DINWIDDIE COUNTY WATER AUTHORITY

23008 AIRPARK DRIVE • PETERSBURG, VIRGINIA 23803

Telephone (804) 861-0998

Fax (804) 861-4270

Joseph R. Patterson, *Chairman*

John H. Clements, *Vice Chairman*

Norman C. Olgers, Jr., *Secretary/Treasurer*

Gene R. Witt, *Board Member*

J. Larry Harvell, *Board Member*

Robert B. Wilson, P.E., *Executive Director*

October 25, 2012

RECEIVED
OCT 31 2012
PRO

Jaime Bauer
Environmental Specialist II
Department of Environmental Quality
Piedmont Regional Office
4949-A Cox Road
Glen Allen, Virginia 23060

Re: Reissuance of VPDES Permit No. VA0092274, Rohoic Creek WWTP

Dear Ms. Bauer:

Per your letter of August 6, 2012 I have enclosed the following requested information:

1. EPA Form 2A with attachments (1 copy)
2. VPDES Permit Application Addendum (1 copy)
3. VPDES Sludge Application (1 copy)
4. Public Notice Authorization (1 copy)

The Authority currently has a contract with South Central Wastewater Authority (SCWA) for the treatment of wastewater from northeastern Dinwiddie County. The wastewater sent to South Central is monitored for flow rate. However, since the Authority does not currently treat the wastewater, and since it is combined with other flows from the SCWA collection system, the effluent and sludge characteristics are unknown. Effluent testing data from the Authority's Courthouse STP has been provided as a representative sample.

If you have any questions or need any additional information, please contact me at (804) 861-0998.

Sincerely,

Robert B. Wilson, P.E.
Executive Director

Attachments

FACILITY NAME AND PERMIT NUMBER:
Rohoic Creek WWTP: VA0092274

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)

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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: Rohoic Creek WWTP

Mailing Address: 23008 Airpark Drive
Petersburg, VA 23803

Contact person: Robert Wilson

Title: Executive Director, Dinwiddie County Water Authority

Telephone number: (804) 861-0999

Facility Address (not P.O. Box): Near the intersection of US Route 460 and Rawlings Ln
Petersburg, VA 23803

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

Applicant name: Dinwiddie County Water Authority

Mailing Address: 23008 Airpark Drive
Petersburg, VA 23803

Contact person: Robert Wilson

Title: Executive Director, Dinwiddie County Water Authority

Telephone number: (804) 861-0999

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	VA0092274	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
Northeastern Din.	12,774	Separate	Municipal

Total population served 12,774

A.5. Indian Country.

a. Is the treatment works located in Indian Country?

____ Yes ✓ 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 ✓ 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 4 mgd

	Two Years Ago	Last Year	This Year	
b. Annual average daily flow rate	N/A	N/A	N/A	mgd
c. Maximum daily flow rate	N/A	N/A	N/A	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.

✓ Separate sanitary sewer 100 %

____ Combined storm and sanitary sewer ____ %

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? ✓ 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 ____

iii. Combined sewer overflow points ____

iv. Constructed emergency overflows (prior to the headworks) ____

v. Other ____ ____

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 ✓ 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 ✓ 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 ✓ 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).

_____

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?

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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
N/A (City or town, if applicable) — 23803 (Zip Code)
Dinwiddie (County) — VA (State)
37° 09' 12" (Latitude) — 77° 31' 01" (Longitude)

c. Distance from shore (if applicable) 0 ft.

d. Depth below surface (if applicable) 0 ft.

e. Average daily flow rate 0.88 mgd (Projected startup flow)

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: ____

Average duration of each discharge: ____

Average flow per discharge: ____ mgd

Months in which discharge occurs: ____

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

A.10. Description of Receiving Waters.

a. Name of receiving water Hatcher Run

b. Name of watershed (if known) Nottoway

United States Soil Conservation Service 14-digit watershed code (if known): CU26 (VAHU6)

c. Name of State Management/River Basin (if known): Chowan and Dismal Swamp Basin (Chowan)

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): 03010201

d. Critical low flow of receiving stream (if applicable):
acute 0.01 (1Q10) cfs chronic 0.01 (7Q10) cfs

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

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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	95	%
Design SS removal	85	%
Design P removal	N/A	%
Design N removal	90 (TKN)	%
Other ____		%

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

Ultraviolet

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 — Effluent testing from Dinwiddie Courthouse STP - VA0081779 See attached description

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.63	s.u.			
pH (Maximum)	7.98	s.u.			
Flow Rate	0.107	MGD	0.040	MGD	366
Temperature (Winter)	8.9 (min)	°C	15.01	°C	366
Temperature (Summer)	29.0	°C	25.28	°C	366

* 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	6.00	mg/L	2.30	mg/L	52	SM21/5210B	0.50 mg/L
FECAL COLIFORM		2	n/cml	2	n/cml	52	Sm20/9221F	2 n/cml
TOTAL SUSPENDED SOLIDS (TSS)		3.80	mg/L	1.28	mg/L	12	Sm20/2540D	1 mg/L

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

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.

60,000 gpd

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

Ongoing program of manhole rehabilition and actively clearing easements to locate and eliminate I&I.
This program has reduced average daily flow of I&I by approximately 40% in the past 5 years.

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.)

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.

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 ✓ 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.

001

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	11 / 1 / 2015	___/___/_____
– End construction	11 / 1 / 2017	___/___/_____
– Begin discharge	12 / 1 / 2017	___/___/_____
– Attain operational level	12 / 15 / 2017	___/___/_____

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ____Yes ✓ No

Describe briefly: _____

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 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: 001 Effluent testing from Dinwiddie Courthouse STP - VA0081779
See attached description and additional testing information

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)	-	-	< 0.1	mg/L	1 grab	4500NH3	0.1
CHLORINE (TOTAL RESIDUAL, TRC)	-	-	0.01	mg/L	1 grab	4500CIG	-
DISSOLVED OXYGEN	7.55 (min)	mg/L	-	-	366	-	-
TOTAL KJELDAHL NITROGEN (TKN)	4.03	mg/L	0.587	mg/L	48	351.2	0.50
NITRATE PLUS NITRITE NITROGEN	N/A						
OIL and GREASE	N/A						
PHOSPHORUS (Total)	N/A						
TOTAL DISSOLVED SOLIDS (TDS)	N/A						
OTHER	N/A						

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:

Rohoic Creek WWTP: VA0092274

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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:

✓ 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: Robert B. Wilson, P.E. Executive Director, Dinwiddie County Water Authority

Signature: Robert B. Wilson

Telephone number: (804) 861-0998

Date signed: _____

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:
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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.

Expanded Effluent Testing N/A

Outfall number: 001 (Complete once for each outfall discharging effluent No discharge so no data available

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											

FACILITY NAME AND PERMIT NUMBER:
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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											

FACILITY NAME AND PERMIT NUMBER:
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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											

FACILITY NAME AND PERMIT NUMBER:

Rohoic Creek WWTP: VA0092274

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

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:
Rohoic Creek WWTP: VA0092274

Form Approved 1/14/99
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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. Toxicity Testing N/A
No discharge so no data available

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			

FACILITY NAME AND PERMIT NUMBER:
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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)			

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.

FACILITY NAME AND PERMIT NUMBER:
Rohoic Creek WWTP: VA0092274

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

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. 0

b. Number of CIUs. 0

SIGNIFICANT INDUSTRIAL USER INFORMATION: N/A

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?

_____

FACILITY NAME AND PERMIT NUMBER:
Rohoic Creek WWTP: VA0092274

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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

FACILITY NAME AND PERMIT NUMBER:
Rohoic Creek WWTP: VA0092274

Form Approved 1/14/99
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SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS N/A

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): _____

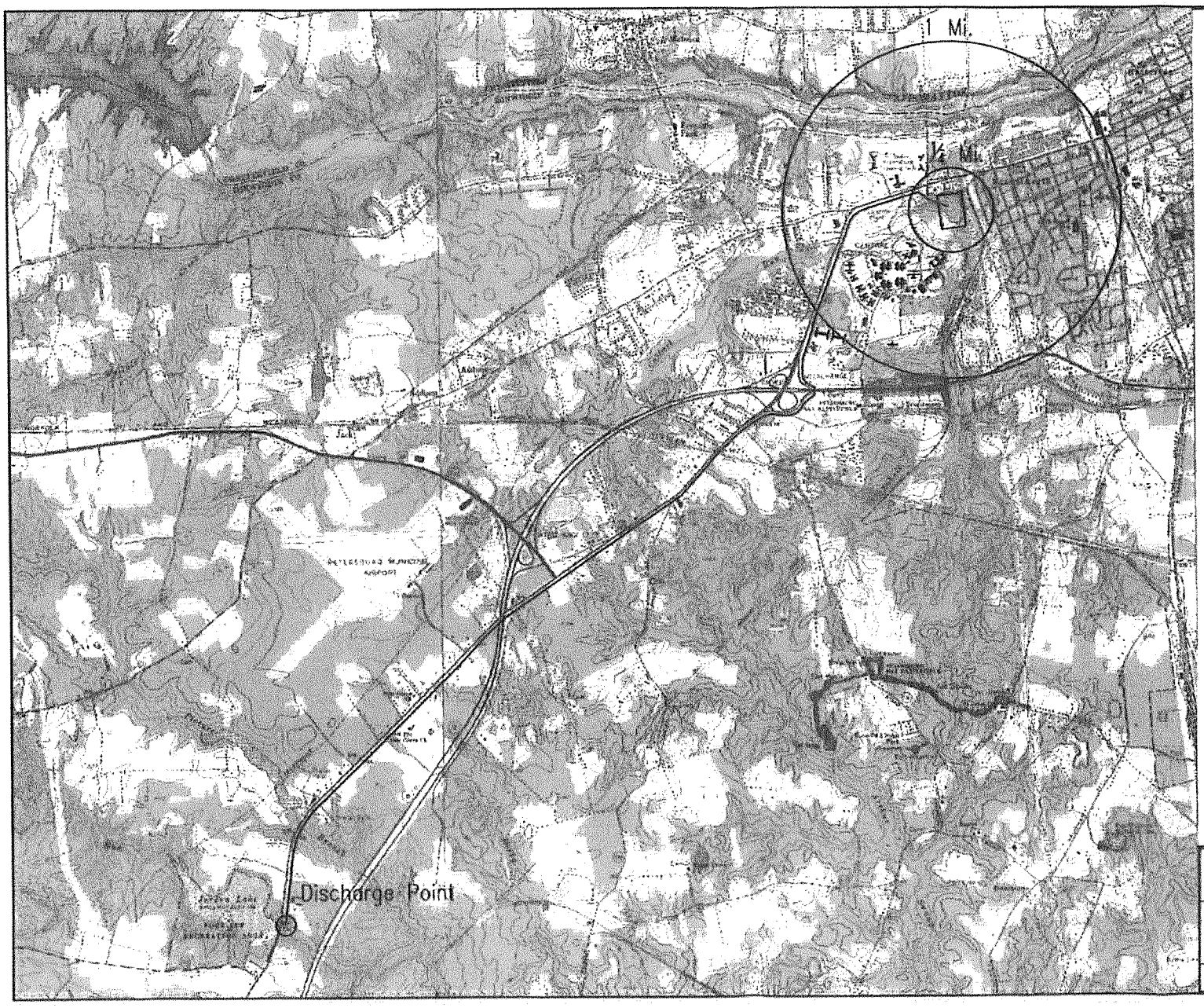
G.6. CSO Operations.

