

11333/1
NREAD
23 Jun 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

Copy to:
LANTDIV

Blind copy to:
EC&MS (2)
BMO (Util Dir)

Writer/Typist Betz (Shanahan)

Date Typed 23 June 87

Word Processor Number 11333/1

11-11-81

Mr. William J. ...
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Date Typed 11/11/81
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37220
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
CAMP LEJEUNE, NC ZIP 28542 () SURFACE () PURCHASED

COUNTY: ONSLow TYPE OF TREATMENT:
 REPORT TO: AC/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): X FC530

DATE COLLECTED: X 6-11-87 TIME COLLECTED: X 1227 am pm

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

FOR LABORATORY USE ONLY

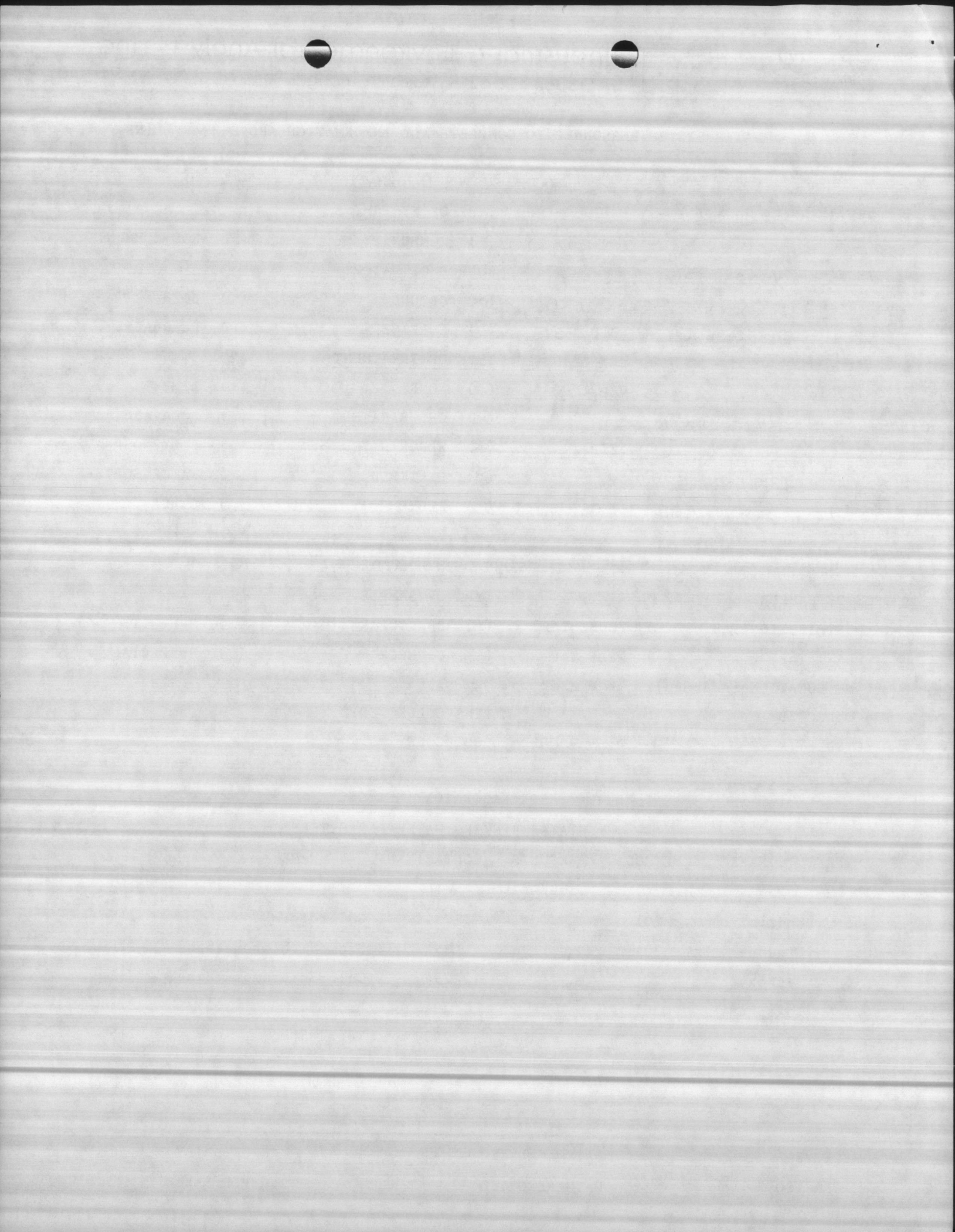
STATE DRINKING WATER PARAMETERS

CONTAMINANT ID	NAME	METHOD	RESULTS mg/l	CONTAMINANT ID	NAME	METHOD	RESULTS mg/l
2005	Endrin	201	_____	2941	Chloroform	215	<u>0.006</u>
2010	Lindane	201	_____	2943	Bromodichloromethane	215	<u>0.006</u>
2015	Methoxychlor	201	_____	2944	Chlorodibromomethane	215	<u>0.005</u>
2020	Toxaphene	201	_____	2942	Bromoform	215	<u>< 0.001</u>
2105	2, 4-D	203	_____	2950	Total THM	215	<u>0.017</u>
2110	2, 4, 5-TP	203	_____				

DATE RECEIVED 06-12-87 DATE ANALYZED 06-12-87 REPORTED BY E. Folk
 DATE EXTRACTED 06-12-87 DATE REPORTED 06-15-87 SAMPLE LAB 304-14-6

REMARKS:

ENCLOSURE (11)



37720
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
CAMP LEJEUNE, NC ZIP 28542 () SURFACE () PURCHASED

