JW

ROUTING SLIP

26 MAR 1984

FAC ROUTING			
	ACTION	INFO	INT
FACO			
4A			
4B		✓	✓
4C			
4D			
4E			
4FC		✓	
4LC			
SEC			
CLK			

COMMENTS:

Betsy:
Please review & return
Julian

THE CALIBRATION ON PAGE 3 IS REFERRING TO FLOW METERS IN PLANT (MACK DAVIS'S RESPONSIBILITY). ONE METER WAS BROKEN ONE HAD WRONG CHART PAPER. AND NO LOG OF CALIBRATION KEPT. BETSY

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION IV

ENVIRONMENTAL SERVICES DIVISION
ATHENS, GEORGIA 30613

MAR 20 1984

REF: 4ES-EN

Commanding General
Camp Lejeune Marine Corps Base
ATTN: Assistant Chief of Staff-Facilities
Camp Lejeune, North Carolina 28542

Sir,

Enclosed is a copy of the report for the NPDES compliance sampling inspection (US-EPA form 3560-3 and analytical data) conducted at your facility during the week of January 23, 1984. If you have any questions regarding the report please contact Larry Brannen or me at 404/546-3588, Athens, Georgia.

Sincerely yours,

Steve Hall for

Charles A. Sweatt, Chief
Municipal and Industrial Section

cc: Art Linton/Bill Rowe
Forrest Westall

OMB No. 158-R0073

NPDES COMPLIANCE INSPECTION REPORT *(Coding Instructions on back of last page)*

TRANSACTION CODE		NPDES	YR	MO	DA	TYPE	INSPECTOR	FAC TYPE	TIME
N	5	NC0003239	84	01	25	S	R	4	a.m. / p.m.
1	2	3 – 11	12		17	18	19	20	

REMARKS

21 — 64

ADDITIONAL

65 — 70

SECTION A - Permit Summary

NAME AND ADDRESS OF FACILITY *(Include County, State and ZIP code)*		EXPIRATION DATE
US MARINE CORPS BASE COMMANDING GENERAL - CAMP LEJEUNE CAMP LEJEUNE, NORTH CAROLINA 28542		MARCH 1985
		ISSUANCE DATE MARCH 1980
RESPONSIBLE OFFICIAL Col. M.G. Lilley	TITLE ASSIT. Chief of staff - Facilities	PHONE
FACILITY REPRESENTATIVE ELIZABETH BETZ	TITLE CHEMIST	PHONE 919-451-5977

SECTION B - Effluent Characteristics *(Additional sheets attached _____)*

PARAMETER/ OUTFALL		MINIMUM	AVERAGE	MAXIMUM	ADDITIONAL
	SAMPLE MEASUREMENT				
	PERMIT REQUIREMENT				
	SAMPLE MEASUREMENT				
	PERMIT REQUIREMENT				
	SAMPLE MEASUREMENT				
	PERMIT REQUIREMENT				
	SAMPLE MEASUREMENT				
	PERMIT REQUIREMENT				
	SAMPLE MEASUREMENT				
	PERMIT REQUIREMENT				

SEE ATTACHED ANALYTICAL DATA SHEET

SECTION C - Facility Evaluation *(S = Satisfactory, U = Unsatisfactory, N/A = Not applicable)*

S	EFFLUENT WITHIN PERMIT REQUIREMENTS	S	OPERATION AND MAINTENANCE	S	SAMPLING PROCEDURES
S	RECORDS AND REPORTS	NA	COMPLIANCE SCHEDULE	S	LABORATORY PRACTICES
S	PERMIT VERIFICATION	S	FLOW MEASUREMENTS		OTHER:

SECTION D - Comments

SECTION E - Inspection/Review

SIGNATURES	AGENCY	DATE
INSPECTED BY Gary F. Brownen	US-EPA	1-25-84
INSPECTED BY Bill Rowe (ATL-OFFICE)	US-EPA	1-25-84
REVIEWED BY R Barron	US-EPA	3/16/84

ENFORCEMENT DIVISION USE ONLY

COMPLIANCE STATUS

☐ COMPLIANCE

☐ NONCOMPLIANCE

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Sections F thru L: Complete on all inspections, as appropriate. N/A = Not Applicable

PERMIT NO. NC0003239

SECTION F - Facility and Permit Background

ADDRESS OF PERMITTEE IF DIFFERENT FROM FACILITY *(Including City, County and ZIP code)*	DATE OF LAST PREVIOUS INVESTIGATION BY EPA/STATE: NOT KNOWN FINDINGS

