

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

NAME Alexandria ASA Advanced Wastewater Treatment Plant  
 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)**

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

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

VA0025160	001				
PERMIT NUMBER	DISCHARGE NUMBER				
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
11	09	01	11	09	30

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
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	45.9	104.5	MGD	*****	*****	*****	****	0	CONT.	REC
	REQRMNT	54	NL	MGD	*****	*****	*****	****	***	CONT.	REC
002 pH	REPORTD	*****	*****	****	6.5	*****	7.1	S.U.	0	1/DAY	GRAB
	REQRMNT	*****	*****	****	6.0	*****	9.0	S.U.	***	1/DAY	GRAB
004 TOTAL SUSPENDED SOLIDS	REPORTD	183	717	KG/D	*****	0.6	2.1	MG/L	0	1/DAY	24HC
	REQRMNT	1200	1800	KG/D	*****	6.0	9.0	MG/L	***	1/DAY	24HC
007 DISSOLVED OXYGEN	REPORTD	*****	*****	****	7.7	*****	*****	MG/L	0	1/DAY	GRAB
	REQRMNT	*****	*****	****	6.0	*****	*****	MG/L	***	1/DAY	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	19	48	LBS/D	*****	0.04	0.07	MG/L	0	1/DAY	24HC
	REQRMNT	81	120	LBS/D	*****	0.18	0.27	MG/L	***	1/DAY	24HC
013 NITROGEN, TOTAL (AS N)	REPORTD	*****	*****	****	*****	4.2	*****	MG/L	0	1/DAY	CALC
	REQRMNT	*****	*****	****	*****	NL	*****	MG/L	***	3D/W	CALC
068 TKN (N-KJEL)	REPORTD	*****	*****	****	*****	0.9	0.9	MG/L	0	1/DAY	24HC
	REQRMNT	*****	*****	****	*****	NL	NL	MG/L	***	3D/W	24HC
120 E. Coli	REPORTD	*****	*****	****	*****	<2	*****	N/CML	0	1/DAY	GRAB
	REQRMNT	*****	*****	****	*****	126	*****	N/CML	***	1/DAY	GRAB

ADDITIONAL 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 \* - Please see attached cover letter.

BYPASSES AND OVERFLOWS	TOTAL OCCURENCES	TOTAL FLOW (M.G.)	TOTAL BOD5 (K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
	2 *	0.555	-	James Sizemore		1909000507	11	10	07
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.)				Karen Pallansch		703 549-3381	11	10	07

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

NAME Alexandria ASA Advanced Wastewater Treatment Plant  
 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	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
11	09	01	11	09	30

FROM

TO

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

Northern Va. Regional Office  
 13901 Crown Court  
 Woodbridge, Virginia 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
764 AMMONIA, AS N APR-OCT	REPORTD	<QL	<QL	KG/D	*****	<QL	<QL	MG/L	0	1/DAY	24HC
	REQRMNT	200	900	KG/D	*****	1.0	4.4	MG/L	***	1/DAY	24HC
159 CBOD5	REPORTD	<QL	<QL	KG/D	*****	<QL	<QL	MG/L	0	1/DAY	24HC
	REQRMNT	1000	1600	KG/D	*****	5	8	MG/L	***	1/DAY	24HC
389 NITRITE+NITRATE-N, TOTAL	REPORTD	*****	*****	*****	*****	3.2	*****	MG/L	0	1/DAY	24HC
	REQRMNT	*****	*****	*****	*****	NL	*****	MG/L	***	3D/W	24HC
720 TUC - CHRONIC 3-BROOD STATRE CERIODAPHNIA DUBIA	REPORTD	*****	*****	*****	*****	*****	*****	TU-C	0	1/YR	24HC
	REQRMNT	*****	*****	*****	*****	*****	NL	TU-C	***	1/YR	24HC
721 TUC - CHRONIC 7-DAY STATRE PIMEPHALES PROMELA	REPORTD	*****	*****	*****	*****	*****	*****	TU-C	0	1/YR	24HC
	REQRMNT	*****	*****	*****	*****	*****	NL	TU-C	***	1/YR	24HC
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD	*****	*****	*****	*****	*****	*****	MG/L	0	1/YR	CALC
	REQRMNT	*****	*****	*****	*****	6.0	*****	MG/L	***	1/YR	CALC
805 NITROGEN, TOTAL (AS N) (YEAR-TO-DATE)	REPORTD	*****	*****	*****	*****	4.0	*****	MG/L	0	1/M	CALC
	REQRMNT	*****	*****	*****	*****	NL	*****	MG/L	***	1/M	CALC
	REPORTD										
	REQRMNT										

ADDITIONAL 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 - \* - Please see attached cover letter.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW (M.G.)	TOTAL BOD5 (K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
	2 *	0.555	-	TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
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 under these statutes up to 5 years and 6 months.)	James Sizemore		1909000507	11	10	07			
	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE						
	Karen Pallansch		703 549-3381	11	10	07			
	TYPED OR PRINTED NAME	SIGNATURE	YEAR	MO.	DAY				

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

NAME Alexandria ASA Advanced Wastewater Treatment Plant  
 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)**

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

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

VA0025160	S01				
PERMIT NUMBER	DISCHARGE NUMBER				
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
11	09	01	11	09	30


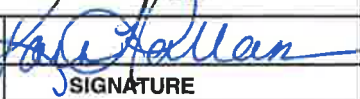
FROM

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	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
672 SOLIDS, TOTAL, SLUDGE AS PERCENT	REPORTD	*****	*****		*****	27.0	27.0	PERCENT	0	1/M	COMP
	REQMNT	*****	*****		*****	NL	NA	PERCENT	***	1/YR	COMP
680 ARSENIC, SLUDGE	REPORTD	*****	*****		*****	6.0	6.0	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	*****	*****		*****	932	932	MG/KG	0	1/M	COMP
	REQMNT	*****	*****		*****	2800	7500	MG/KG	***	1/YR	COMP
683 LEAD, SLUDGE	REPORTD	*****	*****		*****	46	46	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	*****	*****		*****	1.0	1.0	MG/KG	0	1/M	COMP
	REQMNT	*****	*****		*****	17	57	MG/KG	***	1/YR	COMP
686 COPPER, SLUDGE	REPORTD	*****	*****		*****	390	390	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	10	07
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	10	07
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

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

NAME Alexandria ASA Advanced Wastewater Treatment Plant  
 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	S01				
PERMIT NUMBER	DISCHARGE NUMBER				
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
11	09	01	11	09	30

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
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
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 between 2 months and 5 years.)	James Sizemore		1909000507	11	10	07			
	Karen Pallansch		703 549-3381	11	10	07			