

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

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

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

Northern Regional Office
13901 Crown Court

Woodbridge, VA 22193

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

VA0025160	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FACILITY LOCATION: 1500 Eisenhower Ave

FROM

YEAR	MO	DAY	TO	YEAR	MO	DAY
2011	02	01		2011	02	28

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

Parameter	REPORTD	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	REPORTD	34.3	60.7	MGD	*****	*****	*****		0	CONT	TIRE	
PARAM CODE: 001	REQRMNT	54	NL		*****	*****	*****					
PH	REPORTD	*****	*****		6.4	*****	6.6	SU	0	1/DAY	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0					
TSS	REPORTD	129	168	KG/D	*****	1.0	1.4	MG/L	0	1/DAY	24HC	
PARAM CODE: 004	REQRMNT	1200	1800		*****	6.0	9.0					
DO	REPORTD	*****	*****		9.5	*****	*****	MG/L	0	1/DAY	GRAB	
PARAM CODE: 007	REQRMNT	*****	*****		6.0	*****	*****					
PHOSPHORUS, TOTAL (AS P)	REPORTD	20	23	LBS/D	*****	0.07	0.09	MG/L	0	1/DAY	24HC	
PARAM CODE: 012	REQRMNT	81	120		*****	0.18	0.27					
NITROGEN, TOTAL (AS N)	REPORTD	*****	*****		*****	4.4	*****	MG/L	0	1/DAY	CALC	
PARAM CODE: 013	REQRMNT	*****	*****		*****	NL	*****					
TKN (N-KJEL)	REPORTD	*****	*****		*****	1.1	1.1	MG/L	0	1/DAY	24HC	
PARAM CODE: 068	REQRMNT	*****	*****		*****	NL	NL					

GENERAL 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
PARAMETER-SPECIFIC COMMENTS:

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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DEPARTMENT OF ENVIRONMENTAL QUALITY
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PERMITTEE NAME/ADDRESS (INCLUDE
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Northern Regional Office
13901 Crown Court

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

Woodbridge, VA 22193

FACILITY LOCATION 1500 Eisenhower Ave

VA0025160	001
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
YEAR MO DAY	YEAR MO DAY
2011 02 01	2011 02 28

FROM

TO

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
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	
AMMONIA, AS N FEB-MAR	REPORTD	*****	*****		*****	0.1	0.1		0	1/DAY	24HC	
PARAM CODE: 133	REQRMNT	*****	*****		*****	6.9	8.5	MG/L	0	1/DAY	24HC	
CBOD5	REPORTD	<QL	<QL		*****	<QL	<QL		0	1/DAY	24HC	
PARAM CODE: 159	REQRMNT	1000	1600	KG/D	*****	5	8	MG/L	0	1/DAY	24HC	
NITRITE+NITRATE-N,TOTAL	REPORTD	*****	*****		*****	3.3	*****		0	1/DAY	24HC	
PARAM CODE: 389	REQRMNT	*****	*****		*****	NL	*****	MG/L	0	3D/W	24HC	
NITROGEN, TOTAL (AS N) (YEAR-TO-DATE)	REPORTD	*****	*****		*****	4.2	*****		0	1/M	CALC	
PARAM CODE: 805	REQRMNT	*****	*****		*****	NL	*****	MG/L	0	1/M	CALC	

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PARAMETER-SPECIFIC COMMENTS:

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW (M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE				
				TYPED OR PRINTED NAME	CERTIFICATE NUMBER			
	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

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

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

Municipal Major 05/26/2009
DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

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

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

DISCHARGE MONITORING REPORT(DMR)

VA0025160		S01	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
YEAR	MO	DAY	YEAR
11	02	01	11
FROM		TO	

FACILITY LOCATION 1500 Eisenhower Ave

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			
672 SOLIDS, TOTAL, SLUDGE AS PERCENT	REPORTD	*****	*****		*****	26.3	26.3	PERCENT	0	1/M	COMP
	REQMNT	*****	*****		*****	NL	NA	PERCENT	***	1/YR	COMP
680 ARSENIC, SLUDGE	REPORTD	*****	*****		*****	4.0	4.0	MG/KG	0	1/M	COMP
	REQMNT	*****	*****		*****	41	75	MG/KG	***	1/YR	COMP
681 MOLYBDENUM, SLUDGE	REPORTD	*****	*****		*****	8	8	MG/KG	0	1/M	COMP
	REQMNT	*****	*****		*****	NA	75	MG/KG	***	1/YR	COMP
682 ZINC, SLUDGE	REPORTD	*****	*****		*****	794	794	MG/KG	0	1/M	COMP
	REQMNT	*****	*****		*****	2800	7500	MG/KG	***	1/YR	COMP
683 LEAD, SLUDGE	REPORTD	*****	*****		*****	40	40	MG/KG	0	1/M	COMP
	REQMNT	*****	*****		*****	300	840	MG/KG	***	1/YR	COMP
684 NICKEL, SLUDGE	REPORTD	*****	*****		*****	14	14	MG/KG	0	1/M	COMP
	REQMNT	*****	*****		*****	420	420	MG/KG	***	1/YR	COMP
685 MERCURY, SLUDGE	REPORTD	*****	*****		*****	1.3	1.3	MG/KG	0	1/M	COMP
	REQMNT	*****	*****		*****	17	57	MG/KG	***	1/YR	COMP
686 COPPER, SLUDGE	REPORTD	*****	*****		*****	344	344	MG/KG	0	1/M	COMP
	REQMNT	*****	*****		*****	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	11	03	08
<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 imprisonment for up to 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	11	03	08
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

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VA0025160		SO1	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
YEAR	MO	DAY	YEAR
11	02	01	11
FROM		TO	11
			02
			28

Municipal Major 05/26/2009
 DEPT. OF ENVIRONMENTAL QUALITY
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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
687 CADMIUM, SLUDGE	REPORTD	*****	*****		*****	1	1	MG/KG	0	1/M	COMP
	REQMNT	*****	*****		*****	39	85	MG/KG	***	1/YR	COMP
688 LEVEL OF PATHOGEN REQUIREMENTS ACHIEVED	REPORTD	*****	*****		*****	*****	1	STCL #	0	1/M	*****
	REQMNT	*****	*****		*****	*****	NL	STCL #	***	1/YR	*****
697 SELENIUM, SLUDGE	REPORTD	*****	*****		*****	1.0	1.0	MG/KG	0	1/M	COMP
	REQMNT	*****	*****		*****	100	100	MG/KG	***	1/YR	COMP
	REPORTD										
	REQMNT										
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	REQMNT										
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	REQMNT										
	REPORTD										
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	0	0.000	0.00	TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
				James Sizemore		1909000507	11	03	08
<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 imprisonment for up to 5 years and 6 months, respectively.)</small>				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE				
				Karen Pallansch		703 549-3381	11	03	08
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY