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November 20, 2015

P.N. 94024.03

Mr. Brian Wrenn
Virginia Department of Environmental Quality
Piedmont Regional Office
4949-A Cox Road
Glen Allen, Virginia 23060

RE: Montross-Westmoreland Wastewater Facility
VPDES VA0072729 Permit Renewal Application

Dear Mr. Wrenn:

We are pleased to provide to you the above-referenced permit renewal application documents.

The documents enclosed are as follows:

1. Application Addendum
2. EPA Form 3510-1 General Information
3. EPA Form 3510-2A Basic Application Information (Sections A, B, and C)
4. Figure 1. Topographic Map
5. Figure 2. Process Flow Diagram with Process Narrative
6. Figure 3. Aerial Photograph with Facility Units Identified
7. Analytical Data

Please note that the main analytical data was taken from the months of: Dec. 2013, Jan. 2014, and Feb. 2015.

We appreciate the assistance provided by the DEQ in the preparation of these documents and look forward to your review of them. As we discussed earlier, additional analytical results will follow as available. Please advise us of any supplemental information you may need to complete your review.

Sincerely,

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

/aw

Enclosures

cc: Norm Risavi – Westmoreland County

VPDES Permit Application Addendum (VA0072729)

1. **Entity to whom the permit is to be issued:** Westmoreland County

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

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

3. **Provide the tax map parcel number for the land where the discharge is located.** 33-27

4. **For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities?** None

5. **What is the design average effluent flow of this facility?** 0.130 MGD

   For industrial facilities, provide the max. 30-day average production level, include units:

   In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Yes ☐ No ☒

   If "Yes", please identify the other flow tiers (in MGD) or production levels:

Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?

6. **Nature of operations generating wastewater:**

   Typical municipal sewage for a small town

   76 % of flow from domestic connections/sources

   Number of private residences to be served by the treatment works: 319

   24 % of flow from non-domestic connections/sources

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

   Describe frequency and duration of intermittent or seasonal discharges:

   Approximately 8 times per day for about 1 hour each pumping

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

   X Permanent stream, never dry

   ___ Intermittent stream, usually flowing, sometimes dry

   ___ Ephemeral stream, wet-weather flow, often dry

   ___ Effluent-dependent stream, usually or always dry without effluent flow

   ___ Lake or pond at or below the discharge point

   ___ Other:

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

   O & M Manual May 5, 2000 **Sludge/Solids Management Plan** May 5, 2000

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

   The influent debris screener and the effluent filter were replaced in 2010 and the relevant pages in the O/M were replaced to reflect this minor change.

Please print or type in the unshaded areas only.

Form Approved. OMB No. 2040-0086.

FORM 1 GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

5		T/A	C
F			D
1 2	13	14	15

LABEL ITEMS	
I. EPA I.D. NUMBER	PLEASE PLACE LABEL IN THIS SPACE
III. FACILITY NAME	
V. FACILITY MAILING ADDRESS	
VI. FACILITY LOCATION	

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold-faced terms**.

SPECIFIC QUESTIONS	Mark "X" YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	Mark "X" YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**? (FORM 2A)	X (16)	(17)	X (18)	B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.**? (FORM 2B)	(19)	X (20)	(21)
C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)	(22)	X (23)	(24)	D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**? (FORM 2D)	(25)	X (26)	(27)
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)	(28)	X (29)	(30)	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	(31)	X (32)	(33)
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)	(34)	X (35)	(36)	H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	(37)	X (38)	(39)
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	(40)	X (41)	(42)	J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)	(43)	X (44)	(45)

III. NAME OF FACILITY

C 1 SKIP MONTROSS - WESTMORELAND WASTEWATER TREATMENT FACILITY (15 16 – 29 30 69)

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
C 2 RISAVI, NORM, COUNTY ADMINISTRATOR (15 16 45)	(804) 493-0130 (46 48 49 51 52 55)

V. FACILTY MAILING ADDRESS

A. STREET OR P.O. BOX

C 3 PO BOX 1000 (15 16 45)