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).

_____

_____

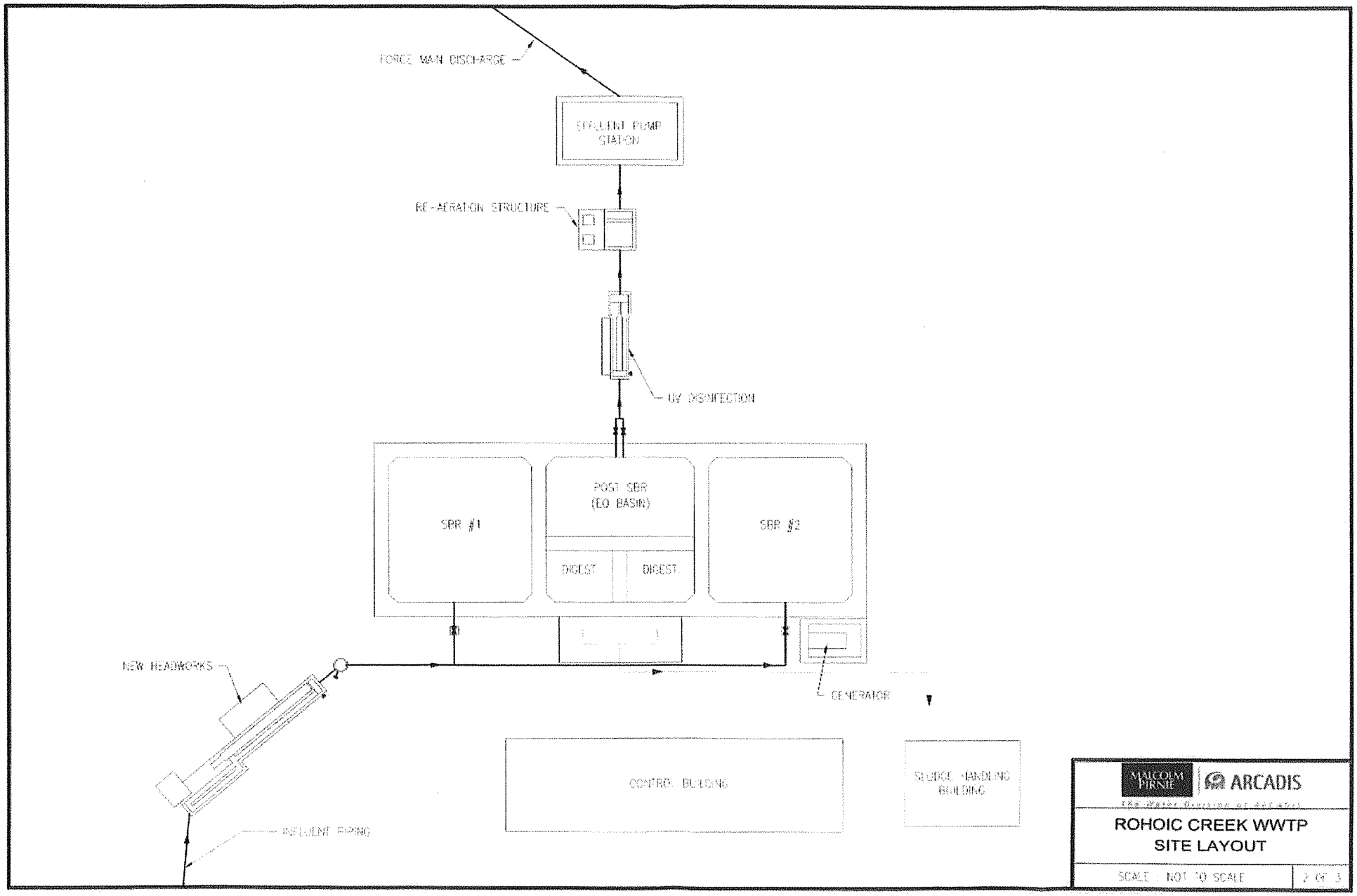
END OF PART G.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

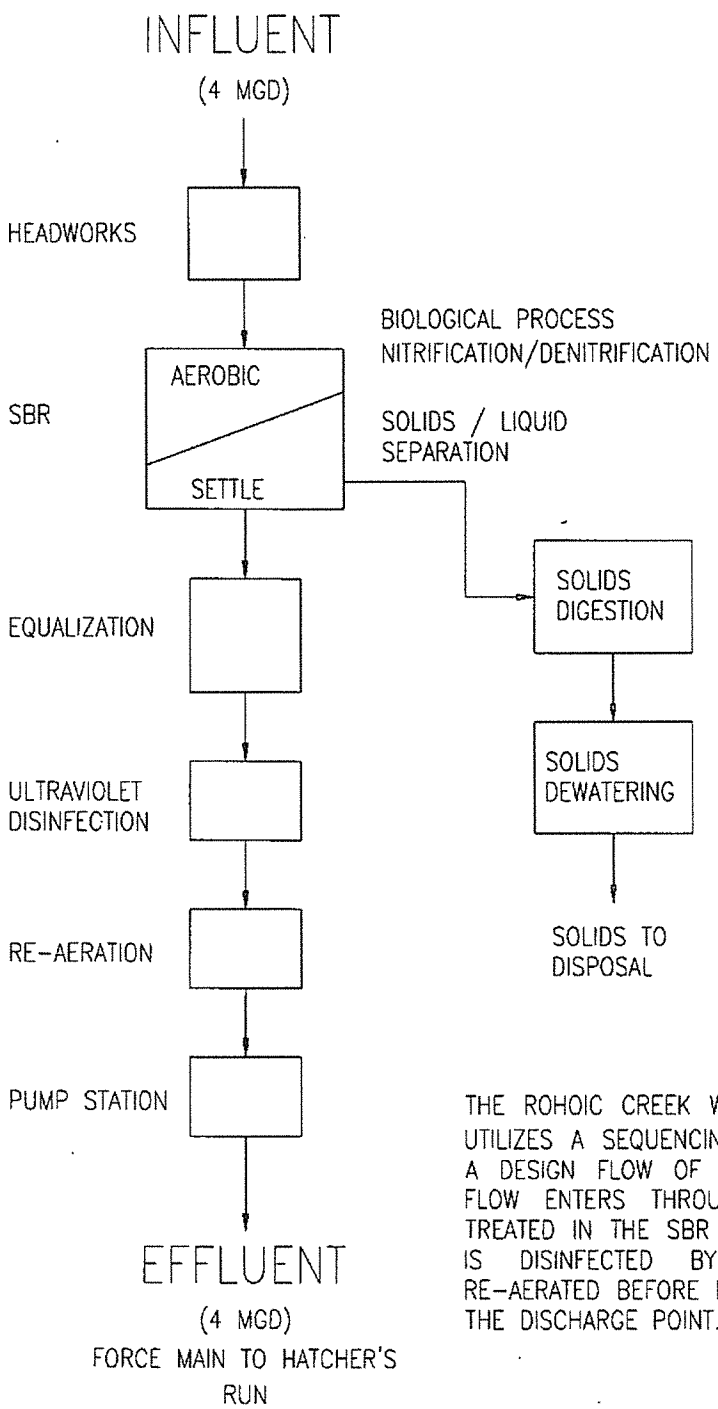


MALCOLM PIRNIE | ARCADIS

ROHOIC CREEK WWTP
TOPOGRAPHIC MAP

SCALE: 1" = 5000'


FORCE MAIN DISCHARGE
EFFLUENT PUMP STATION
RE-AERATION STRUCTURE
UV DISINFECTION
SBR #1
POST SBR (EQ BASIN)
DIGEST
DIGEST
SBR #2
NEW HEADWORKS
GENERATOR
CONTROL BUILDING
SLUDGE HANDLING BUILDING
INFLUENT PIPING
MALCOLM PIRNIE
ARCADIS
The Water Division of ARCADIS
ROHOIC CREEK WWTP
SITE LAYOUT
SCALE : NOT TO SCALE
2 OF 3



THE ROHOIC CREEK WASTE WATER TREATMENT PLANT UTILIZES A SEQUENCING BATCH REACTOR (SBR) WITH A DESIGN FLOW OF 4 MILLION GALLONS PER DAY. FLOW ENTERS THROUGH THE HEADWORKS AND IS TREATED IN THE SBR UNIT. THE TREATED EFFLUENT IS DISINFECTED BY ULTRAVIOLET LAMPS THEN RE-AERATED BEFORE BEING SENT BY FORCE MAIN TO THE DISCHARGE POINT.

