OKIG

Please print or type in the unshaded areas only.

Form Approved. OMB No. 2040-0086.

FORM 1 GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

S		T/A	C
F	VA0090441		D
1	2 — 13	14	15

LABEL ITEMS	PLEASE PLACE LABEL IN THIS SPACE
I. EPA I.D. NUMBER	
III. FACILITY NAME	
V. FACILITY MAILING ADDRESS	
VI. FACILITY LOCATION	

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold-faced terms**.

SPECIFIC QUESTIONS	Mark "X" YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	Mark "X" YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**? (FORM 2A)		X		B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.**? (FORM 2B)		X	
	16	17	18		19	20	21
C. Is this a facility which currently results in **discharges to waters of the U.S.** other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge to waters of the U.S.**? (FORM 2D)		X	
	22	23	24		25	26	27
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
	28	29	30		31	32	33
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
	34	35	36		37	38	39
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X	
	40	41	42		43	44	45

III. NAME OF FACILITY

C 1 SKIP Adaptive Concrete Solutions

15 16 - 29 30 — 69

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
C 2 Troy King Director of Operations	(703) 327-4334
15 16 — 45	46 48 49 51 52- 55

V. FACILTY MAILING ADDRESS

A. STREET OR P.O. BOX

C 3 4215 Lafayette Center Drive

15 16 — 45

B. CITY OR TOWN	C. STATE	D. ZIP CODE
C 4 Chantilly	Va	20151
15 16 — 40	41 42	47 — 51

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

C 5 44146 Wade Drive

15 16 — 45

B. COUNTY NAME

Loudoun

46 — 70

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
C 6 Chantilly	Va	20152	
15 16 — 40	41 42	47 — 51	52 — 54

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

VII. SIC CODES *(4-digit, in order of priority)*

A. FIRST	B. SECOND
C 7 3273 *(specify)*	C 7 *(specify)*
C. THIRD	**D. FOURTH**
C 7 *(specify)*	C 7 *(specify)*

VIII. OPERATOR INFORMATION

A. NAME	B. Is the name listed in Item VIII-A also the owner?
C 8 Thomas Ogorchock	☑ YES ☐ NO

C. STATUS OF OPERATOR *(Enter the appropriate letter into the answer box: if "Other," specify.)*

F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC *(other than federal or state)*
O = OTHER *(specify)*

p *(specify)*

D. PHONE *(area code & no.)*: C A (703) 222-6969

E. STREET OR P.O. BOX: 4215 Lafayette Center Drive

F. CITY OR TOWN	G. STATE	H. ZIP CODE	IX. INDIAN LAND
C B Chantilly	Va	20151	Is the facility located on Indian lands? ☐ YES ☑ NO

X. EXISTING ENVIRONMENTAL PERMITS

	C	T	I	
A. NPDES *(Discharges to Surface Water)*	9	N		VA0090441
D. PSD *(Air Emissions from Proposed Sources)*	9	P		72365
B. UIC *(Underground Injection of Fluids)*	9	U		
E. OTHER *(specify)*	9			*(specify)*
C. RCRA *(Hazardous Wastes)*	9	R		
E. OTHER *(specify)*	9			*(specify)*

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS *(provide a brief description)*

Pre-Cast Concrete

XIII. CERTIFICATION *(see instructions)*

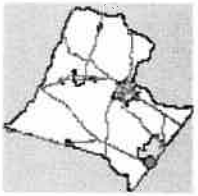
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE *(type or print)*	B. SIGNATURE	C. DATE SIGNED
Troy W. King Director of operations		6/7/2010

