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NREAD
5 Oct 87

Mr. Wallace E. Venrick
Water Supply Branch
Division of Health Services
Post Office Box 2091
Raleigh, North Carolina 27602-2091

Dear Mr. Venrick:

Enclosures (1), (2) and (3) are the Trihalomethane analysis of the Hadnot Point (HP) Water Treatment Plant, ID No. 04-67-041 the Marine Corps Air Station (MCAS), New River Water Treatment Plant, ID No. 04-67-042, and the Holcomb Blvd (HB) Water Treatment Plant, ID No. 04-67-043. All samples were collected by the Environmental Chemistry and Microbiology Section personnel and analyzed by Industrial and Environmental Analysts, Incorporated.

Point of contact in this matter is Ms. Elizabeth Betz, (919) 451-5977.

Sincerely,

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

Encls:

- (1) TTHM Analysis for HP
- (2) TTHM Analysis for MCAS
- (3) TTHM Analysis for HB

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EC&MS (2)
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3 37720
C. Lab. ID



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WATER SYSTEM PERSONNEL TO COMPLETE ALL INFORMATION ABOVE HEAVY LINE

WATER SYSTEM INFORMATION

WATER SYSTEM ID# 04 - 67 - 041 TYPE OF SYSTEM: COMMUNITY () NON-COMMUNITY

SYSTEM NAME: HADNOT POINT SOURCE OF WATER: GROUND () BOTH

ADDRESS: COMMANDING GENERAL, MCB () SURFACE () PURCHASED
CAMP LEJEUNE, NC ZIP 28542

COUNTY: ONSLOW TYPE OF TREATMENT: () NONE LIME

REPORT TO: AC/S FACILITIES (NREAD) () CHLORINATED () SODA ASH

ADDRESS: SAME AS ABOVE () FLUORIDATED () POLYPHOSPHATE
ZIP _____ () FILTERED WATER SOFTNER

TELEPHONE: (919) 451-5977 () ALUM () OTHER

SAMPLE INFORMATION

SOURCE OF SAMPLE TYPE OF SAMPLE

DISTRIBUTION TAP () HOUSE TAP D-REGULAR () M-M.R.T.

() PLANT TAP () WELL TAP () C-CHECK () S-SPECIAL

SAMPLING LOCATION (Address): FC-530

DATE COLLECTED: 9-1-87 TIME COLLECTED: 1115 am/pm

COLLECTED BY: EC & MS PERSONNEL LOC. CODE: _____

FOR LABORATORY USE ONLY

STATE DRINKING WATER PARAMETERS

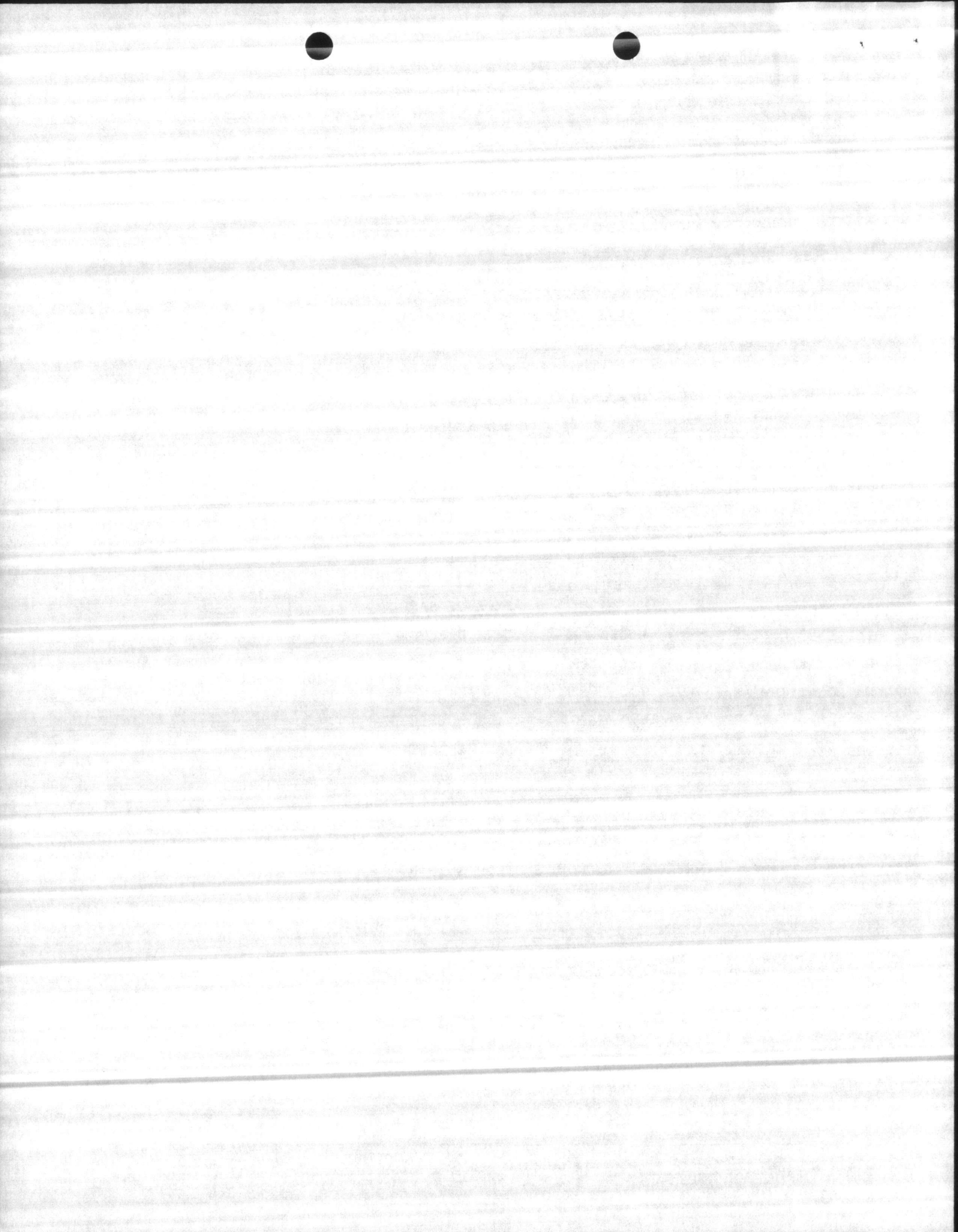
CONTAMINANT ID	NAME	METHOD	RESULTS mg/l	CONTAMINANT ID	NAME	METHOD	RESULTS mg/l
2005	Endrin	201	---	2941	Chloroform	215	0.007
2010	Lindane	201	---	2943	Bromodichloromethane	215	0.008
2015	Methoxychlor	201	---	2944	Chlorodibromomethane	215	0.004
2020	Toxaphene	201	---	2942	Bromoform	215	0.001
2105	2, 4-D	203	---	2950	Total THM	215	0.019
2110	2, 4, 5-TP	203	---				