MALCOLM PIRNIE | ARCADIS

The Water Division of ARCADIS

ROHOIC CREEK WWTP
PROCESS SCHEMATIC

SCALE: NOT TO SCALE

Additional information, if provided, will appear on the following pages.

The Dinwiddie Courthouse STP (VPDES Permit #0081779) uses a sequencing batch reactor (SBR) with ultraviolet disinfection for treatment. It has a design flow of 0.100 MGD and an average daily flow of 0.040 MGD. While the plant is significantly smaller than the proposed Rohoic Creek WWTP, it has a very similar treatment system.

Both plants should also have very similar influent characteristics. The majority of connections are residential in nature. It should be noted, however, that the water distribution system that serves the Courthouse area is fed by groundwater that has a high concentration of copper. This is also reflected in the effluent from the plant. This situation is not expected at the Rohoic Creek WWTP.

Effluent testing data from this plant has been provided as a representative sample of what can be expected from the proposed Rohoic Creek WWTP. See attached DMRs and additional testing results.

REPORT OF ANALYSIS

CLIENT: Dinwiddie County Water Authority
ATTN: Ben Jones
ADDRESS: 23008 Airpark Drive
Petersburg, VA 23803
PHONE: (804) 861-0998
FAX: (804) 861-4270

Special Notes:
VPDES Permit VA0081779
Attachment A Permit Application
Revised Report: added Dissolved Nickel

SAMPLE COLLECTED BY: CLIENT
GRAB COLLECTION DATE/TIME:
03/03/09@1033 - 1145 (SEE C-O-C)

COMPOSITE COLLECTION:
Start Date: Time:
End Date: Time:
PICK UP BY: REED - TS
SAMPLE RECEIPT:
Date: 3/3/09 Time: 1515
NUMBER OF CONTAINERS: 23
SAMPLE CONDITION ☑ Good ☐ Other (See C-O-C)

SAMPLE ID: Outfall 001
SAMPLE NO: 09-03546

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
Volatiles							
Chloromethane (Methyl Chloride)	624	10	< 10	ug/L	TAG	3/9/09	1824
Bromomethane	624	10	< 10	ug/L	TAG	3/9/09	1824
Vinyl Chloride	624	10	< 10	ug/L	TAG	3/9/09	1824
Chloroethane	624	5	< 5	ug/L	TAG	3/9/09	1824
Methylene Chloride/Dichloromethane	624	5	< 5	ug/L	TAG	3/9/09	1824
Trichlorofluoromethane	624	5	< 5	ug/L	TAG	3/9/09	1824
1,1-Dichloroethene	624	5	< 5	ug/L	TAG	3/9/09	1824
1,1-Dichloroethane	624	5	< 5	ug/L	TAG	3/9/09	1824
trans-1,2-Dichloroethene	624	5	< 5	ug/L	TAG	3/9/09	1824
Chloroform	624	5	< 5	ug/L	TAG	3/9/09	1824
1,2-Dichloroethane	624	5	< 5	ug/L	TAG	3/9/09	1824
1,1,1-Trichloroethane	624	5	< 5	ug/L	TAG	3/9/09	1824
Carbon Tetrachloride	624	5	< 5	ug/L	TAG	3/9/09	1824
Bromodichloromethane	624	5	< 5	ug/L	TAG	3/9/09	1824
1,1,2,2-Tetrachloroethane	624	5	< 5	ug/L	TAG	3/9/09	1824
1,2-Dichloropropane	624	5	< 5	ug/L	TAG	3/9/09	1824
trans-1,3-Dichloropropene	624	5	< 5	ug/L	TAG	3/9/09	1824
Trichloroethene	624	5	< 5	ug/L	TAG	3/9/09	1824
Dibromochloromethane	624	5	< 5	ug/L	TAG	3/9/09	1824
1,1,2-Trichloroethane	624	5	< 5	ug/L	TAG	3/9/09	1824
Benzene	624	5	< 5	ug/L	TAG	3/9/09	1824
cis-1,3-Dichloropropene	624	5	< 5	ug/L	TAG	3/9/09	1824
2-Chloroethyl vinyl ether	624	10	< 10	ug/L	TAG	3/9/09	1824
Bromoform	624	5	< 5	ug/L	TAG	3/9/09	1824
Tetrachloroethene	624	5	< 5	ug/L	TAG	3/9/09	1824
Toluene	624	5	< 5	ug/L	TAG	3/9/09	1824
Chlorobenzene/Monochlorobenzene	624	5	< 5	ug/L	TAG	3/9/09	1824
Ethylbenzene	624	5	< 5	ug/L	TAG	3/9/09	1824
Acrolein	624	50	< 50	ug/L	TAG	3/9/09	1824
Acrylonitrile	624	50	< 50	ug/L	TAG	3/9/09	1824
1,3-Dichloropropene(cis & trans)	624	5	< 5	ug/L	TAG	3/9/09	1824

REPORT OF ANALYSIS

SAMPLE ID: Outfall 001
SAMPLE NO: 09-03546

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
Volatiles							
1,2-Dichlorobenzene	624	5	< 5	ug/L	TAG	3/9/09	1824
1,3-Dichlorobenzene	624	5	< 5	ug/L	TAG	3/9/09	1824
1,4-Dichlorobenzene	624	5	< 5	ug/L	TAG	3/9/09	1824
Dichlorodifluoromethane	624	5	< 5	ug/L	TAG	3/9/09	1824
cis-1,2-Dichloroethene	624	5	< 5	ug/L	TAG	3/9/09	1824
Semi-Volatiles							
Hexachloroethane	625	5	< 5	ug/L	CLH	3/14/09	1824
1,2,4-Trichlorobenzene	625	5	< 5	ug/L	CLH	3/14/09	1824
Hexachlorobutadiene	625	5	< 5	ug/L	CLH	3/14/09	1824
Hexachlorocyclopentadiene	625	5	< 5	ug/L	CLH	3/14/09	1824
2-Chloronaphthalene	625	5	< 5	ug/L	CLH	3/14/09	1824
Hexachlorobenzene	625	5	< 5	ug/L	CLH	3/14/09	1824
N-Nitrosodimethylamine	625	5	< 5	ug/L	CLH	3/14/09	1824
Bis(2-chloroethyl) ether	625	5	< 5	ug/L	CLH	3/14/09	1824
Bis(2-chloroisopropyl) ether	625	5	< 5	ug/L	CLH	3/14/09	1824
N-Nitroso-di-n-propylamine	625	5	< 5	ug/L	CLH	3/14/09	1824
Nitrobenzene	625	5	< 5	ug/L	CLH	3/14/09	1824
Isophorone	625	5	< 5	ug/L	CLH	3/14/09	1824
Dimethyl phthalate	625	5	< 5	ug/L	CLH	3/14/09	1824
Acenaphthene	625	5	< 5	ug/L	CLH	3/14/09	1824
2,4-Dinitrotoluene	625	5	< 5	ug/L	CLH	3/14/09	1824
Fluorene	625	5	< 5	ug/L	CLH	3/14/09	1824
Diethyl phthalate	625	5	< 5	ug/L	CLH	3/14/09	1824
1,2,-Diphenylhydrazine	625	5	< 5	ug/L	CLH	3/14/09	1824
N-nitroso-di-phenylamine	625	5	< 5	ug/L	CLH	3/14/09	1824
Anthracene	625	5	< 5	ug/L	CLH	3/14/09	1824
di-n-Butyl phthalate	625	5	< 5	ug/L	CLH	3/14/09	1824
Fluoranthene	625	5	< 5	ug/L	CLH	3/14/09	1824
Pyrene	625	5	< 5	ug/L	CLH	3/14/09	1824
Benzidine	625	5	< 5	ug/L	CLH	3/14/09	1824
Butyl benzyl phthalate	625	5	< 5	ug/L	CLH	3/14/09	1824
Benzo[a]Anthracene	625	5	< 5	ug/L	CLH	3/14/09	1824
Chrysene	625	5	< 5	ug/L	CLH	3/14/09	1824
3,3-Dichlorobenzidine	625	5	< 5	ug/L	CLH	3/14/09	1824
Bis(2-ethylhexyl) phthalate	625	5	< 5	ug/L	CLH	3/14/09	1824
Benzo[b]Fluoranthene	625	5	< 5	ug/L	CLH	3/14/09	1824
Benzo[k]Fluoranthene	625	5	< 5	ug/L	CLH	3/14/09	1824
Benzo[a]Pyrene	625	5	< 5	ug/L	CLH	3/14/09	1824
Indeno[1,2,3-c,d]Pyrene	625	5	< 5	ug/L	CLH	3/14/09	1824
Dibenz[a,h]Anthracene	625	5	< 5	ug/L	CLH	3/14/09	1824
2-Chlorophenol	625	5	< 5	ug/L	CLH	3/14/09	1824
Phenol	625	5	< 5	ug/L	CLH	3/14/09	1824
2,4-Dimethylphenol	625	5	< 5	ug/L	CLH	3/14/09	1824
2,4-Dichlorophenol	625	5	< 5	ug/L	CLH	3/14/09	1824
2,4,6-Trichlorophenol	625	5	< 5	ug/L	CLH	3/14/09	1824
2,4-Dinitrophenol	625	20	< 20	ug/L	CLH	3/14/09	1824
4,6 Dinitro-o-cresol	625	5	< 5	ug/L	CLH	3/14/09	1824
Pentachlorophenol	625	10	< 10	ug/L	CLH	3/14/09	1824