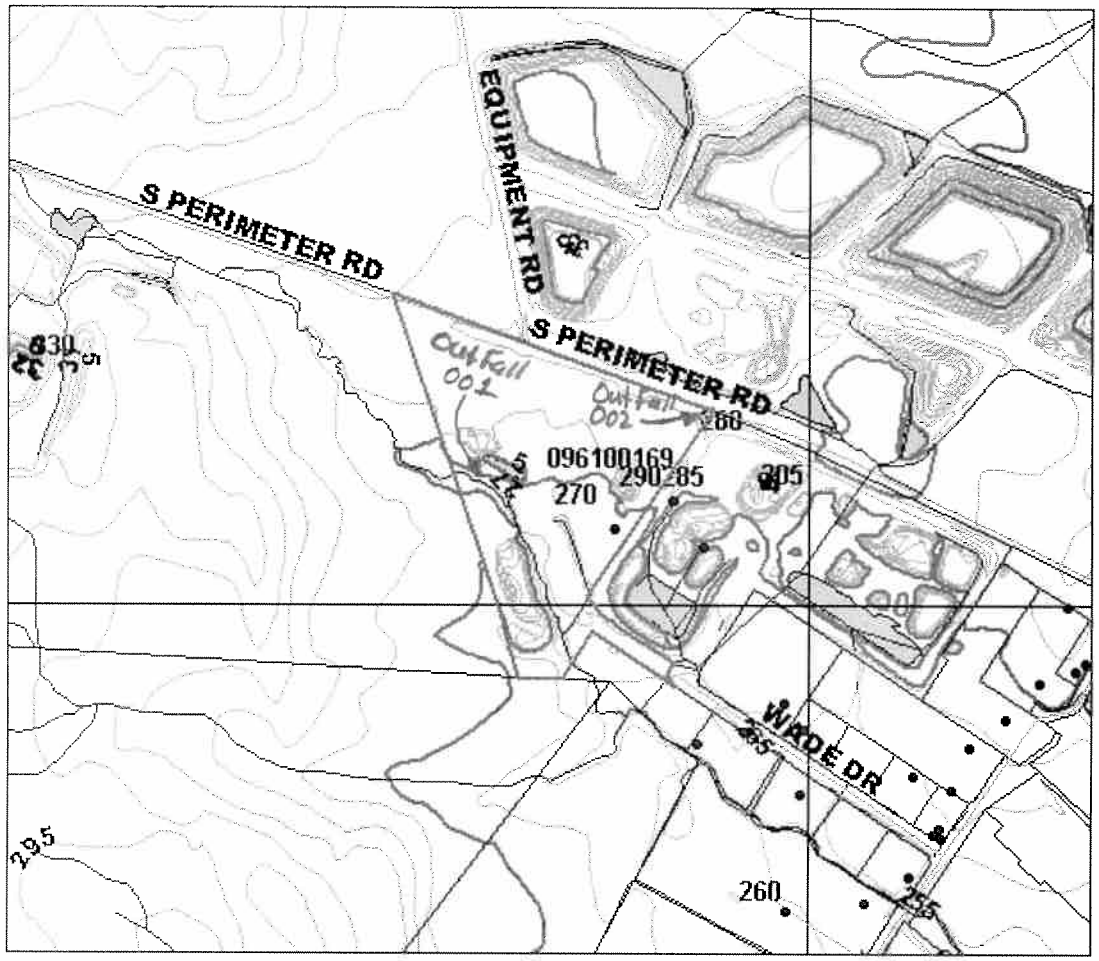
COMMENTS FOR OFFICIAL USE ONLY

C

Loudoun County Mapping System



7,022,173



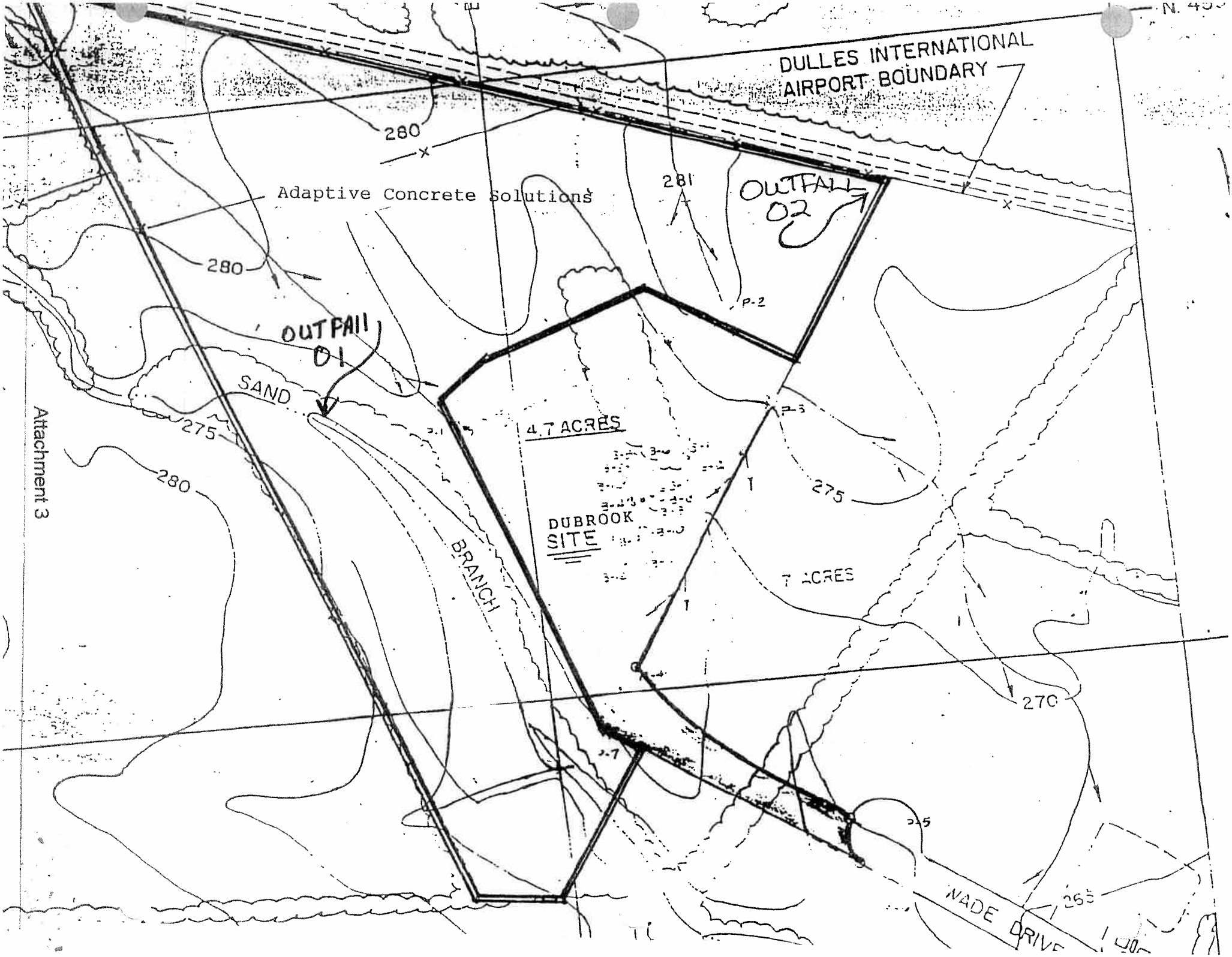
7,018,285

11,771,720 Map Width=4,445 feet 11,776,165

Created on 2/24/2010 9:08:35 AM

Water Bodies
Lake Or Pond

PIN	Address
096100169	44146 Wade Dr Chantilly 20152



Attachment 3

VPDES PERMIT APPLICATION ADDENDUM (FOR VPDES PERMIT NO. VA0090441)

RECEIVED
JUN 08 2010
VA DEQ - NRO

1. **Entity to whom the permit is to be issued:** Thomas Ogorchock
Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

2. **Is this facility located within city or town boundaries?** Yes (No)

3. **Please provide the tax map parcel number for the land where the discharge is located:** 096100169

4. **What is the design average flow of this facility in million gallons per day (MGD)?** .000144 MGD

5. **In addition to the design flow, should the permit be written with limits for any other discharge flow tiers?**
Yes (No)
If yes, please identify the other flow tiers in MGD: _____
Please consider such issues as if you plan to expand operations during the next five years or if your facility's design flow is considerably greater than your current flow?

6. **Nature of operations generating wastewater:** Pre-Cast Concrete Operation

_____

100 % of flow from domestic connections/sources

_____% of flow from non-domestic connections/sources

7. **Mode of discharge:** _____ Continuous ✓ Intermittent _____ Seasonal

Describe frequency and duration of intermittent and seasonal discharges: _____

_____

8. **Identify the characteristics of the receiving stream at the point just above the facility's discharge point(s):**

Stream Characteristic	Outfall Number 001	002
Never dry, permanent stream	✓	
Usually flowing, sometimes dry, intermittent stream		
Wet-weather flow, often dry, ephemeral stream		✓
Usually or always dry, effluent-dependent stream		
Lake or pond at or below discharge point		
Other:		

9. **Approval date(s), if applicable:**

O & M Manual _____ **Sludge/Solids Management Plan** _____

Have there been changes in your operation or procedures since the above approval dates? Yes (No)

PUBLIC NOTICE BILLING INFORMATION

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in accordance with 9 VAC 25-31-290.C.2.

Agent/Department to be billed: Adaptive Concrete Solutions

Owner: Thomas Ogorchock

Applicant's Address: 4215 LaFayette Center Drive
Suite 1
Chantilly VA 20151

Agent's Telephone Number: 703-327-4334

Authorizing Agent: _____
Signature

VPDES Permit No. VA0090441
Adaptive Concrete Solutions

Please return to:

Alison Thompson
VA-DEQ, NRO
13901 Crown Court
Woodbridge, VA 22193-1453
Fax: (703)583-3821

Please print or type in the unshaded areas only.

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)
VA0090441

Form Approved.
OMB No. 2040-0086.
Approval expires 3-31-98.

FORM **2C** NPDES

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER
EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURE OPERATIONS
Consolidated Permits Program

I. OUTFALL LOCATION

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. OUTFALL NUMBER (*list*)	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER (*name*)
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
001	38	55	15	77	28	30	Sand Branch
002	38	55	40	77	28	30	UT, Sand Branch

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (*e.g., for certain mining activities*), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

1. OUT-FALL NO. (*list*)	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT		
	a. OPERATION (*list*)	b. AVERAGE FLOW (*include units*)	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1	
001	Storm water runoff	0.001	Acid	4A	
002	Storm water runoff	0.001	Acid	4A	

OFFICIAL USE ONLY (*effluent guidelines sub-categories*)

CONTINUED FROM THE FRONT

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐ YES (*complete the following table*) ☑ NO (*go to Section III*)

1. OUTFALL NUMBER (*list*)	2. OPERATION(s) CONTRIBUTING FLOW (*list*)	3. FREQUENCY		4. FLOW				
		a. DAYS PER WEEK (*specify average*)	b. MONTHS PER YEAR (*specify average*)	a. FLOW RATE (*in mgd*)		B. TOTAL VOLUME (*specify with units*)		C. DURATION (*in days*)
				1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY	

III. PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☐ YES (*complete Item III-B*) ☑ NO (*go to Section IV*)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (*or other measure of operation*)?

