Stafford County Public Schools

Facilities Services
31 Stafford Avenue
Stafford, VA 22554

Phone: (540) 658-6540
Fax: (540) 658-5951

VA DEPARTMENT OF ENVIRONMENTAL QUALITY
NORTHERN
JAN 30 2012
REGIONAL OFFICE
WOODBRIDGE, VA

January 25, 2012

Ms. Anna T. Westernik
Commonwealth of Virginia
Department of Environmental Quality
13901 Crown Court
Woodbridge, Virginia 22193

Re: VPDES Reissuance Permit No. VA0060348- Hartwood Elementary School

Dear Ms. Westernik:

Attached please find the signed permit applications for permit number: VA0060348- Hartwood Elementary School.

Per your request, we will also provide you with an electronic copy. Please feel free to contact me at 540-658-6540 should you have any questions.

Sincerely,

Scott Horan

Scott Horan
Assistant Superintendent for Facilities

SH/jmg

Enclosures

Cc: Rob Adams, Director, Operations & Maintenance Department
Cathy Walker, Principal Hartwood Elementary School

PUBLIC NOTICE BILLING INFORMATION

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

Agent/Department to be billed: Stafford County School Board

Owner: Same

Agent/Department Address: 31 Stafford Ave.

Stafford, Va. 22554

Agent's Telephone No.: 540-658-6000

Printed Name: Dr. Randy Bridges

Authorizing Agent – Signature: Randy Bridges

Date: 1/24/12

VPDES Permit No. VA0060348
Facility Name : Hartwood Elementary School

FACILITY NAME AND PERMIT NUMBER:
VA0060348

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: Hartwood Elementary School

Mailing Address: 31 Stafford Ave.
Fredericksburg, Va. 22554

Contact person: Dr. Randy Bridges

Title: Superintendent of Public Schools

Telephone number: (540) 658-6000

Facility Address (not P.O. Box): 14 Shackelford Well Rd.
Fredericksburg, Va. 22406

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

Applicant name: Same

Mailing Address: _____

Contact person: _____

Title: _____

Telephone number: _____

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

✓ owner ✓ operator

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

_____ facility ✓ 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	VA0060348	PSD	
UIC		Other	
RCRA		Other	

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
Hartwood Elem. School	720	Separate	Municipal

Total population served 720

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).

_____

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 ✓ 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:
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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
Fredericksburg (City or town, if applicable) — 22406 (Zip Code)
Stafford (County) — Virginia (State)
38 15 08 N (Latitude) — 77 33 45 W (Longitude)

c. Distance from shore (if applicable) N/A ft.

d. Depth below surface (if applicable) N/A ft.

e. Average daily flow rate 0.0069 mgd

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

If yes, provide the following information:

Number of times per year discharge occurs: 225 Approximately

Average duration of each discharge: 11 Hours

Average flow per discharge: 0.0069 mgd

Months in which discharge occurs: August-thru-June

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

A.10. Description of Receiving Waters.

a. Name of receiving water Horsepen Run UT

b. Name of watershed (if known) Rappahannock River

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

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

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:
VA0060348

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A.11. Description of Treatment.

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

_____ Primary ✓ Secondary

_____ Advanced _____ Other. Describe: _____

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

Design BOD_5 removal or Design $CBOD_5$ removal 90 %

Design SS removal 90 %

Design P removal 90 %

Design N removal 90 %

Other _____ _____ %

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

Chlorination - Tablet Feeder

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

d. Does the treatment plant have post aeration? ✓ 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)	6.0	s.u.			
pH (Maximum)	7.8	s.u.			
Flow Rate	0.0088	MGD	0.0069	MGD	220
Temperature (Winter)	Unknown	Unknown	Unknown	Unknown	0
Temperature (Summer)	Unknown	Unknown	Unknown	Unknown	0

* 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	BOD-5							
DEMAND (Report one)	CBOD-5	23	mg/l	3.1	mg/l	10	SM5210-B	2.0
FECAL COLIFORM						3	SM9210E	2
TOTAL SUSPENDED SOLIDS (TSS)		20	mg/l	6.2	mg/l	10	SM2540-D	1.0

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:

VA0060348

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

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:

✓ 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: Dr. Randy Bridges, Superintendent of Public Schools

Signature: Randy Bridges

Telephone number: (540) 658-6000

Date signed: 1/24/12

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:

VPDES Permit Application Addendum

1. **Entity to whom the permit is to be issued:** Stafford County School Board

Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

2. **Is this facility located within city or town boundaries?** Yes ☐ No X

3. **Provide the tax map parcel number for the land where the discharge is located.** 35

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?** None

5. **What is the design average effluent flow of this facility?** 0.0078 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? Yes ☐ No X

   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:**

   Elementary School

   99 % of flow from domestic connections/sources

   Number of private residences to be served by the treatment works: 0

   0 % of flow from non-domestic connections/sources

7. **Mode of discharge:** ☐ Continuous X Intermittent ☐ Seasonal

   Describe frequency and duration of intermittent or seasonal discharges:

   August thru June, Approximately 0900 hrs. to 2000 hrs.

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

   ____ Permanent stream, never dry

   X 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 January 2001 **Sludge/Solids Management Plan** January 2001

   Have there been any changes in your operations or procedures since the above approval dates? Yes ☐ No X

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

SCREENING INFORMATION

This application is divided into four sections. Section A pertains to all applicants. The applicability of Sections B, C and D depends 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. Does this facility generate sewage sludge? ___X__ Yes _____ No

   Does 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. Does this facility apply sewage sludge to the land? _____ Yes __X___ No

   Is sewage sludge from this facility applied to the land? _____ Yes __X___ No

   If you answer "No" to all above, skip Section C.

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

   a. Does 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? _____ Yes _____ No

   b. Is sewage sludge from this facility placed in a bag or other container for sale or give-away for application to the land? _____ Yes _____ No

   c. Is sewage sludge from this facility sent to another facility for treatment or blending? _____ 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: Hartwood Elementary School
   b. Contact person: Dr. Randy Bridges
      Title: Superintendent of Public Schools
      Phone: (540) 658-6000
   c. Mailing address:
      Street or P.O. Box: 31 Stafford Avenue
      City or Town: Stafford State: Virginia Zip: 22554
   d. Facility location:
      Street or Route #: 14 Shackelford Well Rd.
      County: Stafford
      City or Town: Fredericksburg State: Virginia Zip: 22406
   e. Is this facility a Class I sludge management facility? _____ Yes __X___ No
   f. Facility design flow rate: 0.0078 mgd
   g. Total population served: 720
   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: Same
   b. Mailing address:
      Street or P.O. Box: _____
      City or Town: _____ State: _____ Zip: _____
   c. Contact person: _____
      Title: _____
      Phone: (_____) _____
   d. Is the applicant the owner or operator (or both) of this facility?
      __X___ owner __X___ operator
   e. Should correspondence regarding this permit be directed to the facility or the applicant?
      _____ facility ___X__ applicant

3. **Permit Information.**
   a. Facility's VPDES permit number (if applicable): VA006348
   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:
None	_____
_____	_____

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: Dabney & Crooks, Inc

   Mailing address:

   Street or P.O. Box: P.O. Box 7783
   City or Town: Fredericksburg State: Virginia Zip: 22404

   Phone: (540) 373-0380
   Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge:

   N/A

   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 Data Available			
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:

__X___ 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: Dr. Randy Bridges, Superintendent of Public Schools
Signature Randy Bridges Date Signed 1/24/12
Telephone number (540)-658-6000

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: 0.25 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: _____
   b. Contact Person: _____
      Title: _____
      Phone: (_____) _____
   c. Mailing address:
      Street or P.O. Box: _____
      City or Town: _____ State: _____ Zip: _____
   d. Facility location: _____
      (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: Aerated Sludge Storage
      _____
   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: Aerated Sludge Storage
      _____
   e. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities, including blending, not identified in a - d above: None
      _____

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).**

   (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:

      _____0_____ 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.**

   (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: _____0_____ 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: Little Falls Run WWTF

   b. Facility contact: Mike Smith

      Title: Director of Public Works

      Phone: (540) 899-9619

   c. Mailing address:

      Street or P.O. Box: Rt. 3

      City or Town: Fredericksburg State: Virginia Zip: 22206

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

      _____0.25_____ 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:
VA0076392	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 _____ 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: Lime Stabilization

      _____

      _____

   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)

___X__ 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 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: Lime Stabilization

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? _____ Yes __X___ 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. Shackelford Well Rd. to left on Hartwood Rd., Hartwood Rd. to left on Rt. 17 East, Rt 17 East to 95 South, 95 South to Rt. 3 East Exit, Rt.3 East to Facility on right

7. **Land Application of Bulk Sewage Sludge.**

(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).