REPORT OF ANALYSIS

SAMPLE ID: Outfall 001
SAMPLE NO: 09-03546

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
Organophosphorous Pesticides							
Demeton	622	1	< 1	ug/L	DLL	3/7/09	1353
Malathion	622	1	< 1	ug/L	DLL	3/7/09	1353
Chlorpyrifos	622	0.2	< 0.2	ug/L	DLL	3/7/09	1353
Parathion	622	1	< 1	ug/L	DLL	3/7/09	1353
Guthion	622	1	< 1	ug/L	DLL	3/7/09	1353
Diazinon	622	1	< 1	ug/L	DLL	3/7/09	1353
Chlorinated Pesticides and PCBs							
Aldrin	608	0.05	< 0.05	ug/L	DLL	3/7/09	0734
Dieldrin	608	0.05	< 0.05	ug/L	DLL	3/7/09	0734
Chlordane	608	0.2	< 0.2	ug/L	DLL	3/7/09	0734
4,4-DDT	608	0.05	< 0.05	ug/L	DLL	3/7/09	0734
4,4-DDE	608	0.05	< 0.05	ug/L	DLL	3/7/09	0734
4,4-DDD	608	0.05	< 0.05	ug/L	DLL	3/7/09	0734
Endosulfan I	608	0.05	< 0.05	ug/L	DLL	3/7/09	0734
Endosulfan II	608	0.05	< 0.05	ug/L	DLL	3/7/09	0734
Endosulfan sulfate	608	0.05	< 0.05	ug/L	DLL	3/7/09	0734
Endrin	608	0.05	< 0.05	ug/L	DLL	3/7/09	0734
Endrin aldehyde	608	0.05	< 0.05	ug/L	DLL	3/7/09	0734
Heptachlor	608	0.05	< 0.05	ug/L	DLL	3/7/09	0734
Heptachlor epoxide	608	0.05	< 0.05	ug/L	DLL	3/7/09	0734
BHC-Alpha	608	0.05	< 0.05	ug/L	DLL	3/7/09	0734
BHC-Beta	608	0.05	< 0.05	ug/L	DLL	3/7/09	0734
BHC-Gamma (Lindane)	608	0.05	< 0.05	ug/L	DLL	3/7/09	0734
BHC-Delta	608	0.05	< 0.05	ug/L	DLL	3/7/09	0734
Methoxychlor	608	0.05	< 0.05	ug/L	DLL	3/7/09	0734
Mirex (Modified)	608	0.05	< 0.05	ug/L	DLL	3/7/09	0734
Toxaphene	608	0.5	< 0.5	ug/L	DLL	3/7/09	0734
Arochlor 1016	608	0.5	< 0.5	ug/L	DLL	3/7/09	0734
Arochlor 1221	608	0.5	< 0.5	ug/L	DLL	3/7/09	0734
Arochlor 1232	608	0.5	< 0.5	ug/L	DLL	3/7/09	0734
Arochlor 1242	608	0.5	< 0.5	ug/L	DLL	3/7/09	0734
Arochlor 1248	608	0.5	< 0.5	ug/L	DLL	3/7/09	0734
Arochlor 1254	608	0.2	< 0.2	ug/L	DLL	3/7/09	0734
Arochlor 1260	608	0.2	< 0.2	ug/L	DLL	3/7/09	0734
Total Arochlors	608	0.5	< 0.5	ug/L	DLL	3/7/09	0734
pH (Field)	*4500H+B		7.53@11oC	s.u.	JS	3/3/09	1131
Conductivity	*2510B	2	659	umhos/c	JGM	3/3/09	1546
Dissolved Hexavalent Chromium	*3500Cr B	0.003	< 0.003	mg/L	EFA	3/4/09	0834
Ammonia	*4500NH3	0.1	< 0.1	mg/L	JGM	3/6/09	1450
Chloride	*4500Cl C	1	67	mg/L	JGM	3/12/09	1205
Cyanide	335.4	0.005	< 0.005	mg/L	LEF	3/4/09	1158
Dissolved Arsenic	200.7	0.005	< 0.005	mg/L	TLG	3/9/09	1723
Dissolved Thallium	200.7	0.005	< 0.005	mg/L	TLG	3/9/09	1723
Dissolved Cadmium	200.7	0.0005	< 0.0005	mg/L	TLG	3/9/09	1723
Dissolved Chromium III	200.7	0.003	< 0.003	mg/L	TLG	3/9/09	1723
Dissolved Chromium	200.7	0.001	< 0.001	mg/L	TLG	3/9/09	1723
Dissolved Lead	200.7	0.005	< 0.005	mg/L	TLG	3/9/09	1723
Dissolved Mercury	245.1	0.0002	< 0.0002	mg/L	LEF	3/13/09	1439

REPORT OF ANALYSIS

SAMPLE ID: Outfall 001
SAMPLE NO: 09-03546

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
Dissolved Antimony	200.7	0.005	< 0.005	mg/L	TLG	3/9/09	1723
Dissolved Silver	200.7	0.001	< 0.001	mg/L	TLG	3/9/09	1723
Dissolved Zinc	200.7	0.005	0.167	mg/L	TLG	3/9/09	1723
Hydrogen Sulfide	*4500S2H	0.04	0.241	mg/L	EFA	3/9/09	0810
E. Coli	*9221F	2	<2	MPN/10	MIG	3/3/09	1650
Kepone	8270D	5	< 5	ug/L	CLH	3/19/09	0153
Tributyltin	NBSIR-85-	0.05	<0.05	ug/L	KD	3/13/09	1450
Uranium	908.0	0.5	0.5	pCi	MJN	3/10/09	0811
Gross Alpha	900.0	1.5	2.4	pCi	MJN	3/11/09	1536
Colbalt 60	901.1	3	<3.0	pCi	JE	3/22/09	0000
Cesium 134	901.1	0.2	<0.2	pCi	JE	3/22/09	0000
Cesium 137	901.1	2.8	<2.8	pCi	JE	3/22/09	0000
Total Recoverable Selenium	200.7	0.005	<0.005	mg/L	EFA	3/12/09	1610
Hardness	*2340C	1	173	mg/L	ARC	3/4/09	1245
Dissolved Copper	200.7	0.002	0.012	mg/L	TLG	3/9/09	1723
Nonylphenol	625M	5	5	ug/L	CLH	3/14/09	1824
Gross Beta	900.0	1.7	23.0	pCi	MJN	3/11/09	1536
Radium 226	903.1	0.2	<0.2	pCi/l	MJN	3/17/09	1501
Radium 228	Ra-05	0.7	1.0	pCi	PJ	3/16/09	1432
Total Chlorine	*4500ClG		0.01	mg/L	JS	3/3/09	1117
Dissolved Nickel	200.7	0.005	< 0.005	mg/L	TLG	3/9/09	1723

NOTES:

JRA Quantification Level is the concentration of the lowest calibration standard above zero with a reliable signal.

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Dissolved Metals filtered and preserved in the field.

*SM 20 Ed.

pH and Chlorine performed in the field by client.

Radiological subcontracted to Florida Radiochemistry.

TBT subcontracted to DAT Laboratories.

Bromomethane = Methyl bromide

Bromodichloromethane = Dichlorobromomethane

Dibromochloromethane = Chlorodibromomethane

4,6 Dinitro-o-cresol = 2 Methyl-4,6 Dinitrophenol

Arochlors = PCBs

RESPECTFULLY SUBMITTED

Elaine Claiborne
Laboratory Director
Date: 31-Mar-09

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

Municipal Minor 11/15/2007

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

NAME. Dinwiddie Courthouse STP
ADDRESS Dinwiddie Co Water Authority
Petersburg VA 23803

FACILITY LOCATION

VA0081779	001
PERMIT NUMBER	DISCHARGE NUMBER

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

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	0.032	0.063	MGD	*********	*********	*********			CONT	REC
	REQRMNT	0.10	NL	MGD	*********	*********	*********			CONT	REC
002 PH	REPORTD	*********	*********		6.63	*********	7.79	SU		1/DAY	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU		1/DAY	GRAB
004 TSS	REPORTD	0.2	0.2	KG/D	*********	1.2	1.2	MG/L		1/m	4HC
	REQRMNT	11	17	KG/D	*********	30	45	MG/L		1/M	4HC
007 DO	REPORTD	*********	*********		8.90	*********	*********	MG/L		1/DAY	GRAB
	REQRMNT	*********	*********		7.5	*********	*********	MG/L		1/DAY	GRAB
068 TKN (N-KJEL)	REPORTD	*********	*********		*********	0.504	.52	MG/L		1/W	4HC
	REQRMNT	*********	*********		*********	3.0	4.5	MG/L		1/W	4HC
120 E.COLI	REPORTD	*********	*********		*********	<QL	<QL	N/CML		1/W	GRAB
	REQRMNT	*********	*********		*********	126	NL	N/CML		1/W	GRAB
159 CBOD5	REPORTD	460	977	GD	*********	3.4	6.0	MG/L		1/W	4HC
	REQRMNT	2300	3400	G/D	*********	9	14	MG/L		1/W	4HC
203 COPPER, TOTAL RECOVERABLE	REPORTD	*********	*********		*********	12	12	UG/L		1/m	GRAB
	REQRMNT	*********	*********		*********	27	27	UG/L		1/M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	0	0	0

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

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Benjamin J. Jones II	[signature]	001670	08	02	08
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Robert B. Wilson	[signature]	804-861-0998	08	02	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

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

NAME Dinwiddie Courthouse STP
ADDRESS Dinwiddie Co Water Authority
Petersburg VA 23803

FACILITY LOCATION

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

VA0081779	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	02	01	TO	08	02	29

Municipal Minor 11/15/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	0.035	0.057	MGD	*********	*********	*********			CONT	REC
	REQRMNT	0.10	NL	MGD	*********	*********	*********			CONT	REC
002 PH	REPORTD	*********	*********		7.01	*********	7.78	SU		1/DAY	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU		1/DAY	GRAB
004 TSS	REPORTD	0.24	0.24	KG/D	*********	1.4	1.4	MG/L		1/m	4HC
	REQRMNT	11	17	KG/D	*********	30	45	MG/L		1/M	4HC
007 DO	REPORTD	*********	*********		8.56	*********	*********	MG/L		1/DAY	GRAB
	REQRMNT	*********	*********		7.5	*********	*********	MG/L		1/DAY	GRAB
068 TKN (N-KJEL)	REPORTD	*********	*********		*********	<QL	<QL	MG/L		1/W	4HC
	REQRMNT	*********	*********		*********	3.0	4.5	MG/L		1/W	4HC
120 E.COLI	REPORTD	*********	*********		*********	<QL	<QL	N/CML		1/W	GRAB
	REQRMNT	*********	*********		*********	126	NL	N/CML		1/W	GRAB
159 CBOD5	REPORTD	390	606	G/D	*********	2.75	4.0	MG/L		1/4	4HC
	REQRMNT	2300	3400	G/D	*********	9	14	MG/L		1/W	4HC
203 COPPER, TOTAL RECOVERABLE	REPORTD	*********	*********		*********	9	9	UG/L		1/m	GRAB
	REQRMNT	*********	*********		*********	27	27	UG/L		1/M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	0	0	0

