

6286/1
NREAD
15 Jan 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 Treatment Plant Water Quality
(2) Violations of NPDES Limits

1. It is requested that the enclosures be routed to the Utilities Systems General Foreman. Enclosure (1) 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 December 1986. Presently, only the Biochemical Oxygen Demand (BOD), Total Suspended Residue, and Coliform data are submitted to the EPA and State. The ammonia, oil and grease, nitrogen and phosphorus data is being generated as background data for the proposed NPDES permit. Enclosure (2) outlines the violations to the present NPDES permit as well as the proposed NPDES permit. Please note that the Tarawa Terrace wastewater plant did not meet the required monthly BOD percent removal of 85%. The laboratory will need an explanation by 21 January 1987 for inclusion in the monthly report.

2. Questions regarding the enclosures 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:
EnvChemMicrobio Lab (2)

02001
MAY 20
1968

Director, National Research and Environmental Health
Division, Marine Corps Base, Camp Lejeune
8888 Maintenance Officer, Marine Corps Base, Camp Lejeune
P.O. Box 251, P.O. Box 251

NATIONAL POLYMER DISCHARGE ELIMINATION SYSTEM (NPDES)
PERMIT RELATED REPORTING DATA

Enclosed is the monthly report of waste treatment plant water quality
for the month of April 1968.

It is requested that the enclosed be forwarded to the Director,
National Research and Environmental Health Division, P.O. Box 251,
Camp Lejeune, North Carolina 28542. The enclosed consists of the
monthly report of waste treatment plant water quality for the month of
April 1968. The report includes the following information:
1. Total suspended matter and color data submitted to the
laboratory. The amount of oil and grease, suspended organic
matter, and solids generated as by-product data for the closed system
is also included. The laboratory did not make the required
analysis for the month of April 1968. The laboratory will report
the results of the analysis for the month of May 1968.

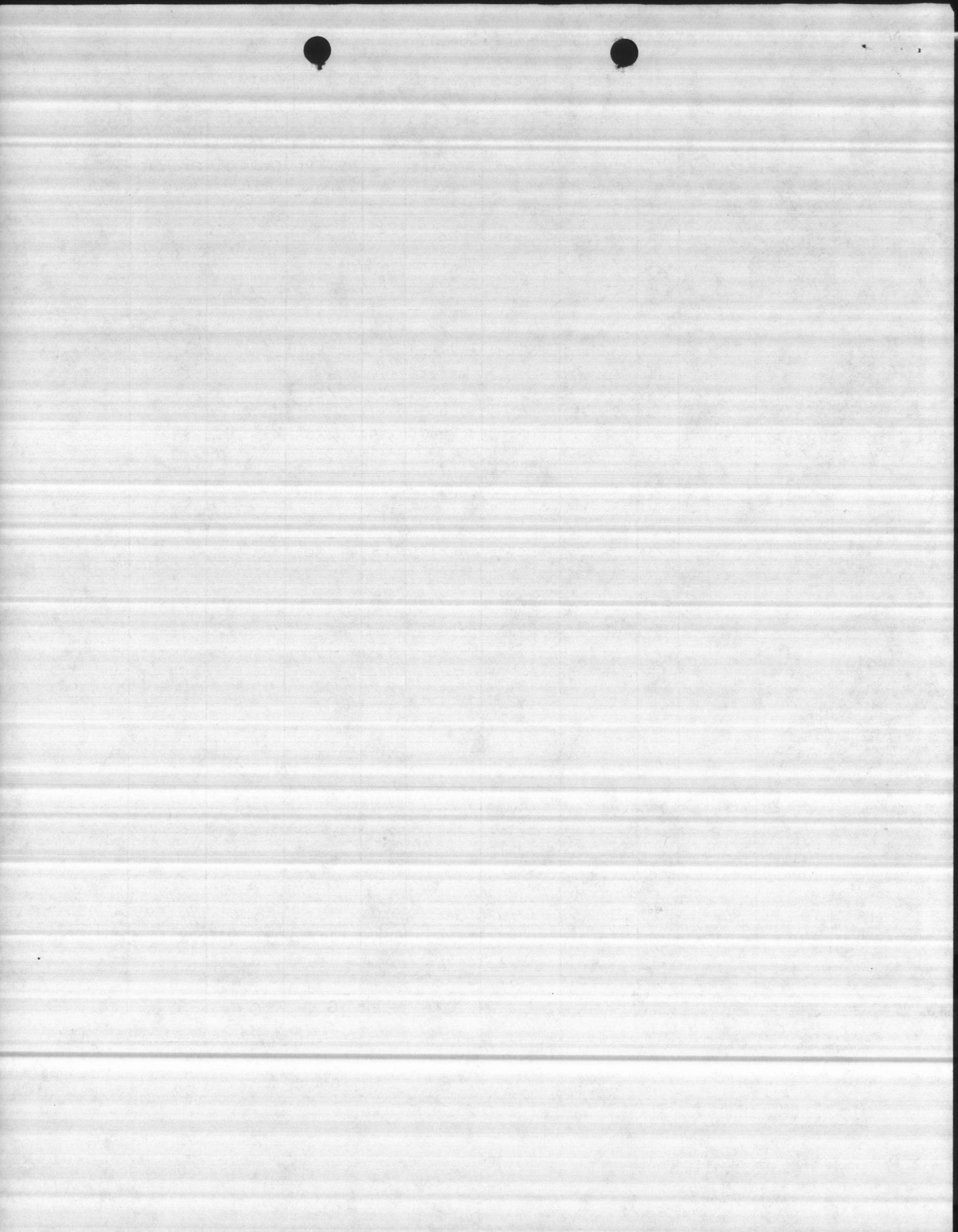
Questions regarding the enclosed should be forwarded to
the Director, National Research and Environmental Health
Division, P.O. Box 251, P.O. Box 251

J. I. ROBERTS

MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY

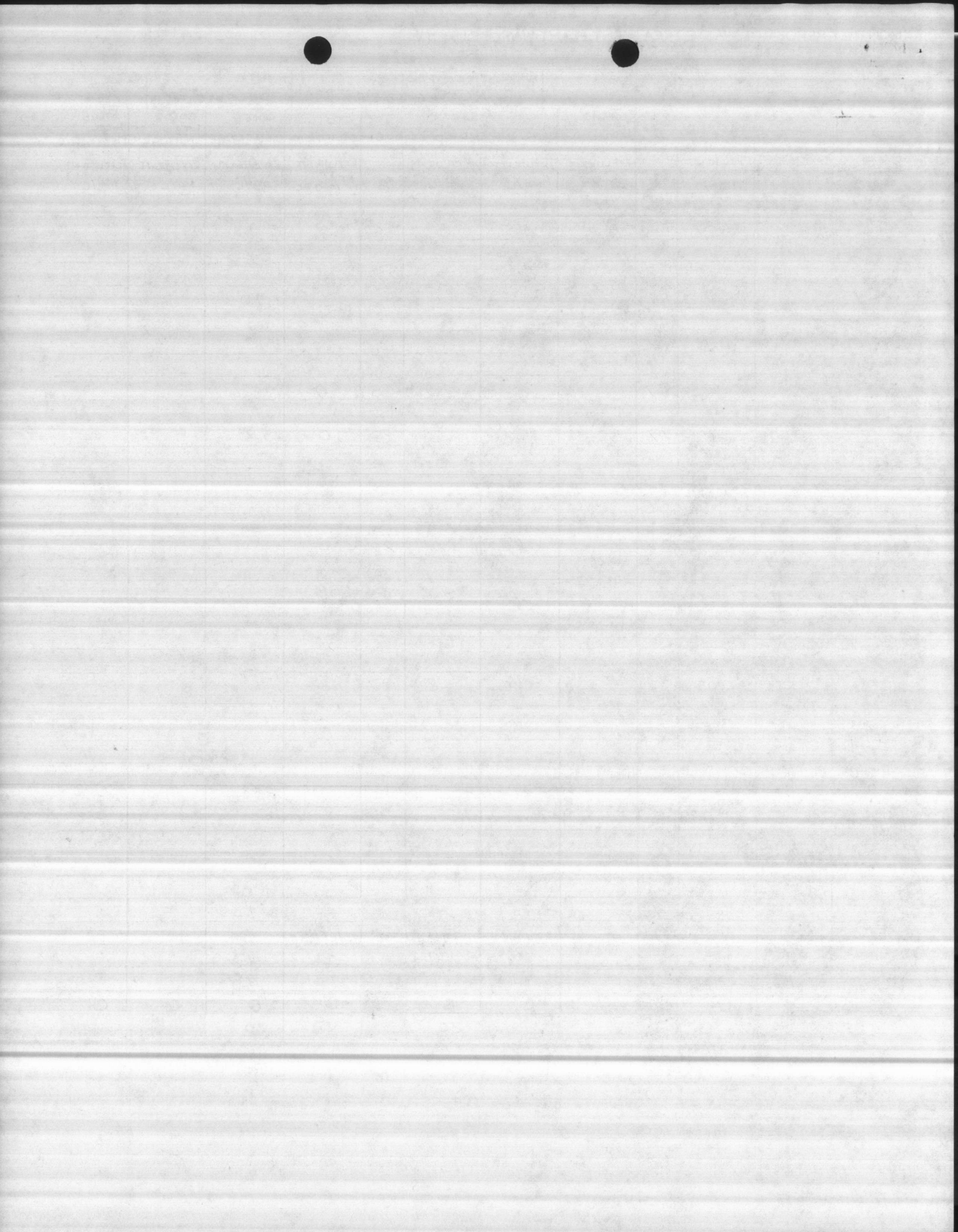
MCBCL 11345/8 (REV. 9-86)

PLANT OIN SLOW BEACH				NPDES PERMIT No. NC 000 3239				MONTH DECEMBER		YEAR 1986	
DATE	00310 5 DAY 20°C BOD			00610 AMMONIA	00520 TOTAL SUSPENDED RESIDUE			TOTAL COLIFORM	00866 OIL + GREASE	00600 TOTAL NITROGEN	00665 TOTAL PHOSPHORUS
	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	248	16	94		56	7	88	4			
3											
4	260	12	95		52	1	98	0			
5									0.8		
6											
7											
8											
9	188	12	94		70	7	90	10			
10											
11	140	10	93		92	6	93	40			
12											
13											
14											
15											
16	148	9	94		268	1	100	0			
17											
18	LAB	ERROR	-		68	4	94	0			
19											
20											
21											
22	84	9	89		30	1	97	2			
23											
24											
25											
26											
27											
28											
29											
30	20	7	65		10	3	(70)	2			
31											
TOTAL	1088	75			646	30			0.8		
AVERAGE	155	11	89		81	4	91	1.10 *GM	0.8		
MAXIMUM	260	16			268	7		40	0.8		
MINIMUM	20	7			30	1		0	0.8		
COMP (C) CRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		30				30		70	30		



MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY
 NCBCCL 11245/6 (REV. 9-86)

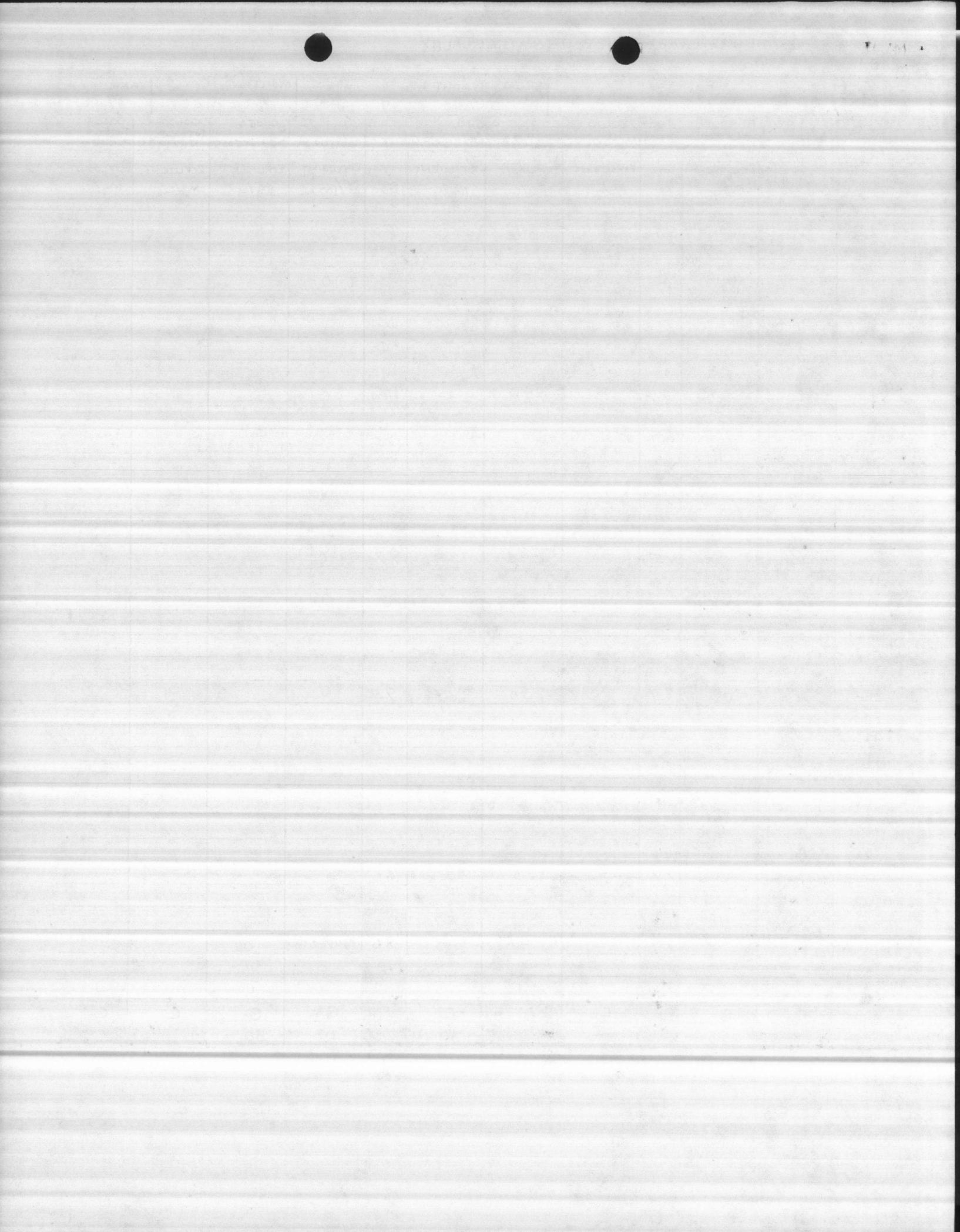
DATE	00310 5 DAY 20°C BOD			00610 AMMONIA	00520 TOTAL SUSPENDED RESIDUE			TOTAL COLIFORM	00866 OIL + GREASE	00600 TOTAL NITROGEN	00445 TOTAL PHOSPHORUS
	INFLUENT MG/L	EFFLUENT MG/L	%	EFFLUENT MG/L	INFLUENT MG/L	EFFLUENT MG/L	%	EFFLUENT MF/100 ML	EFFLUENT MG/L	EFFLUENT MG/L	EFFLUENT MG/L
1											
2	132	13	90		45	8	82	4			
3											
4	48	11	(77)		30	7	(77)	0			
5									7.0		
6											
7											
8											
9	76	10	87		30	11	(63)	0			
10											
11	276	9	97		232	2	99	0			
12											
13											
14											
15											
16	108	8	93		184	1	99	0			
17											
18	LAB	ERROR	-		16	1	94	0			
19											
20											
21											
22	80	10	88		240	8	97	12			
23											
24											
25											
26											
27											
28											
29											
30	60	8	87		80	7	91	2			
31											
TOTAL	780	69			857	45			7.0		
AVERAGE	111	10	88		107	6	88	1.77 gm	7.0		
MAXIMUM	276	13			240	11		12	7.0		
MINIMUM	48	8			16	1		0	7.0		
COMP (C) CRAP (C)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		30				30		70	30		



MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY

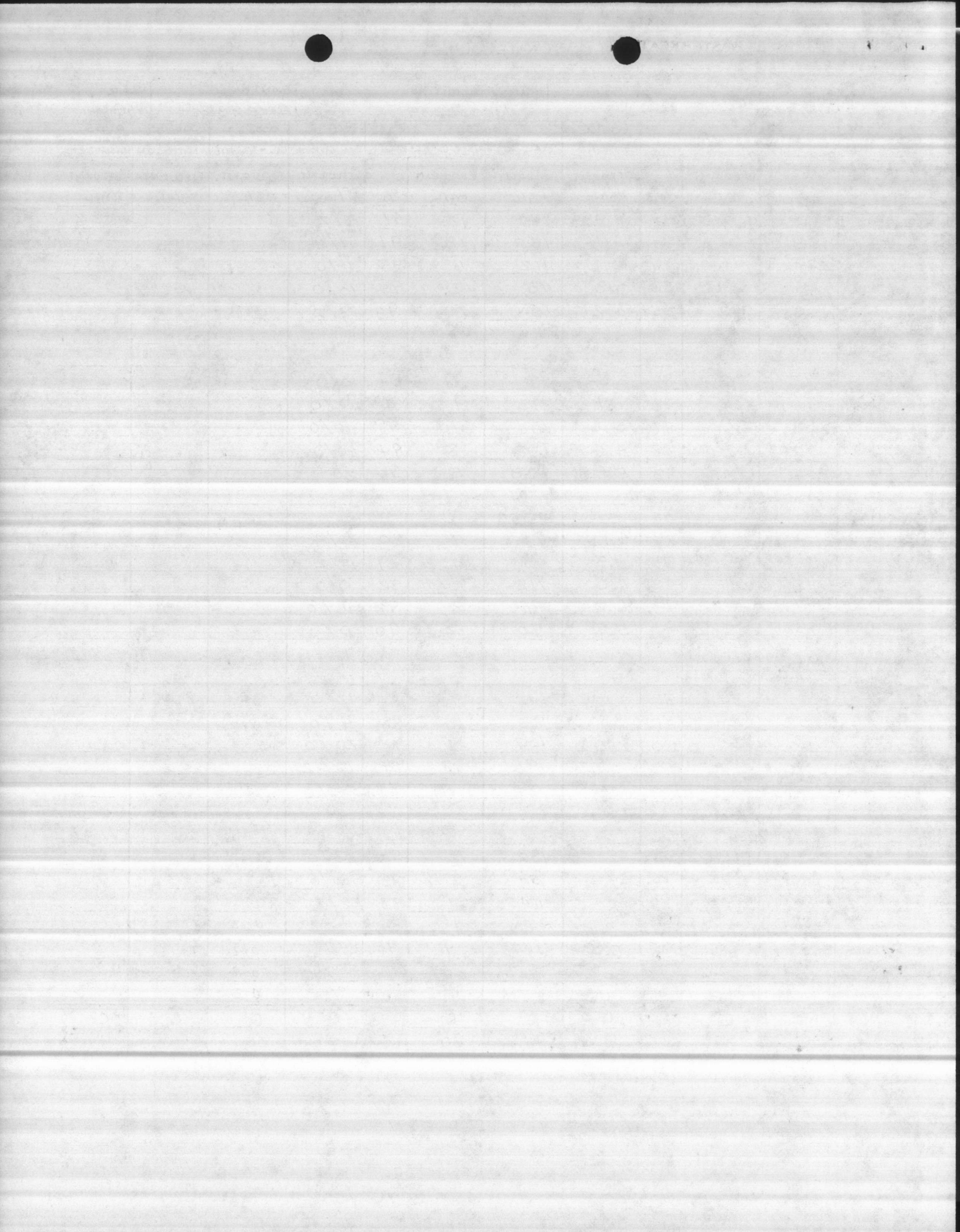
MCBCL 11345/8 (REV. 9-86)

PLANT RIFLE RANGE				NPDES PERMIT No. NC000 3239				MONTH DECEMBER		YEAR 1986	
DATE	00310 5 DAY 20°C BOD			00610 AMMONIA	00530 TOTAL SUSPENDED RESIDUE			TOTAL COLIFORM	00866 OIL + GREASE	00600 TOTAL NITROGEN	00645 TOTAL PHOSPHORUS
	INFLWENT mg/L	EFFLUENT mg/L	%	EFFLUENT mg/L	INFLWENT mg/L	EFFLUENT mg/L	%	EFFLUENT MF/100 ML	EFFLUENT mg/L	EFFLUENT mg/L	EFFLUENT mg/L
1											
2	60	6	90		54	3	94	2			
3											
4	72	10	86		68	4	94	0			
5									0		
6											
7											
8											
9	40	6	90		20	4	(80)	0			
10											
11	32	6	(81)		12	3	(75)	0			
12											
13											
14											
15											
16	20	5	(75)		88	3	97	0			
17											
18	LAB	ERROR	-		40	1	98	0			
19											
20											
21											
22	44	5	89		30	2	93	0			
23											
24											
25											
26											
27											
28											
29											
30	24	5	(79)		5	2	(60)	0			
31											
TOTAL	292	43			317	22			0		
AVERAGE	42	6	84		40	3	86	1.09 * GM	0		
MAXIMUM	72	10			88	4		2	0		
MINIMUM	20	5			12	1		0	0		
COMP (C) CRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		30		-		30		70	30		



MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY
 MCBCL 11245/8 (REV. 9-86)

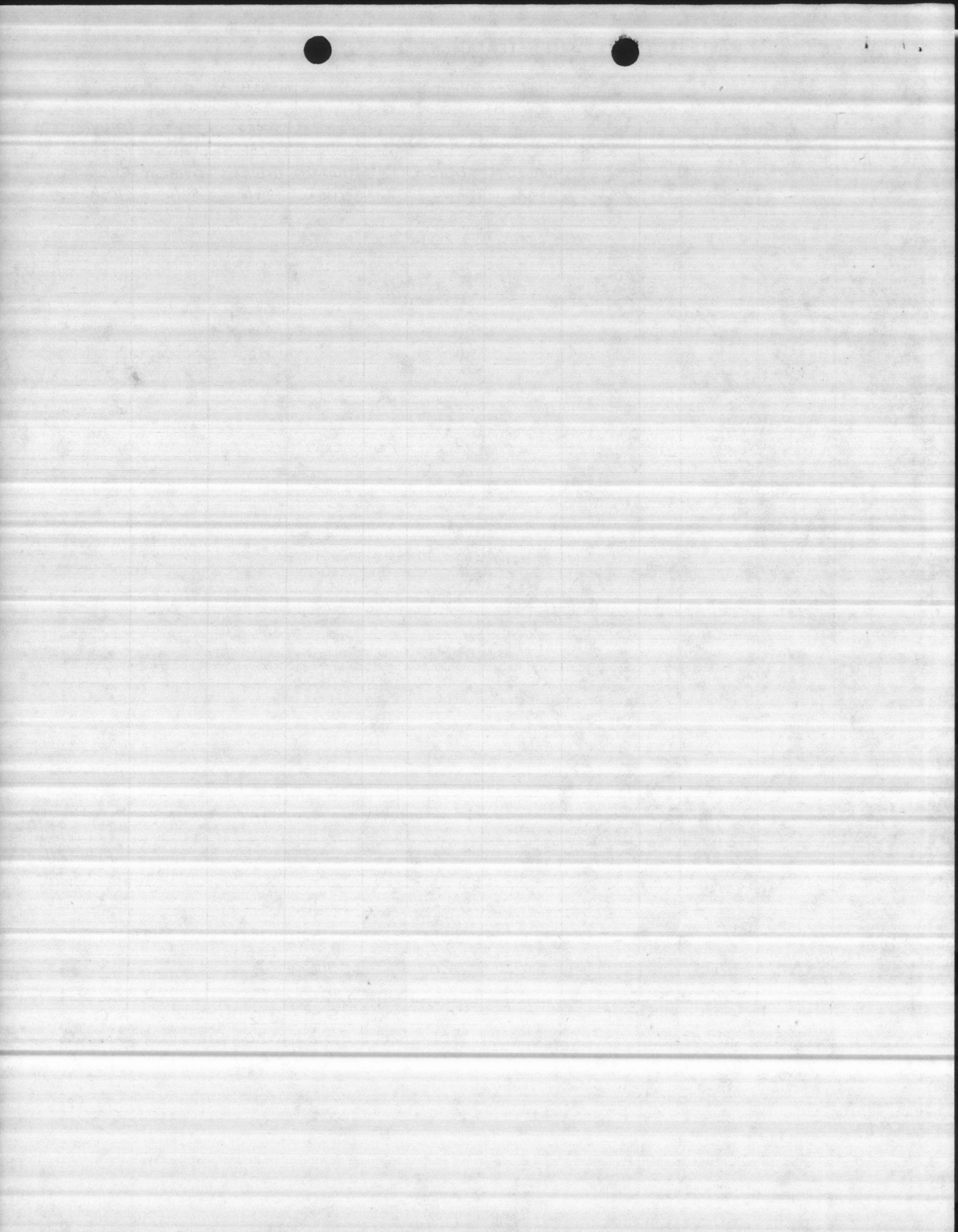
PLANT HADNOT POINT				NPDES PERMIT No. NC0003239				MONTH DECEMBER		YEAR 1986	
DATE	00310 5 DAY 20°C BOD			00610 AMMONIA	00530 TOTAL SUSPENDED RESIDUE			T/F COLIFORM	00866 OIL & GREASE	00600 TOTAL NITROGEN	00645 TOTAL PHOSPHORUS
	INFLUENT MG/L	EFFLUENT MG/L	%	EFFLUENT MG/L	INFLUENT MG/L	EFFLUENT MG/L	%	EFFLUENT MF/100 ML	EFFLUENT MG/L	EFFLUENT MG/L	EFFLUENT MG/L
1	200	18	91	3.8	140	12	91	4/2			
2	188	19	90	4.3	132	12	91	66/14			
3	124	16	87	5.1	112	6	95	6/0			
4	124	23	81	6.8	98	5	95	10/0			
5	148	22	85	6.2	108	8	93	8/2	0.2		
6											
7											
8	112	16	86	3.5	96	6	94	10/0			
9	196	17	91	4.7	213	9	96	10/0			
10	128	16	88	5.6	106	10	91	10/0			
11	156	18	88	4.6	138	8	94	60/0			
12	152	26	83	5.9	138	5	96	30			
13											
14											
15	104	17	84	4.1	72	7	90	20/4			
16	144	22	85	5.3	58	12	79	4/2			
17	136	24	82	6.6	118	10	92	0/0			
18	LAB ERROR			6.2	96	8	92	16/0			
19	LAB ERROR			5.9	70	7	90	0/0			
20											
21											
22	100	19	81		66	9	86	12/0			
23	108	21	81		83	10	88	4/0			
24	100	20	80		117	9	92	20/0			
25	104	13	88		96	6	94	10/2			
26	LAB ERROR				94	11	88	550/0			
27											
28											
29	128	16	88		132	12	91	20/0			
30	128	19	85		54	8	85	80/0			
31	92	18	80		64	8	88	2/0			
TOTAL	2672	380			2401	198			0.2		
AVERAGE	134	19	85	5.2	104	9	91	11.85/1.52	0.2		
MAXIMUM	200	26		6.8	213	12		550/14	0.2		
MINIMUM	92	13		3.5	54	5		0/0	0.2		
COMP (C) CRAP (C)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		30		19.0		30		70	30		



MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY

MCBCL 11245/6 (REV. 9-86)

