Reissuance Application

City of Covington Wastewater Treatment Plant

VPDES Permit No. VA0025542

CHA Project Number: 25086

Prepared for:

City of Covington
333 W. Locust Street
Covington, VA 24426

Prepared by:

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August 2013

FACILITY NAME AND PERMIT NUMBER:
City of Covington Wastewater Treatment Plant; VA0025542

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 appicants 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 Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastwater 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 wastewater that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
   c. Is designed 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).

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ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

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 Facilty Information.

Facilty Name	City of Covington Wastewater Treatment Plant
Mailing Address	333 West Locust Street
	Covington, VA 24426
Contact Person	J.B. Broughman
Title	City Manager
Telephone Number	(540) 965-6300
Facilty Address	711 West Park Street
(not P.O. Box)	Covington, VA 24426

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

Applicant Name	
Mailing Address	
Contact Person	
Title	
Telephone number	

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

X owner X operator

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

X 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	VPDES VA0025542	PSD	
UIC		Other	
RCRA		Other	General Nutrient Permit - VAN040065

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
City of Covington	6,000+	Separate	Municipal

Total population served 6,000+

A.5. Indian Country

a. Is the treatment works located in Indian Country?

____ Yes X No

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

____ Yes X No

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

a. Design flow rate 3.0 mgd

	Two Years Ago (7/2010 - 6/2011)	Last Year (7/2011 - 6/2012)	This Year (7/2012 - 6/2013)	
b. Annual average daily flow rate	1.66	1.81	1.80	mgd
c. Maximum daily flow rate	6.34	6.00	7.28	mgd

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

X	Separate sanitary sewer	99 %
____	Combined storm and sanitary sewer	1 %

A.8. Discharges and Other Disposal Methods.

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

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

i.	Discharges of treated effluent	1
ii.	Discharges of untreated or partially treated effluent	0
iii.	Combined sewer overflow points	0
iv.	Constructed emergency overflows (prior to the headworks)	1
v.	Other ____	N/A

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

If yes, provide the following for each surface impoundment:

Location: ____

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

Is discharge ____ continuous or ____ intermittent?

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

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

Location: ____

Annual average daily volume applied to site: ____ mgd

Is land application ____ continuous or ____ intermittent?

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

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

Transporter Name _____

Mailing Address _____

_____

Contact Person _____

Title _____

Telephone Number _____

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

Transporter 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 inclued in A.8.a through A.8.d above (e.g., underground percolation, well injection)? _____ Yes X No

If yes, provide the following for each disposal method:

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

_____

Annual daily volume disposed of by this method: _____

Is disposal through this method _____ continuous or _____ intermittent?

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

Covington	24426
(City or town, if applicable)	(Zip Code)
Alleghany	Virginia
(County)	(State)
37°45'54"N	79°59'42"W
(Latitude)	(Longitude)

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

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

e. Average daily flow rate 1.77 mgd Jan 2009 - June 2013 Average Flow

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

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 X No

A.10. Description of Receiving Waters

a. Name of receiving water Jackson River

b. Name of watershed (if known) ____

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

c. Name of State Management/River Basin (if known): Upper James River Watershed

United States Geological Survey 8-digit hydrological cataloging unit code (if known): 02080201

d. Critical low flow of receiving stream (if applicable):

acute 147.4 cfs (1Q10) chronic 149.6 cfs (7Q10)

e. Total hardness of receiving stream at critical low flow (if applicable): 67.8 mg/l of $CaCO_3$

A.11. Description of Treatment

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

____ Primary X Secondary

____ Advanced ____ Other. Describe: ____

b. Indicate the following removal rates (as applicable)

Design BOD_5 removal or Design $CBOD_5$ removal	90-95	%
Design SS removal	90-95	%
Design P removal	0	%
Design N removal	0	%
Other ____	N/A	%

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

UV Lamps

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

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

A.12.

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

Outfall number: 001

Data in Part A.12 is compiled from the facility's DMRs (January 2009 - June 2013, unless otherwise noted).

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	7.6	s.u.			
pH (Maximum)	8.4	s.u.			
Flow Rate	7.28	mgd	1.77	mgd	Cont
Temperature (Winter) (Jan-Mar, 2011 & 2012)	15.0	°C	10.0	°C	181
Temperature (Summer) (July-Sept, 2011 & 2012)	23.9	°C	22	°C	184

* 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		
BIOCHEMICAL OXYGEN	BOD-5	30.0	mg/L	6.5	mg/L	1,640	SM5210 B	2 mg/L
Demand (Report one)	CBOD-5	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FECAL COLIFORM (E.coli)		2,970	MPN/100 mls	98.7	MPN/100 mls	1,640	SM9223B-QT	1 MPN/ 100mls
TOTAL SUSPENDED SOLIDS (TSS)		16.0	mg/L	5.1	mg/L	1,640	SM2540 D	1 mg/L

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

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: 002 (Bypass and Stormwater)

b. Location: Covington (City or town, if applicable); 24426 (Zip Code)

Alleghany (County); Virginia (State)

37°45'26"N (Latitude); 79°59'41"W (Longitude)

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

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

e. Average daily flow rate: Unknown mgd

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

Number of times per year discharge occurs: Varies - estimate 6-10 per typical year

Average duration of each discharge: Varies - estimate 1-3 hours per typical event

Average flow per discharge: Unknown - not measured mgd

Months in which discharge occurs: 3 - 4 months; typically Spring

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

A.10. Description of Receiving Waters

a. Name of receiving water: Jackson River

b. Name of watershed (if known): ____

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

c. Name of State Management/River Basin (if known): Upper James River Watershed

United States Geological Survey 8-digit hydrological cataloging unit code (if known): 02080201

d. Critical low flow of receiving stream (if applicable):

acute 147.4 cfs (1Q10) chronic 149.6 cfs (7Q10)

e. Total hardness of receiving stream at critical low flow (if applicable): 67.8 mg/l of $CaCO_3$

A.11. Description of Treatment

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

_____ Primary _____ Secondary

_____ Advanced _____ Other. Describe: None

b. Indicate the following removal rates (as applicable)

Design BOD_5 removal or Design $CBOD_5$ removal	N/A	%
Design SS removal	N/A	%
Design P removal	N/A	%
Design N removal	N/A	%
Other _____	N/A	%

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

None - discharge is largely storm water

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

d. Does the treatment plant have post aeration? _____ Yes X 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: 002 (Bypass and Storm water)

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	N/A	N/A			
pH (Maximum)	N/A	N/A			
Flow Rate	N/A	N/A	N/A	N/A	N/A
Temperature (Winter)	N/A	N/A	N/A	N/A	N/A
Temperature (Summer)	N/A	N/A	N/A	N/A	N/A

* 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		
BIOCHEMICAL OXYGEN	BOD-5	77.6	mg/L	25.6	mg/L	5	SM5210 B	5
Demand (Report one)	CBOD-5	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FECAL COLIFORM (E.coli)		N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTAL SUSPENDED SOLIDS (TSS)		112.0	mg/L	52.2	mg/L	5	SM2540 D	5

END OF PART A.
REFER TO THE APPLICATION OVERFIEW 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.

100,000 gpd

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

The City implemented a significant Inflow and Infiltration (I/I)program that included storm water separation, sewer line and manhole rehabilitation and replacement, CCTV, and sewer line cleaning. I/I program work continues.

B.2.

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

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

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

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

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

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

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

____ Yes **X** No

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

Name: _____

Mailing Address: _____

_____

Telephone Number: _____

Responsibilities of Contractor: _____

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

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

_____

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

____ Yes ____ No

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

_____

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

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

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

Describe briefly: _____

B.6. EFFLUENT TESTING DATA (GREATER THAN 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 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. 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

The three data sets for Ammonia, O&G, and TDS were collected over the period of April 2013 through July 2013. The TKN, Nitrate+Nitrite, and Total P data are from the average concentrations from the facility's NMRs from January 2009 - December 2012. (1) Chlorine is estimated as non-detectable. The facility does not use chlorine in the treatment process. (2) DO data is the minimum value and not the maximum; this data is from the facility's operation logs from January 2009 - June 2013.

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.											
AMMONIA (as N)	0.35	mg/L	9.65	kg/D	0.15	mg/L	1.00	kg/D	3	EPA 350.1	0.1 mg/L
CHLORINE (TOTAL RESIDUAL, TRC)[1]	ND	mg/L	N/A	kg/D	ND	mg/L	N/A	kg/D	NA	Estimated	0.1 mg/L
DISSOLVED OXYGEN	6.53[2]	mg/L	179	kg/D	8.40	mg/L	56.3	kg/D	~1640	EPA 360.1	1.0 mg/L
TOTAL KJELDAHL NITROGEN (TKN)	1.89	mg/L	52.1	kg/D	1.89	mg/L	12.70	kg/D	~208	EPA 351.2	0.5 mg/L
NITRATE PLUS NITRITE NITROGEN	10.6	mg/L	292	kg/D	10.6	mg/L	71.0	kg/D	~208	EPA 353.2	0.06 mg/L
OIL and GREASE	<5	mg/L	<140	kg/D	< 5	mg/L	<34	kg/D	3	EPA 1664A	5 mg/L
PHOSPHORUS (Total)	1.54	mg/L	42.4	kg/D	1.54	mg/L	10.3	kg/D	~208	EPA 365.1	0.050 mg/L
TOTAL DISSOLVED SOLIDS (TDS)	304	mg/L	8,378	kg/D	277	mg/L	1,856	kg/D	3	SM18/2540C	10 mg/L
OTHER	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	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 City of Covington
Wastewater Treatment Plant; VA0025542

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

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

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

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

X Basic Application Information packet

Supplemental Application Information packet

X Part D (Expanded Effluent Testing Data)

X 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 certifiy 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 inlcluding the possibility of fine and imprisonment for knowing violations.

Name and official title: J.B. Broughman, City Manager

Signature: J. B. Broughman

Telephone number: (540) 965-6300

Date signed: August 8, 2013

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:

SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

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

Effluent Testing: 1.0 mgd and Pretreatment Treatment Works. If the treatment works has a design flow greater than or equal to 1 0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum effluent testing data must be based on at least three pollutant scans and must be no more than four and one half years old.

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

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS. **These three data sets were collected over the period of April 2013 through July 2013.**											
ANTIMONY	<0.001	mg/L	<0.028	kg/D	<0.001	mg/L	<0.007	kg/D	3	EPA 200.7	0.0010
ARSENIC	<0.005	mg/L	<0.14	kg/D	<0.005	mg/L	<0.034	kg/D	3	EPA 200.7	0.0050
BERYLLIUM	<0.001	mg/L	<0.028	kg/D	<0.001	mg/L	<0.007	kg/D	3	EPA 200.7	0.0010
CADMIUM	<0.001	mg/L	<0.028	kg/D	<0.001	mg/L	<0.007	kg/D	3	EPA 200.7	0.0010
CHROMIUM	<0.005	mg/L	<0.14	kg/D	<0.005	mg/L	<0.034	kg/D	3	EPA 200.7	0.0050
COPPER	0.0173	mg/L	0.477	kg/D	0.0156	mg/L	0.105	kg/D	3	EPA 200.7	0.0050
LEAD	0.0013	mg/L	0.036	kg/D	0.0008	mg/L	0.005	kg/D	3	EPA 200.7	0.0010
MERCURY	<0.001	mg/L	<0.028	kg/D	<0.001	mg/L	<0.007	kg/D	3	EPA 245.1	0.0010
NICKEL	<0.01	mg/L	<0.28	kg/D	<0.01	mg/L	<0.07	kg/D	3	EPA 200.7	0.0100
SELENIUM	<0.005	mg/L	<0.14	kg/D	<0.005	mg/L	<0.034	kg/D	3	EPA 200.7	0.0050
SILVER	<0.005	mg/L	<0.14	kg/D	<0.005	mg/L	<0.034	kg/D	3	EPA 200.7	0.0050
THALLIUM	<0.001	mg/L	<0.028	kg/D	<0.001	mg/L	<0.007	kg/D	3	EPA 200.7	0.0010
ZINC	0.038	mg/L	1.05	kg/D	0.029	mg/L	0.19	kg/D	3	EPA 200.7	0.0100
CYANIDE	<0.02	mg/L	<0.55	kg/D	<0.02	mg/L	<0.13	kg/D	3	EPA 335.4	0.02
TOTAL PHENOLIC COMPOUNDS	0.011	mg/L	0.30	kg/D	0.007	mg/L	0.047	kg/D	3	EPA 420.1	0.01
HARDNESS (AS $CaCO_3$)											

FACILITY NAME AND PERMIT NUMBER City of Covington Wastewater Treatment Plant; VA0025542

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		
VOLATILE ORGANIC COMPOUNDS. These three data sets were collected over the period of April 2013 through July 2013.											
ACROLEIN	<10	µg/L	<276	g/D	<10	µg/L	<67	g/D	3	EPA 624	10 µg/L
ACRYLONITRILE	<10	µg/L	<276	g/D	<10	µg/L	<67	g/D	3	EPA 624	10 µg/L
BENZENE	<1	µg/L	<27.6	g/D	<1	µg/L	<6.7	g/D	3	EPA 624	1 µg/L
BROMOFORM	<1	µg/L	<27.6	g/D	<1	µg/L	<6.7	g/D	3	EPA 624	1 µg/L
CARBON TETRACHLORIDE	<1	µg/L	<27.6	g/D	<1	µg/L	<6.7	g/D	3	EPA 624	1 µg/L
CHLOROBENZENE	<1	µg/L	<27.6	g/D	<1	µg/L	<6.7	g/D	3	EPA 624	1 µg/L
CHLORODIBROMO-METHANE	<1	µg/L	<27.6	g/D	<1	µg/L	<6.7	g/D	3	EPA 624	1 µg/L
CHLOROETHANE	<1	µg/L	<27.6	g/D	<1	µg/L	<6.7	g/D	3	EPA 624	1 µg/L
2-CHLORO-ETHYLVINYL ETHER	<5	µg/L	<140	g/D	< 5	mg/L	<34	g/D	3	EPA 624	5 µg/L
CHLOROFORM	<1	µg/L	<27.6	g/D	<1	µg/L	<6.7	g/D	3	EPA 624	1 µg/L
DICHLOROBROMO-METHANE	<1	µg/L	<27.6	g/D	<1	µg/L	<6.7	g/D	3	EPA 624	1 µg/L
1,1-DICHLOROETHANE	<1	µg/L	<27.6	g/D	<1	µg/L	<6.7	g/D	3	EPA 624	1 µg/L
1,2-DICHLOROETHANE	<1	µg/L	<27.6	g/D	<1	µg/L	<6.7	g/D	3	EPA 624	1 µg/L
TRANS-1,2-DICHLORO-ETHYLENE	<1	µg/L	<27.6	g/D	<1	µg/L	<6.7	g/D	3	EPA 624	1 µg/L
1,1-DICHLOROETHYLENE	<1	µg/L	<27.6	g/D	<1	µg/L	<6.7	g/D	3	EPA 624	1 µg/L
1,2-DICHLOROPROPANE	<1	µg/L	<27.6	g/D	<1	µg/L	<6.7	g/D	3	EPA 624	1 µg/L
1,3-DICHLORO-PROPYLENE	<1	µg/L	<27.6	g/D	<1	µg/L	<6.7	g/D	3	EPA 624	1 µg/L
ETHYLBENZENE	<1	µg/L	<27.6	g/D	<1	µg/L	<6.7	g/D	3	EPA 624	1 µg/L
METHYL BROMIDE	<1	µg/L	<27.6	g/D	<1	µg/L	<6.7	g/D	3	EPA 624	1 µg/L
METHYL CHLORIDE	<1	µg/L	<27.6	g/D	<1	µg/L	<6.7	g/D	3	EPA 624	1 µg/L
METHYLENE CHLORIDE	<1	µg/L	<27.6	g/D	<1	µg/L	<6.7	g/D	3	EPA 624	1 µg/L
1,1,2 2-TETRACHLORO-ETHANE	<1	µg/L	<27.6	g/D	<1	µg/L	<6.7	g/D	3	EPA 624	1 µg/L
TETRACHLORO-ETHYLENE	<1	µg/L	<27.6	g/D	<1	µg/L	<6.7	g/D	3	EPA 624	1 µg/L
TOLUENE	<1	µg/L	<27.6	g/D	<1	µg/L	<6.7	g/D	3	EPA 624	1 µg/L

FACILITY NAME AND PERMIT NUMBER **City of Covington Wastewater Treatment Plant; VA0025542**

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

Outfall number: (Complete once for each outfall discharging effluent to waters of the United States) These three data sets were collected from the period of April 2013 through July 2013.

