6280/2
NREAD
28 MAR 1985

Mr. Paul Wilms, Acting Director
Division of Environmental Management
N. C. Department of Natural Resources
and Community Development
Post Office Box 27687
Raleigh, North Carolina 27611

Dear Sir:

In accordance with requirements of National Pollutant Discharge Elimination System (NPDES) permit number NC0003239, Discharge Monitoring Reports (DMRs) for the period December 1984, January and February 1985 are submitted.

Rifle Range Wastewater Treatment Plant violated the NPDES permit requirement for monthly Biochemical Oxygen Demand (BOD) percent removal average for January and February 1985. The violation is attributed to the low BOD loading. January's influent and effluent monthly averages were 34 mg/l and 6 mg/l respectively. February's influent and effluent monthly averages were 40 mg/l and 7 mg/l respectively.

Camp Geiger Wastewater Treatment Plant violated the NPDES permit requirements for monthly BOD and Total Suspended Solids (TSS) percent removal averages for February 1985. The violations are attributed to maintenance on the trickling filters, the filter sweeps and center columns were replaced. The filter media was severely damaged during the down time.

Courthouse Bay Wastewater Treatment Plant violated the NPDES permit requirements for monthly BOD percent removal average for February 1985. The violation is attributed to maintenance on the trickling filter, the filter sweeps and center column were replaced. The filter media was severely damaged during the down time.

On 14 February 1985, at approximately 4:00PM, a break in the sewage line coming from Midway Park was discovered. The break occurred where the line crosses near the railroad tracks by the Main Gate. During the repair the effluent was treated with HTH. The repair was completed by 9:00PM that day. The Quality Control Laboratory took some bacteria samples on 15 February 1985 downstream of the sewage break. The Fecal Coliform count was 220/100 ml. The incident was reported to DEM Regional Office, Wilmington at approximately 4:45PM on 14 February 1985 by telephone.

28 MAR 1989

6280/2
NREAD

The storm drain violation depicted by the enclosed table may be correlated with Base geography and facilities by referring to maps with numbered storm drain monitoring points 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 suspended solids discharges.

For further pertinent details on any of the above, you may contact Ms. Elizabeth Betz, Supervisory Chemist, at (919)-451-5977.

Sincerely,

B. W. ELSTON
Assistant Chief of Staff, Facilities
By direction of the Commanding General

Encl:
(1) DMRs
(2) Discharge Violations

Copy to:
EPA, Region IV
NAVFACENGCOM
NEESA

Blind copy to: (w/encl (2))
BMaint (UtilBr)
NREAD (QCL)

Writer: D. Sharpe, NREAD 5003
Typist: J. Cross 28Mar85

NPDES PERMIT NO. NC0003239 VIOLATIONS FOR THE PERIOD December 1984, January and February 1985

Monitoring Station or Storm Drain No.	Parameter	Parameter Limits	Value	Date
SD 42	TSS	50 mg/l	370	19 Feb 1985
SD 46	pH	6.0-9.0	5.8	19 Feb 1985
SD 22	TSS	50 mg/l	99.8	25 Feb 1985
SD 53	TSS	50 mg/l	3000.	25 Feb 1985
SD 53	O&6	15 mg/l	1305.2	25 Feb 1985
SS 05	BOD % Removal	85%	82.4	January 1985
SS 01	BOD % Removal	85%	81.9	February 1985
SS 01	TSS % Removal	85%	83.6	February 1985
SS 05	BOD % Removal	85%	82.5	February 1985
SS 06	BOD % Removal	85%	83.1	February 1985

6280/2
NREAD

Mr. Robert F. Helms, Director
Division of Environmental Management
NC Department of Natural Resources and
Community Developemnt
Post Office Box 27687
Raleigh, NC 27611

Dear Sir:

In accordance with requirements of National Pollutant Discharge Elimination System (NPDES) permit number NC 0003239, Discharge Monitoring Reports (DMRs) for the period December 1984, January and February 1985 are submitted.

Rifle Range Wastewater Treatment Plant violated the NPDES permit requirement for monthly Biochemical Oxygen Demand (BOD) percent removal average for January and February 1985. The violation is attributed to the low BOD loading. January's influent and effluent monthly averages were 34 mg/l and 6 mg/l respectively. February's influent and effluent monthly averages were 40 mg/l and 7 mg/l respectively.

Camp Geiger Wastewater Treatment Plant violated the NPDES permit requirements for monthly BOD and Total Suspended Solids (TSS) percent removal averages for February 1985. The violations are attributed to maintenance on the trickling filters, the filter sweeps and center columns were replaced. The filter media was destroyed during the down time.

Courthouse Bay Wastewater Treatment Plant violated the NPDES permit requirements for monthly BOD percent removal average for February 1985. The violation is attributed to maintenance on the trickling filter, the filter sweeps and center column were replaced. The filter media was destroyed during the down time.

On 14 February 1985, at approximately 1600, a break in the sewage line coming from Midway Park was discovered. The break occurred where the line crosses near the railroad tracks by the main gate. During the repair the effluent was treated with HTH. The repair was completed by 2100 that day. The Quality Control Laboratory took some bacteria samples on 15 February 1985 down stream of the sewage break. The Fecal Coliform count was 220/100 ml.

The storm drain violation depicted by the enclosed table may be correlated with base geography and facilities by referring to maps with numbered storm drain montoring points that have been previously provided to your agency. 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 suspended solids discharges.

For further pertinent details on any of the above, you may contact Mr. Julian Wooten, Director, Natural Resources and Environmental Affairs Division at (919) 451-5003/2083.

Encls:
(1) DMRs
(2) Discharge Violations

Copy to:
EPA, Region IV
NAVFACENGCOM
NEESA

Blind copy to: (w/encl (2))
BMAIND (Util Br)
NREAD (QCL)

NPDES PERMIT NO. NC0003239 VIOLATIONS FOR THE PERIOD DECEMBER 1984, JANUARY + FEBRUARY 1985

Monitoring Station or Storm Drain No.	Parameter	Parameter Limits	Value	Date
SD 42	TSS	50 mg/L	370	19 FEB 1985
SD 46	pH	6.0-9.0	5.8	19 FEB 1985
SD 22	TSS	50 mg/L	99.8	25 FEB 1985
SD 53	TSS	50 mg/L	3000.	25 FEB 1985
SD 53	O+G	15 mg/L	1305.2	25 FEB 1985
SS05	BOD % REMOVAL	85%	82.4	JANUARY 1985
SS01	BOD % REMOVAL	85%	81.9	FEBRUARY 1985
SS01	TSS % REMOVAL	85%	83.6	FEBRUARY 1985
SS05	BOD % REMOVAL	85%	82.5	FEBRUARY 1985
SS06	BOD % REMOVAL	85%	83.1	FEBRUARY 1985

RW 3-19-85
RDS 3-19-85

UNITED STATES MARINE CORPS
Base Maintenance Division
Marine Corps Base
Camp Lejeune, North Carolina 28542

IN REPLY REFER TO
11345.4
MAIN
14 Mar 85

From: Utilities Systems General Foreman
To: Director, Utilities Branch

Subj: NPDES PERMIT VIOLATION, BB-204 and TC-563

1. The ~~Courthouse Bay~~ Camp Geiger Wastewater Treatment Plant violated the parameter for percent removal of BOD and SS for the month of February 1985, parameters being 85% removal. Actual BOD removal was 81.9% and SS removal was 83.6% for the month.

2. The ~~Camp Geiger~~ Courthouse Bay Wastewater Treatment Plant violated the parameter for percent removal of BOD for the month of February 1985, parameter being 85% removal. Actual BOD removal was 83.1% for the month.

