Town of Middleburg
County of Loudoun

10 West Marshall Street
Post Office Box 187
Middleburg, Virginia 20118
Telephone: 540-687-5152
Fax: 540-687-3804

TOWN COUNCIL

Betsy Allen Davis, *Mayor*
Darlene Kirk, *Vice Mayor*
Kevin Hazard
Trowbridge Littleton
Bundles Murdock
Kathy Jo Shea
Mark T. Snyder
David B. Stewart

Town Administrator,
Martha Mason Semmes

Economic Development Coordinator,
Cindy C. Pearson

Town Planner/Zoning Administrator,
David Beniamino, AICP

Town Treasurer,
Debbie J. Wheeler

Town Clerk,
Rhonda S. North, MMC

April 20, 2011

VA DEPARTMENT OF ENVIRONMENTAL QUALITY
APR 22 2011
WOODBRIDGE, VA

Susan Mackert
Water Permit Writer Senior
Department of Environmental Quality
13901 Crown Court
Woodbridge, VA 22193

Re: Middleburg STP – VA0024775
Revised EPA Form 1

Dear Ms. Mackert:

Per your request, enclosed please find the original corrected and signed copy of EPA General Information Form 1 for Middleburg's wastewater treatment plant permit renewal application. The form has been revised to correct the facility mailing address on page 1.

Please let me know if you need any additional information.

Sincerely,

Martha Mason Semmes
Town Administrator

Town of Middleburg
County of Loudoun

10 West Marshall Street
Post Office Box 187
Middleburg, Virginia 20118
Telephone: 540-687-5152
Fax: 540-687-3804

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April 11, 2011

VA DEPARTMENT OF ENVIRONMENTAL QUALITY
APR 12 2011
WOODBRIDGE, VA

Ms. Susan Mackert, Water Permit Writer Sr.
Virginia Department of Environmental Quality-NRO
13901 Crown Court
Woodbridge Virginia 22193

RE: Middleburg WWTP
VPDES Permit No. VA0024775
Renewal Application

Dear Ms. Mackert:

Enclosed please find an application for the renewal of the above-referenced VPDES permit for the Town of Middleburg's wastewater treatment plant. In accordance with your instructions, I have enclosed an original and two (2) copies of the following:

1. Public Notice Permission
2. EPA Information Form 1
3. Addendum – VPDES
4. NPDES Form 2A
5. General plant process description, Site Plan Map, & Flow Schematic Diagram
6. Sewage Sludge Application
7. Topo map w/ plant location
8. Sludge Hauler Information
9. Sludge Hauling Route Map
10. Class B Lime Stab – UOSA
11. UOSA 2010 Annual Biosolids Report
12. Appendix A – Testing Report

Should you require any additional information please do not hesitate to contact me at 540-687-5152.

Sincerely,

Martha Mason Semmes
Town Administrator

Please print or type in the unshaded areas only
(fill—in areas are spaced for elite type, i.e., 12 characters/inch).

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

F D

LABEL ITEMS

I. EPA I.D. NUMBER
III. FACILITY NAME
V. FACILITY MAILING ADDRESS
VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

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
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**? (FORM 2A)	X		X
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	
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)		X	
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	
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	

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
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	
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	
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	
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	
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	

III. NAME OF FACILITY

1 SKIP Town of Middleburg STP

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*		
2 Martha Semmes, Town Administrator	540	687	5152

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX
3 P.O. Box 187

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 Middleburg	VA	20118

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER
5 500 East Washington Street

B. COUNTY NAME
Loudoun

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
6 Middleburg	VA	20118	

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

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

A. FIRST		B. SECOND	
7 4952	(specify) Sewage System	7 N/A	(specify) N/A
C. THIRD		**D. FOURTH**	
7 N/A	(specify) N/A	7 N/A	(specify) N/A

VIII. OPERATOR INFORMATION

A. NAME: 8 Loudoun County Sanitation Authority

B. Is the name listed in Item VIII-A also the owner? ☐ 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)

M (specify)

D. PHONE (area code & no.): A 571 291 7700

E. STREET OR P.O. BOX: P.O. Box 187

F. CITY OR TOWN: B Middleburg

G. STATE: VA

H. ZIP CODE: 20118

IX. INDIAN LAND

Is the facility located on Indian lands? ☐ YES ☒ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)	9 N	VA0024775	
B. UIC (Underground Injection of Fluids)	9 U	N/A	
C. RCRA (Hazardous Wastes)	9 R	N/A	
D. PSD (Air Emissions from Proposed Sources)	9 P	N/A	
E. OTHER (specify)	9	N/A	(specify)
E. OTHER (specify)	9	N/A	(specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property bounderies. 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)

The Town of Middleburg's Wastewater Treatment Plant is fed by one pump station and gravity lines. The wastewater enters the headworks through a rotating barscreen, then enters the influent pit to be pumped into the EQ basin. From the EQ basin, flow is pumped to the anoxic zone and then flows into the aeration basin, then into the Zeeweed membrane filters. The excess sludge is returned back to the aeration basin. The final effluent is vacuumed through the filters by the permanent pumps into a storage tank which overflows en route to UV disinfection for final treatment before entering the stream.

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
Martha Semmes, Town Administrator	Martha Van Semmes	4/20/11

COMMENTS FOR OFFICIAL USE ONLY

C

VPDES Permit Application Addendum

1. **Entity to whom the permit is to be issued**: Town of Middleburg
   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?** **Y** / N

3. **Provide the tax map parcel number for the land where the discharge is located.**
   Parcel #538408101
4. **For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities?** 0

5. **What is the design average effluent flow of this facility?** **.250** MGD
   For industrial facilities, provide the max. 30-day average production level, include units:

   In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Y / **N**
   If "Yes", please identify the other flow tiers (in MGD) or production levels: _____
   Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?

6. **Nature of operations generating wastewater**:
   Domestic wastewater only

   100% of flow from domestic connections/sources
   Number of private residences to be served by the treatment works:

   ____% of flow from non-domestic connections/sources

7. **Mode of discharge**: ____Continuous **X** Intermittent ____Seasonal
   Describe frequency and duration of intermittent or seasonal discharges: **Daily discharge lasting for a couple of hours. When EQ basin triggers floats to send flow through plant. Discharges fluctuate during the day and night.**

8. **Identify the characteristics of the receiving stream at the point just above the facility's discharge point:**
   X Permanent stream, never dry
   __ Intermittent stream, usually flowing, sometimes dry
   __ Ephemeral stream, wet-weather flow, often dry
   __ Effluent-dependent stream, usually or always dry without effluent flow
   __ Lake or pond at or below the discharge point
   __ Other:_____

9. **Approval Date(s)**:
   O & M Manual **April 1, 2011** **Sludge/Solids Management Plan** **Unknown**

   Have there been any changes in your operations or procedures since the above approval dates? Y / **N**

PUBLIC NOTICE BILLING INFORMATION

RECEIVED
APR 12 2011
DEQ-NRO

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: Martha Semmes

Owner: Town of Middleburg

Applicant's Address: PO Box 187

Middleburg, VA 20118

Agent's Telephone Number: 540-687-5152

Authorizing Agent: Martha Semmes
Signature

VPDES Permit No. VA0024775
Town of Middleburg STP

Please return to:

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

FACILITY NAME AND PERMIT NUMBER:
Town of Middleburg STP, VA0024775

Form Approved 1/14/99
OMB Number 2040-0086

FORM **2A** NPDES

NPDES FORM 2A APPLICATION OVERVIEW

APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION:

A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.

B. **Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.

C. **Certification.** All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to provide the information.

E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to submit results of toxicity testing.

F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:

1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
2. Any other industrial user that:
   a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
   b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
   c. Is designated as an SIU by the control authority.

G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

FACILITY NAME AND PERMIT NUMBER:
Town of Middleburg STP, VA0024775

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name: Town of Middleburg Sewage Treatment Plant

Mailing Address: P.O. Box 187
Middleburg, VA 20118

Contact person: Martha Semmes

Title: Town Administrator

Telephone number: 540-687-5152

Facility Address (not P.O. Box): 500 East Washington Street
Middleburg, VA 20117

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name: Town of Middleburg

Mailing Address: P.O. Box 187
Middleburg, VA 20118

Contact person: Martha Semmes

Title: Town Administrator

Telephone number: 540-687-5152

Is the applicant the owner or operator (or both) of the treatment works?

X owner ____ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

____ facility X applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES	VA0024775	PSD	n/a
UIC	n/a	Other	n/a
RCRA	n/a	Other	n/a

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
Town of Middelburg	~673	sanitary sewer	Town of Middleburg

Total population served ~673

A.5. Indian Country.

a. Is the treatment works located in Indian Country?

_____ Yes X No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

_____ Yes X No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate 0.250 mgd

	Two Years Ago	Last Year	This Year	
b. Annual average daily flow rate	0.140 (2008)	0.102 (2009)	0.108 (2010)	mgd
c. Maximum daily flow rate	0.392 (2008)	0.364 (2009)	0.906 (2010)	mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

X Separate sanitary sewer 100 %

_____ Combined storm and sanitary sewer 0 %

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? X Yes _____ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent ~1~

ii. Discharges of untreated or partially treated effluent ~0~

iii. Combined sewer overflow points ~0~

iv. Constructed emergency overflows (prior to the headworks) ~0~

v. Other _____ ~0~

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? _____ Yes X No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharged to surface impoundment(s) _____ mgd

Is discharge _____ continuous or _____ intermittent?

c. Does the treatment works land-apply treated wastewater? _____ Yes X No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ Mgd

Is land application _____ continuous or _____ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? _____ Yes X No

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).
N/A

If transport is by a party other than the applicant, provide:

Transporter name: _____

Mailing Address: _____

Contact person: _____

Title: _____

Telephone number: _____

For each treatment works that receives this discharge, provide the following:

Name: _____

Mailing Address: _____

Contact person: _____

Title: _____

Telephone number: _____

If known, provide the NPDES permit number of the treatment works that receives this discharge. _____

Provide the average daily flow rate from the treatment works into the receiving facility. _____ mgd

e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)? _____ Yes X No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method: _____

Is disposal through this method _____ continuous or _____ intermittent?

FACILITY NAME AND PERMIT NUMBER:
Town of Middleburg STP, VA0024775

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OMB Number 2040-0086

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 **once for each outfall** (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. **If you answered "no" to question A.8.a**, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

a. Outfall number: 001

b. Location: Town of Middleburg (City or town, if applicable) — 20118 (Zip Code)
Loudoun (County) — VA (State)
38 degrees 52' 23" N (Latitude) — 77 degrees 43' 36" W (Longitude)

c. Distance from shore (if applicable): on shoreline ft.

d. Depth below surface (if applicable): above surface ft.

e. Average daily flow rate: 0.101 mgd

f. Does this outfall have either an intermittent or a periodic discharge? X Yes ____ No (go to A.9.g.)

If yes, provide the following information:

Number of times per year discharge occurs: Daily

Average duration of each discharge: 1-3 hours

Average flow per discharge: 0.004-0.016 mgd

Months in which discharge occurs: Every month

g. Is outfall equipped with a diffuser? ____ Yes X No

A.10. Description of Receiving Waters.

a. Name of receiving water: Wancopin Creek

b. Name of watershed (if known): Middle Potomac - Catoctin

United States Soil Conservation Service 14-digit watershed code (if known): ____

c. Name of State Management/River Basin (if known): Potomac River Basin

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): ____

d. Critical low flow of receiving stream (if applicable):
acute ____ cfs chronic ____ cfs

e. Total hardness of receiving stream at critical low flow (if applicable): ____ mg/l of $CaCO_3$

FACILITY NAME AND PERMIT NUMBER:
Town of Middleburg STP, VA0024775

Form Approved 1/14/99
OMB Number 2040-0086

A.11. Description of Treatment.

a. What levels of treatment are provided? Check all that apply.

X Primary X Secondary
X Advanced ____ Other. Describe: ____

b. Indicate the following removal rates (as applicable):

Design BOD_5 removal or Design $CBOD_5$ removal	95	%
Design SS removal	97	%
Design P removal	95	%
Design N removal	95	%
Other Total P	95	%

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.
Ultra Violet disinfection

If disinfection is by chlorination, is dechlorination used for this outfall? ____ Yes ____ No

d. Does the treatment plant have post aeration? X Yes ____ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.1	s.u.			
pH (Maximum)	7.9	s.u.			
Flow Rate	0.905	mgd	0.101	mgd	1096
Temperature (Winter)	5.8	C	11.6	C	454
Temperature (Summer)	26.6	C	19.4	C	642

* For pH please report a minimum and a maximum daily value

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.								
BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5							
	CBOD-5	19.0	mg/l	3.5	mg/l	455	5210B	2 mg/l
FECAL COLIFORM E.Coli		500	mpn/100	4.5	N/CML	82	EPA 10029	2.0 N/CML
TOTAL SUSPENDED SOLIDS (TSS)		46.0	mg/L	7.0	mg/L	453	2540D	1.0 mg/L

END OF PART A.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:
Town of Middleburg STP, VA0024775

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

10,000 gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

_____

_____

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.) See Attached

a. The area surrounding the treatment plant, including all unit processes.

b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.

c. Each well where wastewater from the treatment plant is injected underground.

d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.

e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.

f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g, chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

See Attached

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ____Yes X ____No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

_____

Telephone Number: _____

Responsibilities of Contractor: _____

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

_____

b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

____Yes ____No

c If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

_____

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule MM / DD / YYYY	Actual Completion MM / DD / YYYY
– Begin construction	___/___/_____	___/___/_____
– End construction	___/___/_____	___/___/_____
– Begin discharge	___/___/_____	___/___/_____
– Attain operational level	___/___/_____	___/___/_____

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ____Yes ____No

Describe briefly: _____

_____

B.6. EFFLUENT TESTING DATA (GREATER THAN O.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number:_____

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)	10.4	mg/l	1.04	mg/l	256	4500NH3	0.1 mg/l
CHLORINE (TOTAL RESIDUAL, TRC)							
DISSOLVED OXYGEN	15.5	mg/l	9.3	mg/l	1096		
TOTAL KJELDAHL NITROGEN (TKN)	20.5	mg/l	3.19	mg/l	454	4500N	0.1 mg/l
NITRATE PLUS NITRITE NITROGEN	17.1	mg/l	7.62	mg/l	44	4500N	
OIL and GREASE		l					
PHOSPHORUS (Total)	6.14	mg/l	3.41	mg/l	41	4500P	
TOTAL DISSOLVED SOLIDS (TDS)	489	mg/l	470	mg/l	3	2450	
OTHER Copper	52.8	mg/l	16.09	mg/l	13		

END OF PART B.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

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BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

X Basic Application Information packet

Supplemental Application Information packet:

_____ Part D (Expanded Effluent Testing Data)

_____ Part E (Toxicity Testing: Biomonitoring Data)

_____ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

_____ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING 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 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.

Name and official title: Martha Semmes, Town Administrator

Signature: Martha Semmes

Telephone number: 540-687-5152

Date signed: 4/11/11

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

FACILITY NAME AND PERMIT NUMBER:
Town of Middleburg STP, VA0024775

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SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Treatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.											
ANTIMONY											
ARSENIC											
BERYLLIUM											
CADMIUM											
CHROMIUM											
COPPER											
LEAD											
MERCURY											
NICKEL											
SELENIUM											
SILVER											
THALLIUM											
ZINC											
CYANIDE											
TOTAL PHENOLIC COMPOUNDS											
HARDNESS (AS $CaCO_3$)											
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer.											

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Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
VOLATILE ORGANIC COMPOUNDS.											
ACROLEIN											
ACRYLONITRILE											
BENZENE											
BROMOFORM											
CARBON TETRACHLORIDE											
CLOROBENZENE											
CHLORODIBROMO-METHANE											
CHLOROETHANE											
2-CHLORO-ETHYLVINYL ETHER											
CHLOROFORM											
DICHLOROBROMO-METHANE											
1,1-DICHLOROETHANE											
1,2-DICHLOROETHANE											
TRANS-1,2-DICHLORO-ETHYLENE											
1,1-DICHLOROETHYLENE											
1,2-DICHLOROPROPANE											
1,3-DICHLORO-PROPYLENE											
ETHYLBENZENE											
METHYL BROMIDE											
METHYL CHLORIDE											
METHYLENE CHLORIDE											
1,1,2,2-TETRACHLORO-ETHANE											
TETRACHLORO-ETHYLENE											
TOLUENE											

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Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
1,1,1-TRICHLOROETHANE											
1,1,2-TRICHLOROETHANE											
TRICHLORETHYLENE											
VINYL CHLORIDE											
Use this space (or a separate sheet) to provide information on other volatile organic compounds requested by the permit writer.											
ACID-EXTRACTABLE COMPOUNDS											
P-CHLORO-M-CRESOL											
2-CHLOROPHENOL											
2,4-DICHLOROPHENOL											
2,4-DIMETHYLPHENOL											
4,6-DINITRO-O-CRESOL											
2,4-DINITROPHENOL											
2-NITROPHENOL											
4-NITROPHENOL											
PENTACHLOROPHENOL											
PHENOL											
2,4,6-TRICHLOROPHENOL											
Use this space (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit writer.											
BASE-NEUTRAL COMPOUNDS.											
ACENAPHTHENE											
ACENAPHTHYLENE											
ANTHRACENE											
BENZIDINE											
BENZO(A)ANTHRACENE											

BENZO(A)PYRENE											

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Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
3,4 BENZO-FLUORANTHENE											
BENZO(GHI)PERYLENE											
BENZO(K)FLUORANTHENE											
BIS (2-CHLOROETHOXY) METHANE											
BIS (2-CHLOROETHYL)-ETHER											
BIS (2-CHLOROISO-PROPYL) ETHER											
BIS (2-ETHYLHEXYL) PHTHALATE											
4-BROMOPHENYL PHENYL ETHER											
BUTYL BENZYL PHTHALATE											
2-CHLORONAPHTHALENE											
4-CHLORPHENYL PHENYL ETHER											
CHRYSENE											
DI-N-BUTYL PHTHALATE											
DI-N-OCTYL PHTHALATE											
DIBENZO(A,H) ANTHRACENE											
1,2-DICHLOROBENZENE											
1,3-DICHLOROBENZENE											
1,4-DICHLOROBENZENE											
3,3-DICHLOROBENZIDINE											
DIETHYL PHTHALATE											
DIMETHYL PHTHALATE											
2,4-DINITROTOLUENE											
2,6-DINITROTOLUENE											

1,2-DIPHENYLHYDRAZINE											

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Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
FLUORANTHENE											
FLUORENE											
HEXACHLOROBENZENE											
HEXACHLOROBUTADIENE											
HEXACHLOROCYCLO-PENTADIENE											
HEXACHLOROETHANE											
INDENO(1,2,3-CD)PYRENE											
ISOPHORONE											
NAPHTHALENE											
NITROBENZENE											
N-NITROSODI-N-PROPYLAMINE											
N-NITROSODI- METHYLAMINE											
N-NITROSODI-PHENYLAMINE											
PHENANTHRENE											
PYRENE											
1,2,4-TRICHLOROBENZENE											

Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.

Use this space (or a separate sheet) to provide information on other pollutants (e.g., pesticides) requested by the permit writer.

END OF PART D.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:
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SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

____chronic ____acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

	Test number:_____	Test number:_____	Test number:_____
a. Test information.			
Test species & test method number			
Age at initiation of test			
Outfall number			
Dates sample collected			
Date test started			
Duration			
b. Give toxicity test methods followed.			
Manual title			
Edition number and year of publication			
Page number(s)			
c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.			
24-Hour composite			
Grab			
d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)			
Before disinfection			
After disinfection			
After dechlorination			

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	Test number:_____	Test number:_____	Test number:_____
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:			
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity			
Acute toxicity			
g. Provide the type of test performed.			
Static			
Static-renewal			
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.			
Laboratory water			
Receiving water			
i. Type of dilution water. It salt water, specify "natural" or type of artificial sea salts or brine used.			
Fresh water			
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH			
Salinity			
Temperature			
Ammonia			
Dissolved oxygen			
l. Test Results.			
Acute:			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

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Chronic:			
NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____Yes ____No If yes, describe: _____

_____

_____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: _____ (MM/DD/YYYY)

Summary of results: (see instructions)

_____

_____

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

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SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

____Yes ____No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. _____

b. Number of CIUs. _____

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: _____

Mailing Address: _____

_____

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

_____

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): _____

Raw material(s): _____

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

_____ gpd (_____continuous or _____intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

_____ gpd (_____continuous or _____intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ____Yes ____No

b. Categorical pretreatment standards ____Yes ____No

If subject to categorical pretreatment standards, which category and subcategory?

_____

F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____Yes ____No If yes, describe each episode.

_____

_____

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?
____Yes ___No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ____No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

_____

_____

_____

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

_____

_____

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

_____

_____

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

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SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number _____

b. Location _____
(City or town, if applicable) (Zip Code)

_____
(County) (State)

_____
(Latitude) (Longitude)

c. Distance from shore (if applicable) _____ft.

d. Depth below surface (if applicable) _____ft.

e. Which of the following were monitored during the last year for this CSO?

____Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: _____

b. Name of watershed/river/stream system: _____

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin: _____

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

_____

_____

END OF PART G.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SECTION I GENERAL INFORMATION

1.01 General

The Middleburg Wastewater Treatment Plant is a secondary treatment plant with an average design flow of 0.250 MGD. The facility is a Membrane Bioreactor System (MBR) and more specifically an Enhanced Nutrient Removal (ENR) system. The facility is required to treat wastewater entering the plant to effluent limits in accordance with VPDES Permit Number VA0024775 (see Appendix B).

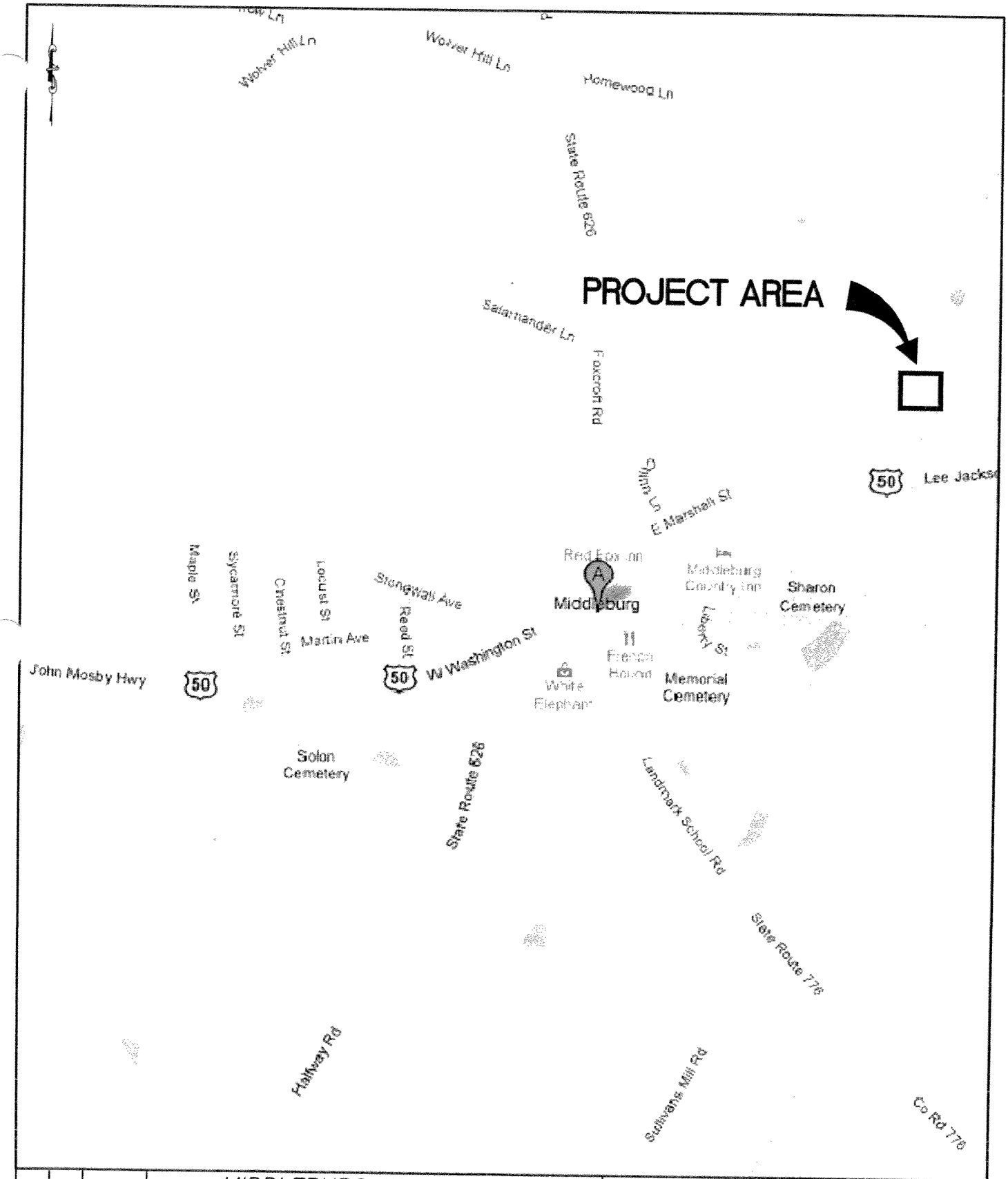
The plant consists of the following units: passive and mechanical screening, influent pumping station, equalization basins (2), biological treatment tanks (2), membrane tanks (2), stabilization, disinfection through ultraviolet radiation, and effluent aeration by mechanical means and a cascade aerator.

UNIT PROCESS
Liquid Process Train
Headworks, Passive and Mechanical Screening
Influent Pumping Station
Equalization Basin
Biological Stabilization & Treatment (MBR)
Disinfection (Ultraviolet Radiation Disinfection)
Effluent Aeration (Mechanical Aeration & Cascade Aeration)
Solids Processing Train
Aerobic Sludge Holding and Stabilization

1.02 Plant Site Location

The Middleburg Wastewater Treatment Plant is located just east of town and north of Route 50 (500 E. Washington Street) in Middleburg, Virginia. The plant is located in the County of Loudoun. See Site Location Map, Figure I-1.

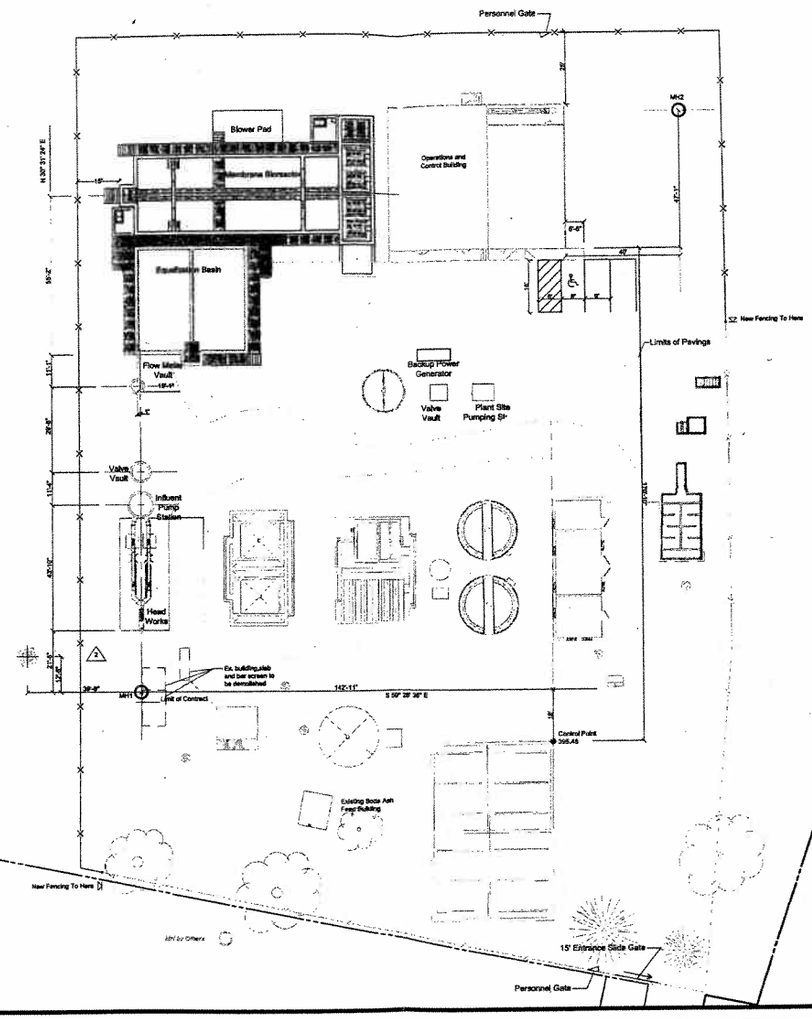
The treatment works discharges to Wancopin Creek, a tributary of the Potomac River.



1" = 1000'	9/8/10	Revised –	MIDDLEBURG WASTEWATER TREATMENT PLANT SITE LOCATION MAP TOWN OF MIDDLEBURG, VIRGINIA

Patton, Harris, Rust & Associates, pc
117 E. Picadilly St. Winchester, Virginia 22601
VOICE: (540) 667-2139 FAX: (540) 665-0493

FIGURE 1-1



SITE

TOTAL DISTURBED AREA	1.1 Acres
TOTAL PAVED AREAS	15,500 sq ft
FOOTPRINT OF TREATMENT UNITS	1,184 sq ft
HEADWORKS	288 sq ft
EQUALIZATION BASIN	288 sq ft
MEMBRANE BIOREACTOR	608 sq ft
MISCELLANEOUS IMPERVIOUS AREAS	700 sq ft

CONTROL AND OPERATIONS BUILDING

FOOTPRINT	2800 sq ft (One story, split level)
FLOOR SPACE	
OPERATION ROOM	990 sq ft
EELCTRICAL ROOM	288 sq ft
CHEMICAL FEED ROOM	288 sq ft
LABORATORY	187 sq ft
OFFICE	117 sq ft
LAVATORY	
MAXIMUM HEIGHT	16 ft
PARKING SPACES	3 (Three required plus overflow)
SETBACK DISTANCES	
NORTH	85 ft
EAST	105 ft
SOUTH	230 ft
WEST	190 ft

Note: Limits of new paving include both existing and proposed pavement areas.

LEGEND

Property Line
Proposed Fence
Existing Pavement
Proposed Pavement

20 0 20 40 feet

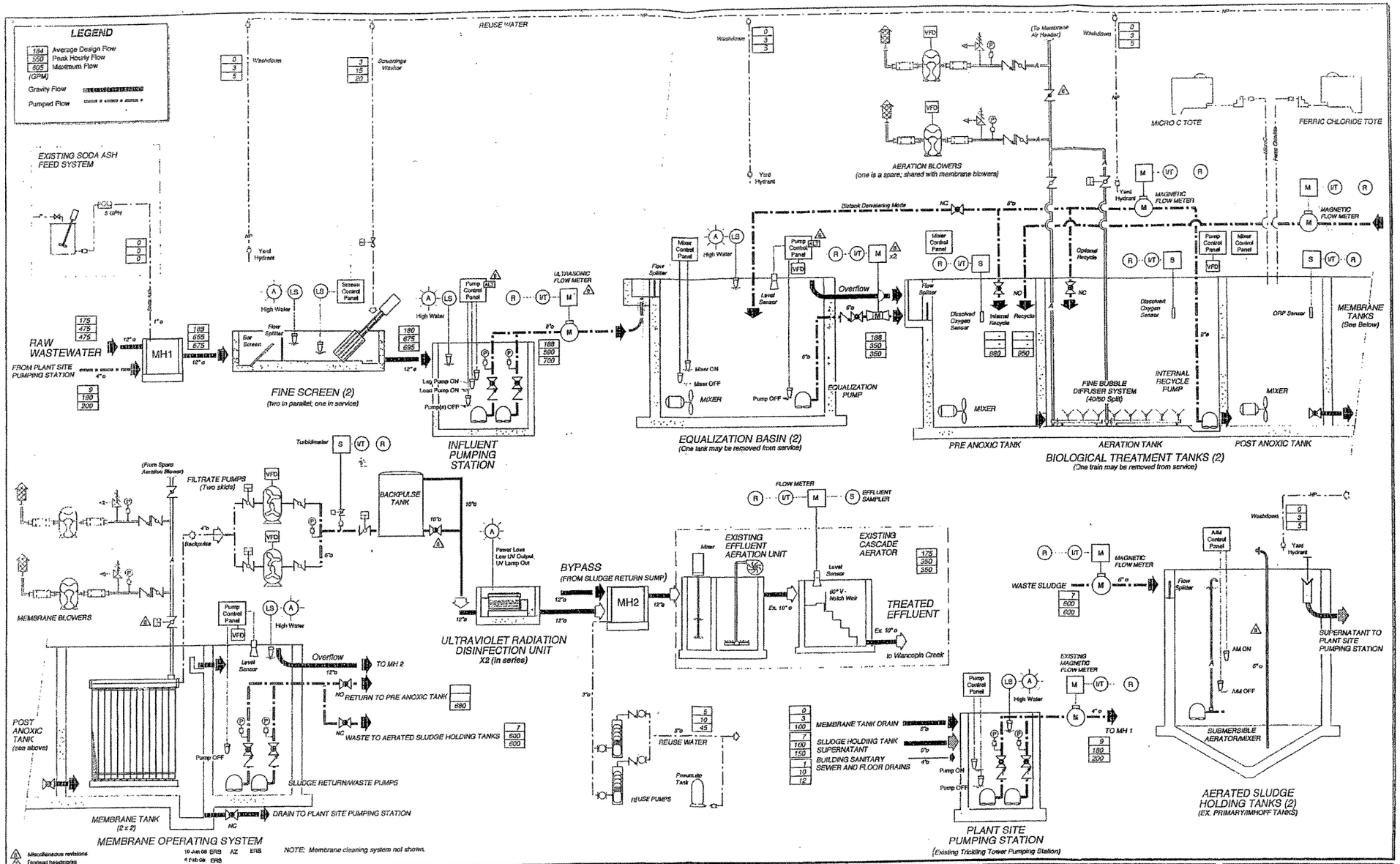
NO.	DESCRIPTION	DATE	REV'D	REW'D	APR'V'D	DATE
3	Revised Parking Lot	3/2/08	AEZ	ERS		
2	Adjusted parking area and added drop inlet	11/2/07	AEZ	ERS		
1	Added control points and stakeout	5/14/07	CMA	AEZ		

Patton Harris Rust & Associates
Engineers. Surveyors. Planners. Landscape Architects.
10712 Ballantrae Drive, Suite 308
Fredericksburg, Virginia 22407
T 540.898.2115
F 540.898.3230

TOWN OF MIDDLEBURG
WASTEWATER TREATMENT PLANT
UPGRADE AND EXPANSION

FIGURE 3-1
SITE PLAN AND STAKEOUT

DESIGN	ERS	SURVEY	NA
DRAWN	TEAM	DATE	APRIL 2007 REVISED DECEMBER 2007
CHECKED	DJS	SCALE	1"= 20'
DRAWING	C4	SHEET	5
FILE NO.	1120850-0200		



NO	DESCRIPTION	DATE	REV'D	REVW'D	APRV'D	DATE
1	Miscellaneous revisions	10 Jun 06	ERS	AZ	ERS	
2	Revised headworks	6 Feb 06	ERS			
3	Flow revisions	1 Oct 02	ERS			
4	Revised backpulse tank piping; added turbidimeter	23Aug07	ERS			
5	Revisions per Zenon	30Jun07	ERS			
6	Revised Flow Values	18Jun07	ERS			
7	Minor revisions per Zenon	6/12/07	ERS			
8	Miscellaneous revisions	5/21/07	ERS	AZ	ERS	

REVISIONS

Patton Harris Rust & Associates
117 East Piccadilly Street, Suite 200
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T 540.667.2139
F 540.665.0493

TOWN OF MIDDLEBURG
WASTEWATER TREATMENT PLANT
UPGRADE AND EXPANSION

FIGURE 3-2
PROCESS SCHEMATIC

DESIGN	ERS	SURVEY	
DRAWN	TEAM	DATE	APRIL 2007
CHECKED		SCALE	None
DRAWING C1	SHEET 2	FILE NO	1130850-29

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

SCREENING INFORMATION

This application is divided into sections. Sections A pertain to all applicants. The applicability of Sections B, C and D depend on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

1. All applicants must complete Section A (General Information).

2. Will this facility generate sewage sludge? **X** Yes __No

   Will this facility derive a material from sewage sludge? __Yes **X** No

   If you answered Yes to either, complete Section B (Generation Of Sewage Sludge Or Preparation Of A Material Derived From Sewage Sludge).

3. Will this facility apply sewage sludge to the land? __Yes **X** No

   Will sewage sludge from this facility be applied to the land? **X** Yes __No

   If you answered No to both questions above, skip Section C.

   If you answered Yes to either, answer the following three questions:

   a. Will the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions?
      X Yes __ No

   b. Will sewage sludge from this facility be placed in a bag or other container for sale or give-away for application to the land? **X** Yes __No

   c. Will sewage sludge from this facility be sent to another facility for treatment or blending? **X** Yes __No

   If you answered No to all three, complete Section C (Land Application Of Bulk Sewage Sludge).

   If you answered Yes to a, b or c, skip Section C.

4. Do you own or operate a surface disposal site? __Yes **X** No

   If Yes, complete Section D (Surface Disposal).

SECTION A. GENERAL INFORMATION

All applicants must complete this section.

1. Facility Information.
   a. Facility name: **Town of Middleburg STP**
   b. Contact person: **Martha Semmes**
      Title: **Town Administrator**
      Phone: **540-687-5152**
   c. Mailing address: **P.O. Box 187**
      Middleburg, VA 20118
   d. Facility location:
      Street or Route #: **500 East Washington Street**
      County: **Loudoun**
      City or Town: **Middleburg** State: **VA** Zip: **20118**
   e. Is this facility a Class I sludge management facility? __Yes **X** No
   f. Facility design flow rate: **0.250** mgd
   g. Total population served: **approximately 673**
   h. Indicate the type of facility:
      X Publicly owned treatment works (POTW)
      __ Privately owned treatment works
      __ Federally owned treatment works
      __ Blending or treatment operation
      __ Surface disposal site
      __ Other (describe):

2. Applicant Information. If the applicant is different from the above, provide the following:
   a. Applicant name:
   b. Mailing address:
   c. Contact person:
      Title:
      Phone:
   d. Is the applicant the owner or operator (or both) of this facility?
      X owner ____ operator
   e. Should correspondence regarding this permit be directed to the facility or the applicant? (Check one)
      _____ facility **X** applicant

3. Permit Information.
   a. Facility's VPDES permit number (if applicable): **VA0024775**
   b. List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:

Permit Number:	Type of Permit:
VAL024988	**UOSA Biosolids Permit**

4. Indian Country. Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? __Yes **X** No If yes, describe:

5. Topographic Map. Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility:
   a. Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed.
   b. Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries.

6. Line Drawing. Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction.

7. Contractor Information. Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? _X_ Yes __No
   If yes, provide the following for each contractor (attach additional pages if necessary).
   Name:
   Mailing address: **SEE ATTACHEMNT**

   Phone:
   Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge:

   If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s).

8. Pollutant Concentrations. Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old.

POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic	**No sludge has been generated from the new facility to be hauled off**			
Cadmium				
Chromium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				

9. Certification. Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:

   ☒ Section A (General Information)
   ☒ Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)
   ☐ Section C (Land Application of Bulk Sewage Sludge)
   ☐ Section D (Surface Disposal)

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 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.

Name and official title: **Martha Semmes, Town Administrator**

Signature Martha Semmes Date Signed 4/11/11

Telephone number: **540-687-5152**

Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

SECTION B. GENERATION OF SEWAGE SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE

Complete this section if your facility generates sewage sludge or derives a material from sewage sludge

1. Amount Generated On Site.
   Total dry metric tons per 365-day period generated at your facility: **estimate 50** dry metric tons

2. Amount Received from Off Site. If your facility receives sewage sludge from another facility for treatment, use or disposal, provide the following information for each facility from which sewage sludge is received. If you receive sewage sludge from more than one facility, attach additional pages as necessary.
   a. Facility name: **N/A**
   b. Contact Person:
      Title:
      Phone ( )
   c. Mailing address:
      Street or P.O. Box:
      City or Town:_____ State:_____ Zip:
   d. Facility Address:
      (not P.O. Box)
   e. Total dry metric tons per 365-day period received from this facility:_____ dry metric tons
   f. Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics:

3. Treatment Provided at Your Facility:
   a. Which class of pathogen reduction is achieved for the sewage sludge at your facility?
      __Class A __Class B _X_Neither or unknown

   b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge:

   c. Which vector attraction reduction option is met for the sewage sludge at your facility?
      __ Option 1 (Minimum 38 percent reduction in volatile solids)
      __ Option 2 (Anaerobic process, with bench-scale demonstration)
      __ Option 3 (Aerobic process, with bench-scale demonstration)
      __ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
      __ Option 5 (Aerobic processes plus raised temperature)
      __ Option 6 (Raise pH to 12 and retain at 11.5)
      __ Option 7 (75 percent solids with no unstabilized solids)
      __ Option 8 (90 percent solids with unstabilized solids)
      _X_ None or unknown

   d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge: **Aeration in holding tank**

   e. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities, including blending, not identified in a - d above:

4. Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements and One of Vector Attraction Reduction Options 1-8 (EQ Sludge). **SEE ATTACHED ANNUAL BIOSOLIDS REPORT**
   (If sewage sludge from your facility does not meet all of these criteria, skip Question 4.)
   a. Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land: dry metric tons
   b. Is sewage sludge subject to this section placed in bags or other containers for sale or give-away?

__Yes __No

5. Sale or Give-Away in a Bag or Other Container for Application to the Land.

SEE ATTACHED BIOLSOLIDS ANNUAL REPORT

(Complete this question if you place sewage sludge in a bag or other container for sale or give-away prior to land application. Skip this question if sewage sludge is covered in Question 4.)

a. Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land:_____ dry metric tons

b. Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.

6. Shipment Off Site for Treatment or Blending.

(Complete this question if sewage sludge from your facility is sent to another facility that provides treatment or blending. This question does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this question if the sewage sludge is covered in Questions 4 or 5. If you send sewage sludge to more than one facility, attach additional sheets as necessary.)

a. Receiving facility name: **UOSA Water Reclamation Facility**

b. Facility contact: **Jack Sellman**
Title: **Director of Treatment Process**
Phone: **703-227-0235**

c. Mailing address: **14631 Compton Road**
Centreville, Va. 20121-2506

d. Total dry metric tons per 365-day period of sewage sludge provided to receiving facility: **estimate 50** dry metric tons

e. List, on this form or an attachment, the receiving facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the receiving facility's sewage sludge use or disposal practices:

Permit Number:	Type of Permit:
VA 0024988	**VPDES**
_____	

f. Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility? **X** Yes __No
Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?
X Class A **EQ** ___Class B ___Neither or unknown
Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce pathogens in sewage sludge: Ferric Chloride and Lime

g. Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge? **X** Yes __No
Which vector attraction reduction option is met for the sewage sludge at the receiving facility?
___ Option 1 (Minimum 38 percent reduction in volatile solids)
___ Option 2 (Anaerobic process, with bench-scale demonstration)
___ Option 3 (Aerobic process, with bench-scale demonstration)
___ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
___ Option 5 (Aerobic processes plus raised temperature)
___ Option 6 (Raise pH to 12 and retain at 11.5)
___ Option 7 (75 percent solids with no unstabilized solids)
X Option 8 (90 percent solids with unstabilized solids)
___ None unknown
Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge:

h. Does the receiving facility provide any additional treatment or blending not identified in f or g above?
___Yes **X** No
If yes, describe, on this form or another sheet of paper, the treatment processes not identified in f or g above:

i. If you answered yes to f., g or h above, attach a copy of any information you provide to the receiving facility to comply with the "notice and necessary information" requirement of 9 VAC 25-31-530.G.

j Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land? _X_ Yes __No
If yes, provide a copy of all labels or notices that accompany the product being sold or given away.

k. Will the sewage sludge be transported to the receiving facility in a truck-mounted watertight tank normally used for such purposes? _X_ Yes __ No. If no, provide description and specification on the vehicle used to transport the sewage sludge to the receiving facility.
Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and the times of the day sewage sludge will be transported. **Sludge will typically be hauled during the week Monday – Friday between the hours of 8am and 4 pm. SEE ATTACHEMENT for Map**

7. Land Application of Bulk Sewage Sludge. **N/A**
(Complete Question 7.a if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in Questions 4, 5 or 6; complete Question 7.b, c & d only if you are responsible for land application of sewage sludge.)

a. Total dry metric tons per 365-day period of sewage sludge applied to all land application sites:_____dry metric tons

b. Do you identify all land application sites in Section C of this application? __Yes __No
If no, submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions).

c. Are any land application sites located in States other than Virginia? __Yes __No
If yes, describe, on this form or on another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.

d. Attach a copy of any information you provide to the owner or lease holder of the land application sites to comply with the "notice and necessary" information requirement of 9 VAC 25-31-530 F and/or H (Examples may be obtained in Appendix IV).

8. Surface Disposal. **N/A**
(Complete Question 8 if sewage sludge from your facility is placed on a surface disposal site.)

a. Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal sites: _____ dry metric tons

b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?
__Yes __No
If no, answer questions c - g for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one surface disposal site, attach additional pages as necessary.

c. Site name or number:

d. Contact person:
Title:
Phone: ( )
Contact is: __Site Owner __Site operator

e. Mailing address.
Street or P.O. Box:
City or Town:_____ State:_____ Zip:

f. Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site: _____ dry metric tons

g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site:

Permit Number:	Type of Permit:
_____	
_____	

9. Incineration. **N/A**
(Complete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.)

a. Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: _____ dry metric tons

b. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?
__Yes __No
If no, answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary.

c. Incinerator name or number:

d. Contact person:
Title:
Phone: ( )
Contact is: ___Incinerator Owner ___Incinerator Operator

e. Mailing address.
Street or P.O. Box:
City or Town:_____ State:_____ Zip:

f. Total dry metric tons per 365-day period of sewage sludge from your facility fired in this sewage sludge incinerator: _____ dry metric tons

g. List on this form or an attachment the numbers of all other federal, state or local permits that regulate the firing of sewage sludge at this incinerator:
Permit Number: Type of Permit:
_____
_____

10. Disposal in a Municipal Solid Waste Landfill. **N/A**

(Complete Question 10 if sewage sludge from your facility is placed on a municipal solid waste landfill. Provide the following information for each municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.)

a. Landfill name:

b. Contact person:
Title:
Phone: ( )
Contact is: ___Landfill Owner ___Landfill Operator

c. Mailing address.
Street or P.O. Box:
City or Town:_____ State:_____ Zip:

d. Landfill location.
Street or Route #:
County:
City or Town: _____ State:_____ Zip:

e. Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill:
_____ dry metric tons

f. List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the operation of this municipal solid waste landfill:
Permit Number: Type of Permit:
_____
_____

g. Does sewage sludge meet applicable requirements in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq., concerning the quality of materials disposed in a municipal solid waste landfill?
___Yes ___No

h. Does the municipal solid waste landfill comply with all applicable criteria set forth in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq.? ___Yes ___No

i. Will the vehicle bed or other container used to transport sewage sludge to the municipal solid waste landfill be watertight and covered? ___ Yes ___ No
Show the haul route(s) on a location map or briefly describe the route below and indicate the days of the week and time of the day sewage sludge will be transported.

SECTION C. LAND APPLICATION OF BULK SEWAGE SLUDGE

N/A

Complete this section for sewage sludge that is land applied unless any of the following conditions apply:

The sewage sludge meets the Table 1 ceiling concentrations, the Table 3 pollutant concentrations, Class A pathogen requirements and one of the vector attraction reduction options 1-8 (fill out B.4 instead) (EQ Sludge); or

The sewage sludge is sold or given away in a bag or other container for application to the land (fill out B.5 instead); or

You provide the sewage sludge to another facility for treatment or blending (fill out B.6 instead).

Complete Section C for every site on which the sewage sludge that you reported in B.7 is land applied.

1. Identification of Land Application Site.
   a. Site name or number:
   b. Site location (Complete i and ii)
      i. Street or Route#:
         County:
         City or Town: _____ State: _____ Zip:
      ii. Latitude:_____ Longitude:
         Method of latitude/longitude determination
         _____ USGS map _____ Filed survey _____ Other
   c. Topographic map. Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location.

2. Owner Information.
   a. Are you the owner of this land application site? ___Yes ___No
   b. If no, provide the following information about the owner:
      Name:
      Street or P.O. Box:
      City or Town: _____ State:_____ Zip:
      Phone: ( )

3. Applier Information:
   a. Are you the person who applies, or who is responsible for application of, sewage sludge to this land application site? ___Yes ___No
   b. If no, provide the following information for the person who applies the sewage sludge:
      Name:
      Street or P.O. Box:
      City or Town:_____ State:_____ Zip:
      Phone: ( )
   c. List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the person who applies sewage sludge to this land application site:

Permit Number:	Type of Permit:
_____	
_____	

4. Site Type. Identify the type of land application site from among the following:
   ___Agricultural land ___Reclamation site ___Forest
   ___Public contact site ___Other. Describe

5. Vector Attraction Reduction.
   Are any vector attraction reduction requirements met when sewage sludge is applied to the land application site?
   ____Yes ____No If yes, answer a and b.
   a. Indicate which vector attraction reduction option is met:
      ___ Option 9 (Injection below land surface)
      ___ Option 10 (Incorporation into soil within 6 hours)
   b. Describe, on this form or on another sheet of paper, any treatment processes used at the land application site to reduce the vector attraction properties of sewage sludge:

6. Cumulative Loadings and Remaining Allotments.

(Complete Question 6 only if the sewage sludge applied to this site since July 20, 1993 is subject to the cumulative pollutant loading rates (CPLRs) - see instructions.)

a. Have you contacted DEQ or the permitting authority in the state where the sewage sludge subject to the CPLRs will be applied to ascertain whether bulk sewage sludge subject to the CPLRs has been applied to this site since July 20, 1993? ___Yes ___No
If no, sewage sludge subject to the CPLRs may not be applied to this site.
If yes, provide the following information:
Permitting authority:
Contact person:
Phone:( )

b. Based upon this inquiry, has bulk sewage sludge subject to the CPLRs been applied to this site since July 20, 1993? ___Yes ___No If no, skip the rest of Question 6. If yes, answer questions c - e.

c. Site size, in hectares: _____ (one hectare = 2.471 acres)

d. Provide the following information for every facility other than yours that is sending or has sent sewage sludge subject to the CPLRs to this site since July 20, 1993. If more than one such facility sends sewage sludge to this site, attach additional pages as necessary.
Facility name:
Facility contact:
Title:
Phone: ( )
Mailing address.
Street or P.O. Box:
City or Town:_____ State:_____ Zip:

e. Provide the total loading and allotment remaining, in kg/hectare, for each of the following pollutants:

	Cumulative loading	Allotment remaining
Arsenic	_____	
Cadmium	_____	
Copper	_____	
Lead	_____	
Mercury	_____	
Nickel	_____	
Selenium	_____	
Zinc	_____	

Complete Questions 7-12 below only if you apply sewage sludge, or you are responsible for land application of sewage sludge. Information required by these questions may be prepared as attachments to this form. Skip the following questions if you contract land application to someone else (as indicated under Section A.7) who is responsible for the operation.

7. Sludge Characterization. Use the table below or a separate attachment, provide at least one analysis for each parameter.

PCBs (mg/kg)
pH (S. U.)
Percent Solids (%)
Ammonium Nitrogen (mg/kg)
Nitrate Nitrogen (mg/kg)
Total Kjeldahl Nitrogen (mg/kg)
Total Phosphorus (mg/kg)
Total Potassium (mg/kg)
Alkalinity as $CaCO_3$* (mg/kg)

* Lime treated sludge (10% or more lime by dry weight) should be analyzed for percent $CaCO_3$.

8. Storage Requirements.
Existing and proposed sludge storage facilities must provide an estimated annual sludge balance on a monthly basis incorporating such factors as storage capacity, sludge production and land application schedule. Include pertinent calculations justifying storage requirements.
Proposed sludge storage facilities must also provide the following information:
   a. A sludge storage site layout on a 7.5 minute topographic quadrangle or other appropriate scaled map to show the following topographic features of the surrounding landscape to a distance of 0.25 mile. Clearly mark the property line.
      1) Water wells, abandoned or operating
      2) Surface waters
      3) Springs
      4) Public water supply(s)
      5) Sinkholes
      6) Underground and/or surface mines
      7) Mine pool (or other) surface water discharge points
      8) Mining spoil piles and mine dumps
      9) Quarry(s)
      10) Sand and gravel pits
      11) Gas and oil wells
      12) Diversion ditch(s)
      13) Agricultural drainage ditch(s)
      14) Occupied dwellings, including industrial and commercial establishments
      15) Landfills or dumps
      16) Other unlined impoundments
      17) Septic tanks and drainfields
      18) Injection wells
      19) Rock outcrops
   b. A topographic map of sufficient detail to clearly show the following information:
      1) Maximum and minimum percent slopes
      2) Depressions on the site that may collect water
      3) Drainageways that may attribute to rainfall run-on to or runoff from this site
      4) Portions of the site (if any) which are located with the 100-year floodplain and how the storage facility will be protected from flooding
   c. Data and specifications for the storage facility lining material.
   d. Plan and cross-sectional views of the storage facility.
   e. Depth from the bottom of the storage facility to the seasonal high water table and separation distance to the permanent water table.

9. Land Area Requirements. Provide calculations justifying the land area requirements for land application of sewage sludge taking into consideration average soil productivity group, crop(s) to be grown and most limiting factor(s) of the sewage sludge, specifically Plant Available Nitrogen (PAN), Calcium Carbonate Equivalence (CCE), and metal loadings (CPLR sewage sludge only), where applicable. Relate PAN, CCE, and metal loadings to demonstrate the most limiting factor for land application.

10. Landowner Agreement Forms. Provide a properly completed Sewage Sludge Application Agreement Form (attached) for each landowner if sewage sludge is to be applied onto land not owned by the applicant.

11. Ground Water Monitoring.
Are any ground water monitoring data available for this land application site? __Yes __No
If yes, submit the ground water monitoring data with this permit application. Also submit a written description of the well locations, approximate depth to ground water, and the ground water monitoring procedures used to obtain these data.

12. Land Application Site Information.
(Complete Items a-d for sites receiving infrequent application - land application of sewage sludge up to the agronomic rate at a frequency of once in a 3 year period; complete Items a-h for sites receiving frequent application - land application of sewage sludge in excess of 70% the agronomic rate at a frequency greater than once in a 3 year period)

a. Provide a general location map for each county which clearly indicates the location of all the land application sites.

b. For each land application site provide a site plan of sufficient detail to clearly show the concerned landscape features and associated buffer zones (See instructions). Provide a legend for each landscape feature and the net acreage for each field taking into account the proposed buffer zones.

c. In order to ensure that land application of bulk sewage sludge will not impact federally listed threatened or endangered species or federally designated critical habitat, the applicant must notify the field office of the U. S. Department of the Interior, Fish and Wildlife Service (FWS), by a letter, the proposed land application activities with the identification of the land application sites. The address and phone number of FWS are provided below.

U. S. Fish and Wildlife Service
Virginia Field Office
P. O. Box 480
White Marsh, VA 23183
TEL: (804)693-6694

Provide a copy of the notification letter with this application form.

d. Provide a soil survey map, preferably photographically based, with the field boundaries clearly marked. (A USDA-SCS soil survey map should be provided, if available.)
Provide a detailed legend for each soil survey map which uses accepted USDA-SCS descriptions of the typifying pedon for each soil series (soil type). Complex associations may be described as a range of characteristics. Soil descriptions shall include as a minimum the following information.

1) Soil symbol
2) Soil series, textural phase and slope range
3) Depth to seasonal high water table
4) Depth to bedrock
5) Estimated soil productivity group (for the proposed crop rotation)

Item e - h are required for sites receiving frequent application of sewage sludge

e. In order to verify the information provided in item d, characterize the soil at each land application site. Representative soil borings or test pits to a depth of five feet or to bedrock if shallower, are to be coordinated for the typifying pedon of each soil series (soil type). Soil descriptions shall include as a minimum the following information:

1). Soil symbol
2). Soil series, textural phase and slope range
3). Depth to seasonal high water table
4). Depth to bedrock
5). Estimated soil productivity group (for the proposed crop rotation)

f. Collect and analyze soil samples from each field, weighted to best represent each of the soil borings performed for Item e. Using the table below or a separate attachment, provide at least one analysis per sample for each of the following parameters.

Soil Organic Matter (%)
Soil pH (std. units)
Cation Exchange Capacity (meq/100g)
Total Nitrogen (ppm)
Organic Nitrogen (ppm)
Ammonia Nitrogen (ppm)
Nitrate Nitrogen (ppm)
Available Phosphorus (ppm)
Exchangeable Potassium (mg/100g)
Exchangeable Sodium (mg/100g)
Exchangeable Calcium (mg/100g)
Exchangeable Magnesium (mg/100g)
Arsenic (ppm)
Cadmium (ppm)
Copper (ppm)
Lead (ppm)
Mercury (ppm)
Molybdenum (ppm)
Nickel (ppm)
Selenium (ppm)
Zinc (ppm)
Manganese (ppm)
Particle Size Analysis or
USDA Textural Estimate (%)

g. Relate the crop nutrient needs to anticipated yields, soil productivity rating and the various fertilizer or nutrient sources from sludge and chemical fertilizers. Describe any specialized agronomic management practices which may be required as a result of high soil pH. If the sludge is expected to possess an unusually high CCE or other unusual properties, provide a description of any plant tissue testing, supplemental fertilization or intensive agronomic management practices which may be necessary.

h. Using a narrative format and referencing any related charts, describe the proposed cropping system. Show how the crop rotation and management will be coordinated with the design of the land application system. Include any supplemental fertilization program, soil testing and the coordination of tillage practices, planting and harvesting schedules and timing of land application.

SEWAGE SLUDGE APPLICATION AGREEMENT

This sewage sludge application agreement is made on this date _____ between _____, referred to here as "landowner", and _____, referred to here as the "Permittee".

Landowner is the owner of agricultural land shown on the map attached as Exhibit A and designated there as _____ ("landowner's land"). Permittee agrees to apply and landowner agrees to comply with certain permit requirements following application of sewage sludge on landowner's land in amounts and in a manner authorized by VPDES permit number _____ which is held by the Permittee.

Landowner acknowledges that the appropriate application of sewage sludge will be beneficial in providing fertilizer and soil conditioning to the property. Moreover, landowner acknowledges having been expressly advised that, in order to protect public health, the following site restrictions must be adhered to when sewage sludge receives Class B treatment for pathogen reduction:

1. Food crops with harvested parts that touch the sewage sludge/soil mixture and are totally above the land surface shall not be harvested for 14 months after application of sewage sludge;

2. Food crops with harvested parts below the surface of the land shall not be harvested for 20 months after application of sewage sludge when the sewage sludge remains on the land surface for four months or longer prior to incorporation into the soil;

3. Food crops with harvested parts below the surface of the land shall not be harvested for 38 months after application of sewage sludge when the sewage sludge remains on the land surface for less than four months prior to incorporation into the soil;

4. Food crops, feed crops, and fiber crops shall not be harvested for 30 days after application of sewage sludge;

5. Animals shall not be grazed on the land for 30 days after application of sewage sludge;

6. Turf grown on land where sewage sludge is applied shall not be harvested for one year after application of the sewage sludge when the harvested turf is placed on either land with a high potential for public exposure or a lawn, unless otherwise specified by the State Water Control Board;

7. Public access to land with a high potential for public exposure shall be restricted for one year after application of sewage sludge;

8. Public access to land with a low potential for public exposure shall be restricted for 30 days after application of sewage sludge.

9. Tobacco, because it has been shown to accumulate cadmium, should not be grown on landowner's land for three years following the application of sewage sludge borne cadmium equal to or exceeding 0.5 kilograms/hectare (0.45 pounds/acre).

Permittee agrees to notify landowner or landowner's designee of the proposed schedule for sewage sludge application and specifically prior to any particular application to landowner's land. This agreement may be terminated by either party upon written notice to the address specified below.

Landowner:	Permittee:
_____	_____
Signature	Signature
_____	_____
Mailing Address	Mailing Address

SECTION D. SURFACE DISPOSAL

N/A

Complete this section only if you own or operate a surface disposal site. Provide the information for each active sewage sludge unit.

1. Information on Active Sewage Sludge Units.
   a. Unit name or number:
   b. Unit location
      i. Street or Route#:
         County:
         City or Town: _____ State: _____ Zip:
      ii. Latitude:_____ Longitude:
         Method of latitude/longitude determination
         _____ USGS map _____ Filed survey _____ Other
      c. Topographic map. Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location.
   d. Total dry metric tons of sewage sludge placed on the active sewage sludge unit per 365-day period: _____dry metric tons.
      e. Total dry metric tons of sewage sludge placed on the active sewage sludge unit over the life of the unit: _____ dry metric tons.
   f. Does the active sewage sludge unit have a liner with a minimum hydraulic conductivity of 1×10^{-7}cm/sec? ___Yes ___No If yes, describe the liner or attach a description.

   g. Does the active sewage sludge unit have a leachate collection system? ___Yes ___No
      If yes, describe the leachate collection system or attach a description. Also, describe the method used for leachate disposal and provide the numbers of any federal, state or local permits for leachate disposal:

   h. If you answered no to either f or g, answer the following:
      Is the boundary of the active sewage sludge unit less than 150 meters from the property line of the surface disposal site? ___Yes ___No If yes, provide the actual distance in meters:
   i. Remaining capacity of active sewage sludge unit, in dry metric tons:_____ dry metric tons
      Anticipated closure date for active sewage sludge unit, if known:_____ (MM/DD/YYYY)
      Provide with this application a copy of any closure plan developed for this active sewage sludge unit.

