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 May 1987 are submitted.

The Hadnot Point Wastewater Treatment Plant did not meet the weekly minimum average for Dissolved Oxygen of 5.0 mg/l. The weekly average for 1-6 June 1987 was 4.0 mg/1. The return filter effluent pumps to the trickling filters were determined to have a reduced capacity. A new pump was placed in operation on 9 June 1987 and the plant met the monthly minimum average for dissolved oxygen.

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 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

Writer Typist Bot Juliocki
Date Typed 21 Jul 87
Word Processor Number 6288-L

MYAZ MARKA

The set of the second the state of

The second secon and the control of th BOACHE MARKET PRINT

1. 型量的基本的基本。 -M4

The Maria State of the State of

Writer Train But 1 Ch. St. W. Die Typ 12 h Call ger and A - Y I Cal redge W. ters nor T trow .

4 6 *220

EFFLUENT

		LIILUI		1005
NPDES PERMIT NO:		DISCHARGE NO:		0 7
FACILITY NAME:	Hadnot Point	Sewage Treatment	PlantcLASS: IV COUNTY:	Onslow
OPERATOR IN RESPO	- 10 m		Mack D. Davis	GRADE:
			1 Mi mahi alam. I abarata	2017
CERTIFIED LABORATO	ORY: Fryiron	mental Chemistry	and Microbiology Iaborato	I.A

CHECK BLOCK IF ORC HAS CHANGED

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

PERSON(s) COLLECTING SAMPLES: STP Operators

I CERTIFY THAT THIS REPORT

IS ACCURATE AND COMPLETE TO

THE BEST OF MY KNOWLEDGE.

	Ralei	PO Box :		27611		1112 020	I UF MT KNU	Y		7/14			2/		\$1.5kg.		
	idici			Aller					Signat	ure of	oper	ator in fe	spons	ible c	harge		
		50050 FLOW	00010	00400	00545	50060	00310	00340	00610	00500	00530	31646	00300			ER CODE ABOV	VE
Š	TIME	EFF E						100				5		NAME	AND UNITS	BELOW	_
TIME 2400 CLOCK	ET	INF	TEMPERATURE Celsius		3							Mean		. 6	TOTAL NITROGON	118	
1 \$	COMPOSITE	INI L	RAT		SETTLEABLE MATTER	KK			AMMONIA	3	TOTAL SUSPENDED RESIDUE		DISSOLVED	SIL &	TOTA	TOTAL PHOS - PHOROS	
# F	MP	F	SE		SETTLEA	RESIDUAL	602		122	TOTAL Residue	A B B	FECAL COLIFORM Geometric	SOL	710	FZ	Paa	
TIME	00	DAILY	E E	표	SE	문동	B0D5 20°C	000	SE	TO RE		FECAL COLIF Geome	SEC			-	
	HRS	MGD	C.	TIMU	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MGIL	mail	mail	_
100	ЬЩ	4.6730	0-25	6.8		3.0	18		3.6		• 15	0	3.0				
-	51	4.6380	24	6.6	1000	4.0	27		5.5		15	70	4.6				
300	24	5.0720	23	6.9		3.0	27		5.7		13	2	3.4				
400	24	5.3810	24	6.8		3.0	28		4.3		17	0	4.0	2.0			
500	24	4.1470	24	6.6		3.0	24		4.2		19	0	4.4				
6	1	2 8520	211	68		4.0		1.00	1				4.7		14964	4,48	
700	1/1	4.0950	24	200 40 200 400		3.0							4.9				
800	14	4.3710	25	6.8		4.0	18		4.1		15	10	5.0		No.	5.1	
	14	4,4930	Name and Address of the Owner, where			3.0	25		6.0		12	0	4.8				
	-	4.5040		PASSESSES.		3.0	19		4.0		6	0	5.1				
		4.8360	26			4.0	17		5.1		13	0	5.5				-
12 00 2	44	4.5200	25	6.8		4.0	6		4.9		1/1	0	5.6			43 and 10	
	4	3.9320				4.0	D		7.				5.4				
	-	4.2750	24		1	4.0					12-14-1		5.5				
_	4	#:6500r	A COLUMN TWO IS NOT THE OWNER.	20000000-000-add		4.0	10		3.2		5 .	0					
1600 2	4	#.62300				4.0	13		4.8		7	.0	5.4		11.8	3 4.7	-
1700 ;	111			***************************************		4.0	15		6.4		7	0	6.0		11.0	7.4	-
	4	4.47000 4.85500	25			4.0	7		5.1		-	2	6.4		7.000		-
_	4	4.85500 4.1 750 0	-	_		4.0	17				10	0	5.8				
	7	3.93300	-	-			1/		4.8		10	, i					
2000	74					4.0		17 10 192				January and Kally	5.7				_
-	34	3.88700	-			4.0							5.3	14 C12/104			_
-0/	24	4.49000				4.0	17		2.7		15	0	5.4		The second second	-	
2 002	4	1.50600				4.0	13		2.9		9	0	5.0				
240	24	4.49000				4.0	11	100	4.5	(東京)	15	0	6.0	- 4		5.9	
		4.42400		6.9		3.0	12		3.5		10	0	5.4	0			ő
		4.37100		6.8		4.0	11		4.8		8	0	5.0			1653	
200 2	24	B.75800	26	7.1		4.0			20.10.5				5.3				
28 0 2	24	8.68500				4.0	470 -	1 1 1 1	31 - 11 10	Process		- 7	5.9				
270 2	24	1.22700		6.7		4.0	12	211, 1463	3.4	1535 4:35	12	0	6.8	-	11		
30 0 2	24	4.1690		-		4.0	12		3.6	157	10	0	6.1			E	
21		State of		1 2			56			1111		10					-
Avera	ge	4-3834	3 25		16	3.7	16		4.4		12	1 43	5.2	1	11.3	5.2	
Max.		5.3810	1 29	7.1		4.0	28	y Water	6.4		19		6.8	2	11.8	5.9	Mess
Min.		3.6850				3.0	6	10	2.7	8 22	5	Ü	3.0	0	11.8		Ment
	(C)	Grab(G)	-	G		G.G	C		C		C	G	G	G	C	C	1000
The second second second		Limit	u	6-8.	5	1	22		13		30	14	15	30	1	1	-

DEM Form MR-1 (11/84

ENCLOSURE

Facility Status: (Please check one of the following)	
All monthly averages and / or other limitation do meet permit monitoring requirements	
	Compliant)
All monthly averages and / or other limitation do not meet permit monitoring requirements	X
	Noncomplian
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 Explaination	
I certify that this Report is accurate and domplete to the best of my knowledge:	
Signature of Permittee	

PARAMETER CODES										
00010	Temperature	00556	Oil and Grease	00950	Dissolved Fluoride	01077	Silver	39516	PCBS	
00065	Stream Stage	00600	Total Nitrogen	01002	Total Arsenic	01087	Total Vanadium	39941	Roundup	
00076	Turbidity	00610	Ammonia Nitrogen	01027	Cadmium	01092	Zinc	50047	Max. flow during 24-hr. period	
00300	Dissolved Oxygen	00625	Total Kjeldahl Nitrogen	01032	Hexavalent Chromium	01105	Total Aluminum	50048	Min. flow during 24-hr. period	
00310	BOD	00665	Total Phosphorous	01034	Chromium	01147	Total Selenium	50050	Flow	
00340	cop	00720	Cyanide	01037	Total Cobalt	31504	Total Coliforn	50060	Total Residual Chlorine	
00400	рН	90745	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.

EFFLUENT

NPDES PERMIT NO NC0003239 DISCHARGE NO: MONTH: FACILITY NAME: Camp Geiger Sewage Treatment Plant CLASS: III COUNTY:

OPERATOR IN RESPONSIBLE CHARGE (ORC): Mack D. Davis CERTIFIED LABORATORY: Environmental Chemistry & Microbiology Section GRADE:

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.

			n, North	100		100	Carlot H			Signat	ure of	oper	ator in re	spons	ible cl	narge		
	CK .	HE HE	FLOW		00400	00545	50060	00310	00340	00610	00500	00530	31816	00300	ENTER	PARAMETI AND UNITS	ER CODE AL	BOVE
	TIME 2400 CLOCK	COMPOSITE TIME	INF C	TEMPERATURE CELSIUS		SETTLEABLE MATTER	RESIDUAL	0.5 C		AMMONIA NITROGEN	TOTAL Residue	TOTAL SUSPENDED RESIDUE	FECAL COLIFORM Geometric Mean	DISSOLVED OXYGEN	OIL 4 GREASE	TOTAL NITROGEN	PHOS- PHORUS	
		HRS	RATE	E E	=		SES	8005 20°C	OS MG/L		F TOTAL	MG/L	FECAL FCOLIFO	SIO SE	MAIL	MAIL	MGIL	
t		14 24	MGD 283570	55	UNIT 6.4	ML/L	MG/L 4.0	MG/L	MG/L	MG/L 11.8		4	O	6.3	IN QIE	MAIL	Aque	
•		-4 04	.76960		6.6		4.0	10	Right Action	11.4		2	0	6.8				
+		24	.78470	200000000000000000000000000000000000000	6.8		×4.0	10		13.1		4	0	7.0				
		24	.86280		6.4		4.0	12		12.6		5	2	7.0				
_		24	.77440		6.3		4.0	12		15.3		IU	U	7.0				
. †		04	73990	00	6.2	Loan	4.0							7.6				
-1		24	.75650	W- W TODOUR	6.2		4.0				200			7.6				
_	Street, or other Designation.	54 54	.93450	4 7000000000000000000000000000000000000	6.6		4.0	21	111111111111111111111111111111111111111	26.9	70000	15	6	6.4	3.4		5.6	
-		24	.94370		6.6		3.0	18		19.3		14	U	6.0				
-		04	.84820	-4-	6.8		4.0	21		16.9		15	0	6.2				
996 8	-	p4	91990	7.077	6.6		3.0	17		14.2		10	0	5.0				
-		24	.81970	10/1	6.6		3.0	4		13.2		16	0	5.0	AT Mayor	1.40	the Egypt	
-		94	.72520		6.6		4.0	12.45						6.0	-0.53			
	00	04	.89480	1	6.4		4.0		1.12-48	9.65				5.2			Gra 16.5	
	nn	04	.87110	4	6.4		4.0	14		13.9		2	0	5.2				
-	00	24	.80030		6.4		4.0	19		16.2	100	4	0	5.3		18.43	1.6	
_	_	24	.86820		6.8		4.0	15		11.8		5	2	6.0	17.14	- 10		
	00	οЦ	.90680	26	6.9		4.0	3.		13.7	5,50	4	0	6.4				
-	00	p4	75600	101	6.8		4.0	18		12.0		8	0	6.2	4.1		44.7	
-	00	24	1.0670	34	6.8		4.0	-						6.4				
-	00	24	.75490		6.7		4.0	· A-	-4-7		91	-		5.6	100	1100	18 N. C. C.	
	00	24	.82200		6.8		4.0	18		11.9	1000	12	0	6.6		e Kvpirv		150 160
23	ດດ	Ы	.82000	26	6.8		4.0	18	25.00.5	9.4	4	4	0	6.2				
24		54	.84710	24	6.4	Me le	4.0	8	1.00	10.6		6	0	6.6	Sugar Services		0.8	
25	nn	54	.82930	24	6.4	100	4.0	7	PF 5 468	9.9	100	3	0	6.3	0	5-5	100	
26	00	24	.84260	23	6.6		4.0	8		11.3		3	0	5.5	te chi	Charles .		
27	00	bli	.7191	24	5.6	100	4.0			guit.	100			6.8				
	00			24	0.6		4.0							7.1				
	00	-	.7594	24	5.7		4.0	-	, flavoraless	14.4		7	0	6.9		机二州 人	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	00	24	.7450	25	6.8		4.0	11	630	10.0		4	7	6.8				
31	-					Array			- W.W.			- Fa		de la				
	vera	ge	32493	B 24		M.	3.9	13		13.7		7	1.16	6.3	1.7	18.4	2.7	
_	ax.		1.0670	26	6.9		4.0	21	ne Spenie	26.9		15	6	7.6	3.4	18.4	5.6	
	in.	100	71910	0 22	6.2	_	3.0	3	7 200	9.4		3	U	5.0	U	18.4		
		.(C)	Grab(G)	-	G	100	G	C		C		C	G	G	G	C	C	
-	_		Limit		6-9	2		30		1 52	1	30	200	-	>	100		

DEM Form MR-1 (11/84

ENCLOSURE

Facility Status: (Please check one of the following)

All monthly	averages and / or other limitation do meet permit monitoring requirements (Compliant)
All monthly ave	rages 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:

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	00665	Total Phosphorous	01034	Chromium	01147	Total Selenium	50050	Flow		
00340	cop	00720	Cyanide	01037	Total Cobalt	31504	Total Coliform	50060	Total Residual Chlorine		
00400	рĦ	90745	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		

Signature of Permittee

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

YEAR: 1987 NPDES PERMIT NO: NC0063002 MONTH: . DISCHARGE NO: Tarawa Terrace Sewage Treatment Plant CLASS: III COUNTY: Onslow FACILITY NAME:_

OPERATOR IN RESPONSIBLE CHARGE (ORC): Mack D. Davis CERTIFIED LABORATORY: Environmental Chemistry & Microbiology Section

CHECK BLOCK IF ORC HAS CHANGED

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

PERSON(s) COLLECTING SAMPLES: STP Operators

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

	-	_								Lascia	00500	00530	31616	70A20A	2255	40/ 50	00664	_
1	_	}	50050 FLOW	00010	00400	00545	50060	00310	00340	00910	00300	00530	310.0	00300	ENTER	PARAMET	ER CODE AB	OVE
1	3	H	EFF CX										/ 5		NAME	AND UNITS	BELOW	
1	ಶ		INF	ER I		31					X 13. 1		Mean		505	7 7	2 0 0	
1	TIME 2400 CLOCK	COMPOSITE	INF	TEMPERATURE Celsius		SETTLEABLE MATTER	42			NA NA	<u>=</u>	TOTAL SUSPENDED RESIDUE	R L	DISSOLVED OXYGEN	8 4	TOTAL	OTAL OAUS	
4	E 2	윌	>. w	PE		SETTLEA	38	600		AMMONIA	A D	독원립	FECAL COLIFORM Geometric	SO	GREA	0-	PHOS	
	=	3	DAILY	TEMPER	표	SET	RESIDUAL	8005 20°C	000	ME	TOTAL RESIDUE	ESSE	FECAL COLIFORM Geometric	DISSOLV	0 4	r 2	1	
		HRS	MGD	C.	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MGIL	MAIL	MEIL	
ıţ	002	4	97940	25	6.6		4.2	14		1.8		.8	0	8.7				
2	an	24	1 0454	125	6.5		4.0	10		6.0		(0	8.9				
	n	24	96380	26	6.7		4.0	11		3.6		5	0	9.0	1.4			
1	20	24	.89620	24	6.7		4.0	12		1.8		6	0	8.8		The section		
5	00	24	.85390	24	6.8		11.0	10		1.9		7	0	8.9				
6	00	24	.91470	24	6.8		4.0			1	12	2		8.9	1331			
7 (00	24	.96600	24	6.8		4.5							9.0				
8	nn	04	.99790	24	6.9		4.0	12		2.1		9	0	9.0		1	5.1	
98		24	.92180	25	6.6		4.0	13		3.8		7	0	8.8				
0	00	24	.64110	25	6.5		4.0	16		3.4		10	0	8.6				
-		24	.91720	24	6.8		3.0	, 11		27		6	0	9.3				
2	00	24	1.01340	25	6.7		4.0	2		2.4		14	0	9.0		1000		
3	00	24	95620	25	6.5		4.0							9.1				
1	00	24	98400	24	6.8		4.0							8.9		* 10 10		
3	00	24	.99560	-	6.4		4.0	10		1.7		6	12	8.6	11, F3			
-	STATE OF THE PERSON.	24	1.07920	24	6.4		4.0	12		3.6		4	0	8.5	16.00	14.4	5.4	
7	00	24	94740	24	7.1	1000	5.0	10	100	2.3		Ö	2	9.6				
18	00	24	. 98220	24	6.7		3.0	7		1.9		8	0	9.1			77 1 1	Á
	00	24		24	6.8		4.0	10		1.5	-	8	0	9.3				
20	00	24	1.04260	24	6.8		4.0							9.0		Jun 24		
_	00	24	.98910	24	6.7		4.0	0.00175	2000000			100	y 1922 y 194	8.8	5		412951	
22	00	24	94890	25	6.8		4 0	12		1.1	27079	11	0	9.2		100	201	
13	00	21	.98730	25	6.6		4.0	12	1.1	1.7		8	0	9.1				
24	00	2/1	1.1909	-	6.6	100	4.0	14	14 T NO	2.9	160	-11	0	9.0			4.3	7.1
25	00	24		23	7.1		2.5	11	100000	1.5		8	0	8.6	0			
26	_	21			6 5	7	4.0	11		3.6		12	0	8.5			400	2 5
_		1	.93510		6.5		4-0		-	1				8.8				
28	00		.89560		6.6		4.0	77.7						3.5				
29	-	100	.89490		6.6		4.0	11	Daniel B	1.5	20.00	12	0	9.0		1	urth	
30				-	6.5		4.0	9	100	1.5	-	10	0	8.5				
21	00	1	43590	رے	-		1)				1		14.3				
	_	<u></u>	05555	24			3.9	11		2.5		R	1.16	8.9	1.4	14.4	1 14.	8
	/era	Ae	95739	7	7.1	4.00	5.0	16		6.0	-	14	12	9.6	0.7			Ť
_	ax.	-	.64110	-	6.4	_	2.5	2		1.1		4	0	8.5	0.7	1/1 /	1 5 1	-
	in.	(0)	(Grab(G)	1	G	+	G	C		Ċ	1	C.	G	G	G	C	C	-
			Limit	-51	5-8.	+	+ ~	30			-	30	1000	3 5	30	-	+	-

