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JUL 22 2016

July 20, 2016

P. N. 211016.04

Ms. Emilee Adamson
Virginia Department of Environmental Quality
Piedmont Regional Office
4949A Cox Road
Glen Allen, VA 23060

RE: Application Documents
Renewal of VPDES Permit VA0029343
The Tides Utilities LLC – North WWTP

Dear Ms. Adamson

The enclosed documents are for the renewal of the above-referenced VPDES permit. The following documents are enclosed:

1. **EPA Form 3510-2A**

Parts A, B, and C are enclosed. Other parts are not included as they are not pertinent. Back-up analytical data is attached to this section. Part "B" is included to maintain the future planned flow rate tier of 100,000 GPD. Plans for the expansion of the plant are shown in the following document.

2. **Future Development Plans**

This document shows the plans for further development of the service area. Future design flows are estimated at 82,280 GPD.

3. **VPDES Application Addendum**

This page provides general information.

4. **Sludge Permit Application Form**

This form is attached. Only the first seven pages are included, as the rest is not applicable to this facility.

This set of documents is offered on behalf of the owners as the application for permit renewal at the referenced facility. Please call me at the above referenced number if you have any questions, or need further explanations or documents.

Sincerely,

B. Meredith Winn, Jr., P.E.
Senior Process Engineer

/kmp

Enclosures

cc: Gordon Slatford – General Manager
Allen Hall – Plant Operator

Section 1
EPA Form 3510-2A

FACILITY NAME AND PERMIT NUMBER:
THE TIDES UTILITIES LLC NORTH WWTP VPDES VA0029343

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

FORM 2A NPDES

NPDES FORM 2A APPLICATION OVERVIEW

APPLICATION OVERVIEW

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

BASIC APPLICATION INFORMATION:

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

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

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

SUPPLEMENTAL APPLICATION INFORMATION:

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

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

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

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

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

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

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

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

FACILITY NAME AND PERMIT NUMBER:
THE TIDES UTILITIES LLC NORTH WWTP VPDES VA0029343

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

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

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

A.1. Facility Information.

Facility name: The Tides Utilities LLC North Wastewater Treatment Plant

Mailing Address: 480 King Carter Drive, Irvington, VA 22480

Contact person: Gordon Slatford

Title: General Manager

Telephone number: (804) 438-4451

Facility Address (not P.O. Box): Route 757 Lancaster County, Virginia 22480

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?

✓ owner ✓ operator

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

✓ facility _____ applicant

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

NPDES		PSD	
UIC		Other	VPDES VA 0029343
RCRA		Other	

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

Name	Population Served	Type of Collection System	Ownership
Highlands & The Greens	87	Separate	Private
Hotel	390	Separate	Private
Restaurant	40	Separate	Private
Total population served	517		

A.5. Indian Country.

a. Is the treatment works located in Indian Country?

_____ Yes ✓ No

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

_____ Yes ✓ No

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

a. Design flow rate 0.0325 mgd

	Two Years Ago	Last Year	This Year	
b. Annual average daily flow rate	0.0034	0.0028	0.0028	mgd
c. Maximum daily flow rate	0.0131	0.0142	0.0139	mgd

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

✓ Separate sanitary sewer 100 %

_____ Combined storm and sanitary sewer _____ %

A.8. Discharges and Other Disposal Methods.

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

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

i. Discharges of treated effluent 1

ii. Discharges of untreated or partially treated effluent 0

iii. Combined sewer overflow points 0

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

v. Other _____ 0

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

If yes, provide the following for each surface impoundment:

Location: _____

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

Is discharge _____ continuous or _____ intermittent?

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

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

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ Mgd

Is land application _____ continuous or _____ intermittent?

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

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

N/A

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

Transporter name: _____

Mailing Address: _____

Contact person: _____

Title: _____

Telephone number: _____

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

Name: N/A

Mailing Address: _____

Contact person: _____

Title: _____

Telephone number: _____

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

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

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

If yes, provide the following for each disposal method:

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

_____

Annual daily volume disposed of by this method: _____

Is disposal through this method _____ continuous or _____ intermittent?

FACILITY NAME AND PERMIT NUMBER:
THE TIDES UTILITIES LLC NORTH WWTP VPDES VA0029343

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

WASTEWATER DISCHARGES:

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

A.9. Description of Outfall.

a. Outfall number: 001

b. Location: Irvington, Virginia (City or town, if applicable) — 22480 (Zip Code)
Lancaster (County) — Virginia (State)
37 deg 40 mins 14 secs (Latitude) — 76 deg 25 mins 52 secs (Longitude)

c. Distance from shore (if applicable): 6 ft.

d. Depth below surface (if applicable): -1.0 MLW ft.

e. Average daily flow rate: 0.00449 mgd

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

If yes, provide the following information:

Number of times per year discharge occurs: ____

Average duration of each discharge: ____

Average flow per discharge: ____ mgd

Months in which discharge occurs: ____

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

A.10. Description of Receiving Waters.

a. Name of receiving water: Ashburn Cove of Carter's Creek CHURCH PROMG, UT

b. Name of watershed (if known): Unknown

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

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

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

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

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

FACILITY NAME AND PERMIT NUMBER:
THE TIDES UTILITIES LLC NORTH WWTP VPDES VA0029343

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

A.11. Description of Treatment.

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

✓ Primary ✓ Secondary

___ Advanced ___ Other. Describe: ___

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

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

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

Chlorination

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

d. Does the treatment plant have post aeration? ✓ Yes ___ No

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

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	7.87	s.u.			
pH (Maximum)	8.64	s.u.			
Flow Rate	0.0288	MGD	0.0050	MGD	3 months
Temperature (Winter)	12.7	°C	7.2	°C	15
Temperature (Summer)	27.7	°C	27.2	°C	62

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

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.								
BIOCHEMICAL OXYGEN	BOD-5	0.05	KG/D	0.03	KG/D	3	5210B	
DEMAND (Report one)	CBOD-5							
FECAL COLIFORM		3	N/CML	2	N/CML	12	9221E	
TOTAL SUSPENDED SOLIDS (TSS)		0.02	KG/D	0.02	KG/D	3	2540D	

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

BASIC APPLICATION INFORMATION

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

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

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

1000 gpd

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

Undetermined at this time

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

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

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

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

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

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

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

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

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

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ____Yes ✓ No

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

Name: _____

Mailing Address: _____

Telephone Number: _____

Responsibilities of Contractor: _____

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

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

001

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

____Yes ✓ No

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

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	___/___/_____	___/___/_____

* Undetermined at this time. DEQ to be notified before scheduling begins.

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

Describe briefly: DEQ approval of Preliminary Engineering Report, 11-19-2007
Certificate to Construct New WWTP.

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

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

Outfall Number:_____

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)	N/A						
CHLORINE (TOTAL RESIDUAL, TRC)							
DISSOLVED OXYGEN							
TOTAL KJELDAHL NITROGEN (TKN)							
NITRATE PLUS NITRITE NITROGEN							
OIL and GREASE							
PHOSPHORUS (Total)							
TOTAL DISSOLVED SOLIDS (TDS)							
OTHER							

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:

THE TIDES UTILITIES LLC NORTH WWTP VPDES VA0029343

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

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

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

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

✓ Basic Application Information packet

Supplemental Application Information packet:

_____ Part D (Expanded Effluent Testing Data)

_____ Part E (Toxicity Testing: Biomonitoring Data)

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

_____ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

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

Name and official title: GORDON SLATFORD GENERAL MANAGER

Signature: _____

Telephone number: 804- 438- 4451

Date signed: _____

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

SEND COMPLETED FORMS TO:

Section 1

Back-up Data – January 2015

Bod

(K G/Day)

Jan(15) 3 X 3.785 X 0.0016 = .02 KG/D

July(15) 6 X 3.785 X 0.0023 = .05 KG/D

Aug(15) 2 X 3.785 X 0.0023 = .02 KG/D

> Ave. max
.03 .05

TSS KG/Day

Jan(15)(TSS) = 2.1 X 3.785 X 0.0016 = .01 KG/D

July(15) (TSS) = 2.5 X 3.785 X 0.0023 = 02 KG/D

Aug(15) TSS = 2.2 3.785 X 0.0023 = 02 KG/D

Ave max
.02 .02

Freeport monthly Geometric Mean Number

1 Jan = 2 AVE

3 July = 3 MAX

3 Aug = [illegible]

07/15

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

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

NAME: The Tides Utilities LLC North WWTP
ADDRESS: PO Box 300
Irvington, VA 22480

FACILITY LOCATION: Waterview Point ln
Weems, VA 22576

VA0029343	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2015	07	01	TO	2015	07	31

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

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	REPORTD	0.0030	0.0072	MGD	*****	*****	*****		0	1/DAY	EST	
PARAM CODE: 001	REQRMNT	0.0325	NL		*****	*****	*****			1/DAY	EST	
pH	REPORTD	*****	*****		7.97	*****	8.56	SU	0	1/DAY	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			1/DAY	GRAB	
BOD5	REPORTD	50	50	G/D	*****	6	6	MG/L	0	1/M	GRAB	
PARAM CODE: 003	REQRMNT	2900	4400		*****	24	36			1/M	GRAB	
TSS	REPORTD	20	20	G/D	*****	2.5	2.5	MG/L	0	1/M	GRAB	
PARAM CODE: 004	REQRMNT	2900	4400		*****	24	36			1/M	GRAB	
CL2, TOTAL	REPORTD	*****	*****		*****	<QL	<QL	UG/L	0	1/DAY	GRAB	
PARAM CODE: 005	REQRMNT	*****	*****		*****	1.4	1.7			1/DAY	GRAB	
COLIFORM, FECAL	REPORTD	*****	*****		*****	3	*****	N/CML	0	4/M	GRAB	
PARAM CODE: 006	REQRMNT	*****	*****		*****	200	*****			4/M	GRAB	
DO	REPORTD	*****	*****		6.19	*****	*****	MG/L	0	1/DAY	GRAB	
PARAM CODE: 007	REQRMNT	*****	*****		6.0	*****	*****			1/DAY	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
OUTFALL-SPECIFIC COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

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

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

OPERATOR IN RESPONSIBLE CHARGE	
D.Allen Hall	1965005465
TYPED OR PRINTED NAME	CERTIFICATE NUMBER
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE: 804-438-4463
TYPED OR PRINTED NAME / SIGNATURE	2015-08-03 09:49:37
	Date

Page 1

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

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

NAME: The Tides Utilities LLC North WWTP
ADDRESS: PO Box 300
Irvington, VA 22480

FACILITY LOCATION: Waterview Point ln
Weems, VA 22576

VA0029343	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2015	07	01	TO	2015	07	31

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

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
AMMONIA, AS N	REPORTD	*****	*****		*****	<0.10	<0.10	MG/L	0	1/M	GRAB	
PARAM CODE: 039	REQRMNT	*****	*****		*****	1.15	1.15			1/M	GRAB	
ENTEROCOCCI	REPORTD	*****	*****		*****	4	*****	N/CML	0	4/M	GRAB	
PARAM CODE: 140	REQRMNT	*****	*****		*****	35	*****			4/M	GRAB	
CL2, TOTAL CONTACT	REPORTD	*****	*****		0.6	*****	*****	MG/L	1	1/DAY	GRAB	
PARAM CODE: 157	REQRMNT	*****	*****		1.5	*****	*****		3	1/DAY	GRAB	
CL2, INST TECH MIN LIMIT	REPORTD	*****	*****		0.6	*****	*****	MG/L	0	1/DAY	GRAB	
PARAM CODE: 213	REQRMNT	*****	*****		0.60	*****	*****			1/DAY	GRAB	
OIL & GREASE	REPORTD	*****	*****		*****	<5.0	<5.0	MG/L		1/M	GRAB	
PARAM CODE: 500	REQRMNT	*****	*****		*****	NL	NL			1/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
OUTFALL-SPECIFIC COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

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

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

OPERATOR IN RESPONSIBLE CHARGE	
D.Allen Hall	1965005465
TYPED OR PRINTED NAME	CERTIFICATE NUMBER
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE: 804-438-4463
TYPED OR PRINTED NAME / SIGNATURE	2015-08-03 09:49:37
	Date

Page 2

(July 15) North Plant

7/1/15 = Fecal = 1
Enterococcus = 1

7/8/15 = Bod = 6 x 3.785 x 0.0023 = .05 x 1000 = 50
TSS = 2.5 x 3.785 x 0.0023 = .02 x 1000 = 20
Ammonia = <0.10
Oil & Grease = <5.0
Fecal = 130
Enterococcus = 44

7/15/15 = Fecal = 1
Enterococcus = 1

7/23/15 = Fecal = 1
Enterococcus = 4

Fecal = 3
Enterococcus = 4

THE TIDES INN, LLC.

North Plant & Facilities
Calibrations & Sewage Treatment Plant Report
Month & Year: July 2015

Flow		Effluent							Influent	
Day of Month	Total Metered Flow	Time Collected	Time Sampled	pH	Temperature	Total Chlorine Residual	Dechlor Final Residual	Dissolved Oxygen	Settl. Solids - 30 Min	Operator's Initials
1	3200	7:50	8:00	8.05	24.0	2.2	QL	6.37	300	AH
2	2400	8:50	9:00	7.97	24.9	2.2	QL	6.66	300	AH
3	5400	9:15	9:17	7.99	24.1	2.2	QL	6.63	300	CS
4	2787	10:51	11:02	8.09	25.4	2.2	QL	6.54	300	CS
5	3756	9:00	9:12	8.40	24.4	2.2	QL	6.39	300	CS
6	2757	8:00	8:10	8.22	24.5	3.5	QL	6.45	300	AH
7	2880	9:15	9:25	8.23	24.9	1.8	QL	6.91	300	AH
8	2274	7:50	8:00	8.21	25.3	2.2	QL	6.56	300	AH
9	2274	8:12	8:22	8.09	26.0	2.2	QL	6.47	300	AH
10	1440	8:00	8:12	8.08	26.0	2.2	QL	6.95	300	AH
11	2273	8:15	8:27	8.05	24.1	2.2	QL	6.35	300	CS
12	2400	9:10	9:12	8.56	23.6	2.2	QL	6.17	280-300	CS
13	3086	8:20	8:30	8.21	23.4	2.8	QL	7.38	300	AH
14	2880	8:00	8:10	8.26	24.9	2.2	QL	7.31	300	AH
15	2274	7:45	7:55	8.14	25.0	2.2	QL	7.04	300	AH
16	2215	8:25	8:35	8.02	24.7	2.2	QL	7.04	300	AH
17	1694	7:45	7:55	8.01	22.5	2.2	QL	7.25	300	AH
18	2215	8:00	8:12	8.03	21.4	2.2	QL	7.26	300	CS
19	2787	9:10	9:22	8.17	26.1	2.2	QL	7.05	250	CS
20	2880	7:50	8:00	8.07	25.5	2.8	QL	7.11	250	AH
21	1920	7:50	8:00	8.17	26.3	3.5	QL	7.03	250	AH
22	1763	8:00	8:10	8.04	24.7	1.5	QL	6.47	250	AH
23	2160	7:50	8:00	8.09	22.6	2.2	QL	8.47	250	AH
24	1964	8:00	8:10	7.98	23.8	2.2	QL	6.47	250	AH
25	1440	9:55	9:01	7.98	23.9	2.2	QL	6.43	250	CS
26	2618	8:50	8:02	8.47	24.3	2.2	QL	7.04	260	CS
27	6171	8:40	8:50	8.13	24.4	2.2	QL	7.35	250	AH
28	7200	8:00	8:10	8.03	24.8	1.9	QL	7.13	250	AH
29	3757	7:50	8:00	8.05	25.4	2.2	QL	6.71	250	AH
30	2700	8:15	8:25	8.07	26.7	1.5	QL	6.71	250	AH
31	6646	8:20	8:30	8.02	24.4	0.6	QL	6.47	250	AH

Total	93,211			pH		Cl2	Cl 2 Final	DO		Final
Avg	3007			Min 7.97		0.6	Min	Min	6.17	Cl 2 QL
Max	7,200			Max 8.56		3.5	Max			
Min										

Signed: D. Alan Hall The information contained herein is true and correct. I am aware there are penalities for submitting false information, including the possibility of fine and/or imprisonment.