2. Sewage Sludge from Other Facilities.
   Is sewage sludge sent to this active sewage sludge unit from any facilities other than yours? ___Yes ___No
   If yes, provide the following information for each such facility, attach additional sheets as necessary.
   a. Facility name:
   b. Facility contact:
      Title:
      Phone: ( )
   c. Mailing address.
      Street or P.O. Box:
      City or Town:_____ State:_____ Zip:
   d. List, on this form or an attachment, the facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the facility's sewage sludge management practices:
      Permit Number: Type of Permit:
      _____
      _____
   e. Which class of pathogen reduction is achieved before sewage sludge leaves the other facility?
      ___Class A ___Class B ___Neither or unknown
   f. Describe, on this form or on another sheet of paper, any treatment processes used at the other facility to reduce pathogens in sewage sludge:

g. Which vector attraction reduction option is achieved before sewage sludge leaves the other facility?
___ Option 1 (Minimum 38 percent reduction in volatile solids)
___ Option 2 (Anaerobic process, with bench-scale demonstration)
___ Option 3 (Aerobic process, with bench-scale demonstration)
___ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
___ Option 5 (Aerobic processes plus raised temperature)
___ Option 6 (Raise pH to 12 and retain at 11.5)
___ Option 7 (75 percent solids with no unstabilized solids)
___ Option 8 (90 percent solids with unstabilized solids)
___ None or unknown

h. Describe, on this form or another sheet of paper, any treatment processes used at the other facility to reduce vector attraction properties of sewage sludge:

i. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities performed by the other facility that are not identified in e - h above:

3. Vector Attraction Reduction.

a. Which vector attraction reduction option, if any, is met when sewage sludge is placed on this active sewage sludge unit?
___ Option 9 (Injection below land surface)
___ Option 10 (Incorporation into soil within 6 hours)
___ Option 11 (Covering active sewage sludge unit daily)

b. Describe, on this form or another sheet of paper, any treatment processes used at the active sewage sludge unit to reduce vector attraction properties of sewage sludge:

4. Ground Water Monitoring.

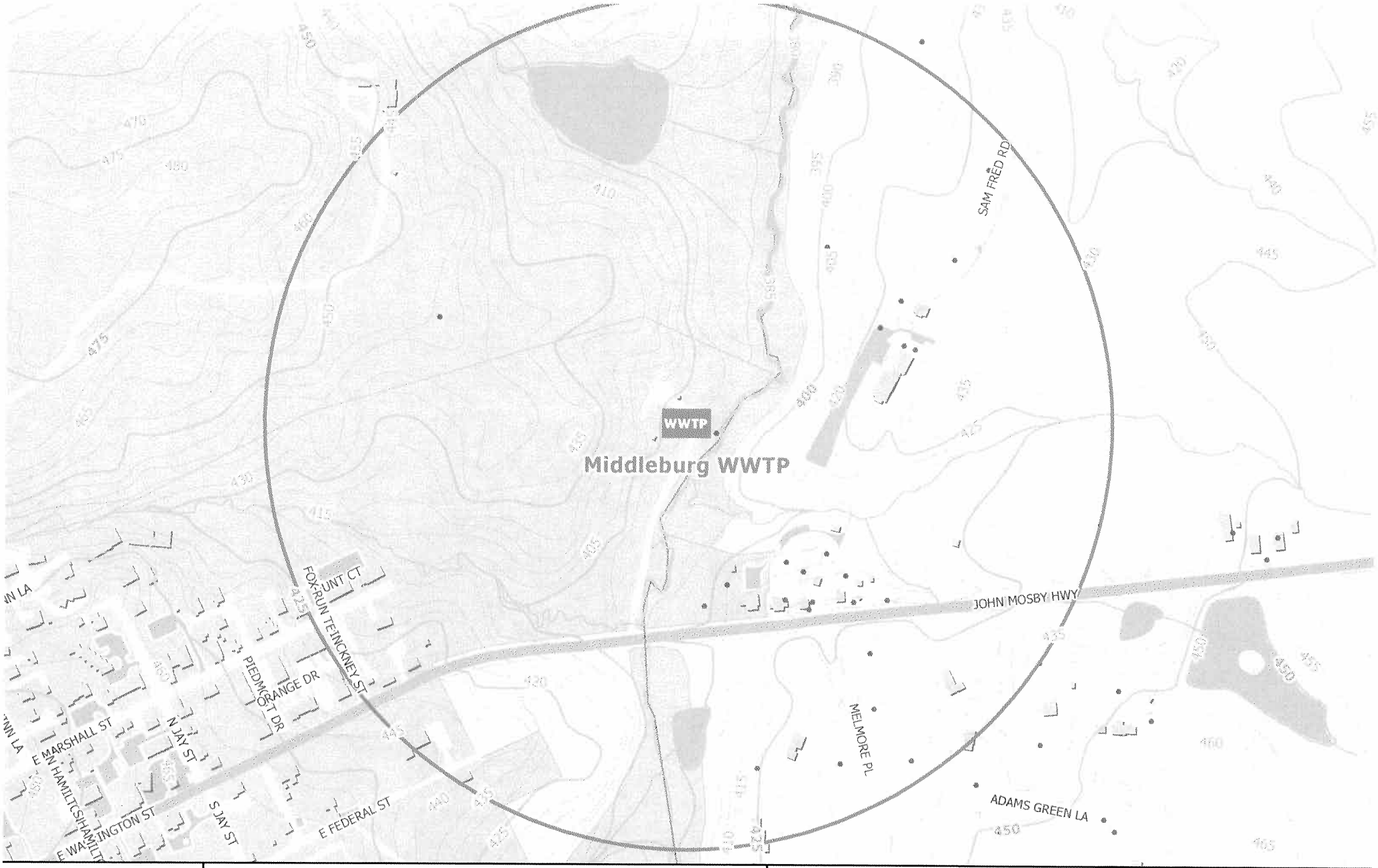
a. Is ground water monitoring currently conducted at this active sewage sludge unit or are ground water monitoring data otherwise available for this active sewage sludge unit? ___Yes ___No
If yes, provide a copy of available ground water monitoring data. Also provide a written description of the well locations, the approximate depth to ground water, and the ground water monitoring procedures used to obtain these data.

b. Has a ground water monitoring program been prepared for this active sewage sludge unit?
___Yes ___No If yes, submit a copy of the ground water monitoring program with this application.

c. Have you obtained a certification from a qualified ground water scientist that the aquifer below the active sewage sludge unit has not been contaminated? ___Yes ___No
If yes, submit a copy of the certification with this application.

5. Site-Specific Limits.

Are you seeking site-specific pollutant limits for the sewage sludge placed on the active sewage sludge unit?
___Yes ___No If yes, submit information to support the request for site-specific pollutant limits with this application.



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Legend

- WWTP Treatment Plant
- Well
- Sewage Disposal System
- 5 Ft Contours
- 25 Ft Contours
- Major Water Line
- Major Road
- Parcels
- Major Water Body
- 1/4 Mile Buffer
- 100 Yr Floodplain

N

1 inch = 400 Feet

0 150 300 600 Feet

Middleburg Wastewater Treatment Plant

March 2011

LOUDOUN WATER

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

ATTACHMENT:

SECTION A, ITEM 7, CONTRACTOR INFORMATION

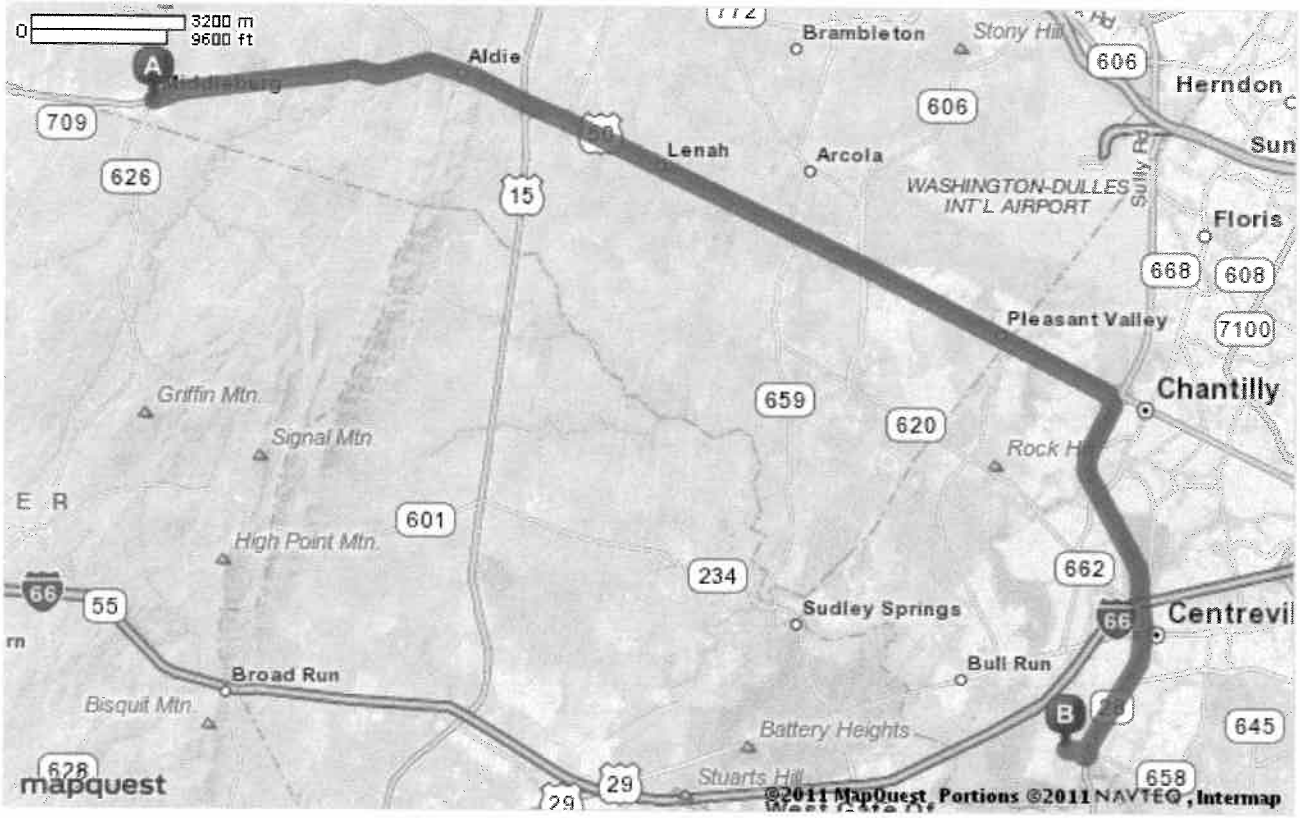
LIQUID SLUDGE CONTRACT HAULER:

ADVANTAGE SEPTIC SERVICE,LLC
8016 HILLCREST DRIVE
MANASSAS, VA., 20108
PHONE = 703-392-7070
CONTRACTOR'S LICENSE # = 2705041550

A & M Septic is Loudoun Waters' contract septic hauler, which is being used as a backup septic hauler for Advantage Septic Service.

A & M SEPTIC
P.O. BOX 184
SUMMERDUCK, VA., 22742
PHONE = 540-338-6007
CONTRACTOR'S LICENSE # = 2705096806

Total Travel Estimate: **24.31 miles - about 35 minutes**



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mapquest

Click to learn more...

Trip to:
14631 Compton Rd
Centreville, VA 20121-2506
24.31 miles
35 minutes
Notes

	Middleburg, VA	**Miles Per Section**	**Miles Driven**
	1. Start out going EAST on W WASHINGTON ST / US-50 / JOHN MOSBY HWY / JOHN S MOSBY HWY toward S MADISON ST. Continue to follow US-50 / JOHN MOSBY HWY / JOHN S MOSBY HWY.	**Go 6.3 Mi**	6.3 mi
50	2. Enter next roundabout and take the 2nd exit onto JOHN MOSBY HWY / JOHN S MOSBY HWY / US-50. Pass through 1 roundabout.	**Go 0.8 Mi**	7.1 mi
EAST 50	3. Enter next roundabout and take the 1st exit onto US-50 E.	**Go 10.0 Mi**	17.1 mi
SOUTH 28	4. Merge onto VA-28 S toward CENTREVILLE.	**Go 6.8 Mi**	23.9 mi
658	5. Turn RIGHT onto VA-658 / COMPTON RD. *VA-658 is 0.2 miles past BRADENTON DR*	**Go 0.04 Mi**	24.0 mi
658	6. Take the 1st RIGHT to stay on COMPTON RD / VA-658. *If you are on OLD CENTREVILLE RD and reach SOMERSWORTH DR you've gone about 1.2 miles too far*	**Go 0.3 Mi**	24.3 mi
	7. 14631 COMPTON RD is on the LEFT. *Your destination is 0.2 miles past OLD CENTREVILLE RD* *If you reach RICHARD SIMPSON LN you've gone a little too far*		24.3 mi
	14631 Compton Rd Centreville, VA 20121-2506	**24.3 mi**	**24.3 mi**

NATIONAL POLLU ISCHARGE ELIMINATION SYSTEM (NPDES) **CLASS B LIME STAB** M APPROVED

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name / location if different)*

NAME UPPER OCCOQUAN SEWAGE AUTHORITY
ADDRESS 14631 COMPTON ROAD CENTREVILLE VA 20121-2506
ATTN: CHARLES P. BOEPPLE

VAL024988
PERMIT NUMBER

SLD L
DISCHARGE NUMBER

MINOR

F – FINAL LAND APPLICATION

FACILITY
LOCATION
ATTN: CHARLES P. BOEPPLE, EX DIR

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2010	01	01	TO	2010	02	28

NO DISCHARGE [ ]

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ANN. WHOLE SLUDGE APPLICATION RATE 49016 + 0 0 SLUDGE	SAMPLE MEASUREMENT	*****		(4B)	******	******	******	****			
	PERMIT REQUIREMENT	*****	REPORT METRIC TOTAMTAP	METRIC TON/HA	******	******	******	****		REPORT	BATCH
SELENIUM SLUDGE, TOTAL DRY WEIGHT 49031 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	5.1	5.1	(69)		1/60	Batch
	PERMIT REQUIREMENT	5.0 ANNL.TOT.	100 ALLWLOAD	KG/HA	******	100 MO. AVG.	100 INST. MAX	MG/KG		REPORT	BATCH
ARSENIC TOTAL, DRY WEIGHT SLUDGE 49565 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	3.2	3.2	(69)		1/60	Batch
	PERMIT REQUIREMENT	2.0 ANNL.TOT.	41 ALLWLOAD	KG/HA	******	41 MO. AVG.	75 INST. MAX	MG/KG		REPORT	BATCH
MOLYBDENUM, DRY WEIGHT 78465 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	5.0	5.0	(69)		1/60	Batch
	PERMIT REQUIREMENT	REPORT ANNL.TOT.	REPORT ALLWLOAD	KG/HA	******	REPORT MO.AVG.	75 INST. MAX	MG/KG		REPORT	BATCH
ZINC, DRY WEIGHT 78467 +0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	324	324	(69)		1/60	Batch
	PERMIT REQUIREMENT	140 ANNL.TOT.	2800 ALLWLOAD	KG/HA	******	2800 MO. AVG.	7500 INST. MAX	MG/KG		REPORT	BATCH
LEAD, DRY WEIGHT 78468 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	7.0	7.0	(69)		1/60	Batch
	PERMIT REQUIREMENT	15 ANNL.TOT.	300 ALLWLOAD	KG/HA	******	300 MO. AVG.	840 INST. MAX	MG/KG		REPORT	BATCH
NICKEL, DRY WEIGHT 78469 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	14	14	(69)		1/60	Batch
	PERMIT REUIREMENT	21 ANNL.TOT.	420 ALLWLOAD	KG/HA	******	420 MO. AVG.	420 INST. MAX	MG/KG		REPORT	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Charles P. Boepple, Executive Director

TYPED OR PRINTED

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, 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.

C P Boepple

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
703	227-0204	2011	02	08
AREA CODE	NUMBER	YEAR	MONTH	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (*Reference all attachments here*)

Land application Option 2 - Pollutant Concentration Biosolids

NATIONAL POLLUTA CHARGE ELIMINATION SYSTEM (NPDES) **CLASS B LIME STAB** M APPROVED

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name / location if different)*

NAME UPPER OCCOQUAN SEWAGE AUTHORITY
ADDRESS 14631 COMPTON ROAD CENTREVILLE VA 20121-2506
ATTN: CHARLES P. BOEPPLE

FACILITY
LOCATION
ATTN: CHARLES P. BOEPPLE, EX DIR

PERMIT NUMBER	DISCHARGE NUMBER
VAL024988	SLD L

MINOR

F – FINAL LAND APPLICATION

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2010	01	01	TO	2010	02	28

NO DISCHARGE ☐

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE
MERCURY, DRY WEIGHT 78471 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(4B)	******	0.50	0.50	(69)		1/60	Batch
	PERMIT REQUIREMENT	0.85 ANNL.TOT.	17 ALLWLOAD	METRIC TON/HA	******	17 MO. AVG.	57 INST. MAX	MG/KG		REPORT	BATCH
COPPER, SLUDGE, TOT, DRY WEIGHT (AS CU) 78475 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	230	230	(69)		1/60	Batch
	PERMIT REQUIREMENT	75 ANNL.TOT.	1500 ALLWLOAD	KG/HA	******	1500 MO. AVG.	4300 INST. MAX	MG/KG		REPORT	BATCH
CADMIUM, SLUDGE, TOT DRY WEIGHT (AS CD) 78476 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	<1.0	<1.0	(69)		1/60	Batch
	PERMIT REQUIREMENT	1.9 ANNL.TOT.	39 ALLWLOAD	KG/HA	******	39 MO. AVG.	85 INST. MAX	MG/KG		REPORT	BATCH
POLLUTANT TABLE FROM 503.13 84367 + 0 0 SLUDGE	SAMPLE MEASUREMENT	******	******	(3K)	******	******	3	(3X)			
	PERMIT REQUIREMENT	******	******	KG/HA	******	******	REPORT SINGSAMP	TABLE NUMBER		REPORT	BATCH
LEVEL OF PATHOGEN REQUIREMENTS ACHIEVED 84368 +0 0 SLUDGE	SAMPLE MEASUREMENT	******	******	(3K)	******	******	2	(3W)			
	PERMIT REQUIREMENT	******	******	KG/HA	******	******	REPORT SINGSAMP	STATE CASS #		REPORT	BATCH
DESCRIPTION OF PATHOGEN OPTION USED 84369 + 0 0 SLUDGE	SAMPLE MEASUREMENT	******	******	(3K)	******	******	2	(3Y)			
	PERMIT REQUIREMENT	******	******	KG/HA	******	******	REPORT SINGSAMP	ALTER NUMBER		REPORT	BATCH
VECTOR ATTRACTION REDUCTION ALTERN USED 84370 + 0 0 SLUDGE	SAMPLE MEASUREMENT	******	******	(3K)	******	******	6	(3Y)			
	PERMIT REUIREMENT	******	******	KG/HA	******	******	REPORT SINGSAMPIN	ALTER NUMBER		REPORT	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Charles P. Boepple, Executive Director	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, 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.	C P Boepple	703	227-0204	2011	02	08
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MONTH	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

NATIONAL POLLUT. SCHARGE ELIMINATION SYSTEM (NPDES) **CLASS B LIME STAB** M APPROVED

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name / location if different)*

NAME UPPER OCCOQUAN SEWAGE AUTHORITY
ADDRESS 14631 COMPTON ROAD CENTREVILLE VA 20121-2506
ATTN: CHARLES P. BOEPPLE

FACILITY
LOCATION
ATTN **CHARLES P. BOEPPLE, EX DIR**

VAL024988	SLD L	MINOR
PERMIT NUMBER	DISCHARGE NUMBER	F – FINAL LAND APPLICATION

MONITORING PERIOD							
YEAR	MO	DAY		YEAR	MO	DAY	***NO DISCHARGE [ ]***
2010	03	01	TO	2010	04	30	

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	REQUENCY OF ANALYSIS	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ANN. WHOLE SLUDGE APPLICATION RATE 49016 + 0 0 SLUDGE	SAMPLE MEASUREMENT	*****		(4B)	******	******	******	****			
	PERMIT REQUIREMENT	*****	REPORT METRIC TOTAMTAP	METRIC TON/HA	******	******	******	****		REPORT	BATCH
SELENIUM SLUDGE, TOTAL DRY WEIGHT 49031 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	<1.0	<1.0	(69)		1/60	Batch
	PERMIT REQUIREMENT	5.0 ANNL.TOT.	100 ALLWLOAD	KG/HA	******	100 MO. AVG.	100 INST. MAX	MG/KG		REPORT	BATCH
ARSENIC TOTAL, DRY WEIGHT SLUDGE 49565 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	3.0	3.0	(69)		1/60	Batch
	PERMIT REQUIREMENT	2.0 ANNL.TOT.	41 ALLWLOAD	KG/HA	******	41 MO. AVG.	75 INST. MAX	MG/KG		REPORT	BATCH
MOLYBDENUM, DRY WEIGHT 78465 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	<5.0	<5.0	(69)		1/60	Batch
	PERMIT REQUIREMENT	REPORT ANNL.TOT.	REPORT ALLWLOAD	KG/HA	******	REPORT MO.AVG.	75 INST. MAX	MG/KG		REPORT	BATCH
ZINC, DRY WEIGHT 78467 +0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	290	290	(69)		1/60	Batch
	PERMIT REQUIREMENT	140 ANNL.TOT.	2800 ALLWLOAD	KG/HA	******	2800 MO. AVG.	7500 INST. MAX	MG/KG		REPORT	BATCH
LEAD, DRY WEIGHT 78468 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	<5.0	<5.0	(69)		1/60	Batch
	PERMIT REQUIREMENT	15 ANNL.TOT.	300 ALLWLOAD	KG/HA	******	300 MO. AVG.	840 INST. MAX	MG/KG		REPORT	BATCH
NICKEL, DRY WEIGHT 78469 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	13	13	(69)		1/60	Batch
	PERMIT REUIREMENT	21 ANNL.TOT.	420 ALLWLOAD	KG/HA	******	420 MO. AVG.	420 INST. MAX	MG/KG		REPORT	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Charles P. Boepple, Executive Director

TYPED OR PRINTED

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, 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.

C P Boepple

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
703	227-0204	2011	02	08
AREA CODE	NUMBER	YEAR	MONTH	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (*Reference all attachments here*)

Land application Option 2 - Pollutant Concentration Biosolids

NATIONAL POLLUTA CHARGE ELIMINATION SYSTEM (NPDES) **CLASS B LIME STAB** M APPROVED

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name / location if different)*

NAME UPPER OCCOQUAN SEWAGE AUTHORITY
ADDRESS 14631 COMPTON ROAD CENTREVILLE VA 20121-2506
ATTN: CHARLES P. BOEPPLE

FACILITY
LOCATION
ATTN CHARLES P. BOEPPLE, EX DIR

VAL024988	SLD L	MINOR
PERMIT NUMBER	DISCHARGE NUMBER	F – FINAL LAND APPLICATION

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2010	03	01	TO	2010	04	30

NO DISCHARGE [ ]

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE
MERCURY, DRY WEIGHT	SAMPLE MEASUREMENT			(4B)	******	0.8	0.8	(69)		1/60	Batch
78471 + 0 0 SLUDGE	PERMIT REQUIREMENT	0.85 ANNL.TOT.	17 ALLWLOAD	METRIC TON/HA	******	17 MO. AVG.	57 INST. MAX	MG/KG		REPORT	BATCH
COPPER, SLUDGE, TOT, DRY WEIGHT (AS CU)	SAMPLE MEASUREMENT			(3K)	******	210	210	(69)		1/60	Batch
78475 + 0 0 SLUDGE	PERMIT REQUIREMENT	75 ANNL.TOT.	1500 ALLWLOAD	KG/HA	******	1500 MO. AVG.	4300 INST. MAX	MG/KG		REPORT	BATCH
CADMIUM, SLUDGE, TOT DRY WEIGHT (AS CD)	SAMPLE MEASUREMENT			(3K)	******	3.0	3.0	(69)		1/60	Batch
78476 + 0 0 SLUDGE	PERMIT REQUIREMENT	1.9 ANNL.TOT.	39 ALLWLOAD	KG/HA	******	39 MO. AVG.	85 INST. MAX	MG/KG		REPORT	BATCH
POLLUTANT TABLE FROM 503.13	SAMPLE MEASUREMENT	******	******	(3K)	******	******	3	(3X)			
84367 + 0 0 SLUDGE	PERMIT REQUIREMENT	******	******	KG/HA	******	******	REPORT SINGSAMP	TABLE NUMBER		REPORT	BATCH
LEVEL OF PATHOGEN REQUIREMENTS ACHIEVED	SAMPLE MEASUREMENT	******	******	(3K)	******	******	2	(3W)			
84368 +0 0 SLUDGE	PERMIT REQUIREMENT	******	******	KG/HA	******	******	REPORT SINGSAMP	STATE CASS #		REPORT	BATCH
DESCRIPTION OF PATHOGEN OPTION USED	SAMPLE MEASUREMENT	******	******	(3K)	******	******	2	(3Y)			
84369 + 0 0 SLUDGE	PERMIT REQUIREMENT	******	******	KG/HA	******	******	REPORT SINGSAMP	ALTER NUMBER		REPORT	BATCH
VECTOR ATTRACTION REDUCTION ALTERN USED	SAMPLE MEASUREMENT	******	******	(3K)	******	******	6	(3Y)			
84370 + 0 0 SLUDGE	PERMIT REQUIREMENT	******	******	KG/HA	******	******	REPORT SINGSAMPIN	ALTER NUMBER		REPORT	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Charles P. Boepple, Executive Director	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, 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.	C P Boepple	703	227-0204	2011	02	08
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MONTH	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (*Reference all attachments here*)

NATIONAL POLLUT/ CHARGE ELIMINATION SYSTEM (NPDES) **CLASS B LIME STAB** APPROVED

DISCHARGE MONITORING REPORT (DMR) OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name / location if different)*

NAME UPPER OCCOQUAN SEWAGE AUTHORITY
ADDRESS 14631 COMPTON ROAD CENTREVILLE VA 20121-2506
ATTN: CHARLES P. BOEPPLE

PERMIT NUMBER	DISCHARGE NUMBER
VAL024988	SLD L

MINOR

F – FINAL LAND APPLICATION

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2010	05	01	TO	2010	06	30

***NO DISCHARGE ☐ ***

NOTE: Read Instructions before completing this form.

FACILITY
LOCATION
ATTN: **CHARLES P. BOEPPLE, EX DIR**

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ANN. WHOLE SLUDGE APPLICATION RATE 49016 + 0 0 SLUDGE	SAMPLE MEASUREMENT	*****		(4B)	******	******	******	****			
	PERMIT REQUIREMENT	*****	REPORT METRIC TOTAMTAP	METRIC TON/HA	******	******	******	****		REPORT	BATCH
SELENIUM SLUDGE, TOTAL DRY WEIGHT 49031 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	4.0	4.0	(69)		1/60	Batch
	PERMIT REQUIREMENT	5.0 ANNL.TOT.	100 ALLWLOAD	KG/HA	******	100 MO. AVG.	100 INST. MAX	MG/KG		REPORT	BATCH
ARSENIC TOTAL, DRY WEIGHT SLUDGE 49565 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	5.0	5.0	(69)		1/60	Batch
	PERMIT REQUIREMENT	2.0 ANNL.TOT.	41 ALLWLOAD	KG/HA	******	41 MO. AVG.	75 INST. MAX	MG/KG		REPORT	BATCH
MOLYBDENUM, DRY WEIGHT 78465 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	<5.0	<5.0	(69)		1/60	Batch
	PERMIT REQUIREMENT	REPORT ANNL.TOT.	REPORT ALLWLOAD	KG/HA	******	REPORT MO.AVG.	75 INST. MAX	MG/KG		REPORT	BATCH
ZINC, DRY WEIGHT 78467 +0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	440	440	(69)		1/60	Batch
	PERMIT REQUIREMENT	140 ANNL.TOT.	2800 ALLWLOAD	KG/HA	******	2800 MO. AVG.	7500 INST. MAX	MG/KG		REPORT	BATCH
LEAD, DRY WEIGHT 78468 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	9.0	9.0	(69)		1/60	Batch
	PERMIT REQUIREMENT	15 ANNL.TOT.	300 ALLWLOAD	KG/HA	******	300 MO. AVG.	840 INST. MAX	MG/KG		REPORT	BATCH
NICKEL, DRY WEIGHT 78469 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	15	15	(69)		1/60	Batch
	PERMIT REUIREMENT	21 ANNL.TOT.	420 ALLWLOAD	KG/HA	******	420 MO. AVG.	420 INST. MAX	MG/KG		REPORT	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Charles P. Boepple, Executive Director

TYPED OR PRINTED

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, 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.

C P Boepple

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
703	227-0204	2011	02	08
AREA CODE	NUMBER	YEAR	MONTH	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (*Reference all attachments here*)

Land application Option 2 - Pollutant Concentration Biosolids

NATIONAL POLLUTAN HARGE ELIMINATION SYSTEM (NPDES) **CLASS B LIME STAB** APPROVED

DISCHARGE MONITORING REPORT (DMR) OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name / location if different)*

NAME UPPER OCCOQUAN SEWAGE AUTHORITY
ADDRESS 14631 COMPTON ROAD CENTREVILLE VA 20121-2506
ATTN: CHARLES P. BOEPPLE

VAL024988 — PERMIT NUMBER

SLD L — DISCHARGE NUMBER

MINOR

F – FINAL LAND APPLICATION

FACILITY LOCATION
ATTN: **CHARLES P. BOEPPLE, EX DIR**

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2010	05	01	TO	2010	06	30

NO DISCHARGE [ ]

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX.	REQUENCY OF ANALYSIS	SAMPLE
MERCURY, DRY WEIGHT	SAMPLE MEASUREMENT			(4B)	******	<0.4	<0.4	(69)		1/60	Batch
78471 + 0 0 SLUDGE	PERMIT REQUIREMENT	0.85 ANNL.TOT.	17 ALLWLOAD	METRIC TON/HA	******	17 MO. AVG.	57 INST. MAX	MG/KG		REPORT	BATCH
COPPER, SLUDGE, TOT, DRY WEIGHT (AS CU)	SAMPLE MEASUREMENT			(3K)	******	300	300	(69)		1/60	Batch
78475 + 0 0 SLUDGE	PERMIT REQUIREMENT	75 ANNL.TOT.	1500 ALLWLOAD	KG/HA	******	1500 MO. AVG.	4300 INST. MAX	MG/KG		REPORT	BATCH
CADMIUM, SLUDGE, TOT DRY WEIGHT (AS CD)	SAMPLE MEASUREMENT			(3K)	******	1.0	1.0	(69)		1/60	Batch
78476 + 0 0 SLUDGE	PERMIT REQUIREMENT	1.9 ANNL.TOT.	39 ALLWLOAD	KG/HA	******	39 MO. AVG.	85 INST. MAX	MG/KG		REPORT	BATCH
POLLUTANT TABLE FROM 503.13	SAMPLE MEASUREMENT	******	******	(3K)	******	******	3	(3X)			
84367 + 0 0 SLUDGE	PERMIT REQUIREMENT	******	******	KG/HA	******	******	REPORT SINGSAMP	TABLE NUMBER		REPORT	BATCH
LEVEL OF PATHOGEN REQUIREMENTS ACHIEVED	SAMPLE MEASUREMENT	******	******	(3K)	******	******	2	(3W)			
84368 +0 0 SLUDGE	PERMIT REQUIREMENT	******	******	KG/HA	******	******	REPORT SINGSAMP	STATE CASS #		REPORT	BATCH
DESCRIPTION OF PATHOGEN OPTION USED	SAMPLE MEASUREMENT	******	******	(3K)	******	******	2	(3Y)			
84369 + 0 0 SLUDGE	PERMIT REQUIREMENT	******	******	KG/HA	******	******	REPORT SINGSAMP	ALTER NUMBER		REPORT	BATCH
VECTOR ATTRACTION REDUCTION ALTERN USED	SAMPLE MEASUREMENT	******	******	(3K)	******	******	6	(3Y)			
84370 + 0 0 SLUDGE	PERMIT REQUIREMENT	******	******	KG/HA	******	******	REPORT SINGSAMPIN	ALTER NUMBER		REPORT	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Charles P. Boepple, Executive Director	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, 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.	C P Boepple	703	227-0204	2011	02	08
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MONTH	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

NATIONAL POLLUTA CHARGE ELIMINATION SYSTEM (NPDES) **CLASS B LIME STAB** APPROVED

DISCHARGE MONITORING REPORT (DMR) OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name / location if different)*

NAME UPPER OCCOQUAN SEWAGE AUTHORITY
ADDRESS 14631 COMPTON ROAD CENTREVILLE VA 20121-2506
ATTN: CHARLES P. BOEPPLE

VAL024988	SLD L	MINOR
PERMIT NUMBER	DISCHARGE NUMBER	F – FINAL LAND APPLICATION

FACILITY LOCATION
ATTN: CHARLES P. BOEPPLE, EX DIR

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2010	07	01	TO	2010	08	31

NO DISCHARGE [ ]

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	REQUENCY OF ANALYSIS	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ANN. WHOLE SLUDGE APPLICATION RATE 49016 + 0 0 SLUDGE	SAMPLE MEASUREMENT	*****		(4B)	******	******	******	****			
	PERMIT REQUIREMENT	*****	REPORT METRIC TOTAMTAP	METRIC TON/HA	******	******	******	****		REPORT	BATCH
SELENIUM SLUDGE, TOTAL DRY WEIGHT 49031 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	4.0	4.0	(69)		1/60	Batch
	PERMIT REQUIREMENT	5.0 ANNL.TOT.	100 ALLWLOAD	KG/HA	******	100 MO. AVG.	100 INST. MAX	MG/KG		REPORT	BATCH
ARSENIC TOTAL, DRY WEIGHT SLUDGE 49565 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	4.0	4.0	(69)		1/60	Batch
	PERMIT REQUIREMENT	2.0 ANNL.TOT.	41 ALLWLOAD	KG/HA	******	41 MO. AVG.	75 INST. MAX	MG/KG		REPORT	BATCH
MOLYBDENUM, DRY WEIGHT 78465 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	7.0	7.0	(69)		1/60	Batch
	PERMIT REQUIREMENT	REPORT ANNL.TOT.	REPORT ALLWLOAD	KG/HA	******	REPORT MO.AVG.	75 INST. MAX	MG/KG		REPORT	BATCH
ZINC, DRY WEIGHT 78467 +0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	609	609	(69)		1/60	Batch
	PERMIT REQUIREMENT	140 ANNL.TOT.	2800 ALLWLOAD	KG/HA	******	2800 MO. AVG.	7500 INST. MAX	MG/KG		REPORT	BATCH
LEAD, DRY WEIGHT 78468 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	11	11	(69)		1/60	Batch
	PERMIT REQUIREMENT	15 ANNL.TOT.	300 ALLWLOAD	KG/HA	******	300 MO. AVG.	840 INST. MAX	MG/KG		REPORT	BATCH
NICKEL, DRY WEIGHT 78469 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	16	16	(69)		1/60	Batch
	PERMIT REQUIREMENT	21 ANNL.TOT.	420 ALLWLOAD	KG/HA	******	420 MO. AVG.	420 INST. MAX	MG/KG		REPORT	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Charles P. Boepple, Executive Director

TYPED OR PRINTED

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, 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.