B. CITY OR TOWN	C. STATE	D. ZIP CODE
C 4 MONTROSS (15 16 40)	VA (41 42)	22520 (47 51)

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

C 5 160 LYELL ST (15 16 45)

B. COUNTY NAME

WESTMORELAND (46 70)

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
C 6 MONTROSS (15 16 40)	VA (41 42)	22520 (47 51)	193 (52 54)

FACILITY NAME AND PERMIT NUMBER:
Montross - Westmoreland WWTP VAPDES 0072729

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: Montross - Westmoreland WWTP

Mailing Address: P.O. BOX 1000
MONTROSS, VA 22520

Contact person: NORM RISAVI

Title: COUNTY ADMINISTRATOR

Telephone number: (804) 493-0130

Facility Address (not P.O. Box): 160 LYELL ST
MONTROSS VA 22520

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

Applicant name: N/A

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	VAPDES 0072729	PSD	
UIC		Other	
RCRA		Other	

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

Name	Population Served	Type of Collection System	Ownership
TOWN OF MONTROSS	450	PUMPING AND GRAVITY	COUNTY

Total population served _____

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

_____

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

Transporter name: _____

Mailing Address: _____

_____

Contact person: _____

Title: _____

Telephone number: _____

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

Name: _____

Mailing Address: _____

_____

Contact person: _____

Title: _____

Telephone number: _____

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

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

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

If yes, provide the following for each disposal method:

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

N/A

Annual daily volume disposed of by this method: _____

Is disposal through this method _____ continuous or _____ intermittent?

FACILITY NAME AND PERMIT NUMBER:
Montross - Westmoreland WWTP VAPDES 0072729

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	75	%
Design N removal	n/a	%
Other TKN	92.5	%

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

UV

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)	7.62	s.u.			
pH (Maximum)	8.0	s.u.			
Flow Rate	0.075	MGD	0.0503	MGD	Continuous Recording
Temperature (Winter)	6.4	C	11.4	C	90
Temperature (Summer)	25.4	C	23.2	C	90

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

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.								
BIOCHEMICAL OXYGEN	BOD-5							
DEMAND (Report one)	CBOD-5	8.0	MG/L	2.29	MG/L	39	SM5210B	2.0
FECAL COLIFORM		2000	N/CML	<QL	N/CML	12	SM9222D	2N/100
TOTAL SUSPENDED SOLIDS (TSS)		4.6	MG/L	2.8	MG/L	39	SM2540D	1.0

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

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

_____

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

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

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ____Yes ____No

Describe briefly: _____

B.6. EFFLUENT TESTING DATA (GREATER THAN 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: 001

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)	0.76	MG/L	0.53	MG/L	3	EPA 350.1	0.10
CHLORINE (TOTAL RESIDUAL, TRC)	0.0	MG/L	0.0	MG/L	3		
DISSOLVED OXYGEN	10.57	MG/L	9.35	MG/L	90		5.0
TOTAL KJELDAHL NITROGEN (TKN)	5.0	MG/L	2.12	MG/L	39	EPA351.2	0.5
NITRATE PLUS NITRITE NITROGEN	9.5	MG/L	6.7	MG/L	6	EPA353.2	0.1
OIL and GREASE	< 5	MG/L (QL)	< 5 (QL)	MG/L	3	EPA1664B	5
PHOSPHORUS (Total)	1.2	MG/L	0.80	MG/L	6	EPA365.1	0.1
TOTAL DISSOLVED SOLIDS (TDS)	514	MG/L	487	MG/L	3	SM2540C	0.1
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:

Montross - Westmoreland WWTP VAPDES 0072729

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: NORM RISAVI, WESTMORELAND COUNTY ADMINISTRATOR

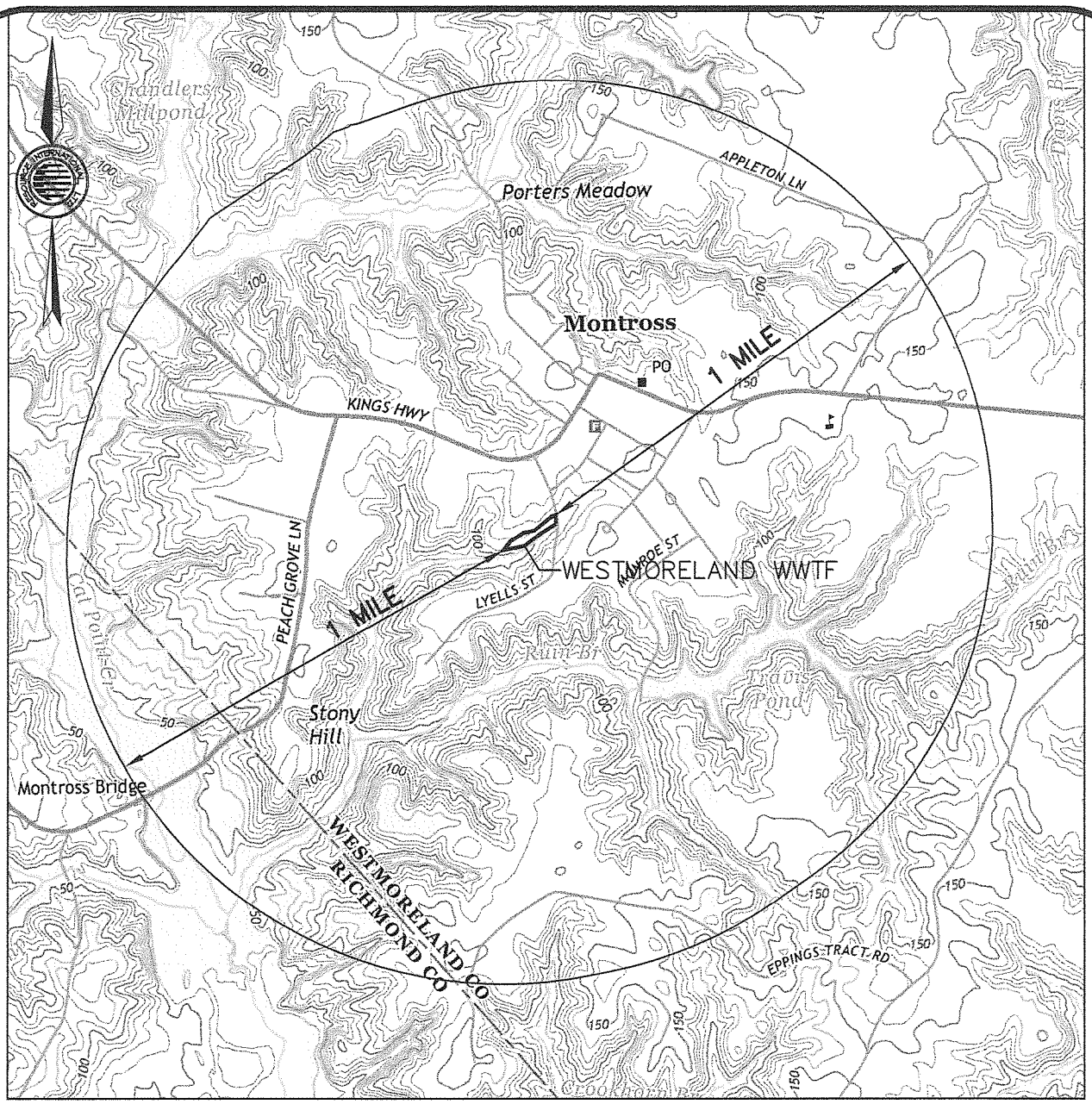
Signature: Norm Risavi

Telephone number: (804) 493-0130

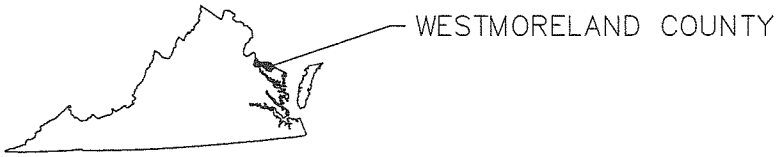
Date signed: 11-20-15

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:



U.S.G.S. 7.5 MINUTE SERIES QUADRANGLE
MONTROSS, VIRGINIA, 2013
SCALE: 1" = 2,000'



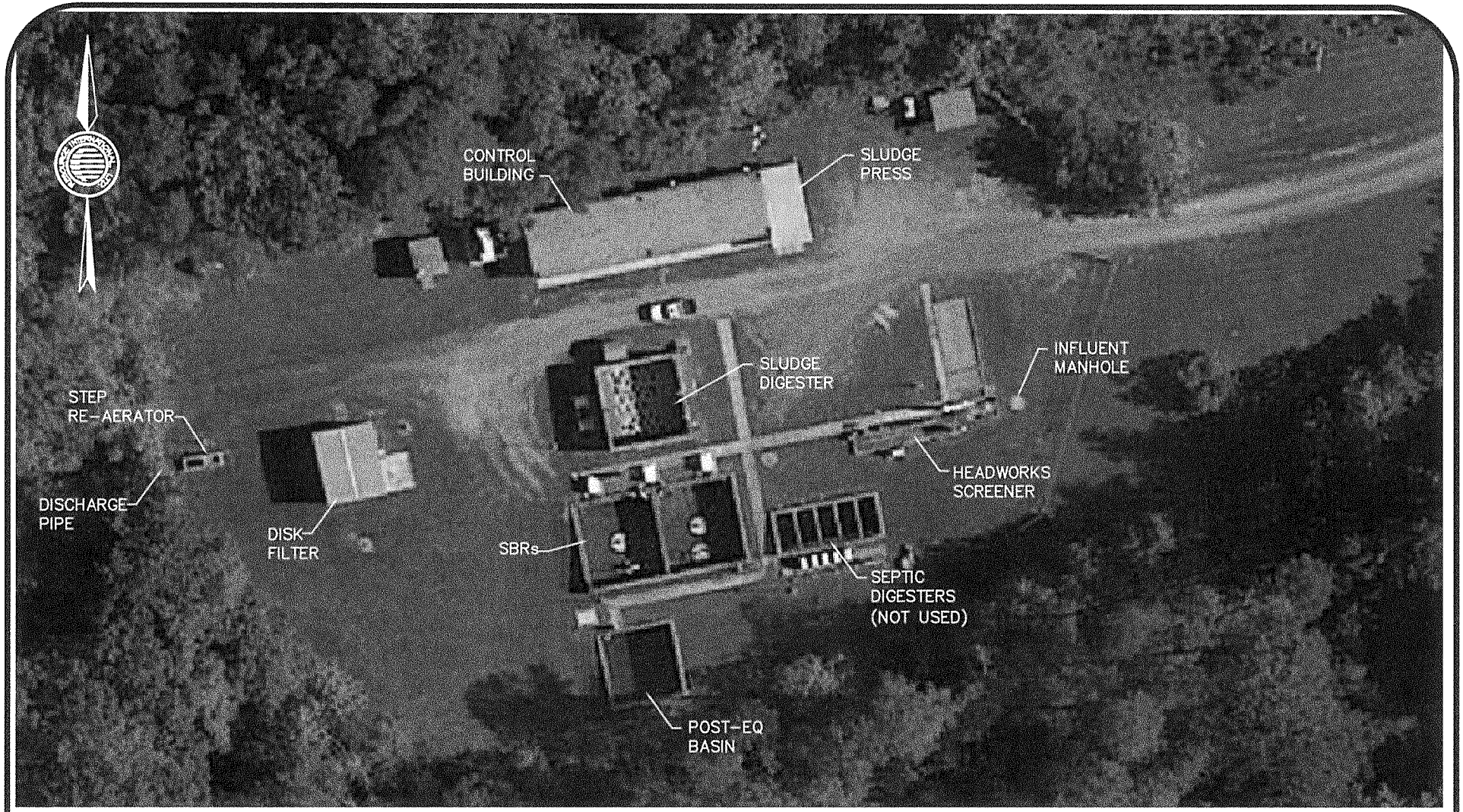
NOTE: ALL LOCATIONS ARE APPROXIMATE.