3. The trickling filters for both plants were under contract to replace filter sweeps and center column. Due to the time required for replacement, the zoogleal film on filter media was destroyed which takes approximately two weeks to reclaim.

4. Filters at both plants are back in normal operation and permit requirements are being met.

W. R. Price
W. R. PRICE

- -

11345
MAIN
14 Mar 85

FIRST ENDORSEMENT

From: Director, Utilities Branch
To: Director, Natural Resources and Environmental Affairs

1. Forwarded for appropriate action.

G. S. Johnson Jr.
G. S. JOHNSON, JR

Dany for action
DDS

UNITED STATES MARINE CORPS
Base Maintenance Division
Marine Corps Base
Camp Lejeune, North Carolina 28542

IN REPLY REFER TO
11345.4
MAIN
8 Feb 85

From: Utilities Systems General Foreman
To: Director, Utilities Branch

Subj: NPDES PERMIT VIOLATION, RR-92

1. The Rifle Range Wastewater Treatment Plant violated the parameter for percent removal of BOD for the month of January 1985, parameter being 85% removal. Actual BOD removal for January was 82.4%.

2. The average monthly influent BOD loading was 34 mg/l and an effluent average of 6 mg/l.

3. The permit violation is attributed to the low BOD loading recorded during the month.

W. R. PRICE

W. R. PRICE

- -

11345
MAIN
11 Feb 85

FIRST ENDORSEMENT

From: Director, Utilities Branch
To: Director, Natural Resources and Environmental Affairs

1. Forwarded for appropriate action.

G. S. Johnson Jr.

G. S. JOHNSON, JR.

RJW
3-19-85
3-19-85

UNITED STATES MARINE CORPS
Base Maintenance Division
Marine Corps Base
Camp Lejeune, North Carolina 28542

IN REPLY REFER TO
11345.4
MAIN
14 Mar 85

From: Utilities Systems General Foreman
To: Director, Utilities Branch

Subj: NPDES PERMIT VIOLATION, RR-92

1. The Rifle Range Wastewater Treatment Plant violated the parameter for percent removal of BOD for the month of February 1985, parameter being 85% removal. Actual BOD removal for February was 82.5%.

2. The average monthly influent BOD loading was 40 mg/l and an effluent average of 7 mg/l.

3. The permit violation is attributed to the low BOD loading recorded during the month.

W R Price
W. R. PRICE

- -

11345
MAIN
14 Mar 85

FIRST ENDORSEMENT

From: Director, Utilities Branch
To: Director, Natural Resources and Environmental Affairs

1. Forwarded for appropriate action.

G. S. Johnson Jr.
G. S. JOHNSON, JR

UNITED STATES MARINE CORPS
MARINE CORPS BASE
CAMP LEJEUNE, NORTH CAROLINA 28542

IN REPLY REFER TO

6288
NREAD
26 DEC 1985

Mr. Paul Wilms, Director
Division of Environmental Management
N. C. 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 NC 0003239, Discharge Monitoring Reports (DMRs) for the period September, October and November 1985 are submitted. November's data are submitted on the new state monitoring forms per your letter received on November 12, 1985.

Hadnot Point Wastewater Treatment Plant, discharge number 004, does not have the required 20 per month BOD samples for November 1985 because of a problem with the dilution water.

The Onslow Beach Backwash Holding Pond, discharge number 014, violated its daily average limit of 30 mg/l and daily maximum limit of 50 mg/l for total suspended residue. The violation occurred the week of October 29, 1985 with a value of 95.0 mg/l and was caused by inadvertently overpumping the pond.

The storm drain violations depicted by the enclosed table may be correlated with base geography and facilities by referring to maps with numbered storm drain monitoring points 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.

6288
NREAD

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,

R. A. TIEBOUT
Colonel, U. S. Marine Corps
Assistant Chief of Staff, Facilities
By direction of the Commanding General

Encls:
(1) DMRs
(2) Discharge Violations

Copy to:
EPA Region IV
LANTNAVFACENGCOM
NEESA

NPDES PERMIT NO. NC0003239 VIOLATIONS FOR THE PERIOD September, October, November 1985

Monitoring Station or Storm Drain No.	Parameter	Parameter Limits	Value	Date
SS 14	TSR	50 mg/l	95 mg/l	29 Oct 85
SD 28	pH	6.0-9.0	9.3	15 Oct 85
SD 41	TSR	50 mg/l	60 mg/l	11 Oct 85
SD 42	TSR	50 mg/l	126 mg/l	11 Oct 85
SD 42	O&G	15 mg/l	58.5 mg/l	11 Oct 85
SD 44	TSR	50 mg/l	170 mg/l	11 Oct 85
SD 47	TSR	50 mg/l	109 mg/l	11 Oct 85
SD 63	TSR	50 mg/l	114 mg/l	11 Oct 85
SD 56	TSR	50 mg/l	74 mg/l	14 Nov 85

OPNAV 5216/144A (Rev. 8-81)
S/N 0107-LF-052-2320

DDS

DEPARTMENT OF THE NAVY

Memorandum

11345.4
MAIN

DATE: 31 October 1985

FROM: Water Treatment Plant Operator Foreman

TO: Director, Utilities Branch

SUBJ: NPDES PERMIT VIOLATION - BA-138 WATER PLANT

1. The Suspended Solids test of 29 October 1985 on subject backwash holding pond revealed a suspended solids of 95 which was a violation of NPDES Permit.

2. The violation was apparently caused by overpumping the pond on 22 October 1985. Water Treatment personnel lowered the pond on 22 October to check sludge buildup on pond bottom.

B. M. Frazelle, II
B. M. FRAZELLE, II

Burn Copies

- -

11345
MAIN
31 October 1985

FIRST ENDORSEMENT

From: Director, Utilities Branch
To: Director, Natural Resources and Environmental Affairs

1. Forwarded for appropriate action.

G S Johnson Jr.
G. S. JOHNSON, JR

4 Nov 85
Dan
I advised Betsy of this 4 Nov.
Julian

Junior Johnson
between 22 Oct and
Danny Sharpe

☆U.S. GOVERNMENT PRINTING OFFICE: 1985 — 505-012/18049

OPNAV 5216/144A (Rev. 8-81)
S/N 0107-LF-052-2320

DPS

DEPARTMENT OF THE NAVY

Memorandum

11345.4
MAIN

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TO: Director, Utilities Branch

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B. M. Frazelle
B. M. FRAZELLE, II

- -

11345
MAIN
31 October 1985

FIRST ENDORSEMENT

From: Director, Utilities Branch
To: Director, Natural Resources and Environmental Affairs

1. Forwarded for appropriate action.

G S Johnson Jr.
G. S. JOHNSON, JR

Betsy,

Please check with Junior Johnson on the relationship between 22 Oct and 29 Oct dates.

Danny Sharpe

☆U.S. GOVERNMENT PRINTING OFFICE: 1985 — 505-012/18049

6288
NREAD
SEP 24 1985

Mr. Paul Wilms, Acting Director
Division of Environmental Management
N. C. Department of Natural Resources
and Community Development
P. O. Box 27687
Raleigh, North Carolina 27611

Dear Sir:

In accordance with requirements of the National Pollutant Discharge Elimination System (NPDES) Permit Number NC0003239, Discharge Monitoring Reports (DMRs) for the period June, July and August 1985 are submitted.

The Tarawa Terrace Wastewater Treatment Plant did not have the required number of fecal coliform samples for the week of 2-8 June 1985 due to a sampling error.

The storm drain violations depicted by the enclosed table may be correlated with base geography and facilities by referring to maps with numbered storm drain monitoring points 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 suspended solids discharges. New construction to replace outdated base facilities should further reduce oil and grease and suspended solids discharges.

For further pertinent details on any of the above, you may contact Ms. Elizabeth Betz, Supervisory Chemist, at (919) 451-5977.

Sincerely,

J. I. WOOTEN
Director, Natural Resources and Environmental Affairs
Assistant Chief of Staff, Facilities
By direction of the Commanding General

Encl:
(1) DMRs
(2) Discharge Violations

Copy to:
EPA, Region IV
LANTNAVFACENGCOM

Blind copy to: (w/Encl (2))
BMO (Util Br)
NREAD (OCL)

Writer: E. Betz, NREAD, 5977
Typist: A. Blackstock, 23 September 1985

NPDES PERMIT NO. NCOOO3239 VIOLATIONS FOR THE PERIOD JUNE, JULY AND AUGUST 1985

Monitoring Station or Storm Drain No.	Parameter	Parameter Limits	Value	Date
SD 28	pH	6.0 - 9.0	9.1	22 July 1985
SD 73	TSS	50 mg/l	133	14 August 1985

(ENCLOSURE 2)

OPNAV 5216/144A (Rev. 8-81)
S/N 0107-LF-052-2320

DEPARTMENT OF THE NAVY

Memorandum

T-6288

DATE: 31 October 1985

FROM: Supervisory Chemist, Water Quality Control Lab, Environmental Branch

TO: Supervisory Ecologist, Environmental Branch DDS

SUBJ: NPDES VIOLATION AT ONSLOW BEACH WATER PLANT

1. As part of P996, a new pond was built at the Onslow Beach Water Treatment Plant. P996 called for the pond to be pumped into a pumper truck and taken to a sewage plant. Since the storm drain history of the old pond showed no problems, it was decided that Utilities could just pump the pond down into the nearby storm drain weekly as long as pH and suspended solids samples were taken of the pond.

2. Utilities maintains an ISCO sampler at the pond to take the suspended solids composite sample. When the pond pumps are turned on the operator turns on the ISCO. At the end of the pumping, the operator grabs a pH sample and brings the ISCO collection bottle and pH sample to the laboratory for NPDES analysis. The NPDES limits are a 30 mg/l average, 50 mg/l daily maximum for suspended solids, and a pH range within 6.0 - 10.0.

3. The 29 October 1985 pond sample yielded 95 mg/l suspended solids. The pond was pumped on 1 and 22 October 1985 yielding 0 mg/l and 5.0 mg/l suspended solids, respectively, producing an average of 33 mg/l. Therefore, the water plant pond has violated the daily maximum limit of 50 mg/l and the average limit of 30 mg/l for suspended solids for October 1985. The pH samples were in the required range.

4. An explanation will be needed for the Quarterly Report. I suspect the violation is a result of either pumping the pond too low or a misplaced ISCO sampler tube.

Elizabeth A. Betz
ELIZABETH A. BETZ

Betsy, give Junior Johnson a copy of this and request an explanation for Quarterly report Danny

☆U.S. GOVERNMENT PRINTING OFFICE: 1985 — 505-012/18049

NAME Commanding General
ADDRESS Marine Corps Base
Camp Lejeune, NC 28542

FACILITY UIC 67001
LOCATION LANTDIV

NC0003239 — PERMIT NUMBER
014 — DISCHARGE NUMBER
Onslow Beach Water Treatment Plant

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
00530 Total Suspended Solids	SAMPLE MEASUREMENT					0		mg/l	00	01/07	8 HC
= 10-1-85	PERMIT REQUIREMENT					30	50			01/07	Comp
00530 Total Suspended Solids	SAMPLE MEASUREMENT					5.0		mg/l	00	01/07	8 HC
= 10/22/85	PERMIT REQUIREMENT					30	50			01/07	Comp
00530 Total Suspended Solids	SAMPLE MEASUREMENT					95.0		mg/l	00	01/07	8 HC
= 10/29/85	PERMIT REQUIREMENT					30	50			01/07	Comp
00530 Total Suspended Solids	SAMPLE MEASUREMENT							mg/l	00	01/07	8 HC
=	PERMIT REQUIREMENT					30	50			01/07	Comp
00530 Total Suspended Solids	SAMPLE MEASUREMENT							mg/l	00	01/07	8 HC
=	PERMIT REQUIREMENT					30	50			01/07	Comp
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 USC § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE | NUMBER

DATE: YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

NAME Commanding General
ADDRESS Marine Corps Base
Camp Lejeune, NC 28542

FACILITY UIC 67001
LOCATION LANTDIV

(2-16) NC0003239 PERMIT NUMBER

(17-19) 014 DISCHARGE NUMBER

Onslow Beach Water Treatment Plant

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	85	10	01	TO	85	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
00403 pH Laboratory	SAMPLE MEASUREMENT					8.0			00	01/07	Grab
N= 10-1-85	PERMIT REQUIREMENT				6.0		10.0			01/07	Grab
00403 pH Laboratory	SAMPLE MEASUREMENT					8.1			00	01/07	Grab
N= 10-22-85	PERMIT REQUIREMENT				6.0		10.0			01/07	Grab
00403 pH Laboratory	SAMPLE MEASUREMENT					7.6			00	01/07	Grab
N= 10-29-85	PERMIT REQUIREMENT				6.0		10.0			01/07	Grab
00403 pH Laboratory	SAMPLE MEASUREMENT								00	01/07	Grab
N=	PERMIT REQUIREMENT				6.0		10.0			01/07	Grab
00403 pH Laboratory	SAMPLE MEASUREMENT								00	01/07	Grab
N=	PERMIT REQUIREMENT				6.0		10.0			01/07	Grab
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE | NUMBER

DATE: YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*:

PROBLEMS

SD 30 - 7/22/85 - UNABLE TO GET - FENCE

~~NOT SD VIOLATIONS - JULY 1985~~

2-8 JUN 85. TT 1 COLIØ / 2 REQUIRED

MONTH	SD	PARAMETER
JUL	28	pH
AUG	73	SS

PROBLEMS

SD 30 - 7/22/85 - UNABLE TO GET - FENCE

~~NOT SD VIOLATIONS - JULY 1985~~

2-8 JUN 85. TT 1 COLIØ / 2 REQUIRED

6280
NREAD
27 JUN 1985

Mr. Paul Wilms, Acting Director
Division of Environmental Management
N. C. Department of Natural Resources
and Community Development
P. O. Box 27687
Raleigh, North Carolina 27611

Dear Sir:

In accordance with requirements of National Pollutant Discharge Elimination System (NPDES) permit number NC0003239, Discharge Monitoring Reports (DMRs) for the period March, April and May 1985 are submitted.

The Tarawa Terrace Wastewater Treatment Plant did not have the required number of two/week of Fecal Coliform samples for the weeks of 7-13 April 1985 and 5-11 May 1985 due to a sampling error.

The storm drain violations depicted by the enclosed table may be correlated with base geography and facilities by referring to maps with numbered storm drain monitoring points 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 suspended solids discharges. New construction to replace outdated base facilities should further reduce oil and grease and suspended solids discharges.

For further pertinent details on any of the above, you may contact Ms. Elizabeth Betz, Supervisory Chemist, at (919) 451-5977.

