

**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

FACILITY LOCATION: 1500 Eisenhower Ave


FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2011	03	01		2011	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	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	REPORTD	40.6	75.7	MGD	****	****	****		0	CONT	TIRE	
PARAM CODE: 001	REQRMNT	54	NL		****	****	****					
PH	REPORTD	****	****		6.2	****	6.6	SU	0	1/DAY	GRAB	
PARAM CODE: 002	REQRMNT	****	****		6.0	****	9.0					
TSS	REPORTD	143	265	KG/D	****	0.8	1.5	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	18	32	LBS/D	****	0.05	0.07	MG/L	0	1/DAY	24HC	
PARAM CODE: 012	REQRMNT	81	120		****	0.18	0.27					
NITROGEN, TOTAL (AS N)	REPORTD	****	****		****	4.1	****	MG/L	0	1/DAY	CALC	
PARAM CODE: 013	REQRMNT	****	****		****	NL	****					
TKN (N-KJEL)	REPORTD	****	****		****	1.2	1.7	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						
<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. &amp; 1001 AND 33 U.S.C. &amp; 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				
				<i>Karen Pallansch</i>										
				TYPED OR PRINTED NAME			SIGNATURE			<table border="1"> <tr> <th>YEAR</th> <th>MO.</th> <th>DAY</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>			YEAR	MO.
YEAR	MO.	DAY												

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DEPARTMENT OF ENVIRONMENTAL QUALITY  
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
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(REGIONAL OFFICE)**

PERMITTEE NAME/ADDRESS (INCLUDE  
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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

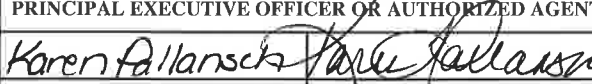
FACILITY  
LOCATION 1500 Eisenhower Ave

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	2011	03	01		2011	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	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
E.COLI	REPORTD	*****	*****		*****	<2	*****	0	1/DAY	GRAB	
PARAM CODE: 120	REQRMNT	*****	*****		*****	126	*****	0	1/DAY	GRAB	
AMMONIA, AS N FEB-MAR	REPORTD	*****	*****		*****	0.2	0.6	0	1/DAY	24HC	
PARAM CODE: 133	REQRMNT	*****	*****		*****	6.9	8.5	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	*****	*****		*****	4.2	*****	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. &amp; 1001 AND 33 U.S.C. &amp; 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			
	<i>Karen Fallanschi</i> <small>TYPED OR PRINTED NAME</small>			 <small>SIGNATURE</small>		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

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

**DISCHARGE MONITORING REPORT(DMR)**

VA0025160	SO1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
11	03	01		11	03	31

FROM

TO

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

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

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	*****	*****		*****	25.4	25.4	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	*****	*****		*****	9	9	MG/KG	0	1/M	COMP
	REQRMNT	*****	*****		*****	NA	75	MG/KG	***	1/YR	COMP
682 ZINC, SLUDGE	REPORTD	*****	*****		*****	829	829	MG/KG	0	1/M	COMP
	REQRMNT	*****	*****		*****	2800	7500	MG/KG	***	1/YR	COMP
683 LEAD, SLUDGE	REPORTD	*****	*****		*****	38	38	MG/KG	0	1/M	COMP
	REQRMNT	*****	*****		*****	300	840	MG/KG	***	1/YR	COMP
684 NICKEL, SLUDGE	REPORTD	*****	*****		*****	16	16	MG/KG	0	1/M	COMP
	REQRMNT	*****	*****		*****	420	420	MG/KG	***	1/YR	COMP
685 MERCURY, SLUDGE	REPORTD	*****	*****		*****	1.1	1.1	MG/KG	0	1/M	COMP
	REQRMNT	*****	*****		*****	17	57	MG/KG	***	1/YR	COMP
686 COPPER, SLUDGE	REPORTD	*****	*****		*****	332	332	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	04
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.)				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE				
				Karen Pallansch		703 549-3381	11	04	07
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

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**DISCHARGE MONITORING REPORT(DMR)**

VA0025160	S01
PERMIT NUMBER	DISCHARGE NUMBER

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

FACILITY  
LOCATION 1500 Eisenhower Ave

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
11	03	01		11	03	31

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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	*****	*****		*****	2.0	2.0	MG/KG	0	1/M	COMP
	REQMNT	*****	*****		*****	100	100	MG/KG	***	1/YR	COMP
	REPORTD										
	REQMNT										
	REPORTD										
	REQMNT										
	REPORTD										
	REQMNT										
	REPORTD										
	REQMNT										

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	TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
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	<b>PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>TELEPHONE</b>							
	Karen Pallansch		703 549-3381	11	04	07			
	<b>TYPED OR PRINTED NAME</b>	<b>SIGNATURE</b>		<b>YEAR</b>	<b>MO.</b>	<b>DAY</b>			