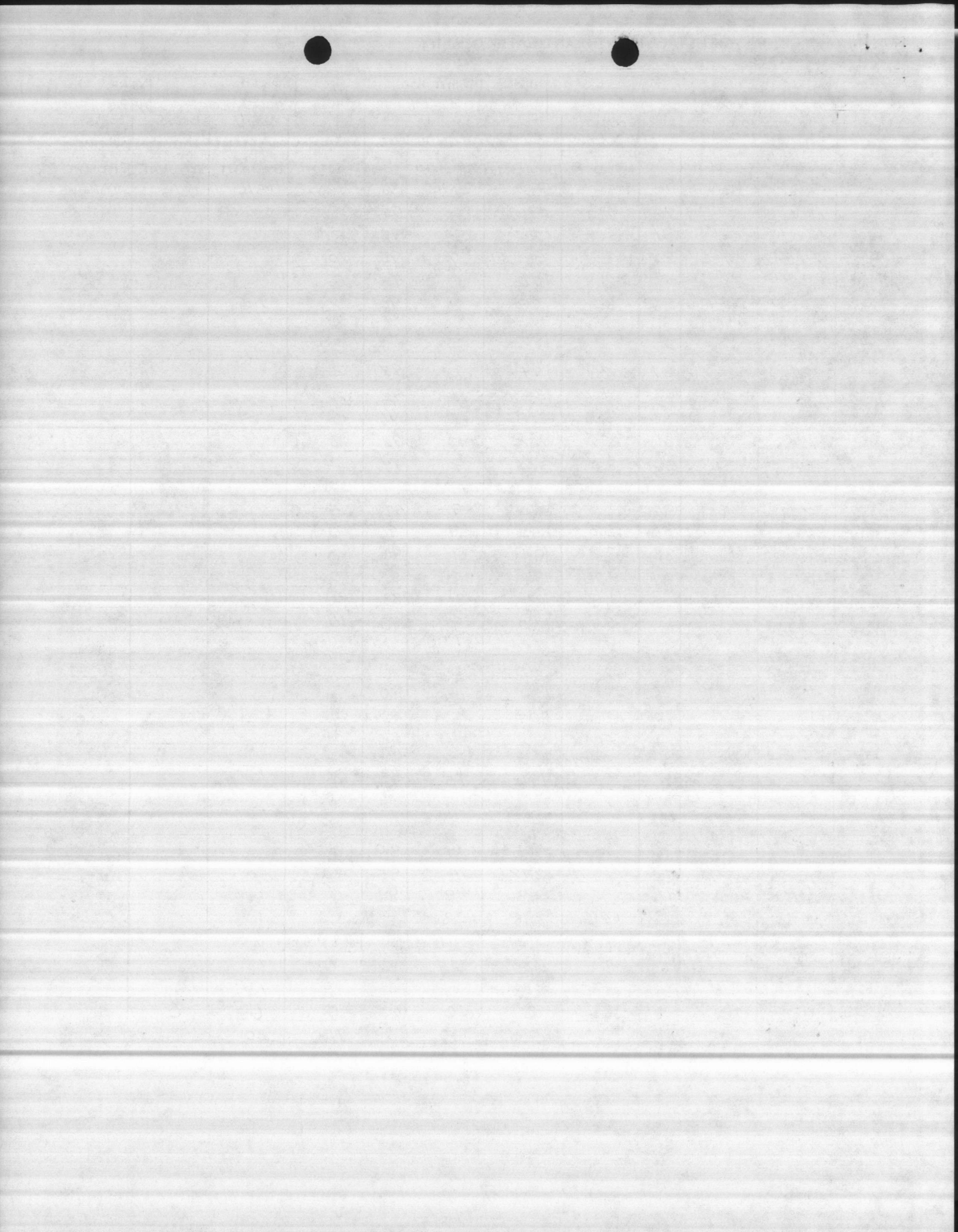
PLANT CAMP JOHNSON				NPDES PERMIT No. NC0003239				MONTH DECEMBER		YEAR 1986	
DATE	00310 5 DAY 20°C BOD			00610 AMMONIA	00530 TOTAL SUSPENDED RESIDUE			FECAL COLIFORM	00864 OIL & GREASE	00600 TOTAL NITROGEN	00645 TOTAL PHOSPHORUS
	INFLUENT mg/L	EFFLUENT mg/L	%	EFFLUENT mg/L	INFLUENT mg/L	EFFLUENT mg/L	%	EFFLUENT MF/100 ML	EFFLUENT mg/L	EFFLUENT mg/L	EFFLUENT mg/L
1											
2	108	18	83		76	10	87	2			
3											
4	160	11	93		32	2	94	0			
5											
6											
7											
8											
9	140	12	91		82	4	95	0			
10											
11	84	7	92		28	1	96	0			
12											
13											
14											
15											
16	88	7	92		40	1	98	10			
17											
18	LAB	ERROR	-		20	1	95	12			
19											
20											
21											
22	48	10	79		30	6	80	6			
23	108	12	89		48	4	92	4			
24											
25											
26											
27											
28											
29											
30	56	8	86		33	4	88	2			
31											
TOTAL	792	85			389	33					
AVERAGE	99	11	89		43	4	92	2.83 G.M.			
MAXIMUM	160	18			82	10		12			
MINIMUM	48	7			20	1		0			
COMP (C) CRAP (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		30				30		200	30		



MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY

MCBCL 11245/6 (REV. 9-86)

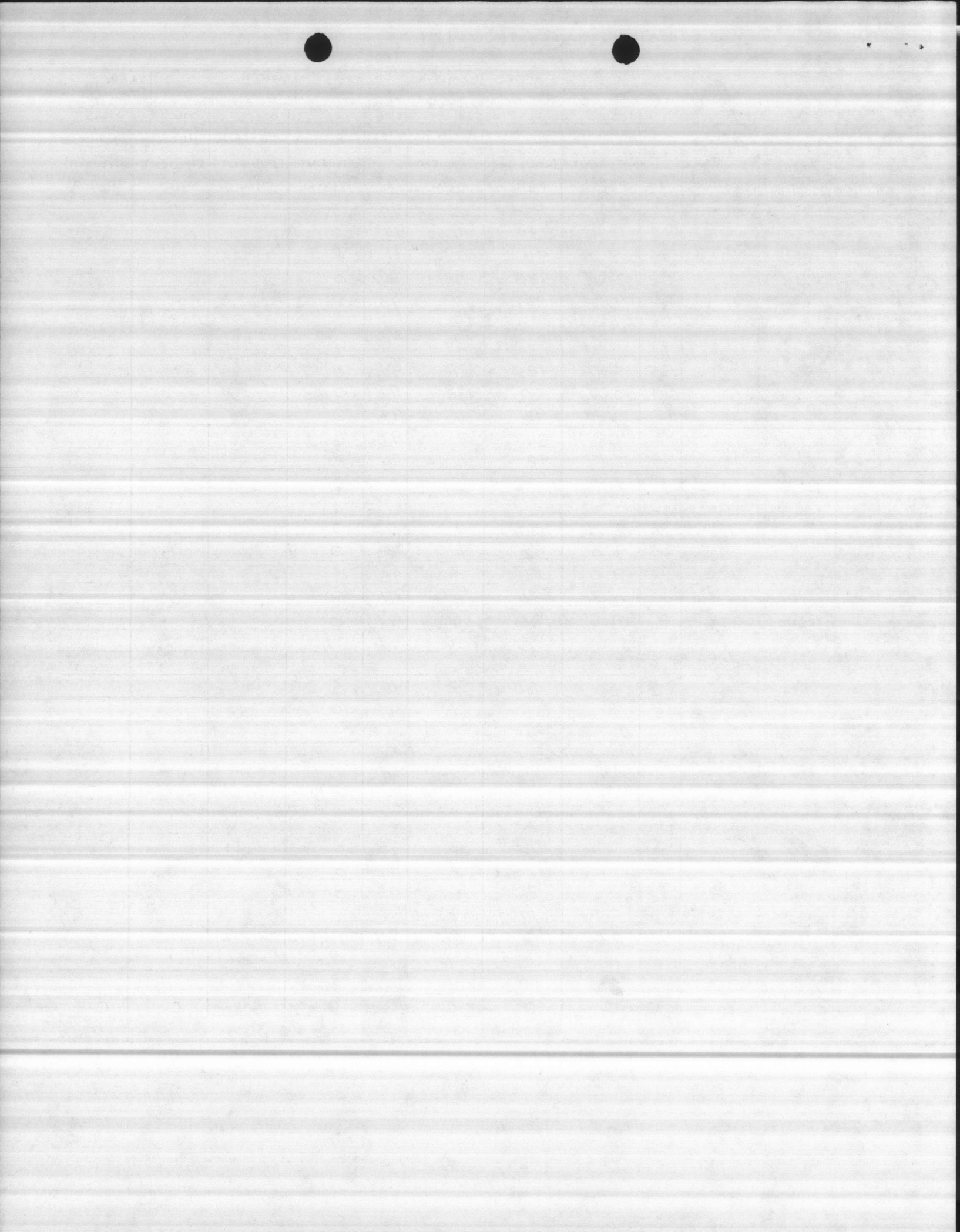
PLANT			NPDES PERMIT No.					MONTH	YEAR		
TARAWA TERRACE			NC0003239					DECEMBER	1986		
DATE	00310 5 DAY 20°C BOD			00610 AMMONIA	00530 TOTAL SUSPENDED SOLIDS			00600 FECAL COLIFORM	00656 OIL + GREASE	00600 TOTAL NITROGEN	00645 TOTAL PHOSPHORUS
	INFLUENT MG/L	EFFLUENT MG/L	%	EFFLUENT MG/L	INFLUENT MG/L	EFFLUENT MG/L	%	EFFLUENT MF/100 ML	EFFLUENT MG/L	EFFLUENT MG/L	EFFLUENT MG/L
1	120	27	(78)	3.3	296	16	95	26			
2	128	24	(81)	5.7	136	9	93	8			
3	144	19	87	3.4	130	7	95	(70)			
4	220	22	90	2.9	176	4	98	6			
5	176	27	85	3.9	78	8	90	2	1.5		
6											
7											
8	188	25	87	3.5	94	12	87	2			
9	192	25	87	4.2	138	11	92	2			
10	184	37	(80)	5.6	118	16	86	0			
11	168	(32)	(81)	5.5	120	10	92	0			
12	204	28	86	3.6	310	9	97	4			
13											
14	204	28	86		310	9	97	4			
15	200	29	86	3.3	92	9	90	0			
16	176	31	(82)	7.2	194	7	96	0			
17	180	29	(84)	4.9	94	7	93	0			
18	LAB ERROR			3.9	68	8	88	0			
19	LAB ERROR			3.7	130	9	93	10			
20											
21											
22	140	(36)	(74)		140	14	90	0			
23	188	27	86		108	13	88	0			
24				NO SAMPLE							
25				NO SAMPLE							
26	LAB ERROR				196	15	92	4			
27											
28											
29	140	29	(79)		97	19	80	0			
30	172	30	(83)		272	14	95	40			
31	160	(42)	(74)		98	19	81	0			
TOTAL	3080	519		64.6	3085	236			1.5		
AVERAGE	171	29	(83)	4.3	147	11		2888 G/M	1.5		
MAXIMUM	220	42		7.2	310	19		70	1.5		
MINIMUM	120	19		2.9	78	4		0	1.5		
COMP (C)	C	C		C	C	C		G	G	C	C
CEAP (E)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		30				30		200	30		



MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY

MCBCL 11345/8 (REV. 9-86)

PLANT			NPDES PERMIT No.					MONTH		YEAR	
CAMP GEIGER			NC000.3239					DECEMBER		1986	
DATE	00310 5 DAY 20°C BOD			00610 AMMONIA	00530 TOTAL SUSPENDED RESIDUE			00201 FECAL COLIFORM	00566 OIL & GREASE	00600 TOTAL NITROGEN	00645 TOTAL PHOSPHORUS
	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	148	4	97	11.6	110	2	98	4			
2	172	12	93	9.9	134	6	96	2			
3	104	10	90	8.7	56	5	91	2			
4	172	8	95	8.4	130	1	99+	0			
5	128	11	91	9.2	94	7	93	0	0		
6											
7											
8	196	9	95	9.4	180	11	94	0			
9	148	10	93	10.2	100	8	92	0			
10	236	12	95	9.5	94	6	94	0			
11	136	16	88	9.2	86	8	91	6			
12	156	17	89	12.1	98	4	96	30			
13											
14											
15	120	16	87	8.2	50	4	92	0			
16	108	10	91	9.8	52	1	98	0			
17	160	10	94	9.0	76	4	95	0			
18	LAB ERROR			10.5	90	3	97	60			
19	LAB ERROR			10.5	68	6	91	0			
20											
21											
22	88	7	92	6.8	60	3	95	0			
23	108	5	95		82	7	91	18			
24				NO SAMPLE							
25				NO SAMPLE							
26	LAB ERROR			4	42	10	76	0			
27											
28											
29	156	8	95		183	9	95	0			
30	108	5	95		120	2	98	0			
31	124	9	93		82	6	93	0			
TOTAL	2568	179			1987	113			0		
AVERAGE	143	10	93	9.7	95	5	94	2.04 MG/L	0		
MAXIMUM	236	17		12.1	183	11		60	0		
MINIMUM	88	4		8.2	42	1		0	0		
COMP (C) CRAB (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT		30		4.0		30		200	30		