Sincerely,

R. A. TIEBOUT
Colonel, U. S. Marine Corps
Assistant Chief of Staff, Facilities
By direction of the Commanding General

Encls:
(1) DMRs
(2) Discharge Violations

Copy to:
EPA, Region IV
NAVFACENGCOM
NEESA
Writer: E. Betz, NREAD, 5977
Typist: T. Hardison, 26 Jun 85

Blind copy to: (w/encl (2))
BMAINO (UTIL BR)
NREAD (QCL)

NPDES PERMIT NO. NC0003239 VIOLATIONS FOR THE PERIOD MARCH, APRIL & MAY 1985

Monitoring Station or Storm Drain No.	Parameter	Parameter Limits	Value	Date
SD 62	TSS	50 mg/l	51.0	6 March 1985
SD 74	TSS	50 mg/l	278	13 March 1985
SD 85	TSS	50 mg/l	78	21 March 1985
SD 62	TSS	50 mg/l	76	2 May 1985
SD 62	O&G	15 mg/l	18	2 May 1985
SD 65	TSS	50 mg/l	64	2 May 1985
SD 65	O&G	15 mg/l	18	2 May 1895
SD 73	TSS	50 mg/l	51.1	2 May 1985
SD 73	O&G	15 mg/l	34	2 May 1985
SD 74	TSS	50 mg/l	60	2 May 1985
SD 90	pH	6.0 - 9.0	5.7	6 May 1985

ENCLOSURE (2)

NPDES PERMIT NO. NC0003239 VIOLATIONS FOR THE PERIOD MARCH, APRIL + MAY 1985

Monitoring Station or Storm Drain No.	Parameter	Parameter Limits	Value	Date
SD 62	TSS	50 mg/L	51.0	6 MARCH 1985
SD 74	TSS	50 mg/L	278	13 MARCH 1985
SD 85	TSS	50 mg/L	78	21 MARCH 1985
SD 62	TSS	50 mg/L	76	2 MAY 1985
SD 62	O+G	15 mg/L	18	2 MAY 1985
SD 65	TSS	50 mg/L	64	2 MAY 1985
SD 65	O+G	15 mg/L	18	2 MAY 1985
SD 73	TSS	50 mg/L	51.1	2 MAY 1985
SD 73	O+G	15 mg/L	34	2 MAY 1985
SD 74	TSS	50 mg/L	60	2 MAY 1985
SD 90	pH	6.0-9.0	5.7	6 MAY 1985

MARCH - 85

SD - 62 S.S. 51.0

SD - 74 S.S. 278

SD - 85 S.S. 78

APRIL - 85

TT - Fecal week 7 - 13 1 - Fecal

T.T. MAY - 85 Fecal Week 5 - 11 1 - Fecal

SD - 62 S.S. 76

O+G 18

SD - 65 S.S. 64

O+G 18

SD - 73 S.S. 51.1

O+G 34

SD - 74 S.S. 60

SD - 90 Ph 5.7

6280/2

NREAD

MR. PAUL WILMS, ACTING DIRECTOR
DIVISION OF ENVIRONMENTAL MANAGEMENT
N.C. DEPARTMENT OF NATURAL RESOURCES
AND COMMUNITY DEVELOPMENT
P.O. BOX 27687
RALEIGH, NORTH CAROLINA 27611

SINGLE SPACE

DEAR SIR

IN ACCORDANCE WITH REQUIREMENTS OF NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) PERMIT NUMBER NC0003239, DISCHARGE MONITORING REPORTS (DMRs) FOR THE PERIOD MARCH, APRIL AND MAY 1985 ARE SUBMITTED.

DOUBLE SPACE

THE TARAWA TERRACE WASTEWATER TREATMENT PLANT DID NOT HAVE THE REQUIRED NUMBER OF 2/WEEK OF FECAL COLIFORM SAMPLES FOR THE WEEKS OF 7-13 APRIL 1985 AND 5-11 MAY 1985 DUE TO A SAMPLING ERROR.

THE STORM DRAIN VIOLATIONS DEPICTED BY THE ENCLOSED TABLE MAY BE CORRELATED WITH BASE GEOGRAPHY AND FACILITIES BY REFERRING TO MAPS WITH NUMBERED STORM DRAIN MONITORING POINTS THAT HAVE BEEN PREVIOUSLY PROVIDED. STORM DRAINS

THAT HAVE NO VALUES REPORTED FOR THE QUARTER WERE CHECKED; HOWEVER, EACH TIME THEM 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 SUSPENDED SOLIDS DISCHARGES.

FOR FURTHER PERTINENT DETAILS ON ANY OF THE ABOVE, YOU MAY CONTACT MS. ELIZABETH BETZ, SUPERVISORY CHEMIST, AT (919)-451-5977

ENCL:

(1) DMRS

(2) DISCHARGE VOLATIONS

COPY TO:

EPA, REGION IV

NAVFACENGCOM

NEESA

BLIND COPY TO: (W/ENCL (2))

BMAINT (UTILBR)

NREAD (QCL)

UNITED STATES MARINE CORPS
Marine Corps Base
Camp Lejeune, North Carolina 28542-5001

6288
NREAD
22 Jan 86

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 NC 0003239, Discharge Monitoring Reports (DMRs) for the month of December 1985 are submitted.

The storm drains listed on the enclosed table may be correlated with base geography and facilities by referring to maps with numbered storm drain monitoring points 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 Form MR-2

Copy to:
EPA Region IV
CMDR LANTNAVFACENGCOM
NEESA

Blind Copy:
E. Betz (WQCL)

EFFLUENT

NPDES PERMIT NO: NC0003239 DISCHARGE NO: 001 MONTH: December YEAR: 1985

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

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

PERSON(s) COLLECTING SAMPLES: STP Operators

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

X Mack D. Davis

Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L				
1	08		.8887		7.4		4.0											
2	08		.9110		7.2		3.5											
3	08	24	.8687		7.2		4.0	20				13	0					
4	08	24	.9092		7.4		4.0	19				22	0					
5	08	24	.9406		7.4		4.0	20				12	0					
6	08	24	.8263		7.4		4.3	21				6						
7	08		.8217		6.8		4.2											
8	08		.7736		7.0		4.0											
9	08		.7495		7.0		4.0											
10	08	24	.8806		6.8		3.8	10				4	0					
11	08	24	.7566		6.8		4.0	6				5	0					
12	08	24	.8508		6.8		4.0	11				10	0					
13	08	24	1.0937		6.6		3.4	15				9						
14	08		1.009		6.8		4.0											
15	08		.8557		6.8		4.0											
16	08		.9466		6.8		3.8											
17	08	24	.8864		7.0		4.0	9				7	0					
18	08	24	.8328		7.0		4.0	8				7	0					
19	08	24	.8939		6.8		4.0	10				6	0					
20	08	24	.8287		7.1		4.0	15				7						
21	08		.7185		7.0		4.0											
22	08		.7661		6.7		4.0											
23	08		.6674		6.6		4.0											
24	08		.6459		6.2		4.0											
25	08	24	.5872		6.7		4.0	2				3	0					
26	08	24	.6451		6.4		4.0	3				6	0					
27	08	24	.7196		6.8		4.0	5				10						
28	08		.6067		6.9		4.0											
29	08		.6559		6.8		4.0											
30	08		.6549		7.0		4.0											
31	08		.6740		7.0		4.0											
Average			.8021				4.0	12				8	0					
Max.			1.0937		7.4		4.3	21				22	0					
Min.			.5872		6.2		3.4	2				3	0					
Comp.(C)/Grab(G)					G		G	C				C	G					
Monthly Limit					6–9			30				30	200					

DEM Form MR-1 (11/84)

Facility Status: (Please check one of the following)

All monthly averages and / or other limitation do meet permit monitoring requirements [X]
(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:

Allan H. Woolen
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: 002 MONTH: December YEAR: 1985

FACILITY NAME: Tarawa Terrace STP CLASS: III 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
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.

