

PERMITTEE NAME/ADDRESS (INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Alexandria ASA Advanced Wastewater Treatment Plant
 ADDRESS 1500 Eisenhower Ave
 Alexandria, VA 22314

FACILITY LOCATION 1500 Eisenhower Ave.

**COMMONWEALTH OF VIRGINIA
 DEPARTMENT OF ENVIRONMENTAL QUALITY
 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT(DMR)**

Municipal Major 05/26/2009
 DEPT. OF ENVIRONMENTAL QUALITY
 (REGIONAL OFFICE)
 Northern Va. Regional Office
 13901 Crown Court
 Woodbridge, Va. 22193

VA0025160	001				
PERMIT NUMBER	DISCHARGE NUMBER				
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
10	03	01	10	03	31

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	45.2	70.3	MGD	*****	*****	*****	****	0	CONT.	REC
	REQRMNT	54	NL	MGD	*****	*****	*****	****	***	CONT.	REC
002 pH	REPORTD	*****	*****	****	6.4	*****	6.6	S.U.	0	1/DAY	GRAB
	REQRMNT	*****	*****	****	6.0	*****	9.0	S.U.	***	1/DAY	GRAB
004 TOTAL SUSPENDED SOLIDS	REPORTD	630	651	KG/D	*****	3.5	3.5	MG/L	0	1/DAY	24HC
	REQRMNT	1200	1800	KG/D	*****	6.0	9.0	MG/L	***	1/DAY	24HC
007 DISSOLVED OXYGEN	REPORTD	*****	*****	****	9.4	*****	*****	MG/L	0	1/DAY	GRAB
	REQRMNT	*****	*****	****	6.0	*****	*****	MG/L	***	1/DAY	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	39	42	LBS/D	*****	0.10	0.10	MG/L	0	1/DAY	24HC
	REQRMNT	81	120	LBS/D	*****	0.18	0.27	MG/L	***	1/DAY	24HC
013 NITROGEN, TOTAL (AS N)	REPORTD	*****	*****	****	*****	4.5	*****	MG/L	0	1/DAY	CALC
	REQRMNT	*****	*****	****	*****	NL	*****	MG/L	***	3D/W	CALC
068 TKN (N-KJEL)	REPORTD	*****	*****	****	*****	1.2	1.6	MG/L	0	1/DAY	24HC
	REQRMNT	*****	*****	****	*****	NL	NL	MG/L	***	3D/W	24HC
120 E. Coli	REPORTD	*****	*****	****	*****	9	*****	N/CML	0	1/DAY	GRAB
	REQRMNT	*****	*****	****	*****	126	*****	N/CML	***	1/DAY	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

QL by row: 004=1; 007=0.20; 012=0.05; 013=0.3; 068=0.3; 120=1; 133=0.2; 159=2; 389=0.05

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW (M.G.)	TOTAL BOD5 (K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
	0	0.0	0.00	James Sizemore		1909000507	10	04	07
<small>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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.)</small>				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE				
				Karen Pallansch		703 549-3381	10	04	07
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

