6286/1
NREAD
11 May 87

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

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

Encl: (1) Monthly Report of Waste Teatment Plant Water Quality

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

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

J. I. WOOTEN

Blind copy to:
EC&MS (2)

MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY

MCBCL 11345/8 (REV. 9-86)

| PLANT | NPDES PERMIT NO. | MONTH | YEAR |
|---|---|---|---|
| CAMP JOHNSON | NC0063011 | APRIL | 1987 |

| | 00310 5 DAY 20°C BOD | | | 00610 AMMONIA | 00530 TOTAL SUSPENDED RESIDUE | | | F COLIFORM | 00556 OIL & GREASE | 00600 TOTAL NITROGEN | 00665 TOTAL PHOSPHORUS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| DATE | INFLUENT mg/L | EFFLUENT mg/L | % | EFFLUENT mg/L | INFLUENT mg/L | EFFLUENT mg/L | % | EFFLUENT MF/100 ML | EFFLUENT mg/L | EFFLUENT mg/L | EFFLUENT mg/L |
| 1 | | | | | | | | | | | |
| 2 | | | | | | | | | | | |
| 3 | 340 | 26 | 92 | 10.2 | 126 | 12 | 90 | 2 | | | |
| 4 | | | | | | | | | | | |
| 5 | | | | | | | | | | | |
| 6 | 200 | 15 | 93 | 6.6 | 134 | 14 | 90 | 0 | | | |
| 7 | | | | | | | | | | | |
| 8 | | | | | | | | | 5.7 | | |
| 9 | | | | | | | | | | | |
| 10 | 152 | 21 | 86 | 0.12 | 182 | 16 | 91 | 0 | | | |
| 11 | | | | | | | | | | | |
| 12 | | | | | | | | | | | |
| 13 | 208 | 13 | 94 | 6.1 | 102 | 8 | 91 | 0 | | | |
| 14 | | | | | | | | | | | |
| 15 | | | | | | | | | | | |
| 16 | | | | | | | | | | | |
| 17 | 176 | 19 | 89 | 8.2 | 116 | 7 | 94 | 0 | | | |
| 18 | | | | | | | | | | | |
| 19 | | | | | | | | | | | |
| 20 | 180 | 10 | 94 | 3.3 | 82 | 4 | 95 | 0 | | | 4.6 |
| 21 | | | | | | | | | | | |
| 22 | | | | | | | | | | | |
| 23 | | | | | | | | | | | |
| 24 | 368 | 18 | 94 | 6.8 | 214 | 7 | 97 | 0 | | | |
| 25 | | | | | | | | | | | |
| 26 | | | | | | | | | | | |
| 27 | 150 | 14 | 91 | 4.6 | 246 | 6 | 97 | 0 | 0.3 | | |
| 28 | | | | | | | | | | | |
| 29 | | | | | | | | | | | |
| 30 | | | | | | | | | | | |
| 31 | | | | | | | | | | | |
| TOTAL | 1714 | 136 | | 45.9 | 1202 | 75 | | - | 6.0 | | 4.6 |
| AVERAGE | 214 | 17 | 92 | 5.7 | 150 | 9 | 94 | 1.09 | 3.0 | | 4.6 |
| MAXIMUM | 340 | 26 | | 10.2 | 246 | 16 | | 2 | 5.7 | | 4.6 |
| MINIMUM | 152 | 10 | | 0.12 | 82 | 4 | | 0 | 0.3 | | 4.6 |
| COMP (C) GRAB (G) | C | C | | C | C | C | | G | G | C | C |
| MONTHLY LIMIT | | 30 | | | | 30 | | 14 | 30 | | |

INSTRUCTIONS:

1. Complete this form in ink, neatly and clearly or it will be typed.
2. Head the form with plant name, permit number, month & year. Indicate Total or Fecal in Coliform heading. Add the appropiate monthly limits at the bottom.
3. At the end of the month, calculate totals, averages, maximums and minimums.
4. Submit completed forms to laboratory supervisor by the 10th of the following month.

ENCLOSURE (1)

MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY

MCBCL 11345/6 (REV. 9-86)

| PLANT | NPDES PERMIT NO. | MONTH | YEAR |
|---|---|---|---|
| ONSLOW BEACH | NC0063053 | APRIL | 1985 |

| | 00310 5 DAY 20°C BOD | | | 00610 AMMONIA | 00530 TOTAL SUSPENDED RESIDUE | | | COLIFORM | 00556 OIL & GREASE | 00600 TOTAL NITROGEN | 00665 TOTAL PHOSPHORUS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| DATE | INFLUENT mg/L | EFFLUENT mg/L | % | EFFLUENT mg/L | INFLUENT mg/L | EFFLUENT mg/L | % | EFFLUENT MF/100 ML | EFFLUENT mg/L | EFFLUENT mg/L | EFFLUENT mg/L |
| 1 | | | | | | | | | | | |
| 2 | 336 | 10 | 97 | 0.43 | 112 | 14 | 88 | 0 | | | |
| 3 | | | | | | | | | | | |
| 4 | | | | | | | | | | | |
| 5 | | | | | | | | | | | |
| 6 | | | | | | | | | | | |
| 7 | | | | | | | | | | | |
| 8 | | | | | | | | | | | |
| 9 | 76 | 1 | 99 | 0.73 | 112 | 11 | 90 | 0 | | | |
| 10 | | | | | | | | | | | |
| 11 | | | | | | | | | | | |
| 12 | | | | | | | | | | | |
| 13 | | | | | | | | | | | |
| 14 | | | | | | | | | | | |
| 15 | | | | | | | | | | | |
| 16 | 120 | 8 | 93 | 0.78 | 64 | 8 | 88 | 0 | | | |
| 17 | | | | | | | | | | | |
| 18 | | | | | | | | | | | |
| 19 | | | | | | | | | | | |
| 20 | | | | | | | | | | | |
| 21 | | | | | | | | | 0.2 | | |
| 22 | | | | | | | | | | | |
| 23 | 108 | 7 | 94 | 0.74 | 188 | 7 | 91 | 0 | | | |
| 24 | | | | | | | | | | | |
| 25 | | | | | | | | | | | |
| 26 | | | | | | | | | | | |
| 27 | | | | | | | | | | | |
| 28 | | | | | | | | | | | |
| 29 | | | | | | | | | | | |
| 30 | 232 | 14 | 94 | 1.59 | 46 | 8 | 89 | 0 | 1.9 | | |
| 31 | | | | | | | | | | | |
| TOTAL | 872 | 40 | | 4.27 | 522 | 48 | | 0 | 2.1 | | |
| AVERAGE | 174 | 8 | 95 | 1.07 | 104 | 10 | 90 | 0 | 1.0 | | |
| MAXIMUM | 336 | 14 | | 1.59 | 188 | 14 | | 0 | 1.9 | | |
| MINIMUM | 76 | 1 | | 0.85 | 46 | 7 | | 0 | 0.2 | | |
| COMP (C) GRAB (G) | C | C | | C | C | C | | G | G | C | C |
| MONTHLY LIMIT | | 30 | | | | 30 | | 14 | 30 | | |

INSTRUCTIONS:

1. Complete this form in ink, neatly and clearly or it will be typed.
2. Head the form with plant name, permit number, month & year. Indicate Total or Fecal in Coliform heading. Add the appropiate monthly limits at the bottom.
3. At the end of the month, calculate totals, averages, maximums and minimums.
4. Submit completed forms to laboratory supervisor by the 10th of the following month.

