9	08	8				188			70	
10										
11	08	8				140			92	
12										
13										
14										
15										
16	08	8				148			268	
17										
18	08	8				LE			68	
19										
20										
21										
22	08	8				84			30	
23										
24										
25										
26										
27										
28										
29										
30	08	8				20			10	
31										
AVERAGE						155			81	
MONTHLY MAXIMUM						260			268	
MONTHLY MINIMUM						20			30	
SAMPLE TYPE C or G						C			C	

ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW

DEM Form MR-2 (11/84)

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

FACILITY NAME: Camp Geiger STP COUNTY: Onslow

STREAM: New River STREAM: New River

LOCATION: RW01 - At Hughes Marins 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	09	10	7.9	7.4	1.6		420	0.6			
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		10	7.9		1.6		420*	0.6			
Monthly Maximum		10	7.9	7.4	1.6		420	0.6			
Monthly Minimum		10	7.9	7.4	1.6		420	0.6			

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	9	14.3	8.3	5.9		48	0.2			
	9	14.3		5.9		48*	0.2			
	9	14.3	8.3	5.9		48	0.2			
	9	14.3	8.3	5.9		48	0.2			

DEM Form MR-3 (11/84)

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

FACILITY NAME: Tarawa Terrace STP COUNTY: Onslow

STREAM: ~~Northeast Creek~~ STREAM: Northeast Creek

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

Upstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	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											
17	09	12	11.2	7.0	7.2		120	3.2			
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		12	11.2		7.2		120	3.2			
Monthly Maximum		12	11.2	7.0	7.2		120	3.2			
Monthly Minimum		12	11.2	7.0	7.2		120	3.2			

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											
17	09	12	15.2	7.1	13.		80	1.7			
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		12	15.2		13		80	1.7			
Monthly Maximum		12	15.2	7.1	13		80	1.7			
Monthly Minimum		12	15.2	7.1	13		80	1.7			

DEM Form MR-3 (11/84)

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

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

STREAM: Northeast Creek STREAM: New River

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

Upstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	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											
17	09	12	15.2	7.1	13		80	1.7			
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		12	15.2		13		80*	1.7			
Monthly Maximum		12	15.2	7.1	13		80	1.7			
Monthly Minimum		12	15.2	7.1	13		80	1.7			

Downstream

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			
10	9	14.3	8.3	5.9		48	0.2			
	9	14.3		5.9		48*	0.2			
	9	14.3	8.3	5.9		48	0.2			
	9	14.3	8.3	5.9		48	0.2			

DEM Form MR-3 (11/84)

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

FACILITY NAME: Hadnot Point STP COUNTY: Onslow

STREAM: New River STREAM: New River

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

Upstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below			
		00010	00300	00400	00310	00340	31616	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	10	9	14.3	8.3	5.9		48	0.2			
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		9	14.3		5.9		48	0.2			
Monthly Maximum		9	14.3	8.3	5.9		48	0.2			
Monthly Minimum		9	14.3	8.3	5.9		48	0.2			

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											
17	10	10	12.3	8.2	3.8		16	1.4			
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		10	12.3		3.8		16	1.4			
Monthly Maximum		10	12.3	8.2	3.8		16	1.4			
Monthly Minimum		10	12.3	8.3	3.8		16	1.4			

DEM Form MR-3 (11/84)

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

FACILITY NAME: Rifle Range STP COUNTY: Onslow

STREAM: New River STREAM: New River

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

Upstream

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											
17	10	10	12.3	8.2	3.8		16	1.4			
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		10	12.3		3.8		16	1.4			
Monthly Maximum		10	12.3	8.2	3.8		16	1.4			
Monthly Minimum		10	12.3	8.2	3.8		16	1.4			

Downstream

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			
10	11	9.9	8.1	2		0	1.1			
	11	9.9		2		0	1.1			
	11	9.9	8.1	2		0	1.1			
	11	9.9	8.1	2		0	1.1			

DEM Form MR-3 (11/84)

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

FACILITY NAME: Courthouse Bay STP COUNTY: Onslow

STREAM: New River STREAM: New River

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

Upstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Oil & Grease			
		00010	00300	00400	00310	00340	31616	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	10	11	9.9	8.1	2		0	1.1			
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		11	9.9		2		0	1.1			
Monthly Maximum		11	9.9	8.1	2		0	1.1			
Monthly Minimum		11	9.9	8.1	2		0	1.1			

Downstream

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			
10	13	8.6	8.0	0.8		8	3.8			
	13	8.6		0.8		8	3.8			
	13	8.6	8.0	0.8		8	3.8			
	13	8.6	8.0	0.8		8	3.8			

DEM Form MR-3 (11/84)