☐ YES (*complete Item III-C*) ☑ NO (*go to Section IV*)

C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

1. AVERAGE DAILY PRODUCTION			2. AFFECTED OUTFALLS (*list outfall numbers*)
a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. (*specify*)	

IV. IMPROVEMENTS

A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operations of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

☐ YES (*complete the following table*) ☑ NO (*go to Item IV-B*)

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS		3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE	
	a. NO.	b. SOURCE OF DISCHARGE		a. REQUIRED	b. PROJECTED

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (*or other environmental projects which may affect your discharges*) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction.

☐ MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

 CONTINUE ON PAGE 3

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)

VA0090441

CONTINUED FROM PAGE 2

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.
NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

D. Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ YES (*list all such pollutants below*) ☑ NO (*go to Item VI-B*)

CONTINUED FROM THE FRONT

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ YES (*identify the test(s) and describe their purposes below*) ☑ NO (*go to Section VIII*)

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☑ YES (*list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below*) ☐ NO (*go to Section IX*)

A. NAME	B. ADDRESS	C. TELEPHONE (*area code & no.*)	D. POLLUTANTS ANALYZED (*list*)
Chesapeake Labs, Inc.	1000 Butterworth Court Stevensville, MD 21666	410-643-8745	pH T Sol Fe TSS TPH

IX. CERTIFICATION

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.

A. NAME & OFFICIAL TITLE (*type or print*)	B. PHONE NO. (*area code & no.*)
Troy W. King Director of Operations	703-327-4334
C. SIGNATURE	**D. DATE SIGNED**
Troy W. King	6/7/2010

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (*use the same format*) instead of completing these pages.
SEE INSTRUCTIONS.

EPA I.D. NUMBER (*copy from Item 1 of Form 1*): VA0090441

V. INTAKE AND EFFLUENT CHARACTERISTICS *(continued from page 3 of Form 2-C)* [redacted] OUTFALL NO. 001

PART A –You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (*if available*) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (*if available*) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	3. UNITS (*specify if blank*) a. CONCEN-TRATION	b. MASS	4. INTAKE (*optional*) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
a. Biochemical Oxygen Demand (*BOD*)	4											
b. Chemical Oxygen Demand (*COD*)	9											
c. Total Organic Carbon (*TOC*)	Waiting	on	Results									
d. Total Suspended Solids (*TSS*)	15											
e. Ammonia (*as N*)	<0.1											
f. Flow	VALUE 0.00144		VALUE		VALUE					VALUE		
g. Temperature (*winter*)	VALUE		VALUE		VALUE			°C		VALUE		
h. Temperature (*summer*)	VALUE 21.6		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM 6.0	MAXIMUM 7.5	MINIMUM 7.5	MAXIMUM 9.0				STANDARD UNITS				

PART B – Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (*if available*)	2. MARK "X" a. BELIEVED PRESENT	b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (*if available*) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (*if available*) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCEN-TRATION	b. MASS	5. INTAKE (*optional*) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual		X												
c. Color		X												
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)		X												
f. Nitrate-Nitrite (*as N*)		X												

CONTINUE ON REVERSE

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (*if available*)	2. MARK "X"		3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
g. Nitrogen, Total Organic (*as N*)		X												
h. Oil and Grease		X												
i. Phosphorus (as P), Total (7723-14-0)		X												
j. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium, Total		X												
(4) Radium 226, Total		X												
k. Sulfate (*as* SO_4) (14808-79-8)		X												
l. Sulfide (*as S*)		X												
m. Sulfite (*as* SO_3) (14265-45-3)		X												
n. Surfactants		X												
o. Aluminum, Total (7429-90-5)		X												
p. Barium, Total (7440-39-3)		X												
q. Boron, Total (7440-42-8)		X												
r. Cobalt, Total (7440-48-4)		X												
s. Iron, Total (7439-89-6)		X												
t. Magnesium, Total (7439-95-4)		X												
u. Molybdenum, Total (7439-98-7)		X												
v. Manganese, Total (7439-96-5)		X												
w. Tin, Total (7440-31-5)		X												
x. Titanium, Total (7440-32-6)		X												

CONTINUE ON PAGE V-3

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	OUTFALL NUMBER
VA0090441	001

CONTINUED FROM PAGE 3 OF FORM 2-C

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (*secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions*), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (*all 7 pages*) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)		X													
2M. Arsenic, Total (7440-38-2)		X													
3M. Beryllium, Total (7440-41-7)		X													
4M. Cadmium, Total (7440-43-9)		X													
5M. Chromium, Total (7440-47-3)		X													
6M. Copper, Total (7440-50-8)		X													
7M. Lead, Total (7439-92-1)		X													
8M. Mercury, Total (7439-97-6)		X													
9M. Nickel, Total (7440-02-0)		X													
10M. Selenium, Total (7782-49-2)		X													
11M. Silver, Total (7440-22-4)		X													
12M. Thallium, Total (7440-28-0)		X													
13M. Zinc, Total (7440-66-6)		X													
14M. Cyanide, Total (57-12-5)		X													
15M. Phenols, Total		X													
DIOXIN															
2,3,7,8-Tetra-chlorodibenzo-P-Dioxin (1764-01-6)		X		DESCRIBE RESULTS											

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Accrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X												
4V. Bis (*Chloro-methyl*) Ether (542-88-1)			X												
5V. Bromoform (75-25-2)			X												
6V. Carbon Tetrachloride (56-23-5)			X												
7V. Chlorobenzene (108-90-7)			X												
8V. Chlorodi-bromomethane (124-48-1)			X												
9V. Chloroethane (75-00-3)			X												
10V. 2-Chloro-ethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X												
12V. Dichloro-bromomethane (75-27-4)			X												
13V. Dichloro-difluoromethane (75-71-8)			X												
14V. 1,1-Dichloro-ethane (75-34-3)			X												
15V. 1,2-Dichloro-ethane (107-06-2)			X												
16V. 1,1-Dichloro-ethylene (75-35-4)			X												
17V. 1,2-Dichloro-propane (78-87-5)			X												
18V. 1,3-Dichloro-propylene (542-75-6)			X												
19V. Ethylbenzene (100-41-4)			X												
20V. Methyl Bromide (74-83-9)			X												
21V. Methyl Chloride (74-87-3)			X												