North Plant & Facilities **THE TIDES INN, LLC.**

Month & Year: July 2015

Daily Check List

crl

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
LIFT STATION																															
Compressors																															
Number 1	✓	✓	/	/	/	✓	✓	✓	✓	✓	/	✓	✓	✓	✓	✓	✓	/	/	✓	✓	✓	✓	✓	/	/	✓	✓	✓	✓	✓
Check Oil																															
Check Belts	✓	✓	/	/	/	✓	✓	✓	✓	✓	/	✓	✓	✓	✓	✓	✓	/	/	✓	✓	✓	✓	✓	/	/	✓	✓	✓	✓	✓
Piping	✓	✓	/	/	/	✓	✓	✓	✓	✓	/	✓	✓	✓	✓	✓	✓	/	/	✓	✓	✓	✓	✓	/	/	✓	✓	✓	✓	✓
Grease																															
Change Filter																															
Change Oil																															
Number 2	✓	✓	/	/	/	✓	✓	✓	✓	✓	/	✓	✓	✓	✓	✓	✓	/	/	✓	✓	✓	✓	✓	/	/	✓	✓	✓	✓	✓
Check Oil																															
Check Belts	✓	✓	/	/	/	✓	✓	✓	✓	✓	/	✓	✓	✓	✓	✓	✓	/	/	✓	✓	✓	✓	✓	/	/	✓	✓	✓	✓	✓
Piping	✓	✓	/	/	/	✓	✓	✓	✓	✓	/	✓	✓	✓	✓	✓	✓	/	/	✓	✓	✓	✓	✓	/	/	✓	✓	✓	✓	✓
Grease																															
Change Filter																															
Change Oil																															
Control Panel	✓	✓	/	/	/	✓	✓	✓	✓	✓	/	✓	✓	✓	✓	✓	✓	/	/	✓	✓	✓	✓	✓	/	/	✓	✓	✓	✓	✓
Sump Pump	✓	✓	/	/	/	✓	✓	✓	✓	✓	/	✓	✓	✓	✓	✓	✓	/	/	✓	✓	✓	✓	✓	/	/	✓	✓	✓	✓	✓
water removal	✓	✓	/	/	/	✓	✓	✓	✓	✓	/	✓	✓	✓	✓	✓	✓	/	/	✓	✓	✓	✓	✓	/	/	✓	✓	✓	✓	✓
Alarms	✓	✓	/	/	/	✓	✓	✓	✓	✓	/	✓	✓	✓	✓	✓	✓	/	/	✓	✓	✓	✓	✓	/	/	✓	✓	✓	✓	✓
Check alarms	✓	✓	/	/	/	✓	✓	✓	✓	✓	/	✓	✓	✓	✓	✓	✓	/	/	✓	✓	✓	✓	✓	/	/	✓	✓	✓	✓	✓
PLANT:																															
Surge Tank	✓	✓	/	/	/	✓	✓	✓	✓	✓	/	✓	✓	✓	✓	✓	✓	/	/	✓	✓	✓	✓	✓	/	/	✓	✓	✓	✓	✓
Comminutor	✓	✓	/	/	/	✓	✓	✓	✓	✓	/	✓	✓	✓	✓	✓	✓	/	/	✓	✓	✓	✓	✓	/	/	✓	✓	✓	✓	✓
Check Oil																															
Check Teeth	✓	✓	/	/	/	✓	✓	✓	✓	✓	/	✓	✓	✓	✓	✓	✓	/	/	✓	✓	✓	✓	✓	/	/	✓	✓	✓	✓	✓
Change Oil																															
Remove Debris	✓	✓	/	/	/	✓	✓	✓	✓	✓	/	✓	✓	✓	✓	✓	✓	/	✓	✓	✓	✓	✓	✓	/	/	✓	✓	✓	✓	✓
Pumps:																															
Number 1	✓	✓	/	/	/	✓	✓	✓	✓	✓	/	✓	✓	✓	✓	✓	✓	/	/	✓	✓	✓	✓	✓	/	/	✓	✓	✓	✓	✓
Discharge clear	✓	✓	/	/	/	✓	✓	✓	✓	✓	/	✓	✓	✓	✓	✓	✓	/	/	✓	✓	✓	✓	✓	/	/	✓	✓	✓	✓	✓
Number 2	✓	✓	/	/	/	✓	✓	✓	✓	✓	/	✓	✓	✓	✓	✓	✓	/	/	✓	✓	✓	✓	✓	/	/	✓	✓	✓	✓	✓
Discharge clear	✓	✓	/	/	/	✓	✓	✓	✓	✓	/	✓	✓	✓	✓	✓	✓	/	/	✓	✓	✓	✓	✓	/	/	✓	✓	✓	✓	✓
Control Panel	✓	✓	/	/	/	✓	✓	✓	✓	✓	/	✓	✓	✓	✓	✓	✓	/	/	✓	✓	✓	✓	✓	/	/	✓	✓	✓	✓	✓
Floats:																															
Float Alarms	✓	✓	/	/	/	✓	✓	✓	✓	✓	/	✓	✓	✓	✓	✓	✓	/	/	✓	✓	✓	✓	✓	/	/	✓	✓	✓	✓	✓
Float Switches	✓	✓	/	/	/	✓	✓	✓	✓	✓	/	✓	✓	✓	✓	✓	✓	/	/	✓	✓	✓	✓	✓	/	/	✓	✓	✓	✓	✓
Debris Removal	✓	✓	/	/	/	✓	✓	✓	✓	✓	/	✓	✓	✓	✓	✓	✓	/	/	✓	✓	✓	✓	✓	/	/	✓	✓	✓	✓	✓
Check Timers	✓	✓	/	/	/	✓	✓	✓	✓	✓	/	✓	✓	✓	✓	✓	✓	/	/	✓	✓	✓	✓	✓	/	/	✓	✓	✓	✓	✓
Blower	✓	✓	/	/	/	✓	✓	✓	✓	✓	/	✓	✓	✓	✓	✓	✓	/	/	✓	✓	✓	✓	✓	/	/	✓	✓	✓	✓	✓
Check Oil																															
Check Belts	✓	✓	/	/	/	✓	✓	✓	✓	✓	/	✓	✓	✓	✓	✓	✓	/	/	✓	✓	✓	✓	✓	/	/	✓	✓	✓	✓	✓
Piping	✓	✓	/	/	/	✓	✓	✓	✓	✓	/	✓	✓	✓	✓	✓	✓	/	/	✓	✓	✓	✓	✓	/	/	✓	✓	✓	✓	✓
Grease																															
Change Filter																															
Change Oil																															
Check Timer	✓	✓	/	/	/	✓	✓	✓	✓	✓	/	✓	✓	✓	✓	✓	✓	/	/	✓	✓	✓	✓	✓	/	✓	✓	✓	✓	✓	✓

North Plant & Facilities **THE TIDES INN, LLC.**

Month & Year: July 2015

Daily Check List

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Digester	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sludge Level	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Aeration Blower	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Check Oil																															
Check Belts	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Piping	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Grease																															
Change Filter																															
Change Oil																															
Check Timer	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Clarifier	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
RAS Blower (new)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Check Oil																															
Check Belts	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Piping	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Grease																															
Change Filter																															
Change Oil																															
Check Timer	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
RAS Blower (old)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Check Oil																															
Check Belts	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Piping	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Grease																															
Change Filter																															
Change Oil																															
Check Timer	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Flow Meter	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Total	0	4	0	5	0	5	5	5	5	5	0	0	5	5	5	5	5	0	5	5	0	0	5	5	0	0	0	0	0	0	0
	4	9	9	0	5	0	1	1	1	2	5	5	3	3	4	4	4	5	5	5	5	5	5	5	5	5	5	5	5	5	5
	8	2	9	1	4	8	2	5	8	1	2	2	3	7	1	5	8	3	5	8	6	7	7	7	8	8	0	9	9	9	9
	8	6	6	2	7	2	0	1	4	9	2	9	8	7	1	0	1	2	3	4	5	5	0	4	7	2	5	9	0	0	0
	6	1	8	9	2	1	3	3	3	3	2	7	0	0	9	7	8	6	3	4	8	4	1	1	3	9	0	9	7	7	0
Pond																															
Check Aerator	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Inspect Berm	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Debris Removal	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chlorinator	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chlorine Tabs	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dechlor Tabs	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Debris Removal	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lab																															
Check Heater	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Check Water	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Backflow Preventer	✓																														
Inspect Monthly	✓																														
Certify Annually																															
Operator's Initials	AM	AM	LS	LS	LS	AM	AM	AM	AM	AM	LS	LS	AM	AM	AM	AM	AM	LS	LS	AM	AM	AM	AM	AM	LS	LS	AM	AM	AM	AM	AM

THE TIDES INN
WASTEWATER TREATMENT PLANT

(North)

Month: July 15

Day	Initials Sampler Analyst	TRC Spec Check 1	TRC Spec Check 2	pH Meter Calibration: Buffer Values 1	Buffer Temp 1	Buffer Values 2	Buffer Temp 2	Buffer Values 3	Buffer Temp 3	7 Check	D.O. Meter Calibration: Temp	(mg/L)
1	A.H	0.19	0.90	7.01	22.4	10.04	22.4	4.00	22.4	7.00	22.6	8.61
2	A.H	0.18	0.88	7.01	22.0	10.04	22.0	4.00	22.0	7.00	22.0	8.69
3	CS	0.22	0.88	6.99	24.1	9.62	24.1	4.06	24.1	6.99	24.99	8.90
4	CS	0.19	0.84	7.04	22.8	9.89	22.7	4.09	22.7	7.01	22.3	8.87
5	CS	0.18	0.87	7.07	22.5	9.87	22.6	4.07	22.6	7.03	22.3	8.72
6	A.H	0.19	0.90	7.00	22.7	10.01	22.7	4.01	22.7	7.01	22.8	8.78
7	A.H	0.18	0.85	7.00	22.6	10.01	22.6	4.01	22.6	7.00	22.6	8.70
8	A.H	0.18	0.84	7.01	22.5	10.01	22.5	4.01	22.5	7.01	22.5	8.70
9	A.H	0.18	0.90	7.01	22.6	10.01	22.6	4.00	22.6	7.00	22.5	8.70
10	A.H	0.19	0.85	7.01	22.8	10.01	22.8	4.01	22.8	6.99	22.8	8.72
11	CS	0.15	0.82	7.08	23.0	9.68	23.0	4.02	24.2	7.08	24.2	9.91
12	CS	0.19	0.87	8.64	24.6	9.63	25.1	4.10	25.1	7.03	24.3	9.42
13	AH	0.18	0.89	7.00	22.3	10.01	22.4	4.01	22.4	6.99	22.4	8.65
14	A.H	0.18	0.90	7.00	22.6	10.01	22.5	4.01	22.5	7.00	23.0	8.66
15	A.H	0.18	0.88	7.01	23.0	10.00	23.0	4.01	23.0	7.00	23.0	8.66
16	A.H	0.17	0.87	7.00	22.7	10.01	22.7	4.01	22.7	7.00	22.9	8.68
17	A.H	0.18	0.86	7.01	22.4	10.01	22.4	4.01	22.4	7.00	22.4	8.65
18	CS	0.20	0.85	8.69	22.5	9.61	22.8	4.10	22.7	6.98	21.9	8.00
19	CS	0.20	0.88	7.07	22.4	9.58	22.4	4.11	22.4	6.89	22.3	8.33
20	A.H	0.19	0.89	7.00	22.6	10.01	22.6	4.01	22.6	6.99	22.6	8.41
21	A.H	0.17	0.85	7.00	22.6	10.01	22.6	4.01	22.6	7.00	22.6	8.61
22	A.H	0.18	0.87	7.01	22.5	10.01	22.5	4.01	22.5	7.00	22.5	8.63
23	A.H	0.18	0.88	7.00	22.3	10.01	22.3	4.01	22.3	7.00	22.3	8.65
24	A.H	0.17	0.87	7.01	22.3	10.01	22.3	4.02	22.3	7.00	22.3	8.65
25	CS	0.14	0.42	7.04	22.4	9.55	22.4	4.14	22.4	6.99	22.2	8.36
26	RS	0.19	0.55	8.58	21.3	9.87	22.6	4.11	24.0	7.01	21.2	9.23
27	AH	0.18	0.85	7.01	21.8	10.04	21.8	4.00	21.8	6.98	21.8	8.69
28	AH	0.18	0.82	7.01	22.0	10.03	22.0	4.01	22.0	7.00	22.0	8.71
29	A.H	0.17	0.85	7.01	22.3	10.03	22.3	4.01	22.3	7.00	22.3	8.70
30	A.H.	0.17	0.85	7.01	22.6	10.03	22.6	4.01	22.6	7.00	22.6	8.65
31	A.H	0.18	0.88	7.01	22.7	10.03	22.7	4.01	22.7	7.01	22.7	8.71

Reviewed by: [illegible]

Position or Title: WWTP operator

Date of Review: 7/31/15

THE TIDES INN, LLC.

Operator's Log

Check List: Repairs, Updates, Equipment Failures, & Etc.

Month & Year: July 2015

Day	Descriptions of Work	crl
1	Ran daily & weekly Samples for August Mon, All testing Checked & ok. (Partly Sunny 82°)	
2	Ran daily Samples, Tested all equipment, checked pumps Stations & pond all ok. (Hot 85°)	
3	ran daily sample check all equipt all ok Rain	
4	ran daily sample check all equipt all ok Rain	
5	ran daily sample check all equipt all ok Rain	
6	Ran daily Samples tested all equipment, pumps, pumping stations all ok. Sunny 80° (Rained ½" Rain)	
7	Ran daily Samples, tested all equipment, pumps & pumping stations all ok. [Sunny Hot 95°]	
8	Ran daily & weekly Samples at Pool. Checked & tested all equipment, pumps & Hot 95°	
9	Ran daily Samples tested all equipment, pumps, sump pump & pumping stations checked. All systems good (Hot 95°)	
10	Ran daily Samples tested all equipment, pumps & pumping stations all ok. (Hot & Humid 90° no rain)	
11	ran daily sample check all equipt all ok (Rain Thunder)	
12	ran daily sample check all equipt all ok (Sunny)	
13	Ran daily Samples, tested all equipment, pumps, pumping stations all ok. Cloudy, 80°	
14	Ran daily Samples, tested all equipment, pumps, pumping stations, all ok. (Sunny Overnight Rain)	
15	Ran daily & weekly Samples, tested all equipment, pumps, pumping stations (88° Cloudy)	
16	Ran daily Samples & tested all equipment, pumps & pumping stations, Chlorine Spill cleaned up (Sunny 84° Nice)	
17	Ran daily Samples, tested all equipment, pumps & pumping stations, all systems good Sunny 84°	
18	ran daily sample check all equipt all ok Hot 95°	
19	ran daily sample check all equipt all ok Hot 95°	
20	Ran daily Samples, tested all equipment, pumps & pumping stations all ok. (Partly Sunny Hot 90°)	
21	Ran daily Samples, tested all equipment, pumps, stations, pumps, pumps all ok. (Hot 95°)	
22	Ran daily Samples, tested all equipment, pumping stations, pumps, all ok. Filter Chlorine (Cooler today 84°)	
23	Ran daily & weekly Samples, pumping stations, pumps all ok. (Sunny Cooler 80° Humid Nice)	Hurricane
24	Ran daily Samples, tested all equipment, pumps & pumping stations, all ok. (Cooler 85° today)	(No Rain)
25	ran daily sample check all equipt all ok	
26	ran daily sample check all equipt all ok	
27	Ran daily Samples, checked pumping stations, pumps, all ok. Heavy Rain (6 to 8 in 1") (Cloudy cool today)	
28	Ran daily Samples, tested all equipment, pumps & pumping stations all ok. (½" Rain today) (Cloudy)	
29	Ran daily Samples tested all equipment, pumps & pump stations all ok. Cloudy showers	much
30	Ran daily Samples, tested all equipment, pumps, pumping stations, Sunny 90° Humid	
31	Ran daily Samples, tested all equipment, pumps, pumping stations all ok. 1½" Rain Last night, Sunny 90° today.	