C P Boepple

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
703	227-0204	2011	02	08
AREA CODE	NUMBER	YEAR	MONTH	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (*Reference all attachments here*)

Landfill application Option 2 - Pollutant Concentration Biosolids

NATIONAL POLLUTANT ARGE ELIMINATION SYSTEM (NPDES) **CLASS B LIME STAB** F PPROVED

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name / location if different)*

NAME UPPER OCCOQUAN SEWAGE AUTHORITY
ADDRESS 14631 COMPTON ROAD CENTREVILLE VA 20121-2506
ATTN: CHARLES P. BOEPPLE

VAL024988	SLD L	MINOR
PERMIT NUMBER	DISCHARGE NUMBER	F – FINAL LAND APPLICATION

FACILITY LOCATION
ATTN: CHARLES P. BOEPPLE, EX DIR

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2010	07	01	TO	2010	08	31

NO DISCHARGE [ ]

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX.	REQUENCY OF ANALYSIS	SAMPLE
MERCURY, DRY WEIGHT	SAMPLE MEASUREMENT			(4B)	******	0.40	0.40	(69)		1/60	Batch
78471 + 0 0 SLUDGE	PERMIT REQUIREMENT	0.85 ANNL.TOT.	17 ALLWLOAD	METRIC TON/HA	******	17 MO. AVG.	57 INST. MAX	MG/KG		REPORT	BATCH
COPPER, SLUDGE, TOT, DRY WEIGHT (AS CU)	SAMPLE MEASUREMENT			(3K)	******	474	474	(69)		1/60	Batch
78475 + 0 0 SLUDGE	PERMIT REQUIREMENT	75 ANNL.TOT.	1500 ALLWLOAD	KG/HA	******	1500 MO. AVG.	4300 INST. MAX	MG/KG		REPORT	BATCH
CADMIUM, SLUDGE, TOT DRY WEIGHT (AS CD)	SAMPLE MEASUREMENT			(3K)	******	1.0	1.0	(69)		1/60	Batch
78476 + 0 0 SLUDGE	PERMIT REQUIREMENT	1.9 ANNL.TOT.	39 ALLWLOAD	KG/HA	******	39 MO. AVG.	85 INST. MAX	MG/KG		REPORT	BATCH
POLLUTANT TABLE FROM 503.13	SAMPLE MEASUREMENT	******	******	(3K)	******	******	3	(3X)			
84367 + 0 0 SLUDGE	PERMIT REQUIREMENT	******	******	KG/HA	******	******	REPORT SINGSAMP	TABLE NUMBER		REPORT	BATCH
LEVEL OF PATHOGEN REQUIREMENTS ACHIEVED	SAMPLE MEASUREMENT	******	******	(3K)	******	******	2	(3W)			
84368 +0 0 SLUDGE	PERMIT REQUIREMENT	******	******	KG/HA	******	******	REPORT SINGSAMP	STATE CASS #		REPORT	BATCH
DESCRIPTION OF PATHOGEN OPTION USED	SAMPLE MEASUREMENT	******	******	(3K)	******	******	2	(3Y)			
84369 + 0 0 SLUDGE	PERMIT REQUIREMENT	******	******	KG/HA	******	******	REPORT SINGSAMP	ALTER NUMBER		REPORT	BATCH
VECTOR ATTRACTION REDUCTION ALTERN USED	SAMPLE MEASUREMENT	******	******	(3K)	******	******	6	(3Y)			
84370 + 0 0 SLUDGE	PERMIT REUIREMENT	******	******	KG/HA	******	******	REPORT SINGSAMPIN	ALTER NUMBER		REPORT	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Charles P. Boepple, Executive Director	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, 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.	C P Boepple	703	227-0204	2011	02	08
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MONTH	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (*Reference all attachments here*)

NATIONAL POLLUTAN HARGE ELIMINATION SYSTEM (NPDES) **CLASS B LIME STAB** APPROVED

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name / location if different)*

NAME UPPER OCCOQUAN SEWAGE AUTHORITY
ADDRESS 14631 COMPTON ROAD CENTREVILLE VA 20121-2506
ATTN: CHARLES P. BOEPPLE

VAL024988	SLD L	MINOR
PERMIT NUMBER	DISCHARGE NUMBER	F – FINAL LAND APPLICATION

FACILITY LOCATION
ATTN: **CHARLES P. BOEPPLE, EX DIR**

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2010	09	01	TO	2010	10	30

NO DISCHARGE [ ]

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	REQUENCY OF ANALYSIS	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ANN. WHOLE SLUDGE APPLICATION RATE 49016 + 0 0 SLUDGE	SAMPLE MEASUREMENT	*****		(4B)	******	******	******	****			
	PERMIT REQUIREMENT	*****	REPORT METRIC TOTAMTAP	METRIC TON/HA	******	******	******	****		REPORT	BATCH
SELENIUM SLUDGE, TOTAL DRY WEIGHT 49031 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	2.0	2.0	(69)		1/60	Batch
	PERMIT REQUIREMENT	5.0 ANNL.TOT.	100 ALLWLOAD	KG/HA	******	100 MO. AVG.	100 INST. MAX	MG/KG		REPORT	BATCH
ARSENIC TOTAL, DRY WEIGHT SLUDGE 49565 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	4.0	4.0	(69)		1/60	Batch
	PERMIT REQUIREMENT	2.0 ANNL.TOT.	41 ALLWLOAD	KG/HA	******	41 MO. AVG.	75 INST. MAX	MG/KG		REPORT	BATCH
MOLYBDENUM, DRY WEIGHT 78465 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	7.0	7.0	(69)		1/60	Batch
	PERMIT REQUIREMENT	REPORT ANNL.TOT.	REPORT ALLWLOAD	KG/HA	******	REPORT MO.AVG.	75 INST. MAX	MG/KG		REPORT	BATCH
ZINC, DRY WEIGHT 78467 +0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	583	583	(69)		1/60	Batch
	PERMIT REQUIREMENT	140 ANNL.TOT.	2800 ALLWLOAD	KG/HA	******	2800 MO. AVG.	7500 INST. MAX	MG/KG		REPORT	BATCH
LEAD, DRY WEIGHT 78468 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	10	10	(69)		1/60	Batch
	PERMIT REQUIREMENT	15 ANNL.TOT.	300 ALLWLOAD	KG/HA	******	300 MO. AVG.	840 INST. MAX	MG/KG		REPORT	BATCH
NICKEL, DRY WEIGHT 78469 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	13	13	(69)		1/60	Batch
	PERMIT REUIREMENT	21 ANNL.TOT.	420 ALLWLOAD	KG/HA	******	420 MO. AVG.	420 INST. MAX	MG/KG		REPORT	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Charles P. Boepple, Executive Director

TYPED OR PRINTED

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, 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.

C P Boepple

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
703	227-0204	2011	02	08
AREA CODE	NUMBER	YEAR	MONTH	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (*Reference all attachments here*)

Land application Option 2 - Pollutant Concentration Biosolids

NATIONAL POLLUTANT ARGE ELIMINATION SYSTEM (NPDES) **CLASS B LIME STAB** F PPROVED

PERMITTEE NAME/ADDRESS *(Include Facility Name / location if different)*

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

NAME UPPER OCCOQUAN SEWAGE AUTHORITY
ADDRESS 14631 COMPTON ROAD CENTREVILLE VA 20121-2506
ATTN: CHARLES P. BOEPPLE

VAL024988 — PERMIT NUMBER

SLD L — DISCHARGE NUMBER

MINOR

F – FINAL LAND APPLICATION

FACILITY
LOCATION
ATTN: **CHARLES P. BOEPPLE, EX DIR**

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2010	09	01	TO	2010	10	30

***NO DISCHARGE [ ]**

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE
MERCURY, DRY WEIGHT	SAMPLE MEASUREMENT			(4B)	******	<0.4	<0.4	(69)		1/60	Batch
78471 + 0 0 SLUDGE	PERMIT REQUIREMENT	0.85 ANNL.TOT.	17 ALLWLOAD	METRIC TON/HA	******	17 MO. AVG.	57 INST. MAX	MG/KG		REPORT	BATCH
COPPER, SLUDGE, TOT, DRY WEIGHT (AS CU)	SAMPLE MEASUREMENT			(3K)	******	402	402	(69)		1/60	Batch
78475 + 0 0 SLUDGE	PERMIT REQUIREMENT	75 ANNL.TOT.	1500 ALLWLOAD	KG/HA	******	1500 MO. AVG.	4300 INST. MAX	MG/KG		REPORT	BATCH
CADMIUM, SLUDGE, TOT DRY WEIGHT (AS CD)	SAMPLE MEASUREMENT			(3K)	******	1.0	1.0	(69)		1/60	Batch
78476 + 0 0 SLUDGE	PERMIT REQUIREMENT	1.9 ANNL.TOT.	39 ALLWLOAD	KG/HA	******	39 MO. AVG.	85 INST. MAX	MG/KG		REPORT	BATCH
POLLUTANT TABLE FROM 503.13	SAMPLE MEASUREMENT	******	******	(3K)	******	******	3	(3X)			
84367 + 0 0 SLUDGE	PERMIT REQUIREMENT	******	******	KG/HA	******	******	REPORT SINGSAMP	TABLE NUMBER		REPORT	BATCH
LEVEL OF PATHOGEN REQUIREMENTS ACHIEVED	SAMPLE MEASUREMENT	******	******	(3K)	******	******	2	(3W)			
84368 +0 0 SLUDGE	PERMIT REQUIREMENT	******	******	KG/HA	******	******	REPORT SINGSAMP	STATE CASS #		REPORT	BATCH
DESCRIPTION OF PATHOGEN OPTION USED	SAMPLE MEASUREMENT	******	******	(3K)	******	******	2	(3Y)			
84369 + 0 0 SLUDGE	PERMIT REQUIREMENT	******	******	KG/HA	******	******	REPORT SINGSAMP	ALTER NUMBER		REPORT	BATCH
VECTOR ATTRACTION REDUCTION ALTERN USED	SAMPLE MEASUREMENT	******	******	(3K)	******	******	6	(3Y)			
84370 + 0 0 SLUDGE	PERMIT REUIREMENT	******	******	KG/HA	******	******	REPORT SINGSAMPIN	ALTER NUMBER		REPORT	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Charles P. Boepple, Executive Director

TYPED OR PRINTED

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, 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.

C P Boepple

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	TELEPHONE NUMBER	DATE YEAR	DATE MONTH	DATE DAY
703	227-0204	2011	02	08

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (*Reference all attachments here*)

NATIONAL POLLUTAN HARGE ELIMINATION SYSTEM (NPDES) **CLASS B LIME STAB** APPROVED

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name / location if different)*

NAME UPPER OCCOQUAN SEWAGE AUTHORITY
ADDRESS 14631 COMPTON ROAD CENTREVILLE VA 20121-2506
ATTN: CHARLES P. BOEPPLE

FACILITY
LOCATION
ATTN: CHARLES P. BOEPPLE, EX DIR

VAL024988	SLD L	MINOR
PERMIT NUMBER	DISCHARGE NUMBER	F – FINAL LAND APPLICATION

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2010	11	01	TO	2010	12	31

NO DISCHARGE [ ]

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	REQUENCY OF ANALYSIS	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ANN. WHOLE SLUDGE APPLICATION RATE 49016 + 0 0 SLUDGE	SAMPLE MEASUREMENT	*****		(4B)	******	******	******	****			
	PERMIT REQUIREMENT	*****	REPORT METRIC TOTAMTAP	METRIC TON/HA	******	******	******	****		REPORT	BATCH
SELENIUM SLUDGE, TOTAL DRY WEIGHT 49031 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	7.0	7.0	(69)		1/60	Batch
	PERMIT REQUIREMENT	5.0 ANNL.TOT.	100 ALLWLOAD	KG/HA	******	100 MO. AVG.	100 INST. MAX	MG/KG		REPORT	BATCH
ARSENIC TOTAL, DRY WEIGHT SLUDGE 49565 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	4.0	4.0	(69)		1/60	Batch
	PERMIT REQUIREMENT	2.0 ANNL.TOT.	41 ALLWLOAD	KG/HA	******	41 MO. AVG.	75 INST. MAX	MG/KG		REPORT	BATCH
MOLYBDENUM, DRY WEIGHT 78465 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	6.0	6.0	(69)		1/60	Batch
	PERMIT REQUIREMENT	REPORT ANNL.TOT.	REPORT ALLWLOAD	KG/HA	******	REPORT MO.AVG.	75 INST. MAX	MG/KG		REPORT	BATCH
ZINC, DRY WEIGHT 78467 +0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	494	494	(69)		1/60	Batch
	PERMIT REQUIREMENT	140 ANNL.TOT.	2800 ALLWLOAD	KG/HA	******	2800 MO. AVG.	7500 INST. MAX	MG/KG		REPORT	BATCH
LEAD, DRY WEIGHT 78468 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	8.0	8.0	(69)		1/60	Batch
	PERMIT REQUIREMENT	15 ANNL.TOT.	300 ALLWLOAD	KG/HA	******	300 MO. AVG.	840 INST. MAX	MG/KG		REPORT	BATCH
NICKEL, DRY WEIGHT 78469 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	13	13	(69)		1/60	Batch
	PERMIT REUIREMENT	21 ANNL.TOT.	420 ALLWLOAD	KG/HA	******	420 MO. AVG.	420 INST. MAX	MG/KG		REPORT	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Charles P. Boepple, Executive Director

TYPED OR PRINTED

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, 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.

C P Boepple

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
703	227-0204	2011	02	08
AREA CODE	NUMBER	YEAR	MONTH	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (*Reference all attachments here*)

Land application Option 2 - Pollutant Concentration Biosolids

NATIONAL POLLUTANT ARGE ELIMINATION SYSTEM (NPDES) **CLASS B LIME STAB** F PPROVED

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name / location if different)*

NAME UPPER OCCOQUAN SEWAGE AUTHORITY
ADDRESS 14631 COMPTON ROAD CENTREVILLE VA 20121-2506
ATTN: CHARLES P. BOEPPLE

FACILITY LOCATION
ATTN: CHARLES P. BOEPPLE, EX DIR

PERMIT NUMBER	DISCHARGE NUMBER
VAL024988	SLD L

MINOR

F – FINAL LAND APPLICATION

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2010	11	01	TO	2010	12	31

NO DISCHARGE [ ]

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE
MERCURY, DRY WEIGHT	SAMPLE MEASUREMENT			(4B)	******	0.80	0.80	(69)		1/60	Batch
78471 + 0 0 SLUDGE	PERMIT REQUIREMENT	0.85 ANNL.TOT.	17 ALLWLOAD	METRIC TON/HA	******	17 MO. AVG.	57 INST. MAX	MG/KG		REPORT	BATCH
COPPER, SLUDGE, TOT, DRY WEIGHT (AS CU)	SAMPLE MEASUREMENT			(3K)	******	350	350	(69)		1/60	Batch
78475 + 0 0 SLUDGE	PERMIT REQUIREMENT	75 ANNL.TOT.	1500 ALLWLOAD	KG/HA	******	1500 MO. AVG.	4300 INST. MAX	MG/KG		REPORT	BATCH
CADMIUM, SLUDGE, TOT DRY WEIGHT (AS CD)	SAMPLE MEASUREMENT			(3K)	******	1.0	1.0	(69)		1/60	Batch
78476 + 0 0 SLUDGE	PERMIT REQUIREMENT	1.9 ANNL.TOT.	39 ALLWLOAD	KG/HA	******	39 MO. AVG.	85 INST. MAX	MG/KG		REPORT	BATCH
POLLUTANT TABLE FROM 503.13	SAMPLE MEASUREMENT	******	******	(3K)	******	******	3	(3X)			
84367 + 0 0 SLUDGE	PERMIT REQUIREMENT	******	******	KG/HA	******	******	REPORT SINGSAMP	TABLE NUMBER		REPORT	BATCH
LEVEL OF PATHOGEN REQUIREMENTS ACHIEVED	SAMPLE MEASUREMENT	******	******	(3K)	******	******	2	(3W)			
84368 +0 0 SLUDGE	PERMIT REQUIREMENT	******	******	KG/HA	******	******	REPORT SINGSAMP	STATE CASS #		REPORT	BATCH
DESCRIPTION OF PATHOGEN OPTION USED	SAMPLE MEASUREMENT	******	******	(3K)	******	******	2	(3Y)			
84369 + 0 0 SLUDGE	PERMIT REQUIREMENT	******	******	KG/HA	******	******	REPORT SINGSAMP	ALTER NUMBER		REPORT	BATCH
VECTOR ATTRACTION REDUCTION ALTERN USED	SAMPLE MEASUREMENT	******	******	(3K)	******	******	6	(3Y)			
84370 + 0 0 SLUDGE	PERMIT REUIREMENT	******	******	KG/HA	******	******	REPORT SINGSAMPIN	ALTER NUMBER		REPORT	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Charles P. Boepple, Executive Director	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, 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.	C P Boepple	703	227-0204	2011	02	08
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MONTH	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (*Reference all attachments here*)

UPPER OCCOQUAN SERVICE AUTHORITY

Sludge data for 2010 503 Report

NOTE: →	English system ton =	2,000	pounds (short ton or English ton)	
	Metric System ton =	1,000	kilograms (metric ton)	
	One kilogram =	**2.20462**	lbs. therefore 1 metric ton =	2204.62 lbs

Synagro Invoices for Jan 1 - Dec 31, 2010

2010		Wet Tons	Dry Tons	Comments
Jan		604.5	369.2	EPA 503 Report Form wants sludge
Feb		829.2	418.4	quantity in metric tons
Mar		1,576.4	537.3	
Apr		785.0	372.0	For CY-2010 the UOSA lime stabilized
May		1,570.0	574.6	cake averaged 22.6 %TS.
Jun		949.9	433.9	
Jul		817.3	506.5	For CY- 2010 the UOSA pellets
Aug		580.4	396.0	averaged 96.4% TS.
Sep		943.8	391.1	
Oct		885.5	467.2	For CY-2010 the UOSA filter press
Nov		490.8	347.8	was not used to produce organic cake.
Dec		596.9	365.2	
Totals		10,630	5,179	

		Short Tons	Metric Tons
Wet tons =		10,629.6	9,643.0
Dry tons =		5,179.2	4,698.5

Sludge disposal locations:

	Wet Tons		Dry Tons		Comments:	
	Short	Metric	Short	Metric		
Cal. Year 2010 total production	10,630	9,643	5,179	4,698		
Land Applied in Virginia by Synagro	6,033	5,473	1,377	1,249	Total Land applied	4,525
Class A/EQ Pellets hauled by Synagro	3,748	3,400	3,611	3,276	Total landfill	173
Hauled to landfill in Virginia	849	770	191	173	Grand Total	4,698
Cross-check Total	10,630	9,643	5,179	4,698		

Data
503 Info 2010.xlsx

UPPER OCCOQUAN SERVICE AUTHORITY

Bio - Solids Produced for 2010

Mon/YR	Wet Tons Lime Stab	Metric Tons Lime Stab	Wet Tons Pellets	Metric Tons Pellets	Wet Tons Landfill	Metric Tons Landfill	Wet Tons Press B	Metric Tons Press B	Wet Total	Metric Total	% Total Solids Centrifuge	% Total Solids Press B	% Total Solids Pellet	Average %TS	Dry Tons Lime Stab	Metric Tons Lime Stab	Dry Tons Pellets	Metric Tons Pellets	Dry Tons Landfill	Metric Tons Landfill	Dry Tons Press B	Metric Tons Press B	Dry Total	Metric Total
Jan-10	220.3	199.8	317.8	288.3	66.4	60.2	0		604.5	548.4	21.8		96.5		48.0	43.5	306.7	278.2	14.5	13.1	0.0	0.0	369.2	334.9
Feb-10	374.5	339.8	312.1	283.1	142.6	129.4	0		829.2	752.2	22.5	22.1	96.8	96.7	84.3	76.4	302.1	274.0	32.1	29.1	0.0	0.0	418.4	379.6
Mar-10	1243.6	1128.2	230.6	209.2	102.2	92.7	0	0.0	1576.4	1430.1	23.4		96.4		291.1	264.1	222.3	201.6	23.9	21.7	0.0	0.0	537.3	487.4
Apr-10	538.2	488.3	246.8	223.9	0.0	0.0	0		785.0	712.2	24.6	24.0	97.1	96.8	132.3	120.1	239.6	217.4	0.0	0.0	0.0	0.0	372.0	337.4
May-10	1243.6	1128.2	284.2	257.8	42.2	38.3	0	0.0	1570.0	1424.3	23.2		97.1		288.9	262.0	276.0	250.3	9.8	8.9	0.0	0.0	574.6	521.3
Jun-10	538.2	488.3	295.1	267.7	116.6	105.7	0		949.9	861.7	22.9	23.1	96.2	96.7	123.3	111.9	283.9	257.5	26.7	24.2	0.0	0.0	433.9	393.6
Jul-10	278.7	252.9	438.7	397.9	99.9	90.7	0	0.0	817.3	741.5	22.6		96.0		62.9	57.1	421.1	382.0	22.6	20.5	0.0	0.0	506.5	459.5
Aug-10	113.3	102.8	359.4	326.1	107.6	97.6	0		580.4	526.5	22.1	22.3	96.6	96.3	25.0	22.7	347.2	315.0	23.8	21.6	0.0	0.0	396.0	359.2
Sep-10	670.0	607.8	254.8	231.1	19.0	17.2	0	0.0	943.8	856.2	21.2		96.1		142.2	129.0	244.8	222.1	4.0	3.7	0.0	0.0	391.1	354.8
Oct-10	473.1	429.2	371.5	337.0	40.9	37.1	0		885.5	803.3	21.7	21.4	95.8	96.0	102.4	92.9	355.9	322.9	8.9	8.0	0.0	0.0	467.2	423.8
Nov-10	98.6	89.4	323.9	293.9	68.3	62.0	0		490.8	445.3	22.1		96.0		21.8	19.7	311.0	282.1	15.1	13.7	0.0	0.0	347.8	315.5
Dec-10	240.9	218.6	312.8	283.8	43.2	39.1	0.0	0.0	596.9	541.5	22.6	22.3	96.2	96.1	54.5	49.4	300.9	273.0	9.8	8.9	0.0	0.0	365.2	331.3
Total	6,033	5,473	3,748	3,400	849	770	0	0	10,630	9,643					1,377	1,249	3,611	3,276	191	173			5,179	4,698
										Average	22.6		96.4											
											24.6	Max	97.1											
											21.2	Min	95.8											

Lime Stab- lime stabilized centrifuge cake meeting pH requirement
Pellets - produced by the rotary dryer meeting Class A/EQ criteria
Landfill - solids from press, centrifuge or dryer that did not meet requirements
Press B - Class B bio-solid produced from plate & frame presses after anaerobic digestion. No press B in 2010

Notes: Pelletizer out of service intermittently for quarterly preventive maintenance tasks or repair. No long-term outages (>2 weeks)

Data
503 Info 2010.xlsx

UPPER OCCOQUAN SERVICE AUTHORITY

Pellet Fecal Coliform

Lab: UOSA

Sample ID: Pellet 2 FC

Sample Date	Fecal Coliform (MPN/g)
1/13/2010	<0.21
2/3/2010	0.21
3/3/2010	<0.21
4/7/2010	<0.22
5/5/2010	0.85
6/9/2010	<0.22
7/14/2010	<0.21
8/4/2010	<0.21
9/1/2010	<0.21
10/6/2010	<0.22
11/15/2010	<0.22
12/8/2010	<0.22

"Less than values" averaged as zeros

UPPER OCCOQUAN SERVICE AUTHORITY
CLASS A SOLIDS

Pellet - Class A
Lab: Contract Lab

Sample ID	Sample Date	Cu (mg/Kg) dw	Zn (mg/Kg) dw	Cd (mg/Kg) dw	Ni (mg/Kg) dw	Pb (mg/Kg) dw	As (mg/Kg) dw	Hg (mg/Kg) dw	Se (mg/Kg) dw	Mo (mg/Kg) dw
Pellet 2M	1/12/2010	374	559	1.1	21	14	2.7	0.93	6.3	7.2
Pellet 2M	2/2/2010	373	549	0.83	22	17	2.7	0.81	5.9	6.9
AVERAGE		374	554	0.97	21	15	2.7	0.87	6.1	7.1
MAXIMUM		374	559	1.1	22	17	2.7	0.93	6.3	7.2
Pellet 2M	3/2/2010	366	567	0.78	23	11	2.5	0.85	5.2	6.6
Pellet 2M	4/6/2010	317	515	0.73	24	[illegible]	2.3	1.2	5.1	5.8
AVERAGE		342	541	0.76	23	11	2.4	1.0	5.2	6.2
MAXIMUM		366	567	0.78	24	12	2.5	1.2	5.2	6.6
Pellet 2M	5/4/2010	378	519	0.76	23	12	2.7	0.99	5.2	6.2
Pellet 2M	6/8/2010	528	695	0.92	22	15	3.1	0.95	6.2	7.3
AVERAGE		453	607	0.84	22	14	2.9	0.97	5.7	6.8
MAXIMUM		528	695	0.92	23	15	3.1	0.99	6.2	7.3
Pellet 2M	7/13/2010	732	959	0.86	19	13	3.2	0.81	6.1	8.9
Pellet 2M	8/3/2010	630	881	1.0	19	14	3.3	1.1	6.0	9.7
AVERAGE		681	920	0.93	19	14	3.3	0.96	6.1	9.3
MAXIMUM		732	959	1.0	19	14	3.3	1.1	6.1	9.7
Pellet 2M	8/31/2010	483	681	0.88	17	13	3.4	1.1	5.8	9.4
Pellet 2M	10/5/2010	464	655	0.96	17	11	3.7	0.87	5.6	9.9
AVERAGE		474	668	0.92	17	12	3.6	0.99	5.7	9.7
MAXIMUM		483	681	1.0	17	13	3.7	1.1	5.8	9.9
Pellet 2M	11/2/2010	431	617	0.84	18	ND	3.2	1.0	5.2	8.3
Pellet 2M	12/7/2010	398	[illegible]	0.98	19	11	2.7	[illegible]	5.5	8.3
AVERAGE		415	599	0.91	19	11	3.0	1.1	5.4	8.3
MAXIMUM		431	617	1.0	19	11	3.2	1.1	5.5	8.3

The recovery and or RPD were not calculated; MSB = The recovery and RPD may be outside control limits because the sample amount was greater than 4X the spike amount.

Other lab sample was used to spike and not UOSA sample [illegible]

Matrix interferences

The sample that contained concentrations of target analyte at a reportable level in the associated method blank were flagged with "J"

UPPER OCCOQUAN SERVICE AUTHORITY
CLASS B SOLIDS

Lime Stabilized Cake
Lab: Contract Lab

Sample Date	Cu (mg/Kg)	Zn (mg/Kg)	Cd (mg/Kg)	Ni (mg/Kg)	Pb (mg/Kg)	As (mg/Kg)	Hg (mg/Kg)	Se (mg/Kg)	Mo (mg/Kg)
1/13/2010	230	324	<1.0	14	7.0	3.2	0.50	5.1	5.0
3/3/2010	210	290	3.0	13	<5.0	3.0	0.80	<1.0	<5.0
5/5/2010	300	440	1.0	15	9.0	5.0	<0.40	4.0	<5.0
7/14/2010	474	609	1.0	16	11	4.0	0.40	4.0	7.0
9/1/2010	402	583	1.0	13	10	4.0	<0.4	2.0	7.0
11/3/2010	350	494	1.0	13	8.0	4.0	0.80	7.0	6.0

Less than minimum range
The reagent blank was out of control limits.

Upper Occoquan Service Authority

Leader in Water Reclamation and Reuse

14631 COMPTON ROAD, CENTREVILLE, VIRGINIA 20121-2506 (703) 830-2200

Charles P. Boepple
Executive Director

Michael D. Reach
Deputy Executive Director

February 8, 2011

Ms. Nancy Ford
USEPA (3WP60)
1650 Arch Street
Philadelphia, PA 19103-2029

RE: 2010 Annual Biosolids Report Permit No. VAL024988

Dear Ms. Ford:

Enclosed is the Upper Occoquan Service Authority's (UOSA's) Annual Biosolids Monitoring Report. The report includes the discharge monitoring report forms, explanations for the methods used to produce Class A and Class B biosolids, the pathogen and vector attraction reduction requirements and the certifications.

If you wish to discuss this report, please contact Ms. Evelyn Mahieu, UOSA Regulatory Affairs Coordinator at (703) 227-0202 or me at (703) 227-0204.