ENCLOSURE (11)

MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY

NCBCL 11345/6 (REV. 9-86)

| PLANT | NPDES PERMIT NO. | MONTH | YEAR |
|---|---|---|---|
| RIFLE RANGE | NC0063037 | APRIL | 1987 |

| | 00310 5 DAY 20°C BOD | | | 00610 AMMONIA | 00530 TOTAL SUSPENDED RESIDUE | | | COLIFORM | 00556 OIL & GREASE | 00600 TOTAL NITROGEN | 00665 TOTAL PHOSPHORUS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| DATE | INFLUENT mg/L | EFFLUENT mg/L | % | EFFLUENT mg/L | INFLUENT mg/L | EFFLUENT mg/L | % | EFFLUENT MF/100 ML | EFFLUENT mg/L | EFFLUENT mg/L | EFFLUENT mg/L |
| 1 | 60 | 7 | 88 | 0.89 | 182 | 6 | 97 | 0 | | | |
| 2 | | | | | | | | | | | |
| 3 | | | | | | | | | | | |
| 4 | | | | | | | | | | | |
| 5 | | | | | | | | | | | |
| 6 | | | | | | | | | | | |
| 7 | | | | | | | | | | | |
| 8 | 80 | 8 | 90 | 0.38 | 116 | 4 | 97 | 0 | | | |
| 9 | | | | | | | | | | | |
| 10 | | | | | | | | | | | |
| 11 | | | | | | | | | | | |
| 12 | | | | | | | | | | | |
| 13 | | | | | | | | | | | |
| 14 | | | | | | | | | 3.9 | | |
| 15 | 48 | 6 | 88 | 1.33 | 108 | 8 | 93 | 0 | | | |
| 16 | | | | | | | | | | | |
| 17 | | | | | | | | | | | |
| 18 | | | | | | | | | | | |
| 19 | | | | | | | | | | | |
| 20 | | | | | | | | | | | |
| 21 | | | | | | | | | | | |
| 22 | 36 | 3 | 92 | 0.40 | 214 | 2 | 99 | 0 | | | |
| 23 | | | | | | | | | | | |
| 24 | | | | | | | | | | | |
| 25 | | | | | | | | | | | |
| 26 | | | | | | | | | | | |
| 27 | | | | | | | | | | | |
| 28 | | | | | | | | | | | |
| 29 | 72 | 7 | 90 | 0.43 | 140 | 11 | 92 | 10 | | | |
| 30 | | | | | | | | | 2.1 | | |
| 31 | | | | | | | | | | | |
| TOTAL | 296 | 31 | | 3.43 | 760 | 31 | | | 6.0 | | |
| AVERAGE | 59 | 6 | | 0.69 | 152 | 6 | 96 | 1.78 | 3.0 | | |
| MAXIMUM | 80 | 8 | | 1.33 | 214 | 11 | | 10 | 3.9 | | |
| MINIMUM | 36 | 3 | | 0.38 | 108 | 2 | | 0 | 2.1 | | |
| COMP (C) GRAB (G) | C | C | | C | C | C | | G | G | C | C |
| MONTHLY LIMIT | | 30 | | | | 30 | | 14 | 30 | | |

INSTRUCTIONS:

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2. Head the form with plant name, permit number, month & year. Indicate Total or Fecal in Coliform heading. Add the appropiate monthly limits at the bottom.
3. At the end of the month, calculate totals, averages, maximums and minimums.
4. Submit completed forms to laboratory supervisor by the 10th of the following month.

ENCLOSURE [illegible]

MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY
NCBCL 11345/6 (REV. 9-86)

| PLANT | NPDES PERMIT NO. | MONTH | YEAR |
|---|---|---|---|
| COURT HOUSE BAY | NC0063045 | APRIL | 1987 |

| | 00310 5 DAY 20°C BOD | | | 00610 AMMONIA | 00530 TOTAL SUSPENDED RESIDUE | | | F COLIFORM | 00556 OIL + GREASE | 00600 TOTAL NITROGEN | 00665 TOTAL PHOSPHORUS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| DATE | INFLUENT mg/L | EFFLUENT mg/L | % | EFFLUENT mg/L | INFLUENT mg/L | EFFLUENT mg/L | % | EFFLUENT MF/100 ML | EFFLUENT mg/L | EFFLUENT mg/L | EFFLUENT mg/L |
| 1 | | | | | | | | | | | |
| 2 | | | | | | | | | | | |
| 3 | | | | | | | | | | | |
| 4 | | | | | | | | | | | |
| 5 | | | | | | | | | | | |
| 6 | | | | | | | | | | | |
| 7 | 72 | 7 | 90 | 1.7 | 74 | 8 | 89 | 0 | | | 1.7 |
| 8 | | | | | | | | | | | |
| 9 | | | | | | | | | | | |
| 10 | | | | | | | | | | | |
| 11 | | | | | | | | | | | |
| 12 | | | | | | | | | | | |
| 13 | | | | | | | | | | | |
| 14 | 88 | 11 | 88 | 1.8 | 60 | 8 | 87 | 0 | 5.6 | | |
| 15 | | | | | | | | | | | |
| 16 | | | | | | | | | | | |
| 17 | | | | | | | | | | | |
| 18 | | | | | | | | | | | |
| 19 | | | | | | | | | | | |
| 20 | | | | | | | | | | | |
| 21 | 76 | 6 | 92 | 1.5 | 54 | 5 | 91 | 0 | 2.3 | | |
| 22 | | | | | | | | | | | |
| 23 | | | | | | | | | | | |
| 24 | | | | | | | | | | | |
| 25 | | | | | | | | | | | |
| 26 | | | | | | | | | | | |
| 27 | | | | | | | | | | | |
| 28 | 80 | 7 | 91 | 1.4 | 64 | 5 | 92 | 0 | | | |
| 29 | | | | | | | | | | | |
| 30 | | | | | | | | | | | |
| 31 | | | | | | | | | | | |
| TOTAL | 316 | 31 | | 6.4 | 252 | 26 | | 0 | 7.9 | | 1.7 |
| AVERAGE | 79 | 8 | 90 | 1.6 | 63 | 7 | 89 | 0 | 4.0 | | 1.7 |
| MAXIMUM | 88 | 11 | | 1.8 | 74 | 8 | | 0 | 5.6 | | 1.7 |
| MINIMUM | 72 | 6 | | 1.4 | 54 | 5 | | 0 | 2.3 | | 1.7 |
| COMP (C) GRAB (G) | C | C | | C | C | C | | G | G | C | C |
| MONTHLY LIMIT | | 30 | | | | 30 | | 14 | 30 | | |

INSTRUCTIONS:
1. Complete this form in ink, neatly and clearly or it will be typed.
2. Head the form with plant name, permit number, month & year. Indicate Total or Fecal in Coliform heading. Add the appropiate monthly limits at the bottom.
3. At the end of the month, calculate totals, averages, maximums and minimums.
4. Submit completed forms to laboratory supervisor by the 10th of the following month.