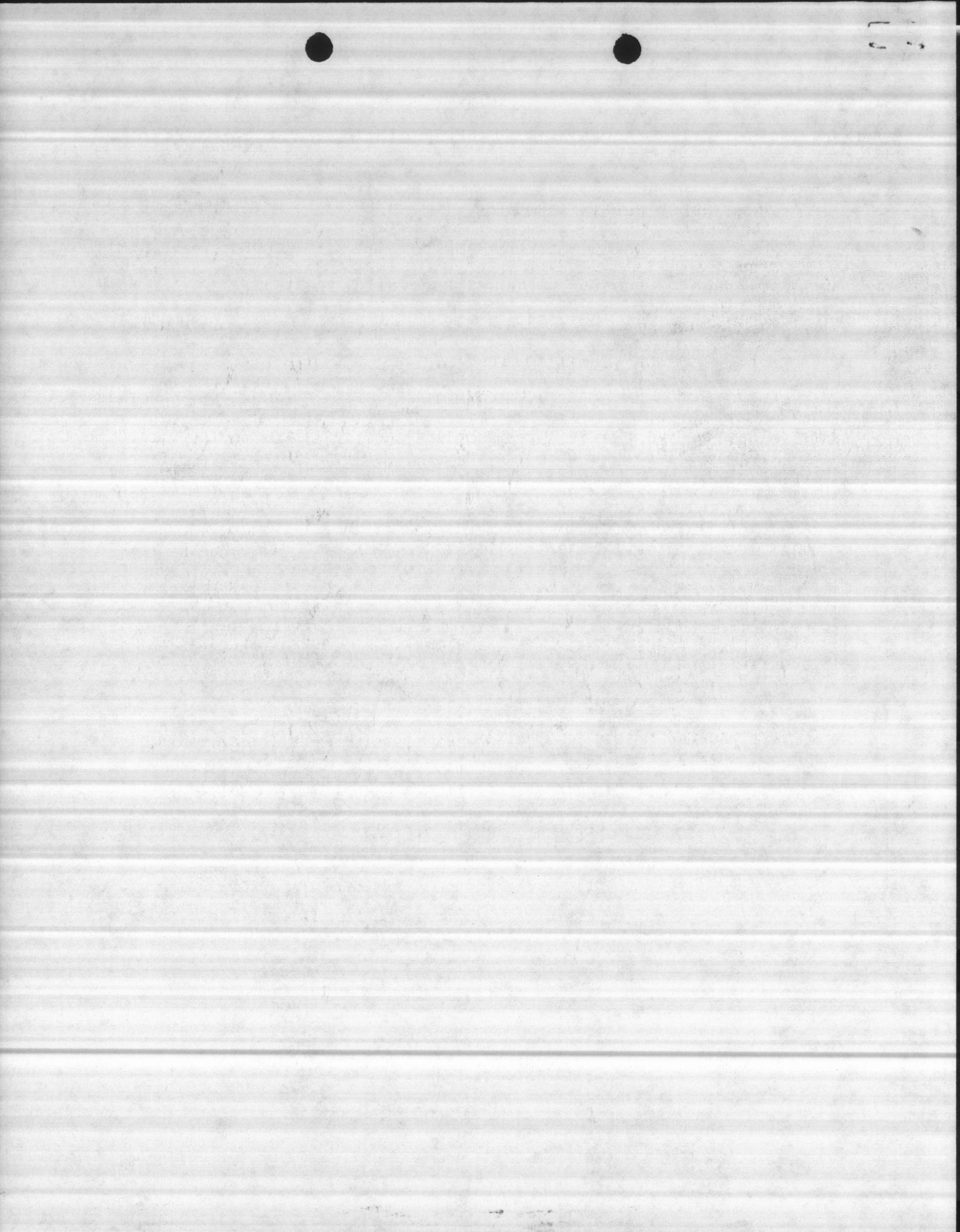
VIOLATIONS OF NPDES LIMITS

I. Present NPDES Permit Limits:

<u>PLANT</u>	<u>DATE</u>	<u>PARAMETER</u>	<u>VALUE</u>	<u>LIMIT</u>
Tarawa Terrace	Dec 86	BOD % Removal	83%	85%

II. Proposed NPDES Permit Limits:

<u>PLANT</u>	<u>DATE</u>	<u>PARAMETER</u>	<u>VALUE</u>	<u>LIMIT</u>
Camp Geiger	1-6 Dec 86	Ammonia	9.6 mg/L	4.0 mg/L
"	7-13 Dec 86	"	10.1 mg/L	"
"	14-20 Dec 86	"	9.6 mg/L	"
"	December 86	"	9.7 mg/L	3.0 mg/L



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 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 () Util

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EFFLUENT

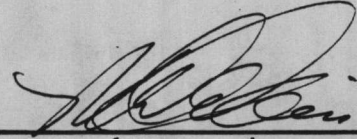
NPDES PERMIT NO: NC0003239 **DISCHARGE NO:** 014 **MONTH:** December **YEAR:** 1986
FACILITY NAME: Onslow Beach Water Treatment Plant **CLASS:** NA **COUNTY:** Onslow
OPERATOR IN RESPONSIBLE CHARGE (ORC): Mack D. Davis **GRADE:** IV
CERTIFIED LABORATORY: Water Quality Control Laboratory

CHECK BLOCK IF ORC HAS CHANGED

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

PERSON(S) COLLECTING SAMPLES: WTP Operators

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



X Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050	00010	00403	00545	50060	00310	00340	00610	00500	00530	31616	00300	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
			FLOW	TEMPERATURE	pH	SETTLABLE MATTER	RESIDUAL CHLORINE	BOD ₅ 20°C	COD	AMMONIA NITROGEN	TOTAL RESIDUE	TOTAL SUSPENDED RESIDUE	FECAL COLIFORM	Geometric Mean				
			EFF <input type="checkbox"/>	CELSIUS														
			DAILY RATE	UNIT	ML/L	MG/L	MG/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						
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28																		
29																		
30					7.9							0.8						
31																		
Average												2.8						
Max.												4.8						
Min.												0.8						
Comp.(C)/Grab(G)						G						C						
Monthly Limit						6-9						30						

Facility Status: (Please check one of the following)

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

(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:

Richard J. Woots
 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

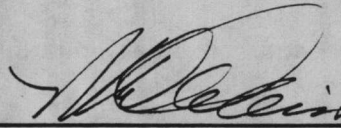
NPDES PERMIT NO: NC0003239 **DISCHARGE NO:** 007 **MONTH:** December **YEAR:** 1986
FACILITY NAME: Onslow Beach STP **CLASS:** II **COUNTY:** Onslow
OPERATOR IN RESPONSIBLE CHARGE (ORC): Mack D. Davis **GRADE:** IV
CERTIFIED LABORATORY: Water Quality Control Laboratory

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
 NC Department of NRCD
 PO Box 27687
 Raleigh, North Carolina 27611

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



X Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050	00010	00403	00545	50060	00310	00340	00610	00500	00530	31616	00300	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW		
			FLOW	TEMPERATURE	pH	SETTLABLE MATTER	RESIDUAL CHLORINE	BOD5 20°C	COD	AMMONIA NITROGEN	TOTAL RESIDUE	TOTAL SUSPENDED RESIDUE	FECAL COLIFORM Geometric Mean	DISSOLVED OXYGEN			
			EFF <input type="checkbox"/>	INF <input type="checkbox"/>											CELSIUS	MG/L	MG/L
			DAILY RATE	°C	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	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		

Facility Status: (Please check one of the following)

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



(Compliant)

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



(Noncompliant)

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

(Attach additional sheets if necessary)

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

Julian 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.

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

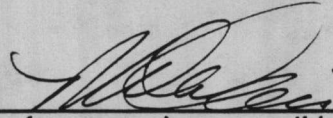
PERSON(S) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED

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

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

X



Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050	00010	00403	00545	50060	00310	00340	00610	00500	00530	31676	00300	31504	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW		
			FLOW EFF <input checked="" type="checkbox"/>	TEMPERATURE	pH	SETTLABLE MATTER	RESIDUAL CHLORINE	BOD5 20°C	COD	AMMONIA NITROGEN	TOTAL RESIDUE	TOTAL SUSPENDED RESIDUE	FECAL COLIFORM Geometric Mean	DISSOLVED OXYGEN	TOTAL COLIFORM Geometric Mean			
		DAILY RATE	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	/100 ML			
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			

Facility Status: (Please check one of the following)

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

(Compliant)

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

(Noncompliant)

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

(Attach additional sheets if necessary)

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

Juan 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.

EFFLUENT

NC0003239

005

December

1986

NPDES PERMIT NO: _____ DISCHARGE NO: _____ MONTH: _____ YEAR: _____

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
 NC Department of NRCD
 PO Box 27687
 Raleigh, North Carolina 27611

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

X



Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050	00010	00409	00545	50060	00310	00340	00610	00500	00530	316'6	00300	31504	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW		
			FLOW EFF <input checked="" type="checkbox"/>	INF <input type="checkbox"/>	DAILY RATE	TEMPERATURE CELSIUS	PH	SETTLABLE MATTER	RESIDUAL CHLORINE	BOD5 20°C	COD	AMMONIA NITROGEN	TOTAL RESIDUE	TOTAL SUSPENDED RESIDUE	FECAL COLIFORM Geometric Mean	DISSOLVED OXYGEN	TOTAL COLIFORM & GEOMETRIC MEAN	
HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	/100 ML			
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				1.097		
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		

Facility Status: (Please check one of the following)

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

(Compliant)

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

(Noncompliant)

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

(Attach additional sheets if necessary)

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

Juhair M. Wasth
 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
 NC Department of NRCD
 PO Box 27687
 Raleigh, North Carolina 27611

PERSON(s) COLLECTING SAMPLES: STP Operators

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

X

Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050	00010	00400	00545	50060	00310	00340	00610	00500	00530	31616	00300	31504	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW.		
			FLOW EFF <input checked="" type="checkbox"/>	INF <input type="checkbox"/>	DAILY RATE	TEMPERATURE CELSIUS	pH	SETTLABLE MATTER	RESIDUAL CHLORINE	BOD5 20°C	COD	AMMONIA NITROGEN	TOTAL RESIDUE	TOTAL SUSPENDED RESIDUE	FECAL COLIFORM Geometric Mean	DISSOLVED OXYGEN	TOTAL COLIFORM & GEOMETRIC MEAN	
HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	/100 ML			
1	00	21	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			

Facility Status: (Please check one of the following)

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

(Compliant)

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

(Noncompliant)

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

(Attach additional sheets if necessary)

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

Julian 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.

EFFLUENT

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

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

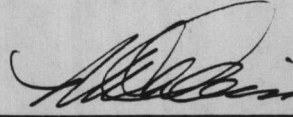
OPERATOR IN RESPONSIBLE CHARGE (ORC): Mack D. Davis GRADE: IV

CERTIFIED LABORATORY: Water Quality Control Laboratory

CHECK BLOCK IF ORC HAS CHANGED PERSON(S) COLLECTING SAMPLES: STP Operators

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

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



X Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050	00010	00409	00545	50060	00310	00340	00610	00500	00530	31616	00300	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
			FLOW	TEMPERATURE	pH	SETTLABLE MATTER	RESIDUAL CHLORINE	BOD5 20°C	COD	AMMONIA NITROGEN	TOTAL RESIDUE	TOTAL SUSPENDED RESIDUE	FECAL COLIFORM Geometric Mean	DISSOLVED OXYGEN				
			EFF <input checked="" type="checkbox"/>	CELSIUS											INF <input type="checkbox"/>	DAILY RATE		
HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L				
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

(Compliant)

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

(Noncompliant)

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

(Attach additional sheets if necessary)

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

John 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.

NC0003239

EFFLUENT

December 1986

NPDES PERMIT NO: _____ DISCHARGE NO: _____ MONTH: _____ YEAR: _____

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

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

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
 NC Department of NRC
 PO Box 27687
 Raleigh, North Carolina 27611

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

X



Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 00010 00409 00545 50060 00310 00340 00610 00500 00530 31616 00300											ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW				
			FLOW	TEMPERATURE CELSIUS	pH	SETTLABLE MATTER	RESIDUAL CHLORINE	BOD5 20°C	COD	AMMONIA NITROGEN	TOTAL RESIDUE	TOTAL SUSPENDED RESIDUE	FECAL COLIFORM Geometric Mean	DISSOLVED OXYGEN				
			EFF <input checked="" type="checkbox"/>												INF <input type="checkbox"/>	DAILY RATE	DAILY RATE	DAILY RATE
HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L					
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			8907					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					

Facility Status: (Please check one of the following)

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

(Compliant)

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

(Noncompliant)

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

(Attach additional sheets if necessary)

See Cover letter for comments

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

Julia 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.

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

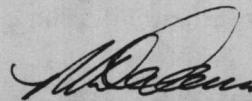
PERSON(s) COLLECTING SAMPLES: STP Operators

CHECK BLOCK IF ORC HAS CHANGED

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

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

X



Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050	00010	00400	00545	50060	00310	00340	00610	00500	00530	31616	00300	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW		
			FLOW EFF INF	TEMPERATURE CELSIUS	pH	SETTLABLE MATTER	RESIDUAL CHLORINE	BOD5 20°C	COD	AMMONIA NITROGEN	TOTAL RESIDUE	TOTAL SUSPENDED RESIDUE	FECAL COLIFORM Geometric Mean	DISSOLVED OXYGEN			
			DAILY RATE														
			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)/ Grnb(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

(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.

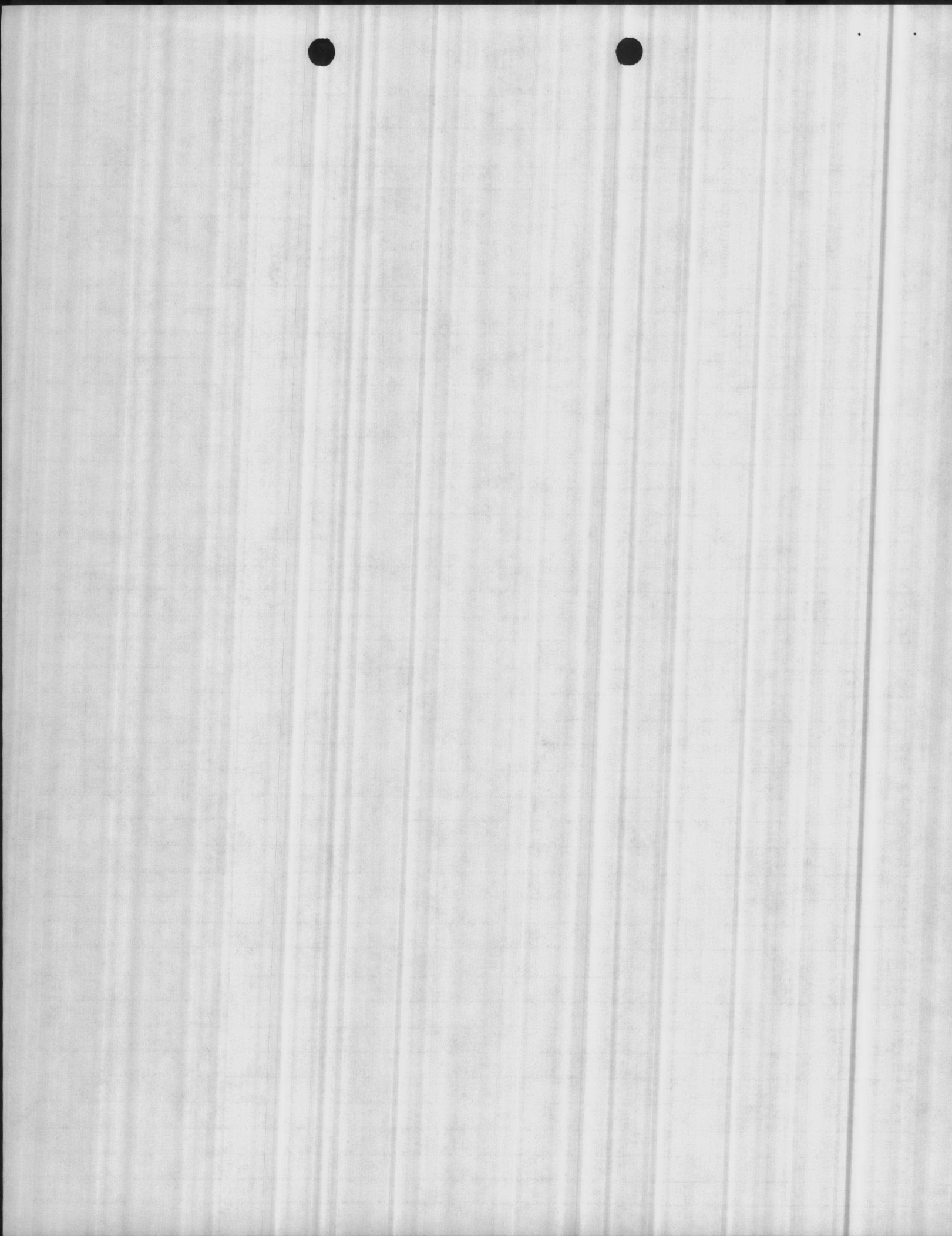
If using alternate units for reporting data, please designate.