DATE RECEIVED 09-02-87 DATE ANALYZED 09-14-87 REPORTED BY _____

DATE EXTRACTED 09-14-87 DATE REPORTED 09-15-87 SAMPLE LAB 304-16-7

REMARKS:

ENCLOSURE (1)



53 37720
C. Lab. ID



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WATER SYSTEM PERSONNEL TO COMPLETE ALL INFORMATION ABOVE HEAVY LINE

WATER SYSTEM INFORMATION

WATER SYSTEM ID# 04 - 67 - 042 TYPE OF SYSTEM:
 COMMUNITY () NON-COMMUNITY

SYSTEM NAME: MARINE CORPS AIR STATION SOURCE OF WATER:
 GROUND () BOTH
 SURFACE () PURCHASED

ADDRESS: COMMANDING GENERAL MCB
CAMP LEJEUNE, NC ZIP 28542

COUNTY: ONSONG TYPE OF TREATMENT:
 NONE LIME
 CHLORINATED () SODA ASH
 FLUORIDATED () POLYPHOSPHATE

REPORT TO: NC/S FACILITIES (NREAD)
 FILTERED WATER SOFTNER
 ALUM () OTHER

ADDRESS: SAME AS ABOVE ZIP _____

TELEPHONE: (919) 451-5977

SAMPLE INFORMATION

SOURCE OF SAMPLE TYPE OF SAMPLE
 DISTRIBUTION TAP () HOUSE TAP D-REGULAR () M-M.R.T.
 PLANT TAP () WELL TAP () C-CHECK () S-SPECIAL