ENCLOSURE [illegible]

MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY
MCBCL 11345/6 (REV. 9-86)

| PLANT | NPDES PERMIT NO. | MONTH | YEAR |
|---|---|---|---|
| HADNOT POINT | NC0063029 | APRIL | 1987 |

| | 00310 5 DAY 20°C BOD | | | 00610 AMMONIA | 00530 TOTAL SUSPENDED RESIDUE | | | COLIFORM | 00556 OIL & GREASE | 00600 TOTAL NITROGEN | 00665 TOTAL PHOSPHORUS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| DATE | INFLUENT mg/L | EFFLUENT mg/L | % | EFFLUENT mg/L | INFLUENT mg/L | EFFLUENT mg/L | % | EFFLUENT MF/100 ML | EFFLUENT mg/L | EFFLUENT mg/L | EFFLUENT mg/L |
| 1 | 120 | 14 | 88 | 6.8 | 146 | 12 | 90 | 0 | | | |
| 2 | 140 | 12 | 91 | 6.0 | 126 | 8 | 94 | 2 | | | |
| 3 | 160 | 14 | 91 | 6.2 | 76 | 10 | 87 | 0 | | | |
| 4 | | | | | | | | | | | |
| 5 | | | | | | | | | | | |
| 6 | 128 | 16 | 88 | 7.4 | 122 | 17 | 86 | 0 | | | |
| 7 | 120 | 18 | 85 | 6.9 | 142 | 10 | 93 | 0 | | | 4.6 |
| 8 | 172 | 20 | 88 | 8.2 | 142 | 16 | 89 | 0 | | | |
| 9 | 100 | 10 | 90 | 6.9 | 82 | 11 | 87 | 0 | 14.0 | | |
| 10 | 136 | 21 | 85 | 7.2 | 110 | 10 | 91 | 0 | | | |
| 11 | | | | | | | | | | | |
| 12 | | | | | | | | | | | |
| 13 | 108 | 16 | 85 | 8.7 | 102 | 12 | 88 | 0 | | | |
| 14 | 140 | 20 | 86 | 11.6 | 140 | 16 | 89 | 0 | | | |
| 15 | 172 | 15 | 91 | 8.1 | 162 | 14 | 91 | 0 | | | |
| 16 | 140 | 14 | 90 | 12.3 | 120 | 9 | 93 | 0 | | | |
| 17 | 164 | 16 | 90 | 5.7 | 78 | 16 | 79 | 0 | | | |
| 18 | | | | | | | | | | | |
| 19 | | | | | | | | | | | |
| 20 | 120 | 13 | 89 | 3.4 | 68 | 9 | 85 | 4 | | | |
| 21 | 160 | 14 | 91 | 5.0 | 160 | 14 | 91 | 0 | | | |
| 22 | 120 | 17 | 86 | 5.8 | 82 | 7 | 92 | 0 | | | |
| 23 | 128 | 15 | 88 | 4.5 | 104 | 11 | 89 | 0 | | | |
| 24 | 176 | 15 | 91 | 6.0 | 106 | 11 | 90 | 10 | | | |
| 25 | | | | | | | | | | | |
| 26 | | | | | | | | | | | |
| 27 | 124 | 19 | 85 | 4.3 | 106 | 10 | 91 | 0 | | | |
| 28 | 128 | 14 | 89 | 6.1 | 158 | 8 | 95 | 0 | | | |
| 29 | 128 | 11 | 91 | 6.5 | 100 | 10 | 90 | 0 | | | |
| 30 | 144 | 12 | 92 | 5.9 | 136 | 7 | 95 | 2 | 2.8 | | |
| 31 | | | | | | | | | | | |
| TOTAL | 3028 | 336 | | 149.5 | 2578 | 248 | | - | 16.8 | | 4.6 |
| AVERAGE | 138 | 15 | 89 | 6.8 | 117 | 11 | 91 | 1.13 | 8.4 | | 4.6 |
| MAXIMUM | 176 | 20 | | 12.3 | 162 | 16 | | 4 | 14.0 | | 4.6 |
| MINIMUM | 100 | 10 | | 3.4 | 68 | 7 | | 0 | 2.8 | | 4.6 |
| COMP (C) GRAB (G) | C | C | | C | C | C | | G | G | C | C |
| MONTHLY LIMIT | | 22 | | | | 30 | | 14 | 30 | | |

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3. At the end of the month, calculate totals, averages, maximums and minimums.
4. Submit completed forms to laboratory supervisor by the 10th of the following month.

ENCLOSURE (11)

MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY

NCBCL 11345/8 (REV. 9-86)

| PLANT | NPDES PERMIT NO. | MONTH | YEAR |
|---|---|---|---|
| TARAWA TERRACE | NC0063002 | APRIL | 1995 |

| | 00310 5 DAY 20°C BOD | | | 00610 AMMONIA | 00530 TOTAL SUSPENDED RESIDUE | | | COLIFORM | 00556 OIL & GREASE | 00600 TOTAL NITROGEN | 00665 TOTAL PHOSPHORUS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| DATE | INFLUENT mg/L | EFFLUENT mg/L | % | EFFLUENT mg/L | INFLUENT mg/L | EFFLUENT mg/L | % | EFFLUENT MF/100 ML | EFFLUENT mg/L | EFFLUENT mg/L | EFFLUENT mg/L |
| 1 | 204 | 13 | 94 | 3.8 | 164 | 11 | 93 | 0 | | | |
| 2 | 520 | 12 | 98 | 3.0 | 256 | 10 | 96 | 0 | | | |
| 3 | 380 | 13 | 97 | 4.9 | 312 | 13 | 96 | 0 | | | |
| 4 | | | | | | | | | | | |
| 5 | | | | | | | | | | | |
| 6 | 235 | 13 | 94 | 3.4 | 470 | 12 | 97 | 0 | | | |
| 7 | 420 | 13 | 97 | 4.7 | 235 | 10 | 96 | 0 | | | 6.2 |
| 8 | 224 | 14 | 94 | 9.6 | 158 | 8 | 95 | 2 | 5.7 | | |
| 9 | 168 | 5 | 97 | 4.4 | 215 | 7 | 97 | 0 | | | |
| 10 | 200 | 15 | 93 | 3.8 | 418 | 8 | 98 | 0 | | | |
| 11 | | | | | | | | | | | |
| 12 | | | | | | | | | | | |
| 13 | 360 | 15 | 93 | 3.5 | 1932 | 13 | 99 | 0 | | | |
| 14 | 273 | 17 | 94 | 3.7 | 228 | 17 | 93 | 0 | | | |
| 15 | 236 | 14 | 94 | 13.0 | 956 | 11 | 99 | 0 | | | |
| 16 | 440 | 12 | 97 | 2.7 | 1164 | 9 | 99 | 2 | | | |
| 17 | 292 | 11 | 96 | 2.9 | 276 | 16 | 94 | 4 | | | |
| 18 | | | | | | | | | | | |
| 19 | | | | | | | | | | | |
| 20 | 240 | 12 | 95 | 2.5 | 94 | 5 | 99 | 0 | | | |
| 21 | 208 | 13 | 94 | 4.1 | 184 | 12 | 93 | 0 | | | |
| 22 | 164 | 11 | 93 | 5.2 | 88 | 6 | 93 | 0 | | | |
| 23 | 204 | 11 | 95 | 3.1 | 112 | 8 | 93 | 0 | | | |
| 24 | 260 | 11 | 96 | 3.6 | 192 | 5 | 97 | 2 | | | |
| 25 | | | | | | | | | | | |
| 26 | | | | | | | | | | | |
| 27 | 200 | 12 | 94 | 3.1 | 114 | 3 | 97 | 2 | 0.3 | | |
| 28 | 224 | 12 | 95 | 4.8 | 122 | 4 | 97 | 0 | | | |
| 29 | 228 | 12 | 95 | 7.2 | 146 | 10 | 93 | 2 | | | |
| 30 | 200 | 10 | 95 | 2.6 | 120 | 6 | 95 | 0 | | | |
| 31 | | | | | | | | | | | |
| TOTAL | 5880 | 271 | | 103.6 | 7956 | 204 | | | 6.0 | | 6.2 |
| AVERAGE | 267 | 12 | 96 | 4.7 | 362 | 9 | 98 | 1.25 | 3.0 | | 6.2 |
| MAXIMUM | 520 | 17 | | 13.0 | 1932 | 17 | | 4 | 5.7 | | 6.2 |
| MINIMUM | 164 | 5 | | 2.5 | 88 | 3 | | 0 | 0.3 | | 6.2 |
| COMP (C) GRAB (G) | C | C | | C | C | C | | G | G | C | C |
| MONTHLY LIMIT | | 30 | | | | 30 | | 1000 | 30 | | |