CITY: 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

PLACE 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

SAMPLE COLLECTED: * 6-11-87 TIME COLLECTED: * 1008 am pm
 COLLECTED BY: EC & MS PERSONNEL LOC. CODE: _____

FOR LABORATORY USE ONLY

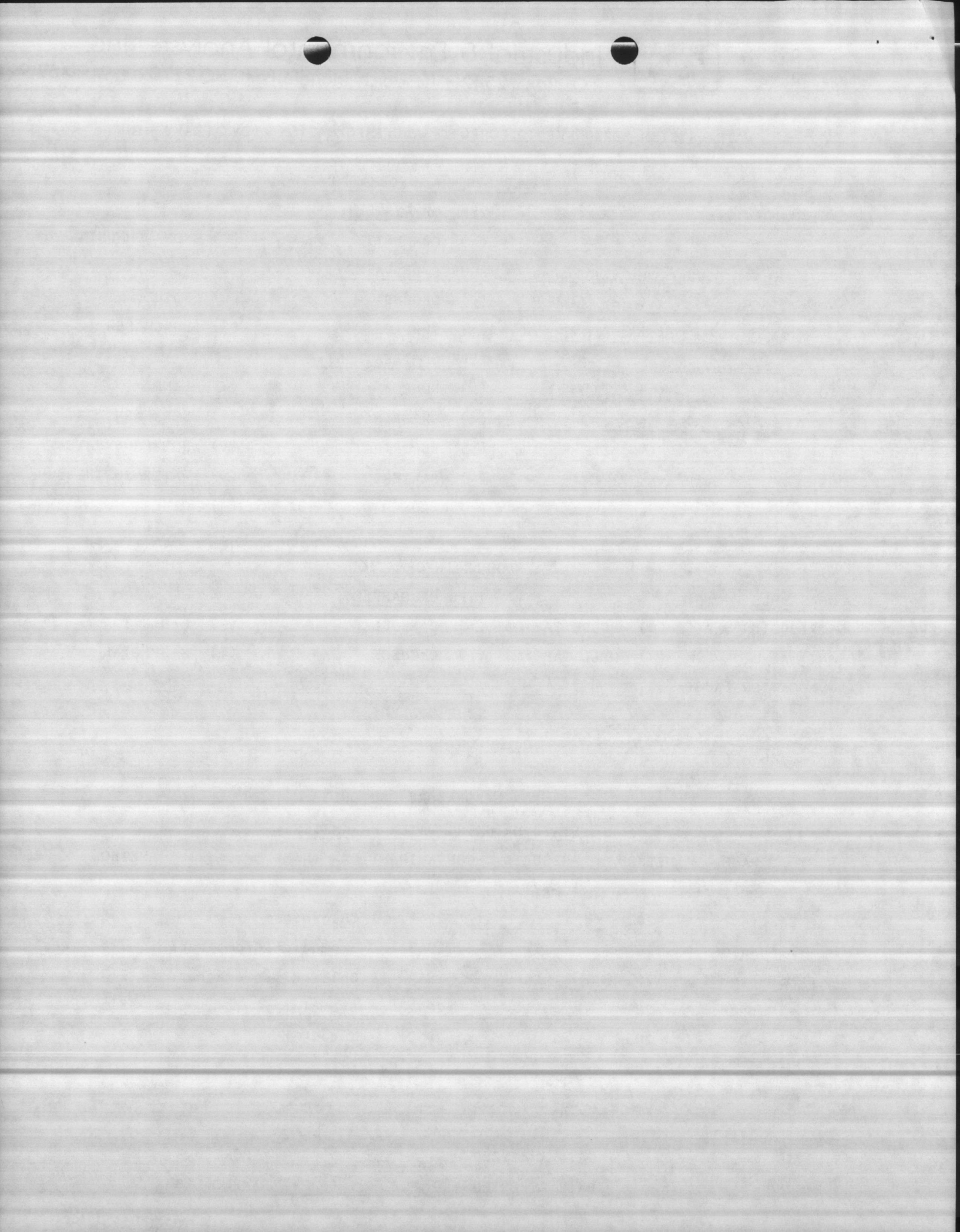
STATE DRINKING WATER PARAMETERS

CONTAMINANT ID	NAME	METHOD	RESULTS mg/l	CONTAMINANT ID	NAME	METHOD	RESULTS mg/l
2005	Endrin	201	_____	2941	Chloroform	215	<0.00
2010	Lindane	201	_____	2943	Bromodichloromethane	215	0.00
2015	Methoxychlor	201	_____	2944	Chlorodibromomethane	215	0.01
2020	Toxaphene	201	_____	2942	Bromoform	215	0.01
2105	2, 4-D	203	_____	2950	Total THM	215	0.03
2110	2, 4, 5-TP	203	_____				

RECEIVED 06-12-87 DATE ANALYZED 06-12-87 REPORTED BY E. Folk
 EXTRACTED 06-12-87 DATE REPORTED 06-15-87 SAMPLE LAB 304-14-1

REMARKS:

ENCLOSURE (2)



37720
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
SYSTEM NAME: MARINE CORPS AIR STATION