DEM Form MR-1 (11/84

ENCLOSURE

GRADE:___

Facility Status: (Please check one of the following)

All month	y averages and / or other limitation do meet permit monitoring requirements (Compliant)
All monthly a	verages and / or other limitation do not meet permit monitoring requirements (Noncompliant)
	If the facility is noncompliant, please comment on corrective actions being taken in respect to equipment, operation, maintenance, etc. and a time table for improvements to be made.
	(Attach additional sheets if necessary)
	I certify that this Report is accurate and complete to the best of my knowledge: Signature of Permittee

PARAMETER CODES										
00010	Temperature	00556	Oil and Grease	00950	Dissolved Fluoride	01077	Silver	39516	PCBS	
00065	Stream Stage	00600	Total Nitrogen	01002	Total Arsenic	01087	Total Vanadium	39941	Roundup	
00076	Turbidity	00610	Ammonia Nitrogen	01027	Cadmium	01092	Zinc	50047	Max. flow during 24-hr. period	
00300	Dissolved Oxygen	00625	Total Kjeldahl Nitrogen	01032	Hexavalent Chromium	01105	Total Aluminum	50048	Min. flow during 24-hr. period	
00310	BOD	00665	Total Phosphorous	01034	Chromium	01147	Total Selenium	50050	Flow	
00340	COD	00720	Cyanide	01037	Total Cobalt	31504	Total Coliforn	50060	Total Residual Chlorine	
00400	рĦ	00745	Total Sulfide	01042	Copper	31614	Fecal Coliform, MPN, Tube	71880	Formeldehyde	
00500	Total Solids	00927	Total Magnesium	01045	Total Iron	31616	Fecal Coliforn	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.

EFFLUENT YEAR: 1987 001_ MONTH: _ June NC0063011 DISCHARGE NO:
Camp Johnson (Montford Point) STP NC0063011 NPDES PERMIT NO:_ CLASS: II COUNTY: Onslow FACILITY NAME: Mack D. Davis GRADE: OPERATOR IN RESPONSIBLE CHARGE (ORC):_ CERTIFIED LABORATORY:_ PERSON (S) COLLECTING SAMPLES: CHECK BLOCK IF ORC HAS CHANGED I CERTIFY THAT THIS REPORT Mail original and one copy to: ATT: Central Files IS ACCURATE AND COMPLETE TO Division of Environmental Management N C Department of NRCD THE BEST OF MY KNOWLEDGE. PO Box 27687 Signature of operator in responsible charge

| 00610 | 00500 | 00530 | 31876 | 00300 | 00356 | 006 60 | 00664 |
| ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW Raleigh, North Carolina 27611 00010 00400 00545 50060 00310 50050 FLOW CLOCK EFF 3 TEMPERATURE CELSIUS NITRUGE TUTAL PHORUS SETTLEABLE TOTAL INF [2400 DISSOLVED FECAL COLIFORM Geometric / RESIDUAL TOTAL 710 8005 20°C 품 MG/L 8.0 MG/L MG/L MEIL HRS MGD UNIT ML/L MG/L MG/L MG/L MG/L 100 ML 2.0 21 .73400 7.0 24.87100 2.5 00 4.0 24.62700 00 5.3 4.0 .75500 7.1 5.0 3.3 9 24.66500 22 6.8 0 19 5.0 24.56000 00 .68000 5 0 7.4 1.4 2.2 69400 14 3.0 2.5 4.0 24.57900 10 00

11 4.0 24.63800 00 3.2 7.5 61800 7.0 4.0 0.4 13 .36800 00 21 .90300 ..5 14 00 5.0 6 0 7.4 -80700 4 0 16 24 7.0 .69400 4.0 16 17 5.0 .54100 nn 18 .50200 4.0 24 4.0 .36400 2 6.7 7.5 00 24 7:0 20 6.0 50100 4.0 21 00 51300 1.4 .48400 4.0 18 2.1 7.0 4.0 .65700 23 21 00 25 4.0 .66400 3.0 7.0 5.0 6.5 24.68000 26 12 24.72000 2.0 6.0 27 00 6.8 24.68000 4.0 28 00 24 6.6 10 2.0 7.2 29 4.0 4 0 70400 4.0 30 .6250 21 Average ...64336 3.8 3.1 6 1.5 2. 25 6.7 2.2 19 7.0 Max. .90300 .0 1 1.1 3 0 22 6. 0.4 5.0 36400 Min. Comp.(C)/Grab(G) C C C G G G G G C **Monthly Limit**

DEM Form MR-1 (11/84

Facility Status: (Please check one of the follo	wing)
All monthly averages and / or other limitation do meet permit monitori	ng requirements (Compliant)
All monthly averages and / or other limitation do not meet permit monitor	ring requirements (Noncompliant)
If the facility is noncompliant, please comment on compliant, please comment on compliant, operation, main a time table for improvements to be made. (Attach additional sheets if necessary)	

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

Signature of Permittee

PARAMETER CODES											
00010	Temperature	00556	Oil and Grease	00950	Dissolved Fluoride	01077	Silver	39516	PCBS		
00065	Stream Stage	00600	Total Nitrogen	01002	Total Arsenic	01087	Total Vanadium	39941	Roundup		
00076	Turbidity	00610	Ammonia Nitrogen	01027	Cadmium	01092	Zinc	50047	Max. flow during 24-hr. period		
00300	Dissolved Oxygen	00625	Total Kjeldahl Nitrogen	01032	Hexavalent Chromium	01105	Total Aluminum	50048	Min. flow during 24-hr. period		
00310	BOD	00665	Total Phosphorous	01034	Chromium	01147	Total Selenium	50050	Flow		
00340	cop	00720	Cyanide	01037	Total Cobalt	31504	Total Coliforn	50060	Total Residual Chlorine		
00400	pH .	90745	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.

NPDES PERMIT NO: NC0063045 Courthouse			YEAR: 1987 Onslow
OPERATOR IN RESPONSIBLE CHA	RGE (ORC):	Mack D. Davis	
CHECK BLOCK IF ORC HAS CHANGED Mail original and one copy to: ATT: Central Files Division of Environmental Management N.C. Department of NRCD P.O. Box 27687 Raleigh, North Carolina 27611	I CERTIFY THAT THIS REPORT IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.	Alle of the second seco	

_		_	*****	00010	4444	1 00515	I casca I	00210		Signate	DIE OF	oper	ator in re	AARAA	OCEST!	ange of	00641	
1	_	}	50050 FLOW	00010	00400	00545	50060	00310	00340	00010	00000	00230	310.0	40344	ENTER	PARAMETE	R CODE AS	OVE
	TIME 2400 CLOCK	COMPOSITE TIME	EFF E	w		9.7						1	6		MAME	AND UNITS		
	5	1	INF	TEMPERATURE CELSIUS		SIE						9	FECAL COLIFORM Geometric Mean		20 00	TOTAL NITICUEN	TOTAL PNOS-	
	240	S		S	Protection of	SETTLEABLE MATTER	RESIDUAL			AMMONIA NITROGEN	NE NE	TOTAL SUSPENDED RESIDUE	ORN etric	DISSOLVED	01L &	TOT AL	A 0 8	
MIL	뿔	3	DAILY	TEMPER		SETTLEA	185	8005 20°C	9	1	TOTAL RESIDUE	ESS	SUSPENDE RESIDUE FECAL COLIFORM Geometro		OIL	FZ	Fo a	
3		HRS		5.	=	ML/L	MG/L	MG/L	OS MG/L	MG/L	MG/L	MG/L	/100 ML	DISSOLV OXYGEN	MAIL	Mail	mall	
1	002		MGD . 34160	- 6	UNIT	ML/L	3.5	MG/L	MG/L	MG/L	MG/L	MG/	700 ML	6.0	-	1	1110	
2		21	35900	21	7.4		2.5	7		b.38		7	2					
3	00	24	.34280	21	1.5		3.5			0.50							0.20	
7	00	2	.42300				4.0								12			
5	00	2/					-											
6	00	21	49080				4.0								merely			
7	00	21	.30160				4.5											
;	•	24	.29360				4.0	The American	0.000	1000				19 mg	0			
+	00	21	.33070	21	6.7		4.0	10		0.27		6	0	7.1				
10		0.1		-	0.1			10		1.21		0	U	1.4	7. 7.3			
11	00	24	.18230				4.0											
12	88	24	.36550				4.0											
+							4.0											
13	00	24												- 5454× 6				
14	00	21	.64290		200		4.0											
15	00	-	.42/90		7.0		3.5		× .175.16				10	6.2		7.83	1.6	_
16	00	21	.36040		7.0		3.0	10	30.75.0	0.57		7	10	0.2		1.05		
17	00	21		1													7 - 2 3 3 4 4	
18	00	24	51740	-			3.0			200								
10	00	24	9 10 10				3.0						1964				300	
20	00	24					4.0							2.50				
21	00	21			2.00	-	4.5	137	-						1 7 7 60	1 (4 4 4 7		27.97
22	00	27	33850		in a		4.0	-		0 27		2	560	- /	-			_
23	00	21			7.2		3.0	5	10000	0.37	() () ()	3	500	5.8				_
24	00	21					3.5											_
25	00	-	. 39640	1			3.0			10000	1200				0.4			-
			35810				3.5								-			-
			.26100			-	4.0			-		-		-	-	-	1 12	_
28			. 25530		1007.0		5.0							-	1	-		
29	00	21	.30070			-	4.5		-					-	-	_		_
30	00	121	.30000	24	7.4	150	5.0	6		0.16		1	0	5.6	1-	-		_
31	_		3										6 HE -	000		7 0-	1 6	
_	era	ge	. 37056		The second second		3.8	3	190 - 11-50	92	N. OR	5	6.45	-	-	7.83		_
M	ax.		.64290	-	7.4		5.0	10		166		7	560		0.4	7.83		_
_	in.		18230		6.7		2.5	5	1 130	48		1	0	5.		7.33	Annual resident	_
			Grab(G)	G	G		G	C		C		C	G	G	G	C	C	_
M			Limit n MR-1		6-8	.5		30			Time	30	14	> 5	30			

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:
Sulian I Woote
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	
				47.2						
00310	BOD	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	рĦ	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	Hercury	
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.

17													ONTH					
	ry i	IAN	ME:	Ri	fle	Range	e STP				C	CK D	II C	UUNT	Y:			
RA	TOF	IN	RESP	ONSI	BLE (CHAF	RGE (ORC):_			rid	CR D.	Davis			G	RADE	٤.
			ABORA				onmen	tal Ch	emist	ry and	d Mic	robic	logy I	abora	tory			
						_	PERS	SON(s)	COLLI	ECTIN	G SA	MPLE	S:_S	TP Op	erato	ors		_
CHI	_		original and			בט		THAT THIS										
	ATT	Ce	ntral Files	ALC: NO	200	4-49	IS ACCUR	ATE AND CO	MPLETE TO			/	-					
	Divis	N C	f Environm Departme	ental M nt of NI	anagem RCD	ent						11/2	1	//				
			PO Box gh, North (27687			INE BEST	OF MY KNO	WLEDGE.		The	XX.	A)	/				
		ialel								Signat	ure of	opero	tor in r	espons	ible c	harge	40/13	
	_	اسا	50050 FLOW	00010	90403	00545	50060	00310	00340	00610	00500	00530	22616	90300	ENTER	PARAMETI	OCG GS	
	TIME 2400 CLOCK	1	EFF 🗹	w			1203	War at a			100	9	Ş			AND UNITS		
	0 0	별	INF			BLE			Z-1-547	4Z		8	= 3		456	76	1,3	
	24(POS	Devis to	ES S		35	BE	·		OGE	13	SPENDED SIDUE	FOR	E S	376	TOTAL	TOTAL PHOS- PHORUS	
DATE	1	COMPOSITE	DAILY	TEMPERATURE CELSIUS	표	SETTLEABLE MATTER	RESIDUAL	8005 20°C	000	AMMONIA	TOTAL	SEST EST EST EST EST EST EST EST EST EST	FECAL	DISSOLVED	00	F >	100	
		HRS	MGD	c.	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	MG/L	mall	male	
1	00		19006				5.0											
2	00	24	18390				4.0								3-102			
3	00	DΙΙ	. 19654	21	6.7		6.0	1.		0 01		1	^	9.1				
-	00	D/I	.15903				5.0	4		0.31		1	0					
5	00	24	.13138				5.0											
_	00	24	17977				4.0											
	00	44	.17959												0			_
20000	00	P4	.20892				5.0		Tuesday		Section.				0			
	00	24	.21881	-	-		4.0			0 11		4	0	8.0				
		₽4 2 4	.21260	-20	6.6		5.0	, 6		0.14		4	U	0.0	-			
Street, St.	00	24	.20555				4.0							-				
-							E											-
	00		.20035 .18900				5.0 4.0											
			. 19860				4.0		P11 3 1 2 2 2 2						-			
	00		.19822			-	5.0							-		11/2/ 6/3		-
	-			-	6.4		4.0	11		0.15		1	0	7.8	-	5.94		-
_	-					1	1 T.U	11	1	11 15	\E		U	1	1	17.44		-
17	00	2						3 x 12 x 124		100	100				Mar.			
17	þŏ		.14650				6.0											

7

9.

Q

9.

G

Ξ

0

0

C

- 4

8.9

0

0

0

G

30

5.94

C

NOLOSURE

1.5

5.941.5

5.94 1.5

C

5

5.0

8.0

8.0

6.0

6.0

5.0

5.0

6.0

5.0

153

5.1

G. 0

5

19

5

5

C

30

0.31

0.91

0.23

0.3

C

2

8

2

4

C

6.6

6.6

6.5

6.7

6.4

G-8.5

24

24

21

G

22

200 24 .13991

54

24 .20156

24 . 26588

24 . 18746

24:17711

₽4 . 15 140

.18764

.18976

265880

Comp.(C)/Grab(G)

DEM Form MR-1 (11/84

Monthly Limit

.20578

200 24 .16907 24

22 00

24 00

25 00

26 00

27 00

28 00

29 00

30 00

Max.

Min.