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

FACILITY NAME: Onslow Beach STP COUNTY: Onslow

STREAM: Intracoastal Waterway STREAM: Intracoastal Waterway

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

Upstream

Date	Time 2400 Clock	Temperature (Celsius)	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	11	12	8.7	8.0	0.8		0	2.1			
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		12	8.7		0.8		0	2.1			
Monthly Maximum		12	8.7	8.0	0.8		0	2.1			
Monthly Minimum		12	8.7	8.0	0.8		0	2.1			

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			
11	12	9.1	8.0	1.3		4	3.5			
	12	9.1		1.3		4	3.5			
	12	9.1	8.0	1.3		4	3.5			
	12	9.1	8.0	1.3		4	3.5			

DEM Form MR-3 (11/84)

STORM DRAINS

NPDES NO: NC0003239 MONTH: December YEAR: 1986

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

STORM DRAIN NUMBER	DATE COLLECTED	FLOW 50050	pH 00400	TOTAL SUSPENDED RESIDUE 00530	OIL & GREASE 00556
20	4 Dec	233,280	6.9	5	0.3
26	4 Dec	145,800	7.1	0	0.3
27	4 Dec	121,014	7.2	1	0
28	4 Dec	174,960	9.0	8	0
30	4 Dec	292,183	6.8	2	Lab Error
32	4 Dec	54,675,000	6.6	5	Lab Error
40	4 Dec	874,800	7.8	6	0
41	4Dec	1,749,600	7.9	0	0
67	4 Dec	1,166,400	7.3	15	7.9
68	4 DEc	388,411	7.2	1	0
69	4 Dec	583,200	6.7	61	1.6
81	4 Dec	6,998,400	6.8	5	1.5
82	4 Dec	10.497,600	6.9	10	1.2
83	4 Dec	1,458,000	7.4	0	0.7
84	4 Dec	145,800	7.1	10	25.9
86	4 Dec	Tidal	6.6	6	0.6
87	4 Dec	1,399,680	6.9	6	1.6
30	8 Dec	292,183	7.5	3	0
32	8 Dec	54,675,000	7.4	2	0.3
33	8 Dec	1,749,600	7.5	1	0
52	8 Dec	874,800	7.2	1	0
54	8 Dec	583,200	7.1	1	0
55	8 Dec	48,406	6.4	4	0.9
57	8 Dec	8,748,000	8.6	9	0.3
59	8 Dec	Tidal	7.7	13	0.8
74	8 Dec	97,394	7.5	2	2
90	8 Dec	874,800	6.7	1	0.2
42	15 Dec	874,800	7.3	186	0.2
43	15 Dec	9,710	7.3	18	7.3
44	15 Dec	1.749,600	7.1	1	0
45	15 Dec	874,800	7.4	2	0
46	15 Dec	291,308	7.4	3	0.5
47	15 Dec	291,600	7.4	1	0
48	15 Dec	4,665,600	7.5	9	0.4
49	15 Dec	20,995,200	7.4	268	18.6
61	15 Dec	6,998,400	7.2	27	0
63	15 Dec	2.332,800	6.9	5	Lab Error
64	15 Dec	4.665.600	7.0	1	Lab Error
65	15 Dec	4,841	7.5	8	Lab Error

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

STORM DRAINS

NPDES NO: NC0003239 MONTH: December YEAR: 1986

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

STORM DRAIN NUMBER	DATE COLLECTED	FLOW 50050	pH 00400	TOTAL SUSPENDED RESIDUE 00530	OIL & GREASE 00556

On 4 December, the following Storm Drains had no flow:

#SD22, SD24, SD25, SD31, SD85

On 4 December, the following Storm Drains were dry:

#SD21, SD23, SD39, SD66, SD88

On 4 December, the following Storm Drains were tidal: #SD86.

On 8 December, the following Storm Drains had no flow:
#SD56, SD58

On 8 December, the following Storm Drains were dry:
#SD 34, SD35, SD36, SD37, SD38, SD51, SD53, SD73, SD75, SD76, SD77, SD78, SD79, SD80, SD89

On 8 December, the following Storm Drains were tidal: #SD59

On 15 December, the following Storm Drains were dry: #SD60 and SD62

1986 File

6288
NREAD
26 Jan 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 ~~November~~ DECEMBER 1986 are submitted.

The Tarawa Terrace Wastewater Treatment Plant did not meet their Biochemical Oxygen Demand (BOD) percent removal requirement for the month. The actual percent removal for BOD was 83% instead of the required minimum of 85%. The bearing to the trickling filter malfunctioned during the first part of December 1986 which decreased plant efficiency. A new bearing was installed 20 January 1987.

The storm drains listed on the enclosed table may be correlated with base geography and facilities by referring to maps with numbered storm drains monitoring point 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
Assistant Chief of Staff, Facilities
By direction of the Commanding General

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

Copy to:
EPA Region IV
CMDR LANTNAVFACENGCOM
NEESA

Blind copy to:
ECML, NREAD (2)
BMO (1)