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

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Benjamin J. Jones, II	Benjamin J. Jones, II	001670	08	03	7
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Robert B. Wilson	[signature]	804-861-0998	08	03	7
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

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

NAME Dinwiddie Courthouse STP
ADDRESS Dinwiddie Co Water Authority
Petersburg VA 23803

FACILITY LOCATION

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

VA0081779	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	03	01	TO	08	03	31

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	0.034	0.050	MGD	*********	*********	*********			CONT	REC
	REQRMNT	0.10	NL	MGD	*********	*********	*********			CONT	REC
002 PH	REPORTD	*********	*********		7.15	*********	7.97	SU		1/DAY	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU		1/DAY	GRAB
004 TSS	REPORTD	<QL	<QL	KG/D	*********	<QL	<QL	MG/L		1/m	4HC
	REQRMNT	11	17	KG/D	*********	30	45	MG/L		1/M	4HC
007 DO	REPORTD	*********	*********		8.32	*********	*********	MG/L		1/DAY	GRAB
	REQRMNT	*********	*********		7.5	*********	*********	MG/L		1/DAY	GRAB
068 TKN (N-KJEL)	REPORTD	*********	*********		*********	<QL	<QL	MG/L		1/W	4HC
	REQRMNT	*********	*********		*********	3.0	4.5	MG/L		1/W	4HC
120 E.COLI	REPORTD	*********	*********		*********	<QL	<QL	N/CML		1/W	GRAB
	REQRMNT	*********	*********		*********	126	NL	N/CML		1/W	GRAB
159 CBOD5	REPORTD	303	303	G/D	*********	2	2	MG/L		1/W	4HC
	REQRMNT	2300	3400	G/D	*********	9	14	MG/L		1/W	4HC
203 COPPER, TOTAL RECOVERABLE	REPORTD	*********	*********		*********	9	9	UG/L		1/m	GRAB
	REQRMNT	*********	*********		*********	27	27	UG/L		1/M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	0	0	0

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OPERATOR IN RESPONSIBLE CHARGE			DATE		
Benjamin J. Jones, II	Benjamin J. Jones, II	001670	08	04	08
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Robert B. Wilson	[signature]	804-861-0998	08	04	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

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

Municipal Minor 11/15/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

NAME Dinwiddie Courthouse STP
ADDRESS Dinwiddie Co Water Authority
Petersburg VA 23803
FACILITY LOCATION

PERMIT NUMBER	DISCHARGE NUMBER
VA0081779	001

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	04	01	TO	08	04	30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	0.045	0.088	MGD	*********	*********	*********			CONT	REC
	REQRMNT	0.10	NL	MGD	*********	*********	*********			CONT	REC
002 PH	REPORTD	*********	*********		7.04	*********	7.93	SU		1/DAY	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU		1/DAY	GRAB
004 TSS	REPORTD	<QL	<QL	KG/D	*********	<QL	<QL	MG/L		1/M	4HC
	REQRMNT	11	17	KG/D	*********	30	45	MG/L		1/M	4HC
007 DO	REPORTD	*********	*********		8.14	*********	*********	MG/L		1/M	GRAB
	REQRMNT	*********	*********		7.5	*********	*********	MG/L		1/DAY	GRAB
068 TKN.(N-KJEL)	REPORTD	*********	*********		*********	<QL	<QL	MG/L		1/W	4HC
	REQRMNT	*********	*********		*********	3.0	4.5	MG/L		1/W	4HC
120 E.COLI	REPORTD	*********	*********		*********	<QL	<QL	N/CML		1/W	GRAB
	REQRMNT	*********	*********		*********	126	NL	N/CML		1/W	GRAB
159 CBOD5	REPORTD	<QL	<QL	G/D	*********	<QL	<QL	MG/L		1/W	4HC
	REQRMNT	2300	3400	G/D	*********	9	14	MG/L		1/W	4HC
203 COPPER, TOTAL RECOVERABLE	REPORTD	*********	*********		*********	12	12	UG/L		1/M	GRAB
	REQRMNT	*********	*********		*********	27	27	UG/L		1/M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	0	0	0

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OPERATOR IN RESPONSIBLE CHARGE			DATE		
Benjamin J. Jones, II	Benjamin J. Jones, II	001670	08	05	08
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Robert B. Wilson	[signature]	804-861-0998	08	05	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

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

NAME Dinwiddie Courthouse STP
ADDRESS Dinwiddie Co Water Authority
Petersburg VA 23803

FACILITY LOCATION

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

VA0081779	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	05	01	TO	08	05	31

Municipal Minor 11/15/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	0.040	0.056	MGD	*********	*********	*********			CONT	REC
	REQRMNT	0.10	NL	MGD	*********	*********	*********			CONT	REC
002 PH	REPORTD	*********	*********		7.16	*********	7.98	SU	-	1/DAY	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU		1/DAY	GRAB
004 TSS	REPORTD	<QL	<QL	KG/D	*********	<QL	<QL	MG/L	-	1/M	4HC
	REQRMNT	11	17	KG/D	*********	30	45	MG/L		1/M	4HC
007 DO	REPORTD	*********	*********		7.96	*********	*********	MG/L	-	1/DAY	GRAB
	REQRMNT	*********	*********		7.5	*********	*********	MG/L		1/DAY	GRAB
068 TKN (N-KJEL)	REPORTD	*********	*********		*********	0.73	1.41	MG/L	-	1/W	4HC
	REQRMNT	*********	*********		*********	3.0	4.5	MG/L		1/W	4HC
120 E.COLI	REPORTD	*********	*********		*********	2	2	MPN	-	1/W	GRAB
	REQRMNT	*********	*********		*********	126	NL	MPN		1/W	GRAB
159 CBOD5	REPORTD	327	424	G/D	*********	2.0	2.0	MG/L	-	1/W	4HC
	REQRMNT	2300	3400	G/D	*********	9	14	MG/L		1/W	4HC
203 COPPER, TOTAL RECOVERABLE	REPORTD	*********	*********		*********	13	13	UG/L	-	1/M	GRAB
	REQRMNT	*********	*********		*********	27	27	UG/L		1/M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	0	0	0

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

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Benjamin J. Jones, II	Benjamin J. Jones, II	001670	08	06	06
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Robert B. Wilson, P.E.	[signature]	804-861-0998	08	06	06
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PERMI .TEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME Dinwiddie Courthouse STP
ADDRESS Dinwiddie Co Water Authority
Petersburg VA 23803

FACILITY LOCATION

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

VA0081779	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	06	01	TO	08	06	30

Municipal Minor 11/15/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	0.031	0.046	MGD	*********	*********	*********			CONT	REC
	REQRMNT	0.10	NL	MGD	*********	*********	*********			CONT	REC
002 PH	REPORTD	*********	*********		7.21	*********	7.90	SU		1/DAY	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU		1/DAY	GRAB
004 TSS	REPORTD	<QL	<QL	KG/D	*********	<QL	<QL	MG/L		1/m	4HC
	REQRMNT	11	17	KG/D	*********	30	45	MG/L		1/M	4HC
007 DO	REPORTD	*********	*********		7.58	*********	*********	MG/L		1/DAY	GRAB
	REQRMNT	*********	*********		7.5	*********	*********	MG/L		1/DAY	GRAB
068 TKN (N-KJEL)	REPORTD	*********	*********		*********	<QL	<QL	MG/L		1/W	4HC
	REQRMNT	*********	*********		*********	3.0	4.5	MG/L		1/W	4HC
120 E.COLI	REPORTD	*********	*********		*********	2	2	MPN/100ML		1/W	GRAB
	REQRMNT	*********	*********		*********	126	NL	MPN/100ML		1/W	GRAB
159 CBOD5	REPORTD	<QL	<QL	G/D	*********	<QL	<QL	MG/L		1/W	4HC
	REQRMNT	2300	3400	G/D	*********	9	14	MG/L		1/W	4HC
203 COPPER, TOTAL RECOVERABLE	REPORTD	*********	*********		*********	14	14	UG/L		1/m	GRAB
	REQRMNT	*********	*********		*********	27	27	UG/L		1/M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	0	0	0

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

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Benjamin J. Jones, II	Benjamin J. Jones, II	001670	08	07	09
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Robert B. Wilson, P.E.	[illegible]	804-861-0998	08	07	09
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

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

NAME Dinwiddie Courthouse STP
ADDRESS Dinwiddie Co Water Authority
Petersburg VA 23803

FACILITY LOCATION

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

VA0081779	001
PERMIT NUMBER	DISCHARGE NUMBER

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

Municipal Minor 11/15/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	0.040	0.068	MGD	*********	*********	*********			CONT	REC
	REQRMNT	0.10	NL	MGD	*********	*********	*********			CONT	REC
002 PH	REPORTD	*********	*********		7.28	*********	7.94	SU		1/DAY	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU		1/DAY	GRAB
004 TSS	REPORTD	<QL	<QL	KG/D	*********	<QL	<QL	MG/L		1/m	4HC
	REQRMNT	11	17	KG/D	*********	30	45	MG/L		1/M	4HC
007 DO	REPORTD	*********	*********		7.55	*********	*********	MG/L		1/DAY	GRAB
	REQRMNT	*********	*********		7.5	*********	*********	MG/L		1/DAY	GRAB
068 TKN (N-KJEL)	REPORTD	*********	*********		*********	<QL	<QL	MG/L		1/W	4HC
	REQRMNT	*********	*********		*********	3.0	4.5	MG/L		1/W	4HC
120 E.COLI	REPORTD	*********	*********		*********	<QL	<QL	N/CML		1/W	GRAB
	REQRMNT	*********	*********		*********	126	NL	N/CML		1/W	GRAB
159 CBOD5	REPORTD	<QL	<QL	G/D	*********	<QL	<QL	MG/L		1/W	4HC
	REQRMNT	2300	3400	G/D	*********	9	14	MG/L		1/W	4HC
203 COPPER, TOTAL RECOVERABLE	REPORTD	*********	*********		*********	12	12	UG/L		1/m	GRAB
	REQRMNT	*********	*********		*********	27	27	UG/L		1/M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	0	0	0