SAMPLING LOCATION (Address): AS 110

DATE COLLECTED: 9-1-87 TIME COLLECTED: 0915 am X pm
 COLLECTED BY: EC & MS PERSONNEL LOC. CODE: _____

FOR LABORATORY USE ONLY

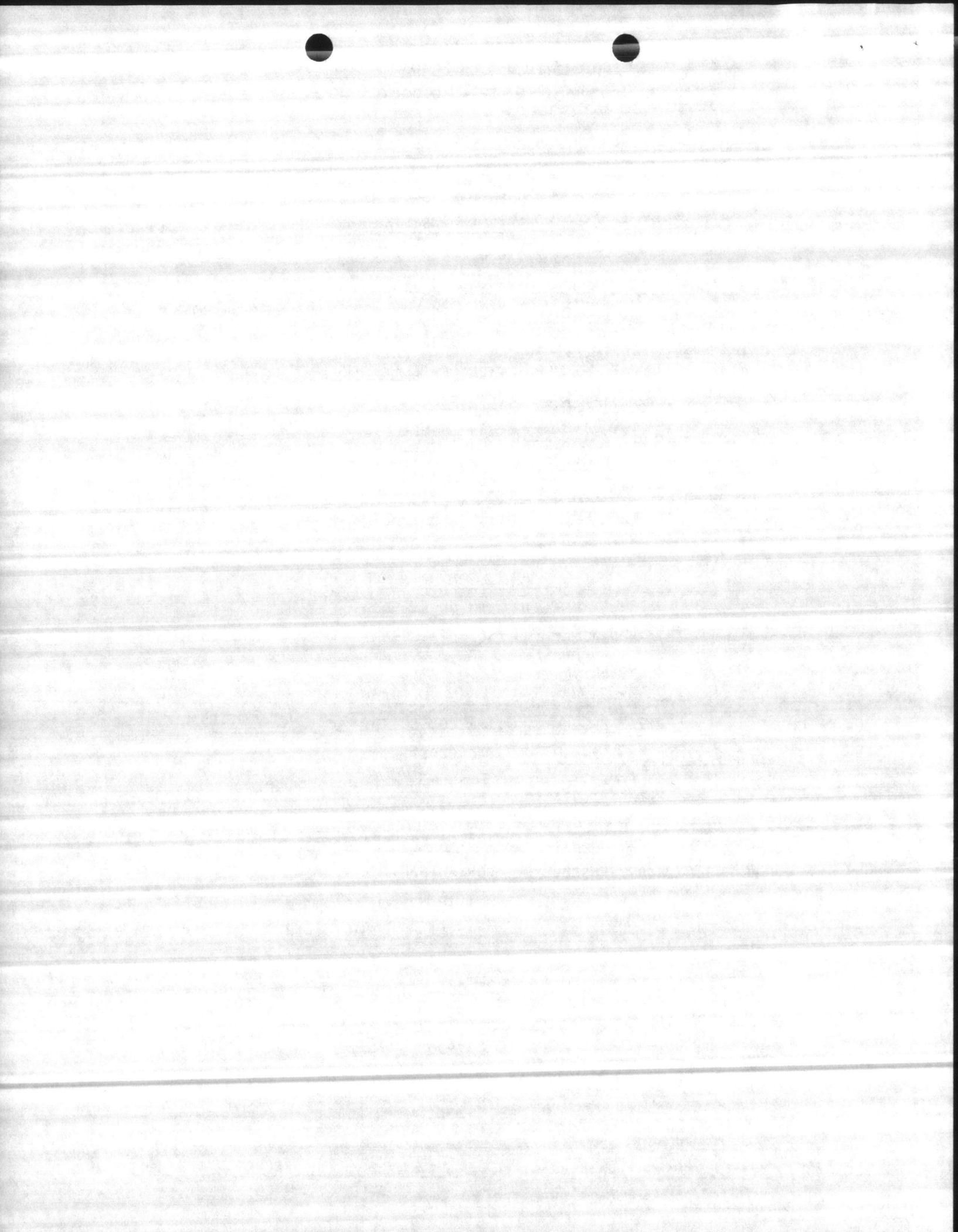
STATE DRINKING WATER PARAMETERS

CONTAMINANT ID	NAME	METHOD	RESULTS mg/l	CONTAMINANT ID	NAME	METHOD	RESULT mg/l
2005	Endrin	201	---	2941	Chloroform	215	0.002
2010	Lindane	201	---	2943	Bromodichloromethane	215	0.007
2015	Methoxychlor	201	---	2944	Chlorodibromomethane	215	0.016
2020	Toxaphene	201	---	2942	Bromoform	215	0.019
2105	2, 4-D	203	---	2950	Total THM	215	0.044
2110	2, 4, 5-TP	203	---				

DATE RECEIVED 09-02-87 DATE ANALYZED 09-14-87 REPORTED BY E. Folk
 DATE EXTRACTED 09-14-87 DATE REPORTED 09-15-87 SAMPLE LAB 304-16-5

MARKS:

ENCLOSURE 2



3 37720
C. Lab. ID



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WATER SYSTEM PERSONNEL TO COMPLETE ALL INFORMATION ABOVE HEAVY LINE

WATER SYSTEM INFORMATION

WATER SYSTEM ID# 04-67-042 TYPE OF SYSTEM:
 COMMUNITY () NON-COMMUNITY

SYSTEM NAME: NAVY CORPS AIR STATION SOURCE OF WATER:
 GROUND () BOTH
 SURFACE () PURCHASED

ADDRESS: COMMANDING GENERAL, MCB
CAMP LEJEUNE, NC ZIP 28542

COUNTY: ONSLow TYPE OF TREATMENT:
 NONE LIME
 CHLORINATED () SODA ASH
 FLUORIDATED () POLYPHOSPHATE

REPORT TO: NC/S FACILITIES (NREAD)
 FILTERED WATER SOFTNER
 ALUM () OTHER

ADDRESS: SAME AS ABOVE ZIP _____

TELEPHONE: (919) 451-5977

SAMPLE INFORMATION

SOURCE OF SAMPLE TYPE OF SAMPLE
 DISTRIBUTION TAP () HOUSE TAP D-REGULAR () M-M.R.T.
 PLANT TAP () WELL TAP () C-CHECK () S-SPECIAL