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	µg/L	<27.6	g/D	<1	µg/L	<6.7	g/D	3	EPA 624	1 µg/L
1,1,2-TRICHLOROETHANE	<1	µg/L	<27.6	g/D	<1	µg/L	<6.7	g/D	3	EPA 624	1 µg/L
TRICHLORETHYLENE	<1	µg/L	<27.6	g/D	<1	µg/L	<6.7	g/D	3	EPA 624	1 µg/L
VINYL CHLORIDE	<1	µg/L	<27.6	g/D	<1	µg/L	<6.7	g/D	3	EPA 624	1 µg/L
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	<11.7	µg/L	<322.4	g/D	<11.7	µg/L	<78.4	g/D	3	EPA 625	11.7 µg/L
2-CHLOROPHENOL	<11.7	µg/L	<322.4	g/D	<11.7	µg/L	<78 4	g/D	3	EPA 625	11.7 µg/L
2,4-DICHLOROPHENOL	<11.7	µg/L	<322.4	g/D	<11.7	µg/L	<78.4	g/D	3	EPA 625	11.7 µg/L
2,4-DIMETHYLPHENOL	<11.7	µg/L	<322.4	g/D	<11.7	µg/L	<78.4	g/D	3	EPA 625	11.7 µg/L
4,6-DINITRO-O-CRESOL	<11.7	µg/L	<322 4	g/D	<11.7	µg/L	<78 4	g/D	3	EPA 625	11.7 µg/L
2,4-DINITROPHENOL	<11.7	µg/L	<322.4	g/D	<11.7	µg/L	<78.4	g/D	3	EPA 625	11.7 µg/L
2-NITROPHENOL	<11.7	µg/L	<322.4	g/D	<11.7	µg/L	<78.4	g/D	3	EPA 625	11.7 µg/L
4-NITROPHENOL	<11.7	µg/L	<322.4	g/D	<11.7	µg/L	<78.4	g/D	3	EPA 625	11.7 µg/L
PENTACHLOROPHENOL	<11.7	µg/L	<322.4	g/D	<11.7	µg/L	<78.4	g/D	3	EPA 625	11.7 µg/L
PHENOL	<11.7	µg/L	<322.4	g/D	<11.7	µg/L	<78.4	g/D	3	EPA 625	11.7 µg/L
2,4,6-TRICHLOROPHENOL	<11.7	µg/L	<322.4	g/D	<11.7	µg/L	<78.4	g/D	3	EPA 625	11.7 µg/L
Use this space (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit writer											
BASE-NEUTRAL COMPOUNDS.											
ACENAPHTHENE	<11.7	µg/L	<322.4	g/D	<11.7	µg/L	<78.4	g/D	3	EPA 625	11.7 µg/L
ACENAPHTHYLENE	<11.7	µg/L	<322.4	g/D	<11.7	µg/L	<78.4	g/D	3	EPA 625	11.7 µg/L
ANTHRACENE	<11.7	µg/L	<322.4	g/D	<11.7	µg/L	<78.4	g/D	3	EPA 625	11.7 µg/L
BENZIDINE	<11.7	µg/L	<322.4	g/D	<11.7	µg/L	<78.4	g/D	3	EPA 625	11.7 µg/L
BENZO(A)ANTHRACENE	<11.7	µg/L	<322.4	g/D	<11.7	µg/L	<78.4	g/D	3	EPA 625	11.7 µg/L
BENZO(A)PYRENE	<11.7	µg/L	<322.4	g/D	<11.7	µg/L	<78.4	g/D	3	EPA 625	11.7 µg/L

FACILITY NAME AND PERMIT NUMBER: City of Covington Wastewater Treatment Plant; VA0025542

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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	<11.7	µg/L	<322.4	g/D	<11.7	µg/L	<78.4	g/D	3	EPA 625	11.7 µg/L
BENZO(GHI)PERYLENE	<11.7	µg/L	<322.4	g/D	<11.7	µg/L	<78.4	g/D	3	EPA 625	11.7 µg/L
BENZO(K)FLUORANTHENE	<11.7	µg/L	<322.4	g/D	<11.7	µg/L	<78.4	g/D	3	EPA 625	11.7 µg/L
BIS (2-CHLOROETHOXY) METHANE	<11.7	µg/L	<322.4	g/D	<11.7	µg/L	<78.4	g/D	3	EPA 625	11.7 µg/L
BIS (2-CHLOROETHYL)-ETHER	<11.7	µg/L	<322.4	g/D	<11.7	µg/L	<78.4	g/D	3	EPA 625	11.7 µg/L
BIS (2-CHLOROISO-PROPYL) ETHER	<11.7	µg/L	<322.4	g/D	<11.7	µg/L	<78.4	g/D	3	EPA 625	11.7 µg/L
BIS (2-ETHYLHEXYL) PHTHALATE	<11.7	µg/L	<322.4	g/D	<11.7	µg/L	<78.4	g/D	3	EPA 625	11.7 µg/L
4-BROMOPHENYL PHENYL ETHER	<11.7	µg/L	<322.4	g/D	<11.7	µg/L	<78.4	g/D	3	EPA 625	11.7 µg/L
BUTYL BENZYL PHTHALATE	<11.7	µg/L	<322.4	g/D	<11.7	µg/L	<78.4	g/D	3	EPA 625	11.7 µg/L
2-CHLORONAPHTHALENE	<11.7	µg/L	<322.4	g/D	<11.7	µg/L	<78.4	g/D	3	EPA 625	11.7 µg/L
4-CHLORPHENYL PHENYL ETHER	<11.7	µg/L	<322.4	g/D	<11.7	µg/L	<78 4	g/D	3	EPA 625	11.7 µg/L
CHRYSENE	<11.7	µg/L	<322.4	g/D	<11.7	µg/L	<78.4	g/D	3	EPA 625	11.7 µg/L
DI-N-BUTYL PHTHALATE	<11.7	µg/L	<322.4	g/D	<11.7	µg/L	<78.4	g/D	3	EPA 625	11.7 µg/L
DI-N-OCTYL PHTHALATE	<11.7	µg/L	<322.4	g/D	<11.7	µg/L	<78.4	g/D	3	EPA 625	11.7 µg/L
DIBENZO(A,H) ATHRACENE	<11.7	µg/L	<322.4	g/D	<11.7	µg/L	<78.4	g/D	3	EPA 625	11.7 µg/L
1,2-DICHLOROBENZENE	<11.7	µg/L	<322.4	g/D	<11.7	µg/L	<78.4	g/D	3	EPA 625	11.7 µg/L
1,3-DICHLOROBENZENE	<11.7	µg/L	<322.4	g/D	<11.7	µg/L	<78.4	g/D	3	EPA 625	11.7 µg/L
1,4-DICHLOROBENZENE	<11.7	µg/L	<322.4	g/D	<11.7	µg/L	<78.4	g/D	3	EPA 625	11.7 µg/L
3,3-DICHLOROBENZIDINE	<11.7	µg/L	<322.4	g/D	<11.7	µg/L	<78.4	g/D	3	EPA 625	11.7 µg/L
DIETHYL PHTHALATE	<11.7	µg/L	<322.4	g/D	<11.7	µg/L	<78.4	g/D	3	EPA 625	11.7 µg/L
DIMETHYL PHTHALATE	<11.7	µg/L	<322.4	g/D	<11.7	µg/L	<78.4	g/D	3	EPA 625	11.7 µg/L
2,4-DINITROTOLUENE	<11.7	µg/L	<322.4	g/D	<11.7	µg/L	<78.4	g/D	3	EPA 625	11.7 µg/L
2,6-DINITROTOLUENE	<11.7	µg/L	<322.4	g/D	<11.7	µg/L	<78.4	g/D	3	EPA 625	11.7 µg/L
1,2-DIPHENYLHYDRAZINE	<11.7	µg/L	<322.4	g/D	<11.7	µg/L	<78.4	g/D	3	EPA 625	11.7 µg/L

FACILITY NAME AND PERMIT NUMBER: City of Covington Wastewater Treatment Plant; VA0025542

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Outfall number: (Complete once for each outfall discharging effluent to waters of the United States.) These three data sets were collected from the period of April 2013 through July 2013.

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
FLUORANTHENE	<11.7	µg/L	<322.4	g/D	<11.7	µg/L	<78 4	g/D	3	EPA 625	11.7 µg/L
FLUORENE	<11 7	µg/L	<322.4	g/D	<11.7	µg/L	<78.4	g/D	3	EPA 625	11.7 µg/L
HEXACHLOROBENZENE	<11.7	µg/L	<322 4	g/D	<11.7	µg/L	<78.4	g/D	3	EPA 625	11.7 µg/L
HEXACHLOROBUTADIENE	<11.7	µg/L	<322.4	g/D	<11.7	µg/L	<78 4	g/D	3	EPA 625	11.7 µg/L
HEXACHLOROCYCLO-PENTADIENE	<11.7	µg/L	<322.4	g/D	<11.7	µg/L	<78.4	g/D	3	EPA 625	11.7 µg/L
HEXACHLOROETHANE	<11 7	µg/L	<322.4	g/D	<11.7	µg/L	<78.4	g/D	3	EPA 625	11.7 µg/L
INDENO(1,2,3-CD)PYRENE	<11.7	µg/L	<322.4	g/D	<11.7	µg/L	<78.4	g/D	3	EPA 625	11.7 µg/L
ISOPHORONE	<11.7	µg/L	<322.4	g/D	<11.7	µg/L	<78.4	g/D	3	EPA 625	11.7 µg/L
NAPHTHALENE	<11.7	µg/L	<322.4	g/D	<11.7	µg/L	<78.4	g/D	3	EPA 625	11.7 µg/L
NITROBENZENE	<11.7	µg/L	<322.4	g/D	<11.7	µg/L	<78.4	g/D	3	EPA 625	11.7 µg/L
N-NITROSODI-N-PROPYLAMINE	<11.7	µg/L	<322.4	g/D	<11.7	µg/L	<78.4	g/D	3	EPA 625	11.7 µg/L
N-NITROSODI- METHYLAMINE	<11.7	µg/L	<322.4	g/D	<11.7	µg/L	<78.4	g/D	3	EPA 625	11.7 µg/L
N-NITROSODI-PHENYLAMINE	<11.7	µg/L	<322.4	g/D	<11.7	µg/L	<78.4	g/D	3	EPA 625	11.7 µg/L
PHENANTHRENE	<11.7	µg/L	<322.4	g/D	<11.7	µg/L	<78.4	g/D	3	EPA 625	11.7 µg/L
PYRENE	<11.7	µg/L	<322.4	g/D	<11.7	µg/L	<78.4	g/D	3	EPA 625	11.7 µg/L
1.2 4-TRICHLOROBENZENE	<11.7	µg/L	<322.4	g/D	<11.7	µg/L	<78.4	g/D	3	EPA 625	11.7 µg/L

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

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 combinded 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 reducation 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 biomonitorng data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. **Required Tests.**

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

8 chronic 0 acute

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

See Part E.4	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			

	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, specifiy source.			
Laboratory water			
Receiving water			
i. Type of dilution water. If 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 methods 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 _X_No If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Text 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.

See Attachment E.4 that shows summary of reports that were previously submitted.

Date submitted: _____ (MM/DD/YYYY)

Summary of results: (see instructions)

See Attachment E.4 that shows summary of results.

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

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 ___X___ 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:

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 pincipal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): _____

Raw material(s): _____

F.6. **Flow Rate.**

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

_____ gpd (____continuous or ____ intermittent)

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

_____ gpd (_____continuous or ____ intermittent)

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

a. Local limits _____ Yes _____ No

b. Categorical pretreatment standards _____ Yes _____ No

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

_____

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

_____ Yes _____ No If yes, describe each episode.

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

F.9. **RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?

_____ Yes ___X___ 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.) ___X___ 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 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 OVERFIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

City of Covington
Wastewater Treatment Plant
VA0025542
E.4. Summary of Submitted Biomonitoring Test Information
Outfall 001

Event	Dates	Vertebrate	Invertebrate	LC_{50} (%)	NOEC (%)	Survival in 100%
First Event Compliance Period	Jan-09		X	> 100	100	100%
Second Event Compliance Period	Feb-10	X		>100	100	100%
First Quarter VPDES Permit	4/9/13 - 4/15/2013	X		>100	100	100%
			X	>100	100	100%
2nd Quarter VPDES Permit - Permit Application Test 1	6/4/13 - 6/10/13	X		>100	100	100%
			X	>100	100	100%
3rd Quarter VPDES Permit - Permit Application Test 2	8/6/13 - 8/13/13	X		>100	100	100%
			X	>100	100	100%

VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

Satellite Sewer System Owner Listing Form

OWNER INFORMATION

Owner Name: Alleghany County

Address: 9212 Winterberry Avenue, Suite A

City, State, Zip Covington, VA 24426

Phone, email Chris Clark, P.E., Director of Public Works
(540) 863-6650, cclark@co.alleghany.va.us

EMERGENCY INFORMATION (if different from above)

Name

Company

Phone, Cell, Pager

SYSTEM DESCRIPTION

System name: Alleghany County

System Description (e.g. pump station, pretreatment, location, type of facilities served (apartments, neighborhood, industry, town, sewer district).