Sincerely,

Charles P. Boepple
Executive Director

Enclosure

CPB/em

CC: John C. Sellman, UOSA Director, Treatment Process

NATIONAL POLLUTA CHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

APPROVED
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name / location if different)*

NAME UPPER OCCOQUAN SEWAGE AUTHORITY
ADDRESS 14631 COMPTON ROAD CENTREVILLE VA 20121-2506
ATTN: CHARLES P. BOEPPLE

VAL024988	SLD P	MINOR
PERMIT NUMBER	DISCHARGE NUMBER	F – FINAL PRODUCTION

FACILITY LOCATION
ATTN: CHARLES P. BOEPPLE, EX DIR

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2010	01	01	TO	2010	12	31

NO DISCHARGE [ ]

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ANN. AMT SLUDGE DISPOSED BY OTHER METHOD 49017 + 0 0 SLUDGE	SAMPLE MEASUREMENT	*****	0	(4A)	******	******	******	****			
	PERMIT REQUIREMENT	*****	REPORT ANNL TOT	METRIC TON/YEAR	******	******	******	****		ANNUAL	MEASRD
ANN. AMT SLUDGE INCINERATED 49018 + 0 0 SLUDGE	SAMPLE MEASUREMENT	*****	0	(4A)	******	******	******	****			
	PERMIT REQUIREMENT	*****	REPORT ANNL TOT	METRIC TON/YEAR	******	******	******	****		ANNUAL	MEASRD
ANN.SLUDGE PRODUCTION, TOTAL 49019 + 0 0 SLUDGE	SAMPLE MEASUREMENT	*****	4,698	(4A)	******	******	******	****			
	PERMIT REQUIREMENT	*****	REPORT ANNL TOT	METRIC TON/YEAR	******	******	******	****		ANNUAL	MEASRD
ANN. AMT SLUDGE LAND APPLIED 49020 + 0 0 SLUDGE	SAMPLE MEASUREMENT	*****	4,525	(4A)	******	******	******	****			
	PERMIT REQUIREMENT	*****	REPORT ANNL TOT	METRIC TON/YEAR	******	******	******	****		ANNUAL	MEASRD
ANN. AMT SLUDGE DISPOSED SURFACE UNIT 49021 + 0 0 SLUDGE	SAMPLE MEASUREMENT	*****	0	(4A)	******	******	******	****			
	PERMIT REQUIREMENT	*****	REPORT ANNL TOT	METRIC TON/YEAR	******	******	******	****		ANNUAL	MEASRD
ANN. AMT SLUDGE DISPOSED IN LANDFILL 49022 + 0 0 SLUDGE	SAMPLE MEASUREMENT	*****	173	(4A)	******	******	******	****			
	PERMIT REQUIREMENT	*****	REPORT ANNL TOT	METRIC TON/YEAR	******	******	******	****		ANNUAL	MEASRD
	SAMPLE MEASUREMENT										
	PERMIT REUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Charles P. Boepple, Executive Director

TYPED OR PRINTED

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, 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.

C P Boepple

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
703	227-0204	2011	02	08
AREA CODE	NUMBER	YEAR	MONTH	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (*Reference all attachments here*)

Landfill location - Waste Management King George Landfill in King George, VA

UOSA CLASS A – DRYER PELLETIZER

METHODS TO MEET

PATHOGEN AND VECTOR ATTRACTION

REDUCTION REQUIREMENTS

In 2010 the UOSA Water Reclamation Plant (PERMIT NUMBER VAL024988) prepared a total of 4,698 dry weight metric tons of biosolids by two different processes. One of the processes yielded Class B biosolids and the other process produced Class A pellets. Each process is explained in a separate Certification document included in this report. The frequency of analysis requirement for the total biosolids production was performed in accordance with Table 1 in Section 503.16. The pollutant table is taken from 503.13(a)(2)(ii) Table 3.

Of the total biosolids produced in 2010, a rotary dryer system (RDS) produced 3,276 dry metric tons of Class A Exceptional Quality (EQ) pellets. The RDS heats centrifuge cake to a temperature in excess of 93 degrees Celsius and produces pellets that are approximately one to three millimeter in size. Synagro Mid-Atlantic, Inc (Synagro) distributed the Class A pellets in accordance with Synagro permits.

For the Class A pellets, the level of pathogen reduction was achieved by heat drying (Appendix B.B - *Processes to Further Reduce Pathogens*, Option 2). The process produced pellets with a Fecal Coliform density that ranged between <0.21 to 0.85 MPN per dry gram of biosolids meeting the requirements of 503.32(a)(7) Class A – Alternative 5.

The UOSA Class A pellets samples total solids content ranged from 95.8 to 97.1 percent, therefore, the Vector Reduction Attraction requirements of paragraph 503.33(b)(8) were met.

CERTIFICATION

I certify, under penalty of law, that the information that will be used to determine compliance with the pathogen requirements in paragraph 503.32(a)(7) Class A – Alternative 5 (*Process to Further Reduce Pathogens-Option 2 – Heat Drying*) and the vector attraction reduction requirement in paragraph 503.33(b)(8) (*percent solids of biosolids that contains unstabilized solids shall be equal to or greater than 90%*) was prepared under my direction and supervision in accordance with the system designed to ensure that qualified personnel properly gather and evaluate this information. I am aware that there are significant penalties for false certification including the possibility of imprisonment.

Feb. 8, 2011
Date

Charles P. Boepple
Charles P. Boepple

NATIONAL POLLUTA :CHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CLASS A PELLETS

APPROVED

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name / location if different)*

NAME UPPER OCCOQUAN SEWAGE AUTHORITY

ADDRESS 14631 COMPTON ROAD CENTREVILLE VA 20121-2506

ATTN: CHARLES P. BOEPPLE

VAL024988	SLD L	MINOR
PERMIT NUMBER	DISCHARGE NUMBER	F – FINAL LAND APPLICATION

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2010	01	01	TO	2010	02	28

***NO DISCHARGE [ ]**

NOTE: Read Instructions before completing this form.

FACILITY LOCATION

ATTN: CHARLES P. BOEPPLE, EX DIR

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ANN. WHOLE SLUDGE APPLICATION RATE 49016 + 0 0 SLUDGE	SAMPLE MEASUREMENT	*****		(4B)	******	******	******	****			
	PERMIT REQUIREMENT	*****	REPORT METRIC TOTAMTAP	METRIC TON/HA	******	******	******	****		REPORT	BATCH
SELENIUM SLUDGE, TOTAL DRY WEIGHT 49031 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	6.1	6.3	(69)		1/30	Batch
	PERMIT REQUIREMENT	5.0 ANNL.TOT.	100 ALLWLOAD	KG/HA	******	100 MO. AVG.	100 INST. MAX	MG/KG		REPORT	BATCH
ARSENIC TOTAL, DRY WEIGHT SLUDGE 49565 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	2.7	2.7	(69)		1/30	Batch
	PERMIT REQUIREMENT	2.0 ANNL.TOT.	41 ALLWLOAD	KG/HA	******	41 MO. AVG.	75 INST. MAX	MG/KG		REPORT	BATCH
MOLYBDENUM, DRY WEIGHT 78465 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	7.1	7.2	(69)		1/30	Batch
	PERMIT REQUIREMENT	REPORT ANNL.TOT.	REPORT ALLWLOAD	KG/HA	******	REPORT MO.AVG.	75 INST. MAX	MG/KG		REPORT	BATCH
ZINC, DRY WEIGHT 78467 +0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	554	559	(69)		1/30	Batch
	PERMIT REQUIREMENT	140 ANNL.TOT.	2800 ALLWLOAD	KG/HA	******	2800 MO. AVG.	7500 INST. MAX	MG/KG		REPORT	BATCH
LEAD, DRY WEIGHT 78468 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	15	17	(69)		1/30	Batch
	PERMIT REQUIREMENT	15 ANNL.TOT.	300 ALLWLOAD	KG/HA	******	300 MO. AVG.	840 INST. MAX	MG/KG		REPORT	BATCH
NICKEL, DRY WEIGHT 78469 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	21	22	(69)		1/30	Batch
	PERMIT REUIREMENT	21 ANNL.TOT.	420 ALLWLOAD	KG/HA	******	420 MO. AVG.	420 INST. MAX	MG/KG		REPORT	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Charles P. Boepple, Executive Director

TYPED OR PRINTED

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C P Boepple

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
703	227-0204	2011	02	08
AREA CODE	NUMBER	YEAR	MONTH	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (*Reference all attachments here*)

Land Application Option 1 - Exceptional Quality Biosolids

NATIONAL POLLUTANT ARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CLASS A PELLETS

APPROVED

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name / location if different)*

NAME UPPER OCCOQUAN SEWAGE AUTHORITY
ADDRESS 14631 COMPTON ROAD CENTREVILLE VA 20121-2506
ATTN: CHARLES P. BOEPPLE

FACILITY
LOCATION
ATTN: CHARLES P. BOEPPLE, EX DIR

VAL024988	SLD L	MINOR
PERMIT NUMBER	DISCHARGE NUMBER	F – FINAL LAND APPLICATION

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2010	01	01	TO	2010	02	28

***NO DISCHARGE [ ]**

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE
MERCURY, DRY WEIGHT	SAMPLE MEASUREMENT			(4B)	******	0.87	0.93	(69)		1/30	Batch
78471 + 0 0 SLUDGE	PERMIT REQUIREMENT	0.85 ANNL.TOT.	17 ALLWLOAD	METRIC TON/HA	******	17 MO. AVG.	57 INST. MAX	MG/KG		REPORT	BATCH
COPPER, SLUDGE, TOT, DRY WEIGHT (AS CU)	SAMPLE MEASUREMENT			(3K)	******	374	374	(69)		1/30	Batch
78475 + 0 0 SLUDGE	PERMIT REQUIREMENT	75 ANNL.TOT.	1500 ALLWLOAD	KG/HA	******	1500 MO. AVG.	4300 INST. MAX	MG/KG		REPORT	BATCH
CADMIUM, SLUDGE, TOT DRY WEIGHT (AS CD)	SAMPLE MEASUREMENT			(3K)	******	0.97	1.1	(69)		1/30	Batch
78476 + 0 0 SLUDGE	PERMIT REQUIREMENT	1.9 ANNL.TOT.	39 ALLWLOAD	KG/HA	******	39 MO. AVG.	85 INST. MAX	MG/KG		REPORT	BATCH
POLLUTANT TABLE FROM 503.13	SAMPLE MEASUREMENT	******	******	(3K)	******	******	3	(3X)			
84367 + 0 0 SLUDGE	PERMIT REQUIREMENT	******	******	KG/HA	******	******	REPORT SINGSAMP	TABLE NUMBER		REPORT	BATCH
LEVEL OF PATHOGEN REQUIREMENTS ACHIEVED	SAMPLE MEASUREMENT	******	******	(3K)	******	******	1	(3W)			
84368 +0 0 SLUDGE	PERMIT REQUIREMENT	******	******	KG/HA	******	******	REPORT SINGSAMP	STATE CASS #		REPORT	BATCH
DESCRIPTION OF PATHOGEN OPTION USED	SAMPLE MEASUREMENT	******	******	(3K)	******	******	5	(3Y)			
84369 + 0 0 SLUDGE	PERMIT REQUIREMENT	******	******	KG/HA	******	******	REPORT SINGSAMP	ALTER NUMBER		REPORT	BATCH
VECTOR ATTRACTION REDUCTION ALTERN USED	SAMPLE MEASUREMENT	******	******	(3K)	******	******	8	(3Y)			
84370 + 0 0 SLUDGE	PERMIT REQUIREMENT	******	******	KG/HA	******	******	REPORT SINGSAMPIN	ALTER NUMBER		REPORT	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Charles P. Boepple, Executive Director	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, 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.	C P Boepple	703	227-0204	2011	02	08
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MONTH	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

NATIONAL POLLUTAN :HARGE ELIMINATION SYSTEM (NPDES) **CLASS A PELLETS** F :PPROVED

DISCHARGE MONITORING REPORT (DMR) OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name / location if different)*

NAME UPPER OCCOQUAN SEWAGE AUTHORITY
ADDRESS 14631 COMPTON ROAD CENTREVILLE VA 20121-2506
ATTN: CHARLES P. BOEPPLE

VAL024988 — PERMIT NUMBER

SLD L — DISCHARGE NUMBER

MINOR

F – FINAL LAND APPLICATION

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2010	03	01	TO	2010	04	30

NO DISCHARGE [ ]

NOTE: Read Instructions before completing this form.

FACILITY LOCATION
ATTN: CHARLES P. BOEPPLE, EX DIR

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE
ANN. WHOLE SLUDGE APPLICATION RATE 49016 + 0 0 SLUDGE	SAMPLE MEASUREMENT	*****		(4B)	******	******	******	****			
	PERMIT REQUIREMENT	*****	REPORT METRIC TOTAMTAP	METRIC TON/HA	******	******	******	****		REPORT	BATCH
SELENIUM SLUDGE, TOTAL DRY WEIGHT 49031 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	5.2	5.2	(69)		1/30	Batch
	PERMIT REQUIREMENT	5.0 ANNL.TOT.	100 ALLWLOAD	KG/HA	******	100 MO. AVG.	100 INST. MAX	MG/KG		REPORT	BATCH
ARSENIC TOTAL, DRY WEIGHT SLUDGE 49565 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	2.4	2.5	(69)		1/30	Batch
	PERMIT REQUIREMENT	2.0 ANNL.TOT.	41 ALLWLOAD	KG/HA	******	41 MO. AVG.	75 INST. MAX	MG/KG		REPORT	BATCH
MOLYBDENUM, DRY WEIGHT 78465 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	6.2	6.6	(69)		1/30	Batch
	PERMIT REQUIREMENT	REPORT ANNL.TOT.	REPORT ALLWLOAD	KG/HA	******	REPORT MO.AVG.	75 INST. MAX	MG/KG		REPORT	BATCH
ZINC, DRY WEIGHT 78467 +0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	541	567	(69)		1/30	Batch
	PERMIT REQUIREMENT	140 ANNL.TOT.	2800 ALLWLOAD	KG/HA	******	2800 MO. AVG.	7500 INST. MAX	MG/KG		REPORT	BATCH
LEAD, DRY WEIGHT 78468 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	11	12	(69)		1/30	Batch
	PERMIT REQUIREMENT	15 ANNL.TOT.	300 ALLWLOAD	KG/HA	******	300 MO. AVG.	840 INST. MAX	MG/KG		REPORT	BATCH
NICKEL, DRY WEIGHT 78469 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	23	24	(69)		1/30	Batch
	PERMIT REUIREMENT	21 ANNL.TOT.	420 ALLWLOAD	KG/HA	******	420 MO. AVG.	420 INST. MAX	MG/KG		REPORT	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Charles P. Boepple, Executive Director

TYPED OR PRINTED

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C P Boepple

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	TELEPHONE NUMBER	DATE YEAR	DATE MONTH	DATE DAY
703	227-0204	2011	02	08

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (*Reference all attachments here*)

Land application Option 1 - Exceptional Quality Biosolids

NATIONAL POLLUTANT ARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CLASS A PELLETS

APPROVED OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name / location if different)*

NAME UPPER OCCOQUAN SEWAGE AUTHORITY
ADDRESS 14631 COMPTON ROAD CENTREVILLE VA 20121-2506
ATTN: CHARLES P. BOEPPLE

FACILITY LOCATION
ATTN: CHARLES P. BOEPPLE, EX DIR

VAL024988	SLD L	MINOR
PERMIT NUMBER	DISCHARGE NUMBER	F – FINAL LAND APPLICATION

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2010	03	01	TO	2010	04	30

NO DISCHARGE [ ]

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PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE
MERCURY, DRY WEIGHT 78471 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(4B)	******	1.0	1.2	(69) MG/KG		1/30	Batch
	PERMIT REQUIREMENT	0.85 ANNL.TOT.	17 ALLWLOAD	METRIC TON/HA	******	17 MO. AVG.	57 INST. MAX			REPORT	BATCH
COPPER, SLUDGE, TOT, DRY WEIGHT (AS CU) 78475 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	342	366	(69) MG/KG		1/30	Batch
	PERMIT REQUIREMENT	75 ANNL.TOT.	1500 ALLWLOAD	KG/HA	******	1500 MO. AVG.	4300 INST. MAX			REPORT	BATCH
CADMIUM, SLUDGE, TOT DRY WEIGHT (AS CD) 78476 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	0.76	0.78	(69) MG/KG		1/30	Batch
	PERMIT REQUIREMENT	1.9 ANNL.TOT.	39 ALLWLOAD	KG/HA	******	39 MO. AVG.	85 INST. MAX			REPORT	BATCH
POLLUTANT TABLE FROM 503.13 84367 + 0 0 SLUDGE	SAMPLE MEASUREMENT	******	******	(3K)	******	******	3	(3X) TABLE NUMBER			
	PERMIT REQUIREMENT	******	******	KG/HA	******	******	REPORT SINGSAMP			REPORT	BATCH
LEVEL OF PATHOGEN REQUIREMENTS ACHIEVED 84368 +0 0 SLUDGE	SAMPLE MEASUREMENT	******	******	(3K)	******	******	1	(3W) STATE CASS #			
	PERMIT REQUIREMENT	******	******	KG/HA	******	******	REPORT SINGSAMP			REPORT	BATCH
DESCRIPTION OF PATHOGEN OPTION USED 84369 + 0 0 SLUDGE	SAMPLE MEASUREMENT	******	******	(3K)	******	******	5	(3Y) ALTER NUMBER			
	PERMIT REQUIREMENT	******	******	KG/HA	******	******	REPORT SINGSAMP			REPORT	BATCH
VECTOR ATTRACTION REDUCTION ALTERN USED 84370 + 0 0 SLUDGE	SAMPLE MEASUREMENT	******	******	(3K)	******	******	8	(3Y) ALTER NUMBER			
	PERMIT REUIREMENT	******	******	KG/HA	******	******	REPORT SINGSAMPIN			REPORT	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Charles P. Boepple, Executive Director	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, 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.	C P Boepple	703	227-0204	2011	02	08
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MONTH	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

NATIONAL POLLUTAI HARGE ELIMINATION SYSTEM (NPDES) **CLASS A PELLETS** APPROVED

DISCHARGE MONITORING REPORT (DMR) OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name / location if different)*

NAME UPPER OCCOQUAN SEWAGE AUTHORITY
ADDRESS 14631 COMPTON ROAD CENTREVILLE VA 20121-2506
ATTN: CHARLES P. BOEPPLE

VAL024988 — PERMIT NUMBER

SLD L — DISCHARGE NUMBER

MINOR

F – FINAL LAND APPLICATION

FACILITY LOCATION
ATTN: CHARLES P. BOEPPLE, EX DIR

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2010	05	01	TO	2010	06	30

***NO DISCHARGE [ ]**

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	REQUENCY OF ANALYSIS	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ANN. WHOLE SLUDGE APPLICATION RATE 49016 + 0 0 SLUDGE	SAMPLE MEASUREMENT	*****		(4B)	******	******	******	****			
	PERMIT REQUIREMENT	*****	REPORT METRIC TOTAMTAP	METRIC TON/HA	******	******	******	****		REPORT	BATCH
SELENIUM SLUDGE, TOTAL DRY WEIGHT 49031 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	5.7	6.2	(69)		1/30	Batch
	PERMIT REQUIREMENT	5.0 ANNL.TOT.	100 ALLWLOAD	KG/HA	******	100 MO. AVG.	100 INST. MAX	MG/KG		REPORT	BATCH
ARSENIC TOTAL, DRY WEIGHT SLUDGE 49565 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	2.9	3.1	(69)		1/30	Batch
	PERMIT REQUIREMENT	2.0 ANNL.TOT.	41 ALLWLOAD	KG/HA	******	41 MO. AVG.	75 INST. MAX	MG/KG		REPORT	BATCH
MOLYBDENUM, DRY WEIGHT 78465 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	6.8	7.3	(69)		1/30	Batch
	PERMIT REQUIREMENT	REPORT ANNL.TOT.	REPORT ALLWLOAD	KG/HA	******	REPORT MO.AVG.	75 INST. MAX	MG/KG		REPORT	BATCH
ZINC, DRY WEIGHT 78467 +0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	607	695	(69)		1/30	Batch
	PERMIT REQUIREMENT	140 ANNL.TOT.	2800 ALLWLOAD	KG/HA	******	2800 MO. AVG.	7500 INST. MAX	MG/KG		REPORT	BATCH
LEAD, DRY WEIGHT 78468 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	14	15	(69)		1/30	Batch
	PERMIT REQUIREMENT	15 ANNL.TOT.	300 ALLWLOAD	KG/HA	******	300 MO. AVG.	840 INST. MAX	MG/KG		REPORT	BATCH
NICKEL, DRY WEIGHT 78469 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	22	23	(69)		1/30	Batch
	PERMIT REUIREMENT	21 ANNL.TOT.	420 ALLWLOAD	KG/HA	******	420 MO. AVG.	420 INST. MAX	MG/KG		REPORT	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Charles P. Boepple, Executive Director

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C P Boepple

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
703	227-0204	2011	02	08
AREA CODE	NUMBER	YEAR	MONTH	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

Land application Option 1 - Exceptional Quality Biosolids

NATIONAL POLLUTANT ARGE ELIMINATION SYSTEM (NPDES) **CLASS A PELLETS** APPROVED

DISCHARGE MONITORING REPORT (DMR) OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name / location if different)*

NAME UPPER OCCOQUAN SEWAGE AUTHORITY
ADDRESS 14631 COMPTON ROAD CENTREVILLE VA 20121-2506
ATTN: CHARLES P. BOEPPLE

FACILITY LOCATION
ATTN: CHARLES P. BOEPPLE, EX DIR

PERMIT NUMBER	DISCHARGE NUMBER
VAL024988	SLD L

MINOR

F – FINAL LAND APPLICATION

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2010	05	01	TO	2010	06	30

NO DISCHARGE [ ]

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PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE
MERCURY, DRY WEIGHT	SAMPLE MEASUREMENT			(4B)	******	0.97	0.99	(69)		1/30	Batch
78471 + 0 0 SLUDGE	PERMIT REQUIREMENT	0.85 ANNL.TOT.	17 ALLWLOAD	METRIC TON/HA	******	17 MO. AVG.	57 INST. MAX	MG/KG		REPORT	BATCH
COPPER, SLUDGE, TOT, DRY WEIGHT (AS CU)	SAMPLE MEASUREMENT			(3K)	******	453	528	(69)		1/30	Batch
78475 + 0 0 SLUDGE	PERMIT REQUIREMENT	75 ANNL.TOT.	1500 ALLWLOAD	KG/HA	******	1500 MO. AVG.	4300 INST. MAX	MG/KG		REPORT	BATCH
CADMIUM, SLUDGE, TOT DRY WEIGHT (AS CD)	SAMPLE MEASUREMENT			(3K)	******	0.84	0.92	(69)		1/30	Batch
78476 + 0 0 SLUDGE	PERMIT REQUIREMENT	1.9 ANNL.TOT.	39 ALLWLOAD	KG/HA	******	39 MO. AVG.	85 INST. MAX	MG/KG		REPORT	BATCH
POLLUTANT TABLE FROM 503.13	SAMPLE MEASUREMENT	******	******	(3K)	******	******	3	(3X)			
84367 + 0 0 SLUDGE	PERMIT REQUIREMENT	******	******	KG/HA	******	******	REPORT SINGSAMP	TABLE NUMBER		REPORT	BATCH
LEVEL OF PATHOGEN REQUIREMENTS ACHIEVED	SAMPLE MEASUREMENT	******	******	(3K)	******	******	1	(3W)			
84368 +0 0 SLUDGE	PERMIT REQUIREMENT	******	******	KG/HA	******	******	REPORT SINGSAMP	STATE CASS #		REPORT	BATCH
DESCRIPTION OF PATHOGEN OPTION USED	SAMPLE MEASUREMENT	******	******	(3K)	******	******	5	(3Y)			
84369 + 0 0 SLUDGE	PERMIT REQUIREMENT	******	******	KG/HA	******	******	REPORT SINGSAMP	ALTER NUMBER		REPORT	BATCH
VECTOR ATTRACTION REDUCTION ALTERN USED	SAMPLE MEASUREMENT	******	******	(3K)	******	******	8	(3Y)			
84370 + 0 0 SLUDGE	PERMIT REUIREMENT	******	******	KG/HA	******	******	REPORT SINGSAMPIN	ALTER NUMBER		REPORT	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Charles P. Boepple, Executive Director	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, 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.	C P Boepple	703	227-0204	2011	02	08
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MONTH	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

NATIONAL POLLUTA: :HARGE ELIMINATION SYSTEM (NPDES) **CLASS A PELLETS** \PPROVED

PERMITTEE NAME/ADDRESS *(Include Facility Name / location if different)*

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

NAME UPPER OCCOQUAN SEWAGE AUTHORITY
ADDRESS 14631 COMPTON ROAD CENTREVILLE VA 20121-2506
ATTN: CHARLES P. BOEPPLE

VAL024988 — PERMIT NUMBER

SLD L — DISCHARGE NUMBER

MINOR

F – FINAL LAND APPLICATION

FACILITY LOCATION
ATTN: **CHARLES P. BOEPPLE, EX DIR**

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2010	07	01	TO	2010	08	31

***NO DISCHARGE [ ]**

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	REQUENCY OF ANALYSIS	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ANN. WHOLE SLUDGE APPLICATION RATE 49016 + 0 0 SLUDGE	SAMPLE MEASUREMENT	*****		(4B)	******	******	******	****			
	PERMIT REQUIREMENT	*****	REPORT METRIC TOTAMTAP	METRIC TON/HA	******	******	******	****		REPORT	BATCH
SELENIUM SLUDGE, TOTAL DRY WEIGHT 49031 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	6.1	6.1	(69)		1/30	Batch
	PERMIT REQUIREMENT	5.0 ANNL.TOT.	100 ALLWLOAD	KG/HA	******	100 MO. AVG.	100 INST. MAX	MG/KG		REPORT	BATCH
ARSENIC TOTAL, DRY WEIGHT SLUDGE 49565 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	3.3	3.3	(69)		1/30	Batch
	PERMIT REQUIREMENT	2.0 ANNL.TOT.	41 ALLWLOAD	KG/HA	******	41 MO. AVG.	75 INST. MAX	MG/KG		REPORT	BATCH
MOLYBDENUM, DRY WEIGHT 78465 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	9.3	9.7	(69)		1/30	Batch
	PERMIT REQUIREMENT	REPORT ANNL.TOT.	REPORT ALLWLOAD	KG/HA	******	REPORT MO.AVG.	75 INST. MAX	MG/KG		REPORT	BATCH
ZINC, DRY WEIGHT 78467 +0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	920	959	(69)		1/30	Batch
	PERMIT REQUIREMENT	140 ANNL.TOT.	2800 ALLWLOAD	KG/HA	******	2800 MO. AVG.	7500 INST. MAX	MG/KG		REPORT	BATCH
LEAD, DRY WEIGHT 78468 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	14	14	(69)		1/30	Batch
	PERMIT REQUIREMENT	15 ANNL.TOT.	300 ALLWLOAD	KG/HA	******	300 MO. AVG.	840 INST. MAX	MG/KG		REPORT	BATCH
NICKEL, DRY WEIGHT 78469 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	19	19	(69)		1/30	Batch
	PERMIT REUIREMENT	21 ANNL.TOT.	420 ALLWLOAD	KG/HA	******	420 MO. AVG.	420 INST. MAX	MG/KG		REPORT	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Charles P. Boepple, Executive Director

TYPED OR PRINTED

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C P Boepple

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
703	227-0204	2011	02	08
AREA CODE	NUMBER	YEAR	MONTH	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

Land application Option 1 - Exceptional Quality Biosolids

NATIONAL POLLUTANT ARGE ELIMINATION SYSTEM (NPDES) **CLASS A PELLETS** APPROVED

PERMITTEE NAME/ADDRESS *(Include Facility Name / location if different)*

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

NAME UPPER OCCOQUAN SEWAGE AUTHORITY
ADDRESS 14631 COMPTON ROAD CENTREVILLE VA 20121-2506
ATTN: CHARLES P. BOEPPLE

VAL024988 — PERMIT NUMBER

SLD L — DISCHARGE NUMBER

MINOR

F – FINAL LAND APPLICATION

FACILITY LOCATION
ATTN: CHARLES P. BOEPPLE, EX DIR

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2010	07	01	TO	2010	08	31

***NO DISCHARGE [ ]**

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE
MERCURY, DRY WEIGHT	SAMPLE MEASUREMENT			(4B)	******	0.96	1.1	(69)		1/30	Batch
78471 + 0 0 SLUDGE	PERMIT REQUIREMENT	0.85 ANNL.TOT.	17 ALLWLOAD	METRIC TON/HA	******	17 MO. AVG.	57 INST. MAX	MG/KG		REPORT	BATCH
COPPER, SLUDGE, TOT, DRY WEIGHT (AS CU)	SAMPLE MEASUREMENT			(3K)	******	681	732	(69)		1/30	Batch
78475 + 0 0 SLUDGE	PERMIT REQUIREMENT	75 ANNL.TOT.	1500 ALLWLOAD	KG/HA	******	1500 MO. AVG.	4300 INST. MAX	MG/KG		REPORT	BATCH
CADMIUM, SLUDGE, TOT DRY WEIGHT (AS CD)	SAMPLE MEASUREMENT			(3K)	******	0.93	1.0	(69)		1/30	Batch
78476 + 0 0 SLUDGE	PERMIT REQUIREMENT	1.9 ANNL.TOT.	39 ALLWLOAD	KG/HA	******	39 MO. AVG.	85 INST. MAX	MG/KG		REPORT	BATCH
POLLUTANT TABLE FROM 503.13	SAMPLE MEASUREMENT	******	******	(3K)	******	******	3	(3X)			
84367 + 0 0 SLUDGE	PERMIT REQUIREMENT	******	******	KG/HA	******	******	REPORT SINGSAMP	TABLE NUMBER		REPORT	BATCH
LEVEL OF PATHOGEN REQUIREMENTS ACHIEVED	SAMPLE MEASUREMENT	******	******	(3K)	******	******	1	(3W)			
84368 +0 0 SLUDGE	PERMIT REQUIREMENT	******	******	KG/HA	******	******	REPORT SINGSAMP	STATE CASS #		REPORT	BATCH
DESCRIPTION OF PATHOGEN OPTION USED	SAMPLE MEASUREMENT	******	******	(3K)	******	******	5	(3Y)			
84369 + 0 0 SLUDGE	PERMIT REQUIREMENT	******	******	KG/HA	******	******	REPORT SINGSAMP	ALTER NUMBER		REPORT	BATCH
VECTOR ATTRACTION REDUCTION ALTERN USED	SAMPLE MEASUREMENT	******	******	(3K)	******	******	8	(3Y)			
84370 + 0 0 SLUDGE	PERMIT REUIREMENT	******	******	KG/HA	******	******	REPORT SINGSAMPIN	ALTER NUMBER		REPORT	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Charles P. Boepple, Executive Director

TYPED OR PRINTED

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C P Boepple

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	TELEPHONE NUMBER	DATE YEAR	DATE MONTH	DATE DAY
703	227-0204	2011	02	08

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (*Reference all attachments here*)

NATIONAL POLLUTA: CHARGE ELIMINATION SYSTEM (NPDES) **CLASS A PELLETS** APPROVED

DISCHARGE MONITORING REPORT (DMR) OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name / location if different)*

NAME UPPER OCCOQUAN SEWAGE AUTHORITY
ADDRESS 14631 COMPTON ROAD CENTREVILLE VA 20121-2506
ATTN: CHARLES P. BOEPPLE

VAL024988 — PERMIT NUMBER
SLD L — DISCHARGE NUMBER
MINOR
F – FINAL LAND APPLICATION

FACILITY LOCATION
ATTN: CHARLES P. BOEPPLE, EX DIR

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2010	09	01	TO	2010	10	30

NO DISCHARGE [ ]