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3. At the end of the month, calculate totals, averages, maximums and minimums.
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ENCLOSURE [illegible]

MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY

NCBCL 11345/8 (REV. 9-86)

| PLANT | NPDES PERMIT NO. | MONTH | YEAR |
|---|---|---|---|
| CAMP GEIGER | NC0003239 | APRIL | 1987 |

| | 00310 5 DAY 20°C BOD | | | 00610 AMMONIA | 00530 TOTAL SUSPENDED RESIDUE | | | COLIFORM | 00556 OIL & GREASE | 00600 TOTAL NITROGEN | 00665 TOTAL PHOSPHORUS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| DATE | INFLUENT mg/L | EFFLUENT mg/L | % | EFFLUENT mg/L | INFLUENT mg/L | EFFLUENT mg/L | % | EFFLUENT MF/100 ML | EFFLUENT mg/L | EFFLUENT mg/L | EFFLUENT mg/L |
| 1 | 164 | 7 | 95 | 14.1 | 112 | 5 | 96 | 0 | | | |
| 2 | 172 | 8 | 95 | 12.4 | 110 | 4 | 96 | 0 | | | |
| 3 | 340 | 26 | 92 | 12.0 | 126 | 12 | 90 | 2 | | | |
| 4 | | | | | | | | | | | |
| 5 | | | | | | | | | | | |
| 6 | 275 | 14 | 95 | 12.7 | 68 | 12 | 82 | 4 | | | |
| 7 | 300 | 17 | 94 | 13.1 | 158 | 7 | 96 | 6 | | | 1.6 |
| 8 | 293 | 16 | 95 | 18.6 | 228 | 8 | 96 | 2 | 4.2 | | |
| 9 | 200 | 3 | 98 | 14.1 | 124 | 7 | 94 | 0 | | | |
| 10 | 148 | 15 | 90 | 15.8 | 110 | 7 | 94 | 0 | | | |
| 11 | | | | | | | | | | | |
| 12 | | | | | | | | | | | |
| 13 | 215 | 11 | 95 | 15.2 | 142 | 15 | 89 | 0 | | | |
| 14 | 390 | 23 | 94 | 14.3 | 176 | 15 | 91 | 0 | | | |
| 15 | 296 | 20 | 93 | 16.3 | 166 | 16 | 90 | 8 | | | |
| 16 | 204 | 18 | 91 | 12.6 | 204 | 9 | 96 | 0 | | | |
| 17 | 280 | 14 | 95 | 9.3 | 170 | 7 | 96 | 2 | | | |
| 18 | | | | | | | | | | | |
| 19 | | | | | | | | | | | |
| 20 | 230 | 14 | 94 | 12.3 | 152 | 5 | 97 | 0 | | | |
| 21 | 308 | 18 | 94 | 11.5 | 140 | 12 | 91 | 0 | | | |
| 22 | 344 | 7 | 99 | 13.1 | 325 | 1 | 99 | 0 | | | |
| 23 | 300 | 14 | 95 | 15.8 | 210 | 10 | 95 | 2 | | | |
| 24 | 348 | 14 | 96 | 15.1 | 208 | 6 | 97 | 10 | | | |
| 25 | | | | | | | | | | | |
| 26 | | | | | | | | | | | |
| 27 | 340 | 7 | 98 | 15.0 | 248 | 7 | 97 | 0 | 1.9 | | |
| 28 | 348 | 22 | 94 | 15.1 | 260 | 9 | 87 | 0 | | | |
| 29 | 220 | 24 | 89 | 14.0 | 234 | 14 | 94 | 0 | | | |
| 30 | 310 | 17 | 96 | 13.2 | 162 | 10 | 94 | 0 | | | |
| 31 | | | | | | | | | | | |
| TOTAL | 6025 | 329 | | 305.6 | 3933 | 195 | | | 6.1 | | 1.6 |
| AVERAGE | 274 | 15 | 95 | 13.9 | 179 | 9 | 94 | 1.33 | 3.0 | | 1.6 |
| MAXIMUM | 390 | 24 | | 18.6 | 260 | 15 | | 8 | 4.2 | | 1.6 |
| MINIMUM | 148 | 3 | | 9.3 | 68 | 1 | | 0 | 1.9 | | 1.6 |
| COMP (C) GRAB (G) | C | C | | C | C | C | | G | G | C | C |
| MONTHLY LIMIT | | 30 | | | | 30 | | 200 | 30 | | |

INSTRUCTIONS:

1. Complete this form in ink, neatly and clearly or it will be typed.
2. Head the form with plant name, permit number, month & year. Indicate Total or Fecal in Coliform heading. Add the appropiate monthly limits at the bottom.
3. At the end of the month, calculate totals, averages, maximums and minimums.
4. Submit completed forms to laboratory supervisor by the 10th of the following month.

ENCLOSURE (1)

11331
NREAD
8 May 87

Mr. John McFadyen
Water Supply Branch
Division of Health Services
North Carolina Department of
Human Resources
Post Office Box 2091
Raleigh, North Carolina 27602

Dear Mr. McFadyen:

Enclosed are the completed Department of Health Forms (DHS 1942 2/74) for all water treatment plants aboard Marine Corps Base, Camp Lejeune for the period 1-30 April 1987. Also enclosed are the weekly Chemical Analysis Forms (MCBCL 11330/3 Rev 3-82) for the same period, as requested in the 25 October 1982 letter from Mr. Charles Rundgren of your office.

The analysis is run by the Environmental Chemistry and Microbiology Laboratory, located in the Natural Resources and Environmental Affairs Division, Assistant Chief of Staff, Facilities. Ms. Betz, Supervisory Chemist, Environmental Chemistry and Microbiology Laboratory, telephone (919) 451-5977, is the point of contact in this matter.