FIGURE 1
SITE LOCATION AND
TOPOGRAPHIC MAP
MONTROSS–WESTMORELAND WWTF
WESTMORELAND COUNTY, VIRGINIA
OCTOBER 15, 2015

RESOURCE INTERNATIONAL, LTD.
ENGINEERS • SCIENTISTS • SURVEYORS • PLANNERS
P.O. BOX 6160 • 9560 KINGS CHARTER DRIVE • ASHLAND, VA 23005
(804) 550-9200 • FAX (804) 550-9259

H:\94024.03 Montross WWTP\Montross DIAGRAM.dwg Plotted: Oct 20, 2015-10:33am

H:\94024.03 Montross WWTP\Montross DIAGRAM.dwg Plotted: Oct 20, 2015-10:33am



2015 Google, Commonwealth of Virginia, Image Date: 05/24/2015, Date Image Accessed: 10/20/2015.
SCALE: 1" = 50'

NOTE: ALL LOCATIONS ARE APPROXIMATE.

FIGURE 3
AERIAL VIEW
MONTROSS-WESTMORELAND WWTF
WESTMORELAND COUNTY, VIRGINIA
OCTOBER 15, 2015

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9560 KINGS CHARTER DRIVE
P.O. BOX 6160
ASHLAND, VA 23005
(804) 550-9200
FAX (804) 550-9259
870 GREENBRIER CIRCLE
SUITE 114, TOWER II
CHESAPEAKE, VIRGINIA 23320
(757) 873-7711
FAX (757) 873-7712

MONTROSS WASTEWATER TREATMENT PLANT
WESTMORELAND COUNTY, VIRGINIA

MONTHLY DEQ REPORT

PERMIT #VA0072729

Page 1

FEB15

Date	Day of Week	FLOW MGD	TKN (mg/L)	TKN (gm/Day)	N/N (mg/L)	N/N (gm/Day)	TN (mg/L)	TN (gm/Day)	TN (lb/Day)	TotPhos (mg/L)	TotPhos (gm/Day)	TotPhos (mg/L) Actual	TotPhos (lb/Day)	TRC (mg/L)
2/1	Sat	0.057												
	WEEK 1 AVERAGE	0.057												
2/2	Sun	0.045												
2/3	Mon	0.075	2.00	569.98										
2/4	Tue	0.057	5.00	1084.33										
2/5	Wed	0.062	3.00	708.50	6.10	1440.63	9.10	2149.13	4.74	1.10	259.79	1.10	0.57	
2/6	Thu	0.053												
2/7	Fri	0.062												
2/8	Sat	0.055												
	WEEK 2 AVERAGE	0.059	3.33	787.61	6.10	1440.63	9.10	2149.13	4.74	1.10	259.79		0.57	
2/9	Sun	0.044												
2/10	Mon	0.046	1.70	296.61										
2/11	Tue	0.049	3.40	635.69										
2/12	Wed	0.060	2.10	476.08										
2/13	Thu	0.084												
2/14	Fri	0.066												
2/15	Sat	0.061												
	WEEK 3 AVERAGE	0.056	2.40	469.46										
2/16	Sun	0.047												
2/17	Mon	0.053	2.00	398.16										
2/18	Tue	0.043	2.50	402.13										
2/19	Wed	0.082	2.00	470.82	3.20	753.32	5.20	1224.14	2.70	1.20	282.49	1.20	0.62	
2/20	Thu	0.048												
2/21	Fri	0.052												
2/22	Sat	0.047												
	WEEK 4 AVERAGE	0.050	2.17	423.70	3.20	753.32	5.20	1224.14	2.70	1.20	282.49		0.62	
2/23	Sun	0.044												
2/24	Mon	0.041	2.30	359.51										
2/25	Tue	0.054	2.50	509.05										
2/26	Wed	0.050	4.30	810.47										
2/27	Thu	0.050												
2/28	Fri	0.052												
	WEEK 5 AVERAGE	0.049	3.03	559.68										
	WEEK 6 AVERAGE													
	MAXIMUM VALUE	0.075												
	MAX OF WEEKLY AVERAGES	0.059	3.33	787.61	6.10	1440.63	9.10	2149.13		1.20	282.49			
	MONTHLY AVERAGE (mg/L)	0.054	2.73		4.65		7.15			1.15				
	MONTHLY AVERAGE (lb/day)								3.72				0.60	
	TOTAL	1.498												

NF: NO FLOW

Outfall 500	Limit	TN	104	Pounds This Month
	1584	cum	209	Total Pounds Year to Date
		Phos	17	Pounds This Month

119 cum 23 Total Pounds Year to Date

End of Page 1

Page 2 Date	Day of Week	FLOW (MGD)	CBOD (mg/L)	CBOD (gm/Day)	TSS 1	TSS (gm/Day)	pH	DO (mg/L)	E.COLI (N/CML)	F.COLI (N/CML)	Cu (ug/L)	Zn (ug/L)
2/1	Sat	0.057					7.84	8.83				
	WEEK 1 AVERAGE	0.057					7.84	8.83				
2/2	Sun	0.045					7.81	8.71				
2/3	Mon	0.075	<QL	0.00	2.80	797.98	7.80	8.29	<QL			
2/4	Tue	0.057	4.40	954.21	4.60	997.58	7.72	9.21			4.70	54.00
2/5	Wed	0.062	3.50	826.59	3.60	850.21	7.76	9.35	16.00			
2/6	Thu	0.053					7.77	9.22	<QL	<QL		
2/7	Fri	0.062					7.79	9.17				
2/8	Sat	0.055					7.80	8.69				
	WEEK 2 AVERAGE	0.059	2.63	593.60	3.67	881.92	7.78	8.95	5.33		4.70	54.00
2/9	Sun	0.044					7.83	8.91				
2/10	Mon	0.046	2.10	366.40	2.80	488.54	7.89	9.08				
2/11	Tue	0.049	3.60	673.08	3.60	673.08	7.85	8.83	<QL			
2/12	Wed	0.060	<QL	0.00	2.90	657.45	7.93	8.92	<QL			
2/13	Thu	0.064					7.99	8.60				
2/14	Fri	0.066					7.95	9.42	8.00	10.00		
2/15	Sat	0.061					7.79	9.34				
	WEEK 3 AVERAGE	0.056	1.90	346.49	3.10	606.35	7.89	9.01	2.67	10.00		
2/16	Sun	0.047					7.81	9.21				
2/17	Mon	0.053	3.40	676.86	2.60	517.60	7.77	9.49				
2/18	Tue	0.043	3.80	611.24	3.30	530.81	7.84	9.29	<QL			
2/19	Wed	0.062	4.60	1082.89	3.00	706.23	7.84	9.60				
2/20	Thu	0.046					7.87	9.18	<QL	<QL		
2/21	Fri	0.052					7.91	9.23				
2/22	Sat	0.047					7.81	9.57				
	WEEK 4 AVERAGE	0.050	3.93	790.33	2.97	584.88	7.84	9.37				
2/23	Sun	0.044					7.84	9.80				
2/24	Mon	0.041	3.30	515.82	2.60	406.41	7.82	9.48	<QL			
2/25	Tue	0.054	3.70	753.39	2.80	570.13	7.81	9.26				
2/26	Wed	0.050	3.50	659.68	2.80	527.75	7.83	9.55	<QL			
2/27	Thu	0.050					7.95	9.22	<QL	<QL		
2/28	Fri	0.052					7.89	10.37				
	WEEK 5 AVERAGE	0.049	3.50	642.97	2.73	501.43	7.86	9.61				
	WEEK 6 AVERAGE											
	MINIMUM VALUE						7.72	8.29				
	MAXIMUM VALUE	0.075					7.99	10.37				
	MAX OF WEEKLY AVERAGES	0.059	3.93	790.33	3.67	881.92	7.89	9.61	5.33	10.00	4.70	54.00
	MONTHLY AVERAGE (mg/L)	0.054	2.99	593.35	3.12	643.65	7.84	9.21	2.67	3.33	4.70	54.00
	TOTAL	1,498										