SAMPLING LOCATION (Address): AS 4025

DATE COLLECTED: 9-1-87 TIME COLLECTED: 0925 am/pm
 COLLECTED BY: WALTER G. LIND LOC. CODE: _____
EC & MS PERSONNEL

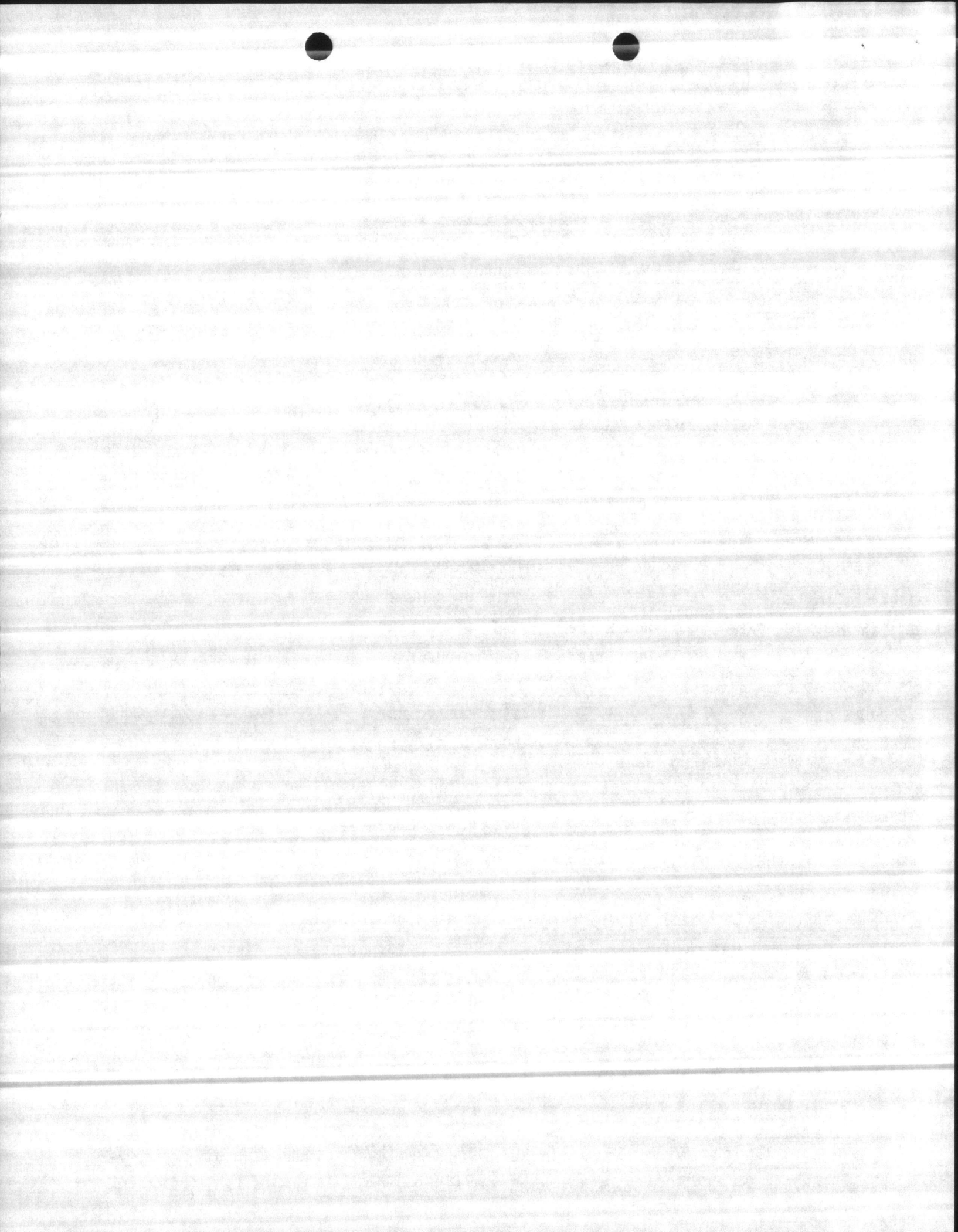
FOR LABORATORY USE ONLY

STATE DRINKING WATER PARAMETERS

CONTAMINANT ID	NAME	METHOD	RESULTS mg/l	CONTAMINANT ID	NAME	METHOD	RESULT mg/l
2005	Endrin	201	---	2941	Chloroform	215	0.002
2010	Lindane	201	---	2943	Bromodichloromethane	215	0.011
2015	Methoxychlor	201	---	2944	Chlorodibromomethane	215	0.030
2020	Toxaphene	201	---	2942	Bromoform	215	0.035
2105	2, 4-D	203	---	2950	Total THM	215	0.078
2110	2, 4, 5-TP	203	---				

DATE RECEIVED 09-02-87 DATE ANALYZED 09-14-87 REPORTED BY E. Folk
 DATE EXTRACTED 09-14-87 DATE REPORTED 09-15-87 SAMPLE LAB 304-16-4

REMARKS: ENCLOSURE (2)



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C. Lab. ID



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WATER SYSTEM PERSONNEL TO COMPLETE ALL INFORMATION ABOVE HEAVY LINE

WATER SYSTEM INFORMATION

WATER SYSTEM ID# 04 - 67 - 042 TYPE OF SYSTEM:
 COMMUNITY () NON-COMMUNITY

SYSTEM NAME: MARINE CORPS AIR STATION SOURCE OF WATER:
 GROUND () BOTH
 ADDRESS: COMMANDING GENERAL MCB () SURFACE () PURCHASED
CAMP LEJEUNE, NC ZIP 28542