Average

Facility Status: (Please check one of the following)

All monthly avera	ages and / or other limitation do meet permit monitoring requirements (Compliant)
All monthly average	s and / or other limitation do not meet permit monitoring requirements (Noncomplia
	If the facility is noncompliant, please comment on corrective actions
	being taken in respect to equipment, operation, maintenance, etc. and
	a time table for improvements to be made.
	(Attach additional sheets if necessary)
	I certify that this Report is accurate and complete to the best of my knowledge:
	Signature of Permittee

PARAMETER CODES										
00010	Temperature	00556	Oil and Grease	00950	Dissolved Fluoride	01077	Silver	39516	PCBS	
00065	Stream Stage	00600	Total Nitrogen	01002	Total Arsenic	01087	Total Vanadium	39941	Roundup	
00076	Turbidity	00610	Ammonia Nitrogen	01027	Cadmium	01092	Zinc	50047	Max. flow during 24-hr. period	
00300	Dissolved Oxygen	00625	Total Kjeldahl Nitrogen	01032	Hexavalent Chromium	01105	Total Aluminum	50048	Min. flow during 24-hr. period	
00310	BOD	00665	Total Phosphorous	01034	Chromium	01147	Total Selenium	50050	Flow	
00340	con	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.

							ISCHAI									Onslo	R:
TOR	IN	RESP	ONSI	BLE (CHAF	RGE (ORC):_			Ma	ck D.	Davis				RADE	:-
IED	L	ABORA	TORY	':E	nvir	onmen	tal Ch	emist	ry and	d Mic	robio	logy L	abora	tory	nc		
CK E	BLOG	CK IF ORC	HAS C	CHANG		PERS	SON(s)	COLLI	ECTIN	G SA	MPLE	S:	11 00	eracc	113	hav ja s	
				2012		I CERTIFY	Y THAT THIS	REPORT									
ATT:	Ce	ntral Files	ental M	anagem	ent	IS ACCUR	RATE AND COL	MPLETE TO				1.	0				
	NC	Departme	nt of NE	RCD		THE BEST	OF MY KNO	WLEDGE.			1/	W/m	6/				
F	Ralei	gh. North	Carolina	27611				x			11/	Line	4		45.1		
		50050	00010	00402	00545	50060 T	00310	00340	Signat	00500	00530	31616/	90300	10056	000	6646	
K	밀	FLOW								1		U		ENTER	PARAMET AND UNITS	ER CODE AB	OVI
010	F	AND RESIDENCE OF THE PARTY OF T	JRE	1	щ					Karlona Karlona		Veon				10	
400	SIT	INF (25)	RATI		EAB!	E E			EN	<u> </u>		R N	9_	0	798	2 3	
WE 2	MPO	A	ISIU I		EE	SS	50.	-	38	SEDI	ESS ESS	CAL	YGE	Joh Joh	A H	450	
	100		23		The last transfer									00	6 5	1200	
	-		Ç.	UNII	ML/L	-	MG/L	MG/L	MG/L	MG/L	MG/L	/ 100 ML	MG/L				
		Management of the latest of th							12.00					10.01	NAP 4		
	11	The state of the last of the l				-											
20	21	.09911	-19	6.7		4.0	8		0.26		4	S.E.*	8.4	0.2			
00	24	.08134				4.0	14.0					-1					
00	21	. 18912			Towns with	4.0					14-4-46			2 1,000			
00	24																
00 (2/1		10	6.6	5 (0.0				
20.			19	0.0	3.0		C00 1100						9.0				
00	24		10	6 11			13		27		6	0	0.0	0			
00-	3#		10	0.4		_	74		11.3/		0	U	0.1				
								100									
00	54	.09209	1			5.0									0.16		
00	24	. 15187			1	5.0				- 8							
00	24	.04962				5.0		37.3		19	1,40		15.8	144		120	_
			T								E	26	8 1				
00	24	12303	19	6.7					p. 48)	20	0.1				
-	_		_														
												41.0	2.33	100			
				535c 101						W 17 A						200	
					5/4	THE OWNER OF TAXABLE PARTY.	100	2, 3	100		in the grade			7			
	-Bissoner	The second secon		e de aus		4.5					17.00	162	100				
00	44	10695	18	6.6	14	4.5	6		0.22	T	2	0	8.3	0			
00	14	. 0933î . 08789		72.83	-4-1	5.0			W.		J. day	4-4-73			100		
		E 0117110	-		1 1 20	5.0	1	1	1	1	1				1	1	
	NOO13 000 NOO1	CK BLOC Mail ATT Ce	CK BLOCK F ORC	CK BLOCK IF ORC HAS C	CK BLOCK F ORC HAS CHANGE	COR IN RESPONSIBLE CHAF IED LABORATORY:Environ Environ Environ	CK BLOCK F ORC HAS CHANGED	CK BLOCK F ORC HAS CHANGED CERTIFY THAT THIS Mail original and one copy to: ATT: Central Files Division of Environmental Management N C Department of NRCD PO Box 27687 Raleigh. North Carolina 27611 S ACCURATE AND COI THE BEST OF MY KNO THE BEST OF MY KNO THE BEST OF MY KNO THE BEST O	COR IN RESPONSIBLE CHARGE (ORC):	COR IN RESPONSIBLE CHARGE (ORC):	Mail original and one copy to: All Mail original an	Mack D. Mack	Mack D. Davis Davis Mack D. Davis Davis Mack D. Davis Davi	Mack D. Davis Mack D. Davis	Mack D. Davis Mack D. Davi	COR N RESPONSIBLE CHARGE (ORC): Mac	COR IN RESPONSIBLE CHARGE (ORC): Mack D. Davis GRADE

4

6

2

2.96 8.4

9.0

5د

26

0

G

14

33

0.48

0.22

C

c 30 **Monthly Limit** -8.5 DEM Form MR-1 (11/84 S.E. = Sample Error

19 6.7

G

19

.11658)

.10461

.09837

.09837

.021492

Comp.(C)/Grab(G)

21

Average

Max.

Min.

4.0

4.5

4.8

8.0

4.0

3

6

ENCLOSURE

C

G

Facility Status: (Please check one of the following)

All monthly averages and / or other limitation do med	et permit monitoring requirements (Compliant)
All monthly averages and / or other limitation do not me	eet permit monitoring requirements (Noncompliant)
If the facility is noncompliant, ple being taken in respect to equipmen	ase comment on corrective actions nt, operation, maintenance, etc. and
a time table for improvements to be (Attach additional sheets if necess	oe made.
I certify that this Report and complete to the best	

				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	00665	Total Phosphorous	01034	Chromium	01147	Total Selenium	50050	Flow						
00340	cop	00720	Cyanide	01037	Total Cobalt	31504	Total Coliform	50060	Total Residual Chlorine						
00400	рĦ	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.

EFFLUENT NPDES PERMIT NO: NC0003239 DISCHARGE NO: 014 MONTH: June YEAR: 1987 Onslow Onslow Beach WTP Pond CLASS: ___COUNTY:_ FACILITY NAME: ____ GRADE: __IV Mack D. Davis OPERATOR IN RESPONSIBLE CHARGE (ORC): Mack D. Davis
Environmental Chemistry and Microbiology Laboratory CERTIFIED LABORATORY:_ PERSON(s) COLLECTING SAMPLES: WTP Operators CHECK BLOCK IF ORC HAS CHANGED I CERTIFY THAT THIS REPORT Mail original and one copy to: ATT: Central Files IS ACCURATE AND COMPLETE TO Division of Environmental Management N C Department of NRCD THE BEST OF MY KNOWLEDGE. PO Box 27687 Raleigh, North Carolina 27611 Signature of operator in responsible charge 00340 | 00610 | 00500 | 00530 | /31616 | 00300 | 50050 | 00010 | 00402 | 00545 | 50060 | 00310 ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW FLOW CLOCK EFF 🗆 TEMPERATURE INF 🗆 COMPOSITE 2400 DISSOLVED RESIDUAL TOTAL 품 /100 ML UNIT ML/L MG/L 200 04 8.4 2.0 5 7 8 7.8 3.2 94 10 11 12 13 14 15 8.5 17 18 19 20 21 22 1.2 23 8.0 24 25 27 28 29 00 30 21 8 Average 8.5 3.2 Max. 1.2 Min. 7 8 Comp.(C)/Grab(G) G C

Monthly Limit

DEM Form MR-1 (11/84

-9

30

CLUDUKE

Facility Status: (Please check one of the following)

All monthly aver	ages and / or other limitation do meet permit monitoring requirements	(Compliant)
All monthly average	es and / or other limitation do not meet permit monitoring requirements	(Noncompliant)
	If the facility is noncompliant, please comment on corrective actions being taken in respect to equipment, operation, maintenance, etc. and a time table for improvements to be made. (Attach additional sheets if necessary)	
	I certify that this Report is accurate and complete to the best of my knowledge: Signature of Permittee	

				PARA	METER 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	00665	Total Phosphorous	01034	Chromium	01147	Total Selenium	50050	Flow
00340	cop	00720	Cyanide	01037	Total Cobalt	31504	Total Coliform	50060	Total Residual Chlorine
00400	рĦ	00745	Total Sulfide	01042	Copper	31614	Fecal Coliform, MPN, Tube	71880	Formeldehyde
00500	Total Solids	00927	Total Magnesium	01045	Total Iron	31616	Fecal Coliform	71900	Hercury
00530	TSS	00929	Total Sodium	01051	Lead	32730	Total Phenolics	81318	Ferrocyanides
00545	Settleable Solids	00940	Total Chloride	01067	Nickel	38260	MBAS	85652	Time

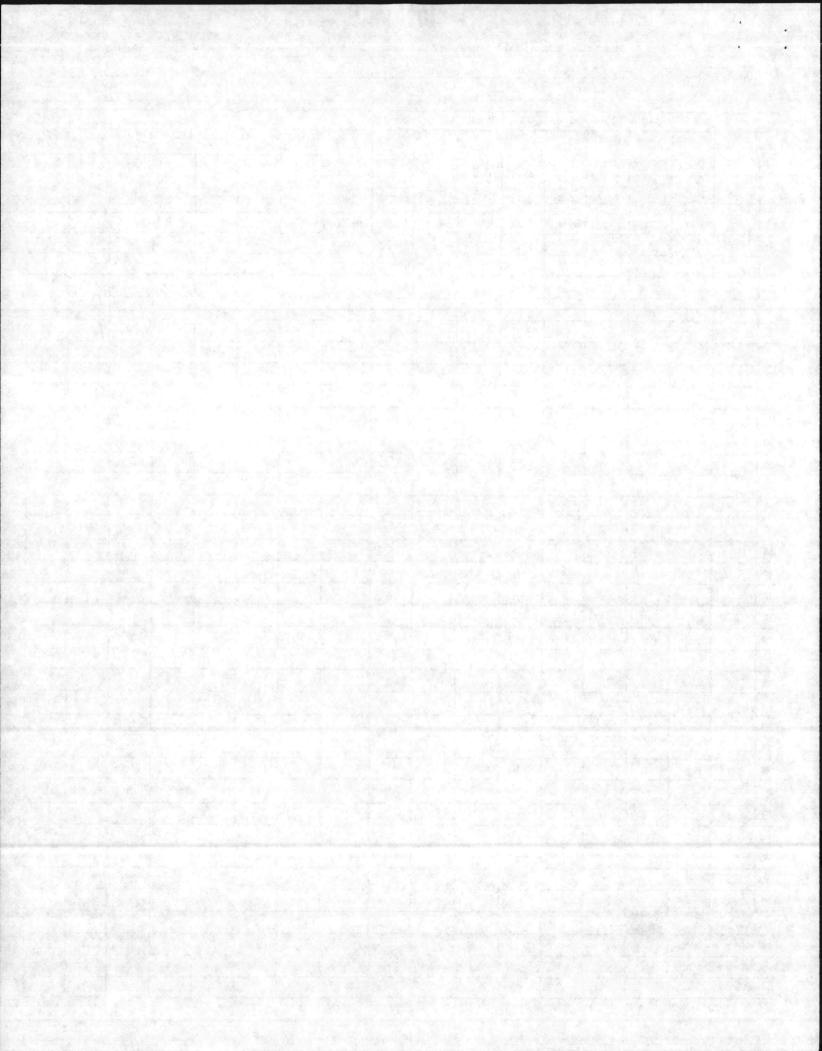
The monthly average for fecal coliform is to be reported as a geometric MEAN.

Influent

NPDES NO:	NC0003239	DISCHARGE NO:_	MONTH :	June	_ YEAR:	1987

FACILITY NAME: Camp Geiger Sewage Treatment Plant. COUNTY: Onslow

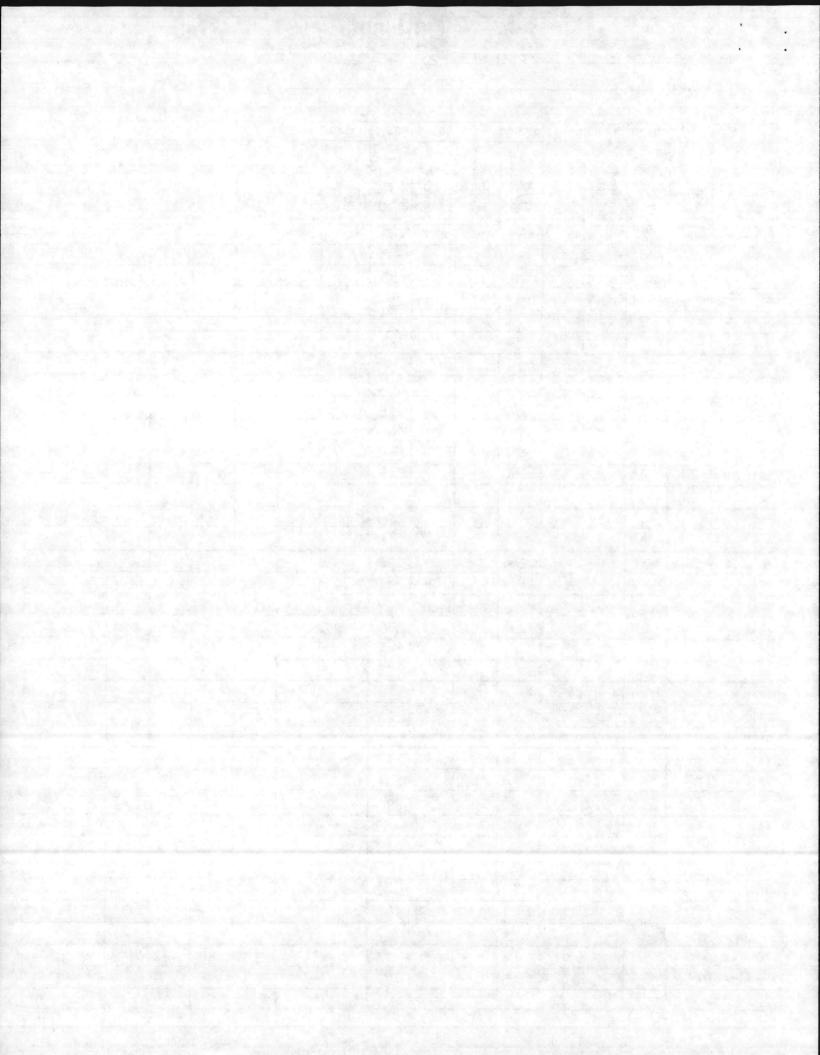
			00400	00010	00545	00310	00610	00500	00530	00340			10.3		1		199
T		Trans.		100				0.1	36	21.34	ENTER UNITS B	PARAME	TER CODE	ABOVE	& NAM	EAND	
	Time	Composite Time	£	Temperature (Celsius)	Settleable Matter	8 OD5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD	UNITS B	Elow					
İ	100	HRS	STD	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L				1 8 8			
t	00	2/1				250			176								
1	00	24		-30		308		1	173							No.	
1	00	24				265			193								
1	00	24	142.7			390		LA.	340								
1	00	24				295			217								2.284
1	1 4	1000			F ₁ , Y ₂ ,				(Maria)				4.39	er militale			
1																	
	00	24				308			237								
	00	24				405			252								
	00	24				275			173								
	00	2/1				-245			166						- 44		
1	00	24				284			190								
															674		
		136														1	
	00	24				296			153								
	00	24				324			314								
	00	24				224			156					. Shite			
	00	24				316			183								
1	00	24			10000	284			242						5 4 5		
,	00	C., T	and the											1	100		
							1000										
2	00	24		726		332			206								
1	00	24		- 11.75		260			316		0.1.04	HE.	Frank.		5,5		
		2/1				200			174				Name of			1000	
	00	24	4.5.1	all All a		216	N. 1. 1972 No.	1	76					0.04	- Wasie		
5	00	24				410			283						F 8.		
,	50	1			77.75	120					4 197			2400			
3		1151	Silv Si	125 W 186		- 4							da .	1900			
•	00	24				235			150							1	
0	00	24				250		7.	134		100000				1751		
1		-J-19		Constitution of	and the same of	TOTAL CONTRACTOR	(t) (t)		- 1	the same	alega)		or order Table		100	Page 18	1
_	ERAGE	1				290			205								1
_		MAXIMU	M		1 1	410	· 6		340		riting 5				1	7. 11	1
_		MINIMUM				200	The residence	1 10000	76					1	1	100	1
_		E Cor G	-		2.45	C			C	1				 		11.0	1