ADDRESS: COMMANDING GENERAL, MCB
CAMP LEJEUNE, NC ZIP 28542
CITY: ONslow
REPORT TO: NC/S FACILITIES (NREAD)
ADDRESS: SAME AS ABOVE
ZIP: _____
TELEPHONE: (919) 451-5977

TYPE OF SYSTEM:
 COMMUNITY () NON-COMMUNITY
SOURCE OF WATER:
 GROUND () BOTH
() SURFACE () PURCHASED
TYPE OF TREATMENT:
() NONE LIME
 CHLORINATED () SODA ASH
() FLUORIDATED () POLYPHOSPHATE
 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 4025
DATE COLLECTED: 6-11-87 TIME COLLECTED: 1028 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	0.00
2010	Lindane	201	---	2943	Bromodichloromethane	215	0.01
2015	Methoxychlor	201	---	2944	Chlorodibromomethane	215	0.02
2020	Toxaphene	201	---	2942	Bromoform	215	0.02
2105	2, 4-D	203	---	2950	Total THM	215	0.07
2110	2, 4, 5-TP	203	---				

RECEIVED 06-12-87 DATE ANALYZED 06-12-87 REPORTED BY E. Folke
EXTRACTED 06-12-87 DATE REPORTED 06-15-87 SAMPLE LAB 304-14-4
REMARKS: _____ ENCLOSURE



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:

ADDRESS: COMMANDING GENERAL MCB

GROUND () BOTH

CAMP LEJEUNE, NC ZIP 28542

() SURFACE () PURCHASED

COUNTY: ONSONG

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 705

DATE COLLECTED: 6-11-87

TIME COLLECTED: 1112 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	0.00
2010	Lindane	201	---	2943	Bromodichloromethane	215	0.01
2015	Methoxychlor	201	---	2944	Chlorodibromomethane	215	0.02
2020	Toxaphene	201	---	2942	Bromoform	215	0.02
2105	2, 4-D	203	---	2950	Total THM	215	0.06
2110	2, 4, 5-TP	203	---				

RECEIVED 06-12-87

DATE ANALYZED 06-12-87

REPORTED BY E. Folk

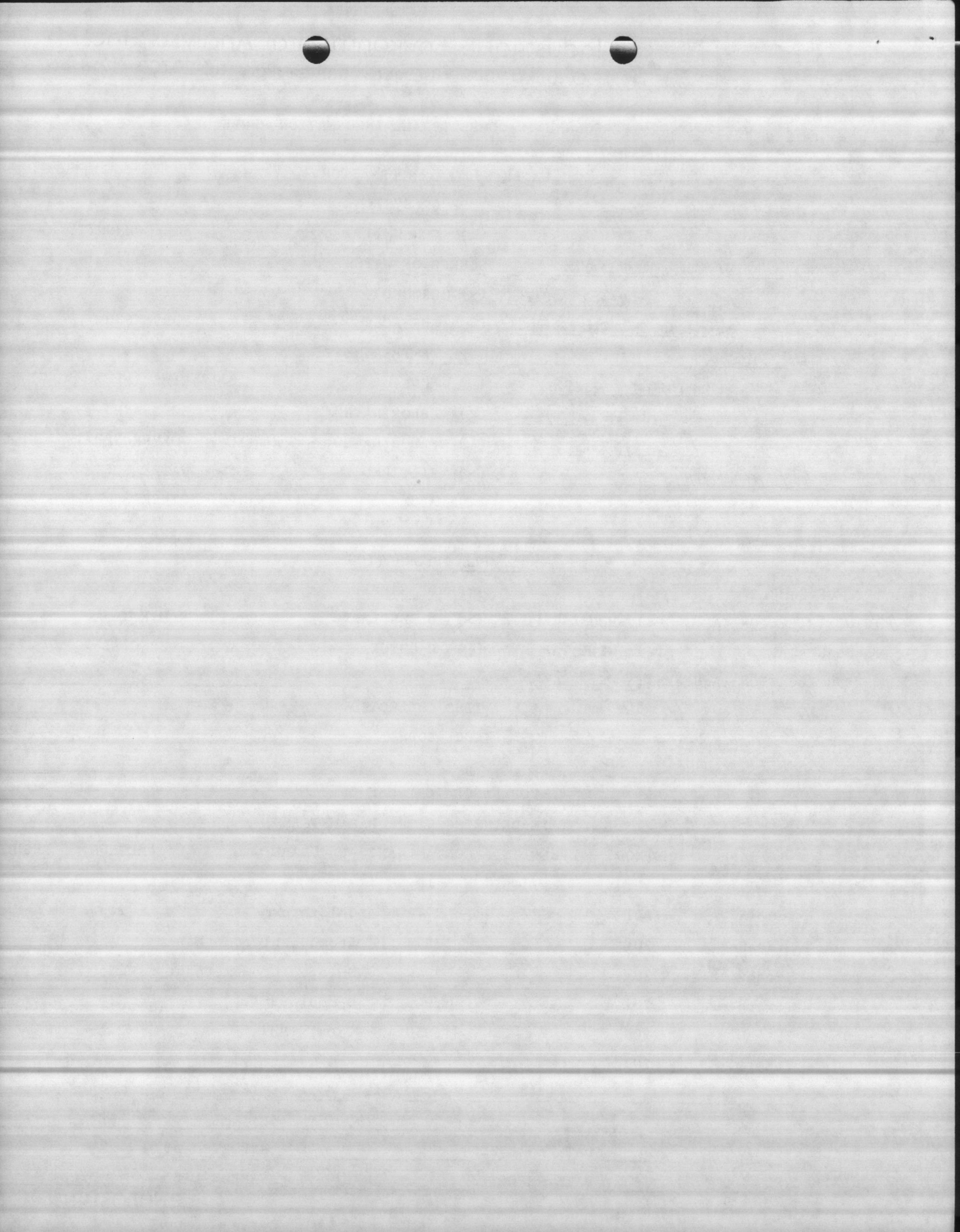
EXTRACTED 06-12-87

DATE REPORTED 06-15-87

SAMPLE LAB 304-14-2

REMARKS:

ENCLOSURE (2)



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

COUNTY: ONSLOW TYPE OF TREATMENT:
 NONE LIME
 REPORT TO: NC/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): G-520

DATE COLLECTED: 6-11-87 TIME COLLECTED: 1130 am pm

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

FOR LABORATORY USE ONLY

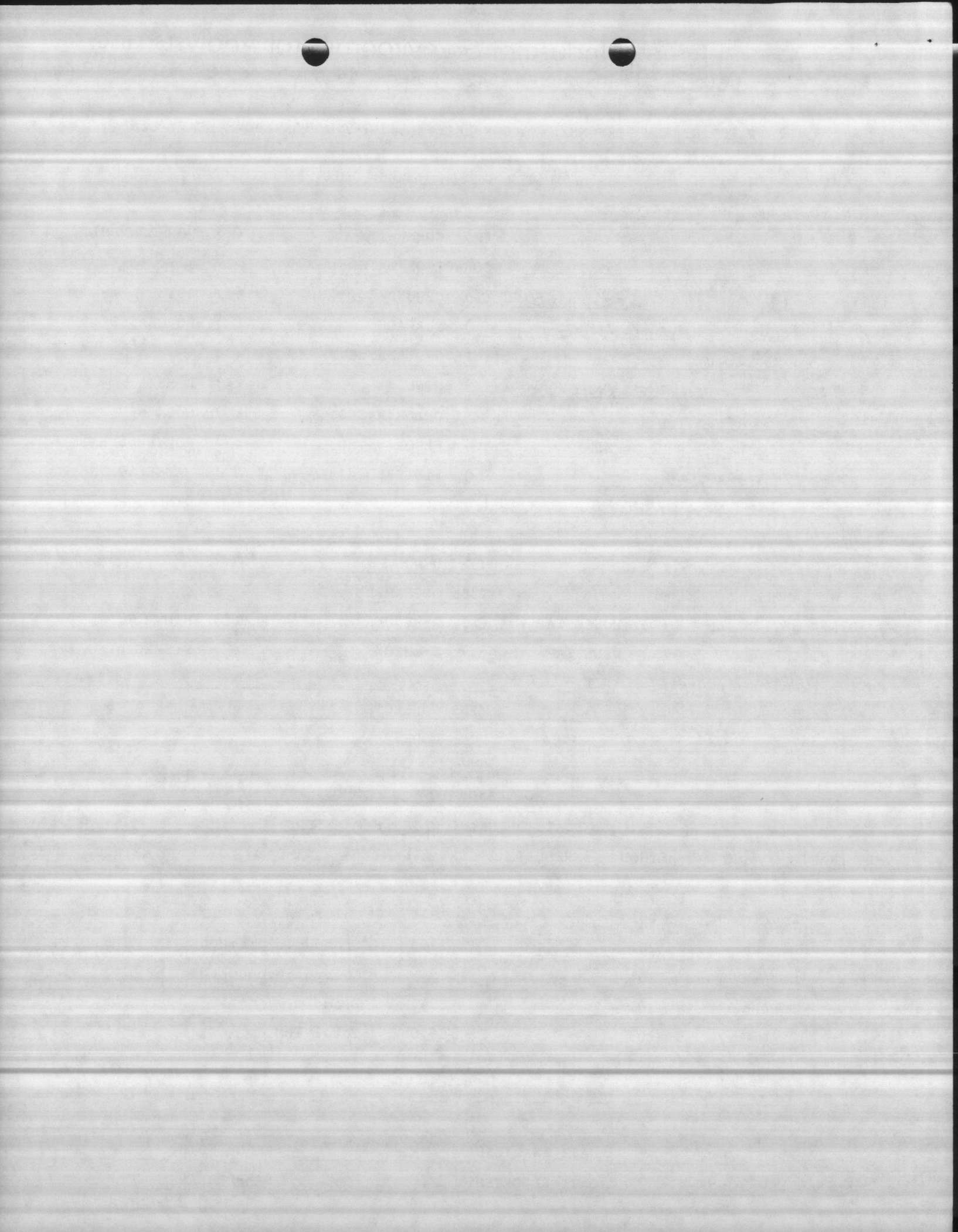
STATE DRINKING WATER PARAMETERS

CONTAMINANT ID	NAME	METHOD	RESULTS mg/l	CONTAMINANT ID	NAME	METHOD	RESULT mg/l
2005	Endrin	201	---	2941	Chloroform	215	0.01
2010	Lindane	201	---	2943	Bromodichloromethane	215	0.02
2015	Methoxychlor	201	---	2944	Chlorodibromomethane	215	0.04
2020	Toxaphene	201	---	2942	Bromoform	215	0.025
2105	2, 4-D	203	---	2950	Total THM	215	0.11
2110	2, 4, 5-TP	203	---				

DATE RECEIVED 06-12-87 DATE ANALYZED 06-12-87 REPORTED BY E. Folk