UNIVERSAL LABORATORIES

REPORT OF ANALYSIS

RECEIVED
JAN 27 2012
DEQ-NRO

Order ID: 1201406

(REPORT DATE)
27-Jan-12

TO: Dabney & Crooks, Inc.
P.O. Box 7783

Fredericksburg VA 22401

ATTN: Doug Crooks

FaxNumber:
E-MAIL

This report contains the analytical results for Project Id VPDES Hartwood ES Monthly designated as UL Order Id **1201406** and received on *Tuesday, January 24, 2012*
The results contained in this report relate only to the samples identified on this order. The analytical results meet all requirements of NELAC unless specifically stated. This report shall not be reproduced except in full.

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

Signature

G. Hinshelwood
Name

VP
Title

ANALYTICAL DATA REPORT

UL ORDER ID 1201406

UL Sample Number 1201406-001

Grab Date/Time: 1/24/2012 10:15:00

Composite Start: N/A

Composite Stop: N/A

Collected By: client

Sample Site: OF-001 Grab

Client Sample ID: OF-001 Grab

Sample Matrix: Wastewater

Parameter	Test Result	Units	RL	Analysis Date/Time	Analyst	Comment
IDEXX-Colilert						
E-Coli	<1	mpn/100ml	1	1/24/2012 13:19:00	FRED	

Comments for 1201406-001

No comments

ANALYTICAL DATA REPORT

UL ORDER ID 1201406

Analytical Methods Reference

VDEH Lab# 00030 (Hampton) VDEH Lab# 00065 (Fredricksburg) NCWW Lab # 543 (Hampton)
NCDW Lab # 51706 (Hampton) VELAP ID 460036 (Hampton)

Description:	Prep Method:	Method	Reference	accredited/status
Wastewater				
BOD (Inhibited/C) by addition of Nitrifi cation inhibitor	SM 5210 B	SM-5210	18th Edition	Accredited
Enzyme Substrate Coliform Test (E-C oli)		IDEXX-Colilert	40 CFR part 136 App. A	
Total Kjeldahl Nitrogen	SEAL EPA 136 6	EPA 351.2	Version 2	Accredited
Total Suspended Solids		SM-2540 D	18th Edition	Accredited

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

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Holding Time is the maximum times that samples may be held prior to analysis and still be considered valid or not compromised

ug/L=ppb ug/kg=ppb mg/kg=ppm mg/L=ppm

QC Flag	Description
B	Analyte found in method blank
H	Holding time exceeded
L	LCS outside acceptable limits
V	ICV/CCV/FCV outside acceptable limits
D	RPD outside acceptable limits
MS	Matrix spike recovery outside acceptable limits
J	Result above calibration curve approximate value
QC	Method QC Critera not met
MI	Matrix Interference
S	Surrogate outside acceptable limits
IS	Internal standard outside acceptable limits

1201406

CHAIN-OF-CUSTODY

UNIVERSAL LABORATORIES

20 Research Drive
Hampton, VA 23666

Phone: (757) 865-0880
Fax: (757) 865-8014

Company	Dabney & Crooks, Inc.
Street/Box	P.O. Box 7783
City/State	Fredericksburg VA 22404
Phone	540 373 0380 Fax 540 371 0497
Contact:	Doug Crooks
Job No.	P.O. No.