Influent

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

FACILITY NAME: Camp Geiger STP COUNTY: Onslow

			00400	00010	00545	00310	00610	00500	00530	00340	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD ₅ 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD							
		HRS	STD UNITS	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1	00	24				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						

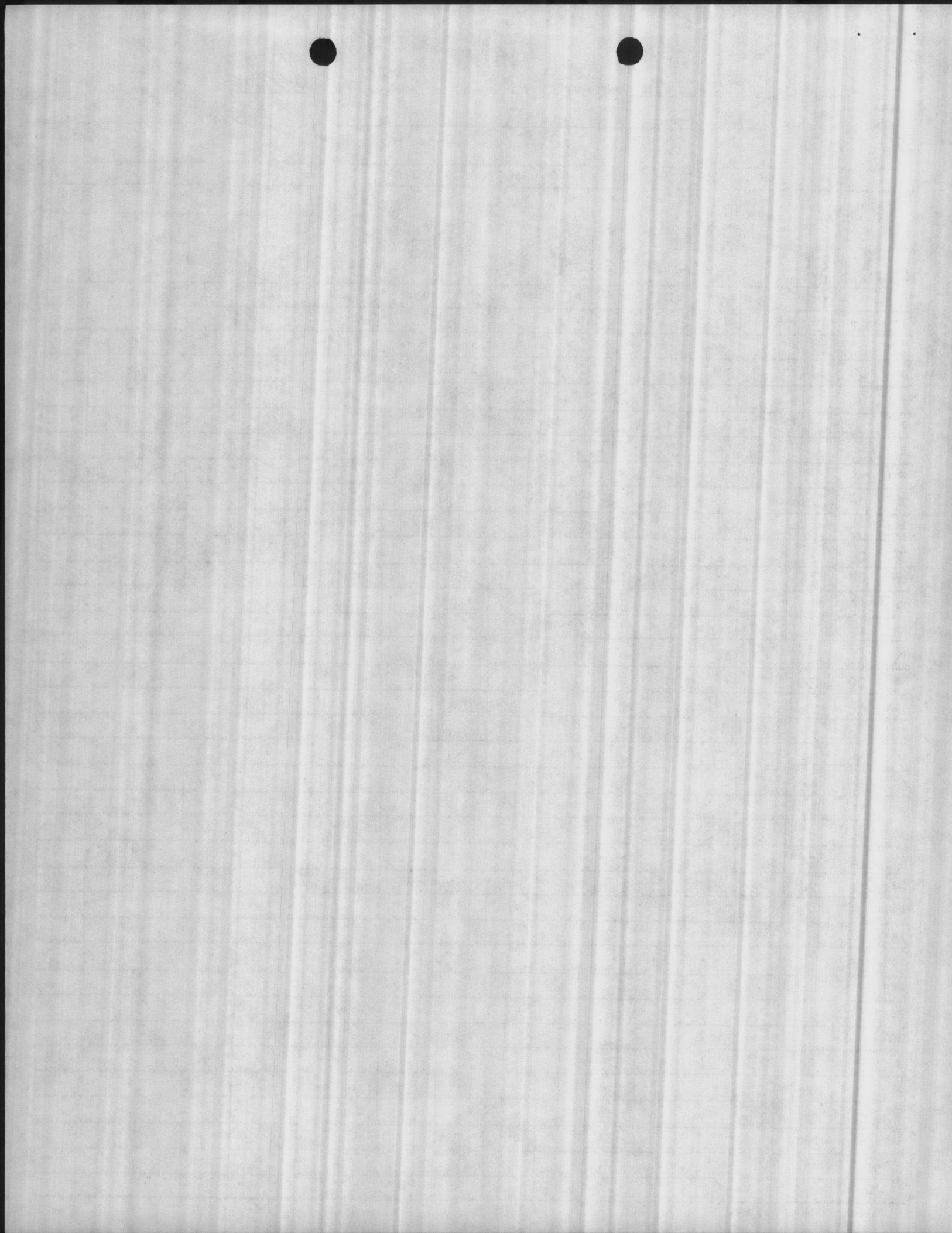


Influent

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	MI/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							
MONTHLY MAXIMUM									220							
MONTHLY MINIMUM									120							
SAMPLE TYPE C or G									C							



Influent

 NPDES NO: NC0003239

 DISCHARGE NO: 003

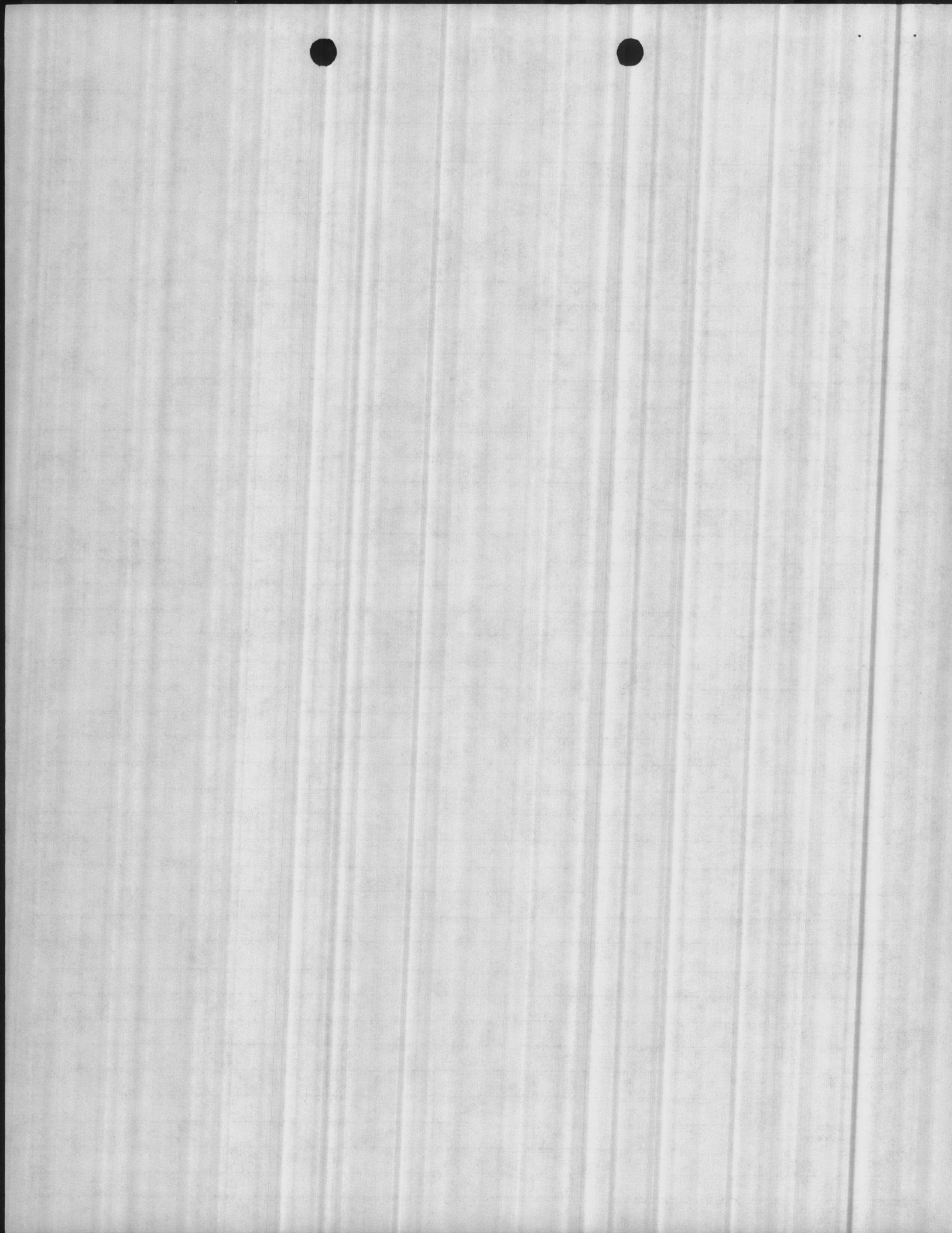
 MONTH: December

 YEAR: 1986

 FACILITY NAME: Montford Point (Camp Johnson) STP

 COUNTY: Onslow

		00400	00010	00545	00310	00610	00500	00530	00340	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW				
Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD ₅ 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD				
		HRS	STD UNITS	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L				
1														
2	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					

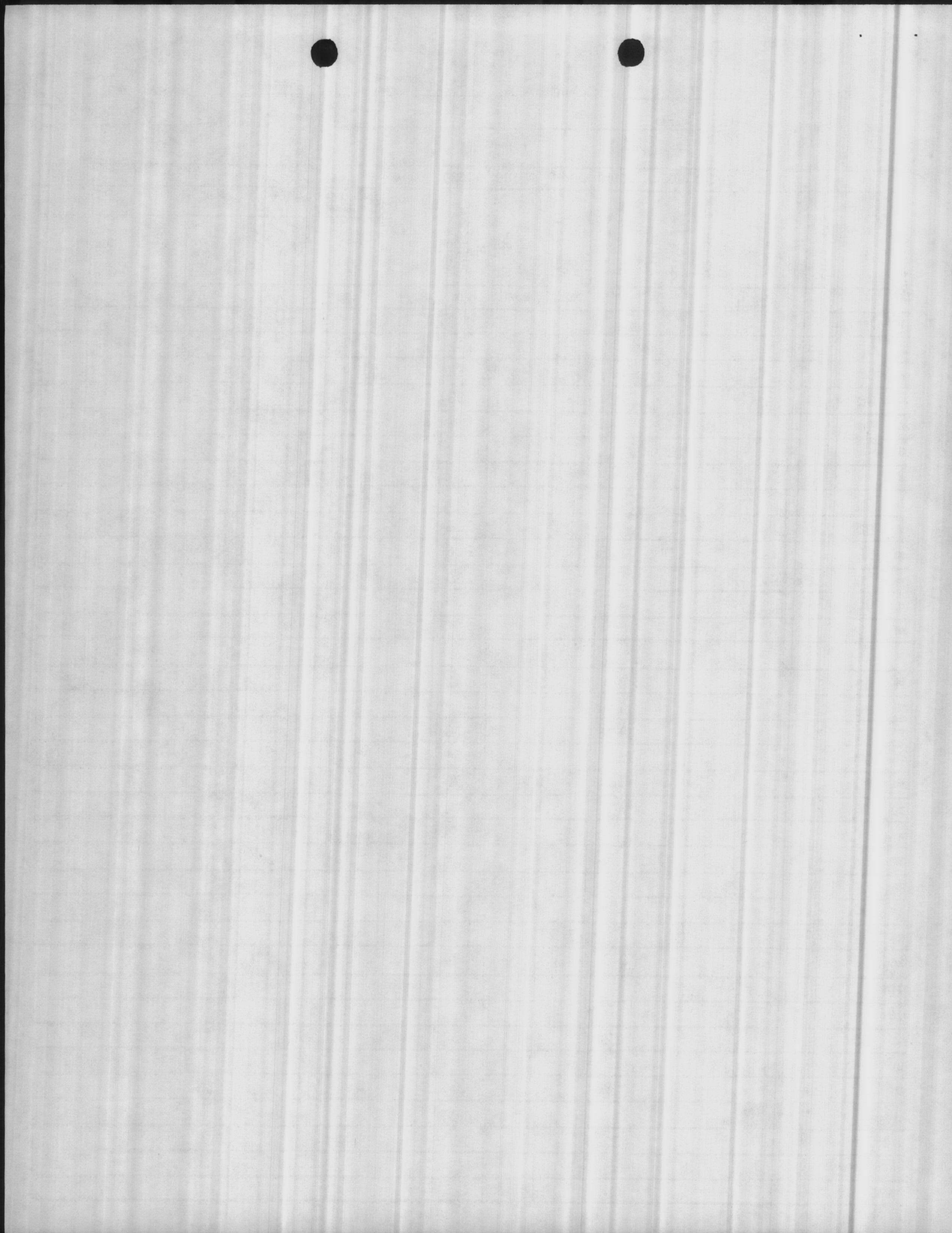


Influent

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

FACILITY NAME: Hadnot Point STP COUNTY: Onslow

			00400	00010	00545	00310	00610	00500	00530	00340	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD ₅ 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD							
		HRS	STD UNITS	°C	MI/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								
MONTHLY MAXIMUM									200								
MONTHLY MINIMUM									92								
SAMPLE TYPE C or G									C								