SECTION G - Records and Reports

RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT. ☒ YES ☐ NO ☐ N/A *(Further explanation attached _____)*

DETAILS:

(a) ADEQUATE RECORDS MAINTAINED OF:			
(i) SAMPLING DATE, TIME, EXACT LOCATION	☒ YES	☐ NO	☐ N/A
(ii) ANALYSES DATES, TIMES	☒ YES	☐ NO	☐ N/A
(iii) INDIVIDUAL PERFORMING ANALYSIS	☒ YES	☐ NO	☐ N/A
(iv) ANALYTICAL METHODS/TECHNIQUES USED	☒ YES	☐ NO	☐ N/A
(v) ANALYTICAL RESULTS *(e.g., consistent with self-monitoring report data)*	☒ YES	☐ NO	☐ N/A
(b) MONITORING RECORDS *(e.g.,flow, pH, D.O., etc.)* MAINTAINED FOR A MINIMUM OF THREE YEARS INCLUDING ALL ORIGINAL STRIP CHART RECORDINGS *(e.g. continuous monitoring instrumentation, calibration and maintenance records).*	☒ YES	☐ NO	☐ N/A
(c) LAB EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS KEPT.	☒ YES	☐ NO	☐ N/A
(d) FACILITY OPERATING RECORDS KEPT INCLUDING OPERATING LOGS FOR EACH TREATMENT UNIT.	☒ YES	☐ NO	☐ N/A
(e) QUALITY ASSURANCE RECORDS KEPT.	☒ YES	☐ NO	☐ N/A
(f) RECORDS MAINTAINED OF MAJOR CONTRIBUTING INDUSTRIES *(and their compliance status)* USING PUBLICLY OWNED TREATMENT WORKS.	☐ YES	☐ NO	☒ N/A

SECTION H - Permit Verification

INSPECTION OBSERVATIONS VERIFY THE PERMIT. ☒ YES ☐ NO ☐ N/A *(Further explanation attached _____)*

DETAILS:

(a) CORRECT NAME AND MAILING ADDRESS OF PERMITTEE.	☒ YES	☐ NO	☐ N/A
(b) FACILITY IS AS DESCRIBED IN PERMIT.	☒ YES	☐ NO	☐ N/A
(c) PRINCIPAL PRODUCT(S) AND PRODUCTION RATES CONFORM WITH THOSE SET FORTH IN PERMIT APPLICATION.	☐ YES	☐ NO	☒ N/A
(d) TREATMENT PROCESSES ARE AS DESCRIBED IN PERMIT APPLICATION.	☐ YES	☐ NO	☒ N/A
(e) NOTIFICATION GIVEN TO EPA/STATE OF NEW, DIFFERENT OR INCREASED DISCHARGES.	☐ YES	☐ NO	☒ N/A
(f) ACCURATE RECORDS OF RAW WATER VOLUME MAINTAINED.	☐ YES	☐ NO	☒ N/A
(g) NUMBER AND LOCATION OF DISCHARGE POINTS ARE AS DESCRIBED IN PERMIT.	☒ YES	☐ NO	☐ N/A
(h) CORRECT NAME AND LOCATION OF RECEIVING WATERS.	☒ YES	☐ NO	☐ N/A
(i) ALL DISCHARGES ARE PERMITTED.	☒ YES	☐ NO	☐ N/A

SECTION I - Operation and Maintenance

TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED. ☒ YES ☐ NO ☐ N/A *(Further explanation attached _____)*

DETAILS:

(a) STANDBY POWER OR OTHER EQUIVALENT PROVISIONS PROVIDED.	☒ YES	☐ NO	☐ N/A
(b) ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE.	☒ YES	☐ NO	☐ N/A
(c) REPORTS ON ALTERNATE SOURCE OF POWER SENT TO EPA/STATE AS REQUIRED BY PERMIT.	☐ YES	☐ NO	☐ N/A
(d) SLUDGES AND SOLIDS ADEQUATELY DISPOSED. LANDFILL ON BASE	☒ YES	☐ NO	☐ N/A
(e) ALL TREATMENT UNITS IN SERVICE.	☒ YES	☐ NO	☐ N/A
(f) CONSULTING ENGINEER RETAINED OR AVAILABLE FOR CONSULTATION ON OPERATION AND MAINTENANCE PROBLEMS.	☐ YES	☐ NO	☐ N/A
(g) QUALIFIED OPERATING STAFF PROVIDED.	☒ YES	☐ NO	☐ N/A
(h) ESTABLISHED PROCEDURES AVAILABLE FOR TRAINING NEW OPERATORS.	☒ YES	☐ NO	☐ N/A
(i) FILES MAINTAINED ON SPARE PARTS INVENTORY, MAJOR EQUIPMENT SPECIFICATIONS, AND PARTS AND EQUIPMENT SUPPLIERS.	☒ YES	☐ NO	☐ N/A
(j) INSTRUCTIONS FILES KEPT FOR OPERATION AND MAINTENANCE OF EACH ITEM OF MAJOR EQUIPMENT.	☒ YES	☐ NO	☐ N/A
(k) OPERATION AND MAINTENANCE MANUAL MAINTAINED.	☐ YES	☐ NO	☐ N/A
(l) SPCC PLAN AVAILABLE. BASE ORDER 11090.1B	☒ YES	☐ NO	☐ N/A
(m) REGULATORY AGENCY NOTIFIED OF BY PASSING. *(Dates _____ _____)*	☐ YES	☐ NO	☒ N/A
(n) ANY BY-PASSING SINCE LAST INSPECTION.	☐ YES	☒ NO	☐ N/A
(o) ANY HYDRAULIC AND/OR ORGANIC OVERLOADS EXPERIENCED.	☐ YES	☒ NO	☐ N/A

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OMB No. 158-R0073

PERMIT NO. NC0003239

SECTION J - Compliance Schedules

PERMITTEE IS MEETING COMPLIANCE SCHEDULE. ☐ YES ☐ NO ☒ N/A *(Further explanation attached _____)*

CHECK APPROPRIATE PHASE(S):

- ☐ (a) THE PERMITTEE HAS OBTAINED THE NECESSARY APPROVALS FROM THE APPROPRIATE AUTHORITIES TO BEGIN CONSTRUCTION.
- ☐ (b) PROPER ARRANGEMENT HAS BEEN MADE FOR FINANCING *(mortgage commitments, grants, etc.)*.
- ☐ (c) CONTRACTS FOR ENGINEERING SERVICES HAVE BEEN EXECUTED.
- ☐ (d) DESIGN PLANS AND SPECIFICATIONS HAVE BEEN COMPLETED.
- ☐ (e) CONSTRUCTION HAS COMMENCED.
- ☐ (f) CONSTRUCTION AND/OR EQUIPMENT ACQUISITION IS ON SCHEDULE.
- ☐ (g) CONSTRUCTION HAS BEEN COMPLETED.
- ☐ (h) START-UP HAS COMMENCED.
- ☐ (i) THE PERMITTEE HAS REQUESTED AN EXTENSION OF TIME.

SECTION K - Self-Monitoring Program

Part 1 – Flow measurement *(Further explanation attached _____)*

	YES	NO	N/A
PERMITTEE FLOW MEASUREMENT MEETS THE REQUIREMENTS AND INTENT OF THE PERMIT.	☒	☐	☐
DETAILS:			
(a) PRIMARY MEASURING DEVICE PROPERLY INSTALLED. (7 OUTFALLS)	☒	☐	☐
TYPE OF DEVICE: ☒ WEIR ☒ PARSHALL FLUME ☐ MAGMETER ☒ VENTURI METER ☐ OTHER *(Specify _____)*			
(b) CALIBRATION FREQUENCY ADEQUATE. *(Date of last calibration* [redacted] VARIOUS DATES	☐	☒	☐
(c) PRIMARY FLOW MEASURING DEVICE PROPERLY OPERATED AND MAINTAINED.	☒	☐	☐
(d) SECONDARY INSTRUMENTS *(totalizers, recorders, etc.)* PROPERLY OPERATED AND MAINTAINED.	☒	☐	☐
(e) FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGES OF FLOW RATES.	☒	☐	☐

? pHW

Part 2 – Sampling *(Further explanation attached _____)*

	YES	NO	N/A
PERMITTEE SAMPLING MEETS THE REQUIREMENTS AND INTENT OF THE PERMIT.	☒	☐	☐
DETAILS:			
(a) LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES.	☒	☐	☐
(b) PARAMETERS AND SAMPLING FREQUENCY AGREE WITH PERMIT.	☒	☐	☐
(c) PERMITTEE IS USING METHOD OF SAMPLE COLLECTION REQUIRED BY PERMIT. IF NO, ☐ GRAB ☐ MANUAL COMPOSITE ☐ AUTOMATIC COMPOSITE FREQUENCY _____	☒	☐	☐
(d) SAMPLE COLLECTION PROCEDURES ARE ADEQUATE.	☒	☐	☐
(i) SAMPLES REFRIGERATED DURING COMPOSITING	☒	☐	☐
(ii) PROPER PRESERVATION TECHNIQUES USED	☒	☐	☐
(iii) FLOW PROPORTIONED SAMPLES OBTAINED WHERE REQUIRED BY PERMIT	☒	☐	☐
(iv) SAMPLE HOLDING TIMES PRIOR TO ANALYSES IN CONFORMANCE WITH 40 CFR 136.3	☒	☐	☐
(e) MONITORING AND ANALYSES BEING PERFORMED MORE FREQUENTLY THAN REQUIRED BY PERMIT.	☒	☐	☐
(f) IF (e) IS YES, RESULTS ARE REPORTED IN PERMITTEE'S SELF-MONITORING REPORT.	☒	☐	☐

Part 3 – Laboratory *(Further explanation attached _____)*

	YES	NO	N/A
PERMITTEE LABORATORY PROCEDURES MEET THE REQUIREMENTS AND INTENT OF THE PERMIT.	☒	☐	☐
DETAILS:			
(a) EPA APPROVED ANALYTICAL TESTING PROCEDURES USED. *(40 CFR 136.3)*	☒	☐	☐
(b) IF ALTERNATE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED.	☐	☐	☒
(c) PARAMETERS OTHER THAN THOSE REQUIRED BY THE PERMIT ARE ANALYZED.	☒	☐	☐
(d) SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT.	☒	☐	☐
(e) QUALITY CONTROL PROCEDURES USED.	☒	☐	☐
(f) DUPLICATE SAMPLES ARE ANALYZED. 60 % OF TIME.	☒	☐	☐
(g) SPIKED SAMPLES ARE USED. 0 % OF TIME.	☐	☒	☐
(h) COMMERCIAL LABORATORY USED.	☐	☒	☐
(i) COMMERCIAL LABORATORY STATE CERTIFIED.	☐	☐	☒

LAB NAME _____

LAB ADDRESS _____

Form Approved
OMB No. 158 - R0073

PERMIT NO. NC0003239

SECTION L - Effluent/Receiving Water Observations *(Further explanation attached _____)*

OUTFALL NO.	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	VISIBLE FLOAT SOL	COLOR	OTHER
001	NO	NO	NO	NO	NO	LIGHT - TANISH	
002	↓	↓	↓	↓	↓	↓	
003	↓	↓	↓	↓	↓	↓	
004	↓	↓	↓	↓	↓	↓	
005	↓	↓	↓	↓	↓	↓	
006 / 007	↓	↓	↓	↓	↓	↓	

(Sections M and N: Complete as appropriate for sampling inspections)

SECTION M - Sampling Inspection Procedures and Observations *(Further explanation attached _____)*

- ☒ GRAB SAMPLES OBTAINED
- ☒ COMPOSITE OBTAINED
- ☐ FLOW PROPORTIONED SAMPLE
- ☒ AUTOMATIC SAMPLER USED
- ☒ SAMPLE SPLIT WITH PERMITTEE
- ☒ CHAIN OF CUSTODY EMPLOYED
- ☐ SAMPLE OBTAINED FROM FACILITY SAMPLING DEVICE

COMPOSITING FREQUENCY 24 hrs PRESERVATION yes

SAMPLE REFRIGERATED DURING COMPOSITING: ☒ YES ☐ NO

SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE yes

SECTION N - Analytical Results *(Attach report if necessary)*

ANALYTICAL DATA SHEET
CAMP LEJEUNE, NORTH CAROLINA
NPDES No. NC0003239

STATION No.	DATE/TIME	pH (s.u.)	FLOW (mgd)	BOD-5 (mg/l)	BOD-5 (LBS/DAY)	TSS (mg/l)	TSS (LBS/DAY)
CL-001	1/24/84 1030 1/25/84 0900	6.8	1.41	<1.0	<11.76	4.5	52.9
CL-004	1/24/84 0900 1/25/84 0930	7.5	8.1	6.8	459.37	6.0	405.3

CL-001 & 004= NPDES DISCHARGE SERIALS 001 & 004

PERMIT LIMITS
LBS/DAY-(MG/L)

PARAMETERS	WEEKLY AVERAGES	OTHER UNITS
OUTFALL-001		
BOD-5	600.8 (45)	
TSS	600.8 (45)	
OUTFALL-004		
BOD-5	3004.2 (45)	
TSS	3004.2 (45)	
pH (for both outfalls)		6--9 s.u.