REPORT OF ANALYSIS

CLIENT: Tides Inn, Inc.
ATTN: Allen Hall
ADDRESS: 480 King Carter Drive
Irvington, VA 22480
PHONE: 1-804-438-4463
FAX: ahall@tidesinn.com (don't fax)
Special Notes: RE: WEEKLY NORTH PLANT

SAMPLE COLLECTED BY: CLIENT
GRAB COLLECTION:
Date: 7/1/2015 Time: 1001
COMPOSITE COLLECTION:
Start Date: Time:
End Date: Time:
PICK UP BY: CLIENT
SAMPLE RECEIPT:
Date: 7/1/2015 Time: 1055
NUMBER OF CONTAINERS: 2
SAMPLE CONDITION: ☑ Good ☐ Other (See C-O-C)
REPORT NO: 15-09563 15:25

SAMPLE ID: CREEK OUTFALL 001
SAMPLE NO: 15-09563

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
Fecal Coliform	*9221C+E	1.8	<1.8	MPN/100mL	JMS	07/01/15	1205
Enterococci	Enterolert	1	1	MPN/100mL	JMS	07/01/15	1155

NOTES:

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

Reproduction of this report is not permitted, except in full, without written approval from James R Reed & Associates.

The results on this report relate only to the sample(s) provided for analysis.

Results conform to NELAC standards, where applicable, unless otherwise indicated.

*SM 2006

Authorized By: Elaine Claiborne

Elaine Claiborne, Laboratory Director

Date: 06-Jul-15

James R. Reed & Associates
770 Pilot House Drive, Newport News, VA 23606
(757) 873-4703 • Fax: (757) 873-1498

VELAP# 460013
EPA# VA00015

CHAIN OF CUSTODY

Company Name: The Tides Inn-NORTH PLANT
Company Contact: Allen Hall Telephone: 804-438-4463
Results To: Allen Hall Email: ahall@TidesInn.com
Address: 480 King Carter
Irvington, Va 22480
Project ID: **Weekly North Plant**

ANALYSES REQUESTED

Bottle ID	A	B
Preserv.	1,5	1,5

~~SMA~~ ID #15-	Sample Type*	Sample ~~Location~~	Composite ~~Start~~ Date	Composite Start Time	Composite End Date	Composite ~~End~~ Time	Grab Date	Grab Time	Total # of cont.	Fecal Coliform (grab)	Enterococci (grab)
09563	WW	Creek Outfall 001	XXXX	XXXX	XXXX	XXXX	7/01/15	1001	2	X	X

*WW= Wastewater, GW = Groundwater, DW - Drinking Water, HW - Hazardous Waste, OTHERS

Sampled By: [illegible] Date/Time: 7/01/15 1001
Relinquished By: [illegible] Date/Time: 7/01/15 10:55
Received By: [illegible] Date/Time: 7-1-15 @ 1055
Relinquished By: Date/Time:
Received By: Date/Time:

✓ for Compliance
___ Not for Compliance

Preservatives:
1 = <6°C
2 = HNO_3
3 = H_2SO_4
4 = NaOH
5 = $Na_2S_2O_3$
6 = $Na_2S_2O_3$ + HCl
7 = NaOH + ZnOAc
8 = H_2SO_4 + FAS
9 = NH_4Cl
10=Ascorbic Acid + HCl
11=HCl
12=Zinc Acetate + NaOH
13=Na_2SO_3 + HCl
14=Na_2SO_3 + H_2SO_4

CN Interference Check: Positive Negative
Sulfide: ___ ___
Oxidizing Agent: ___ ___

Arrival Temp: 2.7 °C

JAMES R. REED and ASSOCIATES (757) 873-4703; FAX (757) 873-1498
770 Pilot House Drive, Newport News, VA 23606

REPORT OF ANALYSIS

CLIENT: Tides Inn, Inc.
ATTN: Allen Hall
ADDRESS: 480 King Carter Drive
Irvington, VA 22480
PHONE: 1-804-438-4463
FAX: ahall@tidesinn.com (don't fax)
Special Notes: RE: MONTHLY NORTH PLANT

SAMPLE COLLECTED BY: CLIENT
GRAB COLLECTION:
Date: 7/8/2015 Time: 1001
COMPOSITE COLLECTION:
Start Date: Time:
End Date: Time:
PICK UP BY: CLIENT
SAMPLE RECEIPT:
Date: 7/8/2015 Time: 1055
NUMBER OF CONTAINERS: 7
SAMPLE CONDITION: ☑ Good ☐ Other (See C-O-C)
REPORT NO: 15-09846 15:00

SAMPLE ID: CREEK OUTFALL 001
SAMPLE NO: 15-09846

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
Ammonia	*4500NH3D	0.10	< 0.10	mg/L	ARC	07/09/15	1340
BOD5	**5210B	2	6	mg/L	JW	07/08/15	1320
TSS	*2540D	1.0	2.5	mg/L	JMS	07/09/15	1730
Fecal Coliform	*9221C+E	1.8	130	MPN/100mL	JMS	07/08/15	1130
Oil & Grease HEM	1664A	5.0	< 5.0	mg/L	PRM	07/08/15	1500
Enterococci	Enterolert	1	46	MPN/100mL	JW	07/08/15	1135

NOTES:

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

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The results on this report relate only to the sample(s) provided for analysis.

Results conform to NELAC standards, where applicable, unless otherwise indicated.

*SM 1997(TSS,Ammonia), SM 2006(Fecal)

**SM 2001

Authorized By: Elaine Claiborne

Elaine Claiborne, Laboratory Director

Date: 16-Jul-15

James R. Reed & Associates
770 Pilot House Drive, Newport News, VA 23606
(757) 873-4703 • Fax: (757) 873-1498

VELAP# 460013
EPA# VA00015

CHAIN OF CUSTODY

Company Name: The Tides Inn-NORTH PLANT
Company Contact: Allen Hall Telephone: 804-438-4463
Results To: Allen Hall Email: ahall@TidesInn.com
Address: 480 King Carter
Irvington, Va 22480
Project ID: **Monthly North Plant**

ANALYSES REQUESTED

Bottle ID	A	B	C	D	E1-2	F
Preserv.	1,3	1	1	1,5	1,3	1,5
	NH3 (grab) BUC2H2SO4	BOD (grab)	TSS (grab)	Fecal Coliform (grab)	Oil and Grease (grab)	Enterococci (grab)

JRA ID # 15-	Sample Type*	Sample Location	Composite Start Date	Composite Start Time	Composite End Date	Composite End Time	Grab Date	Grab Time	Total # of cont.	NH3 (grab) BUC2H2SO4	BOD (grab)	TSS (grab)	Fecal Coliform (grab)	Oil and Grease (grab)	Enterococci (grab)
09846	WW	Creek Outfall 001	XXXX	XXXX	XXXX	XXXX	7/08/15	1001	7	X	X	X	X	X	X

<0.5ppm Chlorine

pH42H2SO4

*WW= Wastewater, GW = Groundwater, DW - Drinking Water, HW - Hazardous Waste, OTHERS

Sampled By: [signature] Date/Time: 7/08/15 1001
Relinquished By: [signature] Date/Time: 7/08/15 1035
Received By: [signature] Date/Time: 7-8-15 1055
Relinquished By: Date/Time:
Received By: Date/Time:

✓ for Compliance
___ Not for Compliance

Preservatives:
1 = <6°C 6 = $Na_2S_2O_3$ + HCl 10=Ascorbic Acid + HCl
2 = HNO_3 7 = NaOH + ZnOAc 11=HCl
3 = H_2SO_4 8 = H_2SO_4 + FAS 12=Zinc Acetate + NaOH
4 = NaOH 9 = NH_4Cl 13=Na_2SO_3 + HCl
5 = $Na_2S_2O_3$ 14=Na_2SO_3 + H_2SO_4

CN Interference Check: Positive Negative
Sulfide: ___ ___
Oxidizing Agent: ___ ___

Arrival Temp: 2.7 °C

JAMES R. REED and ASSOCIATES (757) 873-4703; FAX (757) 873-1498
770 Pilot House Drive, Newport News, VA 23606

REPORT OF ANALYSIS

CLIENT: Tides Inn, Inc.
ATTN: Allen Hall
ADDRESS: 480 King Carter Drive
Irvington, VA 22480
PHONE: 1-804-438-4463
FAX: ahall@tidesinn.com (don't fax)
Special Notes: RE: WEEKLY NORTH PLANT

SAMPLE COLLECTED BY: CLIENT
GRAB COLLECTION:
Date: 7/15/2015 Time: 1001
COMPOSITE COLLECTION:
Start Date: Time:
End Date: Time:
PICK UP BY: CLIENT
SAMPLE RECEIPT:
Date: 7/15/2015 Time: 1045
NUMBER OF CONTAINERS: 2
SAMPLE CONDITION: ☑ Good ☐ Other (See C-O-C)
REPORT NO: 15-10291 15:28

SAMPLE ID: CREEK OUTFALL 001
SAMPLE NO: 15-10291

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
Fecal Coliform	*9221C+E	1.8	<1.8	MPN/100mL	JMS	07/15/15	1055
Enterococci	Enterolert	1	1	MPN/100mL	JW	07/15/15	1100

NOTES:

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

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The results on this report relate only to the sample(s) provided for analysis.

Results conform to NELAC standards, where applicable, unless otherwise indicated.

*SM 2006

Authorized By: Elaine Claiborne
Elaine Claiborne, Laboratory Director
Date: 17-Jul-15

James R. Reed & Associates
770 Pilot House Drive, Newport News, VA 23606
(757) 873-4703 • Fax: (757) 873-1498

VELAP# 460013
EPA# VA00015

CHAIN OF CUSTODY

Company Name: The Tides Inn-NORTH PLANT
Company Contact: Allen Hall Telephone: 804-438-4463
Results To: Allen Hall Email: ahall@TidesInn.com
Address: 480 King Carter
Irvington, Va 22480
Project ID: **Weekly North Plant**

ANALYSES REQUESTED

Bottle ID	A	B
Preserv.	1,5	1,5
	Fecal Coliform (grab)	Enterococci (grab)

JRA ID #15-	Sample Type*	Sample Location	Composite Start Date	Composite Start Time	Composite End Date	Composite End Time	Grab Date	Grab Time	Total # of cont.	Fecal Coliform (grab)	Enterococci (grab)
10291	WW	Creek Outfall 001	XXXX	XXXX	XXXX	XXXX	7/15/15	10:01	2	X	X

*WW= Wastewater, GW = Groundwater, DW - Drinking Water, HW - Hazardous Waste, OTHERS

Sampled By: [signature] Date/Time: 7/15/15 10:01
Relinquished By: [signature] Date/Time: 7/15/15 10:45
Received By: [signature] Date/Time: 7-15-15 10:45
Relinquished By: Date/Time:
Received By: Date/Time:

✓ for Compliance
___ Not for Compliance

Preservatives:

1 = <6°C
2 = HNO_3
3 = H_2SO_4
4 = NaOH
5 = $Na_2S_2O_3$
6 = $Na_2S_2O_3$ + HCl
7 = NaOH + ZnOAc
8 = H_2SO_4 + FAS
9 = NH_4Cl
10=Ascorbic Acid + HCl
11=HCl
12=Zinc Acetate + NaOH
13=Na_2SO_3 + HCl
14=Na_2SO_3 + H_2SO_4

CN Interference Check: Positive Negative
Sulfide: ___ ___
Oxidizing Agent: ___ ___

Arrival Temp: 1.5 °C

JAMES R. REED and ASSOCIATES (757) 873-4703; FAX (757) 873-1498
770 Pilot House Drive, Newport News, VA 23606

REPORT OF ANALYSIS

CLIENT: Tides Inn, Inc.
ATTN: Allen Hall
ADDRESS: 480 King Carter Drive
Irvington, VA 22480
PHONE: 1-804-438-4463
FAX: ahall@tidesinn.com (don't fax)
Special Notes: RE: WEEKLY NORTH PLANT

SAMPLE COLLECTED BY: CLIENT
GRAB COLLECTION:
Date: 7/23/2015 Time: 1001
COMPOSITE COLLECTION:
Start Date: Time:
End Date: Time:
PICK UP BY: CLIENT
SAMPLE RECEIPT:
Date: 7/23/2015 Time: 1040
NUMBER OF CONTAINERS: 2
SAMPLE CONDITION: ☑ Good ☐ Other (See C-O-C)
REPORT NO: 15-10752 16:45

SAMPLE ID: CREEK OUTFALL 001
SAMPLE NO: 15-10752

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
Fecal Coliform	*9221C+E	1.8	<1.8	MPN/100mL	JMS	07/23/15	1135
Enterococci	Enterolert	1	4	MPN/100mL	JMS	07/23/15	1320

NOTES:

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

Reproduction of this report is not permitted, except in full, without written approval from James R Reed & Associates.

The results on this report relate only to the sample(s) provided for analysis.

Results conform to NELAC standards, where applicable, unless otherwise indicated.

*SM 2006

Authorized By: Elaine Claiborne

Elaine Claiborne, Laboratory Director

Date: 27-Jul-15

James R. Reed & Associates
770 Pilot House Drive, Newport News, VA 23606
(757) 873-4703 • Fax: (757) 873-1498

VELAP# 460013
EPA# VA00015

CHAIN OF CUSTODY

Company Name: The Tides Inn-NORTH PLANT
Company Contact: Allen Hall Telephone: 804-438-4463
Results To: Allen Hall Email: ahall@TidesInn.com
Address: 480 King Carter
Irvington, Va 22480
Project ID: **Weekly North Plant**

ANALYSES REQUESTED

Bottle ID	A	B
Preserv.	1,5	1,5
	Fecal Coliform (grab)	Enterococci (grab)

JRA ID #15-	Sample Type*	Sample Location	Composite Start Date	Composite Start Time	Composite End Date	Composite End Time	Grab Date	Grab Time	Total # of cont.	Fecal Coliform (grab)	Enterococci (grab)
10752	WW	Creek Outfall 001	XXXX	XXXX	XXXX	XXXX	7/23/15	1001	2	X	X

*WW= Wastewater, GW = Groundwater, DW - Drinking Water, HW - Hazardous Waste, OTHERS

Sampled By: Allen Hall
Relinquished By: Allen Hall Date/Time: 7/23/15 1001
Received By: Mindy Hall Date/Time: 7/23/15 1P.4M
Relinquished By: Date/Time: 7.23.15 1040
Received By: Date/Time:
Date/Time:

✓ for Compliance
___ Not for Compliance

Preservatives:

1 = <6°C
2 = HNO_3
3 = H_2SO_4
4 = NaOH
5 = $Na_2S_2O_3$
6 = $Na_2S_2O_3$ + HCl
7 = NaOH + ZnOAc
8 = H_2SO_4 + FAS
9 = NH_4Cl
10=Ascorbic Acid + HCl
11=HCl
12=Zinc Acetate + NaOH
13=Na_2SO_3 + HCl
14=Na_2SO_3 + H_2SO_4

CN Interference Check: Positive Negative
Sulfide: ___ ___
Oxidizing Agent: ___ ___

Arrival Temp: 2.8 °C

JAMES R. REED and ASSOCIATES (757) 873-4703; FAX (757) 873-1498
770 Pilot House Drive, Newport News, VA 23606

Section 1

Back-up Data – July 2015

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

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

NAME: The Tides Utilities LLC North WWTP
ADDRESS: PO Box 300
Irvington, VA 22480

FACILITY LOCATION: Waterview Point In
Weems, VA 22576

VA0029343	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2015	01	01	TO	2015	01	31

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

Parameter		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
FLOW	REPORTD	0.0029	0.0216	MGD	*****	*****	*****		0	1/DAY	EST	
PARAM CODE: 001	REQRMNT	0.0325	NL		*****	*****	*****			1/DAY	EST	
pH	REPORTD	*****	*****		8.35	*****	8.55	SU	0	1/DAY	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			1/DAY	GRAB	
BOD5	REPORTD	20	20	G/D	*****	3	3	MG/L	0	1/M	GRAB	
PARAM CODE: 003	REQRMNT	2900	4400		*****	24	36			1/M	GRAB	
TSS	REPORTD	10	10	G/D	*****	2.1	2.1	MG/L	0	1/M	GRAB	
PARAM CODE: 004	REQRMNT	2900	4400		*****	24	36			1/M	GRAB	
CL2, TOTAL	REPORTD	*****	*****		*****	<QL	<QL	UG/L	0	1/DAY	GRAB	
PARAM CODE: 005	REQRMNT	*****	*****		*****	1.4	1.7			1/DAY	GRAB	
COLIFORM, FECAL	REPORTD	*****	*****		*****	1	*****	N/CML	0	4/M	GRAB	
PARAM CODE: 006	REQRMNT	*****	*****		*****	200	*****			4/M	GRAB	
DO	REPORTD	*****	*****		12.53	*****	*****	MG/L	0	1/DAY	GRAB	
PARAM CODE: 007	REQRMNT	*****	*****		6.0	*****	*****			1/DAY	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
OUTFALL-SPECIFIC COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