Analysis Required: Ecoli

Sample ID	Date/Time	Sampled By	Matrix	Sample Type	Field Notes	Preservative	Preservative	Preservative	Preservative	Preservative	Preservative	Preservative	Preservative	Log Number
Hartwood Elementary	1-24-12 1015	DC		C (G)										
				C G										
				C G										
				C G										
				C G										
				C G										
				C G										
				C G										
				C G										
				C G										
				C G										
				C G										
				C G										

Comments:

Cooler Temp at LI 0.3°C-6°C Pres V N/A

Possible Hazards:

Disposal: Lab ☐ Client ☐ Charge ☐

Due Date:

Express Service

Express Service Approval

Relinquished By	Signature	Company Dabney & Crooks	Date/Time 1/24/12
Received By	Signature Ben Bryan	Company UL	Date/Time 1/24/12 1205
Relinquished By	Signature	Company	Date/Time
Received By	Signature	Company	Date/Time
Relinquished By	Signature	Company	Date/Time
Received By	Signature	Company	Date/Time

Work Order No.

Delivery Order

Trans ☐ P.U. ☐ Grab ☐ Comp ☐

Shipping/Delivery Charges

Composite Start / Composite Stop

Okee Fmr BB 1/24/12

UNIVERSAL LABORATORIES

REPORT OF ANALYSIS

RECEIVED
JAN 27 2012
DEQ-NRO

Order ID: 1201355

(REPORT DATE)
26-Jan-12

TO: Dabney & Crooks, Inc.
P.O. Box 7783

Fredericksburg VA 22401

ATTN: Doug Crooks

FaxNumber:
E-MAIL

This report contains the analytical results for Project Id N/A
designated as UL Order Id **1201355** and received on *Thursday, January 19, 2012*
The results contained in this report relate only to the samples identified on this order. The analytical results meet all requirements of NELAC unless specifically stated. This report shall not be reproduced except in full.

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

Carol Kleemeier — Signature
Carol Kleemeier — Name
Pres/Technical Director — Title

ANALYTICAL DATA REPORT

UL ORDER ID 1201355

UL Sample Number 1201355-001	**Sample Site:** Hartwood Elem. Sch.
Grab Date/Time: 1/19/2012 09:05:00	Client Sample ID: Hartwood Elem. Sch.
Composite Start: N/A	Sample Matrix: Wastewater
Composite Stop: N/A	
Collected By: CLIENT	

Parameter	Test Result	Units	RL	Analysis Date/Time	Analyst	Comment
IDEXX-Colilert						
E-Coli	<1	mpn/100ml	1	1/19/2012 12:06:00	FRED	

Comments for 1201355-001

No comments

ANALYTICAL DATA REPORT

UL ORDER ID **1201355**

Analytical Methods Reference

VDEH Lab# 00030 (Hampton) VDEH Lab# 00065 (Fredricksburg) NCWW Lab # 543 (Hampton)
NCDW Lab # 51706 (Hampton) VELAP ID 460036 (Hampton)

Description:	*Prep Method:*	*Method*	*Reference*	*accredited/status*
Wastewater				
Enzyme Substrate Coliform Test (E-C		IDEXX-Colilert	40 CFR part 136 App. A	

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

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ug/L=ppb ug/kg=ppb mg/kg=ppm mg/L=ppm

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J	Result above calibration curve approximate value
QC	Method QC Critera not met
MI	Matrix Interference
S	Surrogate outside acceptable limits
IS	Internal standard outside acceptable limits

1201355

CHAIN-OF-CUSTODY

UNIVERSAL LABORATORIES

Company	DABNEY & CROOKS, INC.
Street/Box	P.O. Box 7783
City/State	FREDERICKSBURG VA 22404
Phone	540 373 0380
Fax	540 371 0497
Contact:	DOUG CROOKS
Job No.	
P.O. No.	

20 Research Drive
Hampton, VA 23666

Phone: (757) 865-0880
Fax: (757) 865-8014

Analysis Required

Sample ID	Date/Time	Sampled By	Matrix	Sample Type	Field Notes	Preservative EC Knowledge	Preservative	Preservative	Preservative	Preservative	Preservative	Preservative	Preservative	Log Number
HARTWOOD ELEM SCH	1/19/12 0905	DC	WW	C G		✓								
				C G										
				C G										
				C G										
				C G										
				C G										
				C G										
				C G										
				C G										
				C G										
				C G										
				C G										

Comments:

Cooler Temp at LI on ice Pres √ N/A

Possible Hazards: Disposal: Lab ☐ Client ☐ Charge ☐

Due Date:

Express Service

Express Service Approval

Relinquished By	Signature [signature]	Company DABNEY & CROOKS	Date/Time 1/19/12 1147
Received By	Signature [signature]	Company U.L.	Date/Time 1/19/12 1147
Relinquished By	Signature	Company	Date/Time
Received By	Signature	Company	Date/Time
Relinquished By	Signature	Company	Date/Time
Received By	Signature	Company	Date/Time

Work Order No.