Sincerely,

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

Encls: (1) Dept of Health Forms
(2) Chemical Analysis Forms

Copy to:
LANTNAVFACENGCOM (Code 114)

Blind Copy to:
BMO (ATTN: UTIL DIR)
Supvy Chem (2)

Writer/Typist Betz/Gianoda
Date Typed 8 May 87
Word Processor Number 11331

Year 1987

REPORT OF BACTERIOLOGICAL RESULTS TO DIVISION OF HEALTH SERVICES
N. C. DEPARTMENT OF HUMAN RESOURCES

Contaminant Code: 3000

Serial # 04-67-041

| DATE | RAW WATER COLIFORMS (MFP) A: Volume Filtered ml. | A: Total Colonies | A: Coliform Colonies | B: Volume Filtered ml. | B: Total Colonies | B: Coliform Colonies | C: Volume Filtered ml. | C: Total Colonies | C: Coliform Colonies | No. of Coliforms per 100 ml. | Filtered: Total Plate Count | Filtered: MFP Coliforms per 100 ml. | Finished: Total Plate Count | Finished: MFP Coliforms per 100 ml. | Distribution System: Total Plate Count | Coliforms (MFP): Ave. Coliforms per 100 ml. | Coliforms (MFP): No. of Samples Examined | Coliforms (MFP) 1: Coliforms per 100 ml. | Coliforms (MFP) 2: Coliforms per 100 ml. | Coliforms (MFP) 3: Coliforms per 100 ml. | Coliforms (MFP) 4: Coliforms per 100 ml. | Coliforms (MFP) 5: Coliforms per 100 ml. | Repeat Samples: Coliforms per 100 ml. | Repeat Samples: Coliforms per 100 ml. | Repeat Samples: Coliforms per 100 ml. | Incubator Temp. |
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| MF MEDIA | | BBL mEndo | | BACTERIAL DENSITY | ARITH. MEAN | | | | | | | | | | | 0 | DIST. SYSTEM | TOTAL NO. SAMPLES | | | | | | | | 36 |
| TPC MEDIA | | | | | GEO. MEAN | | | | | | | | | | | 1.0 | | SAMPLES EXCEEDING 3/50. (4/100.) 7/200. 13/500ml | | | | | | | | 0 |

LAB ID # 37807

Elizabeth A Betty CERT GRADE B-WELL # 4087-W

Year 1987

WATER TREATMENT PLANT AT CAMP LEJEUNE

Method Code: 303

Contaminant Code: 3000

REPORT OF BACTERIOLOGICAL RESULTS TO DIVISION OF HEALTH SERVICES
N. C. DEPARTMENT OF HUMAN RESOURCES

Serial # 04-67-04Z

| DATE | RAW WATER COLIFORMS (MFP) A: VOLUME FILTERED ml. | A: TOTAL COLONIES | A: COLIFORM COLONIES | B: VOLUME FILTERED ml. | B: TOTAL COLONIES | B: COLIFORM COLONIES | C: VOLUME FILTERED ml. | C: TOTAL COLONIES | C: COLIFORM COLONIES | NO. OF COLIFORMS PER 100 ml. | FILTERED: TOTAL PLATE COUNT | FILTERED: MFP COLIFORMS per 100 ml. | FINISHED: TOTAL PLATE COUNT | FINISHED: MFP COLIFORMS per 100 ml. | DISTRIBUTION SYSTEM: TOTAL PLATE COUNT | COLIFORMS (MFP): AVE. COLIFORMS per 100 ml. | COLIFORMS (MFP): NO. OF SAMPLES EXAMINED | COLIFORMS (MFP) 1: COLIFORMS per 100 ml. | COLIFORMS (MFP) 2: COLIFORMS per 100 ml. | COLIFORMS (MFP) 3: COLIFORMS per 100 ml. | COLIFORMS (MFP) 4: COLIFORMS per 100 ml. | COLIFORMS (MFP) 5: COLIFORMS per 100 ml. | REPEAT SAMPLES: COLIFORMS per 100 ml. | REPEAT SAMPLES: COLIFORMS per 100 ml. | REPEAT SAMPLES: COLIFORMS per 100 ml. | INCUBATOR TEMP. |
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MF MEDIA: BBL mEndo
TPC MEDIA:
BACTERIAL DENSITY:
ARITH. MEAN:
GEO. MEAN:
DIST. SYSTEM: AVE. COLIFORMS 0; NO. OF SAMPLES EXAMINED 7
TOTAL NO. SAMPLES 28
SAMPLES EXCEEDING 3/50. 4/100 7/200. 13/500ml 0

LAB ID # 37857

Elizabeth A Bell CERT GRADE B-WELL # 4087-W

Year 1987

WATER TREATMENT PLANT AT Camp Lejeune

REPORT OF BACTERIOLOGICAL RESULTS TO DIVISION OF HEALTH SERVICES
N. C. DEPARTMENT OF HUMAN RESOURCES

Method Code: 303

Contaminant Code: 3000

Serial # 04-67-043

| DATE | RAW WATER COLIFORMS (MFP) A: VOLUME FILTERED ml. | A: TOTAL COLONIES | A: COLIFORM COLONIES | B: VOLUME FILTERED ml. | B: TOTAL COLONIES | B: COLIFORM COLONIES | C: VOLUME FILTERED ml. | C: TOTAL COLONIES | C: COLIFORM COLONIES | NO. OF COLIFORMS PER 100 ml. | FILTERED: TOTAL PLATE COUNT | FILTERED: MFP COLIFORMS per 100 ml. | FINISHED: TOTAL PLATE COUNT | FINISHED: MFP COLIFORMS per 100 ml. | DISTRIBUTION SYSTEM: TOTAL PLATE COUNT | COLIFORMS (MFP): AVE. COLIFORMS per 100 ml. | COLIFORMS (MFP): NO. OF SAMPLES EXAMINED | 1: COLIFORMS per 100 ml. | 2: COLIFORMS per 100 ml. | 3: COLIFORMS per 100 ml. | 4: COLIFORMS per 100 ml. | 5: COLIFORMS per 100 ml. | REPEAT SAMPLES: COLIFORMS per 100 ml. | REPEAT SAMPLES: COLIFORMS per 100 ml. | REPEAT SAMPLES: COLIFORMS per 100 ml. | INCUBATOR TEMP. |
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MF MEDIA: BBL mEndo
TPC MEDIA:

BACTERIAL DENSITY

ARITH. MEAN: 0
GEO. MEAN: 1.0

DIST. SYSTEM

TOTAL NO. SAMPLES: 27

SAMPLES EXCEEDING 3/50 ml: 4/100 ml: 2/200 ml: 1/500 ml: 0

LAB ID # 31807

Elizabeth A Body

CERT GRADE B-WELL # 4087-W

WATER TREATMENT PLANT AT Camp LeJeune — Method Code: 303

Year 1987 — REPORT OF BACTERIOLOGICAL RESULTS TO DIVISION OF HEALTH SERVICES — Contaminant Code: 3000