Four pump stations located in Alleghany County pump wastewater to the City of Covington WWTP.

Pump Station ID	Pretreatment	Service Area	Location	Type of Facilities Served
1. Mallow Pump Station	None	-Mallow Subdivision -Brentwood Subdivision -Jackson Heights Subdivision	Southeast side of Covington	Residential-Subdivisions
2. Intervale Pump Station	None	-Clearwater Park -Intervale	North side of City limits off 220	Residential-Neighborhood
3. Rosedale Pump Station	None	-Rosedale area	West on Rt. 60	Residential-Neighborhood
4. Cherokee/Route 18 Pump Station	None	-Cherokee Subdivision -homes along Route 18	South side of Covington	Residential-Subdivisions

VPDES Permit Application Addendum **VPDES Permit No.** VA0025542

1. **Entity to whom the permit is to be issued:** City of Covington
   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. Provide NAICS Code (Industrial Only) 221320 (Sewage Treatment Facilities)
3. **Is this facility located within city or town boundaries?** (Y) / N
4. **Provide the tax map parcel number for the land where the discharge is located.** N/A
5. **For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities?** 0
6. **What is the design average effluent flow of this facility?** 3.0 MGD
   For industrial facilities, provide the max. 30-day average production level, include units:

   _____

   In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Y / (N)
   If "Yes", please identify the other flow tiers (in MGD) or production levels:

   _____

   Please consider the following as you answer the questions in #5 above 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?

7. **Nature of operations generating wastewater:**
   Municipal

   95 % of flow from domestic connections/sources

   Number of private residences to be served by the treatment works: > 6,000

   5 % of flow from non-domestic connections/sources

8. **Mode of discharge:** X Continuous ____ Intermittent ____ Seasonal
   Describe frequency and duration of intermittent or seasonal discharges:

   _____

   _____

9. **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: _____

10. **Approval Date(s):**

O & M Manual January 2009 **Sludge/Solids Management Plan** January 2009

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

11. **Privately Owned Treatment Works**
If this application is for a privately owned treatment works serving, or designed to serve, 50 or more residences, you must include with your application notification from the State Corporation Commission that you are incorporated in the Commonwealth AND verification from the SCC that you are in compliance with all regulations and relevant orders of the State Corporation Commission. Incorporated also includes Limited Liability Companies (LLCs), Limited Partnerships (LPs) and certificates of authority.

Not Applicable.

12. **Satellite Sewer Systems**
A satellite sewer system means a sewer system that is owned or operated by one person that discharges to a system that is owned or operated by a different person. Satellite sewer systems depend on a separate person for final wastewater treatment and discharge. List any additional owners with collection systems but no treatment plant discharging to your system. You may use the attached form or any other documentation you may have that contains the same type of information.

See the attached form

13. **Consent to Receive Electronic Mail**
The Department of Environmental Quality (DEQ) may deliver permits and certifications (this includes permit issuances, reissuances, modifications, revocation and reissuances, terminations and denials) to recipients, including applicants or permittees, by electronically certified mail where the recipients notify DEQ of their consent to receive mail electronically (§ 10.1-1183). Check *only one* of the following to consent to or decline receipt of electronic mail from DEQ as follows:

[X] Applicant or permittee agrees to receive by electronic mail the permit that may be issued for the proposed pollutant management activity, and to certify receipt of such electronic mail when requested by the DEQ. Email address: jbroughman@covington.va.us

[ ] Applicant or permittee declines to receive by electronic mail the permit associated with the permit that may be issued for the proposed pollutant management activity.

J. B. Broughman

J.B. Broughman, City Manager

Date: October 3, 2013

VPDES PERMIT APPLICATION ADDENDUM – SUPPLEMENTARY INFORMATION

A. General Information

1. Entity to whom the permit is to be issued: **City of Covington**
   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. Classify the discharge as one of the following by checking the appropriate line:

   __X__ a. Existing discharge

   _____ b. Proposed discharge

   _____ c. Proposed expansion of an existing discharge

B. Location

1. Is this facility located within city or town boundaries? (Y) N

2. (New Issuances & Modifications Only) What is the tax map parcel number for the land where this facility is located? **N/A**

3. For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities? **0**

4. What is the total acreage of the property on which the treatment plant is located? 7 Acres

5. Give the minimum elevation of the treatment plant site. **~1,200** feet

6. Flood elevations of the treatment plant site:
   25 year flood **~1,200** feet
   100 year flood **~1,205** feet

7. Attach to the back of this application a location map(s) which may be traced from or is/are a production of a U.S. Geological Survey topographic quadrangle(s) or other appropriately scaled contour map(s). The location map(s) shall show the following: **See Attached Site Location Map**

   a. Treatment Plant
   b. Discharge point
   c. Receiving waters
   d. Boundaries of the property on which the treatment plant is located, or to be located.
   e. Distance from the treatment plant to the nearest: (Indicate "not applicable" for any distance greater than 2000 feet)
      ii. Residence **~100 feet**
      iii. Distribution line for potable water supply **On Site**
      iv. Reservoir, well, or other source of water supply **Not Applicable**
      v. Recreational area **Not Applicable**
   f. Distance from the discharge point to the nearest (Indicate "not applicable" for any distance greater than 15 miles)
      ii. Downstream community **Clifton Forge**
      iii. Upstream and downstream water intake points**Not Applicable**
      iv. Shellfishing waters **Not Applicable**
      v. Wetlands area **Not Applicable**
      vi. Downstream impoundment **Not Applicable**
      vii. Downstream recreational area **Alleghany Memorial Park, ~5 miles**

C. Discharge Description

1. Provide a brief description of the wastewater treatment scheme. Also, attach to the back of this application, a process flow diagram showing each process unit of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system.

Wastewater treatment consists of the following: preliminary treatment using screening and grit removal, following by primary clarification, biological treatment using two trickling filters, secondary clarification, UV disinfection, re-aeration using a cascade aerator, and final effluent discharge into the Jackson River. Sludge is treated using anaerobic digestion and the sludge is dewatered using polymer addition and centrifugation. Sludge drying beds are available for high volume sludge treatment and for water plant sludge dewatering. Dewatered sludge is trucked to the City of Covington landfill for disposal.

See Attached Process Flow Diagram.

2. What is the design average flow of this facility? **3.0** MGD
Industrial facilities: What is the max 30-day avg. production level (include units)? **N/A**

3. In addition to the above design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Y / (N)

If "Yes", please specify the other flow tiers (in MGD) or production levels:_____
Please consider: Is your facility's design flow considerably greater than your current flow? Do you plan to expand operations during the next five years?

4. Nature of operations generating wastewater: **Municipal**

95 % of flow from domestic connections/sources
Number of private residences to be served by the wastewater treatment facilities:
_____0 _____1-49 **X** 50 or more

5 % of flow from non-domestic connections/sources

5. Mode of discharge: **X** Continuous ___Intermittent ___Seasonal
Describe frequency and duration of intermittent or seasonal discharges:

N/A

6. 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
___Lake or pond at or below the discharge point
___Other:_____

D. Anticipated Phasing Schedule for Plant Capacity – Proposed / Expanding Discharges **Not Applicable**

If this application is for a proposed or expanded discharge(s), complete the phasing schedule below beginning with the year in which construction completion is anticipated and progressing in increments of 5 years for 30 years thereafter.

Proposed Design Capacity _____ MGD

Anticipated Date of Construction Completion: _____, _____
Month Year

Years after Completion	Projected Flow (MGD)
0	
5	
10	
15	
20	
25	
30	

E. Interim Facilities

Are the wastewater treatment facilities interim? (designed for a useful life of less than 5 years)

_____ Yes __X__ No

If so, provide the estimated date to be discontinued (month, year) _____, and the name and location of the intended replacement facility.

_____
Name / Location

F. List of Materials Stored at the Facility (i.e. chemicals, petroleum products)

Material	Amount (monthly avg)	Stored Location
Polymer	**Four 55-gallon drums**	**Sludge Building**
Equipment/Gear Oil	**55-75 gallons**	**Control Building Basement**
Lab Chemicals	**Minimal/Varies by Chemical**	**Laboratory**
Alum (future)		

VPDES General Permit Registration Statement
Industrial Activity Storm Water Discharges (VAR05)

(Please Type or Print All Information)

1a. Property Owner of the Facility Site

Name: City of Covington

Mailing Address: 333 West Locust Street

City: Covington State: VA Zip: 24426 Phone: (540) 965-6300

E-Mail Address (where available):

1b. Operator Applying For Permit Coverage (if different than "1a")

Name:

Mailing Address:

City: State: Zip: Phone:

E-Mail Address (where available):

1c. Responsible Party Requesting Permit Coverage, and Who Will Be Legally Responsible For Compliance With This Permit

Name: City of Covington

Mailing Address: 333 West Locust Street

City: Covington State: VA Zip: 24426 Phone: (540) 965-6300

E-Mail Address (where available):

2. Facility Information

Facility Name: City of Covington Wastewater Treatment Plant

Address: 711 West Park Street

City: Covington State: VA Zip: 24426

County Name: Alleghany

Contact Name: J.B. Broughman, City Manager Phone: (540) 965-6300

E-Mail Address (where available): jbroughman@covington.va.us

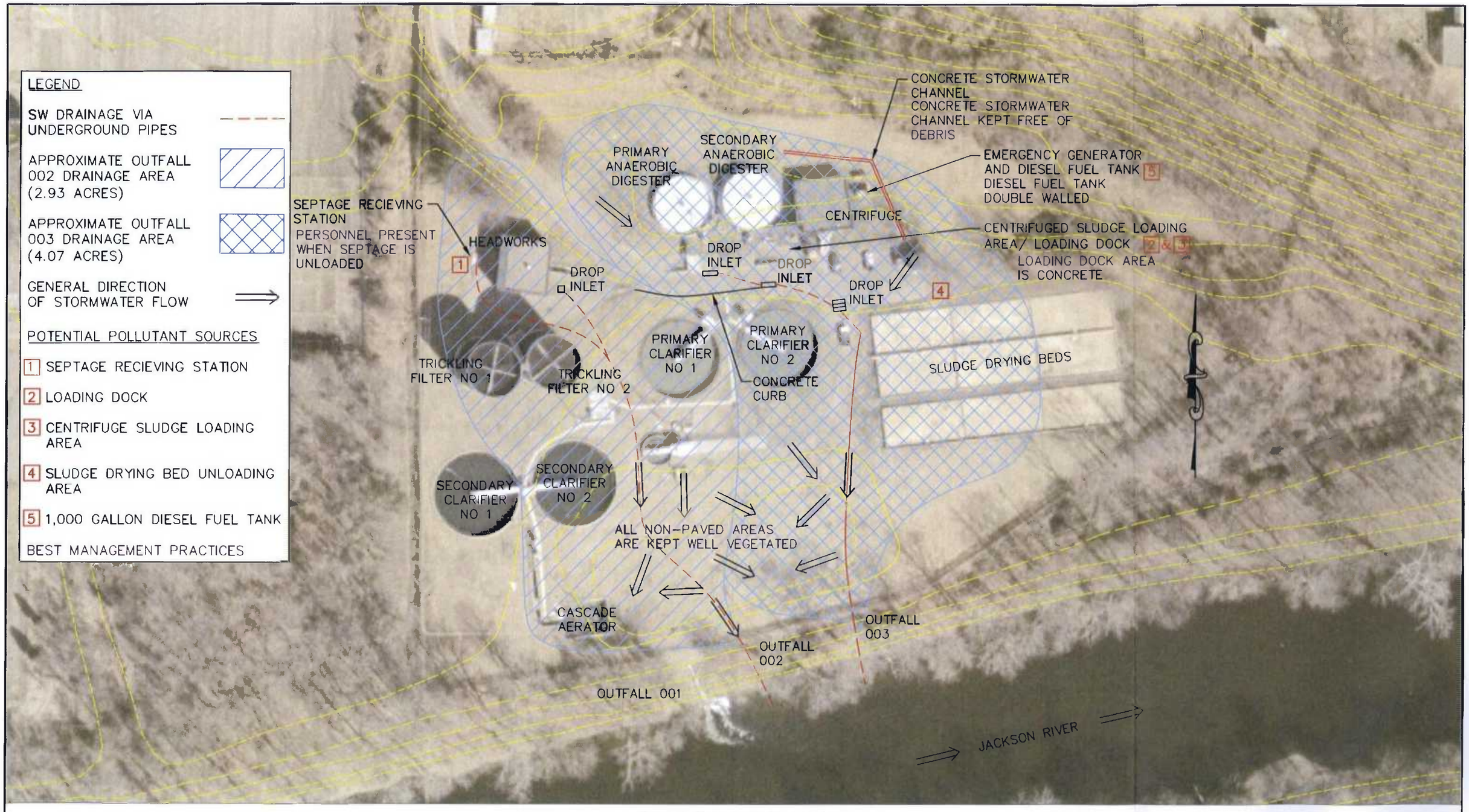
3. Facility Ownership Status: Federal ☐ State ☐ Public ☑ Private ☐ (Check one only)

4. Name(s) of the receiving water(s) that storm water is discharged into: Jackson River

5. If the discharge is through a municipal separate storm sewer system (MS4), the name of the municipal operator of the storm sewer: N/A

Additional notification for discharges to MS4s. If the facility's storm water discharges are through an MS4, the owner must notify the operator of the municipal system receiving the discharge, and submit a copy of their registration statement to the municipal system operator.