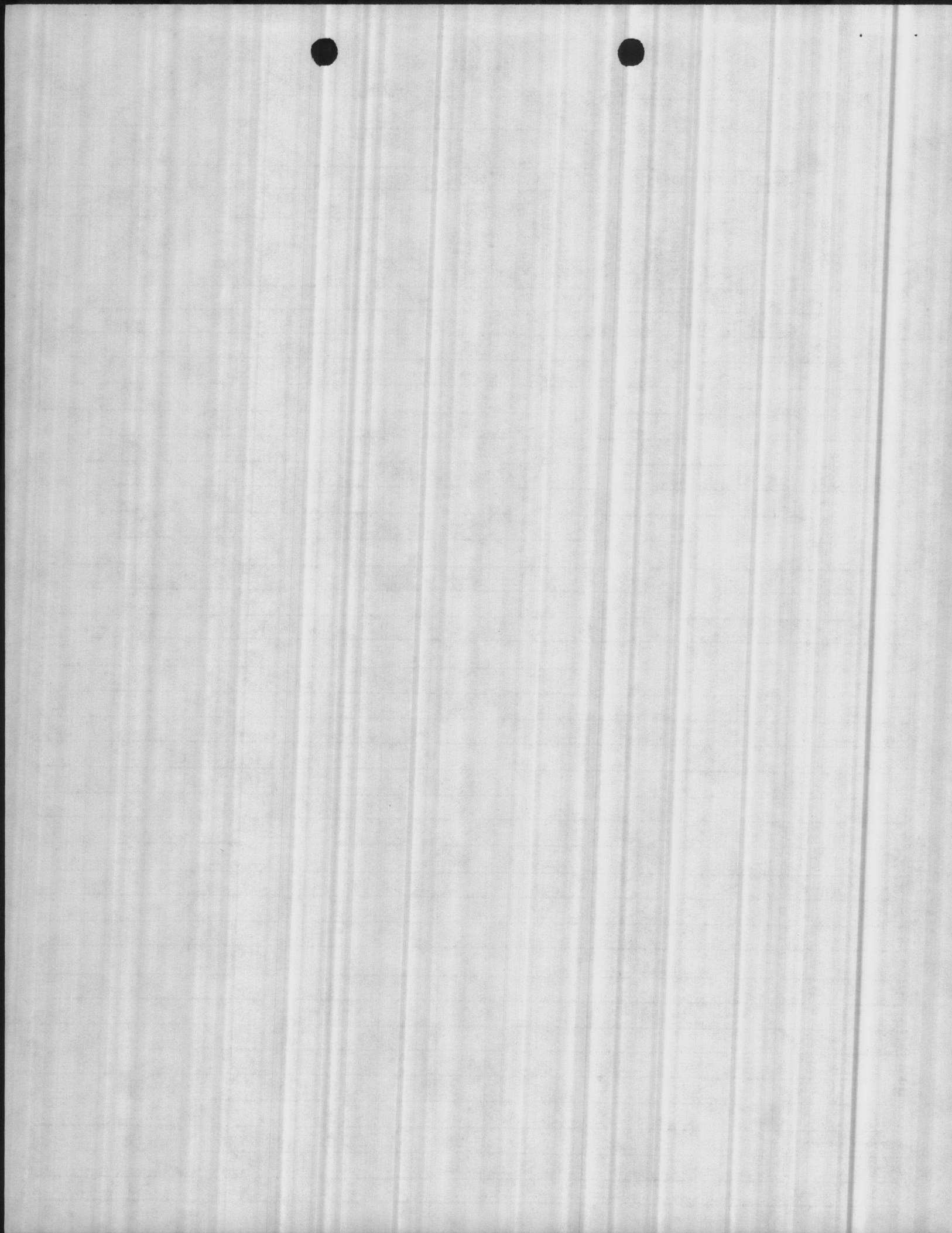


Influent

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

FACILITY NAME: Rifle Range STP COUNTY: Onslow

		00400	00010	00545	00310	00610	00500	00530	00340	ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW					
Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD ₅ 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD					
		HRS	STD UNITS	°C	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L					
1															
2	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						

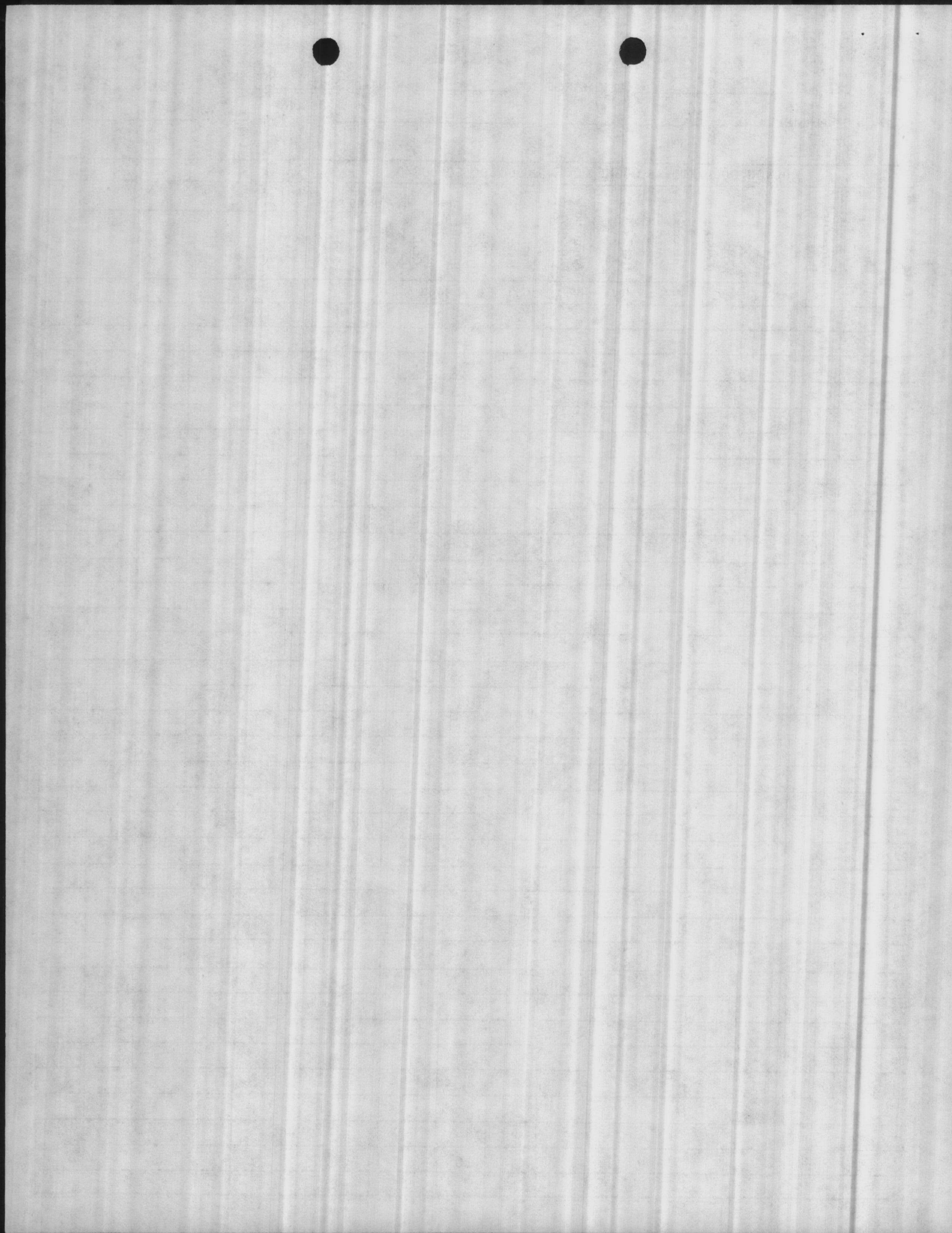


Influent

NPDES NO: NC0003239 DISCHARGE NO: 006 MONTH: December 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	MI/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					



Influent

 NPDES NO: NC0003239

 DISCHARGE NO: 007

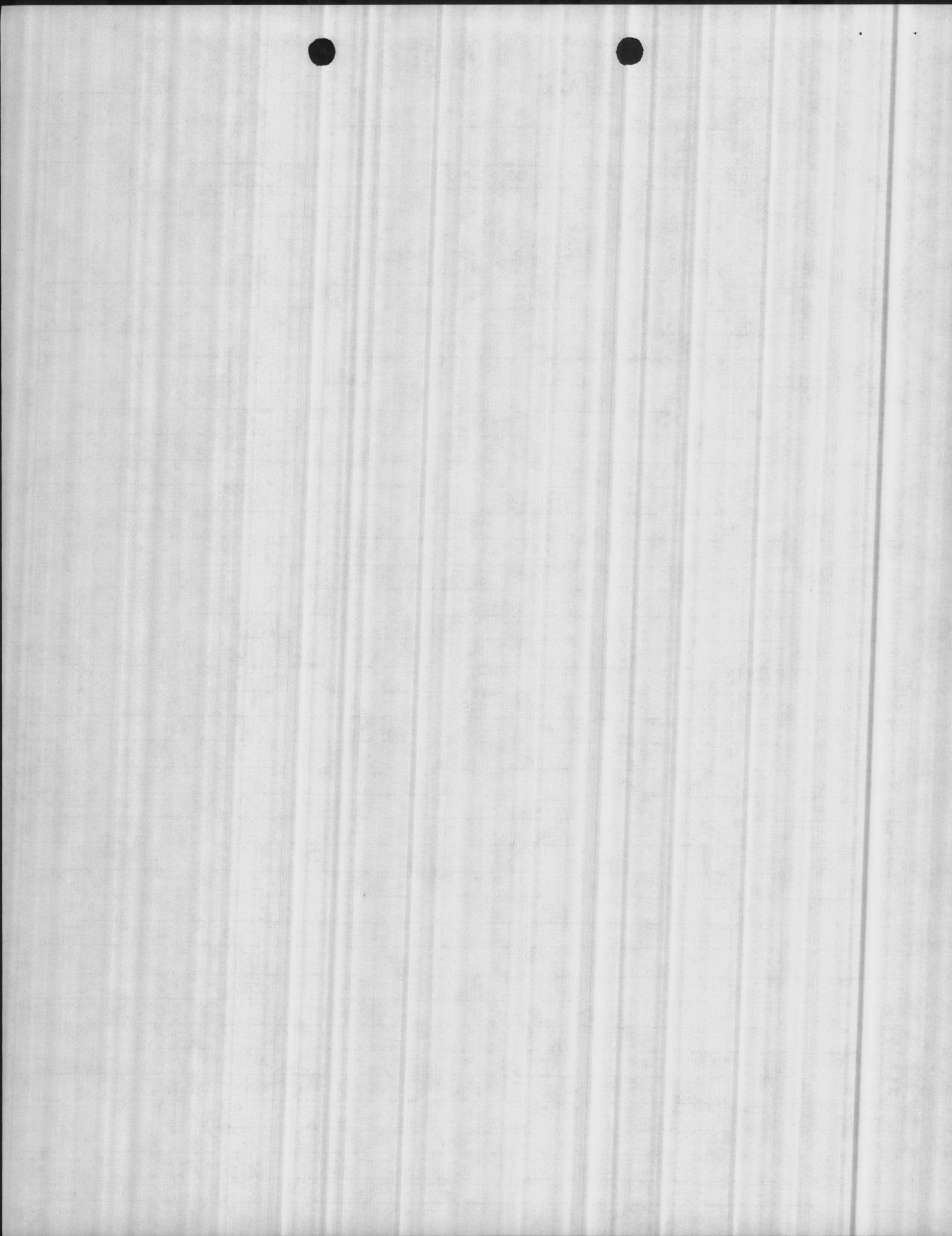
 MONTH: December

 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	PH	Temperature (Celsius)	Settleable Matter	BOD ₅ 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD					
	Composite Time									STD UNITS	°C	MI/L	MG/L	MG/L
	HRS													
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						



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

FACILITY NAME: Camp Geiger STP COUNTY: Onslow
 STREAM: New River STREAM: New River

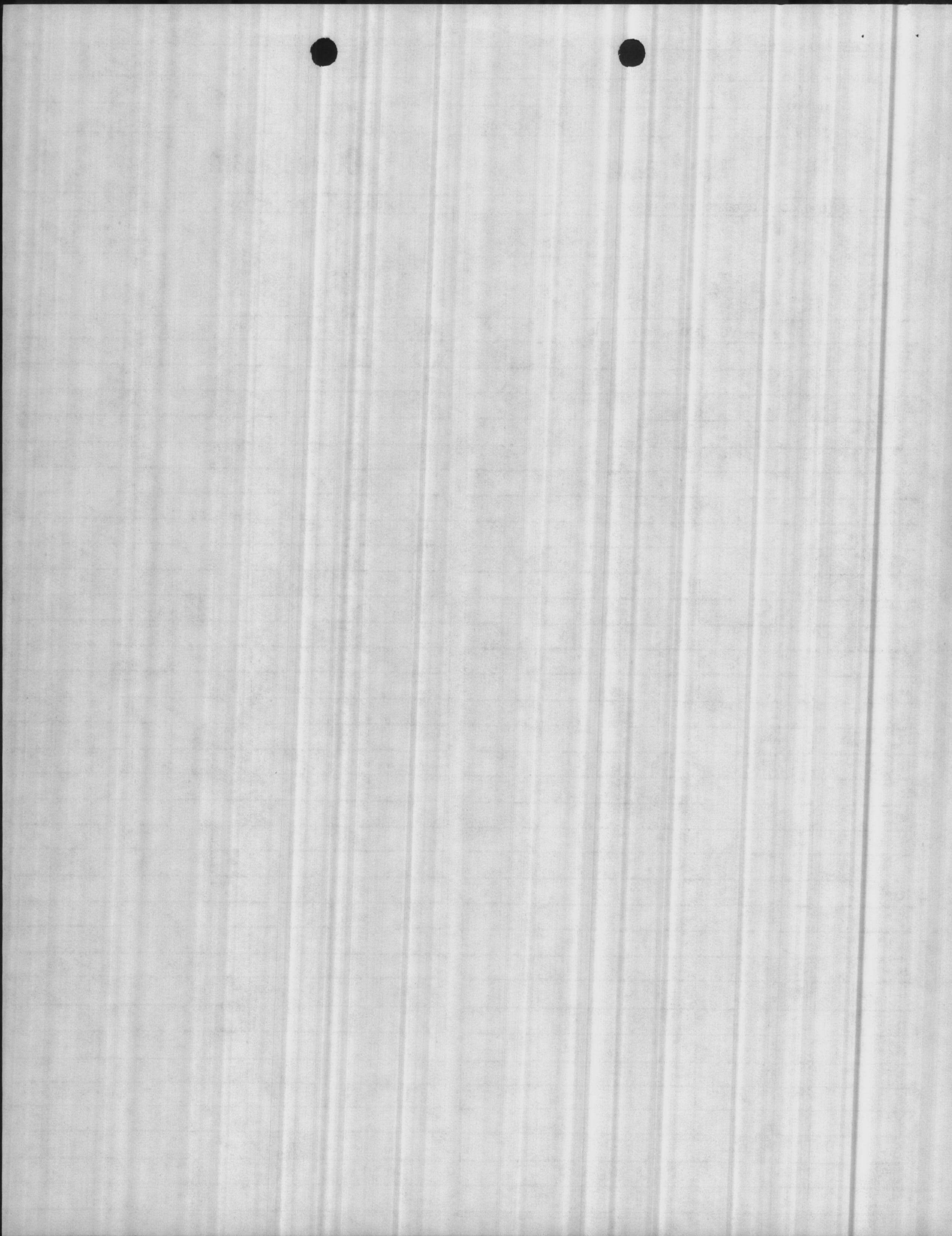
LOCATION: RW01 - At Hughes Marins LOCATION: RWC4 - Hospital Point