CONTINUE ON PAGE V-5

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS (*continued*)															
22V. Methylene Chloride (75-09-2)			X												
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X												
24V. Tetrachloro-ethylene (127-18-4)			X												
25V. Toluene (108-88-3)			X												
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X												
27V. 1,1,1-Trichloro-ethane (71-55-6)			X												
28V. 1,1,2-Trichloro-ethane (79-00-5)			X												
29V Trichloro-ethylene (79-01-6)			X												
30V. Trichloro-fluoromethane (75-69-4)			X												
31V. Vinyl Chloride (75-01-4)			X												
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X												
2A. 2,4-Dichloro-phenol (120-83-2)			X												
3A. 2,4-Dimethyl-phenol (105-67-9)			X												
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X												
5A. 2,4-Dinitro-phenol (51-28-5)			X												
6A. 2-Nitrophenol (88-75-5)			X												
7A. 4-Nitrophenol (100-02-7)			X												
8A. P-Chloro-M-Cresol (59-50-7)			X												
9A. Pentachloro-phenol (87-86-5)			X												
10A. Phenol (108-95-2)			X												
11A. 2,4,6-Trichloro-phenol (88-05-2)			X												

 CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X												
2B. Acenaphtylene (208-96-8)			X												
3B. Anthracene (120-12-7)			X												
4B. Benzidine (92-87-5)			X												
5B. Benzo (*a*) Anthracene (56-55-3)			X												
6B. Benzo (*a*) Pyrene (50-32-8)			X												
7B. 3,4-Benzo-fluoranthene (205-99-2)			X												
8B. Benzo (*ghi*) Perylene (191-24-2)			X												
9B. Benzo (*k*) Fluoranthene (207-08-9)			X												
10B. Bis (*2-Chloro-ethoxy*) Methane (111-91-1)			X												
11B. Bis (*2-Chloro-ethyl*) Ether (111-44-4)			X												
12B. Bis (*2-Chloroisopropyl*) Ether (102-80-1)			X												
13B. Bis (*2-Ethyl-hexyl*) Phthalate (117-81-7)			X												
14B. 4-Bromophenyl Phenyl Ether (101-55-3)			X												
15B. Butyl Benzyl Phthalate (85-68-7)			X												
16B. 2-Chloro-naphthalene (91-58-7)			X												
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)			X												
18B. Chrysene (218-01-9)			X												
19B. Dibenzo (*a,h*) Anthracene (53-70-3)			X												
20B. 1,2-Dichloro-benzene (95-50-1)			X												
21B. 1,3-Di-chloro-benzene (541-73-1)			X												

CONTINUE ON PAGE V-7

CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (*continued*)															
22B. 1,4-Dichloro-benzene (106-46-7)			X												
23B. 3,3-Dichloro-benzidine (91-94-1)			X												
24B. Diethyl Phthalate (84-66-2)			X												
25B. Dimethyl Phthalate (131 -11-3)			X												
26B. Di-N-Butyl Phthalate (84-74-2)			X												
27B. 2,4-Dinitro-toluene (121-14-2)			X												
28B. 2,6-Dinitro-toluene (606-20-2)			X												
29B. Di-N-Octyl Phthalate (117-84-0)			X												
30B. 1,2-Diphenyl-hydrazine (*as Azo-benzene*) (122-66-7)			X												
31B. Fluoranthene (206-44-0)			X												
32B. Fluorene (86-73-7)			X												
33B. Hexachloro-benzene (118-74-1)			X												
34B. Hexachloro-butadiene (87-68-3)			X												
35B. Hexachloro-cyclopentadiene (77-47-4)			X												
36B Hexachloro-ethane (67-72-1)			X												
37B. Indeno (*1,2,3-cd*) Pyrene (193-39-5)			X												
38B. Isophorone (78-59-1)			X												
39B. Naphthalene (91-20-3)			X												
40B. Nitrobenzene (98-95-3)			X												
41B. N-Nitro-sodimethylamine (62-75-9)			X												
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X												

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (*continued*)															
43B. N-Nitro-sodiphenylamine (86-30-6)			X												
44B. Phenanthrene (85-01-8)			X												
45B. Pyrene (129-00-0)			X												
46B. 1,2,4-Tri-chlorobenzene (120-82-1)			X												
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			X												
2P. α-BHC (319-84-6)			X												
3P. β-BHC (319-85-7)			X												
4P. γ-BHC (58-89-9)			X												
5P. δ-BHC (319-86-8)			X												
6P. Chlordane (57-74-9)			X												
7P. 4,4'-DDT (50-29-3)			X												
8P. 4,4'-DDE (72-55-9)			X												
9P. 4,4'-DDD (72-54-8)			X												
10P. Dieldrin (60-57-1)			X												
11P. α-Enosulfan (115-29-7)			X												
12P. β-Endosulfan (115-29-7)			X												
13P. Endosulfan Sulfate (1031-07-8)			X												
14P. Endrin (72-20-8)			X												
15P. Endrin Aldehyde (7421-93-4)			X												
16P. Heptachlor (76-44-8)			X												

CONTINUE ON PAGE V-9

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	OUTFALL NUMBER
VA0090441	001

CONTINUED FROM PAGE V-8

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – PESTICIDES (*continued*)															
17P. Heptachlor Epoxide (1024-57-3)			X												
18P. PCB-1242 (53469-21-9)			X												
19P. PCB-1254 (11097-69-1)			X												
20P. PCB-1221 (11104-28-2)			X												
21P. PCB-1232 (11141-16-5)			X												
22P. PCB-1248 (12672-29-6)			X												
23P. PCB-1260 (11096-82-5)			X												
24P. PCB-1016 (12674-11-2)			X												
25P. Toxaphene (8001-35-2)			X												

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (*use the same format*) instead of completing these pages.
SEE INSTRUCTIONS.

EPA I.D. NUMBER (*copy from Item 1 of Form 1*): VA0090441

V. INTAKE AND EFFLUENT CHARACTERISTICS *(continued from page 3 of Form 2-C)* [redacted] OUTFALL NO. 002

PART A –You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (*if available*) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (*if available*) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	3. UNITS (*specify if blank*) a. CONCEN-TRATION	b. MASS	4. INTAKE (*optional*) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
a. Biochemical Oxygen Demand (*BOD*)	4											
b. Chemical Oxygen Demand (*COD*)	3											
c. Total Organic Carbon (*TOC*)	waiting	on	results									
d. Total Suspended Solids (*TSS*)	15											
e. Ammonia (*as N*)	<0.1											
f. Flow	VALUE 0.00024		VALUE		VALUE					VALUE		
g. Temperature (*winter*)	VALUE		VALUE		VALUE			°C		VALUE		
h. Temperature (*summer*)	VALUE 21.1		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM 6.0	MAXIMUM 7.5	MINIMUM 7.5	MAXIMUM 9.0				STANDARD UNITS				

PART B – Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (*if available*)	2. MARK "X" a. BELIEVED PRESENT	b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (*if available*) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (*if available*) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCEN-TRATION	b. MASS	5. INTAKE (*optional*) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual		X												
c. Color		X												
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)		X												
f. Nitrate-Nitrite (*as N*)		X												

CONTINUE ON REVERSE

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (*if available*)	2. MARK "X"		3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
g. Nitrogen, Total Organic (*as N*)		X												
h. Oil and Grease		X												
i. Phosphorus (as P), Total (7723-14-0)		X												
j. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium, Total		X												
(4) Radium 226, Total		X												
k. Sulfate (*as* SO_4) (14808-79-8)		X												
l. Sulfide (*as S*)		X												
m. Sulfite (*as* SO_3) (14265-45-3)		X												
n. Surfactants		X												
o. Aluminum, Total (7429-90-5)		X												
p. Barium, Total (7440-39-3)		X												
q. Boron, Total (7440-42-8)		X												
r. Cobalt, Total (7440-48-4)		X												
s. Iron, Total (7439-89-6)		X												
t. Magnesium, Total (7439-95-4)		X												
u. Molybdenum, Total (7439-98-7)		X												
v. Manganese, Total (7439-96-5)		X												
w. Tin, Total (7440-31-5)		X												
x. Titanium, Total (7440-32-6)		X												