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	REQUENCY OF ANALYSIS	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ANN. WHOLE SLUDGE APPLICATION RATE 49016 + 0 0 SLUDGE	SAMPLE MEASUREMENT	*****		(4B)	******	******	******	****			
	PERMIT REQUIREMENT	*****	REPORT METRIC TOTAMTAP	METRIC TON/HA	******	******	******	****		REPORT	BATCH
SELENIUM SLUDGE, TOTAL DRY WEIGHT 49031 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	5.7	5.8	(69)		1/30	Batch
	PERMIT REQUIREMENT	5.0 ANNL.TOT.	100 ALLWLOAD	KG/HA	******	100 MO. AVG.	100 INST. MAX	MG/KG		REPORT	BATCH
ARSENIC TOTAL, DRY WEIGHT SLUDGE 49565 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	3.6	3.7	(69)		1/30	Batch
	PERMIT REQUIREMENT	2.0 ANNL.TOT.	41 ALLWLOAD	KG/HA	******	41 MO. AVG.	75 INST. MAX	MG/KG		REPORT	BATCH
MOLYBDENUM, DRY WEIGHT 78465 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	9.7	9.9	(69)		1/30	Batch
	PERMIT REQUIREMENT	REPORT ANNL.TOT.	REPORT ALLWLOAD	KG/HA	******	REPORT MO.AVG.	75 INST. MAX	MG/KG		REPORT	BATCH
ZINC, DRY WEIGHT 78467 +0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	668	681	(69)		1/30	Batch
	PERMIT REQUIREMENT	140 ANNL.TOT.	2800 ALLWLOAD	KG/HA	******	2800 MO. AVG.	7500 INST. MAX	MG/KG		REPORT	BATCH
LEAD, DRY WEIGHT 78468 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	12	13	(69)		1/30	Batch
	PERMIT REQUIREMENT	15 ANNL.TOT.	300 ALLWLOAD	KG/HA	******	300 MO. AVG.	840 INST. MAX	MG/KG		REPORT	BATCH
NICKEL, DRY WEIGHT 78469 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	17	17	(69)		1/30	Batch
	PERMIT REUIREMENT	21 ANNL.TOT.	420 ALLWLOAD	KG/HA	******	420 MO. AVG.	420 INST. MAX	MG/KG		REPORT	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Charles P. Boepple, Executive Director

TYPED OR PRINTED

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C P Boepple

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
703	227-0204	2011	02	08
AREA CODE	NUMBER	YEAR	MONTH	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (*Reference all attachments here*)

Land application Option 1 - Exceptional Quality Biosolids

NATIONAL POLLUTANT ARGE ELIMINATION SYSTEM (NPDES) **CLASS A PELLETS** f APPROVED

PERMITTEE NAME/ADDRESS *(Include Facility Name / location if different)*

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

NAME UPPER OCCOQUAN SEWAGE AUTHORITY
ADDRESS 14631 COMPTON ROAD CENTREVILLE VA 20121-2506
ATTN: CHARLES P. BOEPPLE

VAL024988	SLD L	MINOR
PERMIT NUMBER	DISCHARGE NUMBER	F – FINAL LAND APPLICATION

FACILITY LOCATION
ATTN: CHARLES P. BOEPPLE, EX DIR

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2010	09	01	TO	2010	10	30

***NO DISCHARGE [ ]**

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE
MERCURY, DRY WEIGHT	SAMPLE MEASUREMENT			(4B)	******	0.99	1.1	(69)		1/30	Batch
78471 + 0 0 SLUDGE	PERMIT REQUIREMENT	0.85 ANNL.TOT.	17 ALLWLOAD	METRIC TON/HA	******	17 MO. AVG.	57 INST. MAX	MG/KG		REPORT	BATCH
COPPER, SLUDGE, TOT, DRY WEIGHT (AS CU)	SAMPLE MEASUREMENT			(3K)	******	474	483	(69)		1/30	Batch
78475 + 0 0 SLUDGE	PERMIT REQUIREMENT	75 ANNL.TOT.	1500 ALLWLOAD	KG/HA	******	1500 MO. AVG.	4300 INST. MAX	MG/KG		REPORT	BATCH
CADMIUM, SLUDGE, TOT DRY WEIGHT (AS CD)	SAMPLE MEASUREMENT			(3K)	******	0.92	1.0	(69)		1/30	Batch
78476 + 0 0 SLUDGE	PERMIT REQUIREMENT	1.9 ANNL.TOT.	39 ALLWLOAD	KG/HA	******	39 MO. AVG.	85 INST. MAX	MG/KG		REPORT	BATCH
POLLUTANT TABLE FROM 503.13	SAMPLE MEASUREMENT	******	******	(3K)	******	******	3	(3X)			
84367 + 0 0 SLUDGE	PERMIT REQUIREMENT	******	******	KG/HA	******	******	REPORT SINGSAMP	TABLE NUMBER		REPORT	BATCH
LEVEL OF PATHOGEN REQUIREMENTS ACHIEVED	SAMPLE MEASUREMENT	******	******	(3K)	******	******	1	(3W)			
84368 +0 0 SLUDGE	PERMIT REQUIREMENT	******	******	KG/HA	******	******	REPORT SINGSAMP	STATE CASS #		REPORT	BATCH
DESCRIPTION OF PATHOGEN OPTION USED	SAMPLE MEASUREMENT	******	******	(3K)	******	******	5	(3Y)			
84369 + 0 0 SLUDGE	PERMIT REQUIREMENT	******	******	KG/HA	******	******	REPORT SINGSAMP	ALTER NUMBER		REPORT	BATCH
VECTOR ATTRACTION REDUCTION ALTERN USED	SAMPLE MEASUREMENT	******	******	(3K)	******	******	8	(3Y)			
84370 + 0 0 SLUDGE	PERMIT REUIREMENT	******	******	KG/HA	******	******	REPORT SINGSAMPIN	ALTER NUMBER		REPORT	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Charles P. Boepple, Executive Director	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, 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.	C P Boepple	703	227-0204	2011	02	08
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MONTH	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (*Reference all attachments here*)

NATIONAL POLLUTAN CHARGE ELIMINATION SYSTEM (NPDES) **CLASS A PELLETS** APPROVED

PERMITTEE NAME/ADDRESS *(Include Facility Name / location if different)*

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

NAME UPPER OCCOQUAN SEWAGE AUTHORITY
ADDRESS 14631 COMPTON ROAD CENTREVILLE VA 20121-2506
ATTN: CHARLES P. BOEPPLE

VAL024988 — PERMIT NUMBER

SLD L — DISCHARGE NUMBER

MINOR

F – FINAL LAND APPLICATION

FACILITY LOCATION
ATTN: CHARLES P. BOEPPLE, EX DIR

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2010	11	01	TO	2010	12	31

***NO DISCHARGE [ ]**

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	REQUENCY OF ANALYSIS	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ANN. WHOLE SLUDGE APPLICATION RATE 49016 + 0 0 SLUDGE	SAMPLE MEASUREMENT	*****		(4B)	******	******	******	****			
	PERMIT REQUIREMENT	*****	REPORT METRIC TOTAMTAP	METRIC TON/HA	******	******	******	****		REPORT	BATCH
SELENIUM SLUDGE, TOTAL DRY WEIGHT 49031 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	5.4	5.5	(69)		1/30	Batch
	PERMIT REQUIREMENT	5.0 ANNL.TOT.	100 ALLWLOAD	KG/HA	******	100 MO. AVG.	100 INST. MAX	MG/KG		REPORT	BATCH
ARSENIC TOTAL, DRY WEIGHT SLUDGE 49565 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	3.0	3.2	(69)		1/30	Batch
	PERMIT REQUIREMENT	2.0 ANNL.TOT.	41 ALLWLOAD	KG/HA	******	41 MO. AVG.	75 INST. MAX	MG/KG		REPORT	BATCH
MOLYBDENUM, DRY WEIGHT 78465 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	8.3	8.3	(69)		1/30	Batch
	PERMIT REQUIREMENT	REPORT ANNL.TOT.	REPORT ALLWLOAD	KG/HA	******	REPORT MO.AVG.	75 INST. MAX	MG/KG		REPORT	BATCH
ZINC, DRY WEIGHT 78467 +0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	599	617	(69)		1/30	Batch
	PERMIT REQUIREMENT	140 ANNL.TOT.	2800 ALLWLOAD	KG/HA	******	2800 MO. AVG.	7500 INST. MAX	MG/KG		REPORT	BATCH
LEAD, DRY WEIGHT 78468 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	11	11	(69)		1/30	Batch
	PERMIT REQUIREMENT	15 ANNL.TOT.	300 ALLWLOAD	KG/HA	******	300 MO. AVG.	840 INST. MAX	MG/KG		REPORT	BATCH
NICKEL, DRY WEIGHT 78469 + 0 0 SLUDGE	SAMPLE MEASUREMENT			(3K)	******	19	19	(69)		1/30	Batch
	PERMIT REUIREMENT	21 ANNL.TOT.	420 ALLWLOAD	KG/HA	******	420 MO. AVG.	420 INST. MAX	MG/KG		REPORT	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Charles P. Boepple, Executive Director

TYPED OR PRINTED

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C P Boepple

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
703	227-0204	2011	02	08
AREA CODE	NUMBER	YEAR	MONTH	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

Land application Option 1 - Exceptional Quality Biosolids

NATIONAL POLLUTANT ARGE ELIMINATION SYSTEM (NPDES) **CLASS A PELLETS** APPROVED

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name / location if different)*

NAME UPPER OCCOQUAN SEWAGE AUTHORITY
ADDRESS 14631 COMPTON ROAD CENTREVILLE VA 20121-2506
ATTN: CHARLES P. BOEPPLE

VAL024988 — PERMIT NUMBER

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FACILITY LOCATION
ATTN: CHARLES P. BOEPPLE, EX DIR

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2010	11	01	TO	2010	12	31

***NO DISCHARGE [ ]**

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX.	REQUENCY OF ANALYSIS	SAMPLE
MERCURY, DRY WEIGHT	SAMPLE MEASUREMENT			(4B)	******	1.1	1.1	(69)		1/30	Batch
78471 + 0 0 SLUDGE	PERMIT REQUIREMENT	0.85 ANNL.TOT.	17 ALLWLOAD	METRIC TON/HA	******	17 MO. AVG.	57 INST. MAX	MG/KG		REPORT	BATCH
COPPER, SLUDGE, TOT, DRY WEIGHT (AS CU)	SAMPLE MEASUREMENT			(3K)	******	415	431	(69)		1/30	Batch
78475 + 0 0 SLUDGE	PERMIT REQUIREMENT	75 ANNL.TOT.	1500 ALLWLOAD	KG/HA	******	1500 MO. AVG.	4300 INST. MAX	MG/KG		REPORT	BATCH
CADMIUM, SLUDGE, TOT DRY WEIGHT (AS CD)	SAMPLE MEASUREMENT			(3K)	******	0.91	1.0	(69)		1/30	Batch
78476 + 0 0 SLUDGE	PERMIT REQUIREMENT	1.9 ANNL.TOT.	39 ALLWLOAD	KG/HA	******	39 MO. AVG.	85 INST. MAX	MG/KG		REPORT	BATCH
POLLUTANT TABLE FROM 503.13	SAMPLE MEASUREMENT	******	******	(3K)	******	******	3	(3X)			
84367 + 0 0 SLUDGE	PERMIT REQUIREMENT	******	******	KG/HA	******	******	REPORT SINGSAMP	TABLE NUMBER		REPORT	BATCH
LEVEL OF PATHOGEN REQUIREMENTS ACHIEVED	SAMPLE MEASUREMENT	******	******	(3K)	******	******	1	(3W)			
84368 +0 0 SLUDGE	PERMIT REQUIREMENT	******	******	KG/HA	******	******	REPORT SINGSAMP	STATE CASS #		REPORT	BATCH
DESCRIPTION OF PATHOGEN OPTION USED	SAMPLE MEASUREMENT	******	******	(3K)	******	******	5	(3Y)			
84369 + 0 0 SLUDGE	PERMIT REQUIREMENT	******	******	KG/HA	******	******	REPORT SINGSAMP	ALTER NUMBER		REPORT	BATCH
VECTOR ATTRACTION REDUCTION ALTERN USED	SAMPLE MEASUREMENT	******	******	(3K)	******	******	8	(3Y)			
84370 + 0 0 SLUDGE	PERMIT REUIREMENT	******	******	KG/HA	******	******	REPORT SINGSAMPIN	ALTER NUMBER		REPORT	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Charles P. Boepple, Executive Director

TYPED OR PRINTED

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, 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.

C P Boepple

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	TELEPHONE NUMBER	DATE YEAR	DATE MONTH	DATE DAY
703	227-0204	2011	02	08

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (*Reference all attachments here*)

UOSA CLASS B CENTRIFUGED AND LIME STABILIZED

METHODS TO MEET

PATHOGEN AND VECTOR ATTRACTION

REDUCTION REQUIREMENTS

In 2010 the UOSA Water Reclamation Plant (PERMIT NUMBER VAL024988) prepared a total of 4,698 dry weight metric tons of biosolids by two different processes. One of the processes yielded Class B biosolids and the other produced Class A pellets. Each process is explained in a separate Certification document included in this report. The frequency of analysis requirement for the total biosolids production was performed in accordance with Table 1 in Section 503.16. The pollutant table is taken from 503.13(a)(2)(ii) Table 3.

Of the total biosolids produced in 2010, 1,249 dry metric tons were produced by centrifugation followed by lime stabilization. Anaerobic digested and thickened waste activated sludge, were blended together, conditioned with polymer and processed through centrifuges. The centrifuged sludge was transported to a screw mixer where granular lime was added resulting in biosolids with percent total solids ranging between 21 to 24%. Synagro Mid-Atlantic, Inc. (Synagro) transported the lime stabilized biosolids from the UOSA plant site and land applied it in accordance with Synagro permits.

For the lime stabilized biosolids, the level of pathogen requirements were achieved as stated in paragraph 503.32(b)(3) Class B – Alternative 2 *(Appendix B.A - Process to Significantly Reduce Pathogens Option 5-lime stabilization)* by achieving a pH of 12 units after two hours of contact.

The UOSA lime stabilized biosolids had a pH of 12 after two hours of contact and 11.5 or higher for an additional 22 hours. Therefore, the Vector Reduction Attraction requirements of paragraph 503.33(b)(6) were met.

CERTIFICATION

I certify, under penalty of law, that the information that will be used to determine compliance with the pathogen requirements in Class B in paragraph 503.32(b)(3) Class B – Alternative 2 (*Process to Significantly Reduce Pathogens – Option 5 - Lime Stabilization*) and the vector attraction reduction requirement in paragraph 503.33(b)(6) (*the pH of the biosolids shall be raised and retained at 12 for 2 hours and then to 11.5 or higher for an additional 22 hours*) was prepared under my direction and supervision in accordance with the system designed to ensure that qualified personnel properly gather and evaluate this information. I am aware that there are significant penalties for false certification including the possibility of imprisonment.

Feb. 8, 2011
Date

Charles P Boepple
Charles P. Boepple

Joiner Micro Laboratories, Inc.

77 West Lee Street, #202 • Warrenton, Virginia 20186 • 540-347-7212

Summary of
FINAL REPORT

LAB ID: # 103178

NAME: Town of Middleburg
ADDRESS: P.O. Box 187
Middleburg, VA 20118

PROPERTY: Middleburg STP

SAMPLE LOCATION: Final Effluent
DATE AND TIME SAMPLE COLLECTED: 12-30-10/0841
SAMPLE COLLECTED BY: Charlie Triplett
SAMPLE RECEIVED FROM: JML Courier (Jim Westhafer)
DATE AND TIME SAMPLE RECEIVED IN JML: 12-30-10/1426
DATE RECEIVED IN CONTRACT LAB: 1-5-11

Test	Result	Method	Analysis Date/Time	Analyst	Lab
Hexavalent Chromium	< 0.0200 mg/L	SM 3500-Cr	1-11-11/1436	DOI	Analytics

◆< - Less than ◆
◆mg/L-milligram per liter◆JML-Joiner Micro Labs◆

Reviewed by: Robyn Joiner
Robyn Joiner
Lab Director
January 28, 2011

Virginia Certification #00183

Analytics Corporation
10329 Stony Run Lane
Ashland, VA 23005
Phone: (804)365-3000
Fax: (804)365-3002

January 11, 2011

ROBYN JOINER
JOINER MICRO LABORATORIES, INC
77-F WEST LEE STREET
WARRENTON, VA 20186

Purchase Order: N/A

Client ID: 103178-MIDDLEBURG
Workorder: 1005026

Dear ROBYN JOINER:

Enclosed are the analytical results for sample(s) received by the laboratory on on Wednesday, January 05, 2011. Results reported herein conform to the most current NELAC standards, where applicable, unless otherwise narrated in the body of the report.

Unless otherwise specified all analyses of solid materials are based on dry weight.

The signature at the end of this report certify that the results are based on the referenced methods and unless otherwise noted meet the requirements of NELAC.

Reported results relate only to the items tested, as received by the laboratory

On-site analysis (analysis ASAP) is recommended for the following tests: pH, temperature, dissolved oxygen, residual chlorine and sulfite. Whenperformed off-site, these tests do not meet NELAC standards.

Abbreviations:ug/L = micrograms per Liter, mg/L = milligrams per Liter, ug/g = micrograms per gram, mg/kg = milligrams per kilogramug/wp = micrograms per wipe, ug/ml = micrograms per millimeter, uS = microsiemens per centimeter at 25 degrees Celciusppb = parts per billion, DF = Dilution Factor

If you have any questions concerning this report, please feel free to call Client Services at 1-800-888-8061.

Sincerely,

Dawn Casto

Enclosures

CERTIFICATE OF ANALYSIS

This report shall not be reproduced, except in full, without the written consent of Analytics Corporation.

Analytics Corporation
10329 Stony Run Lane
Ashland, VA 23005
Phone: (804)365-3000
Fax: (804)365-3002

SAMPLE SUMMARY

Workorder: 1005026 103178-MIDDLEBURG

Lab ID	Sample ID	Matrix	Date Collected	Date Received
1005026001	FINAL EFF.	Aqueous Liquid	12/30/2010 08:41	1/5/2011 09:00

CERTIFICATE OF ANALYSIS

This report shall not be reproduced, except in full,
without the written consent of Analytics Corporation.

Analytics Corporation
10329 Stony Run Lane
Ashland, VA 23005
Phone: (804)365-3000
Fax: (804)365-3002

ANALYTICAL RESULTS

Workorder: 1005026 103178-MIDDLEBURG

Lab ID: **1005026001** Date Received: 1/5/2011 09:00 Matrix: Aqueous Liquid
Sample ID: **FINAL EFF.** Date Collected: 12/30/2010 08:41 Samp Type: GRAB

Parameters	Results	Units	Report Limit	DF	Prepared	By	Analyzed	By	Qual
Analysis Desc: SM-3500-Cr			Analytical Method: SM-3500-Cr						
Hexavalent Chromium	<0.0200	mg/L	0.0200	1			1/11/2011 14:36	DOI	

CERTIFICATE OF ANALYSIS

This report shall not be reproduced, except in full,
without the written consent of Analytics Corporation.

ENVIRONMENTAL CHAIN OF CUSTODY

ACCOUNT NAME AND ADDRESS

JOINER MICRO LABORATORIES, INC

77-F WEST LEE STREET
WARRENTON, VA 20186
Phone: 540-347-7212
Fax: 1-540-347-1606
PROJ#: 45109230

DATE SHIPPED	# OF SAMPLES	PROJECT NAME OR NUMBER
1-4-11	1	103178 - Middleburg

PURCHASE ORDER NO.	CONTACT	TELEPHONE NUMBER

RUSH ANALYSIS
☐ 24 HOUR
☐ 48 HOUR
Extra Charge

SPECIAL INSTRUCTIONS:
AUTO EMAIL

ANALYTICS
10329 Stony Run Lane
Ashland, VA 23005
Phone (804) 365-3000
Toll Free (800) 888-8061
Fax (804) 365-3002

CHAIN OF CUSTODY RECORD

MATRIX CODES
A = AQUEOUS O = OIL
S = SOLID X = OTHER

ANALYSIS REQUESTED (Place an "X" in the box below to indicate request)

Lab ID	Sample Identification	Date & Time	MATRIX	# of Bottles	Grab/Comp.	Chromium VI																	Preservative H_2SO_4	HCL	HNO_3	NaOH	Other	COMMENTS (Lyc)
	Final Eff.	12-30-10/0841	WW	1	G	X																					X	Amm. Sulfate Buffer

SAMPLED BY (PRINT NAME):	SAMPLED BY (SIGNATURE TO INITIATE COC):	DATE	TIME
C.T.			

SAMPLES RECEIVED BY: (SIGNATURE)	DATE	TIME	CONDITION	SAMPLES RELINQUISHED BY (SIGNATURE)	DATE	TIME	CONDITION
JAMES ALTIERI	1-5-11	0900	Intact		1-4-11		

RETAIN BACK COPY FOR PERSONAL RECORDS

ENVCOC-01 (REV. 2001-0)

ANALYTICS

Analytics Corporation
Administrative SOP for Sample Receiving and Log-in

Account Name: JOIMR

Workorder Number: 1005026

Sample Container Receipt Form

Page 1 of 1

Client Sample ID	Final Eff							
Analytics Sample ID	1							
Type of Container	SOP							
Number of Containers	1							
Temperature on Arrival	<4°C							
pH on Arrival	9							
Chlorine on Arrival (ppm)	—							
VOA Sample Condition -	—							
General Condition	OK							
Preservation (as marked)	Ammon Sulf Buffer							
Notes and comments								

P=Plastic; G=Glass, Am=Amber, VOA=VOA vial

Sample Custodian JAMES ALTIERI 1-5-11

ONLLINE DOCUMENTS\Forms&Worksheets\Sample Receiving\Sample Container Receipt Form

Form # 53 December 13, 2010

CHAIN OF CUSTODY RECORD

Joiner Micro Laboratories, Inc.

77 West Lee Street, #202
Warrenton, Virginia 20186
540-347-7212 Fax 540-347-1606

ENTERED JAN 0 3 2011

KEEP SAMPLES ON ICE

BILL TO: TOWN OF MIDDLEBURG
ADDRESS:
CONTACT: Charlie Triplett
PHONE: 703 587 6639 FAX: 540 687 3804

PROPERTY REFERENCE

Sample Type Code	Container Code	Preservation Code
DW-Drinking Water	P=Plastic	A= None
WW-Wastewater	G=Glass	B= H_2SO_4
S=Solid	A=Amber	C= NaOH
A= Aqueous	V=VOA Vial	D=HNO_3
		E=HCL
		F=Thio
		G=ALUM SULFATE BUFF.

SAMPLED BY
Print Name: Charlie Triplett
Signature: Charlie Triplett

PRIORITY ANALYSIS
☐ 3 DAY – 100 % Surcharge
☐ 5 DAY – 75 % Surcharge

ANALYSIS REQUESTED

Shaded areas for lab use only
analyst _____ date _____

Sample ID (Location)	Date/Time of Collection	Sample Type	Comp/Grab	Number of Containers	CHROMIUM VI						Lab ID #	Lab Tracking #	Container Volume (mL)	Container Type	Preservation on arrival	Lot # of Preservative	pH on Arrival (SU)	pH adjusted (SU)/ Preservation code	Lot # of Preservative	Comments (see below)
Final EFF	0841 12/30/10	WW	G	1	X						103178	103178	500	P	G	WCR 9504	NA	NA / NA	NA	12-29-10 12:45

Relinquished By: (Signature) Charlie Triplett Date/Time 12/30/10 1055
Relinquished By: (Signature) JML COURIER Date/Time 12-30-10 14:26 RCVD
Received By: (Signature) Date/Time
Received By: (Signature) Date/Time
Lab Receipt By: (Signature) Date/Time 12-30-10 14:26 RCVD
Comments: 2 Ice
Temp upon receipt °C 2.1

Joiner Micro Laboratories, Inc.

77 West Lee Street, #202 • Warrenton, Virginia 20186 • 540-347-7212

Summary of
Chain of Custody

LAB ID: # 103186

NAME: Town of Middleburg
ADDRESS: P.O. Box 187
Middleburg, VA 20118

PROPERTY: Middleburg STP

SAMPLE LOCATION: Final Effluent
DATE SAMPLE COLLECTED: 12-31-10/1010
SAMPLE COLLECTED BY: Charlie Triplett
SAMPLE RECEIVED FROM: Charlie Triplett
DATE AND TIME SAMPLE RECEIVED IN JML: 12-31-10/1601
DATE RECEIVED IN CONTRACT LAB: 1-5-11

TESTS REQUESTED: Tributyltin

RESULTS: See attached detailed report from Analytics Corporation and Universal Laboratories

Reviewed by: Robyn Joiner
Robyn Joiner
Lab Director
February 9, 2011

Virginia Certification #00183

ANALYTICS CORPORATION
10329 Stony Run Lane
Ashland, Virginia 23005
804-365-3000 Phone
800-888-8061 Phone
804-365-3002 Fax
www.analyticscorp.com

GROUP#: 1005027
ACCOUNT#: 45109230
DATE: January 17, 2011

ROBYN JOINER
JOINER MICRO LABORATORIES, INC
77-F WEST LEE STREET
WARRENTON, VA 20186

SAMPLE TYPE: 1-Sample for Tributyltin

DATE RECEIVED: 01/05/11

PROJECT NAME/NUMBER: 103186-Middleburg

REMARKS: See Attachment for Results

James A. Calpin, CIH
Laboratory Director

UNIVERSAL LABORATORIES

20 Research Drive Hampton, Va 23666

TELEPHONE: (757) 865-0880
TOLL-FREE: (800) 695-2162
FAX: (757) 865-8014

TO: **Analytics, Corp.**
10329 Stony Run Lane

Ashland VA 23005
ATTN: Dawn Casto

REPORT OF ANALYSIS PACKAGE

Order ID: 1101152

(REPORT DATE)
17-Jan-11

This report contains the analytical results for Project Id N/A
designated as UL Order Id **1101152** and received on *Thursday, January 06, 2011*
The samples were received and analyzed according to the methods listed in this report

Project # 1005027

The data in this report has been reviewed and validated by: Carol Kleman

FaxNumber: (804) 365-3002

VDEH Lab# 00030 (Hampton) North Carolina Drinking Water Lab # 51706 EPA LAB CODE VA00912
VDEH Lab# 00065 (Fredricksburg) North Carolina Wastewater/Groundwater Lab # 543
VDEQ Lab #000003 VELAP Hampton ID 460036

NELAP ACCREDITED TNI LABORATORY

ANALYTICAL DATA REPORT

ORDER ID **1101152**

UL Sample Number: **1101152-001**
Client Sample ID: **Final Effluent**
Matrix: Wastewater
Comments for 1101152-001
No comments

Sample Site: **Final Effluent**

Grab Date/Time: 12/31/2010 10:10:0
Composite Start: N/A
Composite Stop: N/A
Collected By: client

Parameter	Method	Test Result	Units	RL	Analysis Date/Time	Analyst
TBT Tributyltin	GC/FPD	<30	ng/l	30	1/14/2011 00:56:00	BD

VDEH Lab# 00030 (Hampton) North Carolina Drinking Water Lab # 51706 EPA LAB CODE VA00912
VDEH Lab# 00065 (Fredricksburg) North Carolina Wastewater/Groundwater Lab # 543
VDEQ Lab #000003 VELAP Hampton ID 460036

ANALYTICAL DATA REPORT

ORDER ID **1101152**

Analytical Methods Reference

Description:	PrepMethod:	Method	Reference
Wastewater			
TBT Tributyltin	liq/liq	GC/FPD	

NOTE: Analysis is performed according to Universal Laboratories Standard Operating Procedures which are based on the analytical methods referenced above

GLOSSARY OF TERMS AND ABBREVIATIONS

RL (Reporting Limit):

The RL can be raised when consideration of sample volume and matrix interferences are taken into account, generally this number is near or equal to the lowest calibration standard run with the analytical batch.

MDL (Method Detection Limit):

The constituent concentration that, when processed through the complete method, produces a signal with a 99% probability that it is different from the blank.

"<" This denotes the constituent was not detected above the RL

J=This qualifier is used to indicate an estimated value based on the measured result is outside the calibration range. In most cases the result is above calibration curve and is beyond dilution capabilities. Actual result is probably higher than estimated result given.

B=This qualifier is used when the concentration of the sample is less than three (3) times that of what is found in the method blank. This does not necessarily indicate that there is a contamination problem, but should be interpreted that the level found in the sample is inconsequential.

NR=This qualifier indicates that there was NO RESULT generally due to matrix interferences or laboratory problems.

H= Holding Time was exceeded

L=Laboratory Control Sample (LCS) outside acceptable limits

D=Duplicate sample recoveries outside acceptable limits.

MS= Matrix Spike Recovery outside acceptable limits

MI= Matrix Interference

S= Surrogate outside acceptable limits

VDEH Lab# 00030 (Hampton) North Carolina Drinking Water Lab # 51706 EPA LAB CODE VA00912
VDEH Lab# 00065 (Fredricksburg) North Carolina Wastewater/Groundwater Lab # 543
VDEQ Lab #000003 VELAP Hampton ID 460036

1101152

ACCOUNT NAME AND ADDRESS

UNIVERSAL LABS

1-5-11	1	1005027

PURCHASE ORDER NO.	CONTACT	TELEPHONE NUMBER
1005027	Dawn Casto	804-365-3000

RUSH ANALYSIS

☐ 24 HOUR
☐ 48 HOUR

Extra Charge

SPECIAL INSTRUCTIONS:

FAX results to

ANALYTICS

10329 Stony Run Lane
Ashland, VA 23005
Phone (804) 365-3000
Toll Free (800) 888-8061
Fax (804) 365-3002

CHAIN OF CUSTODY RECORD

MATRIX CODES

A = AQUEOUS O = OIL
S = SOLID X = OTHER

ANALYSIS REQUESTED (Place an "X" in the box below to indicate request)

Lab ID	Sample Identification	Date & Time	MATRIX	# of Bottles	Grab / Comp.	Tributyltin	Preservative H_2SO_4	HCL	HNO_3	NaOH	Other	COMMENTS
	Final Eff	12-31-10 1010	A	3	C	X		X				pH<2
	(A,B,C)											

SAMPLED BY (PRINT NAME): James Altieri

SAMPLED BY (SIGNATURE TO INITIATE COC): [signature]

DATE: 1-5-11 TIME: 1230

SAMPLES RECEIVED BY: (SIGNATURE)	DATE	TIME	CONDITION	SAMPLES RELINQUISHED BY (SIGNATURE)	DATE	TIME	CONDITION
[signature]	1-6-11	1030	4°C pH<2				

TAIN BACK COPY FOR PERSONAL RECORDS

ENVCOC-01 (REV. 2001-0)

ENVIRONMENTAL CHAIN OF CUSTODY

ACCOUNT NAME AND ADDRESS

JOINER MICRO LABORATORIES, INC

'7-F WEST LEE STREET
JARRENTON, VA 20186
Phone: 540-347-7212
Fax: 1-540-347-1606
PROJ#: 45109230

DATE SHIPPED	# OF SAMPLES	PROJECT NAME OR NUMBER
1-4-11	1	103186- Middlebury

PURCHASE ORDER NO.	CONTACT	TELEPHONE NUMBER

RUSH ANALYSIS
☐ 24 HOUR
☐ 48 HOUR
Extra Charge

SPECIAL INSTRUCTIONS:
AUTO EMAIL

ANALYTICS

10329 Stony Run Lane
Ashland, VA 23005
Phone (804) 365-3000
Toll Free (800) 888-8061
Fax (804) 365-3002

CHAIN OF CUSTODY RECORD

MATRIX CODES

A = AQUEOUS O = OIL
S = SOLID X = OTHER

ANALYSIS REQUESTED (Place an "X" in the box below to indicate request)

4°C

Lab ID	Sample Identification	Date & Time	MATRIX	# of Bottles	Grab / Comp.	Tributyltin											Preservative H_2SO_4	HCL	HNO_3	NaOH	Other	COMMENTS
	Final Eff	12-31-10/1010	WW	2	C	X												X				pH < 2

SAMPLED BY (PRINT NAME): Charlie Triplett

SAMPLED BY (SIGNATURE TO INITIATE COC):

DATE

TIME

SAMPLES RECEIVED BY: (SIGNATURE)	DATE	TIME	CONDITION	SAMPLES RELINQUISHED BY (SIGNATURE)	DATE	TIME	CONDITION
JAMES ALTIERI	1-5-11	0900	IMAX		1-4-11		

RETAIN BACK COPY FOR PERSONAL RECORDS

ENVCOC-01 (REV. 2001-0)

ANALYTICS

Analytics Corporation
Administrative SOP for Sample Receiving and Log-in

Account Name: JOINER

Workorder Number: 1005(02)

Sample Container Receipt Form

Page 1 of 1

Client Sample ID	Final Eff							
Analytics Sample ID	1							
Type of Container	1000P							
Number of Containers	3							
Temperature on Arrival	<4°C							
pH on Arrival	<2							
Chlorine on Arrival (ppm)	—							
VOA Sample Condition -	—							
General Condition	OK							
Preservation (as marked)	HCL							
Notes and comments								

P=Plastic; G=Glass, Am=Amber, VOA=VOA vial

Sample Custodian JAMES ALTIERI Date 1-5-11

ONLLINE DOCUMENTS\Forms&Worksheets\Sample Receiving\Sample Container Receipt Form

Joiner Micro Laboratories, Inc.