Serial # 04-67-044 — N. C. DEPARTMENT OF HUMAN RESOURCES

| DATE | RAW WATER COLIFORMS (MFP) A: VOLUME FILTERED ml. | A: TOTAL COLONIES | A: COLIFORM COLONIES | B: VOLUME FILTERED ml. | B: TOTAL COLONIES | B: COLIFORM COLONIES | C: VOLUME FILTERED ml. | C: TOTAL COLONIES | C: COLIFORM COLONIES | NO. OF COLIFORMS PER 100 ml. | FILTERED: TOTAL PLATE COUNT | FILTERED: MFP COLIFORMS per 100 ml. | FINISHED: TOTAL PLATE COUNT | FINISHED: MFP COLIFORMS per 100 ml. | DISTRIBUTION SYSTEM: TOTAL PLATE COUNT | COLIFORMS (MFP): AVE. COLIFORMS per 100 ml. | COLIFORMS (MFP): NO. OF SAMPLES EXAMINED | 1: COLIFORMS per 100 ml. | 2: COLIFORMS per 100 ml. | 3: COLIFORMS per 100 ml. | 4: COLIFORMS per 100 ml. | 5: COLIFORMS per 100 ml. | REPEAT SAMPLES: COLIFORMS per 100 ml. | REPEAT SAMPLES: COLIFORMS per 100 ml. | REPEAT SAMPLES: COLIFORMS per 100 ml. | INCUBATOR TEMP. |
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MF MEDIA: BBL mEndo — BACTERIAL DENSITY — ARITH. MEAN — GEO. MEAN — DIST. SYSTEM: 0.06 / 1.0 — TOTAL NO. SAMPLES: 76 — SAMPLES EXCEEDING 3/50. (4/100) 7/200. 13/500ml: 0

TPC MEDIA

LAB ID # 37807

Elizabeth O Baty CERT GRADE B-Well # 4087-W

Year 1987

REPORT OF BACTERIOLOGICAL RESULTS TO DIVISION OF HEALTH SERVICES
N. C. DEPARTMENT OF HUMAN RESOURCES

Contaminant Code: 3000

Serial # 04-67-045

| DATE | RAW WATER COLIFORMS (MFP) A: VOLUME FILTERED ml. | A: TOTAL COLONIES | A: COLIFORM COLONIES | B: VOLUME FILTERED ml. | B: TOTAL COLONIES | B: COLIFORM COLONIES | C: VOLUME FILTERED ml. | C: TOTAL COLONIES | C: COLIFORM COLONIES | NO. OF COLIFORMS PER 100 ml. | FILTERED: TOTAL PLATE COUNT | FILTERED: MFP COLIFORMS per 100 ml. | FINISHED: TOTAL PLATE COUNT | FINISHED: MFP COLIFORMS per 100 ml. | DISTRIBUTION SYSTEM: TOTAL PLATE COUNT | COLIFORMS (MFP): AVE. COLIFORMS per 100 ml. | COLIFORMS (MFP): NO. OF SAMPLES EXAMINED | COLIFORMS (MFP): 1 COLIFORMS per 100 ml. | COLIFORMS (MFP): 2 COLIFORMS per 100 ml. | COLIFORMS (MFP): 3 COLIFORMS per 100 ml. | COLIFORMS (MFP): 4 COLIFORMS per 100 ml. | COLIFORMS (MFP): 5 COLIFORMS per 100 ml. | REPEAT SAMPLES: COLIFORMS per 100 ml. | REPEAT SAMPLES: COLIFORMS per 100 ml. | REPEAT SAMPLES: COLIFORMS per 100 ml. | INCUBATOR TEMP. |
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| 21 | | | | | | | | | | | | | | | | 0 | 2 | 0 | | | | 0 | | | | 35.2 |
| 22 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28 | | | | | | | | | | | | | | | | 0 | 2 | 0 | | | | | 0 | | | 35.0 |
| 29 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31 | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| MF MEDIA | BBL mEndo | BACTERIAL DENSITY | ARITH. MEAN | | | | | | 0 | DIST. SYSTEM | TOTAL NO. SAMPLES | | 8 |
| TPC MEDIA | | | GEO. MEAN | | | | | | 1.0 | | SAMPLES EXCEEDING 3/50. 4/100 7/200. 13/500ml | | 0 |

LAB ID # 37307

Elizabeth O'Bety CERT GRADE B-WELL # 4087-W

WATER TREATMENT PLANT AT Camp LEJEUNE — Method Code: 303

Year 1987 — REPORT OF BACTERIOLOGICAL RESULTS TO DIVISION OF HEALTH SERVICES — Contaminant Code: 3000

Serial # 04-67-046 — N. C. DEPARTMENT OF HUMAN RESOURCES

| DATE | RAW WATER COLIFORMS (MFP) A: VOLUME FILTERED ml. | A: TOTAL COLONIES | A: COLIFORM COLONIES | B: VOLUME FILTERED ml. | B: TOTAL COLONIES | B: COLIFORM COLONIES | C: VOLUME FILTERED ml. | C: TOTAL COLONIES | C: COLIFORM COLONIES | NO. OF COLIFORMS PER 100 ml. | FILTERED: TOTAL PLATE COUNT | FILTERED: MFP COLIFORMS per 100 ml. | FINISHED: TOTAL PLATE COUNT | FINISHED: MFP COLIFORMS per 100 ml. | DISTRIBUTION SYSTEM: TOTAL PLATE COUNT | COLIFORMS (MFP): AVE. COLIFORMS per 100 ml. | NO. OF SAMPLES EXAMINED | 1: COLIFORMS per 100 ml. | 2: COLIFORMS per 100 ml. | 3: COLIFORMS per 100 ml. | 4: COLIFORMS per 100 ml. | 5: COLIFORMS per 100 ml. | REPEAT SAMPLES: COLIFORMS per 100 ml. | REPEAT SAMPLES: COLIFORMS per 100 ml. | REPEAT SAMPLES: COLIFORMS per 100 ml. | INCUBATOR TEMP. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | 0 | 3 | 0 | 0 | 0 | | | | | | 35.5 |
| 8 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | | | 0 | 3 | 0 | 0 | 0 | | | | | | 35.3 |
| 15 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | | | | | 0 | 3 | 0 | 0 | | 0 | | | | | 35.2 |
| 22 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28 | | | | | | | | | | | | | | | | 0 | 3 | 0 | 0 | 0 | | | | | | 35.4 |
| 29 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31 | | | | | | | | | | | | | | | | | | | | | | | | | | |

MF MEDIA: BBL mEndo — BACTERIAL DENSITY — ARITH. MEAN — GEO. MEAN — DIST. SYSTEM: AVE. 0, 1.0 — TOTAL NO. SAMPLES 12 — SAMPLES EXCEEDING 3/50 4/100 7/200. 13/500ml 0

TPC MEDIA

LAB ID # 37307

Elizabeth O Bey — CERT GRADE B-WELL # 4087-W

Year 1987

REPORT OF BACTERIOLOGICAL RESULTS TO DIVISION OF HEALTH SERVICES
N. C. DEPARTMENT OF HUMAN RESOURCES

Contaminant Code: 3000

Serial # 04-67-047

| DATE | RAW WATER COLIFORMS (MFP) A: Volume Filtered ml. | A: Total Colonies | A: Coliform Colonies | B: Volume Filtered ml. | B: Total Colonies | B: Coliform Colonies | C: Volume Filtered ml. | C: Total Colonies | C: Coliform Colonies | No. of Coliforms per 100 ml. | FILTERED: Total Plate Count | FILTERED: MFP Coliforms per 100 ml. | FINISHED: Total Plate Count | FINISHED: MFP Coliforms per 100 ml. | DISTRIBUTION SYSTEM: Total Plate Count | Coliforms (MFP): Ave. Coliforms per 100 ml. | Coliforms (MFP): No. of Samples Examined | 1: Coliforms per 100 ml. | 2: Coliforms per 100 ml. | 3: Coliforms per 100 ml. | 4: Coliforms per 100 ml. | 5: Coliforms per 100 ml. | Repeat Samples: Coliforms per 100 ml. | Repeat Samples: Coliforms per 100 ml. | Repeat Samples: Coliforms per 100 ml. | Incubator Temp. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | 0 | 4 | 0 | 0 | 0 0 | | | | | | 35.5 |
| 8 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | | | 0 | 4 | 0 | 0 | 0 | 0 | | | | | 35.3 |
| 15 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | | | | | 0 | 4 | 0 | 0 | 0 | 0 | | | | | 35.2 |
| 22 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28 | | | | | | | | | | | | | | | | 0 | 4 | | 0 | 0 | | | 0 0 | | | 35.0 |
| 29 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31 | | | | | | | | | | | | | | | | | | | | | | | | | | |