Delivery Order

Trans ☐ P.U. ☐ Grab ☐ Comp ☐

Shipping/Delivery Charges

Composite Start / Composite Stop

UNIVERSAL LABORATORIES

REPORT OF ANALYSIS

RECEIVED
FEB 01 2012
DEQ-NRO

Order ID: 1201527

(REPORT DATE)
31-Jan-12

TO: Dabney & Crooks, Inc.
P.O. Box 7783

Fredericksburg VA 22401

ATTN: Doug Crooks

FaxNumber:
E-MAIL

This report contains the analytical results for Project Id VPDES Hartwood ES Monthly designated as UL Order Id **1201527** and received on *Thursday, January 26, 2012*
The results contained in this report relate only to the samples identified on this order. The analytical results meet all requirements of NELAC unless specifically stated. This report shall not be reproduced except in full.

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

Signature

G. Hinshelwood — Name

VP — Title

ANALYTICAL DATA REPORT

UL ORDER ID 1201527

UL Sample Number	1201527-001	**Sample Site:**	OF-001 Grab
Grab Date/Time:	1/26/2012 10:40:00	Client Sample ID:	OF-001 Grab
Composite Start:	N/A	Sample Matrix:	Wastewater
Composite Stop:	N/A		
Collected By:	client		

Parameter	Test Result	Units	RL	Analysis Date/Time	Analyst	Comment
IDEXX-Colilert						
E-Coli	<1	mpn/100ml	1	1/26/2012 12:18:00	FRED	

Comments for 1201527-001

No comments

1201527

CHAIN-OF-CUSTODY

UNIVERSAL LABORATORIES

20 Research Drive
Hampton, VA 23666

Phone: (757) 865-0880
Fax: (757) 865-8014

Company	DABNEY & CROOKS, INC.
Street/Box	P.O. BOX 7783
City/State	FREDERICKSBURG VA 22404
Phone	540 373 0380 Fax 540 371 0497
Contact:	DOUG CROOKS
Job No.	/ P.O. No.

Analysis Required

Sample ID	Date/Time	Sampled By	Matrix	Sample Type	Field Notes	Preservative EC96WELL	Preservative	Preservative	Preservative	Preservative	Preservative	Preservative	Preservative	Log Number
HARTWOOD ELEM SCHOOL	1/26/12 1040	DC	WW	C G		✓								
				C G										
				C G										
				C G										
				C G										
				C G										
				C G										
				C G										
				C G										
				C G										
				C G										
				C G										

Comments:

Cooler Temp at LI ambient Pres √ N/A

Possible Hazards: Disposal: Lab ☐ Client ☐ Charge ☐

Due Date:

Express Service

Express Service Approval

Relinquished By	Signature [signature]	Company DABNEY & CROOKS	Date/Time 1/26/12
Received By	Signature [signature]	Company CC	Date/Time 1/26/12 17:57
Relinquished By	Signature	Company	Date/Time
Received By	Signature	Company	Date/Time
Relinquished By	Signature	Company	Date/Time
Received By	Signature	Company	Date/Time

Work Order No.

Delivery Order

Trans ☐ P.U. ☐ Grab ☐ Comp ☐

Shipping/Delivery Charges

Composite Start / Composite Stop

ANALYTICAL DATA REPORT

UL ORDER ID **1201527**

Analytical Methods Reference

VDEH Lab# 00030 (Hampton) VDEH Lab# 00065 (Fredricksburg) NCWW Lab # 543 (Hampton)
NCDW Lab # 51706 (Hampton) VELAP ID 460036 (Hampton)

Description:	Prep Method:	Method	Reference	accredited/status
Wastewater				
Enzyme Substrate Coliform Test (E-C oli)		IDEXX-Colilert	40 CFR part 136 App. A	

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

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