Upstream

Downstream

Date	00010003000040000310003403161606556									
	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below		
								ML	g	g/l
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100ml	ML			
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		7.4	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			

Date	00010003000040000310003403161606556									
	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below		
								ML	g	g/l
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100ml	ML			
1										
2										
3										
4										
5										
6										
7										
8										
9										
10	09	10	7.9	7.4	1.6	420	0.6			
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										
Average	10	7.9		7.4	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			



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

FACILITY NAME: Tarawa Terrace STP COUNTY: Onslow

STREAM: Northeast Creek STREAM: Northeast Creek

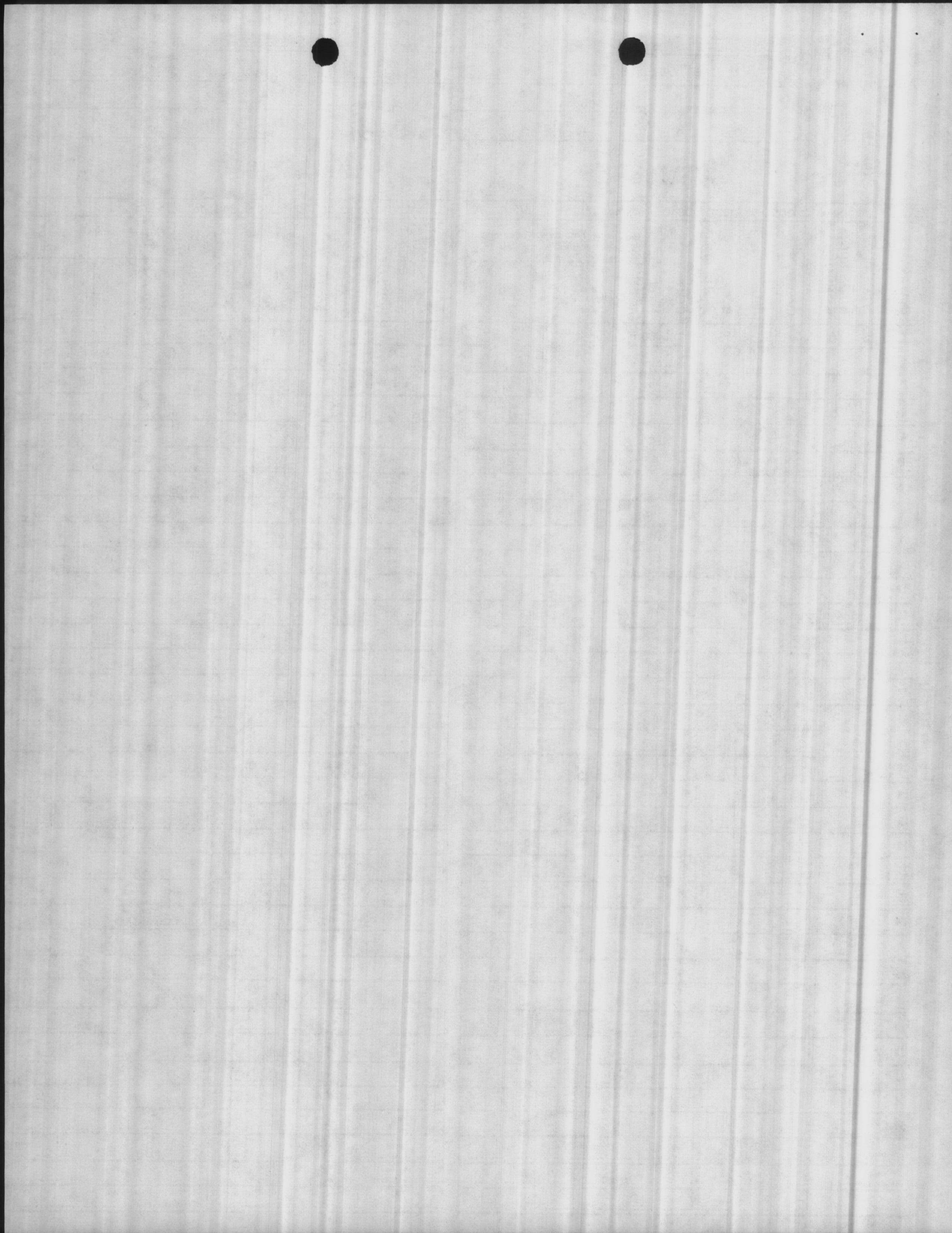
LOCATION: RW02 - At Hwy 24 Bridge LOCATION: RW03 - Between discharge 002&003

Upstream

Downstream

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	
								0118	0119
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		

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	
								0118	0119
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		7.1	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	



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

FACILITY NAME: Montford Point STP (Camp Johnson) COUNTY: Onslow
Northeast Creek New River

STREAM: _____ STREAM: _____

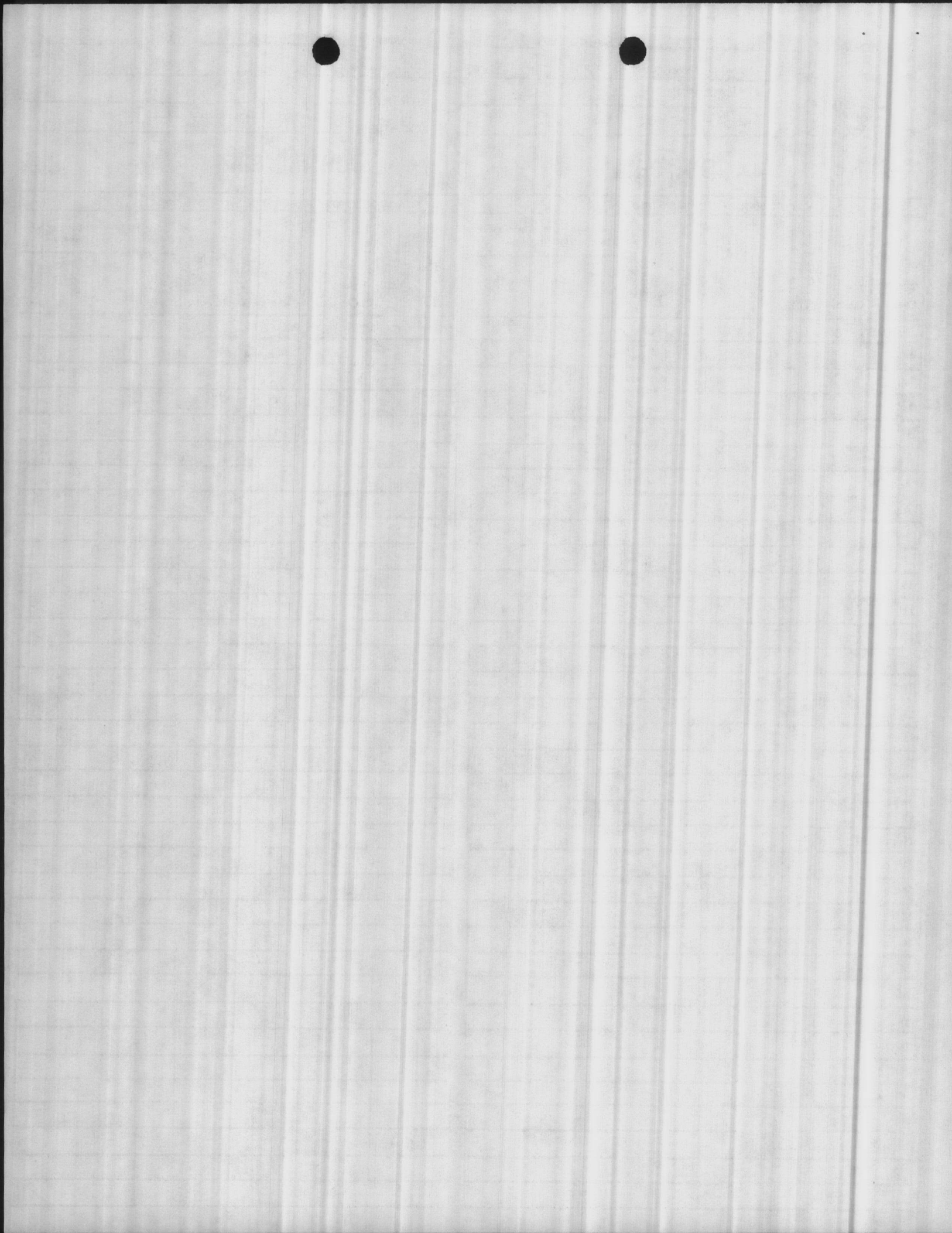
LOCATION: RW03 - Between discharge 002 & 003 LOCATION: RW04 - Hospital Point

Upstream

Downstream

Date	000100		003000		004000		003100		003400		31616		00554					
	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below										
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100ml	Oil ↓	Grease ↓									
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	27.1		13		80	1.7										
Monthly Minimum	12	15.2	7.1		13		80	1.7										

Date	000100		003000		004000		003100		003400		31616		00554					
	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below										
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100ml	Oil ↓	Grease ↓									
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	38.3		5.9		48	0.2										
Monthly Minimum	9	14.3	8.3		5.9		48	0.2										



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

FACILITY NAME: Hadnot Point SIP COUNTY: Onslow

STREAM: New River STREAM: New River

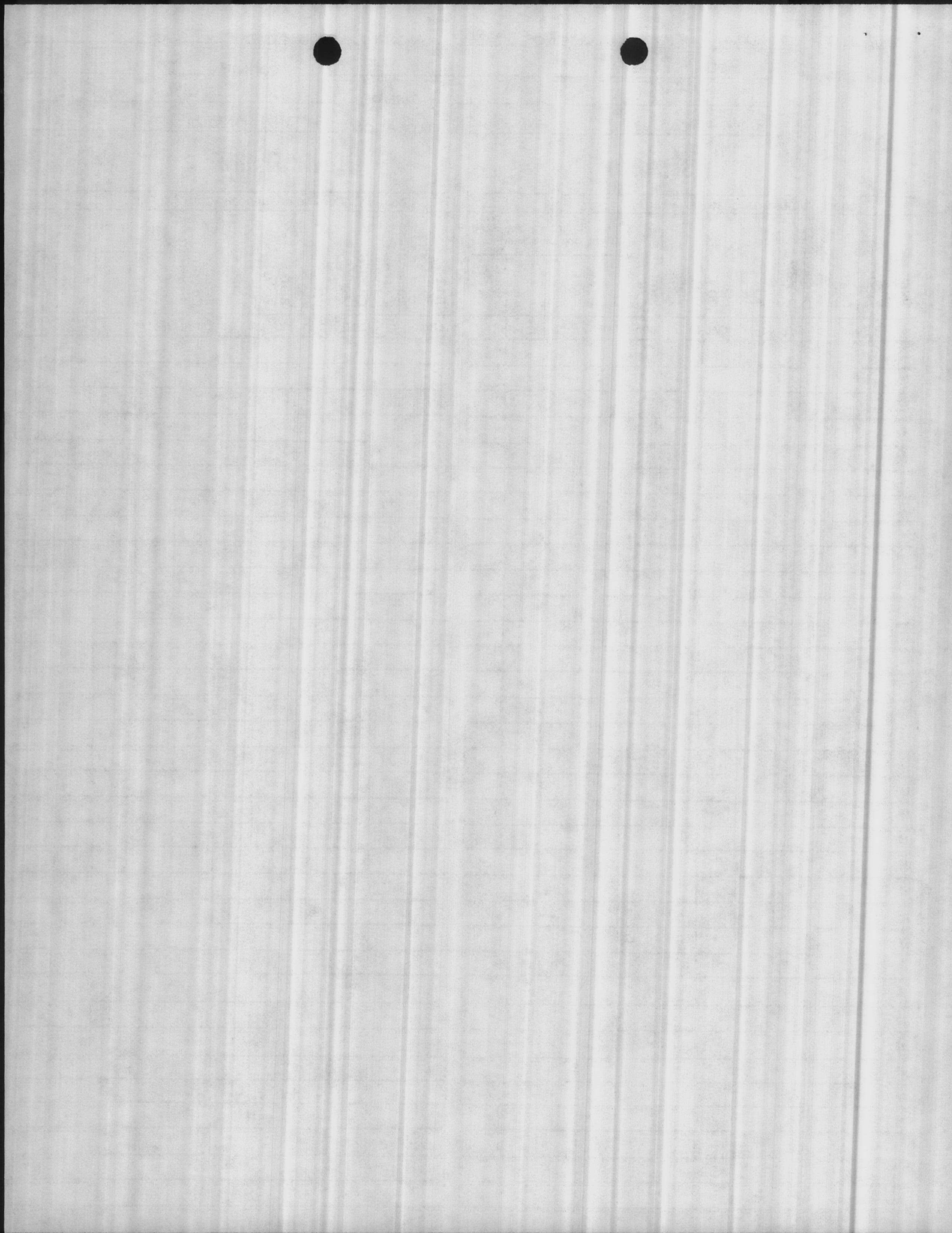
LOCATION: RW04 - Hospital Point LOCATION: RW05 - Marker 35

Upstream

Downstream

Date	Time 2400 Clock	00010	00300	00400	00310	00340	31616	00536	Enter Parameter Code above Name and Units Below			
		Temperature (Celsius)	Dissolved Oxygen	PH	BOD5 20°C	COD	Fecal Coliform *Geometric Mean					
		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		8.3	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				

Date	Time 2400 Clock	00010	00300	00400	00310	00340	31616	00536	Enter Parameter Code above Name and Units Below			
		Temperature (Celsius)	Dissolved Oxygen	PH	BOD5 20°C	COD	Fecal Coliform *Geometric Mean					
		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		8.2	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				