ENTERED JAN 0 3 2011

77 West Lee Street, #202 • Warrenton, Virginia 20186 • 540-347-7212

CHAIN OF CUSTODY RECORD

PRIORITY ANALYSIS
☐ 3 DAY — 100% Surcharge
☐ 5 DAY — 75% Surcharge

KEEP SAMPLES ON ICE

CLIENT: Town of Middleburg
ADDRESS: PO Box 187
Middleburg Va 20118
CONTACT: Charlie Triplett
PHONE: 703 507 6639 FAX: 540 687 3804

PROPERTY REF:

SAMPLED BY
PRINT NAME: Charlie Triplett
SIGNATURE: Charlie Triplett

ANALYSIS REQUESTED

PRESERVATION CODE
Code: A = NONE
B = H_2SO_4
C = NaOH
D = HNO_3
E = _____

SAMPLE ID (Location)	DATE	TIME	WATER	SOLID	COMP	GRAB	NO. OF CONTAINERS	A: Tributyltin (P) 4 liter	COMMENTS:	LAB ID#
Final EFF	12/31/10	1010			✓		1	✓		103186

RELINQUISHED BY: (SIGNATURE)	DATE/TIME	RECEIVED BY (SIGNATURE)	DATE/TIME
Charlie Triplett 12/31/10	1100		
RELINQUISHED BY: (SIGNATURE) 12-31-10 16:01 RCVD	DATE/TIME	RECEIVED BY (SIGNATURE)	DATE/TIME
LAB RECEIPT BY: (SIGNATURE) 12-31-10 16:01 RCVD	DATE/TIME	COMMENTS:	TEMP UPON RECEIPT

Joiner Micro Laboratories, Inc.

77 West Lee Street, #202 • Warrenton, Virginia 20186 • 540-347-7212

Summary of
Chain of Custody

LAB ID: # 103150

NAME: Town of Middleburg
ADDRESS: P.O. Box 187
Middleburg, VA 20118

PROPERTY: Middleburg STP

SAMPLE LOCATION: Final Effluent
SAMPLES COLLECTED BY: Charlie Triplett
SAMPLE RECEIVED FROM: Charlie Triplett
DATE AND TIME SAMPLES RECEIVED IN JML: 12-29-10
DATE RECEIVED IN CONTRACT LAB (Analytics Corporation): 12-30-10

RESULTS: See attached detailed reports from Analytics Corporation and TestAmerica

Reviewed by: Robyn Joiner
Robyn Joiner
Lab Director
January 28, 2011

Attachment Chain of Custody Record (two pages)
Attachment from Analytics Corporation (nine pages)
Attachment from TestAmerica (ten pages plus Analytics coversheet)

Form # 53 December 13, 2010

CHAIN OF CUSTODY RECORD

Joiner Micro Laboratories, Inc.
77 West Lee Street, #202
Warrenton, Virginia 20186
540-347-7212 Fax 540-347-1608

PAID ENTERED JAN 0 1 2011

KEEP SAMPLES ON ICE

BILL TO: Town of Middleburg
ADDRESS: P.O. Box 197
Middleburg, VA 20118
CONTACT: Charlie Triplett
PHONE: 703 507 6639 FAX: 540 687 3804

PROPERTY REFERENCE
Middleburg STP

Sample Type Code	Container Code	Preservation Code
DW-Drinking Water	P=Plastic	A= None
WW-Wastewater	G=Glass	B= H_2SO_4
S=Solid	A=Amber	C= NaOH
A= Aqueous	V=VOA Vial	D=HNO_3
		E=HCL
		F=Thio

SAMPLED BY
Print Name: Charlie Triplett
Signature: Charlie Triplett

PRIORITY ANALYSIS
☐ 3 DAY – 100 % Surcharge
☐ 5 DAY – 75 % Surcharge

ANALYSIS REQUESTED

Shaded areas for lab use only
analyst date

Sample ID (Location)	Date/Time of Collection	Sample Type	Comp/Grab	Number of Containers	Dissolved Metals	Hardness	Pe·ticides 608	Pesticides 622	Acid Ext/BN Ext EPA 625	VOC 624	Lab ID #	Lab Tracking #	Container Volume (mL)	Container Type	Preservation on arrival	Lot # of Preservative	pH on Arrival (SU)	pH adjusted (SU)/ Preservation code	Lot # of Preservative	Comments (see below)
Final EFF.	12/29/10 0830	ww	G	1	X						103151	103151	1000	P	NA	NA	NA	NA / NA	NA	I
Final EFF.	12/29/10 0650	ww	C	1		X					103150	103150	500	P	D	74	<2	NA / NA	NA	
Final EFF.	12/29/10 0830	ww	G	2			X				103151	103151A / 103151B	1000 / 1000	GA / GA	NA	NA	NA	NA / NA	NA	
Final EFF.	12/29/10 0830	ww	G	2				X			103151	103151C / 103151D	1000 / 1000	GA / GA	NA	NA	NA	NA / NA	NA	
Final EFF.	12/29/10 0830	ww	G	2					X		103151	103151E / 103151F	1000 / 1000	GA / GA	NA	NA	NA	NA / NA	NA	
Final EFF.	12/29/10 0830	ww	G	3						X	103151	103151G / 103151H / 103151I	3 (40 mL Vials)	Voa	E	192	NA	NA	NA	

Relinquished By: (Signature) Charlie Triplett Date/Time 12/29/10 1124
Received By: (Signature) Date/Time
Relinquished By: (Signature) Date/Time
Received By: (Signature) Date/Time
Lab Receipt By: (Signature) D Chapman Date/Time 12-29-10 11:27 RCVD

Comments
1. To be lab filtered at Analytics.

Temp upon receipt 4.9°C °C

Form # 53 December 13, 2010

CHAIN OF CUSTODY RECORD

Joiner Micro Laboratories, Inc.
77 West Lee Street, #202
Warrenton, Virginia 20186
540-347-7212 Fax 540-347-1606

ENTERED JAN 0 1 2011

KEEP SAMPLES ON ICE

BILL TO: Town of Middleburg
ADDRESS: P.O. Box 197
Middleburg, VA 20118

CONTACT: Charlie Triplett
PHONE: 703 507 6639 FAX: 540 687 3804

PROPERTY REFERENCE: Middleburg STP

Sample Type Code	Container Code	Preservation Code
DW-Drinking Water	P=Plastic	A= None
WW-Wastewater	G=Glass	B= H_2SO_4
S=Solid	A=Amber	C= NaOH
A= Aqueous	V=VOA Vial	D=HNO_3
		E=HCL
		F=Thio

SAMPLED BY
Print Name: Charlie Triplett
Signature: Charlie Triplett

PRIORITY ANALYSIS
☐ 3 DAY – 100 % Surcharge
☐ 5 DAY – 75 % Surcharge

ANALYSIS REQUESTED

Shaded areas for lab use only
analyst _____ date _____

Sample ID (Location)	Date/Time of Collection	Sample Type	Comp/Grab	Number of Containers	Cyanide	Hydrogen Sulfide	~~Tributyltin~~		Sign pg 2	Lab ID #	Lab Tracking #	Container Volume (mL)	Container Type	Preservation on arrival	Lot # of Preservative	pH on Arrival (SU)	pH adjusted (SU)/ Preservation code	Lot # of Preservative	Comments (see below)
Final Eff.	12/29/10 0830	ww	G	1	X					103157	103151J	500	P	C	915248	>12	NA / NA	NA	
Final Eff.	12/29/10 0830	ww	G	1		X				103157	103151K	500	P	NA	NA	NA	NA / NA	NA	
Final Eff.	12/29/10 0650	ww	C	1			X			103150	103150A	500	P	NA	NA	NA	NA / NA	NA	2
										~~103151~~									

Relinquished By: (Signature) Charlie Triplett Date/Time 12/29/10 1124
Relinquished By: (Signature) Date/Time
Received By: (Signature) Date/Time
Received By: (Signature) Date/Time

Lab Receipt By: (Signature) D Chapman Date/Time 12-29-10 11:27 RCVD

Comments
2. REJECT – NOT ENOUGH SAMPLE – 1.3.11 RMJ

Temp upon receipt 4.7°C

Pg. 7 of 2

Analytics Corporation
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January 10, 2011

ROBYN JOINER
JOINER MICRO LABORATORIES, INC
77-F WEST LEE STREET
WARRENTON, VA 20186

Purchase Order: N/A

Client ID: 103150-MIDDLEBURG
Workorder: 1004980

Dear ROBYN JOINER:

Enclosed are the analytical results for sample(s) received by the laboratory on on Thursday, December 30, 2010. Results reported herein conform to the most current NELAC standards, where applicable, unless otherwise narrated in the body of the report.

Unless otherwise specified all analyses of solid materials are based on dry weight.

The signature at the end of this report certify that the results are based on the referenced methods and unless otherwise noted meet the requirements of NELAC.

Reported results relate only to the items tested, as received by the laboratory

On-site analysis (analysis ASAP) is recommended for the following tests: pH, temperature, dissolved oxygen, residual chlorine and sulfite. Whenperformed off-site, these tests do not meet NELAC standards.

Abbreviations:ug/L = micrograms per Liter, mg/L = milligrams per Liter, ug/g = micrograms per gram, mg/kg = milligrams per kilogramug/wp = micrograms per wipe, ug/ml = micrograms per millimeter, uS = microsiemens per centimeter at 25 degrees Celciusppb = parts per billion, DF = Dilution Factor

If you have any questions concerning this report, please feel free to call Client Services at 1-800-888-8061.

Sincerely,

Dawn Casto

Enclosures

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SAMPLE SUMMARY

Workorder: 1004980 103150-MIDDLEBURG

Lab ID	Sample ID	Matrix	Date Collected	Date Received
1004980001	#103150-FINAL EFF	Aqueous Liquid	12/29/2010 06:50	12/30/2010 12:00
1004980002	#103151-FINAL EFF	Aqueous Liquid	12/29/2010 08:30	12/30/2010 12:00

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ANALYTICAL RESULTS

Workorder: 1004980 103150-MIDDLEBURG

Lab ID: **1004980001** Date Received: 12/30/2010 12:00 Matrix: Aqueous Liquid
Sample ID: **#103150-FINAL EFF** Date Collected: 12/29/2010 06:50 Samp Type: COMP

Parameters	Results	Units	Report Limit	DF	Prepared	By	Analyzed	By	Qual
Analysis Desc: SM 2340 C			Analytical Method: SM 2340 C						
Total Hardness	218	mg/L	10.0	1			1/4/2011 13:55	JWB	

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ANALYTICAL RESULTS

Workorder: 1004980 103150-MIDDLEBURG

Lab ID: **1004980002** Date Received: 12/30/2010 12:00 Matrix: Aqueous Liquid
Sample ID: **#103151-FINAL EFF** Date Collected: 12/29/2010 08:30 Samp Type: GRAB

Parameters	Results	Units	Report Limit	DF	Prepared	By	Analyzed	By	Qual
Analysis Desc: EPA 245.2			Analytical Method: EPA 245.2						
Mercury	<0.00020 0	mg/L	0.000200	1			1/5/2011 14:01	DMG	
Analysis Desc: SM 4500S2 F			Analytical Method: SM 4500S2 F						
Hydrogen Sulfide	<2.00	mg/L	2.00	1			1/3/2011 13:35	DOI	
Analysis Desc: SM 4500CN E			Preparation Method: SM 4500CN C Analytical Method: SM 4500CN E						
Cyanide	<0.0200	mg/L	0.0200	1	1/6/2011 13:04	DOI	1/6/2011 15:54	DOI	
Analysis Desc: EPA 608			Preparation Method: EPA 608 (Extraction) Analytical Method: EPA 608						
Heptachlor epoxide	<0.100	ug/L	0.100	1	1/3/2011 13:16	JRM	1/6/2011 13:30	MBC	
Endosulfan sulfate	<0.100	ug/L	0.100	1	1/3/2011 13:16	JRM	1/6/2011 13:30	MBC	
Aroclor 1260	<1.00	ug/L	1.00	1	1/3/2011 13:16	JRM	1/6/2011 13:30	MBC	
Aroclor 1254	<1.00	ug/L	1.00	1	1/3/2011 13:16	JRM	1/6/2011 13:30	MBC	
Aroclor 1221	<1.00	ug/L	1.00	1	1/3/2011 13:16	JRM	1/6/2011 13:30	MBC	
Aroclor 1232	<1.00	ug/L	1.00	1	1/3/2011 13:16	JRM	1/6/2011 13:30	MBC	
Aroclor 1248	<1.00	ug/L	1.00	1	1/3/2011 13:16	JRM	1/6/2011 13:30	MBC	
Aroclor 1016	<1.00	ug/L	1.00	1	1/3/2011 13:16	JRM	1/6/2011 13:30	MBC	
Chlordane (Technical)	<0.200	ug/L	0.200	1	1/3/2011 13:16	JRM	1/6/2011 13:30	MBC	
Aldrin	<0.0500	ug/L	0.0500	1	1/3/2011 13:16	JRM	1/6/2011 13:30	MBC	
alpha-BHC	<0.100	ug/L	0.100	1	1/3/2011 13:16	JRM	1/6/2011 13:30	MBC	
beta-BHC	<0.100	ug/L	0.100	1	1/3/2011 13:16	JRM	1/6/2011 13:30	MBC	
delta-BHC	<0.100	ug/L	0.100	1	1/3/2011 13:16	JRM	1/6/2011 13:30	MBC	
Endosulfan II	<0.100	ug/L	0.100	1	1/3/2011 13:16	JRM	1/6/2011 13:30	MBC	

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ANALYTICAL RESULTS

Workorder: 1004980 103150-MIDDLEBURG

Lab ID: **1004980002**
Sample ID: **#103151-FINAL EFF**

Date Received: 12/30/2010 12:00 Matrix: Aqueous Liquid
Date Collected: 12/29/2010 08:30 Samp Type: GRAB

Parameters	Results	Units	Report Limit	DF	Prepared	By	Analyzed	By	Qual
Aroclor 1242	<1.00	ug/L	1.00	1	1/3/2011 13:16	JRM	1/6/2011 13:30	MBC	
Dieldrin	<0.100	ug/L	0.100	1	1/3/2011 13:16	JRM	1/6/2011 13:30	MBC	
Endrin	<0.100	ug/L	0.100	1	1/3/2011 13:16	JRM	1/6/2011 13:30	MBC	
Methoxychlor	<0.500	ug/L	0.500	1	1/3/2011 13:16	JRM	1/6/2011 13:30	MBC	
Endrin Aldehyde	<0.100	ug/L	0.100	1	1/3/2011 13:16	JRM	1/6/2011 13:30	MBC	
Heptachlor	<0.0500	ug/L	0.0500	1	1/3/2011 13:16	JRM	1/6/2011 13:30	MBC	
Toxaphene	<2.00	ug/L	2.00	1	1/3/2011 13:16	JRM	1/6/2011 13:30	MBC	
4,4'-DDT	<0.100	ug/L	0.100	1	1/3/2011 13:16	JRM	1/6/2011 13:30	MBC	
gamma-BHC (Lindane)	<0.0500	ug/L	0.0500	1	1/3/2011 13:16	JRM	1/6/2011 13:30	MBC	
4,4'-DDD	<0.100	ug/L	0.100	1	1/3/2011 13:16	JRM	1/6/2011 13:30	MBC	
4,4'-DDE	<0.100	ug/L	0.100	1	1/3/2011 13:16	JRM	1/6/2011 13:30	MBC	
Endosulfan I	<0.100	ug/L	0.100	1	1/3/2011 13:16	JRM	1/6/2011 13:30	MBC	

Analysis Desc: EPA 200.8 (Diss) Analytical Method: EPA 200.8 (Diss)

Chromium	<0.00500	mg/L	0.00500	1	1/5/2011 12:28	HB
Nickel	<0.00500	mg/L	0.00500	1	1/5/2011 12:28	HB
Copper	<0.00500	mg/L	0.00500	1	1/5/2011 12:28	HB
Zinc	0.0292	mg/L	0.00500	1	1/5/2011 12:28	HB
Arsenic	<0.00500	mg/L	0.00500	1	1/5/2011 12:28	HB
Selenium	<0.00500	mg/L	0.00500	1	1/5/2011 12:28	HB
Silver	<0.00500	mg/L	0.00500	1	1/5/2011 12:28	HB
Cadmium	<0.00100	mg/L	0.00100	1	1/5/2011 12:28	HB
Antimony	<0.00500	mg/L	0.00500	1	1/5/2011 12:28	HB
Lead	<0.00250	mg/L	0.00250	1	1/5/2011 12:28	HB

Volatiles

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ANALYTICAL RESULTS

Workorder: 1004980 103150-MIDDLEBURG

Lab ID: **1004980002**
Sample ID: **#103151-FINAL EFF**

Date Received: 12/30/2010 12:00
Date Collected: 12/29/2010 08:30

Matrix: Aqueous Liquid
Samp Type: GRAB

Parameters	Results	Units	Report Limit	DF	Prepared	By	Analyzed	By	Qual
Analysis Desc: EPA 624			Analytical Method: EPA 624						
1,1,1-Trichloroethane	<2.00	ug/L	2.00	1			1/7/2011 15:44	DAC	
1,1,2,2-Tetrachloroethane	<2.00	ug/L	2.00	1			1/7/2011 15:44	DAC	
1,1,2-Trichloroethane	<2.00	ug/L	2.00	1			1/7/2011 15:44	DAC	
1,1-Dichloroethane	<2.00	ug/L	2.00	1			1/7/2011 15:44	DAC	
1,1-Dichloroethene	<2.00	ug/L	2.00	1			1/7/2011 15:44	DAC	
1,2-Dichlorobenzene	<2.00	ug/L	2.00	1			1/7/2011 15:44	DAC	
1,2-Dichloroethane	<2.00	ug/L	2.00	1			1/7/2011 15:44	DAC	
1,2-Dichloropropane	<2.00	ug/L	2.00	1			1/7/2011 15:44	DAC	
1,3-Dichlorobenzene	<2.00	ug/L	2.00	1			1/7/2011 15:44	DAC	
1,4-Dichlorobenzene	<2.00	ug/L	2.00	1			1/7/2011 15:44	DAC	
Benzene	<2.00	ug/L	2.00	1			1/7/2011 15:44	DAC	
Bromodichloromethane	<2.00	ug/L	2.00	1			1/7/2011 15:44	DAC	
Bromoform	<2.00	ug/L	2.00	1			1/7/2011 15:44	DAC	
Bromomethane	<2.00	ug/L	2.00	1			1/7/2011 15:44	DAC	
Carbon tetrachloride	<2.00	ug/L	2.00	1			1/7/2011 15:44	DAC	
Chlorobenzene	<2.00	ug/L	2.00	1			1/7/2011 15:44	DAC	
Chloroethane	<2.00	ug/L	2.00	1			1/7/2011 15:44	DAC	
Chloroform	<2.00	ug/L	2.00	1			1/7/2011 15:44	DAC	
Chloromethane	<2.00	ug/L	2.00	1			1/7/2011 15:44	DAC	
Dibromochloromethane	<2.00	ug/L	2.00	1			1/7/2011 15:44	DAC	
cis-1,3-Dichloropropene	<2.00	ug/L	2.00	1			1/7/2011 15:44	DAC	
Ethylbenzene	<2.00	ug/L	2.00	1			1/7/2011 15:44	DAC	
Methylene chloride	<2.00	ug/L	2.00	1			1/7/2011 15:44	DAC	
Styrene	<2.00	ug/L	2.00	1			1/7/2011 15:44	DAC	

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ANALYTICAL RESULTS

Workorder: 1004980 103150-MIDDLEBURG

Lab ID: **1004980002**
Sample ID: **#103151-FINAL EFF**

Date Received: 12/30/2010 12:00 Matrix: Aqueous Liquid
Date Collected: 12/29/2010 08:30 Samp Type: GRAB

Parameters	Results	Units	Report Limit	DF	Prepared	By	Analyzed	By	Qual
Toluene	<2.00	ug/L	2.00	1			1/7/2011 15:44	DAC	
Trichloroethene	<2.00	ug/L	2.00	1			1/7/2011 15:44	DAC	
Trichloromonofluoromethane	<2.00	ug/L	2.00	1			1/7/2011 15:44	DAC	
Vinyl chloride	<2.00	ug/L	2.00	1			1/7/2011 15:44	DAC	
Xylene (total)	<6.00	ug/L	6.00	1			1/7/2011 15:44	DAC	
tetrachloroethene	<2.00	ug/L	2.00	1			1/7/2011 15:44	DAC	
trans-1,2-Dichloroethene	<2.00	ug/L	2.00	1			1/7/2011 15:44	DAC	
trans-1,3-Dichloropropene	<2.00	ug/L	2.00	1			1/7/2011 15:44	DAC	

Semivolatiles

Analysis Desc: EPA 625 Preparation Method: EPA 625
Analytical Method: EPA 625

1,2,4-Trichlorobenzene	<10.0	ug/L	10.0	1	1/3/2011 14:58	JRM	1/7/2011 15:26	MBC	
1,2-Dichlorobenzene	<10.0	ug/L	10.0	1	1/3/2011 14:58	JRM	1/7/2011 15:26	MBC	
1,3-Dichlorobenzene	<10.0	ug/L	10.0	1	1/3/2011 14:58	JRM	1/7/2011 15:26	MBC	
1,4-Dichlorobenzene	<10.0	ug/L	10.0	1	1/3/2011 14:58	JRM	1/7/2011 15:26	MBC	
2,4,6-Trichlorophenol	<10.0	ug/L	10.0	1	1/3/2011 14:58	JRM	1/7/2011 15:26	MBC	
2,4-Dichlorophenol	<10.0	ug/L	10.0	1	1/3/2011 14:58	JRM	1/7/2011 15:26	MBC	
2,4-Dinitrophenol	<20.0	ug/L	20.0	1	1/3/2011 14:58	JRM	1/7/2011 15:26	MBC	
2,4-Dinitrotoluene	<10.0	ug/L	10.0	1	1/3/2011 14:58	JRM	1/7/2011 15:26	MBC	
2,6-Dinitrotoluene	<10.0	ug/L	10.0	1	1/3/2011 14:58	JRM	1/7/2011 15:26	MBC	
2-Chloronaphthalene	<10.0	ug/L	10.0	1	1/3/2011 14:58	JRM	1/7/2011 15:26	MBC	
2-Chlorophenol	<10.0	ug/L	10.0	1	1/3/2011 14:58	JRM	1/7/2011 15:26	MBC	
2-Nitrophenol	<10.0	ug/L	10.0	1	1/3/2011 14:58	JRM	1/7/2011 15:26	MBC	
3,3-Dichlorobenzidine	<10.0	ug/L	10.0	1	1/3/2011 14:58	JRM	1/7/2011 15:26	MBC	

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ANALYTICAL RESULTS

Workorder: 1004980 103150-MIDDLEBURG

Lab ID: **1004980002**
Sample ID: **#103151-FINAL EFF**

Date Received: 12/30/2010 12:00 Matrix: Aqueous Liquid
Date Collected: 12/29/2010 08:30 Samp Type: GRAB

Parameters	Results	Units	Report Limit	DF	Prepared	By	Analyzed	By	Qual
4,6-Dinitro-2-methylphenol	<20.0	ug/L	20.0	1	1/3/2011 14:58	JRM	1/7/2011 15:26	MBC	
4-Chloro-3-methylphenol	<10.0	ug/L	10.0	1	1/3/2011 14:58	JRM	1/7/2011 15:26	MBC	
4-Chlorophenyl phenyl ether	<10.0	ug/L	10.0	1	1/3/2011 14:58	JRM	1/7/2011 15:26	MBC	
4-Nitrophenol	<10.0	ug/L	10.0	1	1/3/2011 14:58	JRM	1/7/2011 15:26	MBC	
Acenaphthene	<10.0	ug/L	10.0	1	1/3/2011 14:58	JRM	1/7/2011 15:26	MBC	
Acenaphthylene	<10.0	ug/L	10.0	1	1/3/2011 14:58	JRM	1/7/2011 15:26	MBC	
Anthracene	<10.0	ug/L	10.0	1	1/3/2011 14:58	JRM	1/7/2011 15:26	MBC	
Benzo[a]anthracene	<10.0	ug/L	10.0	1	1/3/2011 14:58	JRM	1/7/2011 15:26	MBC	
Benzo[a]pyrene	<10.0	ug/L	10.0	1	1/3/2011 14:58	JRM	1/7/2011 15:26	MBC	
Benzo[b]fluoranthene	<10.0	ug/L	10.0	1	1/3/2011 14:58	JRM	1/7/2011 15:26	MBC	
Benzo[g,h,i]perylene	<10.0	ug/L	10.0	1	1/3/2011 14:58	JRM	1/7/2011 15:26	MBC	
Benzo[k]fluoranthene	<10.0	ug/L	10.0	1	1/3/2011 14:58	JRM	1/7/2011 15:26	MBC	
Benzyl alcohol	<10.0	ug/L	10.0	1	1/3/2011 14:58	JRM	1/7/2011 15:26	MBC	
4-Bromophenyl phenyl ether	<10.0	ug/L	10.0	1	1/3/2011 14:58	JRM	1/7/2011 15:26	MBC	
Butyl benzyl phthalate	<10.0	ug/L	10.0	1	1/3/2011 14:58	JRM	1/7/2011 15:26	MBC	
Chrysene	<10.0	ug/L	10.0	1	1/3/2011 14:58	JRM	1/7/2011 15:26	MBC	
Di-n-octyl phthalate	<10.0	ug/L	10.0	1	1/3/2011 14:58	JRM	1/7/2011 15:26	MBC	
Dibenz[a,h]anthracene	<10.0	ug/L	10.0	1	1/3/2011 14:58	JRM	1/7/2011 15:26	MBC	
Dibutyl phthalate	<10.0	ug/L	10.0	1	1/3/2011 14:58	JRM	1/7/2011 15:26	MBC	
Diethylphthalate	<10.0	ug/L	10.0	1	1/3/2011 14:58	JRM	1/7/2011 15:26	MBC	
2,4-Dimethylphenol	<10.0	ug/L	10.0	1	1/3/2011 14:58	JRM	1/7/2011 15:26	MBC	
Dimethylphthalate	<10.0	ug/L	10.0	1	1/3/2011 14:58	JRM	1/7/2011 15:26	MBC	
Fluoranthene	<10.0	ug/L	10.0	1	1/3/2011 14:58	JRM	1/7/2011 15:26	MBC	

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ANALYTICAL RESULTS

Workorder: 1004980 103150-MIDDLEBURG

Lab ID: **1004980002**
Sample ID: **#103151-FINAL EFF**

Date Received: 12/30/2010 12:00
Date Collected: 12/29/2010 08:30

Matrix: Aqueous Liquid
Samp Type: GRAB

Parameters	Results	Units	Report Limit	DF	Prepared	By	Analyzed	By	Qual
Fluorene	<10.0	ug/L	10.0	1	1/3/2011 14:58	JRM	1/7/2011 15:26	MBC	
Hexachlorobenzene	<10.0	ug/L	10.0	1	1/3/2011 14:58	JRM	1/7/2011 15:26	MBC	
Hexachlorobutadiene	<10.0	ug/L	10.0	1	1/3/2011 14:58	JRM	1/7/2011 15:26	MBC	
Hexachloroethane	<10.0	ug/L	10.0	1	1/3/2011 14:58	JRM	1/7/2011 15:26	MBC	
Indeno[1,2,3-cd]pyrene	<10.0	ug/L	10.0	1	1/3/2011 14:58	JRM	1/7/2011 15:26	MBC	
Isophorone	<10.0	ug/L	10.0	1	1/3/2011 14:58	JRM	1/7/2011 15:26	MBC	
N-Nitrosodi-n-propylamine	<10.0	ug/L	10.0	1	1/3/2011 14:58	JRM	1/7/2011 15:26	MBC	
Naphthalene	<10.0	ug/L	10.0	1	1/3/2011 14:58	JRM	1/7/2011 15:26	MBC	
Nitrobenzene	<10.0	ug/L	10.0	1	1/3/2011 14:58	JRM	1/7/2011 15:26	MBC	
Pentachlorophenol	<20.0	ug/L	20.0	1	1/3/2011 14:58	JRM	1/7/2011 15:26	MBC	
Phenanthrene	<10.0	ug/L	10.0	1	1/3/2011 14:58	JRM	1/7/2011 15:26	MBC	
Phenol	<10.0	ug/L	10.0	1	1/3/2011 14:58	JRM	1/7/2011 15:26	MBC	
Pyrene	<10.0	ug/L	10.0	1	1/3/2011 14:58	JRM	1/7/2011 15:26	MBC	
bis(2-Chloroethoxy)methane	<10.0	ug/L	10.0	1	1/3/2011 14:58	JRM	1/7/2011 15:26	MBC	
bis(2-Chloroethyl)ether	<10.0	ug/L	10.0	1	1/3/2011 14:58	JRM	1/7/2011 15:26	MBC	
bis(2-Chloroisopropyl)ether	<10.0	ug/L	10.0	1	1/3/2011 14:58	JRM	1/7/2011 15:26	MBC	
bis(2-Ethylhexyl)phthalate	<10.0	ug/L	10.0	1	1/3/2011 14:58	JRM	1/7/2011 15:26	MBC	

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ENVIRONMENTAL CHAIN OF CUSTODY

ACCOUNT NAME AND ADDRESS
JOINER MICRO LABORATORIES, INC
77-F WEST LEE STREET
WARRENTON, VA 20186
Phone: 540-347-7212
Fax: 1-540-347-1606
PROJ#: 45109230

DATE SHIPPED	# OF SAMPLES	PROJECT NAME OR NUMBER
12-29-10	2	103150 - Middleburg

PURCHASE ORDER NO.	CONTACT	TELEPHONE NUMBER

RUSH ANALYSIS
☐ 24 HOUR
☐ 48 HOUR
Extra Charge

SPECIAL INSTRUCTIONS:
AUTO EMAIL

ANALYTICS
10329 Stony Run Lane
Ashland, VA 23005
Phone (804) 365-3000
Toll Free (800) 888-8061
Fax (804) 365-3002

CHAIN OF CUSTODY RECORD

MATRIX CODES
A = AQUEOUS O = OIL
S = SOLID X = OTHER

ANALYSIS REQUESTED (Place an "X" in the box below to indicate request)

Lab ID	Sample Identification	Date & Time	MATRIX	# of Bottles	Grab / Comp.	Hardness Titration	Tributyltin	Dissolved Metals	Pesticides 608	Pesticides 622	Acid Ext/BN Ext EPA 625	Hydrogen Sulfide	VOC 624	Cyanide			Preservative H_2SO_4	HCL	HNO_3	NaOH	Other	COMMENTS
	#103150 final eff	12-29-10/0650	W.W.	1	C	X													X			pH <2.0
	#103150 - final eff	12-29-10/0650	WW.	1	C		X														→ ICE	
	#103151 - final eff	12-29-10/0830	W.W.	8	G			X	X	X	X	X									→ ICE	
	#103151 - final eff	12-29-10/0830	W.W.	3	G								X					X			→ ICE	
	#103151 - final eff	12-29-10/0880	W.W.	1	G									X						X		pH >12.0

L 4°C

SAMPLED BY (PRINT NAME):	SAMPLED BY (SIGNATURE TO INITIATE COC):	DATE	TIME
C. Triplett			

SAMPLES RECEIVED BY: (SIGNATURE)	DATE	TIME	CONDITION	SAMPLES RELINQUISHED BY (SIGNATURE)	DATE	TIME	CONDITION
JAMES ALTIERI	12-30-10	1200	MAG	DChapman	12-29-10		

ENVCOC-01 (REV. 2001-0)

ANALYTICS CORPORATION
10329 Stony Run Lane
Ashland, Virginia 23005
804-365-3000 Phone
800-888-8061 Phone
804-365-3002 Fax
www.analyticscorp.com

GROUP#: 1004990
ACCOUNT#: 45109230
DATE: January 19, 2011

ROBYN JOINER
JOINER MICRO LABORATORIES, INC
77-F WEST LEE STREET
WARRENTON, VA 20186

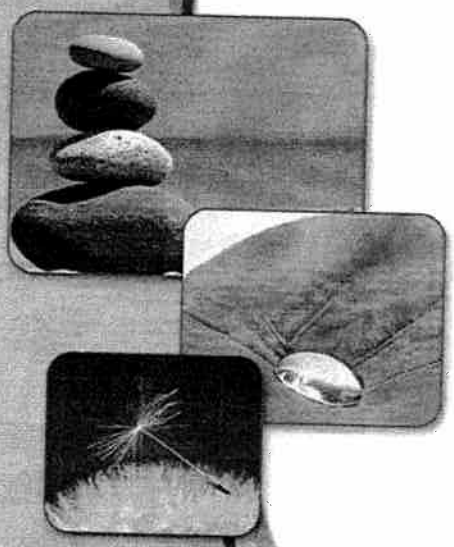
SAMPLE TYPE: 1-Sample for Organophosphorous Pesticides

DATE RECEIVED: 12/30/10

PROJECT NAME/NUMBER: 103150-Middleburg

REMARKS: See Attachment for Results

James A. Calpin, CIH
Laboratory Director



TestAmerica

THE LEADER IN ENVIRONMENTAL TESTING

ANALYTICAL REPORT

TestAmerica Laboratories, Inc.
TestAmerica Savannah
5102 LaRoche Avenue
Savannah, GA 31404
Tel: (912)354-7858

TestAmerica Job ID: 680-64499-1
Client Project/Site: Analytics WO# 1004990

For:
Analytics Corporation
10329 Stony Run Lane
Ashland, Virginia 23005

Attn: Dawn Casto

Lidya Gulizia

Authorized for release by:
1/10/2011 5:30 PM

Lidya Gulizia
Project Manager I
lidya.gulizia@testamericainc.com

LINKS

Review your project results through TotalAccess

Have a Question? Ask The Expert

Visit us at: www.testamericainc.com

Results relate only to the items tested and the sample(s) as received by the laboratory. The test results in this report meet all NELAC requirements for accredited parameters, exceptions are noted in this report. Pursuant to NELAC, this report may not be reproduced except in full, and with written approval from the laboratory. For questions please contact the Project Manager at the e-mail address or telephone number listed on this page.