6. VPDES Permit Numbers for all permits assigned to the facility: VA0025542; VAN040065



CITY OF COVINGTON
WASTEWATER TREATMENT PLANT
FACILITIES SITE MAP

SCALE: 1"=80'
JOB NO.: 12371

OLVER INCORPORATED

7. **Attach a copy of the general location map from the SWPPP and the site map from the SWPPP.**

8. **Identify up to four 4-digit Standard Industrial Classification (SIC) Codes or 2-letter Industrial Activity Codes that best represent the principal products or services rendered by the facility and major co-located activities.**

   4-Digit SIC Codes or 2-letter Industrial Activity Codes: TW _____ _____ _____

   (The 2-letter Industrial Activity Codes are: **HZ** - hazardous waste treatment, storage, or disposal facilities; **LF** - landfills/disposal facilities that receive or have received any industrial wastes; **SE** - steam electric power generating facilities; or, **TW** - treatment works treating domestic sewage)

9. **Attach a list identifying all applicable industrial sectors (see instructions) that cover the discharges associated with industrial activity from the facility and from any co-located industrial activities that will be covered under this permit. Also identify the storm water outfalls associated with each identified sector.**

   In addition to attaching the list, answer the questions below as they apply to the facility's discharges:

   - For landfills, indicate the type of landfill: N/A
   - For timber products operations, indicate which outfalls (if any) receive discharges from wet decking areas:

     N/A
   - For all facilities, indicate which outfalls (if any) receive discharges from coal storage piles:

     None
   - For asphalt paving and roofing materials manufacturers, indicate which outfalls (if any) receive discharges from areas where production of asphalt paving and roofing emulsions occurs:

     N/A
   - For cement manufacturing facilities, indicate which outfalls (if any) receive discharges from material storage piles:

     N/A

10. **Certification:** "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations."

    Print Name J. B. Broughman Title: City Manager

    Signature: J. B. Broughman Date: August 8, 2015

11. ***Would you like your permit sent to you electronically?*** Yes ☑ No ☐

    If "Yes", please list the email address to send it to:

    jbroughman@covington.va.us

For Department of Environmental Quality Use Only

Accepted/Not Accepted by: _____ Date: _____

Basin _____ Stream Class _____ Section _____ Special Standards _____

Antidegradation Checked? Yes ☐ No ☐ Is The Discharge to Impaired Waters? Yes ☐ No ☐

Has a TMDL been established? Yes ☐ No ☐ N/A ☐ Is the TMDL EPA approved? Yes ☐ No ☐ N/A ☐

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

SCREENING INFORMATION

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

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

2. Will this facility generate sewage sludge? _X_ Yes __No

   Does this facility derive a material from sewage sludge? __Yes _X_ No

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

3. Does this facility apply sewage sludge to the land? __Yes _X_ No

   Is sewage sludge from this facility applied to the land? __Yes _X_ No

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

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

   a. Does the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions?
   __Yes ___No

   b. Is sewage sludge from this facility to be placed in a bag or other container for sale or give-away for application to the land? __Yes ___No

   c. Is sewage sludge from this facility 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: **City of Covington Wastewater Treatment Plant**
   b. Contact person: **J.B. Broughman**
      Title: **City Manager**
      Phone: **(540) 965-6345**
   c. Mailing address: **333 West Locust Street**
      Street or P.O. Box:
      City or Town: **Covington** State: **Virginia** Zip: **24426**
   d. Facility location:
      Street or Route #: **711 West Park Street**
      County: **Alleghany County**
      City or Town: **Covington** State: **Virginia** Zip: **24426**
   e. Is this facility a Class I sludge management facility? __X__ Yes ___No
   f. Facility design flow rate: ____3____ mgd
   g. Total population served: __**>6,000**__
   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): **VA0025542**
   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:
VAN040065	General Nutrient 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: **See Attached Site Location Map and Facilities Site Map**
   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. **See Attached Process Flow Diagram and Form 2A Attachment B.3**

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? __Yes _X_No
   If yes, provide the following for each contractor (attach additional pages if necessary).
   Name:
   Mailing address:
   Street or P.O. Box:
   City or Town: _____ State: _____ Zip:
   Phone: ( )
   Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge:

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

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

POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic				
Cadmium				
Chromium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				

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)

"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: **J.B. Broughman, City Manager**

Signature J. B. Broughman Date Signed August 8, 2013

Telephone number **(540) 953-6300**

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

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

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

1. **Amount Generated On Site.**
Total dry metric tons per 365-day period generated at your facility: **594.82** dry metric tons **(in 2012)**

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

3. **Treatment Provided at Your Facility.**
   a. Which class of pathogen reduction is achieved for the sewage sludge at your facility?
      __Class A __Class B X Neither or unknown
   b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge: **Anaerobic Digestion**

   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: **Anaerobic Digestion, Dewatering, and Good Housekeeping**

   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. **Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements and One of Vector Attraction Reduction Options 1-8 (EQ Sludge). N/A**

(If sewage sludge from your facility does not meet all of these criteria, skip Question 4.)

a. Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land: _____ dry metric tons

b. Is sewage sludge subject to this section placed in bags or other containers for sale or give-away? __Yes __No

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

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

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

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

6. **Shipment Off Site for Treatment or Blending. N/A**

(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. **Land Application of Bulk Sewage Sludge.** **N/A**

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

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

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

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

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

8. **Surface Disposal.** **N/A**

(Complete Question 8 if sewage sludge from your facility is placed on a surface disposal site.)

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

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

c. Site name or number:

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

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

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

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

Permit Number: Type of Permit:

_____

_____

9. **Incineration.** N/A

(Complete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.)

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

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

c. Incinerator name or number:

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

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

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

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

Permit Number: Type of Permit:

_____

_____

10. **Disposal in a Municipal Solid Waste Landfill.**

(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: **City of Covington Peter's Mountain Sanitary Landfill**

b. Contact person: **Jack Munsey**
Title: **Public Works Director**
Phone: **(540) 965-6320**
Contact is: ___Landfill Owner __X__Landfill Operator

c. Mailing address.
Street or P.O. Box: **150 Maple Avenue**
City or Town: **Covington** State: **VA** Zip: **24426**

d. Landfill location.
Street or Route #: **Route 600 (Rumsey Road)**
County: **Alleghany County**
City or Town: **Covington** State: **VA** Zip: **24426**

e. Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill:
__594.82_____ dry metric tons **(in 2012)**

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:
DEQ594	Landfill Operation
VAR051392	Storm Water Discharge (General)

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. **See Attached Haul Route Description**

SECTION C. LAND APPLICATION OF BULK SEWAGE SLUDGE (NOT APPLICABLE)

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

- *The sewage sludge meets the Table 1 ceiling concentrations, the Table 3 pollutant concentrations, Class A pathogen requirements and one of the vector attraction reduction options 1-8 (fill out B.4 instead) (EQ Sludge); or*
- *The sewage sludge is sold or given away in a bag or other container for application to the land (fill out B.5 instead); or*
- *You provide the sewage sludge to another facility for treatment or blending (fill out B.6 instead).*

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

1. Identification of Land Application Site.

a. Site name or number:

b. Site location (Complete i and ii)

i. Street or Route#:
County:
City or Town: _____ State: _____ Zip:

ii. Latitude:_____ Longitude:
Method of latitude/longitude determination
_____ USGS map _____ Filed survey _____ Other

c. Topographic map. Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location.

2. Owner Information.

a. Are you the owner of this land application site? __Yes __No

b. If no, provide the following information about the owner:
Name:
Street or P.O. Box:
City or Town: _____ State:_____ Zip:
Phone: ( )

3. Applier Information:

a. Are you the person who applies, or who is responsible for application of, sewage sludge to this land application site? __Yes __No

b. If no, provide the following information for the person who applies the sewage sludge:
Name:
Street or P.O. Box:
City or Town:_____ State:_____ Zip:
Phone: ( )

c. List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the person who applies sewage sludge to this land application site:
Permit Number: Type of Permit:
_____

4. Site Type. Identify the type of land application site from among the following:

__Agricultural land __Reclamation site __Forest
__Public contact site __Other. Describe

5. Vector Attraction Reduction.

Are any vector attraction reduction requirements met when sewage sludge is applied to the land application site?
___Yes _No If yes, answer a and b.

a. Indicate which vector attraction reduction option is met:
__ Option 9 (Injection below land surface)
__ Option 10 (Incorporation into soil within 6 hours)

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

6. **Cumulative Loadings and Remaining Allotments.**

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

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

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

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

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

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

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

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

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

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

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

8. **Storage Requirements.**

Existing and proposed sludge storage facilities must provide an estimated annual sludge balance on a monthly basis

incorporating such factors as storage capacity, sludge production and land application schedule. Include pertinent calculations justifying storage requirements.

Proposed sludge storage facilities must also provide the following information:

a. A sludge storage site layout on a 7.5 minute topographic quadrangle or other appropriate scaled map to show the following topographic features of the surrounding landscape to a distance of 0.25 mile. Clearly mark the property line.
   1) Water wells, abandoned or operating
   2) Surface waters
   3) Springs
   4) Public water supply(s)
   5) Sinkholes
   6) Underground and/or surface mines
   7) Mine pool (or other) surface water discharge points
   8) Mining spoil piles and mine dumps
   9) Quarry(s)
   10) Sand and gravel pits
   11) Gas and oil wells
   12) Diversion ditch(s)
   13) Agricultural drainage ditch(s)
   14) Occupied dwellings, including industrial and commercial establishments
   15) Landfills or dumps
   16) Other unlined impoundments
   17) Septic tanks and drainfields
   18) Injection wells
   19) Rock outcrops

b. A topographic map of sufficient detail to clearly show the following information:
   1) Maximum and minimum percent slopes
   2) Depressions on the site that may collect water
   3) Drainageways that may attribute to rainfall run-on to or runoff from this site
   4) Portions of the site (if any) which are located with the 100-year floodplain and how the storage facility will be protected from flooding

c. Data and specifications for the storage facility lining material.

d. Plan and cross-sectional views of the storage facility.

e. Depth from the bottom of the storage facility to the seasonal high water table and separation distance to the permanent water table.

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

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

11. **Ground Water Monitoring.**

Are any ground water monitoring data available for this land application site? __Yes __No

If "Yes", submit the ground water monitoring data with this permit application. Also submit a written description of the well locations, approximate depth to ground water, and the ground water monitoring procedures used to obtain these data.

12. **Land Application Site Information.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SEWAGE SLUDGE APPLICATION AGREEMENT

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SECTION D. SURFACE DISPOSAL (NOT APPLICABLE)

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

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

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

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

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

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

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

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

3. Vector Attraction Reduction.

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

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

4. Ground Water Monitoring.

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

b. Has a ground water monitoring program been prepared for this active sewage sludge unit?
__Yes __No If "Yes", submit a copy of the ground water monitoring program with this application.

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

5. Site-Specific Limits.

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

PUBLIC NOTICE BILLING INFORMATION FORM

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

Agent/Department to be billed: **City of Covington**

Owner: **City of Covington**

Applicant's Address: **333 West Locust Street**

Covington, VA 24426

Agent's Telephone No: **(540) 965-6300**

Authorizing Agent: J. B. Broughman
Signature

J.B. Broughman
Printed Name

City Manager
Title

Facility Name: Covington Wastewater Treatment Plant
Permit No. VA0025542

Please return to: Lewis Pillis
Department of Environmental Quality
3019 Peters Creek Road
Roanoke, VA 24019-2738

File: V:\PROJECTS\BVA\25086\CADD\FIGURES\SITE LOCATION.DWG Saved: 8/6/2013 11:34:01 AM Plotted: 8/6/2013 11:34:47 AM User: Hodge, Chris LastSavedBy: 3771

0 2000 4000
Scale in feet

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1901 Innovation Drive, Suite 2100
Blacksburg, VA 24060
Main: (540) 552-5548 · www.chacompanies.com

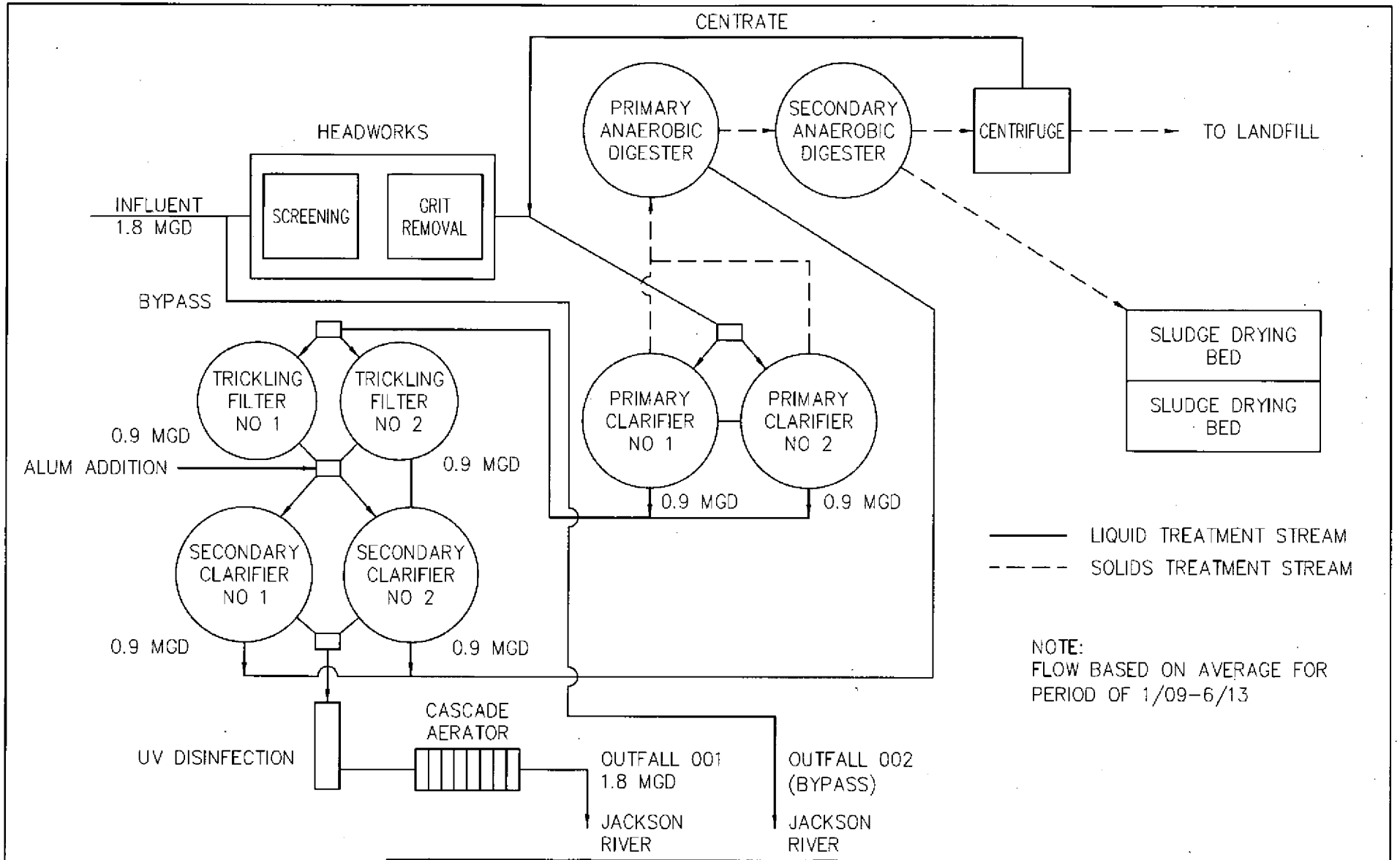
CITY OF COVINGTON
WASTEWATER TREATMENT PLANT

SITE LOCATION MAP

PROJECT NO. 25086

DATE: 8/2013

File: V:\PROJECTS\BVA\25086\CADD\FIGURES\PROCESS FLOW.DWG Saved: 8/7/2013 8:13:26 AM Plotted: 8/7/2013 9:17:07 AM User: Hodge, Chris LastSavedBy: 3771



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CITY OF COVINGTON
WASTEWATER TREATMENT PLANT

PROCESS FLOW DIAGRAM

PROJECT NO. 25086

DATE: 8/2013

REI Consultants, Inc.
PO Box 286
Beaver, WV 25813
TEL: 304.255.2500
Website: www.reiclabs.com

Improving the environment, one client at a time...