COUNTY: ONSLow TYPE OF TREATMENT:
 REPORT TO: NC/S FACILITIES (NREAD) () NONE LIME
 ADDRESS: SAME AS ABOVE CHLORINATED () SODA ASH
 ZIP _____ () FLUORIDATED () POLYPHOSPHATE
 TELEPHONE: (919) 451-5977 FILTERED WATER SOFTNER
 () ALUM () OTHER

SAMPLE INFORMATION

SOURCE OF SAMPLE TYPE OF SAMPLE
 DISTRIBUTION TAP () HOUSE TAP D-REGULAR () M-M.R.T.
 PLANT TAP () WELL TAP () C-CHECK () S-SPECIAL

SAMPLING LOCATION (Address): AS 710

DATE COLLECTED: 9-1-87 TIME COLLECTED: 1000 amX pm
 COLLECTED BY: WANDA G. C. LINDS LOC. CODE: _____
EC&MS PERSONNEL

FOR LABORATORY USE ONLY

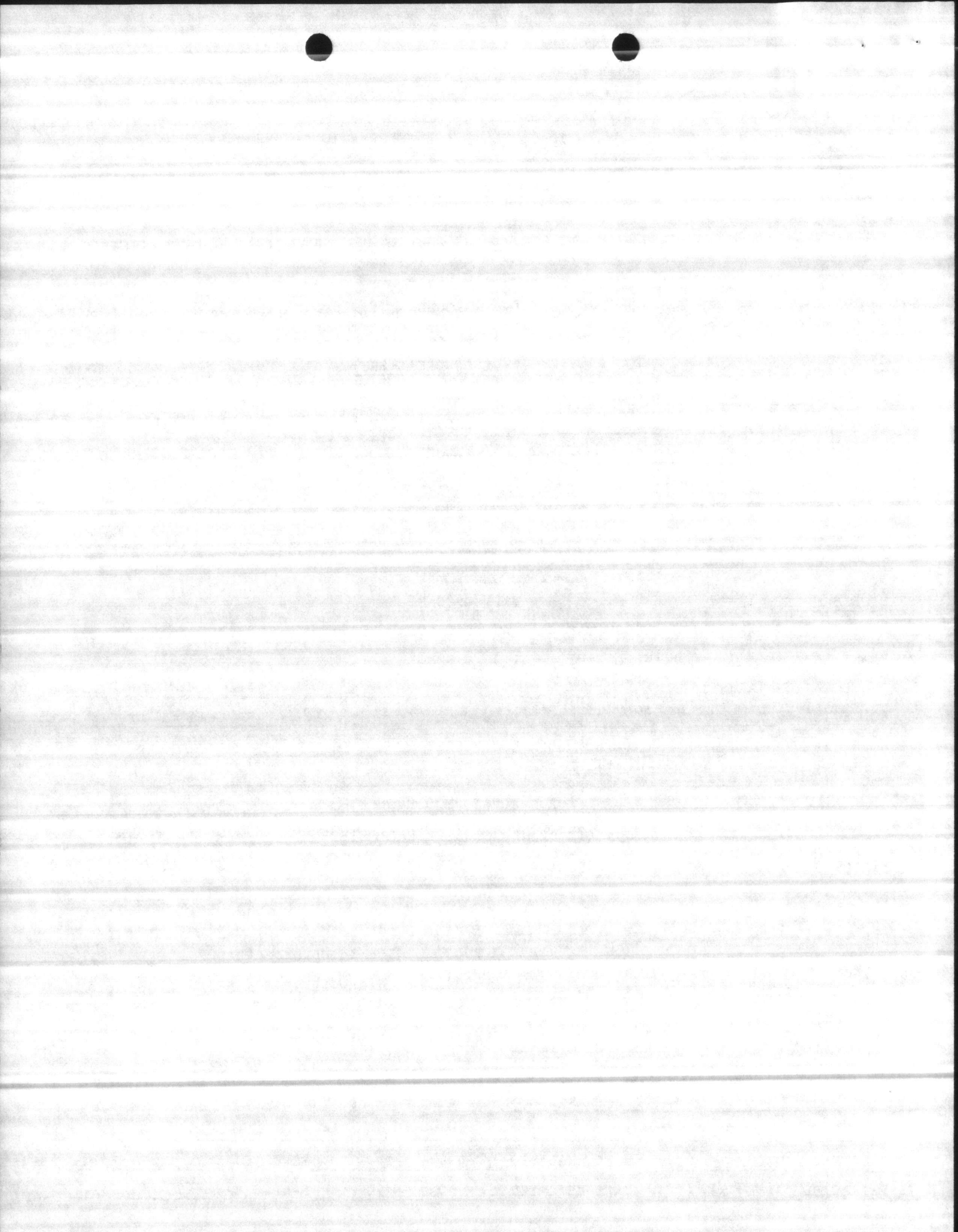
STATE DRINKING WATER PARAMETERS

CONTAMINANT ID	NAME	METHOD	RESULTS mg/l	CONTAMINANT ID	NAME	METHOD	RESULT mg/l
2005	Endrin	201	---	2941	Chloroform	215	<u>0.003</u>
2010	Lindane	201	---	2943	Bromodichloromethane	215	<u>0.013</u>
2015	Methoxychlor	201	---	2944	Chlorodibromomethane	215	<u>0.033</u>
2020	Toxaphene	201	---	2942	Bromoform	215	<u>0.039</u>
2105	2, 4-D	203	---	2950	Total THM	215	<u>0.088</u>
2110	2, 4, 5-TP	203	---				---

DATE RECEIVED 09-02-87 DATE ANALYZED 09-14-87 REPORTED BY E. Folk
 DATE EXTRACTED 09-14-87 DATE REPORTED 09-15-87 SAMPLE LAB 304-16-3

MARKS:

ENCLOSURE 121



33720
C. Lab. ID



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WATER SYSTEM PERSONNEL TO COMPLETE ALL INFORMATION ABOVE HEAVY LINE

WATER SYSTEM INFORMATION

WATER SYSTEM ID# 04-67-042

TYPE OF SYSTEM:

COMMUNITY () NON-COMMUNITY

SYSTEM NAME: MARINE CORPS AIR STATION

SOURCE OF WATER:

ADDRESS: COMMANDING GENERAL MCB
CAMP LEJEUNE, NC ZIP 28542

GROUND () BOTH
() SURFACE () PURCHASED

COUNTY: ONSLow

TYPE OF TREATMENT:

REPORT TO: NC/S FACILITIES (NREAD)

() NONE LIME

ADDRESS: SAME AS ABOVE
ZIP _____

CHLORINATED () SODA ASH
() FLUORIDATED () POLYPHOSPHATE

TELEPHONE: (919) 451-5977

FILTERED WATER SOFTNER
() ALUM () OTHER

SAMPLE INFORMATION

SOURCE OF SAMPLE

TYPE OF SAMPLE

DISTRIBUTION TAP () HOUSE TAP
() PLANT TAP () WELL TAP

L-REGULAR () M-M.R.T.
() C-CHECK () S-SPECIAL

SAMPLING LOCATION (Address): G-520

DATE COLLECTED: 9-1-87 TIME COLLECTED: 1020 am pm

COLLECTED BY: WATER LAB LOC. CODE: _____
E.C. & M.S. PERSONNEL

FOR LABORATORY USE ONLY

STATE DRINKING WATER PARAMETERS

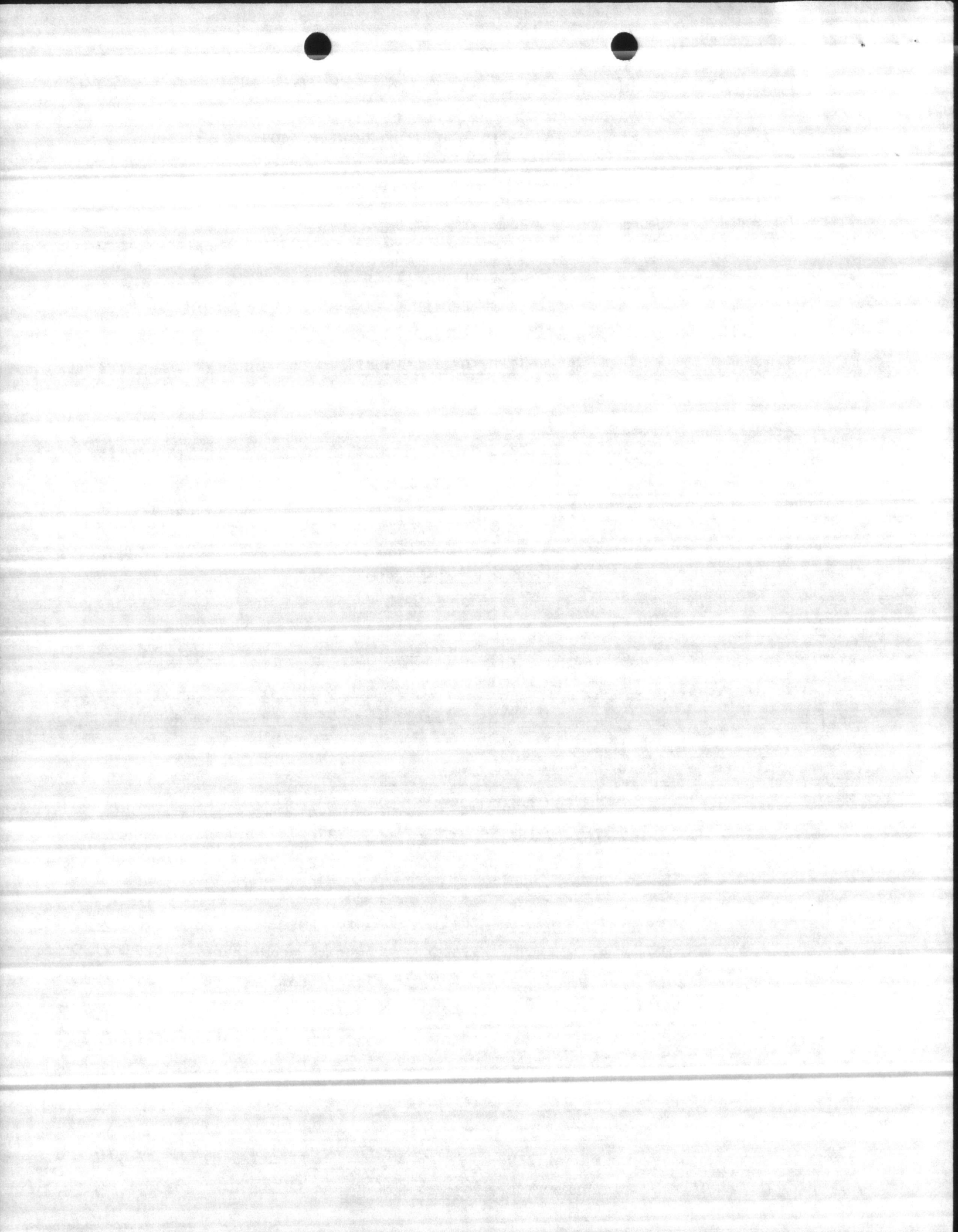
CONTAMINANT ID	NAME	METHOD	RESULTS mg/l	CONTAMINANT ID	NAME	METHOD	RESULT mg/l
2005	Endrin	201	---	2941	Chloroform	215	0.005
2010	Lindane	201	---	2943	Bromodichloromethane	215	0.021
2015	Methoxychlor	201	---	2944	Chlorodibromomethane	215	0.043
2020	Toxaphene	201	---	2942	Bromoform	215	0.041
2105	2, 4-D	203	---	2950	Total THM	215	0.110
2110	2, 4, 5-TP	203	---				---

