

**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

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

Woodbridge, VA 22193

VA0025160	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
2011	01	01		2011	01	31

FACILITY LOCATION: 1500 Eisenhower Ave

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				
FLOW	REPORTD	31.1	38.4	MGD	*****	*****	*****		0	CONT	TIRE	
PARAM CODE: 001	REQRMNT	54	NL		*****	*****	*****					
PH	REPORTD	*****	*****		6.4	*****	8.0	SU	0	1/DAY	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0					
TSS	REPORTD	60	132	KG/D	*****	0.5	1.0	MG/L	0	1/DAY	24HC	
PARAM CODE: 004	REQRMNT	1200	1800		*****	6.0	9.0					
DO	REPORTD	*****	*****		9.6	*****	*****	MG/L	0	1/DAY	GRAB	
PARAM CODE: 007	REQRMNT	*****	*****		6.0	*****	*****					
PHOSPHORUS, TOTAL (AS P)	REPORTD	16	21	LBS/D	*****	0.06	0.08	MG/L	0	1/DAY	24HC	
PARAM CODE: 012	REQRMNT	81	120		*****	0.18	0.27					
NITROGEN, TOTAL (AS N)	REPORTD	*****	*****		*****	4.0	*****	MG/L	0	1/DAY	CALC	
PARAM CODE: 013	REQRMNT	*****	*****		*****	NL	*****					
TKN (N-KJEL)	REPORTD	*****	*****		*****	1.0	1.2	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; 132=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.

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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	
YEAR MO DAY	YEAR MO DAY
2011 01 01	TO 2011 01 31

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	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
E.COLI	REPORTD	*****	*****		*****	<4	*****	0	1/DAY	GRAB	
PARAM CODE: 120	REQRMNT	*****	*****		*****	126	*****	0	1/DAY	GRAB	
AMMONIA, AS N NOV-JAN	REPORTD	*****	*****		*****	0.1	0.2	0	1/DAY	24HC	
PARAM CODE: 132	REQRMNT	*****	*****		*****	8.4	10	0	1/DAY	24HC	
CBOD5	REPORTD	<QL	<QL		*****	<QL	<QL	0	1/DAY	24HC	
PARAM CODE: 159	REQRMNT	1000	1600	KG/D	*****	5	8	0	1/DAY	24HC	
NITRITE+NITRATE-N,TOTAL	REPORTD	*****	*****		*****	2.9	*****	0	1/DAY	24HC	
PARAM CODE: 389	REQRMNT	*****	*****		*****	NL	*****	0	3D/W	24HC	
NITROGEN, TOTAL (AS N) (YEAR-TO-DATE)	REPORTD	*****	*****		*****	4.0	*****	0	1/M	CALC	
PARAM CODE: 805	REQRMNT	*****	*****		*****	NL	*****	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					
		0	0	0	James Sizemore		1909000507		
<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			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)

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 ADDRESS 1500 Eisenhower Ave
 Alexandria, VA 22314

FACILITY LOCATION 1500 Eisenhower Ave

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VA0025160	SO1					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
11	01	01	TO	11	01	31

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

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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	*****	*****		*****	27.7	27.7	PERCENT	0	1/M	COMP
	REQRMNT	*****	*****		*****	NL	NA	PERCENT	***	1/YR	COMP
680 ARSENIC, SLUDGE	REPORTD	*****	*****		*****	4.0	4.0	MG/KG	0	1/M	COMP
	REQRMNT	*****	*****		*****	41	75	MG/KG	***	1/YR	COMP
681 MOLYBDENUM, SLUDGE	REPORTD	*****	*****		*****	8	8	MG/KG	0	1/M	COMP
	REQRMNT	*****	*****		*****	NA	75	MG/KG	***	1/YR	COMP
682 ZINC, SLUDGE	REPORTD	*****	*****		*****	804	804	MG/KG	0	1/M	COMP
	REQRMNT	*****	*****		*****	2800	7500	MG/KG	***	1/YR	COMP
683 LEAD, SLUDGE	REPORTD	*****	*****		*****	35	35	MG/KG	0	1/M	COMP
	REQRMNT	*****	*****		*****	300	840	MG/KG	***	1/YR	COMP
684 NICKEL, SLUDGE	REPORTD	*****	*****		*****	14	14	MG/KG	0	1/M	COMP
	REQRMNT	*****	*****		*****	420	420	MG/KG	***	1/YR	COMP
685 MERCURY, SLUDGE	REPORTD	*****	*****		*****	1.0	1.0	MG/KG	0	1/M	COMP
	REQRMNT	*****	*****		*****	17	57	MG/KG	***	1/YR	COMP
686 COPPER, SLUDGE	REPORTD	*****	*****		*****	336	336	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	11	02
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 of 5 years and 5 years.)	TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY			
	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE							
	Karen Pallansch		703 549-3381	11	02	09			
	TYPED OR PRINTED NAME	SIGNATURE	YEAR	MO.	DAY				

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VA0025160	S01
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
11	01	01		11	01	31

Municipal Major 05/26/2009
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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
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	*****	*****		*****	5.0	5.0	MG/KG	0	1/M	COMP
	REQRMNT	*****	*****		*****	100	100	MG/KG	***	1/YR	COMP
	REPORTD										
	REQRMNT										
	REPORTD										
	REQRMNT										
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	REQRMNT										
	REPORTD										
	REQRMNT										

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		0	0.000	0.00	James Sizemore		1909000507	11	02	09		
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				Karen Pallansch		703 549-3381	11	02	09			
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