	Inf	luent		
NPDES NO:	NC0063002 DISCHARGE NO: Tarawa Terrace Sewage Treatme	001 MONTH:	June	YEAR: 1987

COUNTY :

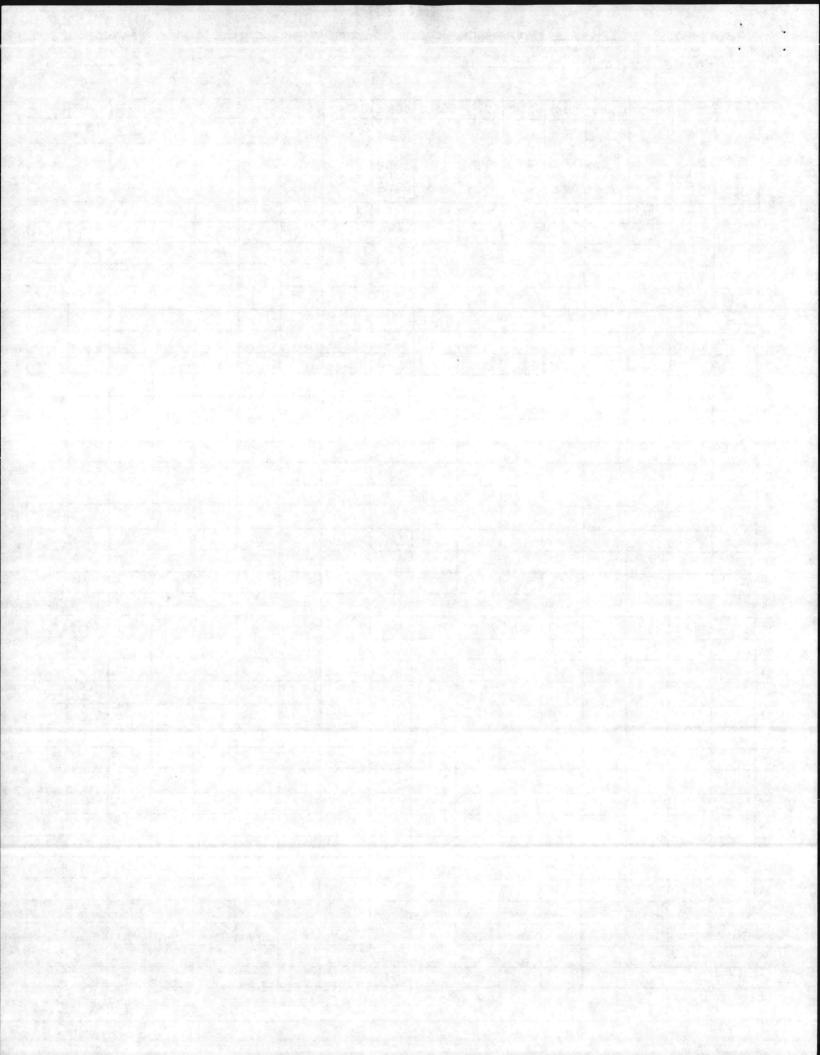
FACILITY NAME: -



IIIIIuciii

NPDES NO:_	NC0063011	DISCHARGE NO:	001	_MONTH:	June	YEAR:	1987
FACILITY NAME:	Camp Johnson	(Montford Point)	STP		c	OUNTY :	Onslow,

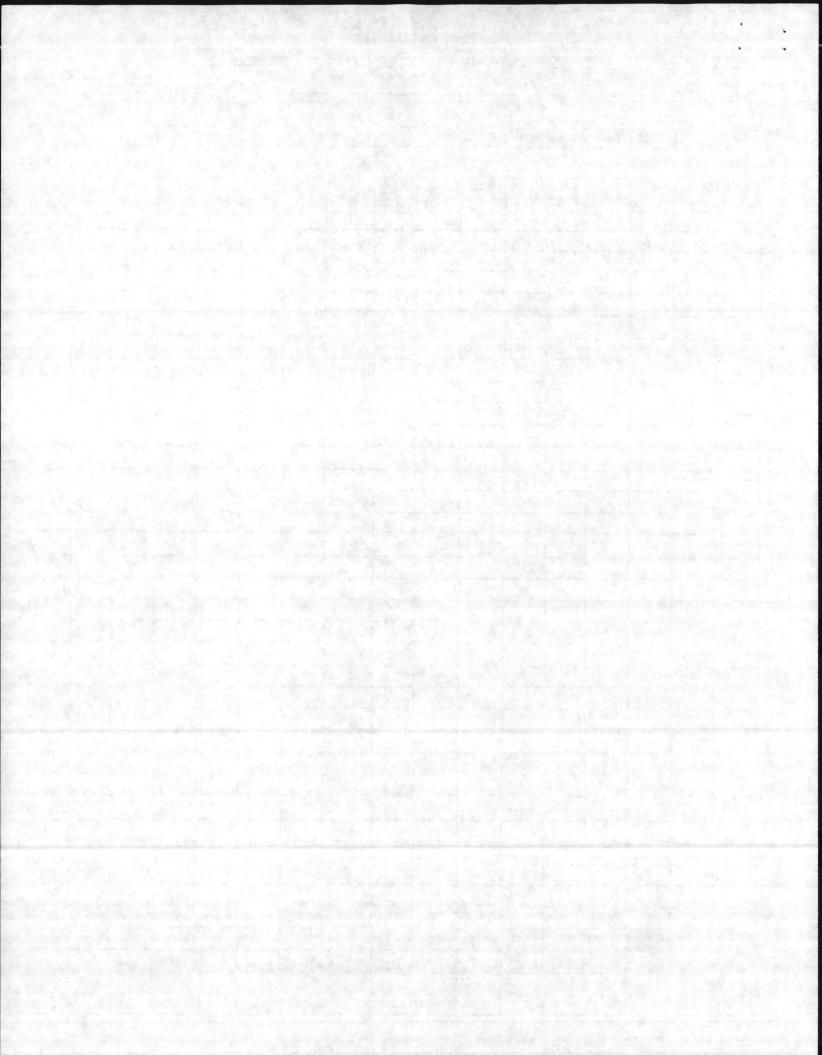
_			00400	00010	00545	00310	00610	00500	00530	00340					- 2		
	S. 100 F.L.	1 100 100	ON THE SHE		and the second	Lingston		ar Ay		September 198	ENTER	PARAMET	ER CODE	ABOVE	& NAME	AND	
Date	Time	Composite Time	Ŧ	Temperature (Celsius)	Settleable Matter	80D5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	СОБ	UNITS	BELOW					
م ا		HRS	STD	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L			1,00				
寸	00	24				188			120								10.00
2					Park 1												
3																	
4	4 46																
5	00	24				573			344						2800		
6	44				1000			100	la producti			5.79					
7																	
8	00	24				324			122		100						
9																	
10																	
11				24%													
12	00	24				276			108								
13	e 4.																
14																	
16	00	24				200			202								
16																	
17				a kalanga							18 7 10						
18												5.000		*			
19	00	24				324		- 1000	441								
20														H			
20				150	a constitution												
22	00	24				345			313								
23															22.7%		
24					100 miles											1	
25									CASE CON						177 198		89
26	00	24				184			182			80					
27		100000														18	44, 17
28					1 1 1	A AM						Har					1 54
20	00	24			1 1 1 3	135			102							<u>a</u>	
30							N. Car										
31													-500000				
AVE	RAGE			1	0.00	283	1	1404	215	20.0							
MO	NTHLY N	AXIMUA	٨			573			441								
мО	NTHLY N	MUMINIA	Sec. and			135	MEN SER		102		an galegad a	day of the				, d,	
SAN	PLE TYPE	CorG				C	44		C								



Influent

NPDES NO:	NC0063029 DISCHARGE NO: 001 MONTH:	June	YE	AR: 198
111013 110.	Hadnot Point Sewage Treatment Plant		7	Onslow
FACILITY NAME:			COUNTY :	

	197 20		00400	00010	00545	00310	00610	00500	00530	00340	F. L		1	- 100:	0	5 43:0	
T			2 9 ki	ē			Page 414		D		ENTER UNITS E	PARAME	TER COD	E ABOVE	& NAM	E AND	
	Time	Composite Time	Ŧ	Temperature (Celsius)	Settleable Matter	8005 20°C	Ammonia	Total Residue	Total Suspended Residue	COD							
		HRS	STD	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L					1000		100
I	00	24				188			104								Service Servic
I	00	24				172	1.3.		128							105	
	00	24				184			76	*							
T	00	24				216			86						77.00		
T	00	24				230			146						+ 12/19	100	- 199-4
T												AA.				1 7/2	
I												3 7 3		100	200		
T	00	24				204			112								
T	00	24				224			132						4 34		
T	00	24				184			120								
T	00	24				136			66								
T	00	24				200			212						1913	1 19	
T																	
T																	
1	00	24				164			124								
1	00	24				140			130								
1	00	24				192			140								
	ΩΩ	24	Party.			196			98								
,		24				160			92								
7	-00	124							100		100						
1							1.0										
:	00	24				124			108			A SEL					
1	00					204			218				4 3 4				1
1	00	24		100	Day A	164			154							The same	
•	- 00	70			2.451	200			92								
3	00	24				168		1	113								
7										45			900		44.0		
В		100								w respire							1
0	00	24				184		1.2	142		1000				7	1.46	
0	00	24		to see		160			118	the interest				Server.		16. J.	1 10 mg
•				1	7		K.L.S	1 212	1983				6				
	RAGE	-				182			123		10 to						
_		MAXIMU	м			230		7.07.	212					7.			
_		NINIMUN	-			124			66								
		E Cor G			7 2	C	100000	2	C				1				T



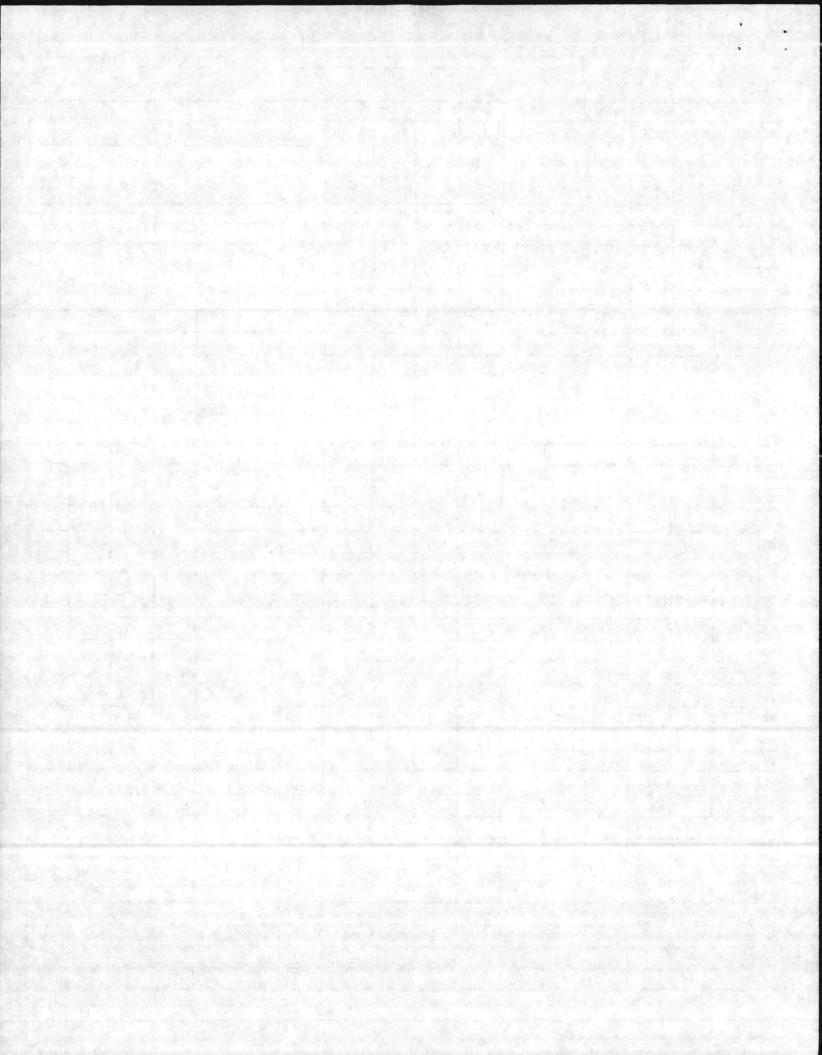
June

1987

NC0063045 DISCHARGE NO: 001 M _MONTH:_ YEAR:_

Onslow COUNTY _ FACILITY NAME: _

	553		00400	00010	00545	00310	00610	00500	00530	00340		936	al Lines		12		
1			LET BE					i se incer	1		ENTER	PARAMET	ER CODE	ABOVE	& NAME	AND	
		Composite		Temperature (Celsius)	Settleable Matter	ر د ک	Ammonia Nitrogen	- 5	Total Suspended Residue	0	014113	SELOW.				X	
	Time	Comp	Ŧ	Temp (Cets	Settleab Matter	800s 20°C	Amn	Total Residue	Total Susp Resid	СОО							
	30	HRS	STD	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L			1		4		
ļ		V 6.8	300.0										90.73	2-3		1000	
	00	24				80			48								
ļ		36.5	1.4120												1000		
ļ		100	70.6									10.5					
-																	
-		200															
+		250															
-	00	O.h				120			60								
	00	24			No.	132			62								
4		1,3%															
													7.7		4.4		A S
1			1000														
1													11.4				
	00	24				148			166								
													84 - 93				
														- \$k	8 5.6		
																	19.5
			2	100							13.88						
														74			
		18.0										-					
	00	24		100		220		1	136						38.3		
			4 3 1.0				1000		- 34			-				1 1 1 1	
					+			-	2 2								
													7				
,	-	2 50															
,										7.3		+					
)	00	24		100		68		1	46								
		7 49						o de la companya de l			Acceptance				19	1, 224	
	ERAGE	-				130	E A Y		92								
-		ALXIMUA	4	1 1		220			166	185,E		35.0	3.4		1.		
C	NTHLY A	MUMIMIM			100000	68	S rule 12	2 5	48	suge and	(Academia		x# x# :			1 78	
1	APLE TYPE	CorG				C			C								