3029-C Peters Creek Road
Roanoke, VA 24019
TEL: 540.777.1276

101 17th Street
Ashland, KY 41101
TEL: 606.393.5027

1557 Commerce Road, Suite 201
Verona, VA 24482
TEL: 540.777.1276

16 Commerce Drive
Westover, WV 26501
TEL: 304.241.5861

Wednesday, June 12, 2013

Mr. George Jamison
CITY OF COVINGTON WWTP
711 WEST PARK ST
COVINGTON, VA 24426

TEL: (540) 965-6328
FAX: (540) 965-6328

RE: FINAL EFF
Work Order #: 1305U91

Dear Mr. George Jamison:

REI Consultants, Inc. received 2 sample(s) on 5/29/2013 for the analyses presented in the following report.

Sincerely,

Scott Gross
Project Manager

REI Consultants, Inc. - Case Narrative

WO#: 1305U91

Date Reported: 6/12/2013

Client: CITY OF COVINGTON WWTP

Project: FINAL EFF

The analytical results presented in this report were produced using documented laboratory SOPs that incorporate appropriate quality control procedures as described in the applicable methods. Verification of required sample preservation (as required) is recorded on associated laboratory logs. Any deviation from compliance or method modification is identified within the body of this report by a qualifier footnote which is defined at the bottom of this page.

All sample results for solid samples are reported on an "as-received" wet weight basis unless otherwise noted.

Results reported for sums of individual parameters, such as TTHM and HAA5, may vary slightly from the sum of the individual parameter results, due to rounding of individual results, as required by EPA.

The test results in this report meet all NELAP (and/or VELAP) requirements for parameters except as noted in this report.

This report may not be reproduced, except in full, without the written approval of REIC.

DEFINITIONS:
MCL: Maximum Contaminant Level
MDL: Method Detection Limit; The lowest concentration of analyte that can be detected by the method in the applicable matrix.
Mg/Kg or mg/L: Units of part per million (PPM) - milligram per Kilogram (weight/weight) or milligram per Liter (weight/volume).
NA: Not Applicable
ND: Not Detected at the PQL or MDL
PQL: Practical Quantitation Limit; The lowest verified limit to which data is quantified without qualifications. Analyte concentrations below PQL are reported either as ND or as a number with a "J" qualifier.
Qual: Qualifier that applies to the analyte reported.
TIC: Tentatively Identified Compound, Estimated Concentration
Ug/Kg or ug/L: Units of part per billion (PPB) - microgram per kilogram (weight/weight) or microgram per liter (weight/volume).

QUALIFIERS:
*: Reported value exceeds required MCL
B: Analyte detected in the associated Method Blank at a concentration > 1/2 the PQL
E: Analyte concentration reported that exceeds the upper calibration standard. Greater uncertainty is associated with this result and data should be consider estimated.
H: Holding time for preparation or analysis has been exceeded.
J: Analyte concentration is reported, and is less than the PQL and greater than or equal to the MDL. The result reported is an estimate.
S: % REC (% recovery) exceeds control limits

CERTIFICATIONS:
Beaver, WV: WVDHHR 00412CM, WVDEP 060, VADCLS 00281, KYDEP 90039, TNDEQ TN02926, NCDWQ 466, PADEP 68-00839, VADCLS (VELAP) 460148
Bioassay (Beaver, WV): WVDEP 060, VADCLS(VELAP) 460149, PADEP 68-00839
Roanoke, VA: VADCLS(VELAP) 460150
Verona, VA: VADCLS(VELAP) 460151
Ashland, KY: KYDEP 00094

REI Consultants, Inc. - Analytical Report

WO#: 1305U91

Date Reported: 6/12/2013

Client:	CITY OF COVINGTON WWTP	**Collection Date:**	5/29/2013 10:30:00 AM
Project:	FINAL EFF	**Date Received:**	5/29/2013
Lab ID:	1305U91-01A	**Matrix:**	Waste Water
Client Sample ID:	FINAL EFF	**Site ID:**	VA0025542-1VA

Analysis	Result	PQL	MCL	Qual	Units	PrepDate	Date Analyzed
ACROLEIN BY E624		**Method: E624**					**Analyst: RB**
Acrolein	ND	10	NA		µg/L		5/30/2013 11:14 PM
VOLATILE ORGANIC COMPOUNDS		**Method: E624**					**Analyst: RB**
2-Chloroethyl vinyl ether	ND	5.00	NA		µg/L		5/30/2013 11:14 PM
Benzene	ND	1.00	NA		µg/L		5/30/2013 11:14 PM
Bromodichloromethane	ND	1.00	NA		µg/L		5/30/2013 11:14 PM
Acrylonitrile	ND	10.0	NA		µg/L		5/30/2013 11:14 PM
Bromoform	ND	1.00	NA		µg/L		5/30/2013 11:14 PM
Bromomethane	ND	1.00	NA		µg/L		5/30/2013 11:14 PM
Carbon tetrachloride	ND	1.00	NA		µg/L		5/30/2013 11:14 PM
Chlorobenzene	ND	1.00	NA		µg/L		5/30/2013 11:14 PM
Chloroethane	ND	1.00	NA		µg/L		5/30/2013 11:14 PM
Chloroform	ND	1.00	NA		µg/L		5/30/2013 11:14 PM
Chloromethane	ND	1.00	NA		µg/L		5/30/2013 11:14 PM
Dibromochloromethane	ND	1.00	NA		µg/L		5/30/2013 11:14 PM
1,1-Dichloroethane	ND	1.00	NA		µg/L		5/30/2013 11:14 PM
1,2-Dichloroethane	ND	1.00	NA		µg/L		5/30/2013 11:14 PM
1,1-Dichloroethene	ND	1.00	NA		µg/L		5/30/2013 11:14 PM
trans-1,2-Dichloroethene	ND	1.00	NA		µg/L		5/30/2013 11:14 PM
1,2-Dichloropropane	ND	1.00	NA		µg/L		5/30/2013 11:14 PM
cis-1,3-Dichloropropene	ND	1.00	NA		µg/L		5/30/2013 11:14 PM
trans-1,3-Dichloropropene	ND	1.00	NA		µg/L		5/30/2013 11:14 PM
Ethylbenzene	ND	1.00	NA		µg/L		5/30/2013 11:14 PM
Methylene chloride	ND	1.00	NA		µg/L		5/30/2013 11:14 PM
1,1,2,2-Tetrachloroethane	ND	1.00	NA		µg/L		5/30/2013 11:14 PM
Tetrachloroethene	ND	1.00	NA		µg/L		5/30/2013 11:14 PM
Toluene	ND	1.00	NA		µg/L		5/30/2013 11:14 PM
1,1,1-Trichloroethane	ND	1.00	NA		µg/L		5/30/2013 11:14 PM
1,1,2-Trichloroethane	ND	1.00	NA		µg/L		5/30/2013 11:14 PM
Trichloroethene	ND	1.00	NA		µg/L		5/30/2013 11:14 PM
Vinyl chloride	ND	1.00	NA		µg/L		5/30/2013 11:14 PM
Surr: Dibromofluoromethane	113	70.8-128	NA		%REC		5/30/2013 11:14 PM
Surr: 1,2-Dichloroethane-d4	110	73.2-133	NA		%REC		5/30/2013 11:14 PM
Surr: Toluene-d8	88.2	71-132	NA		%REC		5/30/2013 11:14 PM
Surr: 4-Bromofluorobenzene	127	74.2-129	NA		%REC		5/30/2013 11:14 PM
OIL and GREASE		**Method: EPA1664A**					**Analyst: MC**
Oil & Grease	ND	5.0	NA		mg/L		6/11/2013 8:00 AM

REI Consultants, Inc. - Analytical Report

WO#: 1305U91

Date Reported: 6/12/2013

Client:	CITY OF COVINGTON WWTP	**Collection Date:**	5/29/2013 10:30:00 AM
Project:	FINAL EFF	**Date Received:**	5/29/2013
Lab ID:	1305U91-01A	**Matrix:**	Waste Water
Client Sample ID:	FINAL EFF	**Site ID:**	VA0025542-1VA

Analysis	Result	PQL	MCL	Qual	Units	PrepDate	Date Analyzed
PHENOLICS		**Method: E420.1**					**Analyst: BA**
Phenolics	ND	0.010	NA		mg/L		5/31/2013 1:00 PM
Cyanide		**Method: E335.4**					**Analyst: AL**
Cyanide, Total	ND	0.020	NA		mg/L	5/31/2013 8:35 AM	5/31/2013 11:22 AM

REI Consultants, Inc. - Analytical Report

WO#: 1305U91

Date Reported: 6/12/2013

Client:	CITY OF COVINGTON WWTP	**Collection Date:**	5/29/2013 12:00:00 AM
Project:	FINAL EFF	**Date Received:**	5/29/2013
Lab ID:	1305U91-02A	**Matrix:**	Trip Blank
Client Sample ID:	TRIP BLANK	**Site ID:**	VA0025542-1VA

Analysis	Result	PQL	MCL	Qual	Units	PrepDate	Date Analyzed
ACROLEIN BY E624		**Method: E624**					**Analyst: RB**
Acrolein	ND	10	NA		µg/L		5/30/2013 11:49 PM
VOLATILE ORGANIC COMPOUNDS		**Method: E624**					**Analyst: RB**
2-Chloroethyl vinyl ether	ND	5.00	NA		µg/L		5/30/2013 11:49 PM
Benzene	ND	1.00	NA		µg/L		5/30/2013 11:49 PM
Bromodichloromethane	ND	1.00	NA		µg/L		5/30/2013 11:49 PM
Acrylonitrile	ND	10.0	NA		µg/L		5/30/2013 11:49 PM
Bromoform	ND	1.00	NA		µg/L		5/30/2013 11:49 PM
Bromomethane	ND	1.00	NA		µg/L		5/30/2013 11:49 PM
Carbon tetrachloride	ND	1.00	NA		µg/L		5/30/2013 11:49 PM
Chlorobenzene	ND	1.00	NA		µg/L		5/30/2013 11:49 PM
Chloroethane	ND	1.00	NA		µg/L		5/30/2013 11:49 PM
Chloroform	ND	1.00	NA		µg/L		5/30/2013 11:49 PM
Chloromethane	ND	1.00	NA		µg/L		5/30/2013 11:49 PM
Dibromochloromethane	ND	1.00	NA		µg/L		5/30/2013 11:49 PM
1,1-Dichloroethane	ND	1.00	NA		µg/L		5/30/2013 11:49 PM
1,2-Dichloroethane	ND	1.00	NA		µg/L		5/30/2013 11:49 PM
1,1-Dichloroethene	ND	1.00	NA		µg/L		5/30/2013 11:49 PM
trans-1,2-Dichloroethene	ND	1.00	NA		µg/L		5/30/2013 11:49 PM
1,2-Dichloropropane	ND	1.00	NA		µg/L		5/30/2013 11:49 PM
cis-1,3-Dichloropropene	ND	1.00	NA		µg/L		5/30/2013 11:49 PM
trans-1,3-Dichloropropene	ND	1.00	NA		µg/L		5/30/2013 11:49 PM
Ethylbenzene	ND	1.00	NA		µg/L		5/30/2013 11:49 PM
Methylene chloride	ND	1.00	NA		µg/L		5/30/2013 11:49 PM
1,1,2,2-Tetrachloroethane	ND	1.00	NA		µg/L		5/30/2013 11:49 PM
Tetrachloroethene	ND	1.00	NA		µg/L		5/30/2013 11:49 PM
Toluene	ND	1.00	NA		µg/L		5/30/2013 11:49 PM
1,1,1-Trichloroethane	ND	1.00	NA		µg/L		5/30/2013 11:49 PM
1,1,2-Trichloroethane	ND	1.00	NA		µg/L		5/30/2013 11:49 PM
Trichloroethene	ND	1.00	NA		µg/L		5/30/2013 11:49 PM
Vinyl chloride	ND	1.00	NA		µg/L		5/30/2013 11:49 PM
Surr: Dibromofluoromethane	0	70.8-128	NA	S	%REC		5/30/2013 11:49 PM
Surr: 1,2-Dichloroethane-d4	0	73.2-133	NA	S	%REC		5/30/2013 11:49 PM
Surr: Toluene-d8	0	71-132	NA	S	%REC		5/30/2013 11:49 PM
Surr: 4-Bromofluorobenzene	0	74.2-129	NA	S	%REC		5/30/2013 11:49 PM

3[illegible]4660

CHAIN OF CUSTODY RECORD

REIC

Research Environmental & Industrial Consultants, Inc.