DATE RECEIVED 09-02-87 DATE ANALYZED 09-14-87 REPORTED BY E. Folk

DATE EXTRACTED 09-14-87 DATE REPORTED 09-15-87 SAMPLE LAB 304-16-2

REMARKS:

ENCLOSURE (2)





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Analysts, Inc.

919-467-9900

FOR SYSTEM PERSONNEL TO COMPLETE ALL INFORMATION ABOVE HEAVY LINE

LINE

WATER SYSTEM INFORMATION

- 67 - 042 TYPE OF SYSTEM: COMMUNITY () NON-COMMUNITY -COMMUNITY

6 CORPS AIR STATION SOURCE OF WATER: GROUND () BOTH H

ENDING GENERAL MCB () SURFACE () PURCHASED CHASED

REUNE, NC ZIP 28542 TYPE OF TREATMENT: () NONE LIME IE

W () CHLORINATED () SODA ASH A ASH

FACILITIES (N/A) () FLUORIDATED () POLYPHOSPHATE YPHOSPHATE

IS ABOVE () FILTERED WATER SOFTNER ER SOFTNER

ZIP () ALUM () OTHER IER

451-5977

SAMPLE INFORMATION

TYPE OF SAMPLE

() HOUSE TAP L-REGULAR () M-M.R.T. I.R.T.