CONTINUE ON PAGE V-3

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	OUTFALL NUMBER
VA0090441	002

CONTINUED FROM PAGE 3 OF FORM 2-C

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (*secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions*), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (*all 7 pages*) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)		X													
2M. Arsenic, Total (7440-38-2)		X													
3M. Beryllium, Total (7440-41-7)		X													
4M. Cadmium, Total (7440-43-9)		X													
5M. Chromium, Total (7440-47-3)		X													
6M. Copper, Total (7440-50-8)		X													
7M. Lead, Total (7439-92-1)		X													
8M. Mercury, Total (7439-97-6)		X													
9M. Nickel, Total (7440-02-0)		X													
10M. Selenium, Total (7782-49-2)		X													
11M. Silver, Total (7440-22-4)		X													
12M. Thallium, Total (7440-28-0)		X													
13M. Zinc, Total (7440-66-6)		X													
14M. Cyanide, Total (57-12-5)		X													
15M. Phenols, Total		X													
DIOXIN															
2,3,7,8-Tetra-chlorodibenzo-P-Dioxin (1764-01-6)		X		DESCRIBE RESULTS											

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Accrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X												
4V. Bis (*Chloro-methyl*) Ether (542-88-1)			X												
5V. Bromoform (75-25-2)			X												
6V. Carbon Tetrachloride (56-23-5)			X												
7V. Chlorobenzene (108-90-7)			X												
8V. Chlorodi-bromomethane (124-48-1)			X												
9V. Chloroethane (75-00-3)			X												
10V. 2-Chloro-ethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X												
12V. Dichloro-bromomethane (75-27-4)			X												
13V. Dichloro-difluoromethane (75-71-8)			X												
14V. 1,1-Dichloro-ethane (75-34-3)			X												
15V. 1,2-Dichloro-ethane (107-06-2)			X												
16V. 1,1-Dichloro-ethylene (75-35-4)			X												
17V. 1,2-Dichloro-propane (78-87-5)			X												
18V. 1,3-Dichloro-propylene (542-75-6)			X												
19V. Ethylbenzene (100-41-4)			X												
20V. Methyl Bromide (74-83-9)			X												
21V. Methyl Chloride (74-87-3)			X												

CONTINUE ON PAGE V-5

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS (*continued*)															
22V. Methylene Chloride (75-09-2)			X												
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X												
24V. Tetrachloro-ethylene (127-18-4)			X												
25V. Toluene (108-88-3)			X												
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X												
27V. 1,1,1-Trichloro-ethane (71-55-6)			X												
28V. 1,1,2-Trichloro-ethane (79-00-5)			X												
29V Trichloro-ethylene (79-01-6)			X												
30V. Trichloro-fluoromethane (75-69-4)			X												
31V. Vinyl Chloride (75-01-4)			X												
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X												
2A. 2,4-Dichloro-phenol (120-83-2)			X												
3A. 2,4-Dimethyl-phenol (105-67-9)			X												
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X												
5A. 2,4-Dinitro-phenol (51-28-5)			X												
6A. 2-Nitrophenol (88-75-5)			X												
7A. 4-Nitrophenol (100-02-7)			X												
8A. P-Chloro-M-Cresol (59-50-7)			X												
9A. Pentachloro-phenol (87-86-5)			X												
10A. Phenol (108-95-2)			X												
11A. 2,4,6-Trichloro-phenol (88-05-2)			X												

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X												
2B. Acenaphtylene (208-96-8)			X												
3B. Anthracene (120-12-7)			X												
4B. Benzidine (92-87-5)			X												
5B. Benzo (*a*) Anthracene (56-55-3)			X												
6B. Benzo (*a*) Pyrene (50-32-8)			X												
7B. 3,4-Benzo-fluoranthene (205-99-2)			X												
8B. Benzo (*ghi*) Perylene (191-24-2)			X												
9B. Benzo (*k*) Fluoranthene (207-08-9)			X												
10B. Bis (*2-Chloro-ethoxy*) Methane (111-91-1)			X												
11B. Bis (*2-Chloro-ethyl*) Ether (111-44-4)			X												
12B. Bis (*2-Chloroisopropyl*) Ether (102-80-1)			X												
13B. Bis (*2-Ethyl-hexyl*) Phthalate (117-81-7)			X												
14B. 4-Bromophenyl Phenyl Ether (101-55-3)			X												
15B. Butyl Benzyl Phthalate (85-68-7)			X												
16B. 2-Chloro-naphthalene (91-58-7)			X												
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)			X												
18B. Chrysene (218-01-9)			X												
19B. Dibenzo (*a,h*) Anthracene (53-70-3)			X												
20B. 1,2-Dichloro-benzene (95-50-1)			X												
21B. 1,3-Di-chloro-benzene (541-73-1)			X												

CONTINUE ON PAGE V-7

CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (*continued*)															
22B. 1,4-Dichloro-benzene (106-46-7)			X												
23B. 3,3-Dichloro-benzidine (91-94-1)			X												
24B. Diethyl Phthalate (84-66-2)			X												
25B. Dimethyl Phthalate (131 -11-3)			X												
26B. Di-N-Butyl Phthalate (84-74-2)			X												
27B. 2,4-Dinitro-toluene (121-14-2)			X												
28B. 2,6-Dinitro-toluene (606-20-2)			X												
29B. Di-N-Octyl Phthalate (117-84-0)			X												
30B. 1,2-Diphenyl-hydrazine (*as Azo-benzene*) (122-66-7)			X												
31B. Fluoranthene (206-44-0)			X												
32B. Fluorene (86-73-7)			X												
33B. Hexachloro-benzene (118-74-1)			X												
34B. Hexachloro-butadiene (87-68-3)			X												
35B. Hexachloro-cyclopentadiene (77-47-4)			X												
36B Hexachloro-ethane (67-72-1)			X												
37B. Indeno (*1,2,3-cd*) Pyrene (193-39-5)			X												
38B. Isophorone (78-59-1)			X												
39B. Naphthalene (91-20-3)			X												
40B. Nitrobenzene (98-95-3)			X												
41B. N-Nitro-sodimethylamine (62-75-9)			X												
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X												

CONTINUE ON REVERSE

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

NAME Adaptive Concrete Solutions
ADDRESS 4215 Lafayette Center Dr Ste 1
Chantilly VA 20151
FACILITY LOCATION 44146 Wade Dr