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

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Benjamin J. Jones, II	Benjamin J. Jones, II	001670	08	08	08
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Robert B. Wilson, P.E.	R. B. Wilson	804-861-0998	08	08	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

Municipal Minor

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

NAME Dinwiddie Courthouse STP
ADDRESS Dinwiddie Co Water Authority
Petersburg VA 23803

FACILITY LOCATION

DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0081779	001
PERMIT NUMBER	DISCHARGE NUMBER

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

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	0.044	0.107	MGD	*********	*********	*********			CONT	REC
	REQRMNT	0.10	NL	MGD	*********	*********	*********			CONT	REC
002 PH	REPORTD	*********	*********		7.25	*********	7.96	SU		1/DAY	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU		1/DAY	GRAB
004 TSS	REPORTD	<QL	<QL	KG/D	*********	<QL	<QL	MG/L		1/m	4HC
	REQRMNT	11	17	KG/D	*********	30	45	MG/L		1/M	4HC
007 DO	REPORTD	*********	*********		7.60	*********	*********	MG/L		1/DAY	GRAB
	REQRMNT	*********	*********		7.5	*********	*********	MG/L		1/DAY	GRAB
068 TKN (N-KJEL)	REPORTD	*********	*********		*********	<QL	<QL	MG/L		1/W	4HC
	REQRMNT	*********	*********		*********	3.0	4.5	MG/L		1/W	4HC
120 E.COLI	REPORTD	*********	*********		*********	<QL	<QL	N/CML		1/W	GRAB
	REQRMNT	*********	*********		*********	126	NL	N/CML		1/W	GRAB
159 CBOD5	REPORTD	<QL	<QL	G/D	*********	<QL	<QL	MG/L		1/W	4HC
	REQRMNT	2300	3400	G/D	*********	9	14	MG/L		1/W	4HC
203 COPPER, TOTAL RECOVERABLE	REPORTD	*********	*********		*********	21	21	UG/L		1/m	GRAB
	REQRMNT	*********	*********		*********	27	27	UG/L		1/M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	0	0	0

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

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Benjamin J. Jones, II	Benjamin J. Jones, II	001670	08	09	09
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Robert B. Wilson	Robert B. Wilson	804-861-0998	08	09	09
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

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

NAME Dinwiddie Courthouse STP
ADDRESS Dinwiddie Co Water Authority
Petersburg VA 23803

FACILITY LOCATION

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

VA0081779	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	09	01	TO	08	09	30

Municipal Minor 11/15/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	0.052	0.091	MGD	*********	*********	*********		-	CONT	REC
	REQRMNT	0.10	NL	MGD	*********	*********	*********			CONT	REC
002 PH	REPORTD	*********	*********		7.23	*********	7.81	SU	-	1/DAY	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU		1/DAY	GRAB
004 TSS	REPORTD	<QL	<QL	KG/D	*********	<QL	<QL	MG/L	-	1/M	4HC
	REQRMNT	11	17	KG/D	*********	30.	45	MG/L		1/M	4HC
007 DO	REPORTD	*********	*********		7.67	*********	*********	MG/L	-	1/DAY	GRAB
	REQRMNT	*********	*********		7.5	*********	*********	MG/L		1/DAY	GRAB
068 TKN (N-KJEL)	REPORTD	*********	*********		*********	<QL	<QL	MG/L	-	1/W	4HC
	REQRMNT	*********	*********		*********	3.0	4.5	MG/L		1/W	4HC
120 E.COLI	REPORTD	*********	*********		*********	<QL	<QL	N/CML	-	1/W	GRAB
	REQRMNT	*********	*********		*********	126	NL	N/CML		1/W	GRAB
159 CBOD5	REPORTD	<QL	<QL	G/D	*********	<QL	<QL	MG/L	-	1/W	4HC
	REQRMNT	2300	3400	G/D	*********	9	14	MG/L		1/W	4HC
203 COPPER, TOTAL RECOVERABLE	REPORTD	*********	*********		*********	14	14	UG/L	-	1/M	GRAB
	REQRMNT	*********	*********		*********	27	27	UG/L		1/M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	0	0	0

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

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Benjamin J. Jones, II	Benjamin J. Jones, II	001670	08	10	08
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Robert B. Wilson, P.E.	R B Wilson	804-861-0998	08	10	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

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

NAME Dinwiddie Courthouse STP
ADDRESS Dinwiddie Co Water Authority
Petersburg VA 23803
FACILITY LOCATION

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

Municipal Minor 11/15/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PERMIT NUMBER	DISCHARGE NUMBER
VA0081779	001

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	10	01	TO	08	10	31

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
001 FLOW	REPORTD	0.045	0.065	MGD	*********	*********	*********			CONT	REC
	REQRMNT	0.10	NL	MGD	*********	*********	*********			CONT	REC
002 PH	REPORTD	*********	*********		7.16	*********	7.82	SU		1/DAY	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU		1/DAY	GRAB
004 TSS	REPORTD	<QL	<QL	KG/D	*********	<QL	<QL	MG/L		1/m	4HC
	REQRMNT	11	17	KG/D	*********	30	45	MG/L		1/M	4HC
007 DO	REPORTD	*********	*********		8.02	*********	*********	MG/L		1/DAY	GRAB
	REQRMNT	*********	*********		7.5	*********	*********	MG/L		1/DAY	GRAB
068 TKN (N-KJEL)	REPORTD	*********	*********		*********	<QL	<QL	MG/L		1/W	4HC
	REQRMNT	*********	*********		*********	3.0	4.5	MG/L		1/W	4HC
120 E.COLI	REPORTD	*********	*********		*********	<QL	<QL	N/CML		1/W	GRAB
	REQRMNT	*********	*********		*********	126	NL	N/CML		1/W	GRAB
159 CBOD5	REPORTD	<QL	<QL	G/D	*********	<QL	<QL	MG/L		1/W	4HC
	REQRMNT	2300	3400	G/D	*********	9	14	MG/L		1/W	4HC
203 COPPER, TOTAL RECOVERABLE	REPORTD	*********	*********		*********	20	20	UG/L		1/m	GRAB
	REQRMNT	*********	*********		*********	27	27	UG/L		1/M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	0	0	0

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

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Benjamin J. Jones, II	Benjamin J. Jones, II	001670	08	11	10
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Robert B. Wilson	R B. Wilson	804-861-0998	08	11	10
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

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

NAME Dinwiddie Courthouse STP
ADDRESS Dinwiddie Co Water Authority
Petersburg VA 23803

FACILITY LOCATION

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

VA0081779	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	11	01	TO	08	11	30

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	.041	.056	MGD	*********	*********	*********		-	CONT	REC
	REQRMNT	0.10	NL	MGD	*********	*********	*********			CONT	REC
002 PH	REPORTD	*********	*********		7.12	*********	7.79	SU	-	1/DAY	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU		1/DAY	GRAB
004 TSS	REPORTD	<QL	<QL	KG/D	*********	<QL	<QL	MG/L	-	1/m	4HC
	REQRMNT	11	17	KG/D	*********	30	45	MG/L		1/M	4HC
007 DO	REPORTD	*********	*********		7.70	*********	*********	MG/L	-	1/DAY	GRAB
	REQRMNT	*********	*********		7.5	*********	*********	MG/L		1/DAY	GRAB
068 TKN (N-KJEL)	REPORTD	*********	*********		*********	<QL	<QL	MG/L	-	1/W	4HC
	REQRMNT	*********	*********		*********	3.0	4.5	MG/L		1/W	4HC
120 E.COLI	REPORTD	*********	*********		*********	<QL	<QL	N/CML	-	1/W	GRAB
	REQRMNT	*********	*********		*********	126	NL	N/CML		1/W	GRAB
159 CBOD5	REPORTD	482	1003	G/D	*********	2.8	5	MG/L	-	1/W	4HC
	REQRMNT	2300	3400	G/D	*********	9	14	MG/L		1/W	4HC
203 COPPER, TOTAL RECOVERABLE	REPORTD	*********	*********		*********	15	15	UG/L	-	1/m	GRAB
	REQRMNT	*********	*********		*********	27	27	UG/L		1/M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	0	0	0

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS HERE 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 up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Benjamin J. Jones, II	Benjamin J. Jones, II	001670	08	12	08
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Robert B. Wilson	R. B. W.	804-861-0998	08	12	08
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

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

NAME Dinwiddie Courthouse STP
ADDRESS Dinwiddie Co Water Authority
Petersburg VA 23803

FACILITY LOCATION

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

VA0081779	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	12	01	TO	08	12	31

Municipal Minor 11/15/2007

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Piedmont Regional Office
4949-A Cox Road
Glen Allen VA 23060