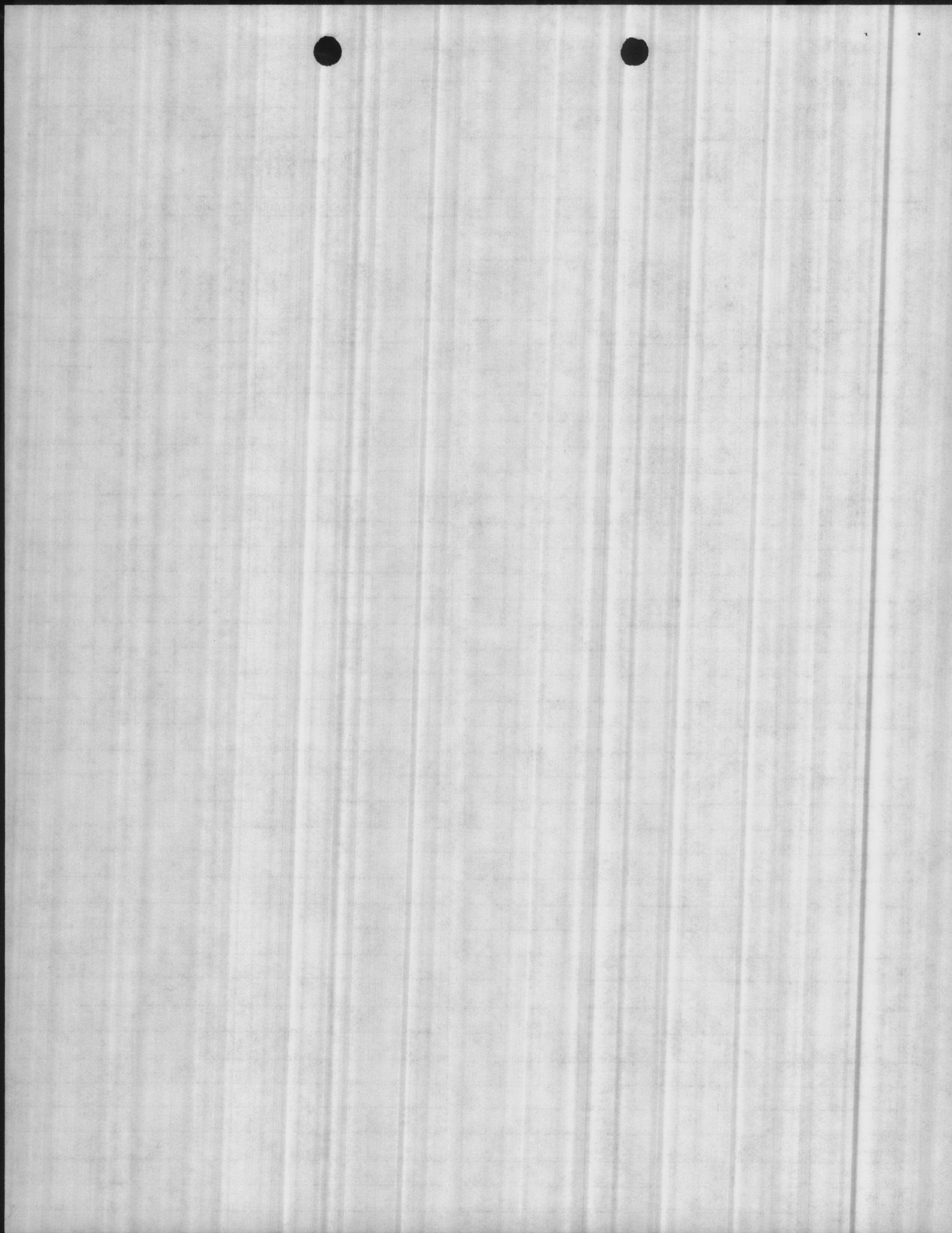
NPDES NO: NC0003239 CHARGE NO: 005 MONTH: December YEAR: 1986
Rifle Range STP COUNTY: Onslow
 FACILITY NAME: _____
 STREAM: New River STREAM: New River
 LOCATION: RW05 - Marker #35 LOCATION: RW06 - Sneads Ferry Bridge

Upstream

Downstream

Date	00010003000040000310003403161600556									
	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below		
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	OIL	GREASE	
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	10	12.3	8.2	3.8		16	1.4		
Monthly Maximum	10	10	12.3	8.2	3.8		16	1.4		
Monthly Minimum	10	10	12.3	8.2	3.8		16	1.4		

Date	00010003000040000310003403161600556									
	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below		
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	OIL	GREASE	
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	9.9	8.1	2		0	1.1		
Monthly Maximum	11	9.9	9.9	8.1	2		0	1.1		
Monthly Minimum	11	9.9	9.9	8.1	2		0	1.1		



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

FACILITY NAME: Courthouse Bay STP COUNTY: Onslow

STREAM: New River STREAM: New River

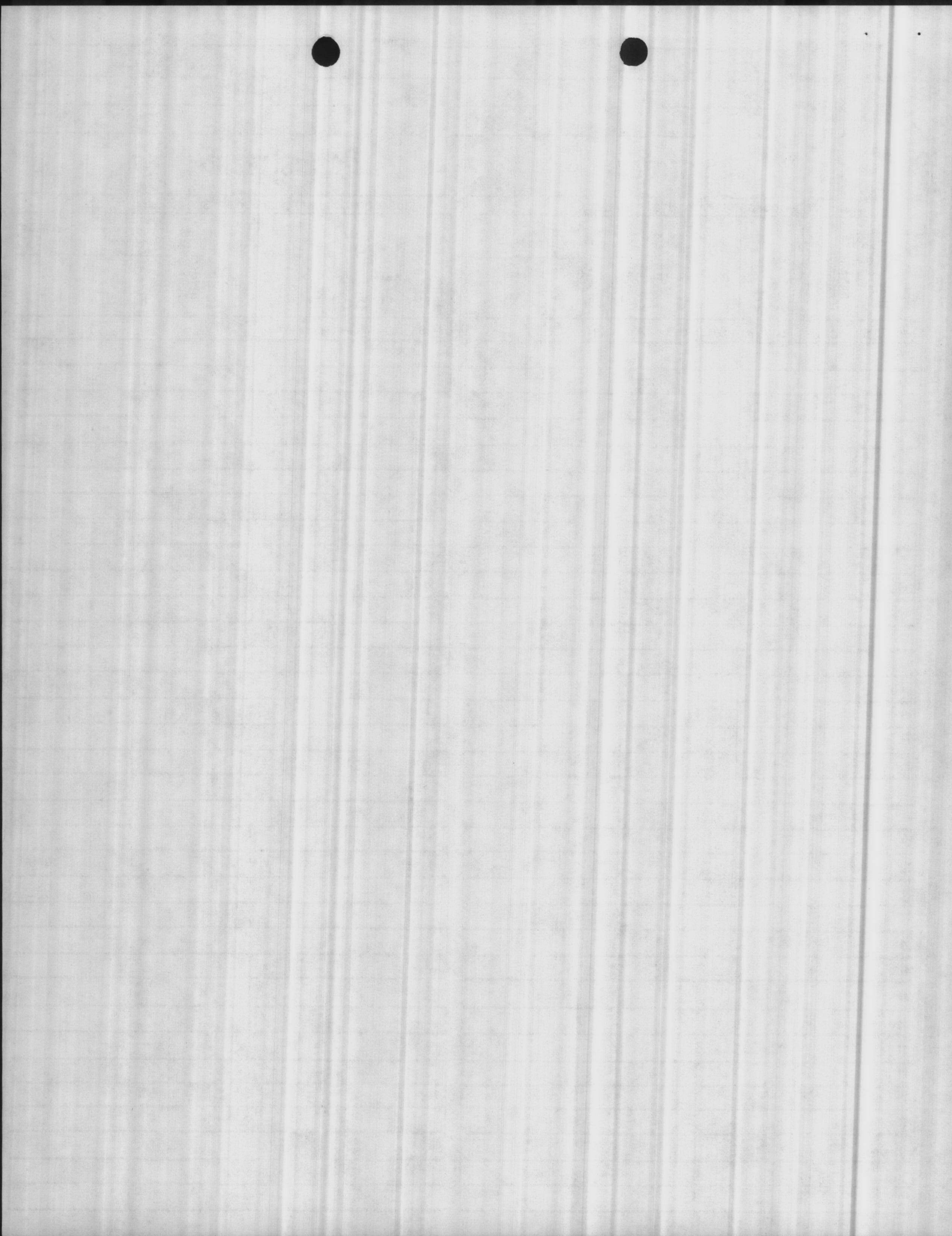
LOCATION: RW06 - Sneads Ferry Bridge LOCATION: RW07 - Mouth of Inlet

Upstream

Downstream

Date	000100 00300 00400 00310 00340 31616 00554									
	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD5 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										
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		

Date	000100 00300 00400 00310 00340 31616 00554									
	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD5 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										
9										
10										
11										
12										
13										
14										
15										
16										
17	10	13	8.6	8.0	0.8		8	3.8		
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										
Average	13	8.6			0.8		8	3.8		
Monthly Maximum	13	8.6	8.0	0.8			8	3.8		
Monthly Minimum	13	8.6	8.0	0.8			8	3.8		



NPDES NO: NR0003239 DISCHARGE NO: 007 MONTH: December YEAR: 1986

FACILITY NAME: Onslow Beach STP COUNTY: Onslow

STREAM: Intracoastal Waterway STREAM: Intracoastal Waterway

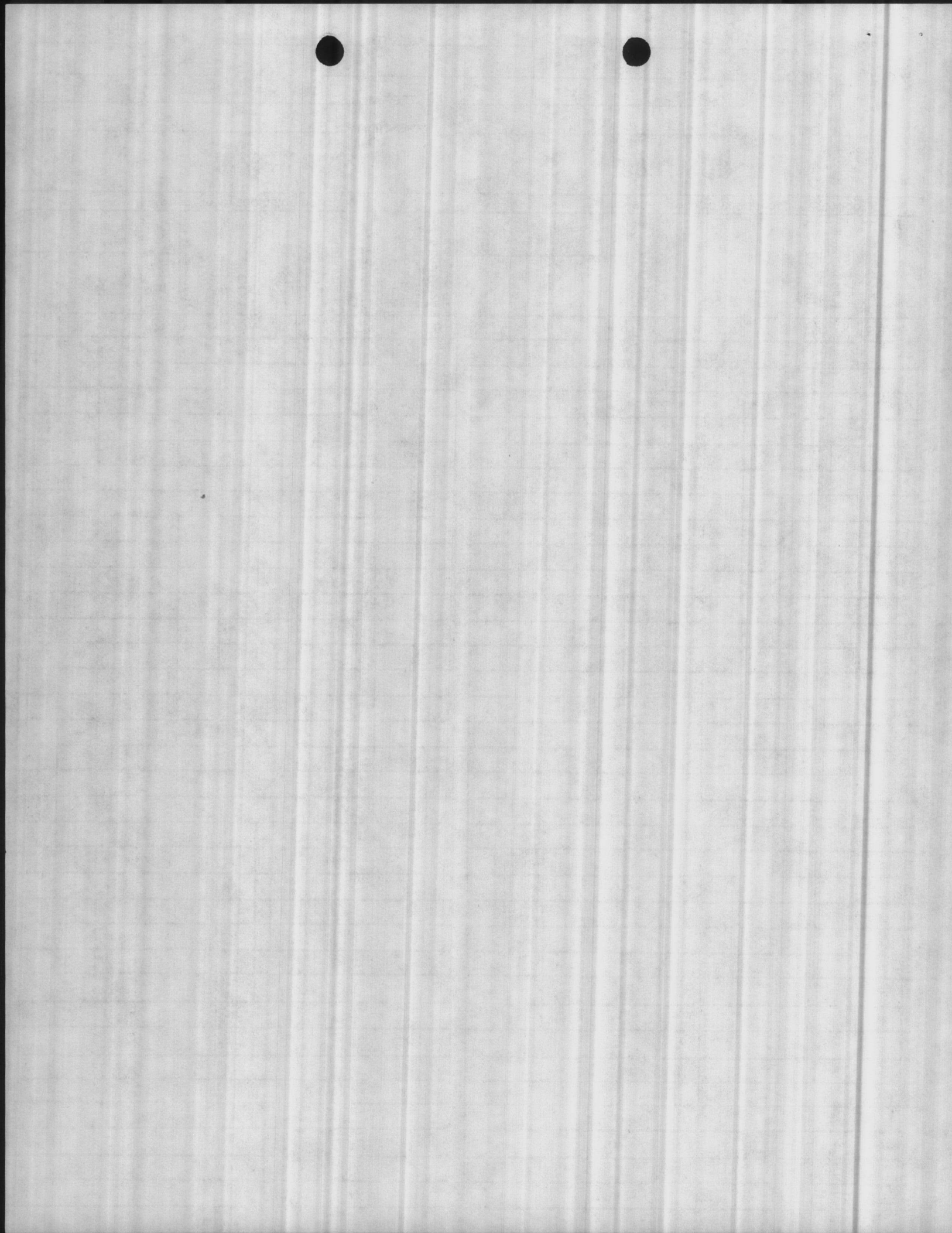
LOCATION: RW08 - East of Discharge 007 LOCATION: RW09 - West of Discharge 007

Upstream

Downstream

Date	Time 2400 Clock	00010	00300	00400	00310	00340	31616	00535		Enter Parameter Code above Name and Units Below	
		Temperature (Celsius)	Dissolved Oxygen	PH	BOD5 20°C	COD	Fecal Coliform *Geometric Mean	OIL #	GREASE		
		HRS °C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
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				

Date	Time 2400 Clock	00010	00300	00400	00310	00340	31616	00535		Enter Parameter Code above Name and Units Below	
		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											
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14											
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17	11 12	9.1	8.0	1.3			4	3.5			
18											
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20											
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22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average	12	9.1		1.3			4	3.5			
Monthly Maximum	12	9.1	8.0	1.3			4	3.5			
Monthly Minimum	12	9.1	8.0	1.3			4	3.5			



STORM DRAINS

 NPDES NO: NC0003239

 MONTH: December

 YEAR: 1986

 LOCATION: Marine Corps Base, Camp Lejeune, NC

 COUNTY: Onslow

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

<u>PARAMETER</u>	<u>UNITS</u>	<u>LIMITS</u>
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

<u>STORM DRAIN NUMBER</u>	<u>DATE COLLECTED</u>	<u>FLOW 50050</u>	<u>pH 00400</u>	<u>TOTAL SUSPENDED RESIDUE 00530</u>	<u>OIL & GREASE 00556</u>
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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.