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

VA0090441	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			

Industrial Minor 11/21/2005

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			
001 FLOW	REPORTD				*********	*********	*********				
	REQRMNT	NL	NL	MGD	*********	*********	*********				
002 PH	REPORTD	*********	*********			*********				1/M	EST
	REQRMNT	*********	*********		6.0	*********	9.0	SU			
004 TSS	REPORTD	*********	*********		*********					1/M	GRAB
	REQRMNT	*********	*********		*********	30	60	MG/L			
257 PETROLEUM HYDROCARBONS, TOTAL RECOVE	REPORTD	*********	*********		*********	*********				1/M	GRAB
	REQRMNT	*********	*********		*********	*********	NL	MG/L			
361 IRON, TOTAL RECOVERABLE	REPORTD	*********	*********		*********	*********				1/6M	GRAB
	REQRMNT	*********	*********		*********	*********	NL	MG/L			
	REPORTD									1/6M	GRAB
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)

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.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

ERMITTEE NAME/AD SS(INCLUDE
ACILITY NAME/LOCATION IF DIFFERENT)

AME Adaptive Concrete Solutions
DDRESS 4215 Lafayette Center Dr Ste 1
Chantilly VA 20151
ACILITY
OCATION 44146 Wade Dr

COMMONWEA H OF VIRGINIA
DEPARTMENT OF EN ONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0090441	002
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			

Industrial Minor 11/21/2005

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			
001 FLOW	REPORTD				*********	*********	*********				
	REQRMNT	NL	NL	MGD	*********	*********	*********			1/M	EST
002 PH	REPORTD	*********	*********			*********					
	REQRMNT	*********	*********		6.0	*********	9.0	SU		1/M	GRAB
004 TSS	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	30	60	MG/L		1/M	GRAB
257 PETROLEUM HYDROCARBONS, TOTAL RECOVI	REPORTD	*********	*********		*********	*********					
	REQRMNT	*********	*********		*********	*********	NL	MG/L		1/6M	GRAB
361 IRON, TOTAL RECOVERABLE	REPORTD	*********	*********		*********	*********					
	REQRMNT	*********	*********		*********	*********	NL	MG/L		1/6M	GRAB
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	

DDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND VERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)

CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE EPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION BMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR OSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION BMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, CLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 S.C. & 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include nes up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

THIS REPORT IS REQUIRED BY LAW (33 U. S. C. § 1318 40 CFR 122.60). FAILURE TO REPORT OR FAILURE TO REPORT TRUTHFULLY CAN RESULT IN CIVIL PENALTIES NOT TO EXCEED $10,000 PER DAY OF VIOLATION: OR IN CRIMINAL PENALTIES NOT TO EXCEED $25,000 PER DAY OF VIOLATION OR BY IMPRISONMENT FOR NOT MORE THAN FIVE YEARS, OR BOTH.

GENERAL INSTRUCTIONS

1. Complete this form in permanent ink or indelible pencil.
2. Be sure to enter the dates for the first and last day of the period covered by the report on the form in the space marked "Monitoring Period".
3. For those parameters where the "permit requirement" spaces are blank or a limitation appears, provide data in the "reported" spaces in accordance with your permit.
4. Enter the average and, if appropriate, maximum quantities and units in the "reported" spaces in the columns marked "Quantity or Loading". KG/DAY = Concentration(mg/l) x Flow(MGD) x 3.785.
5. Enter maximum, minimum, and/or average concentrations and units in the "reported" spaces in the columns marked "Quality or Concentration".
6. Enter the number of samples which do not comply with the maximum and /or minimum permit requirements in the "reported" space in the column marked "No. Ex.".
7. Enter the actual frequency of analysis for each parameter (number of times per day, week, month) in the "reported" space in the column marked "Frequency of Analysis".
8. Enter the actual type of sample collected for each parameter in the "reported" space in the column marked "Sample Type".
9. Enter additional required data or comments in the space marked "additional permit requirements or comments".
10. Record the number of bypasses during the month, the total flow in million gallons and BOD5 in kilograms in the proper columns in the section marked "Bypasses and Overflows".
11. The operator in responsible charge of the facility should review the form and sign in the space provided. If the plant is required to have a licensed operator, the operator's certificate number should be reported in the space provided.
12. The principal executive officer should then review the form and sign in the space provided and provide a telephone number where he/she can be reached.
13. You are required to sample at the frequency and type indicated in your permit.
14. Send the completed form to your Dept. of Environmental Quality Regional Office by the 10th of each month.
15. You are required to retain a copy of the report for your records.
16. Where violations of permit requirements are reported, attach a brief explanation in accordance with the permit requirements describing causes and corrective actions taken. Reference each violation by date.
17. If you have any questions, contact the Dept. of Environmental Quality Regional Office.

Please print or type in the unshaded areas only.

EPA ID Number (*copy from Item 1 of Form 1*)
VA0090441

Form Approved. OMB No. 2040-0086
Approval expires 5-31-92

FORM **2F** NPDES

U.S. Environmental Protection Agency
Washington, DC 20460

Application for Permit to Discharge Storm Water Discharges Associated with Industrial Activity

Paperwork Reduction Act Notice

Public reporting burden for this application is estimated to average 28.6 hours per application, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate, any other aspect of this collection of information, or suggestions for improving this form, including suggestions which may increase or reduce this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460, or Director, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

I. Outfall Location

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. Outfall Number (*list*)	B. Latitude			C. Longitude			D. Receiving Water (*name*)
001	38	55	15	77	28	30	Sand Branch
002	38	55	40	77	28	30	UT, Sand Branch

II. Improvements

A. Are you now required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

1. Identification of Conditions, Agreements, Etc.	2. Affected Outfalls		3. Brief Description of Project	4. Final Compliance Date	
	number	source of discharge		a. req.	b. proj.
N\A					

B: You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

III. Site Drainage Map

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfalls(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each known past or present areas used for outdoor storage of disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which received storm water discharges from the facility.

Continue on Page 2

Continued from the Front

IV. Narrative Description of Pollutant Sources

A. For each outfall, provide an estimate of the area (include units) of imperious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface *(provide units)*	Total Area Drained *(provide units)*	Outfall Number	Area of Impervious Surface *(provide units)*	Total Area Drained *(provide units)*
001	N\A		002		

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

Aggregates

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
001	Drinage pipe and sock filter at in of pipe Acid drip	38-55-15 77-28-30
002	Acid	38-55-40 77-28-30

V. Nonstormwater Discharges

A. I certify under penalty of law hat the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharged from these outfall(s) are identified in either an accompanying Form 2C or From 2E application for the outfall.