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	0.040	0.070	MGD	*********	*********	*********			CONT	REC
	REQRMNT	0.10	NL	MGD	*********	*********	*********			CONT	REC
002 PH	REPORTD	*********	*********		7.20	*********	7.82	SU		1/DAY	GRAB
	REQRMNT	*********	*********		6.0	*********	9.0	SU		1/DAY	GRAB
004 TSS	REPORTD	0.7	0.7	KG/D	*********	3.8	3.8	MG/L		1/M	4HC
	REQRMNT	11	17	KG/D	*********	30	45	MG/L		1/M	4HC
007 DO	REPORTD	*********	*********		7.95	*********	*********	MG/L		1/DAY	GRAB
	REQRMNT	*********	*********		7.5	*********	*********	MG/L		1/DAY	GRAB
068 TKN (N-KJEL)	REPORTD	*********	*********		*********	1.31	4.03	MG/L		1/W	4HC
	REQRMNT	*********	*********		*********	3.0	4.5	MG/L		1/W	4HC
120 E.COLI	REPORTD	*********	*********		*********	<QL	<QL	N/CML		1/W	GRAB
	REQRMNT	*********	*********		*********	126	NL	N/CML		1/W	GRAB
159 CBOD5	REPORTD	334	625	G/D	*********	2.6	5.0	MG/L		1/W	4HC
	REQRMNT	2300	3400	G/D	*********	9	14	MG/L		1/W	4HC
203 COPPER, TOTAL RECOVERABLE	REPORTD	*********	*********		*********	15	15	UG/L		1/M	GRAB
	REQRMNT	*********	*********		*********	27	27	UG/L		1/M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)
	0	0	0

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

OPERATOR IN RESPONSIBLE CHARGE			DATE		
Benjamin J. Jones, II	Benjamin J. Jones, II	001670	09	01	09
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
Robert B. Wilson	Robert B. Wilson	804-861-0998	09	01	09
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

VPDES Permit Application Addendum

1. **Entity to whom the permit is to be issued:** Dinwiddie County Water Authority (Contact: Robert Wilson)

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

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

3. **Provide the tax map parcel number for the land where the discharge is located.** DB 344 Pg 104 Parcel Number 10-6

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?** 6

5. **What is the design average effluent flow of this facility?** 4 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 ☒

   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:**

   Predominantly residential connections with a small amount of commercial

   90 % of flow from domestic connections/sources

   Number of private residences to be served by the treatment works: 2820

   10 % of flow from non-domestic connections/sources

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

   Describe frequency and duration of intermittent or seasonal discharges:

   _____

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 N/A **Sludge/Solids Management Plan** N/A

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

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 Petersburg-Dinwiddie Monitor in accordance with 9 VAC 25-31-290.C.2.

Agent/Department to be billed:	Robert Wilson, Executive Director
Owner:	Dinwiddie County Water Authority
Agent/Department Address:	23008 Airpark Drive
	Petersburg, VA 23803
Agent's Telephone No.:	804-861-0998
Printed Name:	Robert B. Wilson, P.E.
Authorizing Agent – Signature:	
Date:	10/25/2012

VPDES Permit No. VA0092274
Facility Name: Rohoic Creek Wastewater Treatment Plant

FACILITY NAME: Rohoic Creek WWTP VPDES PERMIT NUMBER: VA0092274

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? __Yes _X_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? __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? __Yes __No

   c. Will sewage sludge from this facility be 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: Rohoic Creek Wastewater Treatment Plant
   b. Contact person: Robert Wilson
      Title: Executive Director, Dinwiddie County Water Authority
      Phone: (804) 861-0998
   c. Mailing address:
      Street or P.O. Box: 23008 Airpark Dr
      City or Town: Petersburg State: VA Zip: 23803
   d. Facility location:
      Street or Route #: Near the intersection of US Route 460 and Rawlings Ln
      County: Dinwiddie
      City or Town: _____ State: VA Zip: 23803
   e. Is this facility a Class I sludge management facility? ___Yes _X_No
   f. Facility design flow rate: 4 mgd
   g. Total population served: 12,774
   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 as above
   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? (Check one)
      _____ facility __X__ applicant

3. Permit Information.
   a. Facility's VPDES permit number (if applicable): VA0092274
   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:
      _____
      _____

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: Atlantic Waste Disposal Landfill Waverly Virginia
   Mailing address:
   Street or P.O. Box: 3474 Atlantic Lane
   City or Town: Waverly State: VA Zip: 23890
   Phone: (804) 474-8574
   Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge: DEQ Permit # 562

   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). Hauling and disposal in landfill.

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. **No data available – Currently no sludge being generated.**

POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic				
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)
   X 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)

FACILITY NAME: Rohoic Creek WWTP **VPDES PERMIT NUMBER:** VA0092274

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: Robert B. Wilson, P.E. Executive Director, Dinwiddie County Water Authority

Signature R B Wil Date Signed 10/25/2011

Telephone number (804) 861-0998

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.

FACILITY NAME: Rohoic Creek WWTP VPDES PERMIT NUMBER: VA0092274

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: 1492 dry metric tons
   Generation at design flow assuming capture of 100% TSS (200mg/L influent) & 70% BOD (200 mg/L influent) @ 0.5 lb solids TSS per lb of BOD

2. N/A 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 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:
      Aerobic digestion / Extended Aeration
   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:
      Aerobic digestion / Extended Aeration
   e. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities, including blending, not identified in a - d above:
      N/A

4. N/A 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:
      _____ 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. N/A 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:_____ 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. N/A 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:

b. Facility contact:
Title:
Phone: ( )

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

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

f. Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility?
_Yes __No
Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?
__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:

g. Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge? __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)
__ 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 __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 ___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? ___ 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.

7. N/A 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).

8. N/A Surface Disposal.

(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. N/A Incineration.

(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.

(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: Atlantic Waste Disposal Landfill Waverly Virginia

b. Contact person: Ms. Bethany Enterline
Title: Technical Services Representative
Phone: (804) 474-8574
Contact is: __Landfill Owner _X_Landfill Operator

c. Mailing address.
Street or P.O. Box: 3474 Atlantic Lane
City or Town: Waverly State: VA Zip: 23890

d. Landfill location.
Street or Route #: 3474 Atlantic Lane
County: Sussex
City or Town: Waverly State: VA Zip: 23890

e. Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill:
1492 dry metric tons
(Sludge generation at design flow assuming capture of 100% TSS & 70% BOD @ 0.5 lb solids TSS per lb of BOD)

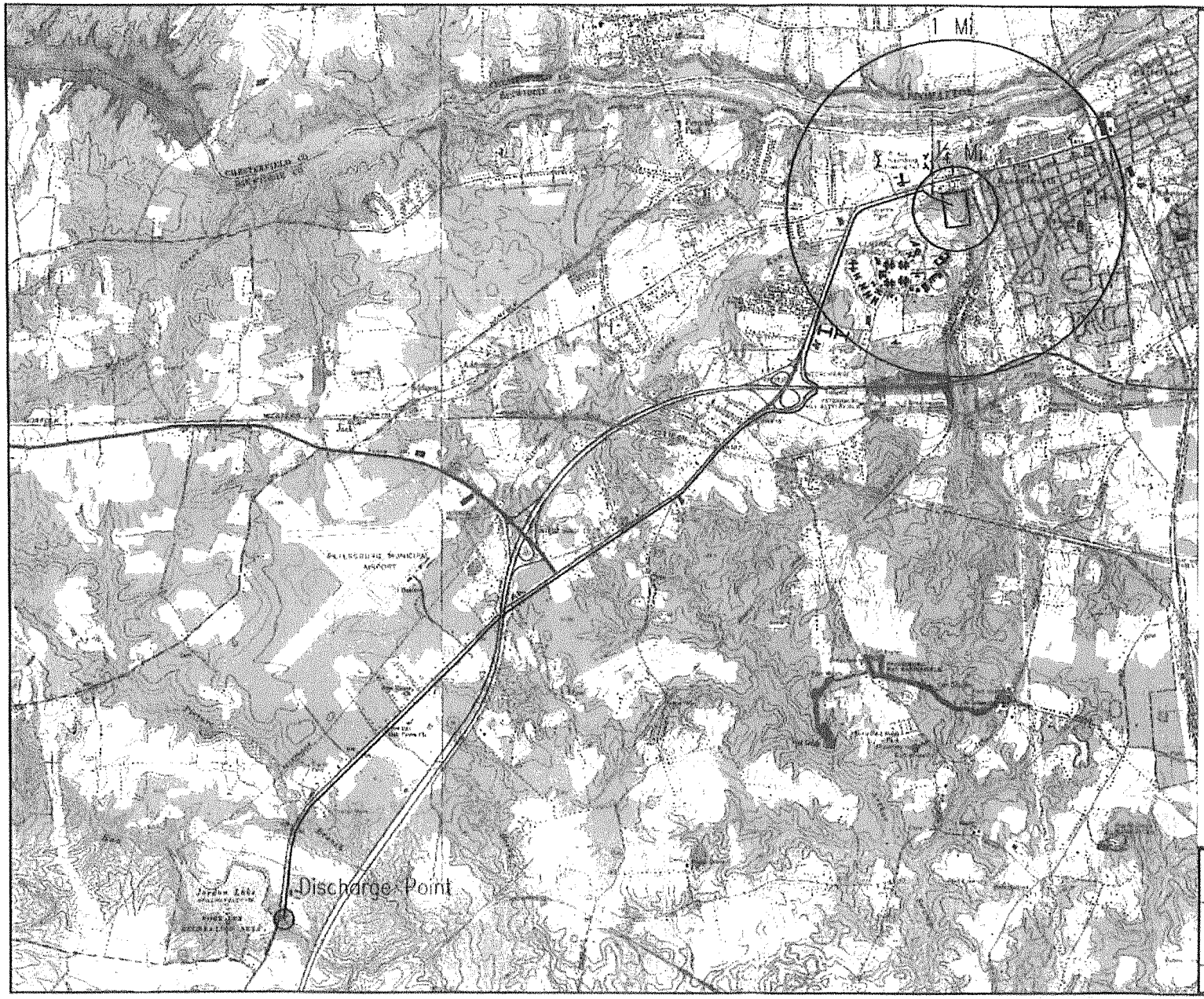
f. List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the operation of this municipal solid waste landfill:

Permit Number:	Type of Permit:
SWP562	Solids Waste

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?
_X_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.? _X_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?_X_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.