MF MEDIA: RBL mEndo
TPC MEDIA:

BACTERIAL DENSITY
ARITH. MEAN
GEO. MEAN

0
1.0

DIST. SYSTEM

TOTAL NO. SAMPLES: 16
SAMPLES EXCEEDING 3/50. 4/100 7/200. 13/500ml: 0

LAB ID # 57307

Elizabeth O Baty

CERT GRADE B-WELL # 4087-W

WATER TREATMENT PLANT AT Camp Lejeune

Year 1987

REPORT OF BACTERIOLOGICAL RESULTS TO DIVISION OF HEALTH SERVICES
N. C. DEPARTMENT OF HUMAN RESOURCES

Method Code: 303
Contaminant Code: 3000

Serial # 04-67-048

| DATE | RAW WATER COLIFORMS (MFF) A: VOLUME FILTERED ml. | A: TOTAL COLONIES | A: COLIFORM COLONIES | B: VOLUME FILTERED ml. | B: TOTAL COLONIES | B: COLIFORM COLONIES | C: VOLUME FILTERED ml. | C: TOTAL COLONIES | C: COLIFORM COLONIES | NO. OF COLIFORMS PER 100 ml. | FILTERED: TOTAL PLATE COUNT | FILTERED: MFF COLIFORMS per 100 ml. | FINISHED: TOTAL PLATE COUNT | FINISHED: MFF COLIFORMS per 100 ml. | DISTRIBUTION SYSTEM: TOTAL PLATE COUNT | COLIFORMS (MFP): AVE. COLIFORMS per 100 ml. | NO. OF SAMPLES EXAMINED | 1: COLIFORMS per 100 ml. | 2: COLIFORMS per 100 ml. | 3: COLIFORMS per 100 ml. | 4: COLIFORMS per 100 ml. | 5: COLIFORMS per 100 ml. | REPEAT SAMPLES: COLIFORMS per 100 ml. | REPEAT SAMPLES: COLIFORMS per 100 ml. | REPEAT SAMPLES: COLIFORMS per 100 ml. | INCUBATOR TEMP. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | 0 | 2 | 0 | 0 | | | | | | | 35.5 |
| 8 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | | | 0 | 2 | 0 | 0 | | | | | | | 35.3 |
| 15 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | | | | | 0 | 2 | 0 | | 0 | | | | | | 35.2 |
| 22 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28 | | | | | | | | | | | | | | | | 0 | 2 | 0 | | 0 | | | | | | 35.0 |
| 29 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31 | | | | | | | | | | | | | | | | | | | | | | | | | | |

MF MEDIA: BBL mEndo
TPC MEDIA:
BACTERIAL DENSITY
ARITH. MEAN: 0
GEO. MEAN: 1.0
DIST. SYSTEM
TOTAL NO. SAMPLES: 8
SAMPLES EXCEEDING 3/50. 4/100. 7/200. 13/500ml: 0

LAB ID # 37307

Elizabeth A Bg

CERT GRADE B-WELL # 4087-W

CHEMICAL ANALYSIS — WATER TREATMENT PLANTS

MCBCL 11330/3 (REV 6-84)

DATE COLLECTED: 4-7-87

DATE OF ANALYSIS: 4-7-87

| PARAMETER (SERIAL# 04-67) | HADNOT POINT -041 | CAMP JOHNSON -045 | TARAWA TERRACE -044 | ONSLOW BEACH -048 | COURTHOUSE BAY -047 | RIFLE RANGE -046 | HOLCOMB BLVD -043 | NEW RIVER -042 | | |
|---|---|---|---|---|---|---|---|---|---|---|
| PH (IN LAB NOT PLANT) | 8.6 | | | 7.4 | 8.0 | 8.3 | 8.5 | 8.7 | | |
| PHENOLTHALEIN ALKALINITY | 2 | | | 0 | 0 | 0 | 2 | 10 | | |
| METHYL ORANGE ALKALINITY | 50 | | | 156 | 170 | 160 | 60 | 112 | | |
| CARBONATES AS $CaCO_3$ | 4 | | | 0 | 0 | 0 | 4 | 20 | | |
| BICARBONATES AS $CaCO_3$ | 46 | | | 156 | 170 | 160 | 56 | 92 | | |
| CHLORIDES AS Cl | 10 | | | 20 | 14 | 44 | 6 | 50 | | |
| HARDNESS AS $CaCO_3$ | 64 | | | 48 | 68 | 60 | 64 | 50 | | |
| IRON AS Fe | | | A.A | DOWN | | | | | | |
| FLUORIDE Am | 0.74 | | | | | | 1.08 | | | |
| FLUORIDE pm | 0.62 | | | 0.16 | 0.12 | 0.10 | 1.10 | 0.52 | | |
| CHLORINE RESIDUAL | 1.0 | | | 1.5 | 1.6 | 1.0 | 1.4 | 0.8 | | |
| TURBIDITY Am | 0.5 | | | | | | 0.1 | | | |
| TURBIDITY pm | 0.4 | | | 0.4 | 0.2 | 0.1 | 0.2 | 0.5 | | |
| TOTAL PHOSPHATE | | | | | | | | | | |
| ORTHO PHOSPHATE | | | | | | | | | | |
| META PHOSPHATE | | | | | | | | | | |
| STABILITY | +0.3 | | | -0.8 | -0.2 | 0.0 | +0.1 | +0.1 | | |

REMARKS

NOTE All results reported in parts per million unless otherwise noted except for pH, temperature, and specific conductance. One liter of potable water is assumed to weigh one kilogram.

LABORATORY ANALYSIS BY: H-J. BURNS

COPY TO:

- ☐ UTIL DIR ☐ _____
- ☐ WATER TREATMENT
- ☐ PMU ☐ MCAS PMU
- ☐ NREAD ☐ FILE

# CHEMICAL ANALYSIS — WATER TREATMENT PLANTS

MCBCL 11330/3 (REV 6-84)