MAIN LABORATORY & CORPORATE HEADQUARTERS:
P.O. Box 286 • 225 Industrial Park Rd, Beaver, WV 25813
800-999-0105 • 304-255-2500 • www.reiclabs.com

Client: City of Covington Sewer Plant PO #
Contact Person: George Jamison III Phone: 965-6328
QUOTE #: Fax: 965-6328 Email:
Address: 711 West Park ST City: Covington State: Va Zip: 24426
Billing Address (if different): City of Covington 333 West Legnest ST
City: Covington State: Va Zip: 24426
Site ID & State: VA 00255-[illegible] Va Project ID: Final EFF Sampler: RS

MID-OHIO VALLEY Service Center	SHENANDOAH Service Center	ROANOKE Service Center	MORGANTOWN Service Center
101 17th Street	1557 Commerce Rd., Ste 201	3029-C Peters Creek Rd	16 Commerce Drive
Ashland, KY 41101	Verona, VA 24482	Roanoke, VA 24019	Westover, WV 26501
606-393-5027	540-248-0183	540-777-1276	304-241-5861

ANALYSIS & METHOD REQUESTED

SAMPLE LOG & ANALYSIS REQUEST

TURNAROUND TIME: ☐ NORMAL

RUSH TURNAROUND: ☐ 5 DAY ☐ 3 DAY ☐ 2 DAY ☐ 1 DAY

*Rush work needs prior laboratory approval and will incur additional charges

SAMPLE ID	No. & Type of Containers	Sampling Date/Time	Matrix	Sample Comp/Grab
Final EFF	1-LT	5-29-13 10:30 am	WW	Grab
Final EFF	1-250 mL	5-29-13 10:30 am	WW	Grab
Final EFF	1-500 mL	5-29-13 10:30 am	WW	Grab
Final EFF	6 100 mL	5-29-13 10:30 am	WW	Grab
Trip Blank (BC)	1			

ENTER PRESERVATIVE CODE:
0 None
1 Hydrochloric Acid
2 Nitric Acid
3 Sulfuric Acid
4 Sodium Thiosulfate
5 Sodium Hydroxide
6 Zinc Acetate
7 EDTA
8 Ascorbic Acid

COMMENTS:
Send copy to State Carrol

All analytical requests are subject to REIC's Standard Terms and Conditions.

Temperature at arrival: °C ICED? Y ✓ N__

1		2		
Relinquished by (signature) [signature]	5-29-13 Date/Time 1040	Relinquished by (signature)	Date/Time	FAX RESULTS ☐ EMAIL RESULTS ☐
Received by (signature) Rudy Rose	5-29-13 Date/Time 1040	Received by (signature)	Date/Time	SHIPMENT ___ Hand Delivered ✓ Courier ___ UPS ___ FEDEX ___ USPS ___ OTHER

COC-NCR-061312

REI Consultants, Inc.
PO Box 286
Beaver, WV 25813
TEL: 304.255.2500
Website: www.reiclabs.com

Improving the environment, one client at a time...

3029-C Peters Creek Road
Roanoke, VA 24019
TEL: 540.777.1276

101 17th Street
Ashland, KY 41101
TEL: 606.393.5027

1557 Commerce Road, Suite 201
Verona, VA 24482
TEL: 540.777.1276

16 Commerce Drive
Westover, WV 26501
TEL: 304.241.5861

Monday, June 10, 2013

Mr. George Jamison
CITY OF COVINGTON WWTP
711 WEST PARK ST
COVINGTON, VA 24426

TEL: (540) 965-6328
FAX: (540) 965-6328

RE: FINAL EFFLUENT
Work Order #: 1305V05

Dear Mr. George Jamison:

REI Consultants, Inc. received 1 sample(s) on 5/29/2013 for the analyses presented in the following report.

Sincerely,

Scott Gross
Project Manager

REI Consultants, Inc. - Case Narrative

WO#: 1305V05

Date Reported: 6/10/2013

Client: CITY OF COVINGTON WWTP

Project: FINAL EFFLUENT

The analytical results presented in this report were produced using documented laboratory SOPs that incorporate appropriate quality control procedures as described in the applicable methods. Verification of required sample preservation (as required) is recorded on associated laboratory logs. Any deviation from compliance or method modification is identified within the body of this report by a qualifier footnote which is defined at the bottom of this page.

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Results reported for sums of individual parameters, such as TTHM and HAA5, may vary slightly from the sum of the individual parameter results, due to rounding of individual results, as required by EPA.

The test results in this report meet all NELAP (and/or VELAP) requirements for parameters except as noted in this report.

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DEFINITIONS:
MCL: Maximum Contaminant Level
MDL: Method Detection Limit; The lowest concentration of analyte that can be detected by the method in the applicable matrix.
Mg/Kg or mg/L: Units of part per million (PPM) - milligram per Kilogram (weight/weight) or milligram per Liter (weight/volume).
NA: Not Applicable
ND: Not Detected at the PQL or MDL
PQL: Practical Quantitation Limit; The lowest verified limit to which data is quantified without qualifications. Analyte concentrations below PQL are reported either as ND or as a number with a "J" qualifier.
Qual: Qualifier that applies to the analyte reported.
TIC: Tentatively Identified Compound, Estimated Concentration
Ug/Kg or ug/L: Units of part per billion (PPB) - microgram per kilogram (weight/weight) or microgram per liter (weight/volume).

QUALIFIERS:
*: Reported value exceeds required MCL
B: Analyte detected in the associated Method Blank at a concentration > 1/2 the PQL
E: Analyte concentration reported that exceeds the upper calibration standard. Greater uncertainty is associated with this result and data should be consider estimated.
H: Holding time for preparation or analysis has been exceeded.
J: Analyte concentration is reported, and is less than the PQL and greater than or equal to the MDL. The result reported is an estimate.
S: % REC (% recovery) exceeds control limits

CERTIFICATIONS:
Beaver, WV: WVDHHR 00412CM, WVDEP 060, VADCLS 00281, KYDEP 90039, TNDEQ TN02926, NCDWQ 466, PADEP 68-00839, VADCLS (VELAP) 460148
Bioassay (Beaver, WV): WVDEP 060, VADCLS(VELAP) 460149, PADEP 68-00839
Roanoke, VA: VADCLS(VELAP) 460150
Verona, VA: VADCLS(VELAP) 460151
Ashland, KY: KYDEP 00094

REI Consultants, Inc. - Analytical Report

WO#: 1305V05

Date Reported: 6/10/2013

Client:	CITY OF COVINGTON WWTP	**Collection Date:**	5/29/2013 3:00:00 AM
Project:	FINAL EFFLUENT	**Date Received:**	5/29/2013
Lab ID:	1305V05-01A	**Matrix:**	Waste Water
Client Sample ID:	FINAL EFFLUENT COMP	**Site ID:**	VA0025542-1 VA

Analysis	Result	PQL	MCL	Qual	Units	PrepDate	Date Analyzed
METALS BY ICP-MS		**Method: EPA200.8**				**E200.2**	**Analyst: JD**
Antimony	ND	0.0010	NA		mg/L	5/31/2013 10:18 AM	5/31/2013 3:17 PM
Arsenic	ND	0.0050	NA		mg/L	5/31/2013 10:18 AM	5/31/2013 3:17 PM
Beryllium	ND	0.0010	NA		mg/L	5/31/2013 10:18 AM	5/31/2013 3:17 PM
Cadmium	ND	0.0010	NA		mg/L	5/31/2013 10:18 AM	5/31/2013 3:17 PM
Chromium	ND	0.0050	NA		mg/L	5/31/2013 10:18 AM	5/31/2013 3:17 PM
Copper	0.0173	0.0050	NA		mg/L	5/31/2013 10:18 AM	5/31/2013 3:17 PM
Lead	0.0013	0.0010	NA		mg/L	5/31/2013 10:18 AM	5/31/2013 3:17 PM
Nickel	ND	0.0100	NA		mg/L	5/31/2013 10:18 AM	5/31/2013 3:17 PM
Selenium	ND	0.0050	NA		mg/L	5/31/2013 10:18 AM	5/31/2013 3:17 PM
Silver	ND	0.0050	NA		mg/L	5/31/2013 10:18 AM	5/31/2013 3:17 PM
Thallium	ND	0.0010	NA		mg/L	5/31/2013 10:18 AM	5/31/2013 3:17 PM
Zinc	0.0380	0.0100	NA		mg/L	5/31/2013 10:18 AM	5/31/2013 3:17 PM
HARDNESS		**Method: SM2340 B**				**E200.2**	**Analyst: LF**
Hardness, Total (As CaCO3)	117	1.00	NA		mg/L	5/31/2013 10:13 AM	6/3/2013 5:17 PM
SEMIVOLATILE ORGANIC COMPOUNDS		**Method: E625**				**SW3510**	**Analyst: JD**
Acenaphthene	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM
Acenaphthylene	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM
Anthracene	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM
Benzo(a)anthracene	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM
Benzidine	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM
Benzo(a)pyrene	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM
Benzo(b)fluoranthene	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM
Benzo(g,h,i)perylene	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM
Benzo(k)fluoranthene	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM
Bis(2-chloroethoxy)methane	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM
Bis(2-chloroethyl)ether	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM
Bis(2-chloroisopropyl)ether	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM
Bis(2-ethylhexyl)phthalate	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM
4-Bromophenyl phenyl ether	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM
Butyl benzyl phthalate	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM
4-Chloro-3-methylphenol	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM
2-Chloronaphthalene	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM
2-Chlorophenol	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM
4-Chlorophenyl phenyl ether	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM
Chrysene	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM
Dibenz(a,h)anthracene	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM
Di-n-butyl phthalate	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM
1,2-Dichlorobenzene	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM

REI Consultants, Inc. - Analytical Report

WO#: 1305V05

Date Reported: 6/10/2013

Client:	CITY OF COVINGTON WWTP	**Collection Date:**	5/29/2013 3:00:00 AM
Project:	FINAL EFFLUENT	**Date Received:**	5/29/2013
Lab ID:	1305V05-01A	**Matrix:**	Waste Water
Client Sample ID:	FINAL EFFLUENT COMP	**Site ID:**	VA0025542-1 VA

Analysis	Result	PQL	MCL	Qual	Units	PrepDate	Date Analyzed
1,3-Dichlorobenzene	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM
1,4-Dichlorobenzene	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM
3,3'-Dichlorobenzidine	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM
2,4-Dichlorophenol	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM
Diethyl phthalate	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM
2,4-Dimethylphenol	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM
Dimethyl phthalate	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM
4,6-Dinitro-2-methylphenol	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM
2,4-Dinitrophenol	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/7/2013 6:35 PM
2,4-Dinitrotoluene	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM
2,6-Dinitrotoluene	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM
Di-n-octyl phthalate	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM
Fluoranthene	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM
Fluorene	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM
Hexachlorobenzene	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM
Hexachlorobutadiene	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM
Hexachlorocyclopentadiene	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM
Hexachloroethane	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM
Indeno(1,2,3-cd)pyrene	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM
Isophorone	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM
Naphthalene	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM
Nitrobenzene	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM
2-Nitrophenol	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM
4-Nitrophenol	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM
N-Nitrosodi-n-propylamine	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM
N-Nitrosodimethylamine	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM
N-Nitrosodiphenylamine	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM
Pentachlorophenol	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM
Phenanthrene	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM
Phenol	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM
Pyrene	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM
1,2,4-Trichlorobenzene	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM
2,4,6-Trichlorophenol	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM
Surr: 2-Fluorophenol	49.9	25.9-110	NA		%REC	6/4/2013 1:40 PM	6/5/2013 10:47 PM
Surr: Phenol-d5	38.1	8.2-110	NA		%REC	6/4/2013 1:40 PM	6/5/2013 10:47 PM
Surr: Nitrobenzene-d5	87.4	62.2-110	NA		%REC	6/4/2013 1:40 PM	6/5/2013 10:47 PM
Surr: 2-Fluorobiphenyl	82.4	54.6-110	NA		%REC	6/4/2013 1:40 PM	6/5/2013 10:47 PM
Surr: 2,4,6-Tribromophenol	93.7	61.7-110	NA		%REC	6/4/2013 1:40 PM	6/5/2013 10:47 PM
Surr: 4-Terphenyl-d14	70.1	10.7-110	NA		%REC	6/4/2013 1:40 PM	6/5/2013 10:47 PM

REI Consultants, Inc. - Analytical Report

WO#: 1305V05

Date Reported: 6/10/2013

Client:	CITY OF COVINGTON WWTP	**Collection Date:**	5/29/2013 3:00:00 AM
Project:	FINAL EFFLUENT	**Date Received:**	5/29/2013
Lab ID:	1305V05-01A	**Matrix:**	Waste Water
Client Sample ID:	FINAL EFFLUENT COMP	**Site ID:**	VA0025542-1 VA

Analysis	Result	PQL	MCL	Qual	Units	PrepDate	Date Analyzed
SEMIVOLATILE ORGANIC COMPOUNDS		**Method: E625**				**SW3510**	**Analyst: JD**
1,2-Diphenylhydrazine	ND	0.0103	NA		mg/L	6/4/2013 1:40 PM	6/5/2013 10:47 PM
AMMONIA NITROGEN		**Method: EPA350.1**					**Analyst: AL**
Nitrogen, Ammonia (As N)	ND	0.10	NA		mg/L		5/30/2013 3:28 PM
TOTAL DISSOLVED SOLIDS		**Method: SM2540 C**					**Analyst: SF**
Total Dissolved Solids	255	10	NA		mg/L		5/31/2013 2:56 PM

374659

CHAIN OF CUSTODY RECORD

REIC

Research Environmental & Industrial Consultants, Inc.

MAIN LABORATORY & CORPORATE HEADQUARTERS:
P.O. Box 286 • 225 Industrial Park Rd, Beaver, WV 25813
800-999-0105 • 304-255-2500 • www.reiclabs.com

Client: City of Covington sewer plant PO #
Contact Person George Jamison III Phone 540-965-6328
QUOTE # Fax: 965-6328 Email:
Address 911 West Park St City Covington State Va Zip 24426
Billing Address (if different) City of Covington 333 Wlocust St
City Covington State Va Zip 24426
Site ID & State VA0025542-1 Va Project ID Final EFFluent Sampler [illegible]

MID-OHIO VALLEY Service Center	SHENANDOAH Service Center	ROANOKE Service Center	MORGANTOWN Service Center
101 17th Street	1557 Commerce Rd., Ste 201	3029-C Peters Creek Rd	16 Commerce Drive
Ashland, KY 41101	Verona, VA 24482	Roanoke, VA 24019	Westover, WV 26501
606-393-5027	540-248-0183	540-777-1276	304-241-5861

SAMPLE LOG & ANALYSIS REQUEST

TURNAROUND TIME: [X] NORMAL

RUSH TURNAROUND: [ ] 5 DAY [ ] 3 DAY [ ] 2 DAY [ ] 1 DAY

*Rush work needs prior laboratory approval and will incur additional charges

ANALYSIS & METHOD REQUESTED: Metals / Hardness; TDS; SOC (1); SOC (2); Ammonia

SAMPLE ID	No. & Type of Containers	Sampling Date/Time	Matrix	Sample Comp/Grab	Metals / Hardness	TDS	SOC (1)	SOC (2)	Ammonia				
Final EFFluent	1-1000 mL	5-29-13/3:00 am	WW	comp	X								
Final EFFluent	1-1000 mL	5-29-13/3:00 am	WW	comp		X							
Final EFFluent	1-LT	5-29-13/3:00 am	WW	comp			X						
Final EFFluent	1-LT	5-29-13/3:00 am	WW	comp				X					
Final EFFluent	1-250 mL	5-29-13/3:00 am	WW	comp					X				

ENTER PRESERVATIVE CODE:
0 None
1 Hydrochloric Acid
2 Nitric Acid
3 Sulfuric Acid
4 Sodium Thiosulfate
5 Sodium Hydroxide
6 Zinc Acetate
7 EDTA
8 Ascorbic Acid

COMMENTS: send copy to Steve Carroll

All analytical requests are subject to REIC's Standard Terms and Conditions.