() WELL TAP () C-CHECK () S-SPECIAL SPECIAL

Address): G-520

9-1-87 TIME COLLECTED: 1020 am pm pm

LAB LOC. CODE: ---

C. E. M. S. PERSONNEL

FOR LABORATORY USE ONLY

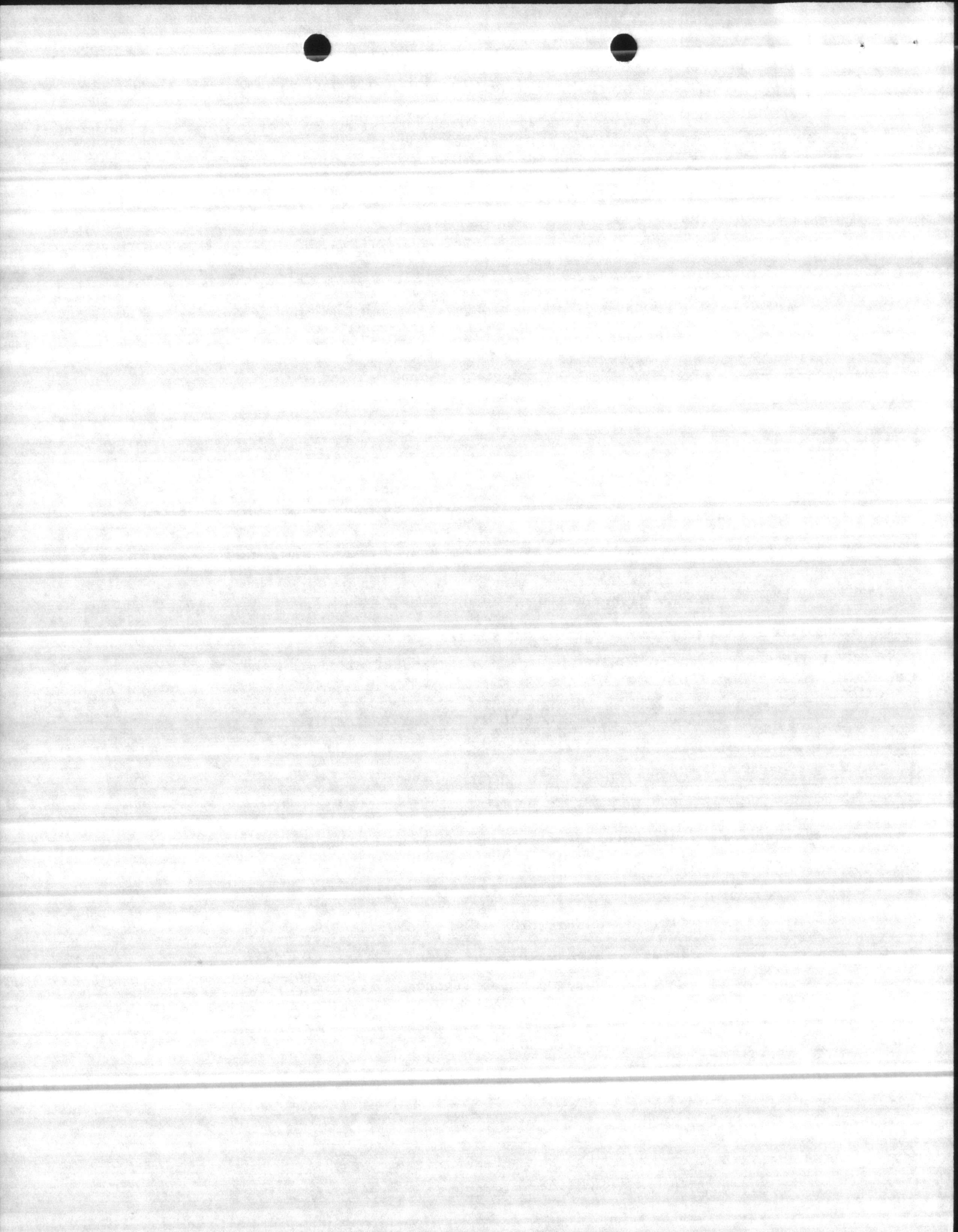
STATE DRINKING WATER PARAMETERS

METHOD	RESULTS	CONTAMINANT	NAME	METHOD	RESULT	METHOD	RESULT
	mg/l	ID			mg/l		mg/l
201	---	2941	Chloroform	215	<u>0.005</u>	215	<u>0.002</u>
201	---	2943	Bromodichloromethane	215	<u>0.021</u>	215	<u>0.011</u>
lor 201	---	2944	Chlorodibromomethane	215	<u>0.043</u>	215	<u>0.030</u>
201	---	2942	Bromoform	215	<u>0.041</u>	215	<u>0.044</u>
203	---	2950	Total THM	215	<u>0.110</u>	215	<u>0.087</u>
P 203	---						

2-87 DATE ANALYZED 09-14-87 REPORTED BY E. Folk E. Folk

4-87 DATE REPORTED 09-15-87 SAMPLE LAB 304-16-2 304-16-1

ENCLOSURE (2) ENCLOSURE (2)



03 37720
C. Lab. ID



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WATER SYSTEM PERSONNEL TO COMPLETE ALL INFORMATION ABOVE HEAVY LINE

WATER SYSTEM INFORMATION

WATER SYSTEM ID# 04 - 67 - 043 TYPE OF SYSTEM:
 COMMUNITY () NON-COMMUNITY

SYSTEM NAME: HOLCOMB BLVD. SOURCE OF WATER:
 GROUND () BOTH
 SURFACE () PURCHASED

ADDRESS: COMMANDING GENERAL, MCB
CAMP LEJEUNE, NC ZIP 28542

COUNTY: ONslow TYPE OF TREATMENT:
 NONE LIME
 CHLORINATED () SODA ASH
 FLUORIDATED () POLYPHOSPHATE
 FILTERED WATER SOFTNER
 ALUM () OTHER

REPORT TO: AC/S FACILITIES (NREAD)

ADDRESS: SAME AS ABOVE ZIP _____

TELEPHONE: (919) 451-5977

SAMPLE INFORMATION

SOURCE OF SAMPLE TYPE OF SAMPLE
 DISTRIBUTION TAP () HOUSE TAP D-REGULAR () M-M.R.T.
 PLANT TAP () WELL TAP () C-CHECK () S-SPECIAL

SAMPLING LOCATION (Address): BLDG 670

DATE COLLECTED: 9-1-87 TIME COLLECTED: 1050 am X pm
 COLLECTED BY: EC & MS PERSONNEL LOC. CODE: _____

FOR LABORATORY USE ONLY

STATE DRINKING WATER PARAMETERS

CONTAMINANT ID	NAME	METHOD	RESULTS mg/l	CONTAMINANT ID	NAME	METHOD	RESULT mg/l
2005	Endrin	201	---	2941	Chloroform	215	<u>0.008</u>
2010	Lindane	201	---	2943	Bromodichloromethane	215	<u>0.006</u>
2015	Methoxychlor	201	---	2944	Chlorodibromomethane	215	<u>0.001</u>
2020	Toxaphene	201	---	2942	Bromoform	215	<u>40.00</u>
2105	2, 4-D	203	---	2950	Total THM	215	<u>0.016</u>
2110	2, 4, 5-TP	203	---				---

DATE RECEIVED 09-02-87 DATE ANALYZED 09-14-87 REPORTED BY E. Folk
 DATE EXTRACTED 09-14-87 DATE REPORTED 09-15-87 SAMPLE LAB 304-16-6

MARKS:

ENCLOSURE 131