DATE COLLECTED: 4-14-87

DATE OF ANALYSIS: 4-14-87

| PARAMETER SERIAL# 04-67 | HADNOT POINT -041 | CAMP JOHNSON -045 | TARAWA TERRACE -044 | ONSLOW BEACH -048 | COURTHOUSE BAY -047 | RIFLE RANGE -046 | HOLCOMB BLVD -043 | NEW RIVER -042 | | |
|---|---|---|---|---|---|---|---|---|---|---|
| PH (IN LAB NOT PLANT) | 8.7 | | | 7.5 | 7.6 | 8.3 | 8.8 | 9.0 | | |
| PHENOLTHALEIN ALKALINITY | 6 | | | 0 | 0 | 0 | 4 | 12 | | |
| METHYL ORANGE ALKALINITY | 60 | | | 160 | 170 | 170 | 62 | 110 | | |
| CARBONATES AS $CaCO_3$ | 12 | | | 0 | 0 | 0 | 8 | 24 | | |
| BICARBONATES AS $CaCO_3$ | 48 | | | 160 | 170 | 170 | 54 | 86 | | |
| CHLORIDES AS C1 | 10 | | | 20 | 20 | 66 | 10 | 60 | | |
| HARDNESS AS $CaCO_3$ | 74 | | | 50 | 54 | 64 | 80 | 50 | | |
| IRON AS Fe | | | A.A. | DOWN | | | | | | |
| FLUORIDE Am | 0.91 | | | | | | 1.03 | | | |
| FLUORIDE pm | 1.13 | | | 0.18 | 0.14 | 0.12 | 0.74 | 0.48 | | |
| CHLORINE RESIDUAL | 1.1 | | | 1.4 | 1.4 | 1.1 | 1.2 | 1.0 | | |
| TURBIDITY Am | 0.2 | | | | | | 0.2 | | | |
| TURBIDITY pm | 0.2 | | | 0.2 | 0.2 | 0.2 | 0.4 | 0.3 | | |
| TOTAL PHOSPHATE | | | | | | | | | | |
| ORTHO PHOSPHATE | | | | | | | | | | |
| META PHOSPHATE | | | | | | | | | | |
| STABILITY | +0.3 | | | -0.6 | -0.5 | +0.1 | +0.3 | +0.2 | | |

REMARKS

NOTE: All results reported in parts per million unless otherwise noted except for pH, temperature, and specific conductance. One liter of potable water is assumed to weigh one kilogram

LABORATORY ANALYSIS BY

H.T. BURNS

COPY TO:

- ☐ UTIL DIR ☐
- ☐ WATER TREATMENT
- ☐ PMU ☐ MCAS PMU
- ☐ NREAD ☐ FILE

CHEMICAL ANALYSIS — WATER TREATMENT PLANTS

MCBCL 11330 3 (REV 6-84)

DATE COLLECTED: 4-21-87

DATE OF ANALYSIS: 4-21-87

| PARAMETER (SERIAL # 04-67) | HADNOT POINT -041 | CAMP JOHNSON -045 | TARAWA TERRACE -044 | ONSLOW BEACH -048 | COURTHOUSE BAY -047 | RIFLE RANGE -046 | HOLCOMB BLVD -043 | NEW RIVER -042 | | |
|---|---|---|---|---|---|---|---|---|---|---|
| PH (IN LAB NOT PLANT) | 8.8 | | | 7.4 | 7.6 | 8.1 | 8.5 | 8.6 | | |
| PHENOLTHALEIN ALKALINITY | 4 | | | 0 | 0 | 0 | 6 | 10 | | |
| METHYL ORANGE ALKALINITY | 50 | | | 160 | 180 | 170 | 60 | 116 | | |
| CARBONATES AS $CaCO_3$ | 8 | | | 0 | 0 | 0 | 12 | 20 | | |
| BICARBONATES AS $CaCO_3$ | 42 | | | 160 | 180 | 170 | 48 | 96 | | |
| CHLORIDES AS C1 | 10 | | | 20 | 16 | 50 | 14 | 60 | | |
| HARDNESS AS $CaCO_3$ | 60 | | | 56 | 46 | 56 | 60 | 44 | | |
| IRON AS Fe | | | A.A | DOWN | | | | | | |
| FLUORIDE AM | 1.10 | | | | | | 0.93 | | | |
| FLUORIDE PM | 1.11 | | | 0.16 | 0.14 | 0.12 | 0.95 | 0.51 | | |
| CHLORINE RESIDUAL | 1.0 | | | 1.2 | 1.4 | 1.0 | 1.2 | 0.8 | | |
| TURBIDITY AM | 0.1 | | | | | | 0.2 | | | |
| TURBIDITY PM | 0.1 | | | 0.2 | 0.1 | 0.1 | 0.2 | 0.3 | | |
| TOTAL PHOSPHATE | | | | | | | | | | |
| ORTHO PHOSPHATE | | | | | | | | | | |
| META PHOSPHATE | | | | | | | | | | |
| STABILITY | +0.5 | | | -0.6 | -0.4 | 0.0 | +0.2 | +0.2 | | |

REMARKS

NOTE: All results reported in parts per million unless otherwise noted except for pH, temperature, and specific conductance. One liter of potable water is assumed to weigh one kilogram.

LABORATORY ANALYSIS BY: H.J. BURNS

COPY TO

- ☐ UTIL DIR ☐ _____
- ☐ WATER TREATMENT
- ☐ PMU ☐ MCAS PMU
- ☐ NREAD ☐ FILE

WATER TREATMENT PLANTS

DATE COLLECTED: 4-28-87 | DATE OF ANALYS: 4-28-87

| PARAMETER Series # 04-67 | HADNOT POINT -041 | CAMP JOHNSON -045 | TARAWA TERRACE -044 | ONSLOW BEACH -048 | COURTHOUSE BAY -047 | RIFLE RANGE -046 | HOLCOMB BLVD -043 | NEW RIVER -042 | | |
|---|---|---|---|---|---|---|---|---|---|---|
| PH (IN LAB NOT PLANT) | 7.8 | | | 7.7 | 7.9 | 8.1 | 9.2 | 8.4 | | |
| PHENOLTHALEIN ALKALINITY | 0 | | | 0 | 0 | 0 | 4 | 10 | | |
| METHYL ORANGE ALKALINITY | 62 | | | 162 | 176 | 192 | 56 | 102 | | |
| CARBONATES AS $CaCO_3$ | 0 | | | 0 | 0 | 0 | 8 | 20 | | |
| BICARBONATES AS $CaCO_3$ | 62 | | | 162 | 176 | 192 | 48 | 82 | | |
| CHLORIDES AS Cl | 14 | | | 26 | 16 | 64 | 16 | 58 | | |
| HARDNESS AS $CaCO_3$ | 68 | | | 32 | 64 | 70 | 66 | 70 | | |
| IRON AS Fe | | | A.A. | DOWN | | | | | | |
| FLUORIDE AM | 0.95 | | | | | | 0.90 | | | |
| FLUORIDE PM | 0.81 | | | 0.14 | 0.1 | 0.1 | 0.89 | 0.46 | | |
| CHLORINE RESIDUAL | 1.0 | | | 1.5 | 1.0 | 1.0 | 1.4 | 0.8 | | |
| TURBIDITY AM | 0.3 | | | | | | 0.2 | | | |
| TURBIDITY PM | 0.4 | | | 0.1 | 0.2 | 0.3 | 0.9 | 0.2 | | |
| TOTAL PHOSPHATE | | | | | | | | | | |
| ORTHO PHOSPHATE | | | | | | | | | | |
| META PHOSPHATE | | | | | | | | | | |
| STABILITY | -0.2 | | | -0.2 | -0.2 | 0.0 | +1.0 | 0.0 | | |

REMARKS

NOTE: All results reported in parts per million unless otherwise noted except for pH, temperature, and specific conductance. One liter of potable water is assumed to weigh one kilogram.

LABORATORY ANALYSIS BY: H.J. BURNS

COPY TO:

- ☐ UTIL DIR ☐ _____
- ☐ WATER TREATMENT
- ☐ PMU ☐ MCAS PMU
- ☐ NREAD ☐ FILE