Temperature at arrival: °C ICED? Y ✓ N ___

1		2		
Relinquished by (signature) [signature]	Date/Time 5-29-13 1040	Relinquished by (signature)	Date/Time	FAX RESULTS [ ] EMAIL RESULTS [ ]
Received by [signature]	Date/Time 5-29-13 1040	Received by (signature)	Date/Time	SHIPMENT ___ Hand Delivered ✓ Courier ___ UPS ___ FEDEX ___ USPS ___ OTHER

COC-NCR-061312

REI Consultants, Inc.
PO Box 286
Beaver, WV 25813
TEL: 304.255.2500
Website: www.reiclabs.com

Improving the environment, one client at a time...

3029-C Peters Creek Road
Roanoke, VA 24019
TEL: 540.777.1276

101 17th Street
Ashland, KY 41101
TEL: 606.393.5027

1557 Commerce Road, Suite 201
Verona, VA 24482
TEL: 540.777.1276

16 Commerce Drive
Westover, WV 26501
TEL: 304.241.5861

Monday, June 17, 2013

Mr. George Jamison
CITY OF COVINGTON WWTP
711 WEST PARK ST
COVINGTON, VA 24426

TEL: (540) 965-6328
FAX: (540) 965-6328

RE: FINAL EFFLUENT
Work Order #: 1306C06

Dear Mr. George Jamison:

REI Consultants, Inc. received 1 sample(s) on 6/12/2013 for the analyses presented in the following report.

Sincerely,

Scott Gross
Project Manager

REI Consultants, Inc. - Case Narrative

WO#: 1306C06

Date Reported: 6/17/2013

Client: CITY OF COVINGTON WWTP

Project: FINAL EFFLUENT

The analytical results presented in this report were produced using documented laboratory SOPs that incorporate appropriate quality control procedures as described in the applicable methods. Verification of required sample preservation (as required) is recorded on associated laboratory logs. Any deviation from compliance or method modification is identified within the body of this report by a qualifier footnote which is defined at the bottom of this page.

All sample results for solid samples are reported on an "as-received" wet weight basis unless otherwise noted.

Results reported for sums of individual parameters, such as TTHM and HAA5, may vary slightly from the sum of the individual parameter results, due to rounding of individual results, as required by EPA.

The test results in this report meet all NELAP (and/or VELAP) requirements for parameters except as noted in this report.

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DEFINITIONS:
MCL: Maximum Contaminant Level
MDL: Method Detection Limit; The lowest concentration of analyte that can be detected by the method in the applicable matrix.
Mg/Kg or mg/L: Units of part per million (PPM) - milligram per Kilogram (weight/weight) or milligram per Liter (weight/volume).
NA: Not Applicable
ND: Not Detected at the PQL or MDL
PQL: Practical Quantitation Limit; The lowest verified limit to which data is quantified without qualifications. Analyte concentrations below PQL are reported either as ND or as a number with a "J" qualifier.
Qual: Qualifier that applies to the analyte reported.
TIC: Tentatively Identified Compound, Estimated Concentration
Ug/Kg or ug/L: Units of part per billion (PPB) - microgram per kilogram (weight/weight) or microgram per liter (weight/volume).

QUALIFIERS:
*: Reported value exceeds required MCL
B: Analyte detected in the associated Method Blank at a concentration > 1/2 the PQL
E: Analyte concentration reported that exceeds the upper calibration standard. Greater uncertainty is associated with this result and data should be consider estimated.
H: Holding time for preparation or analysis has been exceeded.
J: Analyte concentration is reported, and is less than the PQL and greater than or equal to the MDL. The result reported is an estimate.
S: % REC (% recovery) exceeds control limits

CERTIFICATIONS:
Beaver, WV: WVDHHR 00412CM, WVDEP 060, VADCLS 00281, KYDEP 90039, TNDEQ TN02926, NCDWQ 466, PADEP 68-00839, VADCLS (VELAP) 460148
Bioassay (Beaver, WV): WVDEP 060, VADCLS(VELAP) 460149, PADEP 68-00839
Roanoke, VA: VADCLS(VELAP) 460150
Verona, VA: VADCLS(VELAP) 460151
Ashland, KY: KYDEP 00094

REI Consultants, Inc. - Analytical Report

WO#: 1306C06

Date Reported: 6/17/2013

Client:	CITY OF COVINGTON WWTP	**Collection Date:**	5/29/2013 3:00:00 AM
Project:	FINAL EFFLUENT	**Date Received:**	6/12/2013
Lab ID:	1306C06-01A	**Matrix:**	Waste Water
Client Sample ID:	FINAL EFFLUENT	**Site ID:**	VA0025542-1 VA

Analysis	Result	PQL	MCL	Qual	Units	PrepDate	Date Analyzed
MERCURY, Total		**Method: EPA245.1**				**EPA245.1**	**Analyst: DS**
Mercury	ND	0.0010	NA		mg/L	6/14/2013 10:38 AM	6/14/2013 3:20 PM

DBPix Evaluation

1305V05-01A 05

CHAIN OF CUSTODY RECORD

REIC

Research Environmental & Industrial Consultants, Inc.

MAIN LABORATORY & CORPORATE HEADQUARTERS:

MID-OHIO VALLEY Service Center | SHENANDOAH Service Center | ROANOKE Service Center | MORGANTOWN Service Center

SAMPLE LOG & ANALYSIS REQUEST

TURNAROUND TIME: NORMAL [X] | RUSH TURNAROUND: 5 DAY, 3 DAY, 2 DAY, 1 DAY

Client: City of Covington sewer plant

Contact Person: George Tomsen III

Phone: 540-965-6328

Fax: 965-6325

Address: 311 East Rock St. City: Covington State: Va Zip: 24426

Billing Address (if different): City/State/Zip

Site ID & Name: Final Effluent Sampler: [illegible]

SAMPLE ID	No. & Type of Containers	Sampling Date/Time	Matrix	Sample Preservation	TCS	SOC 20
Final Effluent	1-1000 ml	5-29-13 [illegible]	WW	comp	X	
Final Effluent	1-1000 ml	5-29-13 [illegible]	WW	comp	X	
Final Effluent	1-1L	5-29-13 [illegible]	WW	comp	X	
Final Effluent	1-1L	5-29-13 [illegible]	WW	comp	X	
Final Effluent	1-250 ml	5-29-13 [illegible]	WW	comp	X	

ANALYSIS & METHOD REQUESTED: (*) HG

ENTER PRESERVATIVE CODE: 0 None; 1 Hydrochloric Acid; 2 Nitric Acid; 3 Sulfuric Acid; 4 Sodium Hydroxide; 5 Zinc Acetate; 7 EDTA; 8 Ascorbic Acid

COMMENTS: Send copy to Jim Carroll.

(*) CLIENT NEEDED HG INCLUDED WITH METALS ANALYSIS. 6/12/13 SG

All analytical requests are subject to REIC's standard Terms and Conditions

Temperature on arrival: [illegible] °C; ICE? Y ✓ N __

Relinquished by: [signature] | Date/Time: 5-29-13 1800

Received by: [signature] | Date/Time: 5-29-13 1810

FAX RESULTS ☐ | EMAIL RESULTS ☐

REC AQR-001 Rev 0

www.ammara.com

REI Consultants, Inc.
PO Box 286
Beaver, WV 25813
TEL: 304.255.2500
Website: www.reiclabs.com

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TEL: 606.393.5027

1557 Commerce Road, Suite 201
Verona, VA 24482
TEL: 540.248.0183

16 Commerce Drive
Westover, WV 26501
TEL: 304.241.5861

Tuesday, August 06, 2013

Mr. George Jamison
CITY OF COVINGTON WWTP
711 WEST PARK ST
COVINGTON, VA 24426

TEL: (540) 965-6328
FAX: (540) 965-6328

RE: FINAL EFFLUENT

Work Order #: 1307Q69

Dear Mr. George Jamison:

REI Consultants, Inc. received 2 sample(s) on 7/25/2013 for the analyses presented in the following report.

Sincerely,

Scott Gross

Project Manager

REI Consultants, Inc. - Case Narrative

WO#: 1307Q69

Date Reported: 8/6/2013

Client: CITY OF COVINGTON WWTP

Project: FINAL EFFLUENT

The analytical results presented in this report were produced using documented laboratory SOPs that incorporate appropriate quality control procedures as described in the applicable methods. Verification of required sample preservation (as required) is recorded on associated laboratory logs. Any deviation from compliance or method modification is identified within the body of this report by a qualifier footnote which is defined at the bottom of this page.

All sample results for solid samples are reported on an "as-received" wet weight basis unless otherwise noted.

Results reported for sums of individual parameters, such as TTHM and HAA5, may vary slightly from the sum of the individual parameter results, due to rounding of individual results, as required by EPA.

The test results in this report meet all NELAP (and/or VELAP) requirements for parameters except as noted in this report.

Please note if the sample collection time is not provided on the Chain of Custody, the default recording will be 0:00:00. This may cause some tests to be apparently analyzed out of hold.

All tests performed by REIC Service Centers are designated by an annotation on the test code. All other tests were performed by REIC's Main Laboratory in Beaver, WV.

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DEFINITIONS:
MCL: Maximum Contaminant Level
MDL: Method Detection Limit; The lowest concentration of analyte that can be detected by the method in the applicable matrix.
Mg/Kg or mg/L: Units of part per million (PPM) - milligram per Kilogram (weight/weight) or milligram per Liter (weight/volume).
NA: Not Applicable
ND: Not Detected at the PQL or MDL
PQL: Practical Quantitation Limit; The lowest verified limit to which data is quantified without qualifications. Analyte concentrations below PQL are reported either as ND or as a number with a "J" qualifier.
Qual: Qualifier that applies to the analyte reported.
TIC: Tentatively Identified Compound, Estimated Concentration
Ug/Kg or ug/L: Units of part per billion (PPB) - microgram per kilogram (weight/weight) or microgram per liter (weight/volume).

QUALIFIERS:
*: Reported value exceeds required MCL
B: Analyte detected in the associated Method Blank at a concentration > 1/2 the PQL
E: Analyte concentration reported that exceeds the upper calibration standard. Greater uncertainty is associated with this result and data should be consider estimated.
H: Holding time for preparation or analysis has been exceeded.
J: Analyte concentration is reported, and is less than the PQL and greater than or equal to the MDL. The result reported is an estimate.
S: % REC (% recovery) exceeds control limits

CERTIFICATIONS:
Beaver, WV: WVDHHR 00412CM, WVDEP 060, VADCLS 00281, KYDEP 90039, TNDEQ TN02926, NCDWQ 466, PADEP 68-00839, VADCLS (VELAP) 460148
Bioassay (Beaver, WV): WVDEP 060, VADCLS(VELAP) 460149, PADEP 68-00839
Roanoke, VA: VADCLS(VELAP) 460150
Verona, VA: VADCLS(VELAP) 460151
Ashland, KY: KYDEP 00094, WV 389
Morgantown, WV: WVDHHR 003112M, WVDEP 387

REI Consultants, Inc. - Analytical Report

WO#: 1307Q69

Date Reported: 8/6/2013

Client:	CITY OF COVINGTON WWTP	**Collection Date:**	7/25/2013 2:00:00 PM
Project:	FINAL EFFLUENT	**Date Received:**	7/25/2013
Lab ID:	1307Q69-01A	**Matrix:**	Waste Water
Client Sample ID:	FINAL EFF - GRAB	**Site ID:**	VA0025542-1 VA

Analysis	Result	PQL	MCL	Qual	Units	PrepDate	Date Analyzed
VOLATILE ORGANIC COMPOUNDS		**Method: E624**					**Analyst: RB**
2-Chloroethyl vinyl ether	ND	5.00	NA		µg/L		7/29/2013 11:12 PM
Benzene	ND	1.00	NA		µg/L		7/29/2013 11:12 PM
Bromodichloromethane	ND	1.00	NA		µg/L		7/29/2013 11:12 PM
Acrylonitrile	ND	10.0	NA		µg/L		7/29/2013 11:12 PM
Bromoform	ND	1.00	NA		µg/L		7/29/2013 11:12 PM
Bromomethane	ND	1.00	NA		µg/L		7/29/2013 11:12 PM
Carbon tetrachloride	ND	1.00	NA		µg/L		7/29/2013 11:12 PM
Chlorobenzene	ND	1.00	NA		µg/L		7/29/2013 11:12 PM
Chloroethane	ND	1.00	NA		µg/L		7/29/2013 11:12 PM
Chloroform	ND	1.00	NA		µg/L		7/29/2013 11:12 PM
Chloromethane	ND	1.00	NA		µg/L		7/29/2013 11:12 PM
Dibromochloromethane	ND	1.00	NA		µg/L		7/29/2013 11:12 PM
1,1-Dichloroethane	ND	1.00	NA		µg/L		7/29/2013 11:12 PM
1,2-Dichloroethane	ND	1.00	NA		µg/L		7/29/2013 11:12 PM
1,1-Dichloroethene	ND	1.00	NA		µg/L		7/29/2013 11:12 PM
trans-1,2-Dichloroethene	ND	1.00	NA		µg/L		7/29/2013 11:12 PM
1,2-Dichloropropane	ND	1.00	NA		µg/L		7/29/2013 11:12 PM
cis-1,3-Dichloropropene	ND	1.00	NA		µg/L		7/29/2013 11:12 PM
trans-1,3-Dichloropropene	ND	1.00	NA		µg/L		7/29/2013 11:12 PM
Ethylbenzene	ND	1.00	NA		µg/L		7/29/2013 11:12 PM
Methylene chloride	ND	1.00	NA		µg/L		7/29/2013 11:12 PM
1,1,2,2-Tetrachloroethane	ND	1.00	NA		µg/L		7/29/2013 11:12 PM
Tetrachloroethene	ND	1.00	NA		µg/L		7/29/2013 11:12 PM
Toluene	ND	1.00	NA		µg/L		7/29/2013 11:12 PM
1,1,1-Trichloroethane	ND	1.00	NA		µg/L		7/29/2013 11:12 PM
1,1,2-Trichloroethane	ND	1.00	NA		µg/L		7/29/2013 11:12 PM
Trichloroethene	ND	1.00	NA		µg/L		7/29/2013 11:12 PM
Vinyl chloride	ND	1.00	NA		µg/L		7/29/2013 11:12 PM
Surr: Dibromofluoromethane	112	70.8-128	NA		%REC		7/29/2013 11:12 PM
Surr: 1,2-Dichloroethane-d4	98.8	73.2-133	NA		%REC		7/29/2013 11:12 PM
Surr: Toluene-d8	92.9	71-132	NA		%REC		7/29/2013 11:12 PM
Surr: 4-Bromofluorobenzene	82.5	74.2-129	NA		%REC		7/29/2013 11:12 PM
OIL and GREASE		**Method: EPA1664A**					**Analyst: JJ**
Oil & Grease	ND	5.0	NA		mg/L		7/29/2013 8:00 AM
PHENOLICS		**Method: E420.1**					**Analyst: BA**
Phenolics	ND	0.010	NA		mg/L		7/30/2013 1:00 PM

