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

NAME Tanglewood Home for Adults Inc
ADDRESS PO Box 808
Covington VA 24426
FACILITY LOCATION 4401 Midland Tr (VA Rt 661)

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

VA0090646	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
FROM			TO			

Municipal Minor 07/21/2015

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)
Blue Ridge Regional Office
3019 Peters Creek Road
Roanoke VA 24019

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

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD				*********	*********	*********				
	REQRMNT	0.018	NL	MGD	*********	*********	*********			1/DAY	EST
002 pH	REPORTD	*********	*********			*********					
	REQRMNT	*********	*********		6.0	*********	8.1	SU		1/DAY	GRAB
004 TSS	REPORTD										
	REQRMNT	2000	3000	G/D		30	45	MG/L		1/M	GRAB
005 CL2, TOTAL	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	0.007	0.009	MG/L		1/DAY	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	LBS/D	*********	NL	*********	MG/L		1/M	GRAB
013 NITROGEN, TOTAL (AS N)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	LBS/D	*********	NL	*********	MG/L		1/M	GRAB
056 DO, JUN-DEC	REPORTD	*********	*********			*********	*********				
	REQRMNT	*********	*********		6.5	*********	*********	MG/L		1/DAY	GRAB
057 DO, JAN-MAY	REPORTD	*********	*********			*********	*********				
	REQRMNT	*********	*********		5.6	*********	*********	MG/L		1/DAY	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

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

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

OPERATOR IN RESPONSIBLE CHARGE			DATE		
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
120 E.COLI	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	12.6	23.5	N/CML		1/W	GRAB
157 CL2, TOTAL CONTACT	REPORTD	*********	*********			*********	*********				
	REQRMNT	*********	*********		1.5	*********	*********	MG/L	3	1/DAY	GRAB
213 CL2, INST TECH MIN LIMIT	REPORTD	*********	*********			*********	*********				
	REQRMNT	*********	*********		0.60	*********	*********	MG/L		1/DAY	GRAB
352 AMMONIA, AS N JAN-MAY	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	2.1	2.1	MG/L		1/M	GRAB
353 AMMONIA, AS N JUN-DEC	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	1.6	1.6	MG/L		1/M	GRAB
423 CBOD5, JAN-MAY	REPORTD				*********						
	REQRMNT	1600	2400	G/D	*********	24	36	MG/L		1/M	GRAB
424 CBOD5, JUN-DEC	REPORTD				*********						
	REQRMNT	1000	1500	G/D	*********	15	22	MG/L		1/M	GRAB
430 TKN, JUN-DEC	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	5.1	7.6	MG/L		1/M	GRAB

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

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
452 TKN, JAN-MAY	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	9.0	13.5	MG/L		1/M	GRAB
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	LB/MO	*********	*********	*********			1/M	CALC
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	LB/MO	*********	*********	*********			1/M	CALC
900 PHOSPHORUS, TOTAL (AS P) JUN-OCT (TOTAL POUNDS)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	229.3	LB/YR	*********	*********	*********			1/YR	CALC
901 NITROGEN, TOTAL (AS N) JUN-OCT (TOTAL POUNDS)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	917.3	LB/YR	*********	*********	*********			1/YR	CALC
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	

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

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PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

This report is required by your VPDES permit and by law. (See, e.g., the Code of Virginia of 1950 §62.1-44.5 and 9 VAC 25-31-50.) Failure to report or failure to report truthfully can result in civil penalties of $32,500 per violation, per day and felony prosecutions which can carry a 15 year term.

DISCHARGE MONITORING REPORT (DMR) - GENERAL INSTRUCTIONS

1. Complete this form in permanent ink or indelible pencil. The use of 'correction fluid/tape' is not allowed.
2. Be sure to enter the dates for the first and last day of the period covered by the report on the form in the space marked "Monitoring Period".
3. For those parameters where the "permit requirement" spaces have a requirement or limitation, provide data in the "reported" spaces in accordance with your permit.
4. Enter the average and maximum quantities and units in the "reported" spaces in the columns marked "Quantity or Loading".
   KG/DAY = Concentration (mg/L) x Flow (MGD) x 3.785 G/D (Grams/Day) = Concentration (mg/L) x Flow (MGD) x 3785
5. Enter maximum, minimum, and/or average concentrations and units in the "reported" spaces in the columns marked "Quality or Concentration".
6. For all parameters enter the number of samples which do not comply with the maximum and/or minimum permit requirements in the "reported" space in the column marked "No. Ex." (Number of Exceedances). If none, enter "0". Do NOT include monthly average violations in this field. Include any Maximum 7-Day Average and Maximum Weekly Average violations in this field. Permittees with continuous pH, or temperature monitoring requirements should consult the permit for what constitutes an exceedance and report accordingly.
7. You are required to sample (at a minimum) according to the Sample Frequencies and Sample Types specified in your permit.
8. Enter the actual frequency of analysis for each parameter (number of times per day, week, month, etc.) in the "reported" space in the column marked "Frequency of Analysis".
9. Enter the actual type of sample (Grab, 8HC, 24HC, etc) collected for each parameter in the "reported" space in the column marked "Sample Type".
10. Enter additional required data or comments in the space marked "additional permit requirements or comments". If additional required data or comments are appended to the DMR, reference appended correspondence in this field.
11. Record the number of bypasses during the month, the total flow in million gallons (MG) and BOD5 in kilograms (KG) in the proper columns in the section marked "Bypasses and Overflows".
12. The operator in responsible charge of the facility should review the form and sign in the space provided. If the plant is required to have a licensed operator or if the operator in responsible charge of the facility is a licensed operator, the operator's signature and certificate number must be reported in the spaces provided.
13. The principal executive officer then reviews the form and must sign in the space provided and provide a telephone number where he/she can be reached. Every page of the DMR must have an original signature.
14. Send the completed form(s) with original signatures to your Department of Environmental Quality Regional Office by the 10th of each month unless otherwise specified in the permit.
15. You are required to retain a copy of the report for your records.
16. Where violations of permit requirements are reported, attach a brief explanation in accordance with the permit requirements describing causes and corrective actions taken. Reference each separate violation by date.
17. If you have any questions, contact the Department of Environmental Quality Regional Office listed on the DMR.