NF: NO FLOW

End of Page 2

MONTROSS WASTEWATER TREATMENT PLANT
WESTMORELAND, VIRGINIA

MONTHLY DEQ REPORT

PERMIT #VA0072729

Jan-14
Page 1

Date	Day of Week	FLOW MGD	TKN (mg/L)	TKN (gm/Day)	N/N (mg/L)	N/N (gm/Day)	DMR TN (mg/L)	DMR TN (gm/Day)	NUTR GP TN (lb/Day)	DMR TotPhos (mg/L)	DMR TotPhos (gm/Day)	NUTR GP TotPhos (mg/L) Actual	NUTR GP TotPhos (lb/Day)
QL -->			0.50		0.50		N/A			0.10			
1/1	Wed	0.031	1.40	162.67									
1/2	Thu	0.048	1.70	306.26									
1/3	Fri	0.041											
1/4	Sat	0.045											
	WEEK 1 AVERAGE	0.041	1.55	234.47									
1/5	Sun	0.040											
1/6	Mon	0.058	2.20	478.77									
1/7	Tue	0.037	2.40	336.09									
1/8	Wed	0.048	1.70	311.41	10.30	1886.77	12.00	2198.18	4.85	0.48	87.93	0.48	0.19
1/9	Thu	0.043											
1/10	Fri	0.063											
1/11	Sat	0.059											
	WEEK 2 AVERAGE	0.050	2.10	375.42	10.30	1886.77	12.00	2198.18	4.85	0.48	87.93		0.19
1/12	Sun	0.049											
1/13	Mon	0.049	2.10	391.04									
1/14	Tue	0.058	1.80	395.81									
1/15	Wed	0.051	2.50	485.39									
1/16	Thu	0.048											
1/17	Fri	0.064											
1/18	Sat	0.053											
	WEEK 3 AVERAGE	0.053	2.13	424.08									
1/19	Sun	0.054											
1/20	Mon	0.052	2.30	448.30									
1/21	Tue	0.048	1.80	329.05									
1/22	Wed	0.034	2.10	267.05	4.60	584.97	6.80	864.74	1.91	0.72	91.56	0.72	0.20
1/23	Thu	0.050											
1/24	Fri	0.047											
1/25	Sat	0.050											
	WEEK 4 AVERAGE	0.048	2.07	348.13	4.60	584.97	6.80	864.74	1.91	0.72	91.56		0.20
1/26	Sun	0.052											
1/27	Mon	0.046	1.80	316.10									
1/28	Tue	0.040	1.80	270.46									
1/29	Wed	0.031	2.10	245.59									
1/30	Thu	0.049											
1/31	Fri												
	WEEK 5 AVERAGE	0.043	1.90	277.38									
	WEEK 6 AVERAGE												
	MAXIMUM VALUE	0.064											
	MAX OF WEEKLY AVERAGES	0.053	2.13	424.08	10.30	1886.77	12.00	2198.18		0.72	91.56		
	MONTHLY AVERAGE (mg/L)	0.048	1.98		7.45		9.40			0.60			
	MONTHLY AVERAGE (lb/day)								3.38				0.20
	TOTAL	1.436											
	NF: NO FLOW												

Outfall 500	Limit	TN	105	Pounds This Month
	1584	cum	105	Total Pounds Year to Date
		Phos	6	Pounds This Month
	119	cum	6	Total Pounds Year to Date