REI Consultants, Inc. - Analytical Report

WO#: 1307Q69

Date Reported: 8/6/2013

Client:	CITY OF COVINGTON WWTP	**Collection Date:**	7/25/2013 2:00:00 PM
Project:	FINAL EFFLUENT	**Date Received:**	7/25/2013
Lab ID:	1307Q69-01A	**Matrix:**	Waste Water
Client Sample ID:	FINAL EFF - GRAB	**Site ID:**	VA0025542-1 VA

Analysis	Result	PQL	MCL	Qual	Units	PrepDate	Date Analyzed
Cyanide		**Method: E335.4**					**Analyst: AL**
Cyanide, Total	ND	0.020	NA		mg/L	7/30/2013 7:35 AM	7/30/2013 10:52 AM
AMMONIA NITROGEN		**Method: EPA350.1**					**Analyst: AL**
Nitrogen, Ammonia (As N)	ND	0.10	NA		mg/L		7/26/2013 3:22 PM

REI Consultants, Inc. - Analytical Report

WO#: 1307Q69

Date Reported: 8/6/2013

Client:	CITY OF COVINGTON WWTP	**Collection Date:**	7/25/2013 3:00:00 AM
Project:	FINAL EFFLUENT	**Date Received:**	7/25/2013
Lab ID:	1307Q69-02A	**Matrix:**	Waste Water
Client Sample ID:	FINAL EFF - COMP	**Site ID:**	VA0025542-1 VA

Analysis	Result	PQL	MCL	Qual	Units	PrepDate	Date Analyzed
METALS BY ICP-MS		**Method: EPA200.8**			**E200.2**		**Analyst: JD**
Antimony	ND	0.0010	NA		mg/L	8/1/2013 8:03 AM	8/2/2013 4:02 PM
Arsenic	ND	0.0050	NA		mg/L	8/1/2013 8:03 AM	8/2/2013 4:02 PM
Beryllium	ND	0.0010	NA		mg/L	8/1/2013 8:03 AM	8/2/2013 4:02 PM
Cadmium	ND	0.0010	NA		mg/L	8/1/2013 8:03 AM	8/2/2013 4:02 PM
Chromium	ND	0.0050	NA		mg/L	8/1/2013 8:03 AM	8/2/2013 4:02 PM
Copper	0.0123	0.0050	NA		mg/L	8/1/2013 8:03 AM	8/2/2013 4:02 PM
Lead	ND	0.0010	NA		mg/L	8/1/2013 8:03 AM	8/2/2013 4:02 PM
Nickel	ND	0.0100	NA		mg/L	8/1/2013 8:03 AM	8/2/2013 4:02 PM
Selenium	ND	0.0050	NA		mg/L	8/1/2013 8:03 AM	8/2/2013 4:02 PM
Silver	ND	0.0050	NA		mg/L	8/1/2013 8:03 AM	8/2/2013 4:02 PM
Thallium	ND	0.0010	NA		mg/L	8/1/2013 8:03 AM	8/2/2013 4:02 PM
Zinc	0.0197	0.0100	NA		mg/L	8/1/2013 8:03 AM	8/2/2013 4:02 PM
HARDNESS		**Method: SM2340 B**			**E200.2**		**Analyst: LF**
Hardness, Total (As CaCO3)	143	1.00	NA		mg/L	7/29/2013 8:56 AM	7/29/2013 1:58 PM
MERCURY, Total		**Method: EPA245.1**			**EPA245.1**		**Analyst: DS**
Mercury	ND	0.0010	NA		mg/L	7/29/2013 9:17 AM	7/29/2013 2:39 PM
SEMIVOLATILE ORGANIC COMPOUNDS		**Method: E625**			**SW3510**		**Analyst: JD**
Acenaphthene	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
Acenaphthylene	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
Anthracene	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
Benzo(a)anthracene	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
Benzidine	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
Benzo(a)pyrene	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
Benzo(b)fluoranthene	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
Benzo(g,h,i)perylene	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
Benzo(k)fluoranthene	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
Bis(2-chloroethoxy)methane	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
Bis(2-chloroethyl)ether	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
Bis(2-chloroisopropyl)ether	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
Bis(2-ethylhexyl)phthalate	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
4-Bromophenyl phenyl ether	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
Butyl benzyl phthalate	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
4-Chloro-3-methylphenol	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
2-Chloronaphthalene	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
2-Chlorophenol	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
4-Chlorophenyl phenyl ether	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
Chrysene	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM

REI Consultants, Inc. - Analytical Report

WO#: 1307Q69

Date Reported: 8/6/2013

Client:	CITY OF COVINGTON WWTP	**Collection Date:**	7/25/2013 3:00:00 AM
Project:	FINAL EFFLUENT	**Date Received:**	7/25/2013
Lab ID:	1307Q69-02A	**Matrix:**	Waste Water
Client Sample ID:	FINAL EFF - COMP	**Site ID:**	VA0025542-1 VA

Analysis	Result	PQL	MCL	Qual	Units	PrepDate	Date Analyzed
Dibenz(a,h)anthracene	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
Di-n-butyl phthalate	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
1,2-Dichlorobenzene	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
1,3-Dichlorobenzene	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
1,4-Dichlorobenzene	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
3,3'-Dichlorobenzidine	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
2,4-Dichlorophenol	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
Diethyl phthalate	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
2,4-Dimethylphenol	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
Dimethyl phthalate	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
4,6-Dinitro-2-methylphenol	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
2,4-Dinitrophenol	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
2,4-Dinitrotoluene	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
2,6-Dinitrotoluene	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
Di-n-octyl phthalate	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
Fluoranthene	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
Fluorene	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
Hexachlorobenzene	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
Hexachlorobutadiene	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
Hexachlorocyclopentadiene	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
Hexachloroethane	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
Indeno(1,2,3-cd)pyrene	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
Isophorone	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
Naphthalene	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
Nitrobenzene	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
2-Nitrophenol	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
4-Nitrophenol	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
N-Nitrosodi-n-propylamine	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
N-Nitrosodimethylamine	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
N-Nitrosodiphenylamine	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
Pentachlorophenol	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
Phenanthrene	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
Phenol	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
Pyrene	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
1,2,4-Trichlorobenzene	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
2,4,6-Trichlorophenol	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
Surr: 2-Fluorophenol	48.9	25.9-110	NA		%REC	7/31/2013 9:16 AM	8/1/2013 8:56 PM
Surr: Phenol-d5	37.6	8.2-110	NA		%REC	7/31/2013 9:16 AM	8/1/2013 8:56 PM
Surr: Nitrobenzene-d5	81.4	62.2-110	NA		%REC	7/31/2013 9:16 AM	8/1/2013 8:56 PM
Surr: 2-Fluorobiphenyl	74.2	54.6-110	NA		%REC	7/31/2013 9:16 AM	8/1/2013 8:56 PM
Surr: 2,4,6-Tribromophenol	78.2	61.7-110	NA		%REC	7/31/2013 9:16 AM	8/1/2013 8:56 PM

REI Consultants, Inc. - Analytical Report

WO#: 1307Q69

Date Reported: 8/6/2013

Client:	CITY OF COVINGTON WWTP	**Collection Date:**	7/25/2013 3:00:00 AM
Project:	FINAL EFFLUENT	**Date Received:**	7/25/2013
Lab ID:	1307Q69-02A	**Matrix:**	Waste Water
Client Sample ID:	FINAL EFF - COMP	**Site ID:**	VA0025542-1 VA

Analysis	Result	PQL	MCL	Qual	Units	PrepDate	Date Analyzed
Surr: 4-Terphenyl-d14	64.8	10.7-110	NA		%REC	7/31/2013 9:16 AM	8/1/2013 8:56 PM
SEMIVOLATILE ORGANIC COMPOUNDS		**Method: E625**			**SW3510**		**Analyst: JD**
1,2-Diphenylhydrazine	ND	0.0117	NA		mg/L	7/31/2013 9:16 AM	8/1/2013 8:56 PM
TOTAL DISSOLVED SOLIDS		**Method: SM2540 C**					**Analyst: SF**
Total Dissolved Solids	304	10	NA		mg/L		7/26/2013 3:14 PM

DBPix Evaluation

NO. 349688

CHAIN OF CUSTODY RECORD

REIC
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SHENANDOAH Service Center
1557 Commerce Rd., Ste. 201
Verona, VA 24482
540-248-0183

ROANOKE Service Center
3029-C Peters Creek Rd
Roanoke, VA 24019
540-777-1276

Client: CITY OF COVINGTON WWTP PO #
Contact Person GEORGE JAMISON Phone 540-965-6328
QUOTE # Fax 965-6328 Email:
Address 711 W PARK ST. City COVINGTON State VA Zip 24426
Billing Address (if different) CITY OF COVINGTON 333 W. LOCUST ST.
City COVINGTON State VA Zip 24426
Site ID & State VA0025542-1 VA Project ID FINAL EFFLUENT Sampler KH/BS

SAMPLE LOG & ANALYSIS REQUEST

TURNAROUND TIME: ☒ NORMAL ☐ RUSH TURNAROUND: ☐ 5 DAY ☐ 3 DAY ☐ 2 DAY ☐ 1 DAY

*Rush work needs prior laboratory approval and will incur additional charges

ANALYSIS & METHOD REQUESTED: VOC, VOC, PHENOLICS, CYANIDE, NH_3 AS N, OIL & GREASE

SAMPLE ID	No. & Type of Containers	Sampling Date/Time	Matrix	Sample Comp/Grab	0	1	3	5	3	1			
FINAL EFF	VILE/8	7-25-13 14:00	WW	GRAB	X								
FINAL EFF	VILE/12	7-25-13 14:00	WW	GRAB		X							
FINAL EFF	250ML/4	7-25-13 14:00	WW	GRAB			X						
FINAL EFF	250ML/4	7-25-13 14:00	WW	GRAB				X					
FINAL EFF	250ML/1	7-25-13 14:00	WW	GRAB					X				
FINAL EFF	250ML/5	7-25-13 14:00	WW	GRAB						X			

ENTER PRESERVATIVE CODE:
0 None
1 Hydrochloric Acid
2 Nitric Acid
3 Sulfuric Acid
4 Sodium Thiosulfate
5 Sodium Hydroxide
6 Zinc Acetate
7 EDTA
8 Ascorbic Acid

COMMENTS:
SEND COPY TO STEVE CARROLL

All analytical requests are subject to REIC's Standard Terms and Conditions.

Temperature at arrival: 3 °C ICED? Y ✓ N

1 Relinquished by (signature)	7-25-13 Date/Time 18:30	2 Relinquished by (signature)	Date/Time	FAX RESULTS ☐	EMAIL RESULTS ☐
Received by (signature)	7-25-13 Date/Time 18:30	Received by (signature)	Date/Time	SHIPMENT ___ Hand Delivered ✓ Courier ___ UPS ___ FEDEX ___ USPS ___ OTHER	

COC-NCR-031110

www.ammara.com

DBPix Evaluation

476403

CHAIN OF CUSTODY RECORD

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540-248-0183

ROANOKE Service Center
3029-C Peters Creek Rd
Roanoke, VA 24019
540-777-1276

MORGANTOWN Service Center
16 Commerce Drive
Westover, WV 26501
304-241-5861

Client: City of Lexington sewer plant
PO #:
Contact Person: George Harrison III
Phone: 540-965-6328
QUOTE #:
Fax: 965-6328
Email:
Address: 711 West Park ST
City: Lexington
State: Va
Zip: 24450
Billing Address (if different): City of Lexington 333 Waddell ST
City: Lexington
State: Va
Zip: 24450
Site ID & State: VA0025542-1 Va
Project ID: Final Effluent
Sampler: MMC/SP

SAMPLE LOG & ANALYSIS REQUEST

TURNAROUND TIME
[X] NORMAL
RUSH TURNAROUND: [ ] 5 DAY [ ] 3 DAY [ ] 2 DAY [ ] 1 DAY
*Rush work needs prior laboratory approval and will incur additional charges

ANALYSIS & METHOD REQUESTED

SAMPLE ID	No. & Type of Containers	Sampling Date/Time	Matrix	Sample Comp/Grab	SVOC	SVOC	TDS	Metals	Hardness				
Final Effluent	1-950 ml	7-25-13/3:00 pm	WW	comp	X								
Final Effluent	1-950 ml	7-25-13/3:00 pm	WW	comp		X							
Final Effluent	1-1000 ml	7-25-13/3:00 pm	WW	comp			X						
Final Effluent	1-1000 ml	7-25-13/3:00 pm	WW	comp				X					
Final Effluent	1-500 ml	7-25-13/3:00 pm	WW	comp					X				

ENTER PRESERVATIVE CODE:
0 None
1 Hydrochloric Acid
2 Nitric Acid
3 Sulfuric Acid
4 Sodium Thiosulfate
5 Sodium Hydroxide
6 Zinc Acetate
7 EDTA
8 Ascorbic Acid

COMMENTS:
send copy to Steve Carroll

All analytical requests are subject to REIC's Standard Terms and Conditions.

Temperature at arrival: 3 °C
ICED? Y: ✓ N:

Containers provided by: [✓] REIC [ ] Client

Relinquished by (signature)	Date/Time	Received by (signature)	Date/Time
[signature]	7-25-13 Date/Time 18:30		
[signature]	7-25-13 Date/Time 1530		

FAX RESULTS [ ]
EMAIL RESULTS [ ]
SHIPMENT: Hand Delivered, Courier, UPS, FEDEX, USPS, OTHER

COC-NCR-050213

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