 DATE EXTRACTED 06-12-87 DATE REPORTED 06-15-87 SAMPLE LAB 304-14-7

REMARKS:

ENCLOSURE (2)



37220
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
SYSTEM NAME: MARINE CORPS AIR STATION
ADDRESS: COMMANDING GENERAL, MCB
CAMP LEJEUNE, NC ZIP 28542
COUNTY: ONSONG
REPORT TO: NC/S FACILITIES (NREAD)
ADDRESS: SAME AS ABOVE
ZIP: _____
TELEPHONE: (919) 451-5977

TYPE OF SYSTEM:
 COMMUNITY () NON-COMMUNITY
SOURCE OF WATER:
 GROUND () BOTH
() SURFACE () PURCHASED
TYPE OF TREATMENT:
() NONE LIME
 CHLORINATED () SODA ASH
() FLUORIDATED () POLYPHOSPHATE
 FILTERED WATER SOFTNER
() ALUM () OTHER

SAMPLE INFORMATION

TYPE OF SAMPLE
 DISTRIBUTION TAP () HOUSE TAP D-REGULAR () M-M.R.F.
() PLANT TAP () WELL TAP () C-CHECK () S-SPECIAL
SAMPLING LOCATION (Address): AS 2800
DATE COLLECTED: 6-11-87 TIME COLLECTED: 1055 am pm
COLLECTED BY: EC & MS PERSONNEL LOC. CODE: _____