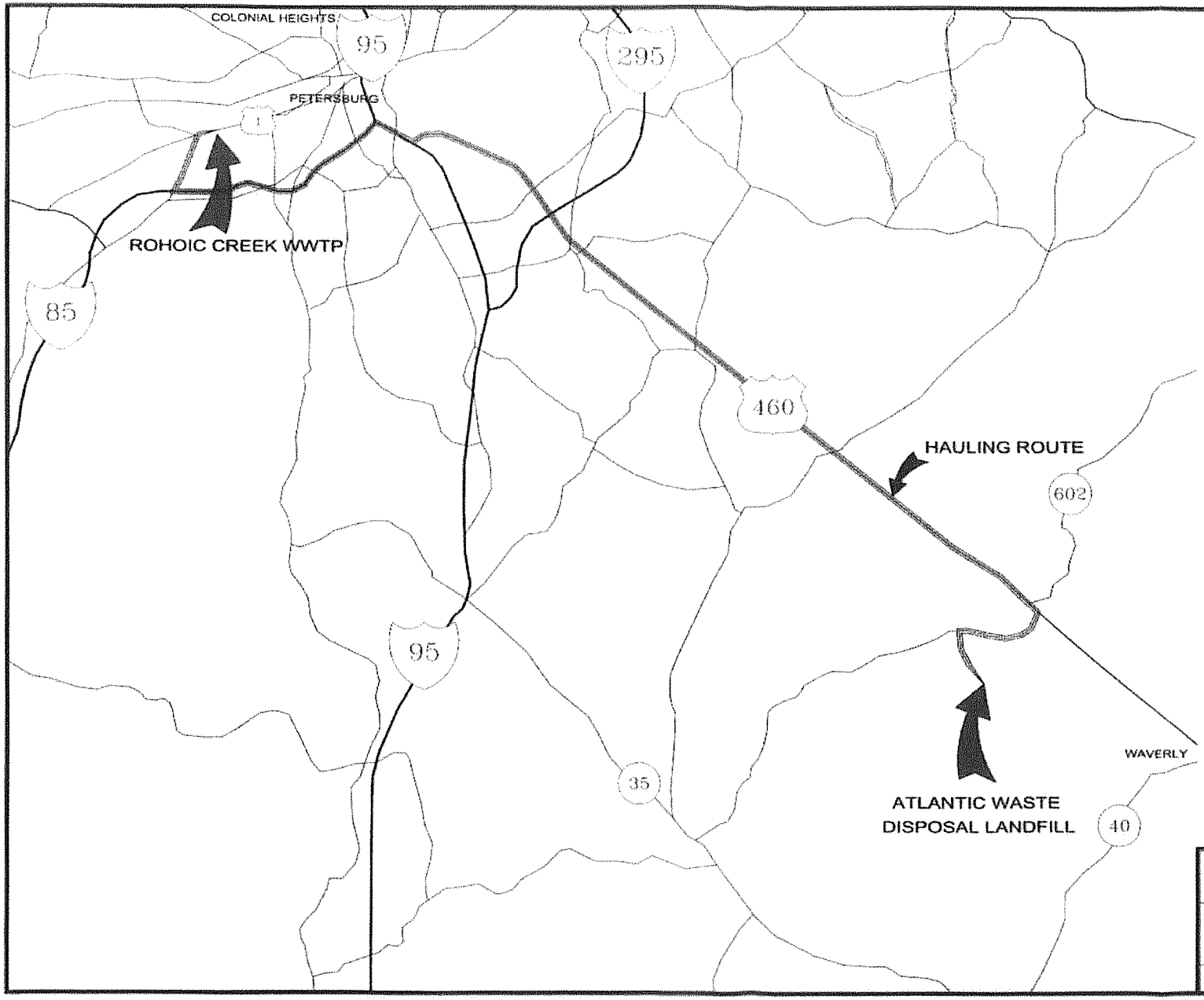
MALCOLM PIRNIE | ARCADIS

The Water Division of ARCADIS

ROHOIC CREEK WWTP
TOPOGRAPHIC MAP

SCALE : 1" = 3000'

1 OF 3



DEWATERED, TREATED SLUDGE WILL BE HAULED FROM THE ROHOIC CREEK WASTEWATER TREATMENT PLANT TO THE ATLANTIC WASTE DISPOSAL LANDFILL IN WAVERLY. THE TOTAL DISTANCE TRAVELLED IS APPROXIMATELY 25 MILES.

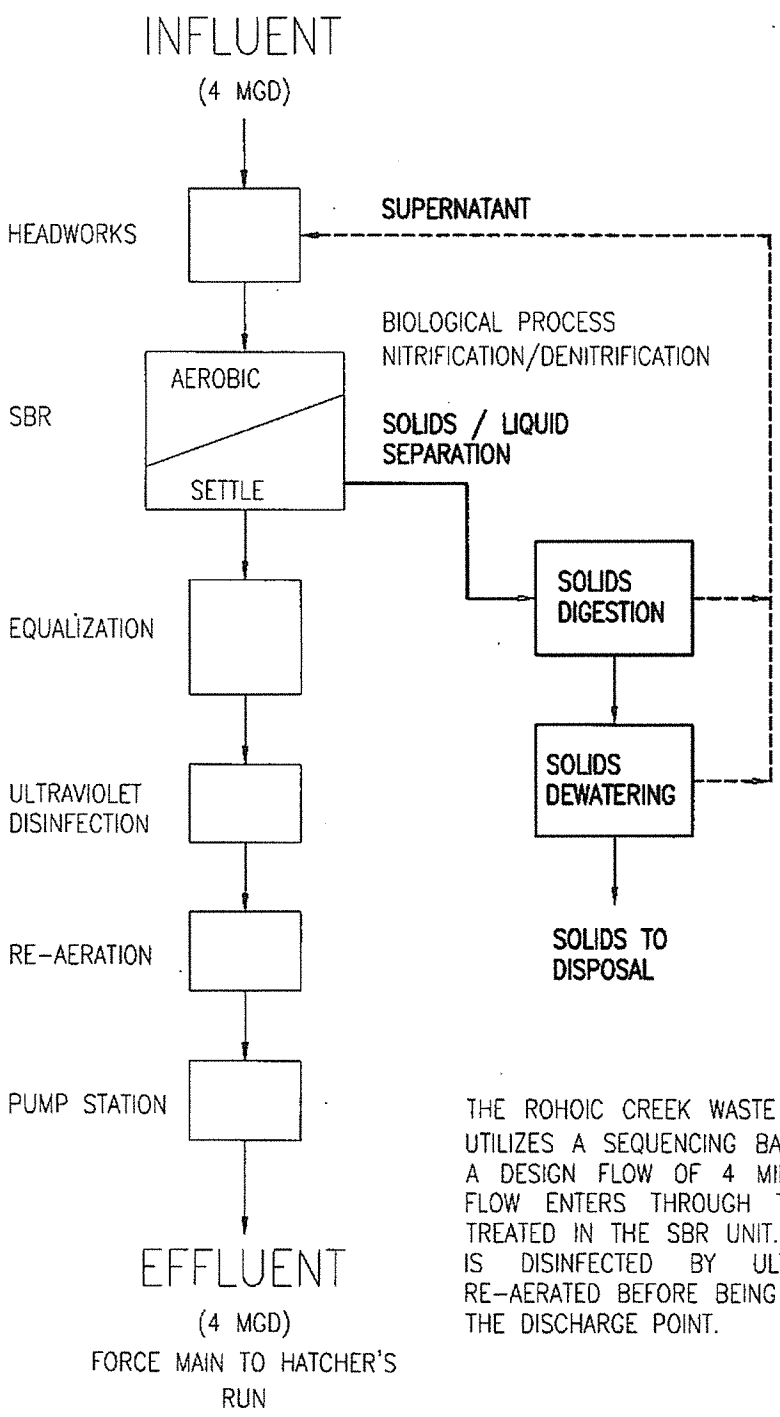
FROM THE TREATMENT PLANT, THE ROUTE TAKES US. ROUTE 1 / US ROUTE 460 TO INTERSTATE 85 NORTH FROM I-85 THE ROUTE BRIEFLY TURNS ONTO INTERSTATE 95 SOUTH TO US. ROUTE 460 EAST. THE ROUTE REMAINS ON 460 UNTIL CABIN POINT ROAD (STATE ROUTE 602) FOLLOWED IMMEDIATELY BY ATLANTIC LANE AND THE LANDFILL.

CURRENTLY NO SLUDGE IS BEING GENERATED. THE DAYS AND TIMES OF SLUDGE TRANSPORTATION ARE YET TO BE DETERMINED.

MALCOLM PIRNIE | ARCADIS
The Water Division of ARCADIS

ROHOIC CREEK WWTP
SLUDGE HAULING ROUTE

SCALE : 1" = 3000'



AFTER THE SETTLING PHASE OF THE SEQUENCING BATCH REACTOR (SBR), SOLIDS ARE PUMPED TO SOLIDS DIGESTION AND TREATED WITH EXTENDED AERATION. THE TREATED SLUDGE IS DEWATERED AND DISCHARGED TO A DUMPSTER OR TRUCK THAT IS USED FOR LANDFILL DISPOSAL. SUPERNATANT FROM THE DIGESTION AND DEWATERING IS RETURNED TO THE HEAD OF THE PLANT.

THE ROHOIC CREEK WASTE WATER TREATMENT PLANT UTILIZES A SEQUENCING BATCH REACTOR (SBR) WITH A DESIGN FLOW OF 4 MILLION GALLONS PER DAY. FLOW ENTERS THROUGH THE HEADWORKS AND IS TREATED IN THE SBR UNIT. THE TREATED EFFLUENT IS DISINFECTED BY ULTRAVIOLET LAMPS THEN RE-AERATED BEFORE BEING SENT BY FORCE MAIN TO THE DISCHARGE POINT.

MALCOLM PIRNIE | ARCADIS

The Water Division of ARCADIS

ROHOIC CREEK WWTP
SLUDGE SCHEMATIC

SCALE: NOT TO SCALE