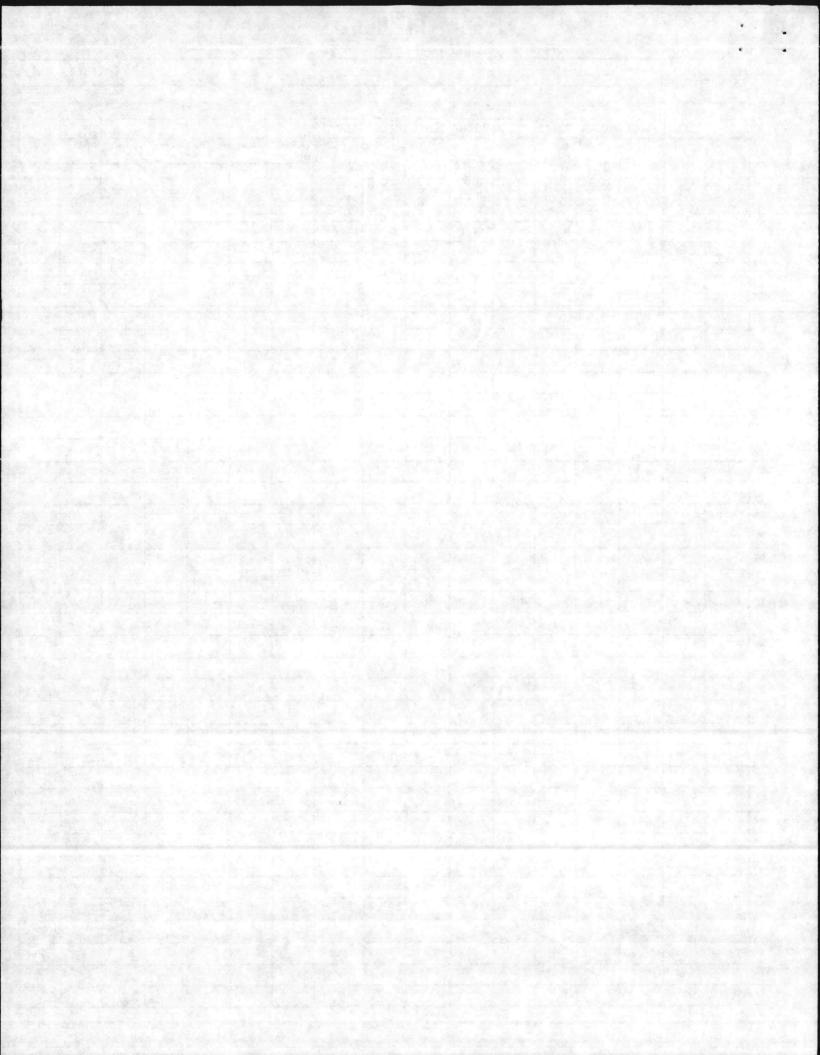


Influent

NPDES NO:	NC0063037	DISCHARGE	NO: 001	MONTH:_	June	YEAR:	1987
	Rifle Range	STP				Onslo	W

		- 43 (64)	00400	00010	00545	00310	00610	00500	00530	00340				Party I	95.4		4 35
				ē					0		ENTER UNITS E	PARAMET	ER CODE	ABOVE	& NAM	EAND	
	Time	Composite Time	Ŧ	Temperature (Celsius)	Settleable Matter	8005 20°C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	GOD							
		HRS	STD	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L	ter in						
	-																
								11-11									
	00	24				40			136								
						1-1											
				2	- 35												
5	00	24			14.5	68			70								
	~ ~ ~		4	The s		00					1-7			3			
	***************************************			100									.3634				
											4.5					15.05.9	
																	
1				4.5	100			3.7					Short S				
5																	
-	00	24		11.7		44			76		11.30				15.00		
7			Egent.	J. 100								200					
,		4.50															
5									- Program							1907	
											100	13.7				ov the	Jet.
2		17.50								100							
1																	
•	ΩΩ	2/1			1.4	60	Side 1		200	42		10.7	64 K		100		
1					1897	1,000						0.000	BANKS IN				
5			100	9.31 9					A Here		5 49					A trait	
,				-													
В						119.44		photosop,	14.11	tor =				700		A	
•												12.5					
0		10000	100	44		100						- 45 m	27.5			y agent	
•																	
	RAGE								101								-
		AXIMUM				53			121		7						
		MINIMUM	-			68 40	100		200- 70						-		
_		CorG		7	-V	40 C			C						7		

DEM Form MR-2 (11/84)

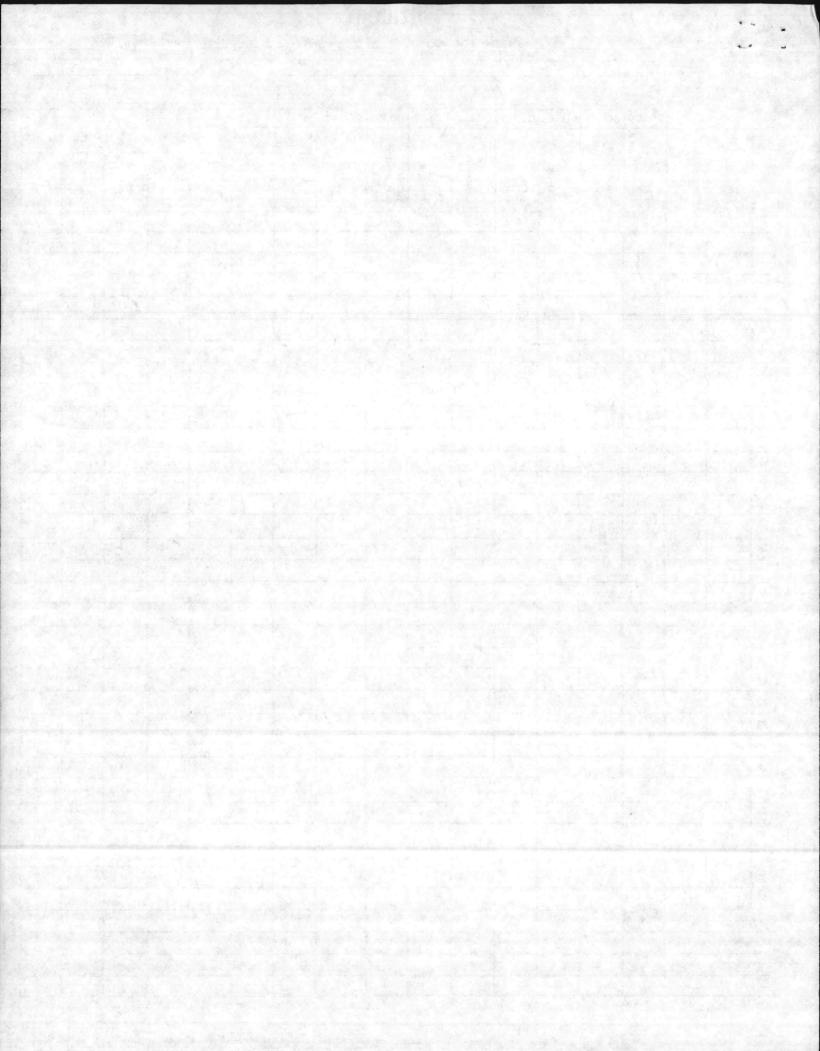


Influent

NPDES NO:	NC0063053 DISCHARGE NO:	MONTH:	June	YEAR:	1987
	Onslow Beach STp			Onsl	OW
FACILITY NAME			COUN	TY:	

			00400	00010	00545	00310	00610	00500	00530	00340			12.0			10 F	
1											ENTER	PARAMET	ER CODE	ABOVE	& NAM	EAND	124
	Time	Composite Time	Ŧ	Temperature (Celsius)	Settleable Matter	80D5 20 °C	Ammonia	Total Residue	Total Suspended Residue	COD	UNITS	SELOW					
ľ		HRS	STD	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L		E.					
I									3.0								
Ī																	
ı							1000									1000	
Ī	00	24				268			346								
İ														10 M			
Ì	-5								K. 1							Table 2	
t																1	
İ													F. 14.1				
t														4			
t																	
t	00	24				180			264			37.4.33					
1	UU	24				100											
ł																	
ł			de d			F 253						F 103	256-250			100	
ł																	8
+												10.00					
ł		011				164			156						30,50		_
ł	00	24				164			156					4 1			
ł													1				
ł		1				53- X 777 S	3. 34.3	- 1 K 15			900 S	100				20 52	
ŀ						10.00			10.00								
ļ				2, 95	(1)	0:											
	00	24				184		W	232			1914/J		4-4-3	100		
								Year									
ļ			Teg			12.4			W S T SE								
ļ		1 12									7						
İ			a things														
			Carrier I			- 10		7		Maria de la companya de la companya de la companya de la companya de la companya de la companya de la companya				1.00		4	
		-01 ag a		e e e e e e e e e e e e e e e e e e e	199-19	100-170-0	1917/20			ent aprinty	100	1.0				1 12 122	
E	RAGE					199		350 800	250				145				
X	NTHLY M	AXIMUM				268			346								
0	NTHLY N	MUMINIM	100		Ongo in se	164			156	Surger Person							-
	PLE TYPE	CorG		. 34	2 3	C		- 15	C								

DEM Form MR-2 (11.84)



Assistant Chief of Staff, Facilities, Marine Corps Base, Camp Lejeune Base Maintenance Officer

WASTEWATER COMPLIANCE INSPECTION REPORTS

- Encl: (1) NC Div of Env Mgmt ltr dtd 30 Jul 87 w/encl
 - 1. Please direct your attention to the summary of findings and comments per the enclosure. In all cases the plants were rated to be in compliance. Please provide a response by 15 September 1987 on the status of the findings and comments regarding adjusting chlorine residuals and cleaning of sludge drying beds.
 - 2. POC is Bob Alexander, extension 3034.

K. J. KIRIACOPOULOS By direction

Copy to:

WH:

ASBOY'S CATE

AUG 10 1987

Les tables til en til en til settitiet i skrivet til en til en til en til en til en til en til en til en til e Til en til

form with the the first all the with the win the respect to

The transact of the volume attention to the standard of finitings and objects the characters and objects and objects and objects and objects and objects are started as a control of the standard of the control of the

ARREST SON WEST TO THE PROPERTY ON THE STATE OF

w. J. Stingerungs Signature close



State of North Carolina Department of Natural Resources and Community Development Wilmington Regional Office

-- C. Martin, Carrage

Bob Jamieson

James G. Martin, Governor S. Thomas Rhodes, Secretary

DIVISION OF ENVIRONMENTAL MANAGEMENT

July 30, 1987

Commanding General
United States Marine Corps
Camp Lejeune Marine Corps Base
Jacksonville, North Carolina 28542

Subject: NPDES Compliance Inspection

Reports

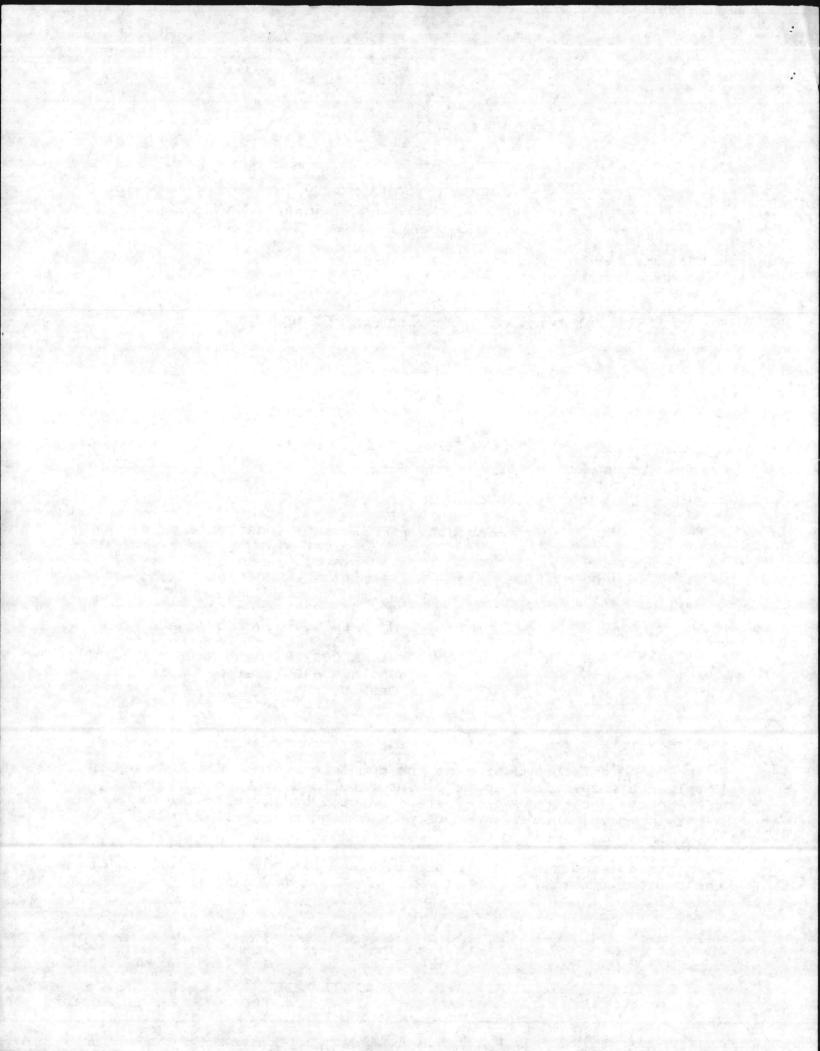
Wastewater Treatment Plants
Permit Nos. NC0063069 Hadnot Pt.
No. NC0063045 Courthouse Bay
No. NC0063011 Montford Point
No. NC0063053 Onslow Beach
No. NC0063037 Rifle Range
No. NC0062995 Camp Geiger
No. NC0063002 Tarawa Terrace

Onslow County

Dear Sir:

Please find attached copies of the completed forms entitled "NPDES Compliance Inspection Report". The reports summarize the findings of recent inspections which were conducted on July 21, 1987 to determine compliance with NPDES permit requirements.

Your attention is also directed towards a summary of findings and comments noted during the inspections and listed in Section "D" of the subject reports.



Page Two Commanding General United States Marine Corps July 30, 1987

If you have any questions concerning these reports, please contact me at the Wilmington Regional Office, telephone number (919) 256-4161.

Sincerely, Pat C. Surrett

Pat C. Durrett

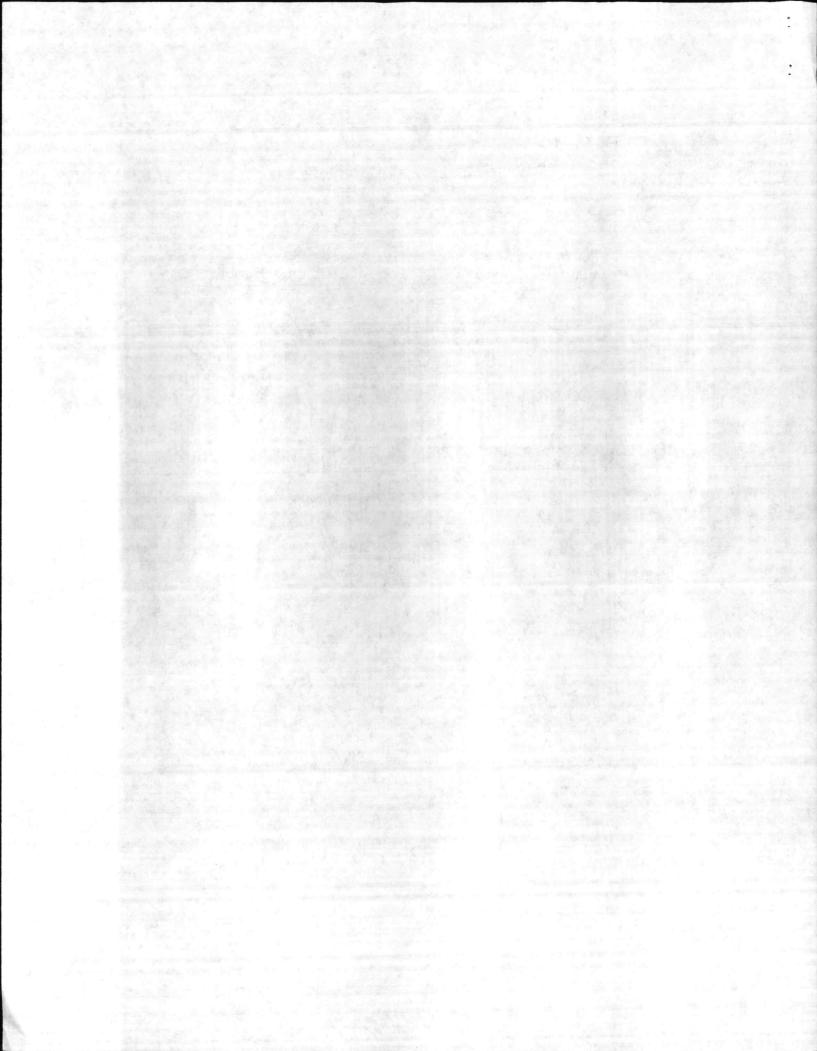
Wastewater Treatment Plant Consultant

PCD:kc

cc: WiRO, CF

Compliance Oversight Group

G. W. Wallace, EPA



Section A: National Data System Coding

Transaction Code: N NPDES NC0063045

Inspection Type: C Inspector: Date: 87/07/21

Facility Type: 4 Facility Evaluation Rating: 4

BI: N OA: N

Section B: Facility Data

Name and Location of Facility Inspected:

Courthouse Bay Camp Lejeune

Exit Time/Date: 11:40-7/21/87 Entry Time: 11:00 am

Permit Effective Date: 2/1/87 Permit Expiration Date: 1/31/92

Name(s), Title(s) of On-Site Representative(s):

Mac Davis (Initial Interview), ORC Tommy Kennedy, Work Leader Glen Vause, Day Operator

Phone Number: 451-5988

Name, Title and Address of Responsible Official:

Davis Southerland, Utilities Director Utilities Division, Base Maintenance Marine Corps Base, Camp Lejeune

Phone Number: 451-5161 Contacted: No

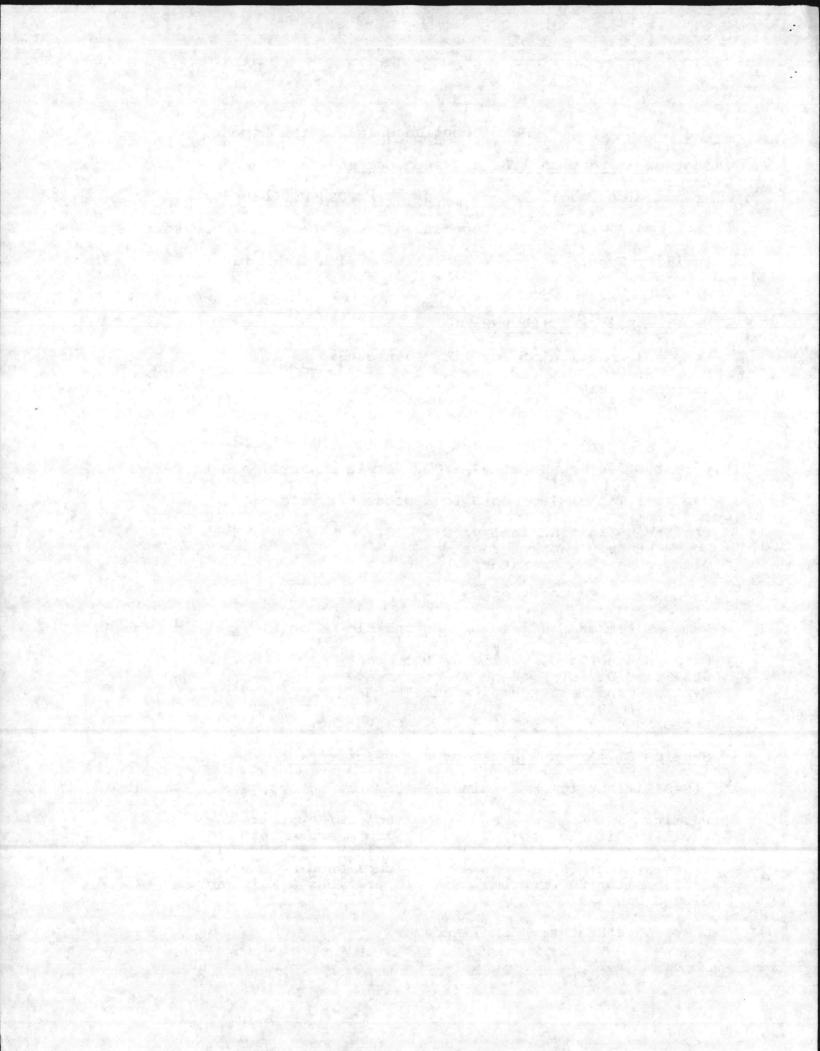
Section C: Areas Evaluated During Inspection

(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Evaluated)

Permit: S Records/Reports: S Facility Site Review: N Flow Measurement: S

Effluent/Receiving Waters: Laboratory: S Pretreatment: N Compliance Schedules: N Self-Monitoring Program: S Operations & Maintenance: S

Sludge Disposal: S Other:



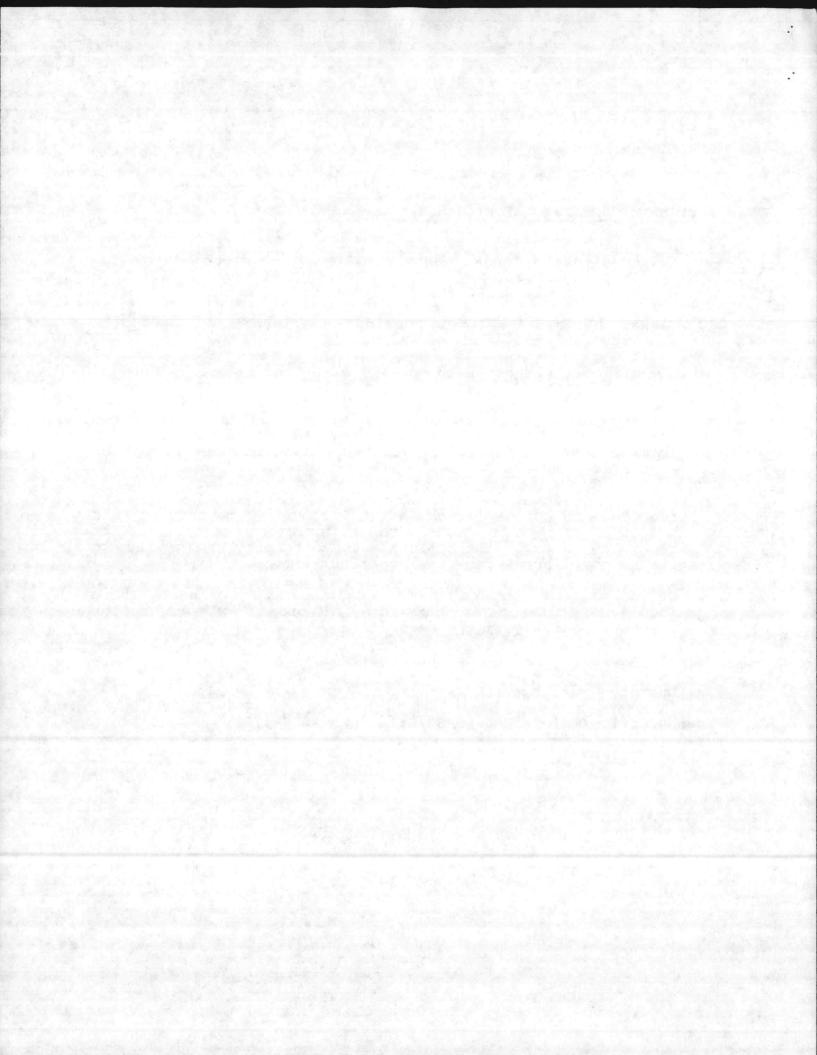
Section D: Summary of Findings/Comments

- 1. A review of the past twelve months of data from the self-monitoring reports submitted by the permittee show the facility to be in compliance with the effluent limitations contained in the NPDES discharge permit.
- Visual observations made during the inspection show the facility was well operated and maintained.
- 3. The effluent was noted to be very clear and free of suspended matter.
- 4. The automatic samplers are not being utilized for sample collection. This should be corrected as soon as possible. A more representative sample will be collected when using the automatic samplers.
- 5. The CL2 residual is too high. A minimum of 0.5 mg/l is required and you are in excess of 4.0 mg/l. Not only is this practice costly it could create toxic conditions in the receiving waters. The residual should be only high enough to ensure compliance with fecal coliform limits.
- 6. Drying beds are not being cleaned in a timely manner. These should be cleaned as they dry in order to move solids inventory quickly if the need arises.

Name(s) and Signature(s) of Inspector(s):

Pat Durrett fat Surrett

Agency/Office/Telephone: NRCD/Wilmington/256-4161



Section A: National Data System Coding

Transaction Code: N NPDES NC0063011

Date: 87/07/21 Inspection Type: C Inspector:

Facility Type: 4 Facility Evaluation Rating:

BI: N QA: N

Section B: Facility Data

Name and Location of Facility Inspected:

Camp Johnson

Entry Time: 1:10 pm Exit Time/Date: 1:40-7/21/87

Permit Effective Date: 2/1/87 Permit Expiration Date: 1/31/92

Name(s), Title(s) of On-Site Representative(s):

Tommy Kennedy, Work Leader Stan Hill, Day Operator

Phone Number: 451-5988

Name, Title and Address of Responsible Official:

Davis Southerland, Utilities Director Utilities Division, Base Maintenance Marine Corps Base, Camp Lejeune

Phone Number: 451-5161 Contacted: No

Section C: Areas Evaluated During Inspection

(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Evaluated)

Permit: S Facility Site Review: N

Laboratory: Pretreatment: N

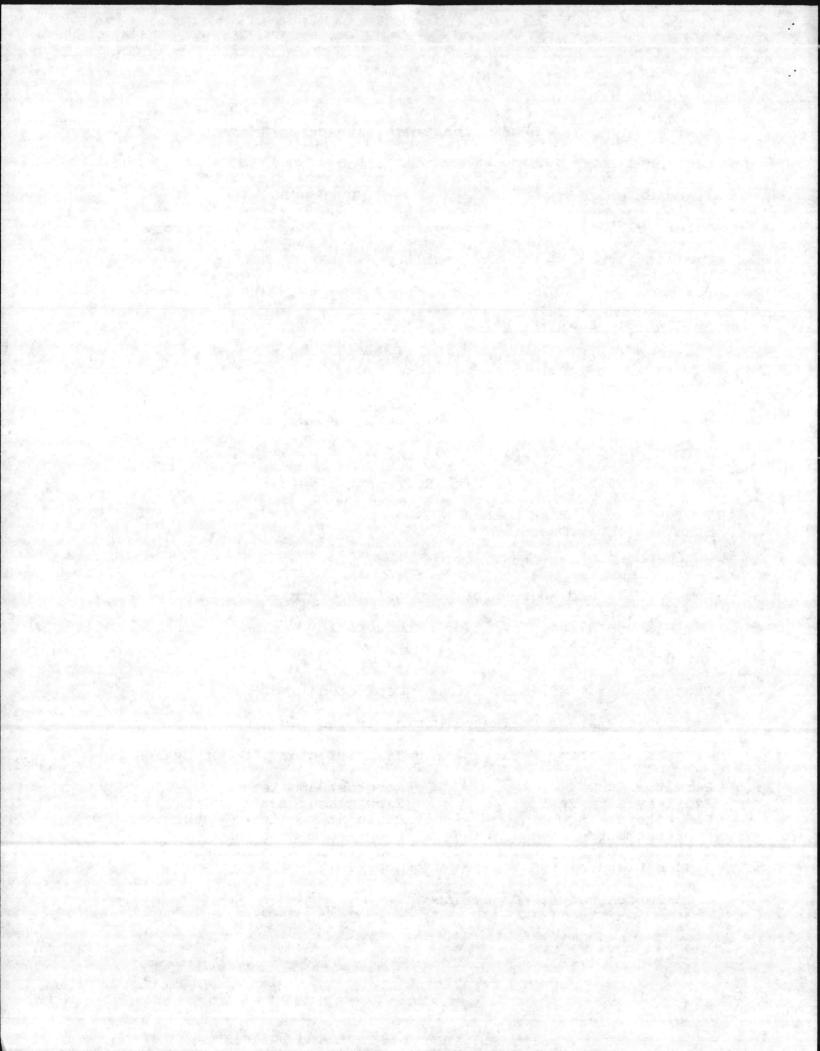
Self-Monitoring Program: S

Sludge Disposal: S

Records/Reports: S Flow Measurement: S

Effluent/Receiving Waters: S Compliance Schedules: N Operations & Maintenance:

Other:



Page Two Camp Johnson

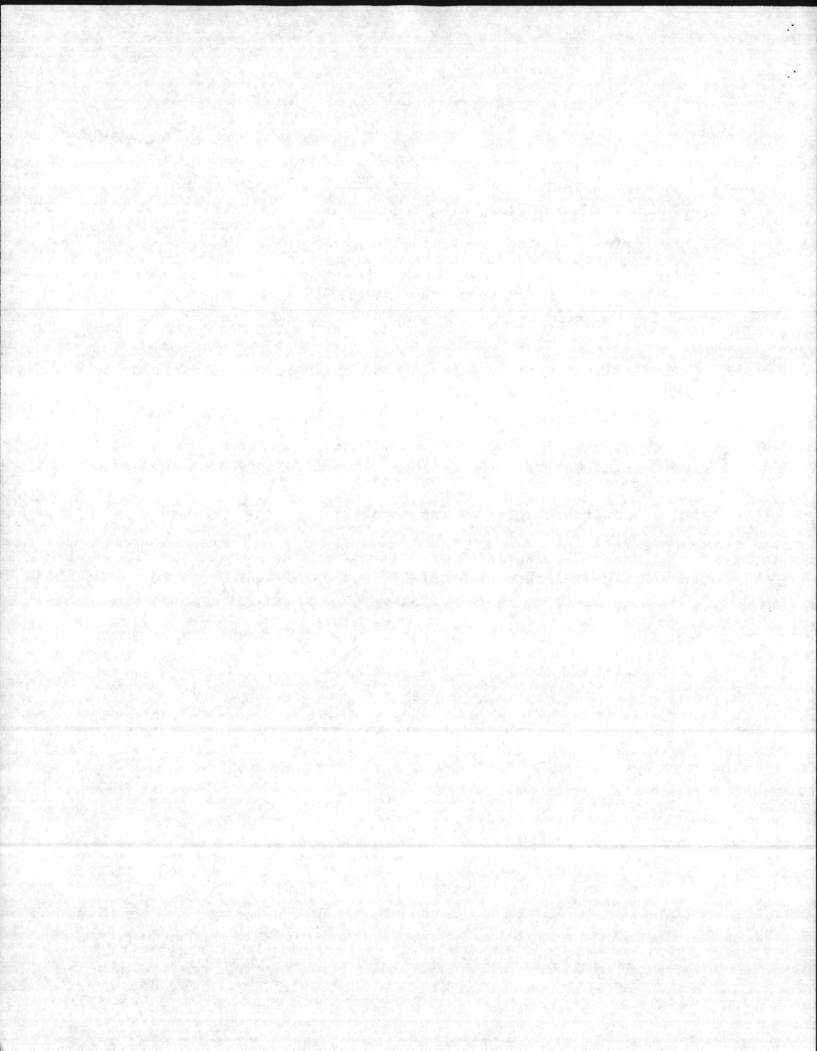
Section D: Summary of Findings/Comments

- A review of the past twelve months of data from the self-monitoring reports submitted by the permittee show the facility to be in compliance with the effluent limitations contained in the NPDES discharge permit.
- 2. Visual observations made during the inspection show the facility was well operated and maintained.
- 3. The effluent was noted to be very clear and free of suspended matter.
- 4. The CL2 residual is too high. A minimum of 0.5 mg/l is required and you are in excess of 4.0 mg/l. Not only is this practice costly it could create toxic conditions in the receiving waters. The residual should be only high enough to ensure compliance with fecal coliform limits.