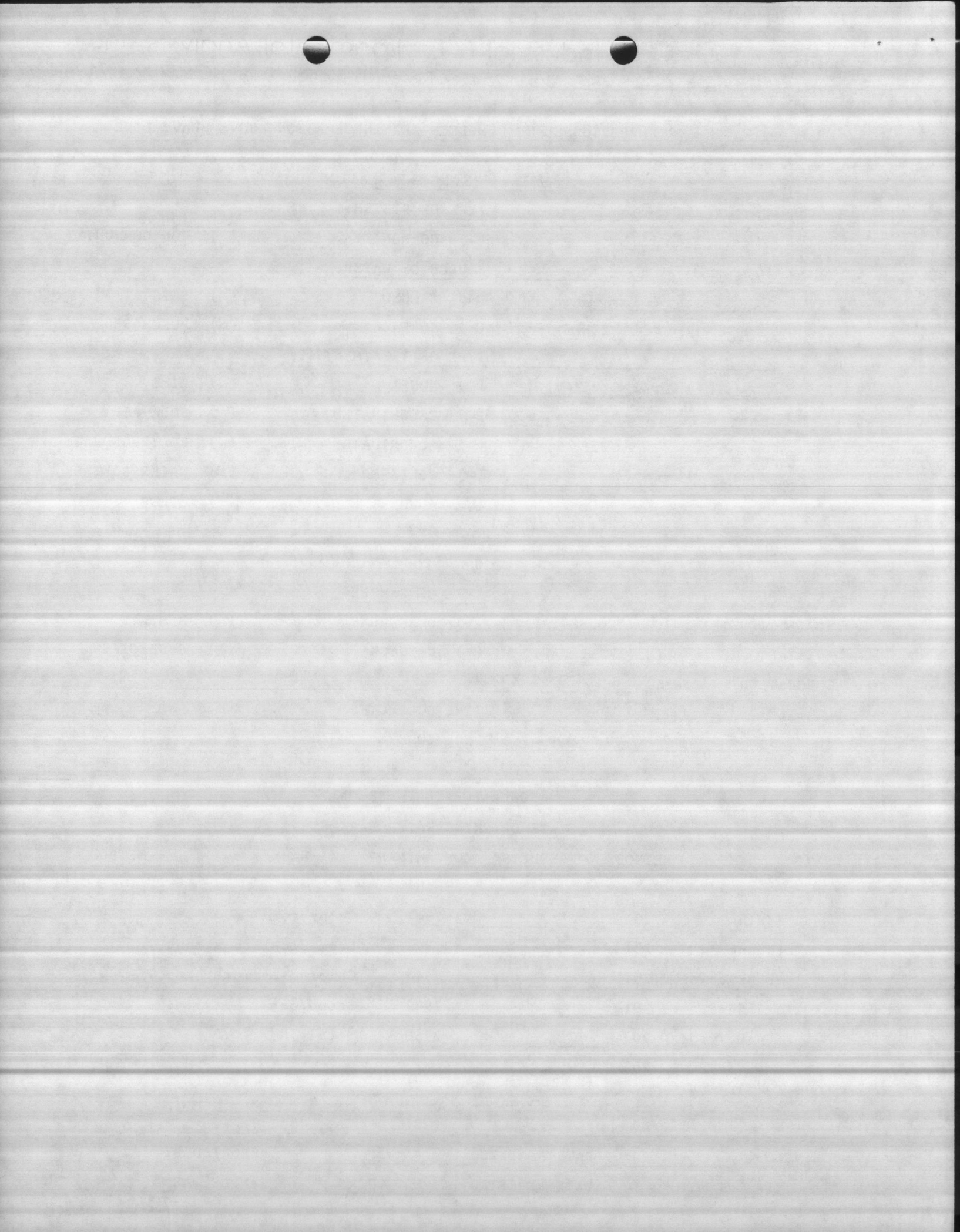
FOR LABORATORY USE ONLY

STATE DRINKING WATER PARAMETERS

CONTAMINANT ID	NAME	METHOD	RESULTS mg/l	CONTAMINANT ID	NAME	METHOD	RESULTS mg/l
2005	Endrin	201	_____	2941	Chloroform	215	<u>0.00</u>
2010	Lindane	201	_____	2943	Bromodichloromethane	215	<u>0.01</u>
2015	Methoxychlor	201	_____	2944	Chlorodibromomethane	215	<u>0.03</u>
2020	Toxaphene	201	_____	2942	Bromoform	215	<u>0.03</u>
2105	2, 4-D	203	_____	2950	Total THM	215	<u>0.08</u>
2110	2, 4, 5-TP	203	_____				

DATE RECEIVED 06-12-87 DATE ANALYZED 06-12-87 REPORTED BY E. Folk
DATE EXTRACTED 06-12-87 DATE REPORTED 06-15-87 SAMPLE LAB 304-14-3

ENCLOSURE 12



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): X B 670

DATE COLLECTED: X 6-11-87 TIME COLLECTED: X 12:02 PM 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	<u>0.006</u>
2010	Lindane	201	_____	2943	Bromodichloromethane	215	<u>0.006</u>
2015	Methoxychlor	201	_____	2944	Chlorodibromomethane	215	<u>0.004</u>
2020	Toxaphene	201	_____	2942	Bromoform	215	<u><0.001</u>
2105	2, 4-D	203	_____	2950	Total THM	215	<u>0.016</u>
2110	2, 4, 5-TP	203	_____				

RECEIVED 06-12-87 DATE ANALYZED 06-12-87 REPORTED BY E. Folk
EXTRACTED 06-12-87 DATE REPORTED 06-15-87 SAMPLE LAB 304-14-5

REMARKS:

ENCLOSURE (B)