Name and Official Title *(type or print)*	Signature	Date Signed

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

Pond 001 Grab test 5-00-2010 38-55-15 77-28-30

Pond 002 Grab test 5-00-2010 38-55-40 77-28-30

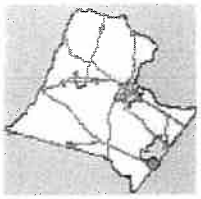
VI. Significant Leaks or Spills

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

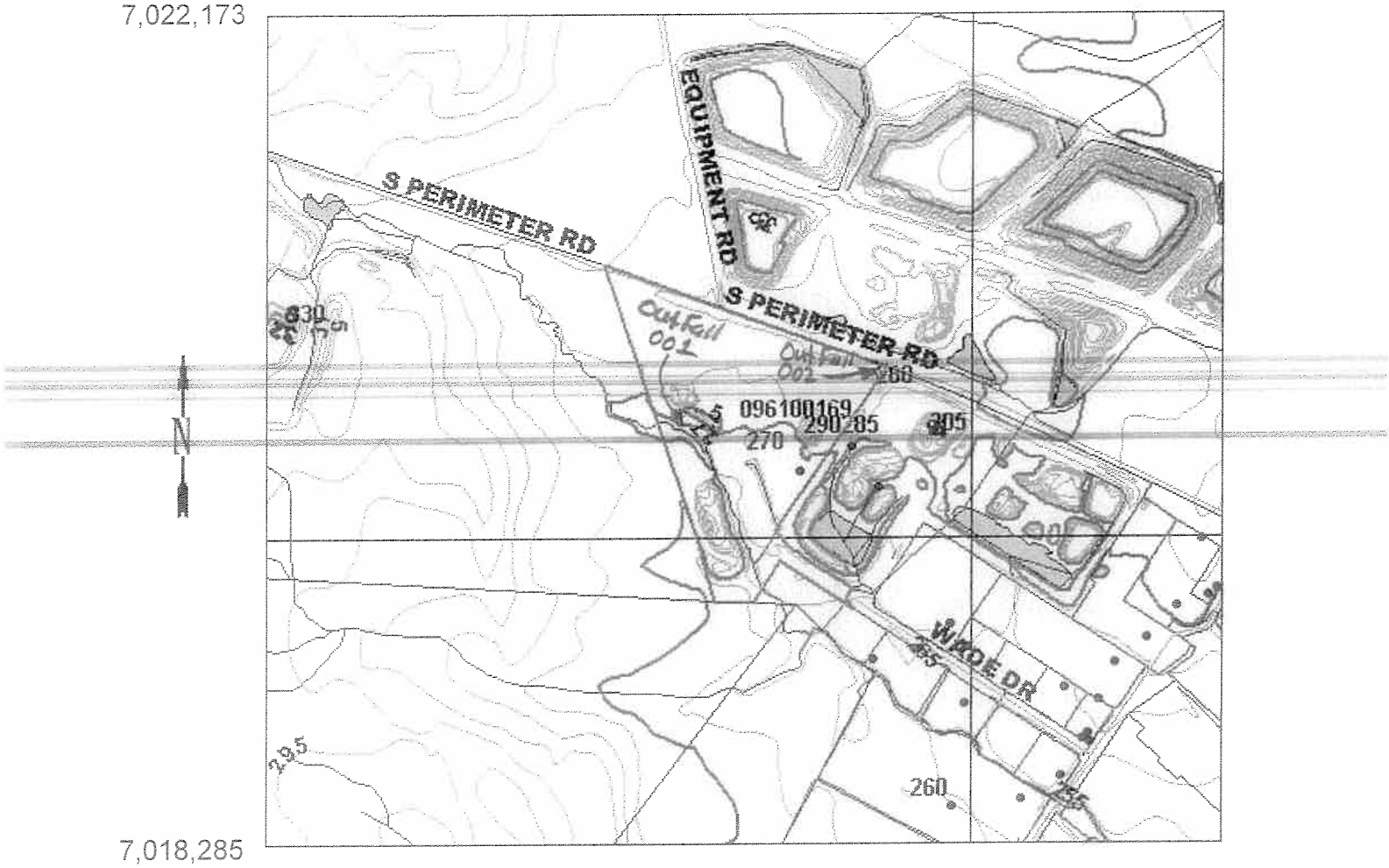
N\A

 Continue on Page 3

Loudoun County Mapping System



7,022,173



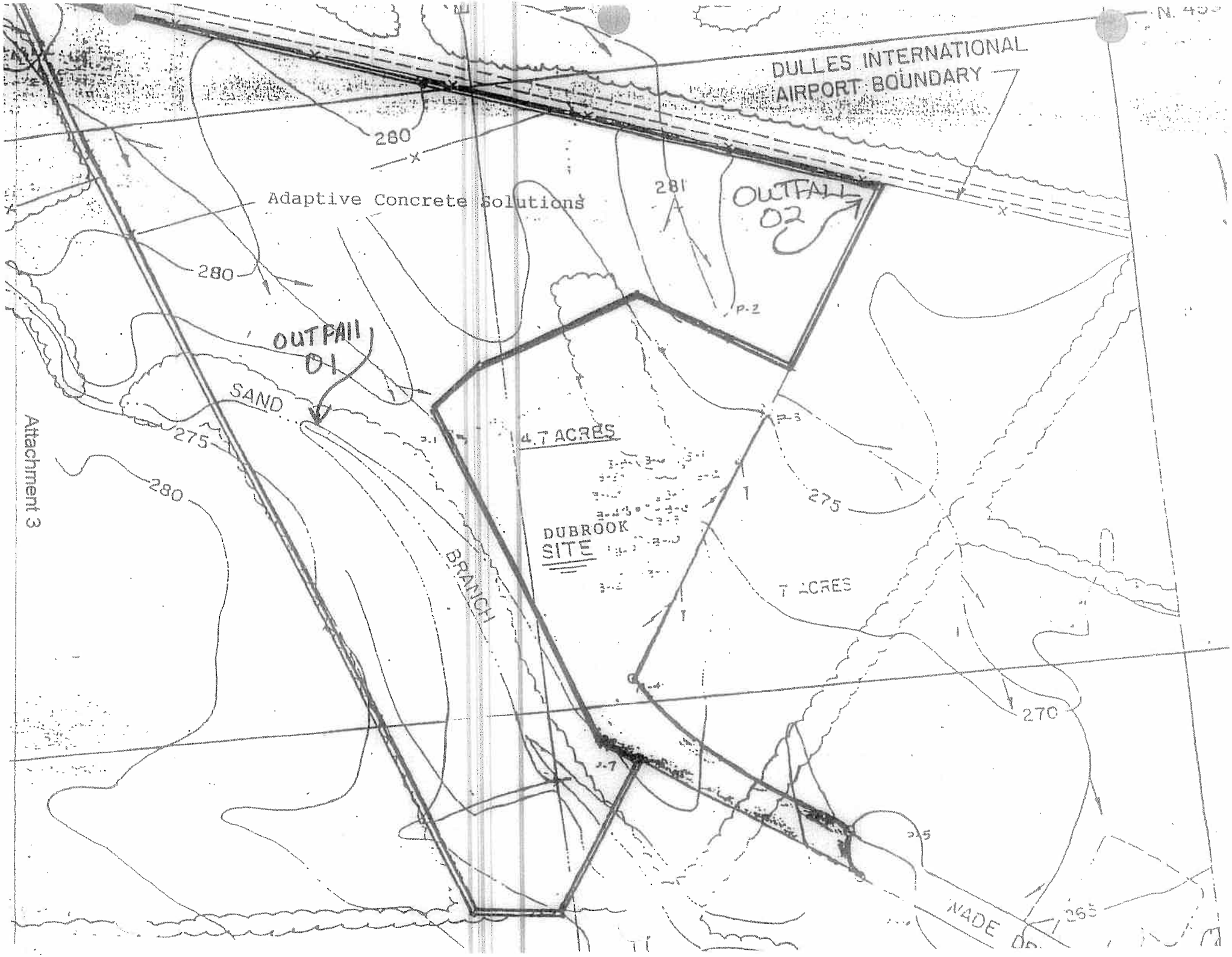
7,018,285

11,771,720 Map Width=4,445 feet 11,776,165

Created on 2/24/2010 9:08:35 AM

Water Bodies
Lake Or Pond

PIN	Address
096100169	44146 Wade Dr Chantilly 20152



Attachment 3

Continued from Page 2

EPA ID Number *(copy from Item 1 of Form 1)*
VA0090441

VII. Discharge Information

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided. Table VII-A, VII-B, VII-C are included on separate sheets numbers VII-1 and VII-2.