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

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

OPERATOR IN RESPONSIBLE CHARGE

TYPED OR PRINTED NAME	CERTIFICATE NUMBER
D.Allen Hall	1965005465

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TYPED OR PRINTED NAME	SIGNATURE	TELEPHONE	Date
		804-438-4463	2015-02-05 09:04:34

Page 1

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

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

NAME: The Tides Utilities LLC North WWTP
ADDRESS: PO Box 300
Irvington, VA 22480

FACILITY LOCATION: Waterview Point In
Weems, VA 22576

VA0029343	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2015	01	01	TO	2015	01	31

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

Parameter		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
AMMONIA, AS N	REPORTD	*****	*****		*****	0.30	0.30	MG/L	0	1/M	GRAB	
PARAM CODE: 039	REQRMNT	*****	*****		*****	1.15	1.15			1/M	GRAB	
ENTEROCOCCI	REPORTD	*****	*****		*****	2	*****	N/CML	0	4/M	GRAB	
PARAM CODE: 140	REQRMNT	*****	*****		*****	35	*****			4/M	GRAB	
CL2, TOTAL CONTACT	REPORTD	*****	*****		0.6	*****	*****	MG/L	1	1/DAY	GRAB	
PARAM CODE: 157	REQRMNT	*****	*****		1.5	*****	*****		3	1/DAY	GRAB	
CL2, INST TECH MIN LIMIT	REPORTD	*****	*****		0.6	*****	*****	MG/L	0	1/DAY	GRAB	
PARAM CODE: 213	REQRMNT	*****	*****		0.60	*****	*****			1/DAY	GRAB	
OIL & GREASE	REPORTD	*****	*****		*****	<5.0	<5.0	MG/L		1/M	GRAB	
PARAM CODE: 500	REQRMNT	*****	*****		*****	NL	NL			1/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
OUTFALL-SPECIFIC COMMENTS:
PARAMETER-SPECIFIC COMMENTS:

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

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

OPERATOR IN RESPONSIBLE CHARGE

TYPED OR PRINTED NAME	CERTIFICATE NUMBER
D.Allen Hall	1965005465

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TYPED OR PRINTED NAME	SIGNATURE	TELEPHONE	Date
		804-438-4463	2015-02-05 09:04:34

Page 2

North Plant Jan 2015

Bod = 3 x 3.785 x 0.0016 = .02 x 1000 = 20
TSS = 2.1 x 3.785 x 0.0016 = .01 x 1000 = 10
Oil & Grease = < 5

Ammonia = 0.30

Fecal Ave = 1
Enterococci Ave = 2

NOTE:

The Plant only Discharged for 3 weeks this month, due to Allen ON Vacation, All Flow Stopped & held in pond until I Returned Feb 1, 15. Therefore the Enterococci & Fecal was only done 3 times this month!

D. Allen Hall

THE TIDES INN, LLC.

North Plant & Facilities
Calibrations & Sewage Treatment Plant Report
Month & Year: JAN 2015

	Flow	Effluent							Influent	
Day of Month	Total Metered Flow	Time Collected	Time Sampled	pH	Temperature	Total Chlorine Residual	Dechlor Final Residual	Dissolved Oxygen	Settl. Solids - 30 Min	Operator's Initials
1	0			NOC						
2	1763	8:00	8:10	8.39	10.0	2.0	QL	12.89	100	AH
3	0				NOC					
4	0			NOC						
5	2880	7:50	8:00	8.35	11.8	2.2	QL	12.53	100	AH.
6	1728	8:10	8:20	8.44	9.2	3.0	QL	13.01	100	AH
7	1571	8:00	8:10	8.54	6.4	2.5	QL	13.64	100	AH
8	1440	8:15	8:25	8.50	5.0	3.0	QL	14.01	100	A.H
9	0			NOC						
10	0			NOC						
11	0			NOC						
AH 12	5760	8:30	8:40	8.47	8.0	1.7	QL	13.41	100	AH.
13	4800	8.45	8.55	8.52	7.1	0.6	QL	14.01	100	AH
14	6171	8:20	8:30	8.45	6.7	1.4	QL	14.03	100	AH
15	4800	8:10	8:20	8.55	5.5	1.6	QL	14.65	100	AH
16	1571	8:15	8:25	8.54	6.1	1.6	QL	14.59	100	AH
17	0			NOC						
18	0			NOC						
19	8640	8:20	8:30	8.52	7.4	1.9	QL	12.89	200	A.H.
20	3927	8:05	8:15	8.54	6.3	3.0	QL	13.88	200	AH
21	2880	7:50	8:00	8.47	7.5	2.2	QL	12.61	200	AH.
22	21,600	8:40	8:50	8.43	7.3	3.0	QL	12.98	200	AH.
23	21,600	8:00	8:10	8.44	7.2	2.5	QL	13.01	200	AH
24	0		NOC							
25	0			NOC						
26	0			NOC						
27	0			NOC						
28	0			NOC						
29	0			NOC						
30	0			NOC						
31	0			NOC						

Total	91,131			pH			Cl 2			Final
Avg	2,940			Min 8.35			Min 0.6	(Lo min)	(12.53)	Cl 2
Max	21,600			Max 8.55			~~Max~~			(<QL)
Min							Ex 1			

Signed: D. Alw Hay The information contained herein is true and correct. I am aware there are penalities for submitting false information, including the possibility of fine and/or imprisonment.

5.0
7.2

NOC — = NO Operator Present at Plant

North Plant & Facilities **THE TIDES INN, LLC.**

Month & Year: JAN 2015

Daily Check List

crl

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
LIFT STATION																															
Compressors																															
Number 1		✓			✓	✓	✓	✓				✓	✓	✓	✓	✓			✓	✓	✓	✓	✓								
Check Oil																															
Check Belts		✓			✓	✓	✓	✓				✓	✓	✓	✓	✓			✓	✓	✓	✓	✓								
Piping		✓			✓	✓	✓	✓				✓	✓	✓	✓	✓			✓	✓	✓	✓	✓								
Grease																															
Change Filter																															
Change Oil																															
Number 2		✓			✓	✓	✓	✓				✓	✓	✓	✓	✓			✓	✓	✓	✓	✓								
Check Oil																															
Check Belts		✓			✓	✓	✓	✓				✓	✓	✓	✓	✓			✓	✓	✓	✓	✓								
Piping		✓			✓	✓	✓	✓				✓	✓	✓	✓	✓			✓	✓	✓	✓	✓								
Grease																															
Change Filter																															
Change Oil																															
Control Panel		✓			✓	✓	✓	✓				✓	✓	✓	✓	✓			✓	✓	✓	✓	✓								
Sump Pump		✓			✓	✓	✓	✓				✓	✓	✓	✓	✓			✓	✓	✓	✓	✓								
water removal		✓			✓	✓	✓	✓				✓	✓	✓	✓	✓			✓	✓	✓	✓	✓								
Alarms		✓			✓	✓	✓	✓				✓	✓	✓	✓	✓			✓	✓	✓	✓	✓								
Check alarms		✓			✓	✓	✓	✓				✓	✓	✓	✓	✓			✓	✓	✓	✓	✓								
PLANT:																															
Surge Tank		✓			✓	✓	✓	✓				✓	✓	✓	✓	✓			✓	✓	✓	✓	✓								
Comminutor		✓			✓	✓	✓	✓				✓	✓	✓	✓	✓			✓	✓	✓	✓	✓								
Check Oil																															
Check Teeth		✓			✓	✓	✓	✓				✓	✓	✓	✓	✓			✓	✓	✓	✓	✓								
Change Oil																															
Remove Debris		✓			✓	✓	✓	✓				✓	✓	✓	✓	✓			✓	✓	✓	✓	✓								
Pumps:																															
Number 1		✓			✓	✓	✓	✓				✓	✓	✓	✓	✓			✓	✓	✓	✓	✓								
Discharge clear		✓			✓	✓	✓	✓				✓	✓	✓	✓	✓			✓	✓	✓	✓	✓								
Number 2		✓			✓	✓	✓	✓				✓	✓	✓	✓	✓			✓	✓	✓	✓	✓								
Discharge clear		✓			✓	✓	✓	✓				✓	✓	✓	✓	✓			✓	✓	✓	✓	✓								
Control Panel		✓			✓	✓	✓	✓				✓	✓	✓	✓	✓			✓	✓	✓	✓	✓								
Floats:																															
Float Alarms		✓			✓	✓	✓	✓				✓	✓	✓	✓	✓			✓	✓	✓	✓	✓								
Float Switches		✓			✓	✓	✓	✓				✓	✓	✓	✓	✓			✓	✓	✓	✓	✓								
Debris Removal		✓			✓	✓	✓	✓				✓	✓	✓	✓	✓			✓	✓	✓	✓	✓								
Check Timers		✓			✓	✓	✓	✓				✓	✓	✓	✓	✓			✓	✓	✓	✓	✓								
Blower		✓			✓	✓	✓	✓				✓	✓	✓	✓	✓			✓	✓	✓	✓	✓								
Check Oil																															
Check Belts		✓			✓	✓	✓	✓				✓	✓	✓	✓	✓			✓	✓	✓	✓	✓								
Piping		✓			✓	✓	✓	✓				✓	✓	✓	✓	✓			✓	✓	✓	✓	✓								
Grease																															
Change Filter																															
Change Oil																															
Check Timer		✓			✓	✓	✓	✓				✓	✓	✓	✓	✓			✓	✓	✓	✓	✓								

North Plant & Facilities **THE TIDES INN, LLC.**

Month & Year: JAN 2015

Daily Check List

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Digester		✓			✓	✓	✓	✓				✓	✓	✓	✓	✓			✓	✓	✓	✓	✓								
Sludge Level		✓			✓	✓	✓	✓				✓	✓	✓	✓	✓			✓	✓	✓	✓	✓								
Aeration Blower		✓			✓	✓	✓	✓				✓	✓	✓	✓	✓			✓	✓	✓	✓	✓								
Check Oil																															
Check Belts		✓			✓	✓	✓	✓				✓	✓	✓	✓	✓			✓	✓	✓	✓	✓								
Piping		✓			✓	✓	✓	✓				✓	✓	✓	✓	✓			✓	✓	✓	✓	✓								
Grease																															
Change Filter																															
Change Oil																															
Check Timer		✓			✓	✓	✓	✓				✓	✓	✓	✓	✓			✓	✓	✓	✓	✓								
Clarifier		✓			✓	✓	✓	✓				✓	✓	✓	✓	✓			✓	✓	✓	✓	✓								
RAS Blower (new)		✓			✓	✓	✓	✓				✓	✓	✓	✓	✓			✓	✓	✓	✓	✓								
Check Oil																															
Check Belts		✓			✓	✓	✓	✓				✓	✓	✓	✓	✓			✓	✓	✓	✓	✓								
Piping		✓			✓	✓	✓	✓				✓	✓	✓	✓	✓			✓	✓	✓	✓	✓								
Grease																															
Change Filter																															
Change Oil																															
Check Timer		✓			✓	✓	✓	✓				✓	✓	✓	✓	✓			✓	✓	✓	✓	✓								
RAS Blower (old)		✓			✓	✓	✓	✓				✓	✓	✓	✓	✓			✓	✓	✓	✓	✓								
Check Oil																															
Check Belts		✓			✓	✓	✓	✓				✓	✓	✓	✓	✓			✓	✓	✓	✓	✓								
Piping		✓			✓	✓	✓	✓				✓	✓	✓	✓	✓			✓	✓	✓	✓	✓								
Grease																															
Change Filter																															
Change Oil																															
Check Timer		✓			✓	✓	✓	✓				✓	✓	✓	✓	✓			✓	✓	✓	✓	✓								
Flow Meter		1			1	1	1	1				1	1	1	1	1			1	1	1	1	1		1	1	1		1		
Total		7			7	7	7	8				8	8	8	8	8			8	8	8	8	8		8	8	8	8	8		
		8			9	9	9	0				1	1	1	1	2			2	2	3	3	3		4	4	4	4	4		
		7			7	7	8	2				1	3	5	8	0			6	8	0	2	4		0	2	4	4	4		
		4			7	2	7	1				2	5	8	1	2			2	2	0	1	0		3	4	8	6	8		
		0			2	8	3	0				7	8	3	3	3			1	5	5	0	9		7	8	2	8	7		
Pond		0			3	3	3	5				7	0	6	1	6			9	5	1	4	5		9	0	7	8	6		
Check Aerator		✓			✓	✓	✓	✓				✓	✓	✓	✓	✓			✓	✓	✓	✓	✓					4	8		
Inspect Berm		✓			✓	✓	✓	✓				✓	✓	✓	✓	✓			✓	✓	✓	✓	✓								
Debris Removal		✓			✓	✓	✓	✓				✓	✓	✓	✓	✓			✓	✓	✓	✓	✓								
Chlorinator		✓			✓	✓	✓	✓				✓	✓	✓	✓	✓			✓	✓	✓	✓	✓								
Chlorine Tabs		✓			✓	✓	✓	✓				✓	✓	✓	✓	✓			✓	✓	✓	✓	✓								
Dechlor Tabs		✓			✓	✓	✓	✓				✓	✓	✓	✓	✓			✓	✓	✓	✓	✓								
Debris Removal		✓			✓	✓	✓	✓				✓	✓	✓	✓	✓			✓	✓	✓	✓	✓								
Lab		✓			✓	✓	✓	✓				✓	✓	✓	✓	✓			✓	✓	✓	✓	✓								
Check Heater		✓			✓	✓	✓	✓				✓	✓	✓	✓	✓			✓	✓	✓	✓	✓								
Check Water																															
Backflow Preventer		✓																													
Inspect Monthly		✓																													
Certify Annually																															
Operator's Initials		AH			AH	AH	AH	AH				AH	AH	AH	AH	AH			AH	AH	AH	AH	AH								

NOC

New meter installed

THE TIDES INN
(North) WASTEWATER TREATMENT PLANT

Month: Jan 2015

Day	Initials Sampler Analyst	TRC Spec Check 1	TRC Spec Check 2	pH Meter Calibration: Buffer Values 1	Buffer Temp 1	Buffer Values 2	Buffer Temp 2	Buffer Values 3	Buffer Temp 3	7 Check	D.O. Meter Calibration: Temp	(mg/L)
1				NA								
2	A.H	0.19	0.90	6.94	21.8	9.99	21.8	4.19	21.8	7.00	22.0	8.65
3				NA								
4				NA								
5	A.H	0.19	0.85	6.99	21.8	10.00	21.8	4.20	21.8	7.00	21.5	8.71
6	A.H.	0.18	0.88	6.95	22.0	9.96	22.0	4.18	22.0	7.00	21.0	8.71
7	A.H.	0.18	0.88	6.96	22.1	9.99	22.1	4.19	22.1	7.00	22.0	8.69
8	A.H.	0.19	0.90	7.00	22.5	10.00	22.5	4.19	22.5	7.00	22.1	8.68
9				NA								
10				NA								
11				NA								
12	A.H	0.18	0.88	6.96	21.8	9.96	21.8	4.20	21.8	7.00	22.0	8.65
13	A.H	0.19	0.90	7.01	22.0	10.00	22.0	4.20	22.0	7.01	22.0	8.70
14	A.H.	0.18	0.88	7.02	23.0	10.01	23.0	4.23	23.0	7.02	22.1	8.69
15	A.H	0.18	0.89	6.98	22.4	9.97	22.4	4.21	22.4	7.00	22.0	8.70
16	A.H	0.19	0.90	7.02	22.6	10.00	22.6	4.21	22.6	7.00	22.7	8.73
17				NA								
18					NA							
19	A.H	0.18	0.88	6.96	22.4	9.96	22.4	4.26	22.4	7.00	22.7	8.73
20	A.H	0.19	0.89	7.00	22.4	10.01	22.4	4.08	22.4	7.00	22.0	8.67
21	A.H.	0.19	0.90	7.01	22.3	10.00	22.3	4.00	22.3	7.00	22.4	8.70
22	A.H	0.18	0.89	7.00	22.4	10.00	22.4	4.00	22.4	7.00	22.4	8.70
23	A.H	0.18	0.90	6.95	22.0	10.01	23.0	4.03	23.0	7.00	22.9	8.65
24												
25												
26					NA							
27												
28												
29												
30												
31												

Reviewed by: D. Allen Hall

Position or Title: 1/31/15

Date of Review: D. Allen Hall (WWTP Operator)

THE TIDES INN, LLC.

Operator's Log

Check List: Repairs, Updates, Equipment Failures, & Etc.

Month & Year: JAN 2015 crl

Day	Descriptions of Work
1)	No discharge (No operator present
2)	Ran daily Sample & Stopped Flow Before Leaving For No discharge next 2 days
3	NO
4	NO
5	Reset flow to discharge & Ran daily Sample, tested all equipment, pond & Pump Station (Water 40°)
6)	Ran daily Sample, very low flow & tested all equipment, & pump Station all ok. Cold 35° windy.
7)	Ran daily & monthly Samples Sen. Newport News (Neil took Samples for me) Harvested trough. All System good, Checked pump Station & ponds, Re Filled Chlorinator & pond 38° (cold)
8)	Ran daily Sample & Harvested tanks at Plant 8° temp. this may but tank Start Flowing, All System working despite 8° temp. Here Lamp at all Plants compound (8° 3 Hours cold)
9/10/11	Holiday weekend NO discharge)
12)	Ran daily Sample after Lowering pipe to Start discharge at 5:00 am. 8:30 went back & Sample & all Plant, pump Station & pond Checked, all ok. Allow low water to Depart. (Ran all day 40°)
13)	Ran daily Sample, tested all equipment, checked pump Stations, ponds, worked on Heat tapes & Replaced Chlorine at Plant filled Tablets & Checked Fuel, Ran only cold 38°
14)	Ran daily Sample & tested all equipment this took 2 hours because of ice on all components, thawed Backwash pump intake NO Sample to Depart flow ice. 28 1/2 hrs (1 1/2 ice)
15)	Ran daily Sample & weekly Sample left at 1:00 to take to Newport News, Ice 38 Sunny
16)	Ran daily Sample & Stopped all flow when I left at 3 pm, Plant Running good & comfort for Ran machine on Cold Night. Cold Sunny 32°
17 & 18th	Holiday Weekend (no discharge)
19)	Returned at 5:30 Lower pipe & Started Flow Went back at 8:30 Sampled & noticed the decision tanks Had Closed up & Released all at once Long Some Blue in discharge, Briefly, No problem when this 5 mins worth of Blue water, Rained 1/4 over weekend, Pond Full. Temp 40°.
20)	All System good, Checked all Compounds & pump Station & pond all ok. 45° Hot Sunny
21)	Ran daily & weekly Sample to Newport News, All System good, Cold & Clear Cloudy 40°
22)	Ran daily Sample & lowered pond for 1 week of Holiday Starting Sat. NO Flow will be from 25th through 31st, I will be on Vacation. 32° Foggy today.
23)	Finish pump down Ry next 8th, this will give me enough Room to hold water in pond while I am on Vacation from 24th to Feb 2/5. Neil will be checking all Compounds of Plants while I am in Florida, He will Report to me daily problem if any, NO discharge at either Plant. So NO Sample taken to Newport News, Cloudy 38° Rain Sunny
24	No Discharge 31° After at Vacation.

REPORT OF ANALYSIS

CLIENT: Tides Inn, Inc.
ATTN: Allen Hall
ADDRESS: 480 King Carter Drive
Irvington, VA 22480
PHONE: 1-804-438-4463
FAX: ahall@tidesinn.com (don't fax)

Special Notes: RE: MONTHLY NORTH PLANT

SAMPLE COLLECTED BY: CLIENT
GRAB COLLECTION:
Date: 1/7/2015 Time: 1001
COMPOSITE COLLECTION:
Start Date: Time:
End Date: Time:

PICK UP BY: CLIENT
SAMPLE RECEIPT:
Date: 1/7/2015 Time: 1130
NUMBER OF CONTAINERS: 7
SAMPLE CONDITION ✓ Good Other (See C-O-C)
REPORT NO: 15-00202 17:54

SAMPLE ID: CREEK OUTFALL 001
SAMPLE NO: 15-00202

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
Ammonia	*4500NH3D	0.10	0.30	mg/L	ARC	01/08/15	0830
BOD5	**5210B	2	3	mg/L	JMS	01/07/15	1430
TSS	*2540D	1.0	2.1	mg/L	JMS	01/08/15	1730
Fecal Coliform	*9221C+E	1.8	<1.8	MPN/100mL	JMS	01/07/15	1315
Oil & Grease HEM	1664A	5.0	< 5.0	mg/L	PRM	01/08/15	1500
Enterococci	Enterolert	1	1	MPN/100mL	JW	01/07/15	1300

NOTES:

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

Reproduction of this report is not permitted, except in full, without written approval from James R Reed & Associates.

The results on this report relate only to the sample(s) provided for analysis.

Results conform to NELAC standards, where applicable, unless otherwise indicated.

*SM 1997(TSS,Ammonia), SM 2006(Fecal)

**SM 2001

Authorized By: for Elaine Claiborne, Laboratory Director

Date: 13-Jan-15

James R. Reed & Associates
770 Pilot House Drive, Newport News, VA 23606
(757) 873-4703 ● Fax: (757) 873-1498

VELAP# 460013
EPA# VA00015

CHAIN OF CUSTODY

ANALYSES REQUESTED

Company Name: The Tides Inn-NORTH PLANT
Company Contact: Allen Hall Telephone: 804-438-4463
Results To: Allen Hall Fax: 804-438-4438
Address: 480 King Carter
Irvington, Va 22480
Project ID: **Monthly North Plant**

Bottle ID	A	B	C	D	E1-2	F
Preserv.	1,3	1	1	1,5	1,3	1,5

JRA ID # 15	Sample Type*	Sample Location	Composite Start Date	Composite Start Time	Composite End Date	Composite End Time	Grab Date	Grab Time	Total # of cont.	NH3 <0.5ppm Chlorine	BOD	TSS	Fecal Coliform	Oil and Grease pH<2 H_2SO_4	Enterococci
00202	WW	Creek Outfall 001					1/7/15	10:01	7	X	X	X	X	X	X

*WW= Wastewater, GW = Groundwater, DW - Drinking Water, HW - Hazardous Waste, OTHERS

Sampled By: Allen Hall Date/Time: 1/7/15 10:01
Relinquished By: Neal Hoose Date/Time: 1/7/15 11:30
Received By: [illegible] Date/Time: 1-7-15 1130
Relinquished By: Date/Time:
Received By: Date/Time:

Preservatives:
1 = <6°C 6 = $Na_2S_2O_3$ + HCl 10=Ascorbic Acid + HCl
2 = HNO_3 7 = NaOH + ZnOAc 11=HCl
3 = H_2SO_4 8 = H_2SO_4 + FAS 12=Zinc Acetate + NaOH
4 = NaOH 9 = NH_4Cl 13=Na_2SO_3 + HCl
5 = $Na_2S_2O_3$ 14=Na_2SO_3 + H_2SO_4

✓ for Compliance
___ Not for Compliance

CN Interference Check: Positive Negative
Sulfide: ___ ___
Oxidizing Agent: ___ ___

Arrival Temp: 1.0 °C

JAMES R. REED and ASSOCIATES (757) 873-4703; FAX (757) 873-1498
770 Pilot House Drive, Newport News, VA 23606

REPORT OF ANALYSIS

CLIENT: Tides Inn, Inc.
ATTN: Allen Hall
ADDRESS: 480 King Carter Drive
Irvington, VA 22480
PHONE: 1-804-438-4463
FAX: ahall@tidesinn.com (don't fax)
Special Notes: RE: WEEKLY NORTH PLANT

SAMPLE COLLECTED BY: CLIENT
GRAB COLLECTION:
Date: 1/15/2015 Time: 1001
COMPOSITE COLLECTION:
Start Date: Time:
End Date: Time:
PICK UP BY: CLIENT
SAMPLE RECEIPT:
Date: 1/15/2015 Time: 1100
NUMBER OF CONTAINERS: 2
SAMPLE CONDITION: ☑ Good ☐ Other (See C-O-C)
REPORT NO: 15-00679 13:37

SAMPLE ID: CREEK OUTFALL 001
SAMPLE NO: 15-00679

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
Fecal Coliform	*9221C+E	1.8	<1.8	MPN/100mL	JW	01/15/15	1150
Enterococci	Enterolert	1	6	MPN/100mL	JMS	01/15/15	1135

NOTES:

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

Reproduction of this report is not permitted, except in full, without written approval from James R Reed & Associates.

The results on this report relate only to the sample(s) provided for analysis.

Results conform to NELAC standards, where applicable, unless otherwise indicated.

*SM 2006

Authorized By: Elaine Claiborne
Elaine Claiborne, Laboratory Director
Date: 20-Jan-15

James R. Reed & Associates
770 Pilot House Drive, Newport News, VA 23606
(757) 873-4703 • Fax: (757) 873-1498

VELAP# 460013
EPA# VA00015

CHAIN OF CUSTODY

Company Name: The Tides Inn-NORTH PLANT
Company Contact: Allen Hall Telephone: 804-438-4463
Results To: Allen Hall Fax: 804-438-4438
Address: 480 King Carter
Irvington, Va 22480
Project ID: **Weekly North Plant**

ANALYSES REQUESTED

Bottle ID	A	B
Preserv.	1,5	1,5

JRA ID #14-15	Sample Type*	Sample Location	Composite Start Date	Composite Start Time	Composite End Date	Composite End Time	Grab Date	Grab Time	Total # of cont.	Fecal Coliform	Enterococci
00079	WW	Creek Outfall 001					1/15/15	1001	2	X	X

*WW = Wastewater, GW = Groundwater, DW - Drinking Water, HW - Hazardous Waste, OTHERS

Sampled By: Allen Hall Date/Time: 1/15/15 1001
Relinquished By: Allen Hall Date/Time: 1/15/15 1100
Received By: [illegible] Date/Time: 1-15-15 1100
Relinquished By: Date/Time:
Received By: Date/Time:

Preservatives:
1 = <6°C 6 = $Na_2S_2O_3$ + HCl 10=Ascorbic Acid + HCl
2 = HNO_3 7 = NaOH + ZnOAc 11=HCl
3 = H_2SO_4 8 = H_2SO_4 + FAS 12=Zinc Acetate + NaOH
4 = NaOH 9 = NH_4Cl 13=Na_2SO_3 + HCl
5 = $Na_2S_2O_3$ 14=Na_2SO_3 + H_2SO_4

✓ for Compliance
___ Not for Compliance

CN Interference Check: Positive Negative
Sulfide: ___ ___
Oxidizing Agent: ___ ___

Arrival Temp: 1.8 °C

JAMES R. REED and ASSOCIATES (757) 873-4703; FAX (757) 873-1498
770 Pilot House Drive, Newport News, VA 23606

REPORT OF ANALYSIS

CLIENT: Tides Inn, Inc.
ATTN: Allen Hall
ADDRESS: 480 King Carter Drive
Irvington, VA 22480
PHONE: 1-804-438-4463
FAX: ahall@tidesinn.com (don't fax)
Special Notes: RE: WEEKLY NORTH PLANT

SAMPLE COLLECTED BY: CLIENT
GRAB COLLECTION:
Date: 1/21/2015 Time: 1001
COMPOSITE COLLECTION:
Start Date: Time:
End Date: Time:
PICK UP BY: CLIENT
SAMPLE RECEIPT:
Date: 1/21/2015 Time: 1050
NUMBER OF CONTAINERS: 2
SAMPLE CONDITION: ☑ Good ☐ Other (See C-O-C)
REPORT NO: 15-00977 16:06

SAMPLE ID: CREEK OUTFALL 001
SAMPLE NO: 15-00977

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
Fecal Coliform	*9221C+E	1.8	<1.8	MPN/100mL	JMS	01/21/15	1215
Enterococci	Enterolert	1	3	MPN/100mL	JW	01/21/15	1210

NOTES:

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

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Results conform to NELAC standards, where applicable, unless otherwise indicated.

*SM 2006

Authorized By: Elaine Claiborne
Elaine Claiborne, Laboratory Director
Date: 26-Jan-15

James R. Reed & Associates
770 Pilot House Drive, Newport News, VA 23606
(757) 873-4703 ● Fax: (757) 873-1498

VELAP# 460013
EPA# VA00015

CHAIN OF CUSTODY

Company Name: The Tides Inn-NORTH PLANT
Company Contact: Allen Hall Telephone: 804-438-4463
Results To: Allen Hall Fax: 804-438-4438
Address: 480 King Carter
Irvington, Va 22480
Project ID: **Weekly North Plant**

ANALYSES REQUESTED

Bottle ID	A	B
Preserv.	1,5	1,5

JRA ID #14-15	Sample Type*	Sample Location	Composite Start Date	Composite Start Time	Composite End Date	Composite End Time	Grab Date	Grab Time	Total # of cont.	Fecal Coliform	Enterococci
00977	WW	Creek Outfall 001					1/21/15	1001	2	X	X

1-21-15 (A1)

WW = Wastewater, GW = Groundwater, DW - Drinking Water, HW - Hazardous Waste, OTHERS

Sampled By: Allen Hall Date/Time: 1/21/15 1001
Relinquished By: Allen Hall Date/Time: 1/21/15 10:50
Received By: Mandy Hall Date/Time: 1-21-15 1050
Relinquished By: Date/Time:
Received By: Date/Time:

Preservatives:

1 = <6°C	6 = $Na_2S_2O_3$ + HCl	10=Ascorbic Acid + HCl
2 = HNO_3	7 = NaOH + ZnOAc	11=HCl
3 = H_2SO_4	8 = H_2SO_4 + FAS	12=Zinc Acetate + NaOH
4 = NaOH	9 = NH_4Cl	13=Na_2SO_3 + HCl
5 = $Na_2S_2O_3$		14=Na_2SO_3 + H_2SO_4

✓ for Compliance
___ Not for Compliance

CN Interference Check: Positive Negative
Sulfide: ___ ___
Oxidizing Agent: ___ ___

Arrival Temp: 1.0 °C

JAMES R. REED and ASSOCIATES (757) 873-4703; FAX (757) 873-1498
770 Pilot House Drive, Newport News, VA 23606

CHAIN OF CUSTODY

Company Name: The Tides Inn-NORTH PLANT
Company Contact: Allen Hall Telephone: 804-438-4463
Results To: Allen Hall Fax: 804-438-4438
Address: 480 King Carter
Irvington, Va 22480
Project ID: **Weekly North Plant**

ANALYSES REQUESTED

Bottle ID	A	B
Preserv.	1,5	1,5
	Fecal Coliform	Enterococci

JRA ID #~~14~~ 15	Sample Type*	Sample Location	Composite Start Date	Composite Start Time	Composite End Date	Composite End Time	Grab Date	Grab Time	Total # of cont.	Fecal Coliform	Enterococci
0997	WW	Creek Outfall 001					1/21/15	1001	2	X	X

1-21-15 (A1)

WW = Wastewater, GW = Groundwater, DW - Drinking Water, HW - Hazardous Waste, OTHERS

Sampled By: Allen Hall Date/Time: 1/21/15 1001
Relinquished By: Allen Hall Date/Time: 1/21/15 10:50
Received By: Mindy Hall Date/Time: 1-21-15 1050
Relinquished By: Date/Time:
Received By: Date/Time:

Preservatives:

1 = <6°C	6 = $Na_2S_2O_3$ + HCl	10=Ascorbic Acid + HCl
2 = HNO_3	7 = NaOH + ZnOAc	11=HCl
3 = H_2SO_4	8 = H_2SO_4 + FAS	12=Zinc Acetate + NaOH
4 = NaOH	9 = NH_4Cl	13=Na_2SO_3 + HCl
5 = $Na_2S_2O_3$		14=Na_2SO_3 + H_2SO_4

✓ for Compliance
___ Not for Compliance

CN Interference Check: Positive Negative
Sulfide: ____ ____
Oxidizing Agent: ____ ____

Arrival Temp: 1.0 °C

JAMES R. REED and ASSOCIATES (757) 873-4703; FAX (757) 873-1498
770 Pilot House Drive, Newport News, VA 23606

REPORT OF ANALYSIS

CLIENT: Tides Inn, Inc.
ATTN: Allen Hall
ADDRESS: 480 King Carter Drive
Irvington, VA 22480
PHONE: 1-804-438-4463
FAX: ahall@tidesinn.com (don't fax)
Special Notes: RE: WEEKLY NORTH PLANT

SAMPLE COLLECTED BY: CLIENT
GRAB COLLECTION:
Date: 1/21/2015 Time: 1001
COMPOSITE COLLECTION:
Start Date: Time:
End Date: Time:
PICK UP BY: CLIENT
SAMPLE RECEIPT:
Date: 1/21/2015 Time: 1050
NUMBER OF CONTAINERS: 2
SAMPLE CONDITION: ☑ Good ☐ Other (See C-O-C)
REPORT NO: 15-00977 16:06

SAMPLE ID: CREEK OUTFALL 001
SAMPLE NO: 15-00977

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
Fecal Coliform	*9221C+E	1.8	<1.8	MPN/100mL	JMS	01/21/15	1215
Enterococci	Enterolert	1	3	MPN/100mL	JW	01/21/15	1210

NOTES:

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

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The results on this report relate only to the sample(s) provided for analysis.

Results conform to NELAC standards, where applicable, unless otherwise indicated.

*SM 2006

Authorized By: Elaine Claiborne
Elaine Claiborne, Laboratory Director
Date: 26-Jan-15

James R. Reed & Associates
770 Pilot House Drive, Newport News, VA 23606
(757) 873-4703 ● Fax: (757) 873-1498

VELAP# 460013
EPA# VA00015

Section 1

Topography

08/15

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

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

NAME: The Tides Utilities LLC North WWTP
ADDRESS: PO Box 300
Irvington, VA 22480

FACILITY LOCATION: Waterview Point In
Weems, VA 22576

VA0029343	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2015	08	01	TO	2015	08	31

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

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	REPORTD	0.0031	0.0288	MGD	*****	*****	*****		0	1/DAY	EST	
PARAM CODE: 001	REQRMNT	0.0325	NL		*****	*****	*****			1/DAY	EST	
pH	REPORTD	*****	*****		7.89	*****	8.68	SU	0	1/DAY	GRAB	
PARAM CODE: 002	REQRMNT	*****	*****		6.0	*****	9.0			1/DAY	GRAB	
BOD5	REPORTD	20	20	G/D	*****	2	2	MG/L	0	1/M	GRAB	
PARAM CODE: 003	REQRMNT	2900	4400		*****	24	36			1/M	GRAB	
TSS	REPORTD	20	20	G/D	*****	2.2	2.2	MG/L	0	1/M	GRAB	
PARAM CODE: 004	REQRMNT	2900	4400		*****	24	36			1/M	GRAB	
CL2, TOTAL	REPORTD	*****	*****		*****	<QL	<QL	UG/L	0	1/DAY	GRAB	
PARAM CODE: 005	REQRMNT	*****	*****		*****	1.4	1.7			1/DAY	GRAB	
COLIFORM, FECAL	REPORTD	*****	*****		*****	3	*****	N/CML	0	4/M	GRAB	
PARAM CODE: 006	REQRMNT	*****	*****		*****	200	*****			4/M	GRAB	
DO	REPORTD	*****	*****		6.24	*****	*****	MG/L	0	1/DAY	GRAB	
PARAM CODE: 007	REQRMNT	*****	*****		6.0	*****	*****			1/DAY	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
OUTFALL-SPECIFIC COMMENTS::
PARAMETER-SPECIFIC COMMENTS:

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

OPERATOR IN RESPONSIBLE CHARGE

TYPED OR PRINTED NAME	CERTIFICATE NUMBER
D.Allen Hall	1965005465

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TYPED OR PRINTED NAME	SIGNATURE	TELEPHONE	Date
		804-438-4463	2015-09-03 08:51:19

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.

Page 1

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

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Piedmont Regional Office
4949-A Cox Road

Glen Allen, VA 23060

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

NAME: The Tides Utilities LLC North WWTP
ADDRESS: PO Box 300
Irvington, VA 22480

FACILITY LOCATION: Waterview Point In
Weems, VA 22576

VA0029343	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2015	08	01	TO	2015	08	31

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

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	LAB CODE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
AMMONIA, AS N	REPORTD	*****	*****		*****	<0.10	<0.10	MG/L	0	1/M	GRAB	
PARAM CODE: 039	REQRMNT	*****	*****		*****	1.15	1.15			1/M	GRAB	
ENTEROCOCCI	REPORTD	*****	*****		*****	19	*****	N/CML	0	4/M	GRAB	
PARAM CODE: 140	REQRMNT	*****	*****		*****	35	*****			4/M	GRAB	
CL2, TOTAL CONTACT	REPORTD	*****	*****		1.5	*****	*****	MG/L	0	1/DAY	GRAB	
PARAM CODE: 157	REQRMNT	*****	*****		1.5	*****	*****		3	1/DAY	GRAB	
CL2, INST TECH MIN LIMIT	REPORTD	*****	*****		1.5	*****	*****	MG/L	0	1/DAY	GRAB	
PARAM CODE: 213	REQRMNT	*****	*****		0.60	*****	*****			1/DAY	GRAB	
OIL & GREASE	REPORTD	*****	*****		*****	<5.0	<5.0	MG/L		1/M	GRAB	
PARAM CODE: 500	REQRMNT	*****	*****		*****	NL	NL			1/M	GRAB	

GENERAL PERMIT REQUIREMENTS OR COMMENTS:
OUTFALL-SPECIFIC COMMENTS::
PARAMETER-SPECIFIC COMMENTS:

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

OPERATOR IN RESPONSIBLE CHARGE

TYPED OR PRINTED NAME	CERTIFICATE NUMBER
D.Allen Hall	1965005465

PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TYPED OR PRINTED NAME	SIGNATURE	TELEPHONE	Date
		804-438-4463	2015-09-03 08:51:19

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.

Page 2

Section 1

Back-up Data – August 2015

Aug 2015 North PhA

8/5/15

Bod = 2 × 3.785 × 0.0023 = .02 × 1000 = 20
TSS = 2.2 × 3.785 × 0.0023 = .02 × 1000 = 20

Ammonia = <0.10
Oil & Grease = <5.0
Fecal = 1
Enterococci = 122

8/12/15
Fecal = 49
Enterococci = 60

8/19/15 Fecal = 1
Enterococci = 19

8/26/15 Fecal = 1
Enterococci = 1

Fecal Geometric Mean = 3
Enterococci " " = 19

THE TIDES INN, LLC.

North Plant & Facilities
Calibrations & Sewage Treatment Plant Report
Month & Year: Aug 2015

	Flow	Effluent							Influent	
Day of Month	Total Metered Flow	Time Collected	Time Sampled	pH	Temperature	Total Chlorine Residual	Dechlor Final Residual	Dissolved Oxygen	Settl. Solids - 30 Min	Operator's Initials
1	2273	9:20	9:22	8.03	24.0	2.2	QL	6.36	150	CS
2	2160	8:58	9:02	8.03	25.2	2.4	QL	6.36	150	CS
3	2057	8:00	8:10	8.24	24.6	1.5	QL	7.32	150	AH.
4	2468	8:15	8:25	8.29	25.4	3.0	QL	7.28	150	AH
5	2273	7:46	7:58	8.09	25.5	2.2	QL	6.87	150	AH
6	5082	8:00	8:10	8.08	24.1	2.2	QL	6.54	150	AH
7	28,800	9:00	9:10	8.08	24.3	3.5	QL	6.47	150	AH
8	5400	8:55	9:03	8.00	26.4	2.2	QL	6.30	225	CS
9	2900	8:50	9:02	8.03	23.3	2.2	QL	6.24	225	CS
10	2880	8:00	8:10	8.26	23.7	2.2	QL	7.32	225	AH
11	4114	8:00	8:10	8.25	23.9	3.5	QL	7.39	225	AH
12	2160	8:00	8:10	8.05	23.0	2.2	QL	6.41	225	AH
13	1440	8:20	8:30	8.00	22.8	1.8	QL	6.57	225	AH
14	2160	8:10	8:20	8.13	21.5	1.6	QL	7.49	225	AH
15	1440	8:10	8:22	8.18	22.6	2.2	QL	7.33	225	CS
16	1440	10:00	10:17	8.22	26.5	2.2	QL	7.09	225	CS
17	1571	8:00	8:10	8.52	23.1	3.0	QL	7.19	225	AH
18	1571	8:20	8:30	8.23	23.2	2.5	QL	7.21	225	AH
19	2057	7:50	8:00	8.27	24.5	2.2	QL	8.17	225	AH
20	2787	8:10	8:20	8.01	24.6	2.2	QL	8.53	225	AH
21	1440	8:00	8:09	8.00	24.5	2.2	QL	8.87	225	AH
22	1440	8:30	8:42	7.89	23.6	2.2	QL	7.41	225	CS
23	1571	10:55	10:55	7.94	25.1	2.2	QL	7.09	225	CS
24	1440	8:30	8:40	8.23	23.4	2.2	QL	7.87	225	AH
25	1571	8:50	9:00	8.22	24.8	3.5	QL	7.91	225	AH
26	1440	7:45	7:55	8.33	22.3	2.2	QL	7.26	225	AH
27	1440	8:05	8:15	8.03	21.8	2.2	QL	7.57	225	AH
28	2057	8:00	8:10	7.99	20.9	2.2	QL	7.20	225	AH
29	2273	9:00	9:13	8.44	22.0	2.2	QL	7.35	125	CS
30	1440	8:40	8:52	7.95	22.5	2.2	QL	7.48	125	CS
31	1571	8:10	8:20	8.27	24.0	4.0	QL	7.39	125	AH

Total	64716			pH			Cl 2	DO		Final
Avg	3055			Min 7.89			Min 1.5	Min 6.24		Cl 2
Max	28,800			Max 8.52			~~Max~~			<0.1
Min							ex D			

Signed: D. [illegible] The information contained herein is true and correct. I am aware there are penalities for submitting false information, including the possibility of fine and/or imprisonment.

* Note 7th yr of Raw.

North Plant & Facilities **THE TIDES INN, LLC.**

Month & Year: Aug 2015

Daily Check List

crl

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
LIFT STATION																															
Compressors																															
Number 1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Check Oil																															
Check Belts	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Piping	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Grease																															
Change Filter																															
Change Oil																															
Number 2	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Check Oil																															
Check Belts	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Piping	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Grease																															
Change Filter																															
Change Oil																															
Control Panel	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sump Pump	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
water removal	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Alarms	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Check alarms	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
PLANT:																															
Surge Tank	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Comminutor	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Check Oil																															
Check Teeth	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Change Oil																															
Remove Debris	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pumps:																															
Number 1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Discharge clear	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Number 2	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Discharge clear	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Control Panel	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Floats:																															
Float Alarms	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Float Switches	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Debris Removal	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Check Timers	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Blower	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Check Oil																															
Check Belts	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Piping	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Grease													✓	✓	✓																
Change Filter													✓	✓	✓																
Change Oil													✓	✓	✓																
Check Timer	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

North Plant & Facilities **THE TIDES INN, LLC.**

Month & Year: Aug 2016

Daily Check List

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Digester	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sludge Level	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Aeration Blower	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Check Oil														✓	✓	✓															
Check Belts	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Piping	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓															
Grease														✓	✓	✓															
Change Filter														✓	✓	✓															
Change Oil														✓																	
Check Timer	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Clarifier	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
RAS Blower (new)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Check Oil																															
Check Belts	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Piping	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Grease														✓																	
Change Filter														✓																	
Change Oil														✓																	
Check Timer	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
RAS Blower (old)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Check Oil																															
Check Belts	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Piping	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Grease														✓																	
Change Filter														✓																	
Change Oil														✓																	
Check Timer	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Flow Meter	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	5	5	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
	8	9	0	1	1	2	2	3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
	9	3	4	7	0	2	2	3	9	2	3	5	8	7	8	9	0	0	0	0	0	6	0	2	3	4	5	4	4	5	7
Pond	5	1	4	1	4	8	7	1	8	0	2	1	6	7	2	8	2	4	2	1	8	3	7	3	9	1	6	8	4	4	7
Check Aerator	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Inspect Berm	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Debris Removal	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chlorinator	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chlorine Tabs	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dechlor Tabs	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Debris Removal	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lab																															
Check Heater	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Check Water	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Backflow Preventer	✓	8	8																												
Inspect Monthly	✓	8																													
Certify Annually																															
Operator's Initials	CS	CS	AH	AH	AH	AH	AH	CS	CS	AH	AH	AH	AH	CS	CS	AH	AH	AH	AH	AH	CS	CS	AH	AH	AH	AH	AH	CS	CS	AH	

14th Changed all oils in Blowers at Plant.

THE TIDES INN
WASTEWATER TREATMENT PLANT

(North)

Month: Aug 2015

Day	Initials Sampler Analyst	TRC Spec Check 1	TRC Spec Check 2	pH Meter Calibration: Buffer Values 1	Buffer Temp 1	Buffer Values 2	Buffer Temp 2	Buffer Values 3	Buffer Temp 3	7 Check	D.O. Meter Calibration: Temp	(mg/L)
1	CS	0.15	0.86	8.64	22.5	9.49	22.9	4.03	22.9	6.99	22.2	8.50
2	CS	0.29	0.98	7.05	21.7	9.52	21.7	4.15	21.6	6.99	21.2	5.92
3	A.H.	0.18	0.86	7.01	21.7	10.05	21.7	4.00	21.7	7.00	21.3	8.61
4	A.H.	0.19	0.90	7.01	21.8	10.06	21.8	4.01	21.8	7.01	21.8	8.64
5	A.H.	0.18	0.87	7.01	21.5	10.04	21.5	4.01	21.5	7.00	21.5	8.64
6	A.H.	0.19	0.90	7.01	22.1	10.03	22.1	4.01	22.1	6.95	22.5	8.69
7	A.H.	0.18	0.88	7.01	22.1	10.03	22.1	4.00	22.1	7.00	22.1	8.67
8	CS	0.16	0.86	8.64	22.0	9.55	22.3	4.14	22.3	6.99	21.7	5.91
9	CS	0.15	0.81	7.06	22.0	9.53	22.1	4.19	21.7	7.02	21.7	5.31
10	A.H.	0.18	0.88	7.01	22.3	10.06	22.3	4.00	22.3	6.98	22.3	8.65
11	A.H.	0.18	0.89	7.01	22.3	10.06	22.3	4.01	22.3	6.99	22.3	8.65
12	A.H.	0.17	0.87	7.01	22.4	10.05	22.4	4.01	22.4	7.00	22.4	8.71
13	A.H.	0.18	0.88	7.01	22.2	10.04	22.4	4.01	22.2	7.00	22.3	8.70
14	A.H.	0.18	0.87	7.01	21.2	10.06	21.2	4.00	21.2	6.99	22.1	8.68
15	CS	0.18	0.86	8.85	22.6	9.93	23.0	4.15	23.0	7.01	22.8	5.44
16	CS	0.19	0.91	8.83	20.8	9.92	21.1	4.08	21.0	7.03	21.2	6.03
17	A.H.	0.18	0.90	7.01	21.7	10.00	21.7	4.00	21.7	6.97	21.7	8.61
18	A.H.	0.18	0.89	7.01	21.9	10.06	21.9	4.00	21.6	6.98	21.5	8.63
19	A.H.	0.17	0.88	7.01	22.0	10.05	22.0	4.00	22.0	7.00	22.0	8.65
20	A.H.	0.18	0.86	7.01	22.3	10.05	22.3	4.01	22.3	7.00	22.3	8.67
21	A.H.	0.17	0.87	7.01	22.6	10.05	22.6	4.01	22.6	6.98	22.6	8.71
22	CS	0.22	0.89	6.98	22.6	9.55	22.6	4.17	22.6	6.97	22.5	8.60
23	CS	0.19	0.89	8.24	21.9	9.49	22.9	4.16	22.6	4.16	22.2	5.05
24	A.H.	0.18	0.90	7.00	22.8	10.01	22.8	4.01	22.8	6.97	22.9	8.65
25	A.H.	0.18	0.89	7.00	22.8	10.01	22.8	4.01	22.8	6.99	22.8	8.65
26	A.H.	0.18	0.88	7.00	21.5	10.01	21.5	4.01	21.9	7.00	21.5	8.61
27	A.H.	0.17	0.87	7.00	21.7	10.01	21.7	4.01	21.7	7.00	21.9	8.61
28	A.H.	0.18	0.85	7.01	21.9	10.01	21.5	4.01	21.5	7.00	21.5	8.62
29	CS	0.18	0.86	7.04	22.3	9.44	22.5	4.21	22.3	4.21	22.2	86.7
30	CS	0.20	0.85	8.36	22.1	9.49	22.5	4.16	22.5	6.97	22.3	85.4
31	A.H.	0.19	0.89	7.01	22.6	10.01	22.6	4.01	22.6	7.00	22.6	8.67

Reviewed by: D. Allen

Position or Title: WWTP Operator

Date of Review: 8-31-15

THE TIDES INN, LLC.

Operator's Log

Check List: Repairs, Updates, Equipment Failures, & Etc.

Month & Year: Aug 2015

crl

Day	Descriptions of Work
1	non daily sample check all equipt all ok
2	non daily sample check all equipt all ok
3	Raw daily sample, check all components at Plant, pump Station & pond, all ok (Air 82°)
4	Raw daily sample, tested all equipt, ponds, pump Station (Air 83°) (1 mm rainfall)
5	Raw daily & weekly samples at Plant, tested all equipt, pump Station, pond all ok (68° Hot)
6	Raw daily sample, tested all equipt, ponds, pump Station all (Rapid all day 80° Hot) (1.5" Rain)
7	Raw daily sample, tested all equipt, ponds, Rain today 4" Rain overnight, Clear now (cloudy)
8	non daily sample check all equipt all ok
9	non daily sample check all equipt all ok
10	Raw daily sample, tested all equipment, ponds, pump Station, all ok (Cloudy but clear day)
11	Raw daily sample, tested all equipt, ponds, pump Station, Heavy Rain 2" in 30 min (Rain)
12	Raw daily & weekly sample, checked all components at Plant & went to Pump Plant 88° Sunny
13	Raw daily sample at Plant tested all equipt, ponds & pump Station, all ok, Sunny 88° (no rain)
14	Raw daily sample, tested all equipt, ponds, pump Station, & Pump Plant (Sunny 90 Hot day)
15	non daily sample check all equipt all ok (Sunny)
16	non daily sample check all equipt all ok (Sunny)
17	Raw daily sample, tested all equipt, ponds & pump Stations, all ok (no Rain) 90°
18	Raw daily sample, tested all equipt, ponds & pump Station (Cloudy 88°)
19	Raw daily & weekly samples, tested all equipt, ponds & pump Station (Cloudy 88°) (Heavy
20	Raw daily sample, tested all equipt, ponds & pump Station all ok. (Cloudy 88°)
21	Raw daily sample, tested all equipt, ponds, pump Station & all systems good. Sunny 88°
22	non daily sample check all equipt all ok
23	Raw daily sample Sunny 88°
24	Raw daily sample, tested all equipt, ponds, pump Station, all ok. Sunny 85°
25	Raw daily sample, tested all equipt, pump Station, ponds, all ok (Sunny 84° Cooler)
26	Raw daily & weekly sample, went to Pump Plant, checked all pump Station, ponds (85° Sunny)
27	Raw daily sample, tested all equipt, ponds, pump Station, pump house, Stabilization (Sunny 84)
28	Raw daily sample, tested all equipt, ponds & pump Station, all systems good, Sunny 88°
29	non daily sample check all equipt all ok
29	non daily sample check all equipt all ok
30	non daily sample check all equipt all ok
31	Raw daily sample, tested all equipt, checked pump Stations, ponds & all systems in good working order, Cloudy Skies 80°

REPORT OF ANALYSIS

CLIENT: Tides Inn, Inc.
ATTN: Allen Hall
ADDRESS: 480 King Carter Drive
Irvington, VA 22480
PHONE: 1-804-438-4463
FAX: ahall@tidesinn.com (don't fax)
Special Notes: RE: MONTHLY NORTH PLANT

SAMPLE COLLECTED BY: CLIENT
GRAB COLLECTION:
Date: 8/5/2015 Time: 1001
COMPOSITE COLLECTION:
Start Date: Time:
End Date: Time:
PICK UP BY: CLIENT
SAMPLE RECEIPT:
Date: 8/5/2015 Time: 1045
NUMBER OF CONTAINERS: 7
SAMPLE CONDITION: ☑ Good ☐ Other (See C-O-C)
REPORT NO: 15-11271 15:39

SAMPLE ID: CREEK OUTFALL 001
SAMPLE NO: 15-11271

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
Ammonia	*4500NH3D	0.10	< 0.10	mg/L	ARC	08/07/15	0830
BOD5	**5210B	2	2	mg/L	JW	08/05/15	1415
TSS	*2540D	1.0	2.2	mg/L	JMS	08/05/15	1815
Fecal Coliform	*9221C+E	1.8	<1.8	MPN/100mL	JMS	08/05/15	1150
Oil & Grease HEM	1664A	5.0	< 5.0	mg/L	PRM	08/05/15	1600
Enterococci	Enterolert	1	122	MPN/100mL	JMS	08/05/15	1330

NOTES:

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

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The results on this report relate only to the sample(s) provided for analysis.

Results conform to NELAC standards, where applicable, unless otherwise indicated.

*SM 1997(TSS,Ammonia), SM 2006(Fecal)

**SM 2001

Authorized By: Elaine Claiborne
Elaine Claiborne, Laboratory Director
Date: 11-Aug-15

James R. Reed & Associates
770 Pilot House Drive, Newport News, VA 23606
(757) 873-4703 • Fax: (757) 873-1498

VELAP# 460013
EPA# VA00015

CHAIN OF CUSTODY

ANALYSES REQUESTED

Company Name: The Tides Inn-NORTH PLANT
Company Contact: Allen Hall Telephone: 804-438-4463
Results To: Allen Hall Email: ahall@TidesInn.com
Address: 480 King Carter
Irvington, Va 22480
Project ID: **Monthly North Plant**

Bottle ID	A	B	C	D	E1-2	F
Preserv.	1,3	1	1	1,5	1,3	1,5
	NH3 (grab) pH<2 H_2SO_4	BOD (grab)	TSS (grab)	Fecal Coliform (grab)	Oil and Grease (grab) pH<2 H_2SO_4	Enterococci (grab)

JRA ID # 15-	Sample Type*	Sample Location	Composite Start Date	Composite Start Time	Composite End Date	Composite End Time	Grab Date	Grab Time	Total # of cont.	NH3 (grab)	BOD (grab)	TSS (grab)	Fecal Coliform (grab)	Oil and Grease (grab)	Enterococci (grab)
11271	WW	Creek Outfall 001	XXXX	XXXX	XXXX	XXXX	8-5-15	10:01	7	X	X	X	X	X	X

*WW = Wastewater, GW = Groundwater, DW - Drinking Water, HW - Hazardous Waste, OTHERS

Sampled By: Allen Hall
Relinquished By: Allen Hall Date/Time: 8/5/15 10:01
Received By: Mandy Hall Date/Time: 8/5/15 10:45
Relinquished By: Date/Time: 8-5-15 1045
Received By: Date/Time:

✓ for Compliance
___ Not for Compliance

Preservatives:

1 = <6°C
2 = HNO_3
3 = H_2SO_4
4 = NaOH
5 = $Na_2S_2O_3$
6 = $Na_2S_2O_3$ + HCl
7 = NaOH + ZnOAc
8 = H_2SO_4 + FAS
9 = NH_4Cl
10=Ascorbic Acid + HCl
11=HCl
12=Zinc Acetate + NaOH
13=Na_2SO_3 + HCl
14=Na_2SO_3 + H_2SO_4

CN Interference Check: Positive Negative
Sulfide: ___ ___
Oxidizing Agent: ___ ___

Arrival Temp: 2.1 °C

JAMES R. REED and ASSOCIATES (757) 873-4703; FAX (757) 873-1498
770 Pilot House Drive, Newport News, VA 23606

REPORT OF ANALYSIS

CLIENT: Tides Inn, Inc.
ATTN: Allen Hall
ADDRESS: 480 King Carter Drive
Irvington, VA 22480
PHONE: 1-804-438-4463
FAX: ahall@tidesinn.com (don't fax)
Special Notes: RE: WEEKLY NORTH PLANT

SAMPLE COLLECTED BY: CLIENT
GRAB COLLECTION:
Date: 8/12/2015 Time: 1001
COMPOSITE COLLECTION:
Start Date: Time:
End Date: Time:
PICK UP BY: CLIENT
SAMPLE RECEIPT:
Date: 8/12/2015 Time: 1045
NUMBER OF CONTAINERS: 2
SAMPLE CONDITION: ✓ Good Other (See C-O-C)
REPORT NO: 15-11789 10:20

SAMPLE ID: CREEK OUTFALL 001
SAMPLE NO: 15-11789

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
Fecal Coliform	*9221C+E	1.8	49	MPN/100mL	JMS	08/12/15	1140
Enterococci	Enterolert	1	60	MPN/100mL	JW	08/12/15	1155

NOTES:

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

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The results on this report relate only to the sample(s) provided for analysis.

Results conform to NELAC standards, where applicable, unless otherwise indicated.

*SM 2006

Authorized By: Elaine Claiborne
Elaine Claiborne, Laboratory Director
Date: 17-Aug-15

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VELAP# 460013
EPA# VA00015

CHAIN OF CUSTODY

Company Name: The Tides Inn-NORTH PLANT
Company Contact: Allen Hall Telephone: 804-438-4463
Results To: Allen Hall Email: ahall@TidesInn.com
Address: 480 King Carter
Irvington, Va 22480
Project ID: **Weekly North Plant**

ANALYSES REQUESTED

Bottle ID	A	B
Preserv.	1,5	1,5
	Fecal Coliform (grab)	Enterococci (grab)

JRA ID #15-	Sample Type*	Sample Location	Composite Start Date	Composite Start Time	Composite End Date	Composite End Time	Grab Date	Grab Time	Total # of cont.	Fecal Coliform (grab)	Enterococci (grab)
11789	WW	Creek Outfall 001	XXXX	XXXX	XXXX	XXXX	8-12-15	10:01	2	X	X

*WW= Wastewater, GW = Groundwater, DW - Drinking Water, HW - Hazardous Waste, OTHERS

Sampled By: [signature] Date/Time: 8-12-15 10:01
Relinquished By: [signature] Date/Time: 8-12-15 10:45
Received By: [signature] Date/Time: 8-12-15 1045
Relinquished By: Date/Time:
Received By: Date/Time:

✓ for Compliance
___ Not for Compliance

Preservatives:

1 = <6°C	6 = $Na_2S_2O_3$ + HCl	10=Ascorbic Acid + HCl
2 = HNO_3	7 = NaOH + ZnOAc	11=HCl
3 = H_2SO_4	8 = H_2SO_4 + FAS	12=Zinc Acetate + NaOH
4 = NaOH	9 = NH_4Cl	13=Na_2SO_3 + HCl
5 = $Na_2S_2O_3$		14=Na_2SO_3 + H_2SO_4

CN Interference Check: Positive Negative
Sulfide: ___ ___
Oxidizing Agent: ___ ___

Arrival Temp: 1.8 °C

JAMES R. REED and ASSOCIATES (757) 873-4703; FAX (757) 873-1498
770 Pilot House Drive, Newport News, VA 23606

REPORT OF ANALYSIS

CLIENT: Tides Inn, Inc.
ATTN: Allen Hall
ADDRESS: 480 King Carter Drive
Irvington, VA 22480
PHONE: 1-804-438-4463
FAX: ahall@tidesinn.com (don't fax)
Special Notes: RE: WEEKLY NORTH PLANT

SAMPLE COLLECTED BY: CLIENT
GRAB COLLECTION:
Date: 8/19/2015 Time: 1001
COMPOSITE COLLECTION:
Start Date: Time:
End Date: Time:
PICK UP BY: CLIENT
SAMPLE RECEIPT:
Date: 8/19/2015 Time: 1035
NUMBER OF CONTAINERS: 2
SAMPLE CONDITION: ☑ Good ☐ Other (See C-O-C)
REPORT NO: 15-12274 15:42

SAMPLE ID: CREEK OUTFALL 001
SAMPLE NO: 15-12274

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
Fecal Coliform	*9221C+E	1.8	<1.8	MPN/100mL	JW	08/19/15	1110
Enterococci	Enterolert	1	19	MPN/100mL	JW	08/19/15	1120

NOTES:

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

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The results on this report relate only to the sample(s) provided for analysis.

Results conform to NELAC standards, where applicable, unless otherwise indicated.

*SM 2006

Authorized By: Elaine Claiborne
Elaine Claiborne, Laboratory Director
Date: 21-Aug-15

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VELAP# 460013
EPA# VA00015

CHAIN OF CUSTODY

Company Name: The Tides Inn-NORTH PLANT
Company Contact: Allen Hall Telephone: 804-438-4463
Results To: Allen Hall Email: ahall@TidesInn.com
Address: 480 King Carter
Irvington, Va 22480
Project ID: **Weekly North Plant**

ANALYSES REQUESTED

Bottle ID	A	B
Preserv.	1,5	1,5
	Fecal Coliform (grab)	Enterococci (grab)

JRA ID #15-	Sample Type*	Sample Location	Composite Start Date	Composite Start Time	Composite End Date	Composite End Time	Grab Date	Grab Time	Total # of cont.	Fecal Coliform (grab)	Enterococci (grab)
12274	WW	Creek Outfall 001	XXXX	XXXX	XXXX	XXXX	8-19-15	1021	2	X	X

*WW= Wastewater, GW = Groundwater, DW - Drinking Water, HW - Hazardous Waste, OTHERS

Sampled By: [signature] Date/Time: 8-19-15 1021
Relinquished By: [signature] Date/Time: 8-19-15 1035
Received By: [signature] Date/Time: 8-19-15 1035
Relinquished By: Date/Time:
Received By: Date/Time:

✓ for Compliance
___ Not for Compliance

Preservatives:

1 = <6°C
2 = HNO_3
3 = H_2SO_4
4 = NaOH
5 = $Na_2S_2O_3$
6 = $Na_2S_2O_3$ + HCl
7 = NaOH + ZnOAc
8 = H_2SO_4 + FAS
9 = NH_4Cl
10=Ascorbic Acid + HCl
11=HCl
12=Zinc Acetate + NaOH
13=Na_2SO_3 + HCl
14=Na_2SO_3 + H_2SO_4

CN Interference Check: Positive Negative
Sulfide: ___ ___
Oxidizing Agent: ___ ___

Arrival Temp: 2.4 °C

JAMES R. REED and ASSOCIATES (757) 873-4703; FAX (757) 873-1498
770 Pilot House Drive, Newport News, VA 23606

REPORT OF ANALYSIS

CLIENT: Tides Inn, Inc.
ATTN: Allen Hall
ADDRESS: 480 King Carter Drive
Irvington, VA 22480
PHONE: 1-804-438-4463
FAX: ahall@tidesinn.com (don't fax)
Special Notes: RE: WEEKLY NORTH PLANT

SAMPLE COLLECTED BY: CLIENT
GRAB COLLECTION:
Date: 8/26/2015 Time: 1001
COMPOSITE COLLECTION:
Start Date: Time:
End Date: Time:
PICK UP BY: CLIENT
SAMPLE RECEIPT:
Date: 8/26/2015 Time: 1035
NUMBER OF CONTAINERS: 2
SAMPLE CONDITION: ✓ Good Other (See C-O-C)
REPORT NO: 15-12702 7:43

SAMPLE ID: CREEK OUTFALL 001
SAMPLE NO: 15-12702

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
Fecal Coliform	*9221C+E	1.8	<1.8	MPN/100mL	JW	08/26/15	1330
Enterococci	Enterolert	1	<1	MPN/100mL	JW	08/26/15	1315

NOTES:

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

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The results on this report relate only to the sample(s) provided for analysis.

Results conform to NELAC standards, where applicable, unless otherwise indicated.

*SM 2006

Authorized By: Elaine Claiborne
Elaine Claiborne, Laboratory Director
Date: 01-Sep-15

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(757) 873-4703 • Fax: (757) 873-1498

VELAP# 460013
EPA# VA00015

CHAIN OF CUSTODY

Company Name: The Tides Inn-NORTH PLANT
Company Contact: Allen Hall Telephone: 804-438-4463
Results To: Allen Hall Email: ahall@TidesInn.com
Address: 480 King Carter
Irvington, Va 22480
Project ID: **Weekly North Plant**

ANALYSES REQUESTED

Bottle ID	A	B
Preserv.	1,5	1,5

JRA ID #15-	Sample Type*	Sample Location	Composite Start Date	Composite Start Time	Composite End Date	Composite End Time	Grab Date	Grab Time	Total # of cont.	Fecal Coliform (grab)	Enterococci (grab)
12702	WW	Creek Outfall 001	XXXX	XXXX	XXXX	XXXX	8-26-15	10:01	2	X	X

*WW= Wastewater, GW = Groundwater, DW - Drinking Water, HW - Hazardous Waste, OTHERS

Sampled By: Allen Hall Date/Time: 8-26-15 10:01
Relinquished By: Allen Hall Date/Time: 8-26-15 10:35
Received By: [illegible] Date/Time: 8 26-15 10:35
Relinquished By: Date/Time:
Received By: Date/Time:

✓ for Compliance
___ Not for Compliance

Preservatives:

1 = <6°C	6 = $Na_2S_2O_3$ + HCl	10=Ascorbic Acid + HCl
2 = HNO_3	7 = NaOH + ZnOAc	11=HCl
3 = H_2SO_4	8 = H_2SO_4 + FAS	12=Zinc Acetate + NaOH
4 = NaOH	9 = NH_4Cl	13=Na_2SO_3 + HCl
5 = $Na_2S_2O_3$		14=Na_2SO_3 + H_2SO_4

CN Interference Check: Positive Negative
Sulfide: ___ ___
Oxidizing Agent: ___ ___

Arrival Temp: 2.5 °C

JAMES R. REED and ASSOCIATES (757) 873-4703; FAX (757) 873-1498
770 Pilot House Drive, Newport News, VA 23606

Section 2
Future Development Plans

Tides North Treatment Plant service area

Development Area	Type	Qty	Units	flow	Total gallons
Existing Homes	Single Family	20	ea	350	7,000
Proposed					
The Pointe					
	Multi Family	64	2a	350	22,400
	Restaurant	5000	SF	0	1,000
	Marina Club	5000	SF	0	1,000
Tartan Golf Community					
	Condo's	48	ea	350	16,800
	Single Family	60	units	350	21,000
Taylor Creek					
	Single Family	16	2a	350	5,600
	Total Residential Units	188			
	Commercial	10000	SF.		74,800

7480 10% capacity

Total Flow **82,280** **GPD FutureProjected Flow**

Section 3
VPDES Application Addendum

VPDES Permit Application Addendum

1. **Entity to whom the permit is to be issued:** The Tides Utilities LLC
Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

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

3. **Provide the tax map parcel number for the land where the discharge is located.** 27B-3-1

4. **For the facility to be covered by this permit, how many acres will be disturbed during the next fine years due to new construction activities?** Less than 1

5. **What is the design average effluent flow of this facility?** 0.0325 MGD
For industrial facilities, provide the max. 30-day average production level, include units: N/A

In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Yes
If "Yes", please identify the other flow tiers (in MGD) or production levels: 0.100 MGD
Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?

6. **Nature of operations generating wastewater:**
Residences, Hotel, Restaurant (existing) & condos, residences (proposed)

100% of flow from domestic connections/sources

0% of flow from non-domestic connections/sources

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

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

9. **Approval Date(s):**
O & M Manual 4/22/1992 & revised 6/8/2000
Sludge/Solids Management Plan 2/27/1993

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

Section 4
Sludge Permit Application Form

FACILITY NAME: The Tides Utilities LLC North WWTP VPDES PERMIT NUMBER: VA0029343

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

SCREENING INFORMATION

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

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

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

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

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

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

   Will sewage sludge from this facility be applied to the land? __Yes X No

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

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

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

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

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

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

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

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

   If Yes, complete Section D (Surface Disposal).

SECTION A. GENERAL INFORMATION

All applicants must complete this section.

1. Facility Information.
   a. Facility name: **The Tides Utilities LLC North WWTP**
   b. Contact person: GORDON SLATFORD
      Title: GENERAL MANAGER
      Phone: (804) 438-4451
   c. Mailing address:
      Street or P.O. Box: 480 KING CARTER DRIVE
      City or Town: IRVINGTON State: VA Zip: 22480
   d. Facility location:
      Street or Route #: ROUTE 757
      County: LANCASTER COUNTY
      City or Town: IRVINGTON State: VA Zip:22480
   e. Is this facility a Class I sludge management facility? __Yes _X_No
   f. Facility design flow rate: 0.0325 (EXISTING) 0.100 (PROPOSED) mgd
   g. Total population served: 517 (EXISTING) (SEE DEVELOPMENT PLAN DOCUMENT FOR FUTURE)

   h. Indicate the type of facility:
      __ Publicly owned treatment works (POTW)
      _X_ Privately owned treatment works
      __ Federally owned treatment works
      __ Blending or treatment operation
      __ Surface disposal site
      __ Other (describe):

2. Applicant Information. If the applicant is different from the above, provide the following:
   a. Applicant name: SAME
   b. Mailing address:
      Street or P.O. Box:
      City or Town: _____ State: _____ Zip:
   c. Contact person:
      Title:
      Phone: ( )
   d. Is the applicant the owner or operator (or both) of this facility?
      _____owner _____ operator
   e. Should correspondence regarding this permit be directed to the facility or the applicant? (Check one)
      _____ facility _____ applicant

3. Permit Information.
   a. Facility's VPDES permit number (if applicable): VA0029343
   b. List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:
      Permit Number: Type of Permit:
      _____
      _____

4. Indian Country. Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? __Yes X __No If yes, describe:

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

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

7. Contractor Information. Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? __Yes __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.

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

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

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

FACILITY NAME:_____ **VPDES PERMIT NUMBER:**_____

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 GORDON SLATFORD GENERAL MANAGER

Signature _____ Date Signed

Telephone number 804-438-4451

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

FACILITY NAME: The Tides Utilities LLC North WWTP VPDES PERMIT NUMBER: VA0029343

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:_____ dry metric tons

2. Amount Received from Off Site. If your facility receives sewage sludge from another facility for treatment, use or disposal, provide the following information for each facility from which sewage sludge is received. If you receive sewage sludge from more than one facility, attach additional pages as necessary.

Not required

a. Facility name: **The Tides Utilities LLC North WWTP**

b. Contact Person: Gordon Slatford
Title: General Manager
Phone (804) 438-4451

c. Mailing address:
Street or P.O. Box: 480 King Carter Dr.
City or Town: Irvington State: VA Zip:22480

d. Facility Address:
(not P.O. Box) Route 757 Lancaster County, Irvington VA 22480

e. Total dry metric tons per 365-day period received from this facility: N/A, only liquids hauled 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:

unknown

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 ___Neither or unknown (Unknown)

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

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

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

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

4. Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements and One of Vector Attraction Reduction Options 1-8 (EQ Sludge).
(If sewage sludge from your facility does not meet all of these criteria, skip Question 4.)

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

_____ dry metric tons

b. Is sewage sludge subject to this section placed in bags or other containers for sale or give-away?
__Yes x No

5. Sale or Give-Away in a Bag or Other Container for Application to the Land.
(Complete this question if you place sewage sludge in a bag or other container for sale or give-away prior to land application. Skip this question if sewage sludge is covered in Question 4.)

not required

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: n/a 3600 GAL/YR WET _____ dry metric tons

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

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

a. Receiving facility name: R & R Sewage Treatment Plant

b. Facility contact: Miller Septic Service, Aaron Miller

Title:
Phone: (804) 438 5524

c. Mailing address:
Street or P.O. Box: 115
City or Town: cash State: VA Zip:

d. Total dry metric tons per 365-day period of sewage sludge provided to receiving facility: 3600 GAL WET _____ 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? X Yes __No
Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?
__Class A __Class B X Neither or unknown 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)
X 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 UNKNOWN

If yes, describe, on this form or another sheet of paper, the treatment processes not identified in f or g above:

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

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

k. Will the sewage sludge be transported to the receiving facility in a truck-mounted watertight tank normally used for such purposes? _X__ Yes ___ No. If no, provide description and specification on the vehicle used to transport the sewage sludge to the receiving facility.
Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and the times of the day sewage sludge will be transported.
SEE MAP not included

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

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

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

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

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

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

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

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

c. Site name or number:

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

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

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

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

_____

_____

9. Incineration.

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

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

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

c. Incinerator name or number:

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

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

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

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

10. Disposal in a Municipal Solid Waste Landfill.

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

a. Landfill name:

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

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

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

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

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

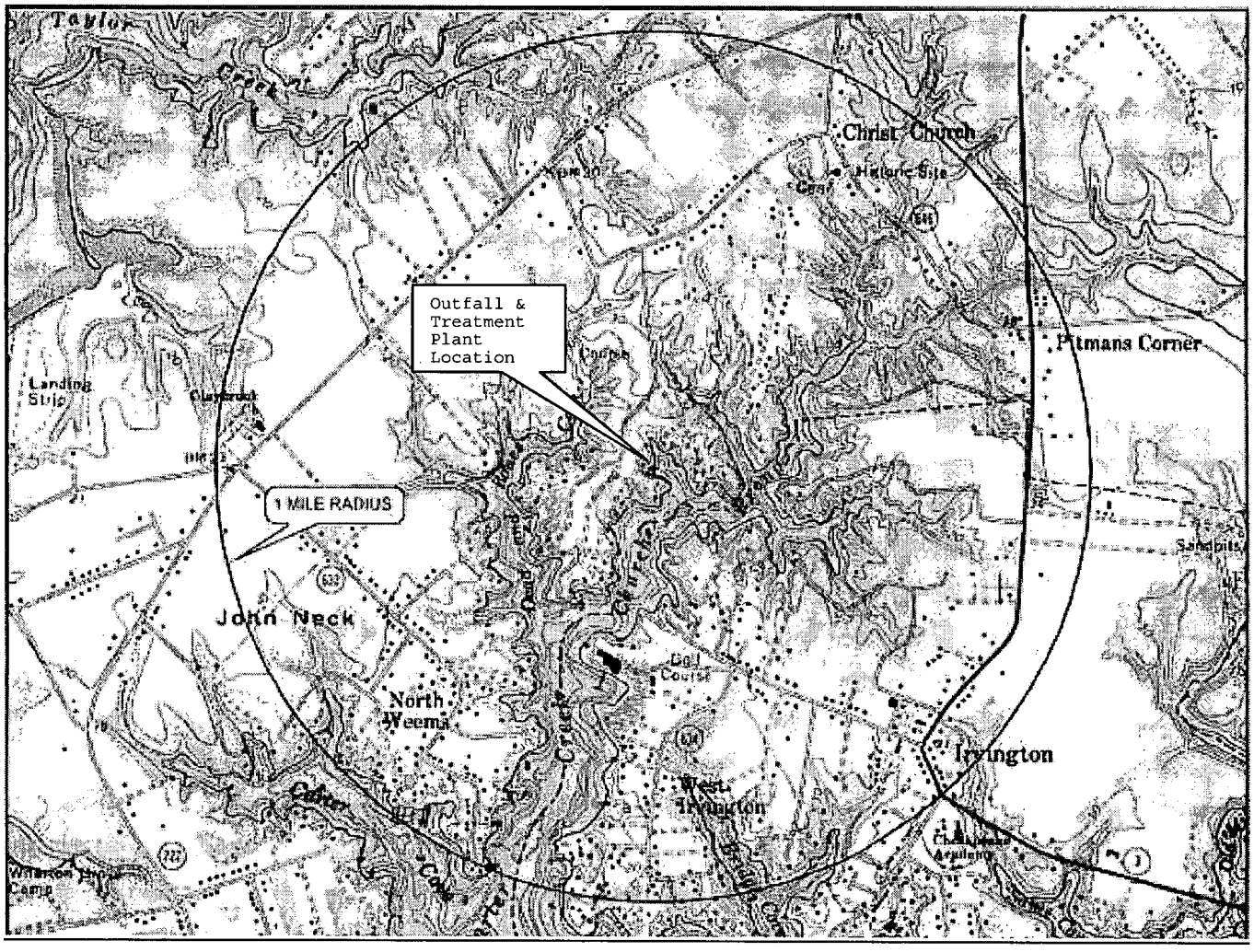
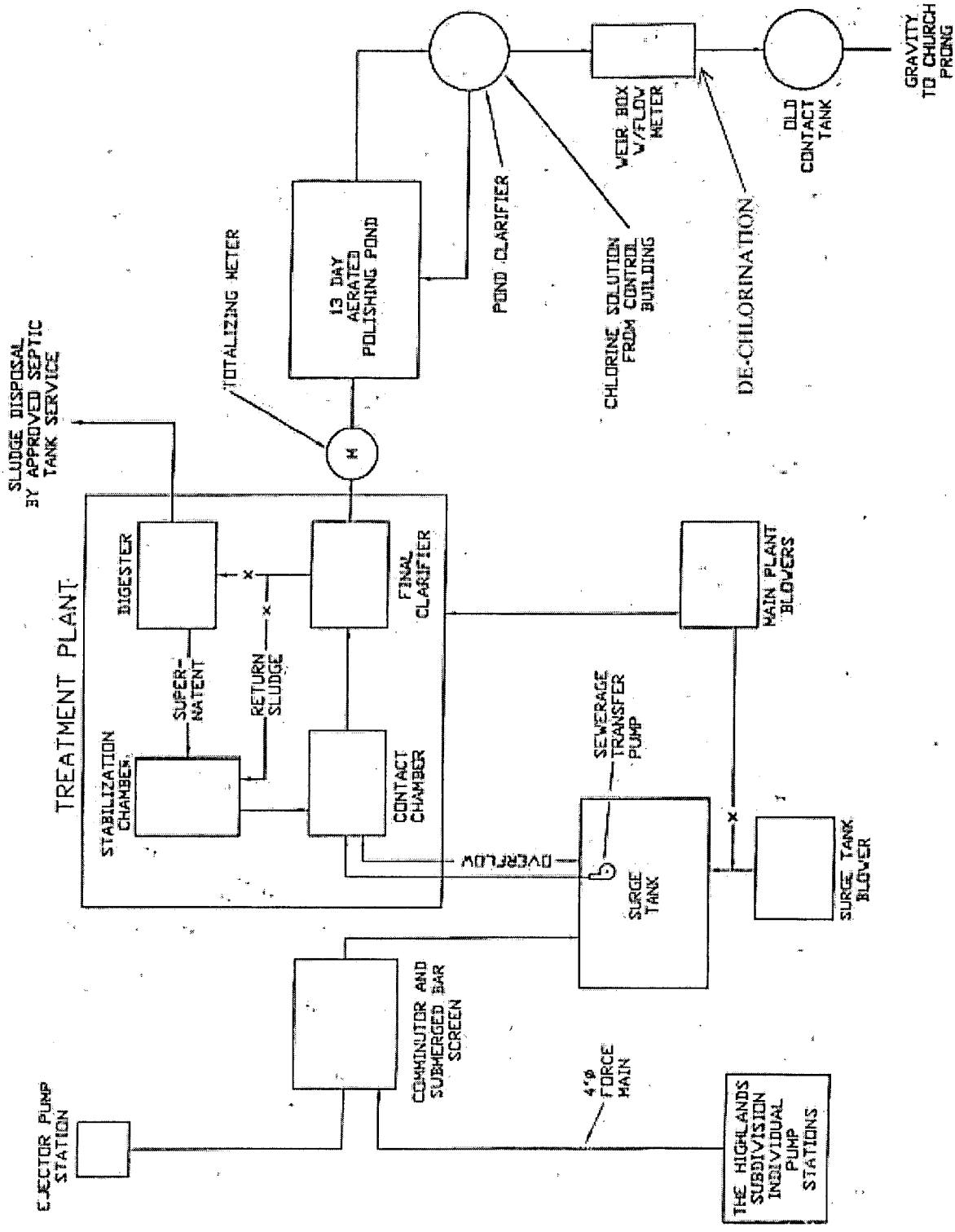
g. Does sewage sludge meet applicable requirements in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq., concerning the quality of materials disposed in a municipal solid waste landfill?
___Yes ___No

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

i. Will the vehicle bed or other container used to transport sewage sludge to the municipal solid waste landfill be watertight and covered? ___ Yes ___ No

Show the haul route(s) on a location map or briefly describe the route below and indicate the days of the week and time of the day sewage sludge will be transported.

Topographic Map



Revised Treatment Process Flow Diagram