X Mack D. Davis
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT.	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100ML	MG/L				
1	08		.8763		6.4		4.0											
2	08		.8761		6.4		4.0											
3	08	24	.8887		6.4		4.0	20				8	SE					
4	08	24	.8380		6.6		4.0	17				17	0					
5	08	24	.7855		6.5		4.0	18				9	0					
6	08	24	.8218		6.4		4.0	19				4						
7	08		.9297		6.5		4.0											
8	08		.8373		6.5		4.0											
9	08		.8383		6.6		4.0											
10	08	24	.8254		6.5		4.0	19				3	40					
11	08	24	.8195		6.6		4.0	16				9	0					
12	08	24	.9989		6.5		4.0	17				7	0					
13	08	24	.9783		6.5		4.0	20				9						
14	08		.9055		6.6		4.0											
15	08		.9177		6.5		4.0											
16	08		.8546		6.6		4.5											
17	08	24	.8884		6.4		4.0	22				9	60					
18	08	24	.8455		6.6		4.0	19				11	20					
19	08	24	.8425		6.4		4.5	21				13	780					
20	08	24	.8010		6.4		4.5	21				8						
21	08		.8303		6.4		5.5											
22	08		.8870		6.7		5.0											
23	08		.8560		6.4		5.0											
24	08		.8050		6.2		5.0											
25	08	24	.8212		6.7		4.0	23				12	6					
26	08	24	.8491		6.5		5.0	25				14	0					
27	08	24	.8467		6.4		4.0	21				7						
28	08		.8064		6.5		5.0											
29	08		.8589		6.5		5.0											
30	08		.8615		6.4		4.0											
31	08		.8291		6.5		4.0											
Average			.8587				4.3	20				9	6.84 *					
Max.			.9989		6.7		5.5	25				17	780					
Min.			.7855		6.2		4.0	16				3	0					
Comp (C)/Grab (G)					G		G	C				C	G					
Monthly Limit					6-9			30				30	200					

DEM Form MR-1 (11/84) SE Sample Error

Facility Status: (Please check one of the following)

All monthly averages and / or other limitation do meet permit monitoring requirements [X]
(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 H 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: 19

FACILITY NAME: Camp Johnson STP 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
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.

X Mack D. Davis
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100ML	MG/L				
1	08		.3428		6.4		6.0											
2	08		.3407		6.3		6.0											
3	08	8	.3428		6.3		5.0	11				3	2					
4	08	8	.3435		6.4		6.0	10				7	2					
5	08	8	.3563		6.3		5.0	10				4	0					
6	08	8	.3496		6.8		5.0	10				2						
7	08		.3374		6.7		5.0											
8	08		.3692		6.6		6.0											
9	08		.3112		6.6		6.0											
10	08	8	.3317		6.9		4.0	12				3	SE					
11	08	8	.3663		6.7		5.0	10				7	900					
12	08	8	.3200		6.5		4.0	10				8	6					
13	08	8	.3458		6.4		4.0	10				9						
14	08		.3247		6.5		4.0											
15	08		.3420		6.6		5.0											
16	08		.3415		6.4		4.0											
17	08	8	.3330		6.4		4.0	10				2	0					
18	08	8	.3423		6.4		6.0	12				4	0					
19	08	8	.3308		6.8		6.0	9				4	0					
20	08	8	.3432		6.3		3.0	11				7						
21	08		.3411		6.2		5.0											
22	08		.3243		6.3		6.0											
23	08		.3403		6.3		6.0											
24	08		.3475		6.3		5.0											
25	08	8	.3333		6.4		5.0	6				5	0					
26	08	8	.3594		6.4		6.0	5				4	0					
27	08	8	.3426		6.7		4.0	5				5						
28	08		.3249		6.6		4.0											
29	08		.3576		6.6		4.0											
30	08		.3282		6.7		4.0											
31	08		.3423		6.4		5.0											
Average			.3405				4.9	9				5	2.71 *					
Max.			.3692		6.9		6.0	12				9	900					
Min.			.3112		6.2		3.0	5				2	0					
Comp.(C)/Grab(G)					G		G	C				C	G					
Monthly Limit					6-9			30				30	200					

DEM Form MR-1 (11-84) SE-Sample Error

Facility Status: (Please check one of the following)

All monthly averages and / or other limitation do meet permit monitoring requirements [X]
(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 d Waters
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

FACILITY NAME: Hadnot Point STP CLASS: IV COUNTY: Onslow

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

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
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.

X Mack D. Davis

Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☒ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	31504 ENTER PARAMETER CODE AND NAME AND UNITS BELOW: TOTAL COLIFORM EC-9 MEAN		
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100 ML	MG/L	/100ML		
1	08	24	2.846		6.6		4.0	11				6					
2	08		3.722		6.8		4.0										
3	08	24	3.780		6.8		4.0	13				4			6		
4	08	24	3.956		6.8		4.0	14				9			2		
5	08	24	4.231		6.7		4.0	14				7			4		
6	08	24	4.100		6.6		4.0	16				3					
7	08		4.425		6.6		4.0										
8	08	24	3.934		6.8		4.0	13				6					
9	08		4.601		6.6		4.0										
10	08	24	4.904		6.8		4.0	17				4			80		
11	08	24	4.666		6.7		4.0	16				13			100		
12	08	24	4.666		6.8		4.0	17				9			10		
13	08	24	5.681		6.5		4.0	17				8					
14	08		3.985		6.6		4.0										
15	08	24	3.066		6.8		4.0	15				5					
16	08		3.971		6.8		4.0										
17	08	24	3.909		6.6		4.0	14				6			40		
18	08	24	3.915		6.4		4.0	19				7			100		
19	08	24	3.857		6.6		4.0	9				9			20		
20	08	24	3.611		6.4		4.0	15				8					
21	08		3.358		6.7		5.0										
22	08	24	3.240		6.7		5.0	12				10					
23	08		3.532		6.6		4.0										
24	08	24	3.640		6.8		4.0	14				6			0		
25	08	24	3.301		6.6		4.0	11				9			2		
26	08	24	3.264		6.8		4.0	13				8			6		
27	08	24	3.370		6.6		4.0	11				10					
28	08		3.417		6.6		4.0										
29	08	24	3.540		6.6		4.0	11				7					
30	08		3.496		6.6		4.0										
31	08	24	3.710		6.6		4.0	14				9			32		
Average			3.861				4.1	14				7			1.21*		
Max.			5.681		6.8		5.0	19				13			100		
Min.			2.846		6.4		4.0	9				3			0		
Comp.(C)/Grab(G)					G		G	C				C			G		
Monthly Limit					6–9			30				30			70		

DEM Form MR-1 (11 84)

Facility Status: (Please check one of the following)

All monthly averages and / or other limitation do meet permit monitoring requirements [X]
(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)

_____
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_____
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_____
_____

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

Julian U 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: 005 MONTH: December YEAR:

FACILITY NAME: Rifle Range STP CLASS: II COUNTY: Onslow

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

CERTIFIED LABORATORY: Water Quality Control Laboratory

PERSON(s) COLLECTING SAMPLES: ~~STP Operator~~

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

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

X Mack D. Davis

Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME HRS	50050 FLOW EFF ☒ INF ☐ DAILY RATE MGD	00010 TEMPERATURE CELSIUS C°	00400 pH UNIT	00545 SETTLEABLE MATTER ML/L	50060 RESIDUAL CHLORINE MG/L	00310 BOD_5 20°C MG/L	00340 COD MG/L	00610 AMMONIA NITROGEN MG/L	00500 TOTAL RESIDUE MG/L	00530 TOTAL SUSPENDED RESIDUE MG/L	31616 FECAL COLIFORM Geometric Mean /100ML	00300 DISSOLVED OXYGEN MG/L	31504 ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW: TOTAL COLIFORM Geo MEAN /100 ML			
1	08		.28376		6.6		2.0											
2	08		.30214		6.6		3.2											
3	08	8	.32314		6.6		3.2	5				3			SE			
4	08		.22201		6.6		3.2											
5	08	8	.30814		6.6		3.4	7				3			0			
6	08		.27415		6.5		5.2											
7	08		.31285		6.5		4.3											
8	08		.29912		6.5		3.0											
9	08		.28901		6.5		4.0											
10	08	8	.33536		6.5		4.0	8				1			0			
11	08		.28901		6.5		4.0											
12	08	8	.33536		6.5		4.0	5				6			0			
13	08		.24006		6.5		4.0											
14	08		.28030		6.5		7.0											
15	08		.27787		6.5		5.0											
16	08		.25483		6.5		7.0											
17	08	8	.30497		6.5		5.5	4				3			0			
18	08		.27756		6.5		5.5											
19	08	8	.30782		6.6		6.0	3				3			0			
20	08		.22804		6.6		4.5											
21	08		.22500		6.6		8.0											
22	08		.23450		6.6		5.0											
23	08		.29146		6.6		7.0											
24	08		.20724		6.6		6.5											
25	08		.21308		6.6		7.5											
26	08	8	.22420		6.6		5.0	10				8			0			
27	08		.29200		6.6		5.8											
28	08		.20889		6.6		6.0											
29	08		.20967		6.6		4.8											
30	08		.26404		6.8		4.0											
31	08		.26012		6.8		4.0											
Average			.27018				4.9	6				4			0*			
Max.			.33536		6.8		8.0	10				8			0			
Min.			.21308		6.5		2.0	3				1			0			
Comp.(C)/Grab(G)					G		G	C				C			G			
Monthly Limit					6-9			30				30			70			

DEM Form MR-1 (11 84) SE=Sample Error

Facility Status: (Please check one of the following)

All monthly averages and / or other limitation do meet permit monitoring requirements [X] (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)

_____
_____
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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_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: 1

FACILITY NAME: Courthouse Bay STP CLASS: II COUNTY: Onslow

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

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
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.

X Mack D. Davis
Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☒ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	31504 ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW: TOTAL COLIFORM *Geo. MEAN			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100ML	MG/L	/100ML			
1	08		.54895		7.0		4.0											
2	08		.54980		6.8		2.1											
3	08	8	.44065		6.8		4.0	6				5			322			
4	08		.13780		6.8		4.0											
5	08	8	.37883		6.9		4.0	12				8			0			
6	08		.17728		6.5		3.9											
7	08		.16298		6.4		3.4											
8	08		.25085		6.4		3.1											
9	08		.42101		6.6		3.8											
10	08	8	.51840		6.5		0.0	9				2			0			
11	08		.52015		6.5		3.9											
12	08	8	.45090		6.4		3.9	11				9			0			
13	08		.59488		6.9		4.0											
14	08		.52358		6.6		4.0											
15	08		.42283		6.4		3.9											
16	08		.52071		6.5		4.4											
17	08	8	.46430		6.4		3.9	10				6			120			
18	08		.42180		6.7		3.9											
19	08	8	.44310		6.4		3.0	14				5			SE			
20	08		.43690		6.6		3.1											
21	08		.41010		6.6		2.9											
22	08		.37556		6.6		3.2											
23	08		.37775		6.6		2.5											
24	08		.36171		6.6		3.1											
25	08		.38309		6.4		3.4											
26	08	8	.38980		6.4		2.8	4				7			0			
27	08		.37470		6.6		4.1											
28	08		.41510		6.5		4.0											
29	08		.40220		6.6		4.5											
30	08		.40010		6.6		2.9											
31	08		.42000		6.8		3.1											
Average			.40954				3.5	9				6			5.81*			
Max.			.59488		7.0		4.5	14				9			322			
Min.			.13780		6.4		0.0	4				2			0			
Comp (C)/Grab(G)					G		G	C				C			G			
Monthly Limit					6-9			30				30			70			

DEM Form MR-1 (11/84)

SE=Sample Error

Facility Status: (Please check one of the following)

All monthly averages and / or other limitation do meet permit monitoring requirements [X] (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 A 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: 007 MONTH: December YEAR: 198

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

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

PERSON(s) COLLECTING SAMPLES: STP Operators

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

X Mack D. Davis

Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☐ INF ☒ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD_5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	31504 ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW: TOTAL COLIFORM MEO. MEAN			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100ML	MG/L	/100ML			
1	08		.112		6.5		4.0											
2	08		.106		6.0		4.3											
3	08	8	.114		6.2		5.1	9				3			2			
4	08		.132		6.3		3.7											
5	08	8	.130		6.5		4.1	15				1			2			
6	08		.098		6.2		4.2											
7	08		.104		6.4		4.0											
8	08		.121		6.2		4.0											
9	08		.116		6.0		4.0											
10	08	8	.147		6.2		4.9	9				1			0			
11	08		.132		6.2		5.0											
12	08	8	.119		6.0		5.0	11				7			0			
13	08		.106		6.2		4.1											
14	08		.114		6.4		4.0											
15	08		.098		6.3		3.0											
16	08		.106		6.4		4.0											
17	08	8	.090		6.2		3.8	12				3			20			
18	08		.102		6.0		4.8											
19	08	8	.130		6.2		3.0	10				4			760			
20	08		.116		6.2		4.9											
21	08		.124		6.2		4.8											
22	08		.103		6.2		4.0											
23	08		.119		6.0		4.5											
24	08		.131		6.0		4.2											
25	08		.129		6.6		4.0											
26	08	8	.116		6.5		4.0	5				7			0			
27	08		.123		6.6		4.4											
28	08		.110		6.4		4.0											
29	08		.101		6.4		4.2											
30	08		.131		6.6		3.0											
31	08		.109		6.2		4.5											
Average			.11577				4.2	10				4			4.82			
Max.			.147		6.6		5.1	15				7			760			
Min.			.090		6.0		3.0	5				1			0			
Comp.(C)/Grab(G)					G		G	C				C			G			
Monthly Limit					6-9			30				30			70			

DEM Form MR-1 (11-84)

Facility Status: (Please check one of the following)

All monthly averages and / or other limitation do meet permit monitoring requirements [x] (Compliant)

All monthly averages 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 24-hr.
00300	Dissolved Oxygen	00625	Total Kjeldahl Nitrogen	01032	Hexavalent Chromium	01105	Total Aluminum	50048	Min. flow 24-hr.
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 Res Chlorin
00400	pH	00745	Total Sulfide	01042	Copper	31614	Fecal Coliform, MPN, Tube	71880	Formaldeh
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	Ferrocyan
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: 014 MONTH: December YEAR: 1985

FACILITY NAME: Onslow Beach Water Treatment Pond 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 ☐

PERSON(s) COLLECTING SAMPLES: WTP Operators

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

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

X Mack D. Davis

Signature of operator in responsible charge

DATE	TIME 2400 CLOCK	COMPOSITE TIME	50050 FLOW EFF ☐ INF ☐ DAILY RATE	00010 TEMPERATURE CELSIUS	00400 pH	00545 SETTLEABLE MATTER	50060 RESIDUAL CHLORINE	00310 BOD5 20°C	00340 COD	00610 AMMONIA NITROGEN	00500 TOTAL RESIDUE	00530 TOTAL SUSPENDED RESIDUE	31616 FECAL COLIFORM Geometric Mean	00300 DISSOLVED OXYGEN	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
		HRS	MGD	C°	UNIT	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L	MG/L	/100ML	MG/L				
1																		
2																		
3					8.1							2.0						
4																		
5																		
6																		
7																		
8																		
9																		
10					8.0							4.0						
11																		
12																		
13																		
14																		
15																		
16																		
17					8.5							2.0						
18																		
19																		
20																		
21																		
22																		
23																		
24																		
25																		
26																		
27																		
28																		
29																		
30																		
31																		
Average												2.7						
Max.					8.5							4.0						
Min.					8.0							2.0						
Comp.(C)/Grab(G)					G							C						
Monthly Limit					6–10							30						