Name(s) and Signature(s) of Inspector(s):

Pat Durrett Lat Surrett

Agency/Office/Telephone: NRCD/Wilmington/256-4161



Section A: National Data System Coding

Transaction Code: N NPDES NC0063069

Date: 87/07/21 Inspection Type: C Inspector: S

Facility Type: 4 Facility Evaluation Rating: 4

BI: N QA: N

Section B: Facility Data

Name and Location of Facility Inspected:

Hadnot Point Camp Lejeune

Entry Time: 9:20 am Exit Time/Date: 10:15-7/21/87

Permit Effective Date: 2/1/87 Permit Expiration Date: 1/31/92

Name(s), Title(s) of On-Site Representative(s):

Tommy Kennedy, Work Leader Albert Salter, Day Operator

Phone Number: 451-5933

Name, Title and Address of Responsible Official:

Davis Southerland, Utilities Director Utilities Division, Base Maintenance Marine Corps Base, Camp Lejeune

Phone Number: 451-5161 Contacted: No

Section C: Areas Evaluated During Inspection

(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Evaluated)

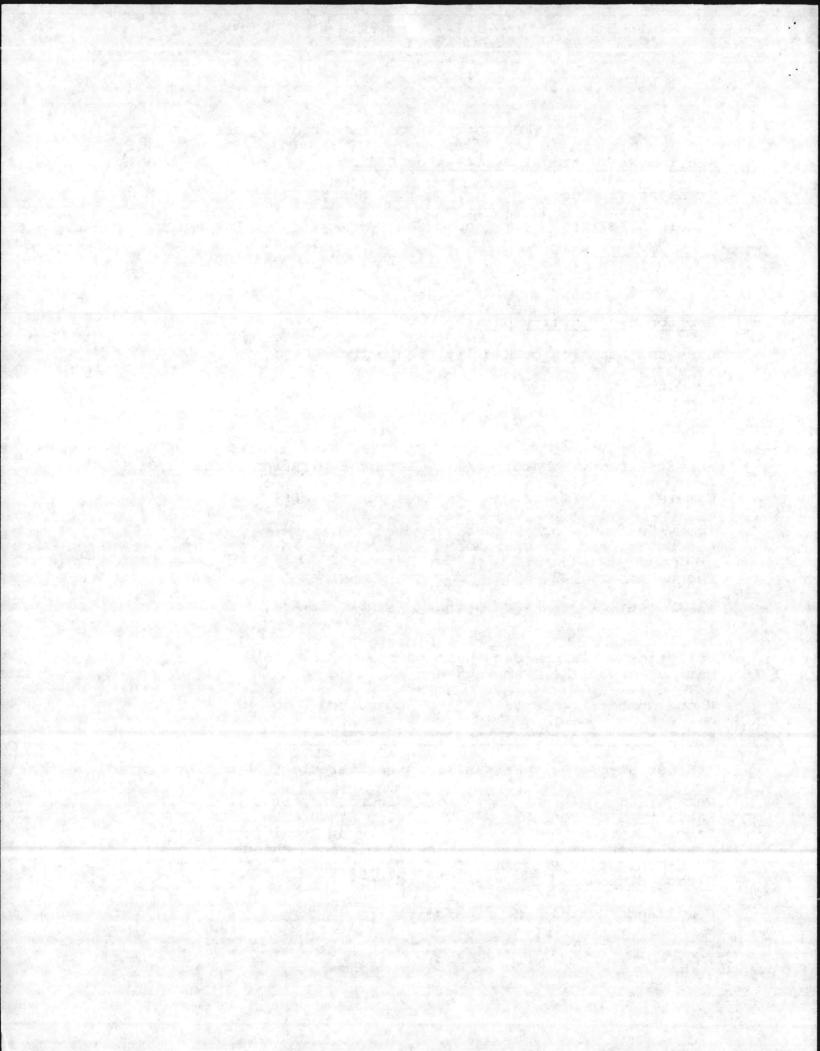
Permit: S Records/Reports: S

Facility Site Review: N Flow Measurement: S
Laboratory: S Effluent/Receiving Waters:

Pretreatment: N Compliance Schedules: N

Self-Monitoring Program: S Operations & Maintenance: S

Sludge Disposal: S Other:



Page Two Hadnot Point

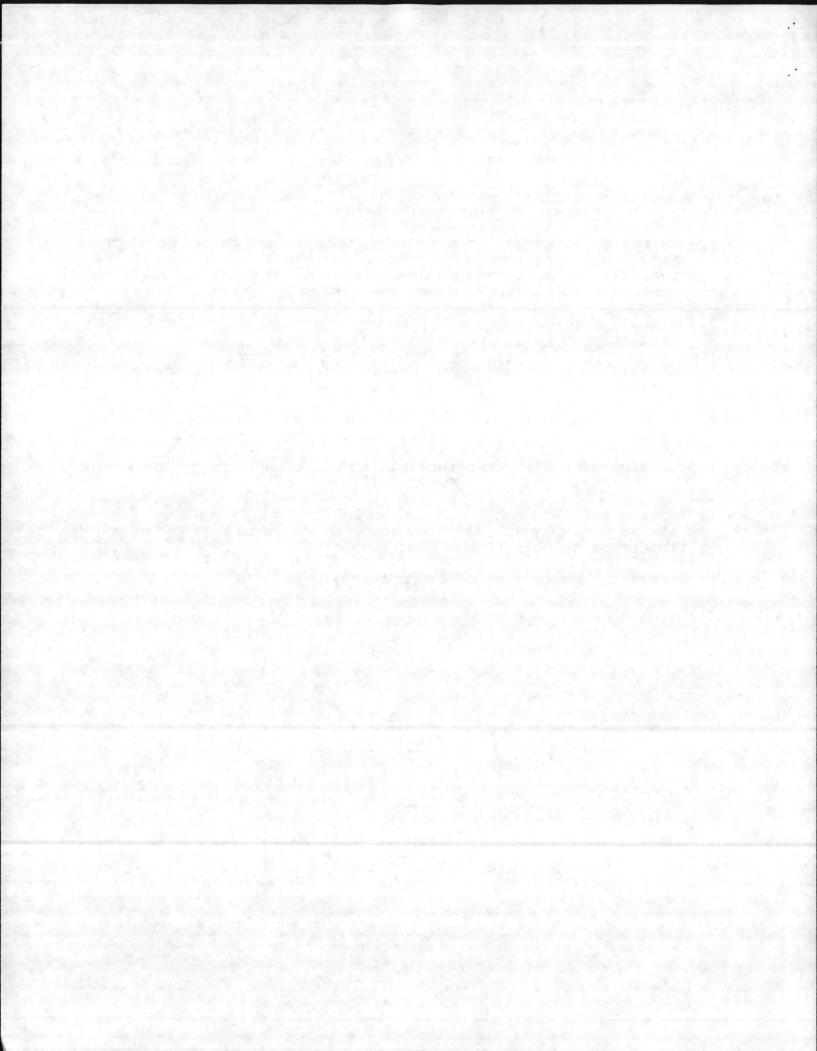
Section D: Summary of Findings/Comments

- 1. A review of the past twelve months of data from the self-monitoring reports submitted by the permittee show the facility to be in compliance with the effluent limitations contained in the NPDES discharge permit.
- Visual observations made during the inspection show the facility was well operated and maintained.
- 3. The effluent was noted to be very clear and free of suspended matter.
- 4. The CL2 residual is too high. A minimum of 0.5 mg/l is required and you are in excess of 4.0 mg/l. Not only is this practice costly it could create toxic conditions in the receiving waters. The residual should be only high enough to ensure compliance with fecal coliform limits.
- 5. Drying beds are not being cleaned in a timely manner. These should be cleaned as they dry in order to move solids inventory quickly if the need arises.

Name(s) and Signature(s) of Inspector(s):

Pat Durrett Lat Surrett

Agency/Office/Telephone: NRCD/Wilmington/256-4161



Section A: National Data System Coding

Transaction Code: N

NPDES NC0062995

Date: 87/07/21 Inspection Type: C Inspector:

Facility Type: 4 Facility Evaluation Rating: 4

BI: N

OA: N

Section B: Facility Data

Name and Location of Facility Inspected:

Camp Geiger

Permit Effective Date: Pending Permit Expiration Date:

Name(s), Title(s) of On-Site Representative(s):

Tommy Kennedy, Work Leader John Ambrose, Day Operator

Phone Number: 451-5988

Name. Title and Address of Responsible Official:

Davis Southerland, Utilities Director Utilities Division, Base Maintenance Marine Corps Base, Camp Lejeune

Phone Number: 451-5161

Contacted: No

Section C: Areas Evaluated During Inspection

(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Evaluated)

Permit: S

Facility Site Review: N

Laboratory: S Pretreatment: N

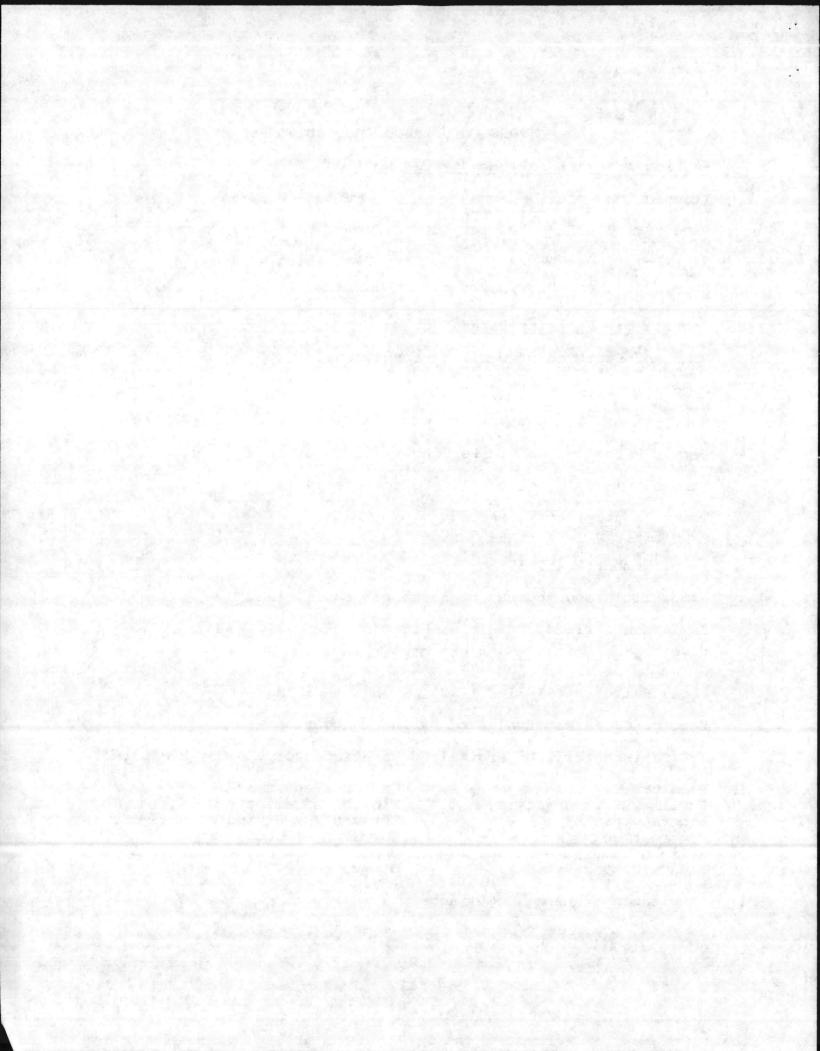
Self-Monitoring Program: S

Sludge Disposal: S

Records/Reports: S Flow Measurement: S

Effluent/Receiving Waters: S Compliance Schedules: N Operations & Maintenance: S

Other:



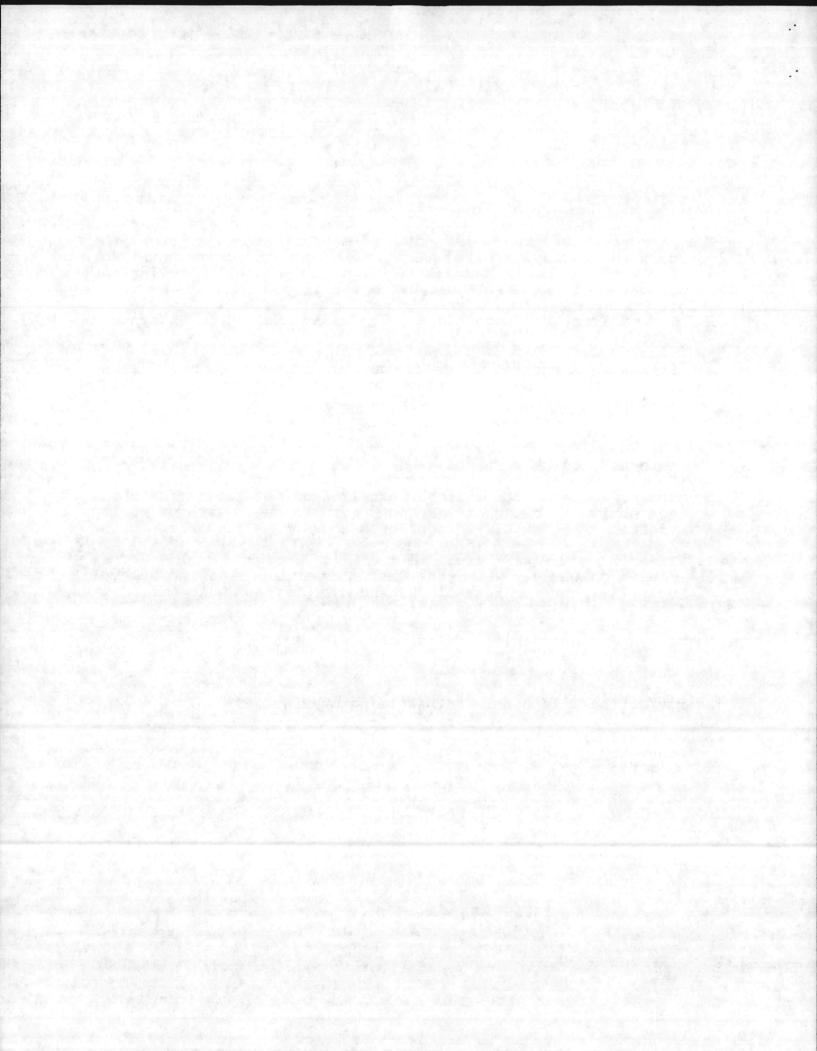
Section D: Summary of Findings/Comments

- 1. A review of the past twelve months of data from the self-monitoring reports submitted by the permittee show the facility to be in compliance with the effluent limitations contained in the NPDES discharge permit.
- The effluent was noted to be very clear and free of suspended matter.
- 3. Drying beds are not being cleaned in a timely manner. These should be cleaned as they dry in order to move solids inventory quickly if the need arises.
- 4. Drying beds are not being cleaned in a timely manner. These should be cleaned as they dry in order to move solids inventory quickly if the need arises.
- 5. The replacement comminutors installed do not fit the channels correctly allowing items to pass through without being treated. This should be corrected as soon as possible.
- 6. The weirs in the final clarifiers are not level. This condition was noted in the last inspection report. Unlevel weirs can cause short-circuiting in the tank and result in loss of solids over the weirs.