E. Potential discharges not covered by analysis – is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ Yes (*list all such pollutants below*) ☑ No (*go to Section IX*)

VIII. Biological Toxicity Testing Data

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (*list all such pollutants below*) ☑ No (*go to Section IX*)

IX. Contract Analysis Information

Were any of the analyses reported in Item VII performed by a contract laboratory or consulting firm?

☑ Yes (*list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below*) ☐ No (*go to Section X*)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
Chesapeake Labs, Inc.	1000 Butterworth Court Stevensville, MD 21666	(410) 643-8745	pH T Sol Fe TSS TPH

X. Certification

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.

A. Name & Official Title (*Type Or Print*)	B. Area Code and Phone No.
Troy W. King Director of Operations	703-327-4334
C. Signature	D. Date Signed
Troy W. King	6/7/2010

EPA ID Number (*copy from Item 1 of Form 1*)
VA0090441

Form Approved. OMB No. 2040-0086
Approval expires 5-31-92

VII. Discharge information *(Continued from page 3 of Form 2F)*

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Oil and Grease	Results	N/A	Results		1	Outfall 1
Biological Oxygen Demand (BOD5)	4	mg\L	4	mg\L	1	Outfall 1
Chemical Oxygen Demand (COD)	9	mg\L	9	mg\L	1	Outfall 1
Total Suspended Solids (TSS)	15	mg\L	15	mg\L	1	Outfall 1
Total Nitrogen	Waiting	on	Results		1	Outfall 1
Total Phosphorus	Waiting	on	Results		1	Outfall 1
pH	Minimum 7.5	Maximum 7.5	Minimum 7.5	Maximum 7.5	1	Outfall 1

Part B – List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		

Continue on Reverse

Continued from the Front

Part C - List each pollutant shown in Table 2F-2, 2F-3, and 2F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
pH	7.7	SU	1	SU	1	Outfall 1
T Sol Fe	0.72	mg\L	1	mg\L	1	Outfall 1
TSS	3	mg\L	1	mg\L	1	Outfall 1
TPH	<5	mg\L	1	mg\L	1	Outfall 1

Part D – Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event *(in minutes)*	3. Total rainfall during storm event *(in inches)*	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event *(gallons/minute or specify units)*	6. Total flow from rain event *(gallons or specify units)*
5/24/2010	60	.001	18	0.00144	10 gallons

7. Provide a description of the method of flow measurement or estimate.

Timed how long it take to fill a gallon jug.

EPA ID Number (*copy from Item 1 of Form 1*)
VA0090441

Form Approved. OMB No. 2040-0086
Approval expires 5-31-92

VII. Discharge information *(Continued from page 3 of Form 2F)*

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Oil and Grease	Results	N/A			1	Outfall 2
Biological Oxygen Demand (BOD5)	4	mg\L	1	mg\L	1	Outfall 2
Chemical Oxygen Demand (COD)	3	mg\L	1	mg\L	1	Outfall 2
Total Suspended Solids (TSS)	2	mg\L	1	mg\L	1	Outfall 2
Total Nitrogen	Waiting	on	Results		1	Outfall 2
Total Phosphorus	Waiting	on	Results		1	Outfall 2
pH	Minimum 7.5	Maximum 7.5	Minimum 7.5	Maximum 7.5	1	Outfall 2

Part B – List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		

Continue on Reverse

Continued from the Front

Part C - List each pollutant shown in Table 2F-2, 2F-3, and 2F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

Pollutant and CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
pH	Need results					Outfall 2
T Sol Fe	Need results					Outfall 2
TSS	Need results					Outfall 2
TPH	Need results					Outfall 2

Part D – Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event *(in minutes)*	3. Total rainfall during storm event *(in inches)*	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event *(gallons/minute or specify units)*	6. Total flow from rain event *(gallons or specify units)*
Need Results					

7. Provide a description of the method of flow measurement or estimate.

Timed how long it take to fill a gallon jug.

MITTEE NAME/AD SS(INCLUDE
LITY NAME/LOCATION IF DIFFERENT)

E Adaptive Concrete Solutions
RESS 4215 Lafayette Center Dr Ste 1
Chantilly VA 20151
LITY
ATION 44146 Wade Dr

COMMONWE H OF VIRGINIA
DEPARTMENT OF EN RONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0090441	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2010	03	01	TO	2010	03	31

Industrial Minor 11/21/2005

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.

RAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	REPORTD	Ø	Ø	MGD	*********	*********	*********			1/M	EST
	REQRMNT	NL	NL	MGD	*********	*********	*********			1/M	EST
PH	REPORTD	*********	*********		8.0	*********	8.0	SU		1/M	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU		1/M	GRAB
TSS	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	30	60	MG/L		1/M	GRAB
PETROLEUM ROCARBONS, TOTAL RECOVE	REPORTD	*********	*********		*********	*********	<5	MG/L		1/6M	GRAB
	REQRMNT	*********	*********		*********	*********	NL	MG/L		1/6M	GRAB
IRON, TOTAL OVERABLE	REPORTD	*********	*********		*********	*********					
	REQRMNT	*********	*********		*********	*********	NL	MG/L		1/6M	GRAB
	REPORTD										
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
										*******	

IONAL PERMIT REQUIREMENTS OR COMMENTS

ASSES AND RFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)

TIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE ED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED URE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION TED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION TED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. WARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, ING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 & 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
Troy W King	[signature]	703-3224/334	2010	04	09

ITTEE NAME/ADD S(INCLUDE
ITY NAME/LOCATION IF DIFFERENT)

: Adaptive Concrete Solutions
ESS 4215 Lafayette Center Dr Ste 1
Chantilly VA 20151
ITY 44146 Wade Dr
TION

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

Industrial Minor 11/21/2005

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)
Northern Va. Regional Office
13901 Crown Court
Woodbridge VA 22193

VA0090441	002
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
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NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	REPORTD	Ø	Ø	MGD	*********	*********	*********			1/M	EST
	REQRMNT	NL	NL	MGD	*********	*********	*********			1/M	EST
PH	REPORTD	*********	*********		7.8	*********	7.8	SU		1/M	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU		1/M	GRAB
TSS	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	30	60	MG/L		1/M	GRAB
PETROLEUM OCARBONS, TOTAL RECOVI	REPORTD	*********	*********		*********	*********		<5		1/6M	GRAB
	REQRMNT	*********	*********		*********	*********	NL	MG/L		1/6M	GRAB
IRON, TOTAL VERABLE	REPORTD	*********	*********		*********	*********					
	REQRMNT	*********	*********		*********	*********	NL	MG/L		1/6M	GRAB
	REPORTD										
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
	REPORTD									*******	
	REQRMNT										
ONAL PERMIT REQUIREMENTS OR COMMENTS										*******	

ASSES ND FLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)

FY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE ED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED IRE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION ED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR ERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION ED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. ARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, NG THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 & 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include p to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY
Troy King	Troy King	703-3274331	2010	04	09