DEM Form MR-1 (11/84)

Facility Status: (Please check one of the following)

All monthly averages and / or other limitation do meet permit monitoring requirements [X]
(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:

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 duri 24-hr. perio
00300	Dissolved Oxygen	00625	Total Kjeldahl Nitrogen	01032	Hexavalent Chromium	01105	Total Aluminum	50048	Min. flow duri 24-hr. perio
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: 1985

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	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2																	
3	08	24				84			55								
4	08	24				92			132								
5	08	24				144			150								
6	08	24				204			150								
7																	
8																	
9																	
10	08	24				140			86								
11	08	24				104			61								
12	08	24				152			108								
13	08	24				80			60								
14																	
15																	
16																	
17	08	24				92			66								
18	08	24				128			130								
19	08	24				128			100								
20	08	24				64			70								
21																	
22																	
23																	
24																	
25	08	24				100			92								
26	08	24				108			114								
27	08	24				96			122								
28																	
29																	
30																	
31																	
AVERAGE						114			100								
MONTHLY MAXIMUM						204			150								
MONTHLY MINIMUM						64			55								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

NPDES NO: NC0003239 DISCHARGE NO: 002 MONTH: December YEAR: 1985

FACILITY NAME: Tarawa Terrace STP COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD							
			00400	00010	00545	00310	00610	00500	00530	00340							
											ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	MI/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2																	
3	08	24				180			100								
4	08	24				168			112								
5	08	24				184			148								
6	08	24				188			144								
7																	
8																	
9																	
10	08	24				196			164								
11	08	24				192			110								
12	08	24				304			1140								
13	08	24				96			35								
14																	
15																	
16																	
17	08	24				152			106								
18	08	24				216			93								
19	08	24				168			140								
20	08	24				108			57								
21																	
22																	
23																	
24																	
25	08	24				172			158								
26	08	24				188			154								
27	08	24				136			74								
28																	
29																	
30																	
31																	
AVERAGE						176			182								
MONTHLY MAXIMUM						304			1140								
MONTHLY MINIMUM						96			35								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11 84)

Influent

NPDES NO: NC0003239 DISCHARGE NO: 003 MONTH: December YEAR: 1985

FACILITY NAME: Camp Johnson STP COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD							
			00400	00010	00545	00310	00610	00500	00530	00340							
											ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW						
		HRS	STD UNITS	°C	ML/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2																	
3	08	8				180			94								
4	08	8				112			49								
5	08	8				80			60								
6	08	8				124			62								
7																	
8																	
9																	
10	08	8				120			24								
11	08	8				92			26								
12	08	8				128			64								
13	08	8				64			56								
14																	
15																	
16																	
17	08	8				132			34								
18	08	8				324			59								
19	08	8				80			89								
20	08	8				144			41								
21																	
22																	
23																	
24																	
25	08	8				28			23								
26	08	8				60			42								
27	08	8				44			32								
28																	
29																	
30																	
31																	
AVERAGE						114			50								
MONTHLY MAXIMUM						324			92								
MONTHLY MINIMUM						28			23								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

NPDES NO: NC0003239 DISCHARGE NO: 004 MONTH: December YEAR: 1985

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	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1	08	24				108			120								
2																	
3	08	24				96			77								
4	08	24				156			210								
5	08	24				120			100								
6	08	24				144			98								
7																	
8	08	24				84			43								
9																	
10	08	24				128			92								
11	08	24				168			153								
12	08	24				164			125								
13	08	24				264			137								
14																	
15	08	24				96			60								
16																	
17	08	24				132			72								
18	08	24				216			124								
19	08	24				128			128								
20	08	24				104			89								
21																	
22	08	24				88			82								
23																	
24	08	24				88			60								
25	08	24				72			50								
26	08	24				108			66								
27	08	24				108			84								
28																	
29	08	24				128			136								
30																	
31	08	24				112			80								
AVERAGE						128			99								
MONTHLY MAXIMUM						264			210								
MONTHLY MINIMUM						72			43								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

NPDES NO: NC0003239 DISCHARGE NO: 005 MONTH: December YEAR: 1985

FACILITY NAME: Rifle Range STP COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD
			00400	00010	00545	00310	00610	00500	00530	00340
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L
1										
2										
3	08	8				20			290	
4										
5	08	8				40			168	
6										
7										
8										
9										
10	08	8				24			56	
11										
12	08	8				84			252	
13										
14										
15										
16										
17	08	8				28			61	
18										
19	08	8				36			69	
20										
21										
22										
23										
24										
25										
26	08	8				316			600	
27										
28										
29										
30										
31										
AVERAGE						78			128	
MONTHLY MAXIMUM						316			600	
MONTHLY MINIMUM						20			56	
SAMPLE TYPE C or G						C			C	

ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW

DEM Form MR-2 (11/84)

Influent

NPDES NO: NC0003239 DISCHARGE NO: 006 MONTH: December YEAR: 1985

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	ml/L	MG/L	MG/L	MG/L	MG/L	MG/L							
1																	
2																	
3	08	8				108			71								
4																	
5	08	8				68			50								
6																	
7																	
8																	
9																	
10	08	8				132			66								
11																	
12	08	8				156			92								
13																	
14																	
15																	
16																	
17	08	8				80			92								
18																	
19	08	8				144			116								
20																	
21																	
22																	
23																	
24																	
25																	
26	08	8				28			34								
27																	
28																	
29																	
30																	
31																	
AVERAGE						102			74								
MONTHLY MAXIMUM						156			116								
MONTHLY MINIMUM						28			34								
SAMPLE TYPE C or G						C			C								

DEM Form MR-2 (11/84)

Influent

NPDES NO: NC0003239 DISCHARGE NO: 007 MONTH: December YEAR: 198

FACILITY NAME: Onslow Beach STP COUNTY: Onslow

Date	Time	Composite Time	PH	Temperature (Celsius)	Settleable Matter	BOD_5 20 °C	Ammonia Nitrogen	Total Residue	Total Suspended Residue	COD
			00400	00010	00545	00310	00610	00500	00530	00340
		HRS	STD UNITS	°C	Ml/L	MG/L	MG/L	MG/L	MG/L	MG/L
1										
2										
3	08	8				164			190	
4										
5	08	8				148			64	
6										
7										
8										
9										
10	08	8				164			26	
11										
12	08	8				156			60	
13										
14										
15										
16										
17	08	8				72			19	
18										
19	08	8				268			52	
20										
21										
22										
23										
24										
25										
26	08	8				56			52	
27										
28										
29										
30										
31										
AVERAGE						147			59	
MONTHLY MAXIMUM						268			190	
MONTHLY MINIMUM						56			26	
SAMPLE TYPE C or G						C			C	

ENTER PARAMETER CODE ABOVE & NAME AND UNITS BELOW

DEM Form MR-2 (11/84)

NPDES NO: NC0003239 DISCHARGE NO: 001 MONTH: December YEAR: 1985

FACILITY NAME: Camp Geiger STP COUNTY: Onslow

STREAM: New River STREAM: New River

LOCATION: RW01-At Hughes Marina LOCATION: RW04-Hospital Point

Upstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Oil + Grease			
		00010	00300	00400	00310	00340	31616	00556			
								Enter Parameter Code above Name and Units Below			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
1											
2											
3											
4											
5											
6											
7											
8	10	9	8.1	7.1	1.2		150	0			
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		9	8.1		1.2		150*	0			
Monthly Maximum		9	8.1	7.1	1.2		150	0			
Monthly Minimum		9	8.1	7.1	1.2		150	0			

Downstream

Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Oil + Grease			
	00010	00300	00400	00310	00340	31616	00556			
							Enter Parameter Code above Name and Units Below			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
10	11	10.6	7.8	3.0		4	0			
	11	10.6		3.0		4*	0			
	11	10.6	7.8	3.0		4	0			
	11	10.6	7.8	3.0		4	0			

DEM Form MR-3 (11/84)

NPDES NO: NC0003239 DISCHARGE NO: 002 MONTH: December YEAR: 1985

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

Date	Time 2400 Clock	Temperature (Celsius) 00010	Dissolved Oxygen 00300	PH 00400	BOD5 20°C 00310	COD 00340	Fecal Coliform *Geometric Mean 31616	Enter Parameter Code above Name and Units Below: OIL + GREASE 00556			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
1											
2											
3											
4											
5											
6											
7											
8	10	11.0	9.2	6.9	3.2		270	0			
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		11.0	9.2		3.2		270*	0			
Monthly Maximum		11.0	9.2	6.9	3.2		270	0			
Monthly Minimum		11.0	9.2	6.9	3.2		270	0			

Downstream

Date	Time 2400 Clock	Temperature (Celsius) 00010	Dissolved Oxygen 00300	PH 00400	BOD5 20°C 00310	COD 00340	Fecal Coliform *Geometric Mean 31616	Enter Parameter Code above Name and Units Below: OIL + GREASE 00556			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
1											
2											
3											
4											
5											
6											
7											
8	10	10.0	10.3	7.6	3.2		20	0			
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		10.0	10.3		3.2		20*	0			
Monthly Maximum		10.0	10.3	7.6	3.2		20	0			
Monthly Minimum		10.0	10.3	7.6	3.2		20	0			

DEM Form MR-3 (11/84)

NPDES NO: NC0003239 DISCHARGE NO: 003 MONTH: December YEAR: 1985

FACILITY NAME: Camp Johnson STP COUNTY: Onslow

STREAM: Northeast Creek STREAM: New River

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

	Upstream											Downstream										
		00010	00300	00400	00310	00340	31616	00556					00010	00300	00400	00310	00340	31616	00556			
								Enter Parameter Code above Name and Units Below											Enter Parameter Code above Name and Units Below			
Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD5 20°C	COD	Fecal Coliform *Geometric Mean	OIL + GREASE				Time 2400 Clock	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				HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	MG/L			
1																						
2																						
3																						
4																						
5																						
6																						
7																						
8	10	10.0	10.3	7.6	3.2		20	0				10	11.0	10.6	7.8	3.0		4	0			
9																						
10																						
11																						
12																						
13																						
14																						
15																						
16																						
17																						
18																						
19																						
20																						
21																						
22																						
23																						
24																						
25																						
26																						
27																						
28																						
29																						
30																						
31																						
Average		10.0	10.3		3.2		20	0					11.0	10.6		3.0		4	0			
Monthly Maximum		10.0	10.3	7.6	3.2		20	0					11.0	10.6	7.8	3.0		4	0			
Monthly Minimum		10.0	10.3	7.6	3.2		20	0					11.0	10.6	7.8	3.0		4	0			

DEM Form MR-3 (11/84)

NPDES NO: NC0003239 DISCHARGE NO: 004 MONTH: December YEAR: 1985

FACILITY NAME: Hadnot Point STP COUNTY: Onslow

STREAM: New River STREAM: New River

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

Upstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Oil + Grease			
		00010	00300	00400	00310	00340	31616	00556			
								Enter Parameter Code above Name and Units Below			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
1											
2											
3											
4											
5											
6											
7											
8	10	11.0	10.6	7.8	3.0		4	0			
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		11.0	10.6		3.0		4*	0			
Monthly Maximum		11.0	10.6	7.8	3.0		4	0			
Monthly Minimum		11.0	10.6	7.8	3.0		4	0			

Downstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Oil + Grease			
		00010	00300	00400	00310	00340	31616	00556			
								Enter Parameter Code above Name and Units Below			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
1											
2											
3											
4											
5											
6											
7											
8	11	10.0	11.4	8.1	4.0		4	0			
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		10.0	11.4		4.0		4*	0			
Monthly Maximum		10.0	11.4	8.1	4.0		4	0			
Monthly Minimum		10.0	11.4	8.1	4.0		4	0			

DEM Form MR-3 (11/84)

NPDES NO: NC0003239 DISCHARGE NO: 005 MONTH: December YEAR: 1985

FACILITY NAME: Rifle Range STP COUNTY: Onslow

STREAM: New River
LOCATION: RW05-Marker #35

STREAM: New River
LOCATION: RW06-Outside Sneads Ferr Brid

Upstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Oil + Grease			
		00010	00300	00400	00310	00340	31616	00556			
								Enter Parameter Code above Name and Units Below			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
1											
2											
3											
4											
5											
6											
7											
8	11	10.0	11.4	8.1	4.0		4	0			
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		10.0	11.4		4.0		4	0			
Monthly Maximum		10.0	11.4	8.1	4.0		4	0			
Monthly Minimum		10.0	11.4	8.1	4.0		4	0			

Downstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Oil + Grease			
		00010	00300	00400	00310	00340	31616	00556			
								Enter Parameter Code Name and Units Be			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
1											
2											
3											
4											
5											
6											
7											
8	11	11.0	10.8	8.1	1.5		4	0			
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		11.0	10.8		1.5		4	0			
Monthly Maximum		11.0	10.8	8.1	1.5		4	0			
Monthly Minimum		11.0	10.8	8.1	1.5		4	0			

DEM Form MR-3 (11/84)

NPDES NO: NC0003239 DISCHARGE NO: 006 MONTH: December YEAR: 1985

FACILITY NAME: Courthouse Bay STP COUNTY: Onslow

STREAM: New River STREAM: New River

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

Upstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below			
		00010	00300	00400	00310	00340	31616	00556			
								OIL + GREASE			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
1											
2											
3											
4											
5											
6											
7											
8	11	11.0	10.8	8.1	1.5		4	0			
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		11.0	10.8		1.5		4	0			
Monthly Maximum		11.0	10.8	8.1	1.5		4	0			
Monthly Minimum		11.0	10.8	8.1	1.5		4	0			

Downstream

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below			
		00010	00300	00400	00310	00340	31616	00556			
								OIL + GREASE			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
1											
2											
3											
4											
5											
6											
7											
8	11	14.0	8.9	8.1	0.5		0	0			
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		14.0	8.9		0.5		0	0			
Monthly Maximum		14.0	8.9	8.1	0.5		0	0			
Monthly Minimum		14.0	8.9	8.1	0.5		0	0			

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NPDES NO: NC0003239 DISCHARGE NO: 007 MONTH: December YEAR: 1985

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

Date	Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below: OIL + GREASE			
		00010	00300	00400	00310	00340	31616	00556			
	HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
1											
2											
3											
4											
5											
6											
7											
8	11	15.0	8.0	8.1	1.0		4	0			
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Average		15.0	8.0		1.0		4*	0			
Monthly Maximum		15.0	8.0	8.1	1.0		4	0			
Monthly Minimum		15.0	8.0	8.1	1.0		4	0			

Downstream

Time 2400 Clock	Temperature (Celsius)	Dissolved Oxygen	PH	BOD_5 20°C	COD	Fecal Coliform *Geometric Mean	Enter Parameter Code above Name and Units Below: OIL + GREASE			
	00010	00300	00400	00310	00340	31616	00556			
HRS	°C	MG/L	STD UNITS	MG/L	MG/L	100 ml	mg/L			
11	13.0	8.0	8.1	0.2		4	0			
	13.0	8.0		0.2		4*	0			
	13.0	8.0	8.1	0.2		4	0			
	13.0	8.0	8.1	0.2		4	0			

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