Name(s) and Signature(s) of Inspector(s):

Pat Durrett Pat Surrett

Agency/Office/Telephone: NRCD/Wilmington/256-4161



Section A: National Data System Coding

Transaction Code: N NPDES NC0063002

Date: 87/07/21 Inspection Type: C Inspector: S

Facility Type: 4 Facility Evaluation Rating: 4

BI: N OA: N

Section B: Facility Data

Name and Location of Facility Inspected:

Tarawa Terrace Camp Lejeune

Permit Effective Date: 2/1/87 Permit Expiration Date: 1/31/92

Name(s), Title(s) of On-Site Representative(s):

Tommy Kennedy, Work Leader Bill Carlisle, Day Operator

Phone Number: 451-5988

Name, Title and Address of Responsible Official:

Davis Southerland, Utilities Director Utilities Division, Base Maintenance Marine Corps Base, Camp Lejeune

Phone Number: 451-5161 Contacted: No

Section C: Areas Evaluated During Inspection

(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Evaluated)

Permit: S Records/Reports: S Facility Site Review: N Flow Measurement: S

Laboratory: S Effluent/Receiving Waters: S Pretreatment: N Compliance Schedules: N

Self-Monitoring Program: S Operations & Maintenance: S

Sludge Disposal: S Other:

Page Two Tarawa Terrace

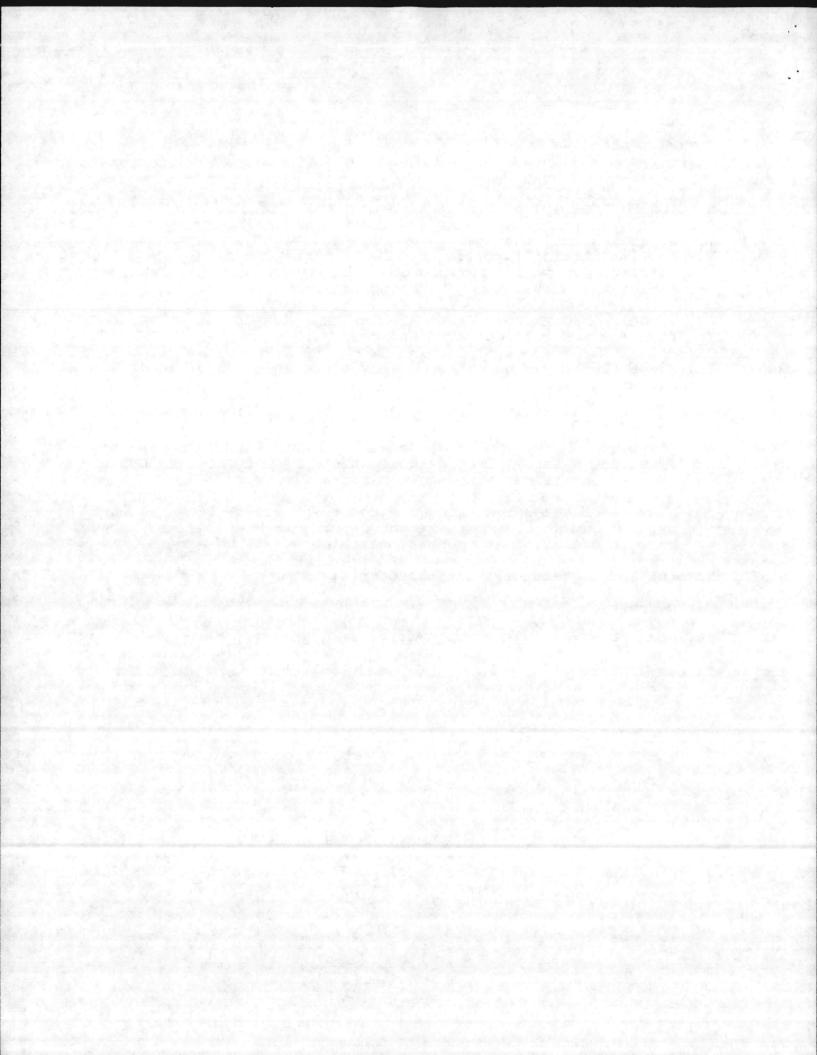
Section D: Summary of Findings/Comments

- A review of the past twelve months of data from the self-monitoring reports submitted by the permittee show the facility to be in compliance with the effluent limitations contained in the NPDES discharge permit.
- 2. Visual observations made during the inspection show the facility was well operated and maintained.
- 3. The effluent was noted to be very clear and free of suspended matter.
- 4. The CL2 residual is too high. A minimum of 0.5 mg/l is required and you are in excess of 4.0 mg/l. Not only is this practice costly it could create toxic conditions in the receiving waters. The residual should be only high enough to ensure compliance with fecal coliform limits.
- 5. Flow meter was not working due to recent storm, it was struck by lightening. Parts were on order and it will be placed back in operation as soon as possible.

Name(s) and Signature(s) of Inspector(s):

Pat Durrett Lat Surrett

Agency/Office/Telephone: NRCD/Wilmington/256-4161



Section A: National Data System Coding

Transaction Code: N

NPDES NC0063037

Date: 87/07/21

Inspection Type: C

Inspector:

Facility Type: 4 Facility Evaluation Rating: 4

BI: N

OA: N

Section B: Facility Data

Name and Location of Facility Inspected:

Rifle Range

Entry Time: 11:55 am Exit Time/Date: 12:25-7/21/87

Permit Effective Date: 2/1/87 Permit Expiration Date: 1/31/92

Name(s), Title(s) of On-Site Representative(s):

Tommy Kennedy, Work Leader Amos Booth, Day Operator

Phone Number: 451-5988

Name, Title and Address of Responsible Official:

Davis Southerland, Utilities Director Utilities Division, Base Maintenance Marine Corps Base, Camp Lejeune

Phone Number: 451-5161

Contacted: No

Section C: Areas Evaluated During Inspection

(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Evaluated)

Permit: S

Facility Site Review: N

Laboratory:

Pretreatment: N

Self-Monitoring Program: S

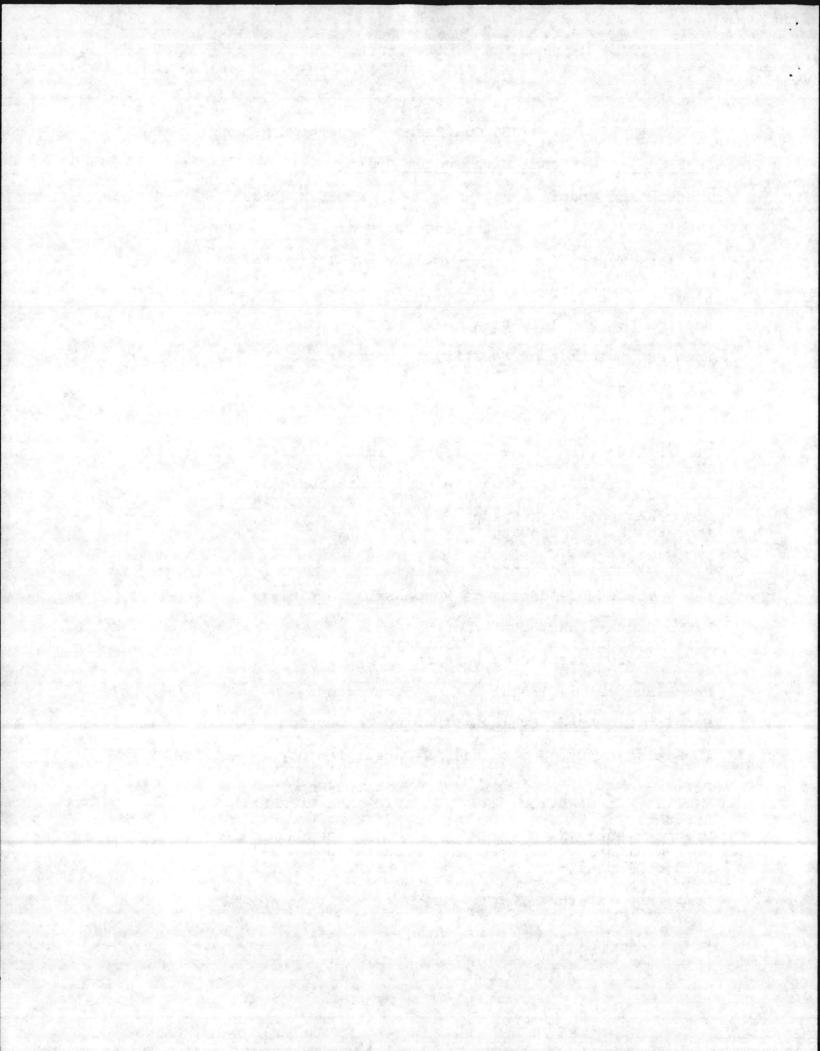
Sludge Disposal: S

Records/Reports: Flow Measurement: S

Effluent/Receiving Waters: S

Compliance Schedules: N Operations & Maintenance:

Other:



Page Two Rifle Range

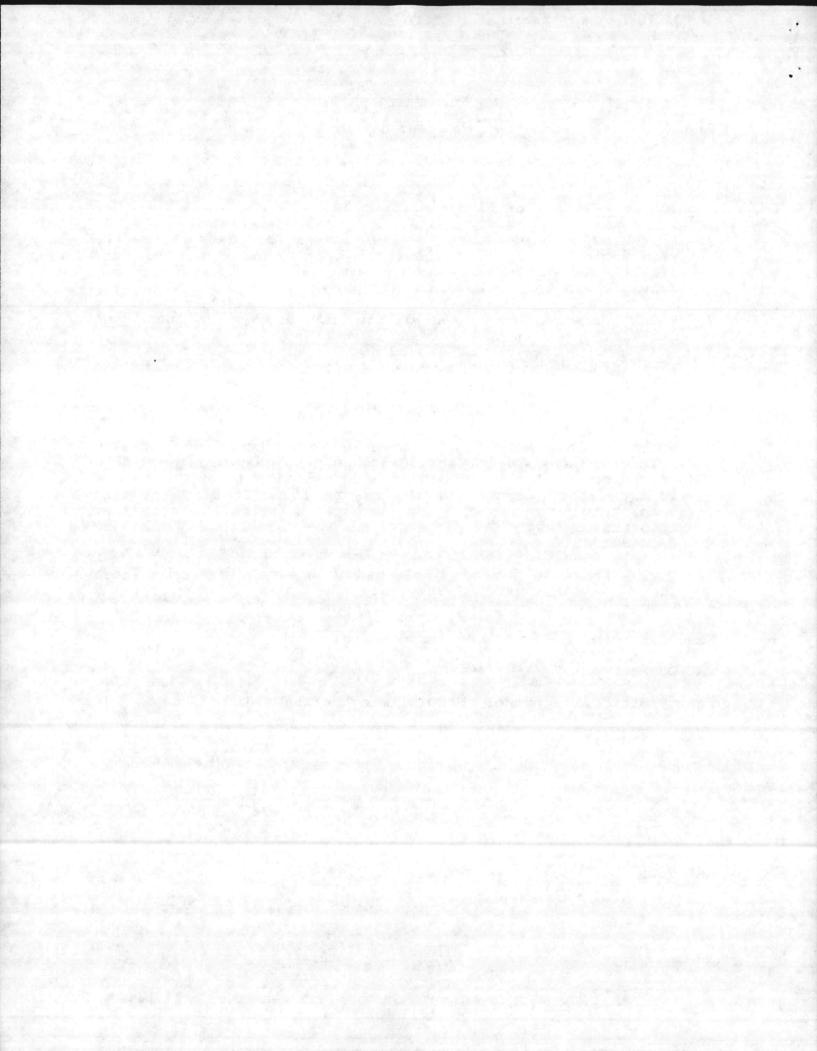
Section D: Summary of Findings/Comments

- 1. A review of the past twelve months of data from the self-monitoring reports submitted by the permittee show the facility to be in compliance with the effluent limitations contained in the NPDES discharge permit.
- 2. Visual observations made during the inspection show the facility was well operated and maintained.
- 3. The effluent was noted to be very clear and free of suspended matter.
- 4. The CL2 residual is too high. A minimum of 0.5 mg/l is required and you are in excess of 4.0 mg/l. Not only is this practice costly it could create toxic conditions in the receiving waters. The residual should be only high enough to ensure compliance with fecal coliform limits. The CL2 feeder is too large a range for the small flow. It stops feeding when turning the CL2 down below 15 lbs. A smaller chlorinator with a range of 0 to 25 lbs. should be considered.
- 5. Drying beds are not being cleaned in a timely manner. These should be cleaned as they dry in order to move solids inventory quickly if the need arises.

Name(s) and Signature(s) of Inspector(s):

Pat Durrett Pat Surrett

Agency/Office/Telephone: NRCD/Wilmington/256-4161



Section A: National Data System Coding

Transaction Code: N NPDES NC0063053

Date: 87/07/21 Inspection Type: C Inspector: S

Facility Type: 4 Facility Evaluation Rating: 4

BI: N QA: N

Section B: Facility Data

Name and Location of Facility Inspected:

Onslow Beach Camp Lejeune

Entry Time: 10:30 am Exit Time/Date: 10:55-7/21/87

Permit Effective Date: 2/1/87 Permit Expiration Date: 1/31/92

Name(s), Title(s) of On-Site Representative(s):

Tommy Kennedy, Work Leader Mike Vincent, Day Operator

Phone Number: 451-5988

Name, Title and Address of Responsible Official:

Davis Southerland, Utilities Director Utilities Division, Base Maintenance Marine Corps Base, Camp Lejeune

Phone Number: 451-5161 Contacted: No

Section C: Areas Evaluated During Inspection

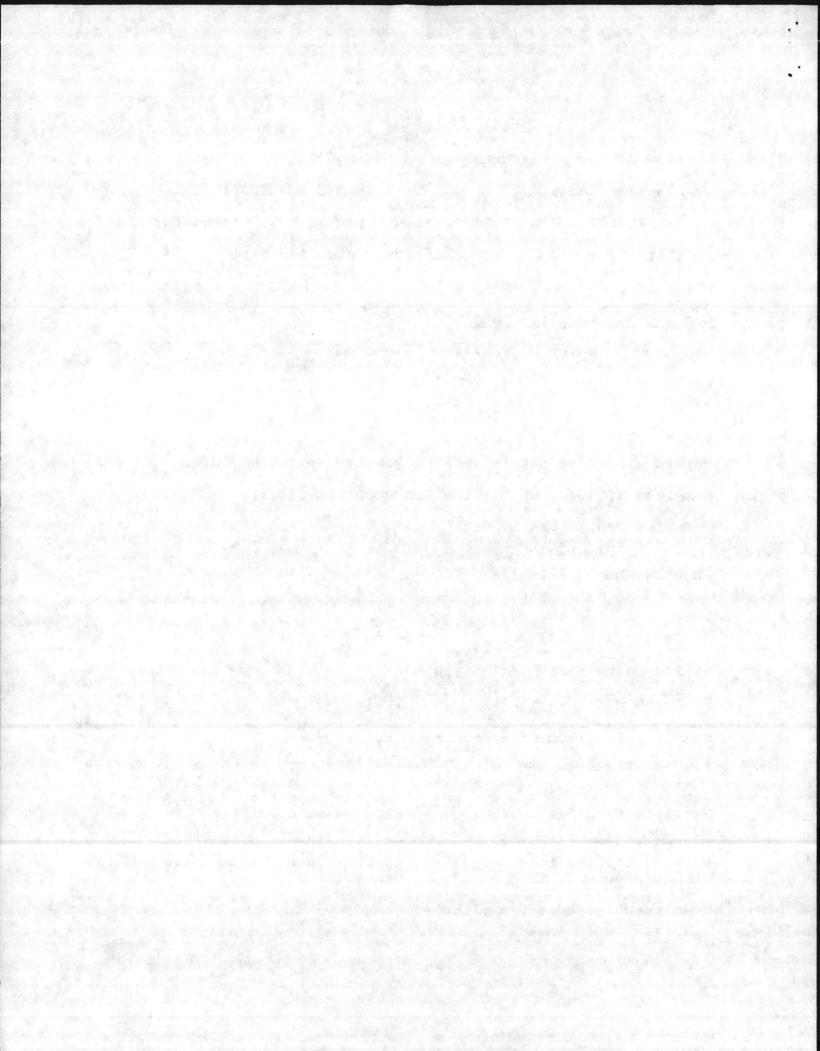
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Evaluated)

Permit: S Records/Reports: S Facility Site Review: N Flow Measurement: S

Laboratory: S Effluent/Receiving Waters: S Pretreatment: N Compliance Schedules: N

Self-Monitoring Program: S Operations & Maintenance: S

Sludge Disposal: S Other:



Section D: Summary of Findings/Comments

- 1. A review of the past twelve months of data from the self-monitoring reports submitted by the permittee show the facility to be in compliance with the effluent limitations contained in the NPDES discharge permit.
- 2. Visual observations made during the inspection show the facility was well operated and maintained.
- 3. The effluent was noted to be very clear and free of suspended matter.
- 4. The CL2 residual is too high. A minimum of 0.5 mg/l is required and you are in excess of 4.0 mg/l. Not only is this practice costly it could create toxic conditions in the receiving waters. The residual should be only high enough to ensure compliance with fecal coliform limits. The CL2 feeder is too large a range for the small flow. It stops feeding when turning the CL2 down below 15 lbs. A smaller chlorinator with a range of 0 to 25 lbs. should be considered.
- Drying beds are not being cleaned in a timely manner. These should be cleaned as they dry in order to move solids inventory quickly if the need arises.

Name(s) and Signature(s) of Inspector(s):

Pat Durrett Lat Surrett

Agency/Office/Telephone: NRCD/Wilmington/256-4161