This report has been electronically signed and authorized by the signatory. Electronic signature is intended to be the legally binding equivalent of a traditionally handwritten signature.

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Sample Receipt Checklist 10

Sample Summary

Client: Analytics Corporation
Project/Site: Analytics WO# 1004990

TestAmerica Job ID: 680-64499-1

Lab Sample ID	Client Sample ID	Matrix	Collected	Received
680-64499-1	#103151-final eff	Water	12/29/10 08:30	01/04/11 10:31

Method Summary

Client: Analytics Corporation
Project/Site: Analytics WO# 1004990

TestAmerica Job ID: 680-64499-1

Method	Method Description	Protocol	Laboratory
614	Organophosphorous Pesticides (GC)	EPA-01	TAL SAV

Protocol References:

EPA-01 = "Methods For The Determination Of Nonconventional Pesticides In Municipal And Industrial Wastewater", EPA/821/R/92/002, April 1992.

Laboratory References:

TAL SAV = TestAmerica Savannah, 5102 LaRoche Avenue, Savannah, GA 31404, TEL (912)354-7858

Qualifier Definition/Glossary

Client: Analytics Corporation
Project/Site: Analytics WO# 1004990

TestAmerica Job ID: 680-64499-1

Qualifiers

GC Semi VOA

Qualifier	Qualifier Description
U	Indicates the analyte was analyzed for but not detected.

Glossary

Glossary	Glossary Description
☼	Listed under the "D" column to designate that the result is reported on a dry weight basis.

Analytical Data

Client: Analytics Corporation
Project/Site: Analytics WO# 1004990

TestAmerica Job ID: 680-64499-1

Client Sample ID: #103151-final eff
Date Collected: 12/29/10 08:30
Date Received: 01/04/11 10:31

Lab Sample ID: 680-64499-1
Matrix: Water

Method: 614 - Organophosphorous Pesticides (GC)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chlorpyrifos	0.97	U	0.97	0.97	ug/L		01/04/11 14:48	01/05/11 16:36	1
Demeton-O	2.4	U	2.4	2.4	ug/L		01/04/11 14:48	01/05/11 16:36	1
Demeton-S	2.4	U	2.4	2.4	ug/L		01/04/11 14:48	01/05/11 16:36	1
Diazinon	0.97	U	0.97	0.97	ug/L		01/04/11 14:48	01/05/11 16:36	1
Disulfoton	1.9	U	1.9	1.9	ug/L		01/04/11 14:48	01/05/11 16:36	1
Guthion	0.97	U	0.97	0.97	ug/L		01/04/11 14:48	01/05/11 16:36	1
Malathion	0.97	U	0.97	0.97	ug/L		01/04/11 14:48	01/05/11 16:36	1
Methyl parathion	0.49	U	0.49	0.49	ug/L		01/04/11 14:48	01/05/11 16:36	1
Parathion	0.97	U	0.97	0.97	ug/L		01/04/11 14:48	01/05/11 16:36	1

Surrogate	*% Recovery*	*Qualifier*	*Limits*	*Prepared*	*Analyzed*	*Dil Fac*
Triphenylphosphate	*95*		*28 - 152*	*01/04/11 14:48*	*01/05/11 16:36*	*1*

Quality Control Data

Method: 614 - Organophosphorous Pesticides (GC)

Lab Sample ID: MB 680-190549/3-A
Matrix: Water
Analysis Batch: 190817

Client Sample ID: MB 680-190549/3-A
Prep Type: Total/NA
Prep Batch: 190549

Analyte	MB Result	MB Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chlorpyrifos	1.0	U	1.0	1.0	ug/L		01/04/11 14:48	01/05/11 14:31	1
Demeton-O	2.5	U	2.5	2.5	ug/L		01/04/11 14:48	01/05/11 14:31	1
Demeton-S	2.5	U	2.5	2.5	ug/L		01/04/11 14:48	01/05/11 14:31	1
Diazinon	1.0	U	1.0	1.0	ug/L		01/04/11 14:48	01/05/11 14:31	1
Disulfoton	2.0	U	2.0	2.0	ug/L		01/04/11 14:48	01/05/11 14:31	1
Guthion	1.0	U	1.0	1.0	ug/L		01/04/11 14:48	01/05/11 14:31	1
Malathion	1.0	U	1.0	1.0	ug/L		01/04/11 14:48	01/05/11 14:31	1
Methyl parathion	0.50	U	0.50	0.50	ug/L		01/04/11 14:48	01/05/11 14:31	1
Parathion	1.0	U	1.0	1.0	ug/L		01/04/11 14:48	01/05/11 14:31	1

Surrogate	*MB % Recovery*	*MB Qualifier*	*Limits*	*Prepared*	*Analyzed*	*Dil Fac*
Triphenylphosphate	*96*		*28 - 152*	*01/04/11 14:48*	*01/05/11 14:31*	*1*

Lab Sample ID: LCS 680-190549/13-A
Matrix: Water
Analysis Batch: 190817

Client Sample ID: LCS 680-190549/13-A
Prep Type: Total/NA
Prep Batch: 190549

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	% Rec	% Rec. Limits
Chlorpyrifos	8.00	8.43		ug/L		105	30 - 130
Diazinon	8.00	8.38		ug/L		105	30 - 130
Disulfoton	8.00	7.90		ug/L		99	30 - 130
Guthion	8.00	10.3		ug/L		129	30 - 130
Methyl parathion	8.00	8.52		ug/L		107	30 - 130

Surrogate	*LCS % Recovery*	*LCS Qualifier*	*Limits*
Triphenylphosphate	*103*		*28 - 152*

Lab Sample ID: LCS 680-190549/15-A
Matrix: Water
Analysis Batch: 190817

Client Sample ID: LCS 680-190549/15-A
Prep Type: Total/NA
Prep Batch: 190549

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	% Rec	% Rec. Limits
Demeton-O	8.00	5.04		ug/L		63	30 - 130
Demeton-S	8.00	8.85		ug/L		111	30 - 130
Malathion	8.00	8.21		ug/L		103	30 - 130
Parathion	8.00	7.74		ug/L		97	30 - 130

Surrogate	*LCS % Recovery*	*LCS Qualifier*	*Limits*
Triphenylphosphate	*100*		*28 - 152*

Lab Sample ID: LCSD 680-190549/14-A
Matrix: Water
Analysis Batch: 190817

Client Sample ID: LCSD 680-190549/14-A
Prep Type: Total/NA
Prep Batch: 190549

Analyte	Spike Added	LCSD Result	LCSD Qualifier	Unit	D	% Rec	% Rec. Limits	RPD	RPD Limit
Chlorpyrifos	8.00	7.88		ug/L		99	30 - 130	7	40
Diazinon	8.00	8.05		ug/L		101	30 - 130	4	40
Disulfoton	8.00	7.53		ug/L		94	30 - 130	5	40
Guthion	8.00	9.76		ug/L		122	30 - 130	6	40

Method: 614 - Organophosphorous Pesticides (GC) (Continued)

Lab Sample ID: LCSD 680-190549/14-A
Matrix: Water
Analysis Batch: 190817

Client Sample ID: LCSD 680-190549/14-A
Prep Type: Total/NA
Prep Batch: 190549

Analyte			Spike Added	LCSD Result	LCSD Qualifier	Unit	D	% Rec	% Rec. Limits	RPD	RPD Limit
Methyl parathion			8.00	8.03		ug/L		100	30 - 130	6	40

Surrogate	*LCSD % Recovery*	*LCSD Qualifier*	*Limits*
Triphenylphosphate	*101*		*28 - 152*

Lab Sample ID: LCSD 680-190549/16-A
Matrix: Water
Analysis Batch: 190817

Client Sample ID: LCSD 680-190549/16-A
Prep Type: Total/NA
Prep Batch: 190549

Analyte			Spike Added	LCSD Result	LCSD Qualifier	Unit	D	% Rec	% Rec. Limits	RPD	RPD Limit
Demeton-O			8.00	5.45		ug/L		68	30 - 130	8	40
Demeton-S			8.00	8.79		ug/L		110	30 - 130	1	40
Malathion			8.00	8.85		ug/L		111	30 - 130	7	40
Parathion			8.00	8.16		ug/L		102	30 - 130	5	40

Surrogate	*LCSD % Recovery*	*LCSD Qualifier*	*Limits*
Triphenylphosphate	*96*		*28 - 152*

ENVIRONMENTAL CHAIN OF CUSTODY

ACCOUNT NAME AND ADDRESS

SHIP TO
TA SAVANNAH

DATE SHIPPED	# OF SAMPLES	PROJECT NAME OR NUMBER
1-3-11	1	1004990

PURCHASE ORDER NO.	CONTACT	TELEPHONE NUMBER
1004990	Dawn CASTO	804 365-3000

RUSH ANALYSIS

☐ 24 HOUR
☐ 48 HOUR

Extra Charge

SPECIAL INSTRUCTIONS:

ANALYTICS

10329 Stony Run Lane
Ashland, VA 23005
Phone (804) 365-3000
Toll Free (800) 888-8061
Fax (804) 365-3002

CHAIN OF CUSTODY RECORD

MATRIX CODES

A = AQUEOUS O = OIL
S = SOLID X = OTHER

ANALYSIS REQUESTED (Place an "X" in the box below to indicate request)

Lab ID	Sample Identification	Date & Time	MATRIX	# of Bottles	Grab / Comp.	Fully-Loaded	Organics	Pesticides	Herbicides	Chlorinates	Nitrogen Compounds	Sulfur Compounds	Cand Metals				Preservative H_2SO_4	HCL	HNO_3	NaOH	Other	COMMENTS
	MW-319-1 filtered	1/3/11 0830	A	2	G	X	X	X	X	X	X	X	X								X	
																						680-67499

SAMPLED BY (PRINT NAME): James Allen

SAMPLED BY (SIGNATURE TO INITIATE COC): James Allen

DATE: 1-3-11 TIME: 1500

SAMPLES RECEIVED BY: (SIGNATURE)	DATE	TIME	CONDITION	SAMPLES RELINQUISHED BY (SIGNATURE)	DATE	TIME	CONDITION
[signature]	1/4/11	0922	Temp: 3.8				

CLIENT BACK COPY FOR PERSONAL RECORDS

ENVCOC-01 (REV. 2001-0)

Login Sample Receipt Check List

Client: Analytics Corporation

Job Number: 680-64499-1

Login Number: 64499
Creator: Stokes, Mark E
List Number: 1

List Source: TestAmerica Savannah

Question	T / F/ NA	Comment
Radioactivity either was not measured or, if measured, is at or below background	True	
The cooler's custody seal, if present, is intact.	True	
The cooler or samples do not appear to have been compromised or tampered with.	True	
Samples were received on ice.	True	
Cooler Temperature is acceptable.	True	
Cooler Temperature is recorded.	True	3.8 C
COC is present.	True	
COC is filled out in ink and legible.	True	
COC is filled out with all pertinent information.	True	
Is the Field Sampler's name present on COC?	True	
There are no discrepancies between the sample IDs on the containers and the COC.	True	
Samples are received within Holding Time.	True	
Sample containers have legible labels.	True	
Containers are not broken or leaking.	True	
Sample collection date/times are provided.	True	
Appropriate sample containers are used.	True	
Sample bottles are completely filled.	True	
Sample Preservation Verified	N/A	
There is sufficient vol. for all requested analyses, incl. any requested MS/MSDs	True	MS/MSD not requested (no additional volume provided).
VOA sample vials do not have headspace or bubble is <6mm (1/4") in diameter.	N/A	
If necessary, staff have been informed of any short hold time or quick TAT needs	True	
Multiphasic samples are not present.	True	
Samples do not require splitting or compositing.	True	

ANALYTICS

Analytics Corporation
Administrative SOP for Sample Receiving and Log-in

Account Name: Jolman

Workorder Number: 1004490

Sample Container Receipt Form

Page 1 of 1

Client Sample ID	#102151-T/ng PA							
Analytics Sample ID	1							
Type of Container	1000G							
Number of Containers	2							
Temperature on Arrival	2yc							
pH on Arrival	6							
Chlorine on Arrival (ppm)	0							
VOA Sample Condition -	—							
General Condition	OK							
Preservation (as marked)	Cool							
Notes and comments								

P=Plastic; G=Glass, Am=Amber, VOA=VOA vial

Sample Custodian JAMES ALTIERI Date 1-3-11

ONLLINE DOCUMENTS\Forms&Worksheets\Sample Receiving\Sample Container Receipt Form

ENVIRONMENTAL CHAIN OF CUSTODY

ACCOUNT NAME AND ADDRESS
'OINER MICRO LABORATORIES, INC
'7-F WEST LEE STREET
'ARRENTON, VA 20186
'hone: 540-347-7212
'ax: 1-540-347-1606
'ROJ#: 45109230

DATE	# OF SAMPLES	PROJECT NAME OR NUMBER
12-29-10	2	103150 - Middleburg

PURCHASE ORDER NO.	CONTACT	TELEPHONE NUMBER

RUSH ANALYSIS
☐ 24 HOUR
☐ 48 HOUR
Extra Charge

SPECIAL INSTRUCTIONS:
AUTO EMAIL

ANALYTICS
10329 Stony Run Lane
Ashland, VA 23005
Phone (804) 365-3000
Toll Free (800) 888-8061
Fax (804) 365-3002

CHAIN OF CUSTODY RECORD

MATRIX CODES
A = AQUEOUS O = OIL
S = SOLID X = OTHER

ANALYSIS REQUESTED (Place an "X" in the box below to indicate request)

Lab ID	Sample Identification	Date & Time	MATRIX	# of Bottles	Grab / Comp.	Hardness Titration	Tributyltin	Dissolved metals	Pesticides 608	Pesticides 622	Acid Ext / BN Ext EPA 625	Hydrogen Sulfide	VOC 624	Cyanide			Preservative H_2SO_4	HCL	HNO_3	NaOH	Other	COMMENTS
	#103150 final eff	12-29-10/0850	W.W.	1	C	X													X			pH <2.0
	#103150 - final eff	12-29-10/0850	WW	1	C		X															ICE
	#103151- final eff	12-29-10/0830	W.W.	8	G			X	X	X	X	X										ICE
	#103151- final eff	12-29-10/0830	W.W.	3	G								X					X				ICE
	#103151- final eff	12-29-10/0830	W.W.	1	G									X						X		pH >12.0

L4°C

SAMPLED BY (PRINT NAME): C. Triplett

SAMPLED BY (SIGNATURE TO INITIATE COC):

DATE

TIME

SAMPLES RECEIVED BY: (SIGNATURE)	DATE	TIME	CONDITION	SAMPLES RELINQUISHED BY (SIGNATURE)	DATE	TIME	CONDITION
JAMES ALTIERI	12-30-10	1200	IRAG	DChapman	12-29-10		

RETAIN BACK COPY FOR PERSONAL RECORDS

ENVCOC-01 (REV. 2001-0)

DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER QUALITY MONITORING
ATTACHMENT A, PAGE 1 of 5

FACILITY NAME: Middleburg STP
ADDRESS: 500 East Washington Street

VPDES PERMIT NO. VA0024775
OUTFALL NO. 001

DEQ Parameter No.	EPA Parameter No.	Parameter	EPA Analysis No.	Quantification Level(1) (ug/L)	Reporting Results (1) (Φg/L)	Sample Type(2)	Sample Frequency(3)	Specific Target Value(4) (ug/L)
METALS								
-	01095	Antimony (Dissolved)	(5)	(5)		G	1/5 YR	4,600
438	01000	Arsenic (Dissolved)	(5)	(5)		G	1/5 YR	90
-	-	Arsenic III (Dissolved)	(5)	(5)		G	1/5 YR	90
440	01025	Cadmium (Dissolved)	(5)	(5)		G	1/5 YR	0.81
441	80357	Chromium III (Dissolved)	(5)	(5)		G	1/5 YR (FW)	53
~~231~~	~~01220~~	~~Chromium VI (Dissolved)~~	~~(5)~~	~~(5)~~		~~G~~	~~1/5 YR~~	~~6.4~~
442	01040	Copper (Dissolved)	(5)	(5)		G	1/5 YR	6.5
405	01049	Lead (Dissolved)	(5)	(5)		G	1/5 YR	11
444	71900	Mercury (Dissolved)	(5)	(5)		G	1/5 YR	0.055
445	01065	Nickel (Dissolved)	(5)	(5)		G	1/5 YR	15
446	01145	Selenium (Dissolved)	(5)	(5)		G	1/5 YR	3.0
447	01075	Silver (Dissolved)	(5)	(5)		G	1/5 YR	2.0
448	01090	Zinc (Dissolved)	(5)	(5)		G	1/5 YR	57
PESTICIDES/PCB'S								
332	39330	Aldrin	608	0.05		G or C	1/5 YR	N/A
333	39350	Chlordane	608	0.2		G or C	1/5 YR	N/A
334	77969	Chlorpyrifos Dursban)	622	(7)		G or C	1/5 YR	N/A
-	-	DDD	608	0.1		G or C	1/5 YR	N/A
-	-	DDE	608	0.1		G or C	1/5 YR	N/A
335	39370	DDT	608	0.1		G or C	1/5 YR	N/A
336	39560	Demeton	(6)	(7)		G or C	1/5 YR	N/A
337	39380	Dieldrin	608	0.1		G or C	1/5 YR	N/A
-	-	Endosulfan	608	0.1		G or C	1/5 YR	N/A
339	39390	Endrin	608	0.1		G or C	1/5 YR	N/A
340	39580	Guthion	622	(7)		G or C	1/5 YR	N/A
341	39410	Heptachlor	608	0.05		G or C	1/5 YR	N/A
342	77835	Hexachlorocyclohexane (Lindane)	608	0.05		G or C	1/5 YR	N/A
-	-	Kepone	(6)	(7)		G or C	1/5 YR	N/A
343	39530	Malathion	(6)	(7)		G or C	1/5 YR	N/A
344	39480	Methoxychlor	(6)	(7)		G or C	1/5 YR	N/A
345	39755	Mirex	(6)	(7)		G or C	1/5 YR	N/A
346	39540	Parathion	(6)	(7)		G or C	1/5 YR (FW)	N/A

DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER QUALITY MONITORING
ATTACHMENT A, PAGE 2 of 5

FACILITY NAME: Middleburg STP
ADDRESS: 500 East Washington Street

VPDES PERMIT NO. VA0024775
OUTFALL NO. 001

DEQ Parameter No.	EPA Parameter No.	Parameter	EPA Analysis No.	Quantification Level(1) (ug/L)	Reporting Results (1) (Φg/L)	Sample Type(2)	Sample Frequency(3)	Specific Target Value(4) (ug/L)
641	-	PCB-1242	608	1.0		G or C	1/5 YR	N/A
642	-	PCB-1254	608	1.0		G or C	1/5 YR	N/A
643	-	PCB-1221	608	1.0		G or C	1/5 YR	N/A
644	-	PCB-1232	608	1.0		G or C	1/5 YR	N/A
645	-	PCB-1248	608	1.0		G or C	1/5 YR	N/A
618	39508	PCB-1260	608	1.0		G or C	1/5 YR	N/A
646		PCB-1016	608	1.0		G or C	1/5 YR	N/A
349	39400	Toxaphene	608	5.0		G or C	1/5 YR	N/A
BASE NEUTRAL EXTRACTABLES								
-	-	Acenaphthene	625	10.0		G or C	1/5 YR	N/A
275	34222	Anthracene	625	10.0		G or C	1/5 YR	N/A
276	34526	Benzo(a) anthracene	625	10.0		G or C	1/5 YR	N/A
648	-	Benzo(b) fluoranthene	625	10.0		G or C	1/5 YR	N/A
278	34242	Benzo(k) fluoranthene	625	10.0		G or C	1/5 YR	N/A
277	34247	Benzo(a)pyrene	625	10.0		G or C	1/5 YR	N/A
-	-	Butyl benzyl phthalate	625	10.0		G or C	1/5 YR	N/A
282	34320	Chrysene	625	10.0		G or C	1/5 YR	N/A
654	-	Dibenz(a,h) anthracene	625	20.0		G or C	1/5 YR	N/A
-	-	Dibutyl phthalate	625	10.0		G or C	1/5 YR	N/A
259	34536	1,2-Dichlorobenzene	625	10.0		G or C	1/5 YR	N/A
264	34566	1,3-Dichlorobenzene	625	10.0		G or C	1/5 YR	N/A
266	34571	1,4-Dichlorobenzene	625	10.0		G or C	1/5 YR	N/A
-	-	Diethyl phthalate	625	10.0		G or C	1/5 YR	N/A
170	-	Di-2-Ethylhexyl Phthalate	625	10.0		G or C	1/5 YR	N/A
239	34611	2,4-Dinitrotoluene	625	10.0		G or C	1/5 YR	N/A
287	34376	Fluoranthene	625	10.0		G or C	1/5 YR	N/A
288	34381	Fluorene	625	10.0		G or C	1/5 YR	N/A
651	-	Indeno(1,2,3-cd) pyrene	625	20.0		G or C	1/5 YR	N/A
650	-	Isophorone	625	10.0		G or C	1/5 YR	N/A
293	34696	Naphthalene	625	10.0		G or C	1/5 YR	N/A
-	-	Nitrobenzene	625	10.0		G or C	1/5 YR	N/A
296	34469	Pyrene	625	10.0		G or C	1/5 YR	N/A
-	-	1,2,4 Trichlorobenzene	625	10.0		G or C	1/5 YR	N/A

DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER QUALITY MONITORING
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FACILITY NAME: Middleburg STP
ADDRESS: 500 East Washington Street

VPDES PERMIT NO. VA0024775
OUTFALL NO. 001

DEQ Parameter No.	EPA Parameter No.	Parameter	EPA Analysis No.	Quantification Level[1] (ug/L)	Reporting Results[1] (Φg/L)	Sample Type[2]	Sample Frequency[3]	Specific Target Value[4] (ug/L)
		VOLATILES						
216	34030	Benzene	624	10.0		G	1/5 YR	N/A
484	32104	Bromoform	624	10.0		G	1/5 YR	N/A
236	32102	Carbon Tetrachloride	624	10.0		G	1/5 YR	N/A
652	-	Chlorodibromomethane	624	10.0		G	1/5 YR	N/A
223	32106	Chloroform	624	10.0		G	1/5 YR	N/A
649		Dichloromethane	624	20.0		G	1/5 YR	N/A
244	79603	Dichlorobromomethane	624	20.0		G	1/5 YR	N/A
260	34531	1,2-Dichloroethane	624	10.0		G	1/5 YR	N/A
-	-	1,1-Dichloroethylene	624	10.0		G	1/5 YR	N/A
172	34371	Ethylbenzene	624	10.0		G	1/5 YR	N/A
653		Monochlorobenzene	624	50.0		G	1/5 YR	N/A
220	34475	Tetrachloroethylene	624	10.0		G	1/5 YR	N/A
222	34010	Toluene	624	10.0		G	1/5 YR	N/A
155	39180	Trichloroethylene	624	10.0		G	1/5 YR	N/A
173	39175	Vinyl Chloride	624	10.0		G	1/5 YR	N/A
		ACIDS EXTRACTABLES						
-	-	2-Chlorophenol	625	10.0		G or C	1/5 YR	N/A
-	-	2,4 Dichlorophenol	625	10.0		G or C	1/5 YR	N/A
-	-	2,4 Dimethylphenol	625	10.0		G or C	1/5 YR	N/A
210	39032	Pentachlorophenol	625	50.0		G or C	1/5 YR	N/A
175	46000	Phenol[8]	625	10.0		G or C	1/5 YR	N/A
602	34621	2,4,6-Trichlorophenol	625	10.0		G or C	1/5 YR	N/A
		MISCELLANEOUS						
018	00720	Cyanide	335.2	10.0		G	1/5 YR	N/A
137	00900	Hardness (as mg/L $CaCO_3$)	(6)	(7)	mg/L	C	1/5 YR	N/A
-	-	Hydrogen Sulfide	(6)	(7)		G	1/5 YR	N/A
350	30340	Tributyltin[9]	NBSR 85-3295	(7)		C	1/5 YR	N/A
252	81551	Xylenes (total)	SW 846 Method 8021B	(7)		G	1/5 YR	N/A

DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER QUALITY MONITORING
ATTACHMENT A, PAGE 4 of 5

FACILITY NAME: Middleburg STP
ADDRESS: 500 East Washington Street

VPDES PERMIT NO. VA0024775
OUTFALL NO. 001

DEQ Parameter No.	EPA Parameter No.	Parameter	EPA Analysis No.	Quantification Level[1] (ug/L)	Reporting Results[1] (Φg/L)	Sample Type[2]	Sample Frequency[3]	Specific Target Value[4] (ug/L)

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.)

Name of Principal Executive Officer or Authorized Agent

Title

Signature of Principal Executive Officer or Authorized Agent

Date

Footnotes to Water Quality Monitoring Attachment A

(1) Quantification level (QL) is defined as the lowest concentration used for the calibration of a measurement system when the calibration is in accordance with the procedures published for the required method.

Units for the quantification level and the specific target value are micrograms/liter (Φg/L) unless otherwise specified.

Quality control and quality assurance information shall be submitted to document that the required quantification level has been attained. Data reported by the lab as less than the test method QL shall be reported as "<[QL]" on the Attachment A form, where the actual test method QL shall be substituted for "[QL]".

(2) Sample Type

G = Grab = An individual sample collected in less than fifteen (15) minutes. Substances specified with "grab" sample type shall only be collected as grabs. The permittee may analyze multiple grabs and report the average results provided that the individual grab results are also reported.

C = Composite = A 24-hour composite unless otherwise specified. The composite shall be a combination of individual samples, taken proportional to flow, obtained at hourly or smaller time intervals. The individual samples may be of equal volume for flows that do not vary by +/- 10 percent over a 24-hour period. For composite metals samples, the individual sample aliquots shall be filtered and preserved immediately upon collection and prior to compositing.

(3) Frequency

1/5 YR = once after the start of the third year from the permit's effective date but 180 days prior to permit expiration.
X = no monitoring required

(4) Specific Target Value is the approximate value that may initiate a wasteload allocation analysis. Target values are not wasteload allocations or effluent limitations. The specific target values are subject to change based on additional information such as hardness data, receiving stream flow and design flows.

(5) A specific analytical method is not specified. An appropriate method shall be selected from the following list of EPA methods (or any approved method presented in 40 CFR Part 136) which will achieve a quantification level that is less than the indicated specific target value for each metal. If the test result is less than the specified specific target value, a "<[QL]" shall be reported where the actual analytical test QL is substituted for [QL].

Metal	Analytical Methods
Antimony	204.1; 200.7; 204.2; 1639; 1638; 200.8
Arsenic**	200.7; 200.9; 200.8; 1632
Barium	208.1; 200.7; 208.2; 200.8
Cadmium	213.1; 200.7; 213.2; 200.9; 200.8; 1638; 1639; 1637; 1640
Chromium*	218.1; 200.7; 218.2; 218.3; 200.9; 1639; 200.8
Chromium VI	218.4; 1636
Copper	220.1; 200.7; 220.2; 200.9; 1638; 1640; 200.8
Iron	236.1; 200.7; 236.2
Lead	239.1; 200.7; 239.2; 200.9; 200.8; 1638; 1637; 1640
Manganese	243.1; 200.7; 200.9; 243.2; 200.8
Mercury	200.7; 245.1; 200.8; 1631
Nickel	249.1; 200.7; 249.2; 1639; 200.9; 1638; 200.8; 1640
Selenium	200.7; 270.2; 200.8; 1638; 1639; 200.9
Silver	272.1; 200.7; 200.9; 272.2; 1638; 200.8
Zinc	289.1; 200.7; 1638; 1639; 200.8; 289.2.

- Chromium III is measured by the total chromium analysis. If the result of the total chromium analysis is less than or equal to the QL (or specific target value), the result for chromium III can be reported as less than QL.

** Arsenic III is measured by the total arsenic analysis. If the result for the total arsenic analysis is less than or equal to the QL (or specific target value), the result for arsenic III can be reported as less than QL.

(6) Any approved method presented in 40 CFR Part 136.

(7) The QL is at the discretion of the permittee. For any substances addressed in 40 CFR Part 136, the permittee shall use one of the approved methods in 40 CFR Part 136.

(8) Requires continuous extraction.

(9) DEQ's approved analysis for TBT may also be used. (See A Manual for the Analysis of Butyltins in Environmental Systems by the Virginia Institute of Marine Science dated November 1996.)