

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

**DEPT. OF ENVIRONMENTAL Q
(REGIONAL OFFICE)**

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

Northern Regional Office
13901 Crown Court

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

VA0025160	001
PERMIT NUMBER	DISCHARGE NUMBER

Woodbridge, VA 22193

FACILITY LOCATION: 1500 Eisenhower Ave

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2010	09	01	TO	2010	09	30

NOTE: READ PERMIT AND GENERAL INS BEFORE COMPLETING THIS FORM

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	REPORTD	29.9	67.5	MGD	*****	*****	*****		0	CONT	TIRE	
PARAM CODE: 001	REQRMNT	54	NL		*****	*****	*****				CONT	
PH	REPORTD	*****	*****		6.5	*****	7.0	SU	0	1/DAY	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0				1/DAY	
TSS	REPORTD	40	49	KG/D	*****	0.3	0.5	MG/L	0	1/DAY	24HC	
PARAM CODE: 004	REQRMNT	1200	1800		*****	6.0	9.0				1/DAY	
DO	REPORTD	*****	*****		7.4	*****	*****	MG/L	0	1/DAY	GRAB	
PARAM CODE: 007	REQRMNT	*****	*****		6.0	*****	*****				1/DAY	
PHOSPHORUS, TOTAL (AS P)	REPORTD	21	19	LBS/D	*****	0.08	0.08	MG/L	0	1/DAY	24HC	
PARAM CODE: 012	REQRMNT	81	120		*****	0.18	0.27				1/DAY	
NITROGEN, TOTAL (AS N)	REPORTD	*****	*****		*****	3.7	*****	MG/L	0	1/DAY	CALC	
PARAM CODE: 013	REQRMNT	*****	*****		*****	NL	*****				3D/W	
TKN (N-KJEL)	REPORTD	*****	*****		*****	0.9	1.0	MG/L	0	1/DAY	24HC	
PARAM CODE: 068	REQRMNT	*****	*****		*****	NL	NL				3D/W	

GENERAL PERMIT REQUIREMENTS OR COMMENTS: QL by row: 004=1; 007=0.20; 012=0.05; 013=0.3; 068=0.3; 120=1; 764=0.2; 159=2; 389=0.05
PARAMETER-SPECIFIC COMMENTS: [PH/ ConcMin]

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW (M.G.)	TOTAL BOD5 (K.G.)	OPERATOR IN RESPONSIBLE CHARGE					
		0	0	0	James Sizemore			1909000507	
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.)	TYPED OR PRINTED NAME			CERTIFICATE NUMBER					
	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE			703-549-3381		
	TYPED OR PRINTED NAME			SIGNATURE			YEAR MO. DAY		

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VA0025160	001
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MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
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FACILITY LOCATION 1500 Eisenhower Ave

FROM

TO

NOTE: READ PERMIT AND GENERAL INSTRUMENT BEFORE COMPLETING THIS FORM.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
E.COLI	REPORTD	*****	*****		*****	<2	*****		0	1/DAY	GRAB	
PARAM CODE: 120	REQRMNT	*****	*****		*****	126	*****	N/CML	0	1/DAY	GRAB	
CBOD5	REPORTD	<QL	<QL	KG/D	*****	<QL	<QL	MG/L	0	1/DAY	24HC	
PARAM CODE: 159	REQRMNT	1000	1600		*****	5	8		0	1/DAY	24HC	
NITRITE+NITRATE-N,TOTAL	REPORTD	*****	*****		*****	2.8	*****	MG/L	0	1/DAY	24HC	
PARAM CODE: 389	REQRMNT	*****	*****		*****	NL	*****		0	3D/W	24HC	
AMMONIA, AS N APR-OCT	REPORTD	<QL	<QL	KG/D	*****	<QL	<QL	MG/L	0	1/DAY	24HC	
PARAM CODE: 764	REQRMNT	200	900		*****	1.0	4.4		0	1/DAY	24HC	
NITROGEN, TOTAL (AS N) (YEAR-TO-DATE)	REPORTD	*****	*****		*****	4.0	*****	MG/L	0	1/M	CALC	
PARAM CODE: 805	REQRMNT	*****	*****		*****	NL	*****		0	1/M	CALC	

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		0	0	0	James Sizemore		1909000507			
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				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	703-549-3381			
				TYPED OR PRINTED NAME		SIGNATURE		YEAR	MO.	DAY

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Municipal Major 05/26/2009
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 (REGIONAL OFFICE)

Northern Va. Regional Office
 13901 Crown Court
 Woodbridge, Va. 22193

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
672 SOLIDS, TOTAL, SLUDGE AS PERCENT	REPORTD	*****	*****		*****	27.7	27.7	PERCENT	0	1/M	COMP
	REQRMNT	*****	*****		*****	NL	NA	PERCENT	***	1/YR	COMP
680 ARSENIC, SLUDGE	REPORTD	*****	*****		*****	5.0	5.0	MG/KG	0	1/M	COMP
	REQRMNT	*****	*****		*****	41	75	MG/KG	***	1/YR	COMP
681 MOLYBDENUM, SLUDGE	REPORTD	*****	*****		*****	10	10	MG/KG	0	1/M	COMP
	REQRMNT	*****	*****		*****	NA	75	MG/KG	***	1/YR	COMP
682 ZINC, SLUDGE	REPORTD	*****	*****		*****	1000	1000	MG/KG	0	1/M	COMP
	REQRMNT	*****	*****		*****	2800	7500	MG/KG	***	1/YR	COMP
683 LEAD, SLUDGE	REPORTD	*****	*****		*****	46	46	MG/KG	0	1/M	COMP
	REQRMNT	*****	*****		*****	300	840	MG/KG	***	1/YR	COMP
684 NICKEL, SLUDGE	REPORTD	*****	*****		*****	15	15	MG/KG	0	1/M	COMP
	REQRMNT	*****	*****		*****	420	420	MG/KG	***	1/YR	COMP
685 MERCURY, SLUDGE	REPORTD	*****	*****		*****	2.5	2.5	MG/KG	0	1/M	COMP
	REQRMNT	*****	*****		*****	17	57	MG/KG	***	1/YR	COMP
686 COPPER, SLUDGE	REPORTD	*****	*****		*****	409	409	MG/KG	0	1/M	COMP
	REQRMNT	*****	*****		*****	1500	4300	MG/KG	***	1/YR	COMP

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW (M.G.)	TOTAL BOD5 (K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
		0	0.000	0.00	James Sizemore		1909000507	10	10
<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 OF AUTHORIZED AGENT		TELEPHONE			
				Karen Pallansch		703 549-3381	10	10	06
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

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687 CADMIUM, SLUDGE	REPORTD	*****	*****		*****	2	2	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	*****	*****		*****	2.0	2.0	MG/KG	0	1/M	COMP
	REQRMNT	*****	*****		*****	100	100	MG/KG	***	1/YR	COMP
	REPORTD										
	REQRMNT										
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