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Municipal Major 05/26/2009
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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
133 AMMONIA, AS N FEB-MAR	REPORTD	*****	*****	KG/D	*****	0.3	0.6	MG/L	0	1/DAY	24HC
	REQRMNT	*****	*****	KG/D	*****	6.9	8.5	MG/L	***	1/DAY	24HC
159 CBOD5	REPORTD	<QL	<QL	KG/D	*****	<QL	<QL	MG/L	0	1/DAY	24HC
	REQRMNT	1000	1600	KG/D	*****	5	8	MG/L	***	1/DAY	24HC
389 NITRITE+NITRATE-N, TOTAL	REPORTD	*****	*****	*****	*****	3.3	*****	MG/L	0	1/DAY	24HC
	REQRMNT	*****	*****	*****	*****	NL	*****	MG/L	***	3D/W	24HC
720 TUc - CHRONIC 3-BROOD STATRE CERIODAPHNIA DUBIA	REPORTD	*****	*****	*****	*****	*****	*****	TU-C	0	1/YR	24HC
	REQRMNT	*****	*****	*****	*****	*****	NL	TU-C	***	1/YR	24HC
721 TUc - CHRONIC 7-DAY STATRE PIMEPHALES PROMELA	REPORTD	*****	*****	*****	*****	*****	*****	TU-C	0	1/YR	24HC
	REQRMNT	*****	*****	*****	*****	*****	NL	TU-C	***	1/YR	24HC
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD	*****	*****	*****	*****	*****	*****	MG/L	0	1/YR	CALC
	REQRMNT	*****	*****	*****	*****	6.0	*****	MG/L	***	1/YR	CALC
805 NITROGEN, TOTAL (AS N) (YEAR-TO-DATE)	REPORTD	*****	*****	*****	*****	4.6	*****	MG/L	0	1/M	CALC
	REQRMNT	*****	*****	*****	*****	NL	*****	MG/L	***	1/M	CALC
	REPORTD										
	REQRMNT										

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BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW (M.G.)	TOTAL BOD5 (K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
	0	0.0	0.00	James Sizemore		1909000507	10	04	07
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				Karen Pallansch		703 549-3381	10	04	07

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
672 SOLIDS, TOTAL, SLUDGE AS PERCENT	REPORTD	*****	*****		*****	30.7	30.7	PERCENT	0	1/M	COMP
	REQRMNT	*****	*****		*****	NL	NA	PERCENT	***	1/YR	COMP
680 ARSENIC, SLUDGE	REPORTD	*****	*****		*****	7.0	7.0	MG/KG	0	1/M	COMP
	REQRMNT	*****	*****		*****	41	75	MG/KG	***	1/YR	COMP
681 MOLYBDENUM, SLUDGE	REPORTD	*****	*****		*****	7	7	MG/KG	0	1/M	COMP
	REQRMNT	*****	*****		*****	NA	75	MG/KG	***	1/YR	COMP
682 ZINC, SLUDGE	REPORTD	*****	*****		*****	850	850	MG/KG	0	1/M	COMP
	REQRMNT	*****	*****		*****	2800	7500	MG/KG	***	1/YR	COMP
683 LEAD, SLUDGE	REPORTD	*****	*****		*****	42	42	MG/KG	0	1/M	COMP
	REQRMNT	*****	*****		*****	300	840	MG/KG	***	1/YR	COMP
684 NICKEL, SLUDGE	REPORTD	*****	*****		*****	21	21	MG/KG	0	1/M	COMP
	REQRMNT	*****	*****		*****	420	420	MG/KG	***	1/YR	COMP
685 MERCURY, SLUDGE	REPORTD	*****	*****		*****	1.2	1.2	MG/KG	0	1/M	COMP
	REQRMNT	*****	*****		*****	17	57	MG/KG	***	1/YR	COMP
686 COPPER, SLUDGE	REPORTD	*****	*****		*****	310	310	MG/KG	0	1/M	COMP
	REQRMNT	*****	*****		*****	1500	4300	MG/KG	***	1/YR	COMP

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
687 CADMIUM, SLUDGE	REPORTD	*****	*****		*****	1	1	MG/KG	0	1/M	COMP
	REQRMNT	*****	*****		*****	39	85	MG/KG	***	1/YR	COMP
688 LEVEL OF PATHOGEN REQUIREMENTS ACHIEVED	REPORTD	*****	*****		*****	*****	1	STCL #	0	1/M	*****
	REQRMNT	*****	*****		*****	*****	NL	STCL #	***	1/YR	*****
697 SELENIUM, SLUDGE	REPORTD	*****	*****		*****	<1.0	<1.0	MG/KG	0	1/M	COMP
	REQRMNT	*****	*****		*****	100	100	MG/KG	***	1/YR	COMP
	REPORTD										
	REQRMNT										
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	REQRMNT										
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				TYPED OR PRINTED NAME	SIGNATURE	TELEPHONE	YEAR	MO.	DAY