

**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

YEAR	MO	DAY	TO	YEAR	MO	DAY
2010	10	01		2010	10	31

FACILITY LOCATION: 1500 Eisenhower Ave

FROM

TO

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	34.2	53.2	MGD	*****	*****	*****		0	CONT	TIRE	
PARAM CODE: 001	REQRMNT	54	NL		*****	*****	*****			CONT	TIRE	
PH	REPORTD	*****	*****		6.5	*****	6.8	SU	0	1/DAY	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0		0	1/DAY	GRAB	
TSS	REPORTD	50	76	KG/D	*****	0.4	0.6	MG/L	0	1/DAY	24HC	
PARAM CODE: 004	REQRMNT	1200	1800		*****	6.0	9.0		0	1/DAY	24HC	
DO	REPORTD	*****	*****		8.0	*****	*****	MG/L	0	1/DAY	GRAB	
PARAM CODE: 007	REQRMNT	*****	*****		6.0	*****	*****		0	1/DAY	GRAB	
PHOSPHORUS, TOTAL (AS P)	REPORTD	32	33	LBS/D	*****	0.11	0.12	MG/L	0	1/DAY	24HC	
PARAM CODE: 012	REQRMNT	81	120		*****	0.18	0.27		0	1/DAY	24HC	
NITROGEN, TOTAL (AS N)	REPORTD	*****	*****		*****	3.3	*****	MG/L	0	1/DAY	CALC	
PARAM CODE: 013	REQRMNT	*****	*****		*****	NL	*****		0	3D/W	CALC	
TKN (N-KJEL)	REPORTD	*****	*****		*****	0.9	0.9	MG/L	0	1/DAY	24HC	
PARAM CODE: 068	REQRMNT	*****	*****		*****	NL	NL		0	3D/W	24HC	

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:

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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YEAR	MO	DAY	TO	YEAR	MO	DAY
2010	10	01		2010	10	31

FACILITY LOCATION 1500 Eisenhower Ave

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Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
E.COLI PARAM CODE: 120	REPORTD	*****	*****		*****	<2	*****	0	1/DAY	GRAB	
	REQRMT	*****	*****		*****	126	*****	0	1/DAY	GRAB	
CBOD5 PARAM CODE: 159	REPORTD	<QL	<QL	KG/D	*****	<QL	<QL	0	1/DAY	24HC	
	REQRMT	1000	1600		*****	5	8	0	1/DAY	24HC	
NITRITE+NITRATE-N,TOTAL PARAM CODE: 389	REPORTD	*****	*****	KG/D	*****	2.4	*****	0	1/DAY	24HC	
	REQRMT	*****	*****		*****	NL	*****	0	3D/W	24HC	
AMMONIA, AS N APR-OCT PARAM CODE: 764	REPORTD	<QL	<QL	KG/D	*****	<QL	<QL	0	1/DAY	24HC	
	REQRMT	200	900		*****	1.0	4.4	0	1/DAY	24HC	
NITROGEN, TOTAL (AS N) (YEAR-TO-DATE) PARAM CODE: 805	REPORTD	*****	*****	KG/D	*****	3.9	*****	0	1/M	CALC	
	REQRMT	*****	*****		*****	NL	*****	0	1/M	CALC	

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Municipal Major 05/26/2009
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Woodbridge, Va. 22193

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VA0025160	S01				
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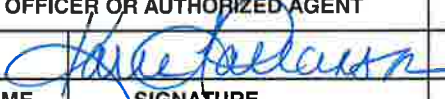
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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
672 SOLIDS, TOTAL, SLUDGE AS PERCENT	REPORTD	*****	*****		*****	28.0	28.0	PERCENT	0	1/M	COMP
	REQMNT	*****	*****		*****	NL	NA	PERCENT	***	1/YR	COMP
680 ARSENIC, SLUDGE	REPORTD	*****	*****		*****	7.0	7.0	MG/KG	0	1/M	COMP
	REQMNT	*****	*****		*****	41	75	MG/KG	***	1/YR	COMP
681 MOLYBDENUM, SLUDGE	REPORTD	*****	*****		*****	9	9	MG/KG	0	1/M	COMP
	REQMNT	*****	*****		*****	NA	75	MG/KG	***	1/YR	COMP
682 ZINC, SLUDGE	REPORTD	*****	*****		*****	1010	1010	MG/KG	0	1/M	COMP
	REQMNT	*****	*****		*****	2800	7500	MG/KG	***	1/YR	COMP
683 LEAD, SLUDGE	REPORTD	*****	*****		*****	41	41	MG/KG	0	1/M	COMP
	REQMNT	*****	*****		*****	300	840	MG/KG	***	1/YR	COMP
684 NICKEL, SLUDGE	REPORTD	*****	*****		*****	17	17	MG/KG	0	1/M	COMP
	REQMNT	*****	*****		*****	420	420	MG/KG	***	1/YR	COMP
685 MERCURY, SLUDGE	REPORTD	*****	*****		*****	1.1	1.1	MG/KG	0	1/M	COMP
	REQMNT	*****	*****		*****	17	57	MG/KG	***	1/YR	COMP
686 COPPER, SLUDGE	REPORTD	*****	*****		*****	418	418	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	TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
<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>				James Sizemore		1909000507	10	11	09
							PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	
				Karen Pallansch		703 549-3381	10	11	09
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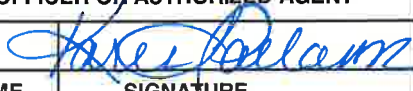
VA0025160	S01				
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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
687 CADMIUM, SLUDGE	REPORTD	*****	*****		*****	2	2	MG/KG	0	1/M	COMP
	REQRMNT	*****	*****		*****	39	85	MG/KG	***	1/YR	COMP
688 LEVEL OF PATHOGEN REQUIREMENTS ACHIEVED	REPORTD	*****	*****		*****	*****	1	STCL #	0	1/M	*****
	REQRMNT	*****	*****		*****	*****	NL	STCL #	***	1/YR	*****
697 SELENIUM, SLUDGE	REPORTD	*****	*****		*****	3.0	3.0	MG/KG	0	1/M	COMP
	REQRMNT	*****	*****		*****	100	100	MG/KG	***	1/YR	COMP
	REPORTD										
	REQRMNT										
	REPORTD										
	REQRMNT										
	REPORTD										
	REQRMNT										
	REPORTD										
	REQRMNT										

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				Karen Pallansch		703 549-3381	10	11	09