End of Page 1

14

MONTROSS WASTEWATER TREATMENT PLANT
WESTMORELAND, VIRGINIA

MONTHLY DEQ REPORT

PERMIT #VA0072729

Jan-14 Page 2 Date	Day of Week	FLOW (MGD)	CBOD (mg/L)	CBOD (gm/Day)	TSS 1	TSS (gm/Day)	pH	DO (mg/L)	E.COLI (N/CML)	F.COLI (N/CML)	Cu (ug/L)	Zn (ug/L)
QL -->			2.00		1.00		6-9	0.20	2	2	2.9	27
1/1	Wed	0.031	<QL	0.00	2.40	278.86	7.85	10.29				
1/2	Thu	0.048	<QL	0.00	3.00	540.46	7.86	9.85	3.00			
1/3	Fri	0.041					7.88	9.41	1986.00	540.00		
1/4	Sat	0.045					7.89	10.30				
	WEEK 1 AVERAGE	0.041	<QL	<QL	2.70	409.66	7.87	9.96	994.50	540.00		
1/5	Sun	0.040					7.86	10.03				
1/6	Mon	0.058	2.00	435.25	3.30	718.16	7.81	9.80	<QL			
1/7	Tue	0.037	2.10	294.07	3.20	448.11	7.76	10.28				
1/8	Wed	0.048	4.00	732.73	2.80	512.91	7.74	10.50	<QL			
1/9	Thu	0.043					7.68	9.48	2.00	<QL		
1/10	Fri	0.063					7.78	9.35				
1/11	Sat	0.059					7.71	9.00				
	WEEK 2 AVERAGE	0.050	2.70	487.35	3.10	559.73	7.76	9.78	0.67			
1/12	Sun	0.049					7.76	9.60				
1/13	Mon	0.049	3.00	558.63	4.20	782.08	7.74	9.21				
1/14	Tue	0.058	3.00	659.68	3.80	835.60	7.74	9.05	3.00		4.70	46.00
1/15	Wed	0.051	3.40	660.14	4.30	834.88	7.68	9.48	3.00			
1/16	Thu	0.048					7.70	9.68	1553.00	2000.00		
1/17	Fri	0.064					7.81	9.76				
1/18	Sat	0.053					7.81	9.82				
	WEEK 3 AVERAGE	0.053	3.13	626.15	4.10	817.52	7.75	9.51	519.67	2000.00	4.70	46.00
1/19	Sun	0.054					7.80	9.60				
1/20	Mon	0.052	3.10	604.23	4.20	818.64	7.77	9.74				
1/21	Tue	0.048	2.00	365.61	4.00	731.21	7.82	9.38	2.00			
1/22	Wed	0.034	3.70	470.52	4.50	572.25	7.86	9.68				
1/23	Thu	0.050					7.92	9.77	8.00	3.00		
1/24	Fri	0.047					7.77	8.99	22.80			
1/25	Sat	0.050					7.98	8.80				
	WEEK 4 AVERAGE	0.048	2.93	480.12	4.23	707.37	7.84	9.42	10.93	3.00		
1/26	Sun	0.052					7.89	8.28				
1/27	Mon	0.046			4.20	737.57	7.77	8.60				
1/28	Tue	0.040	3.00	450.76	2.90	435.74	7.80	9.46				
1/29	Wed	0.031			2.90	339.15	7.85	8.38		<QL		
1/30	Thu	0.049	3.20	588.60			7.85	8.94				
1/31	Fri	0.000					7.82	9.42				
	WEEK 5 AVERAGE	0.043	3.10	519.68	3.33	504.15	7.83	8.85				
	WEEK 6 AVERAGE											
	MINIMUM VALUE						7.68	8.28				
	MAXIMUM VALUE	0.064					7.98	10.50				
	MAX OF WEEKLY AVERAGES	0.053	3.13	626.15	4.23	817.52	7.87	9.96	994.50	2000.00	4.70	46.00
	MONTHLY AVERAGE (mg/L)	0.048	2.50	447.71	3.55	613.26	7.80	9.48	325.71	635.75	4.70	46.00
	TOTAL	1.436										

NF: NO FLOW

End of Page 2

MONTROSS WASTEWATER
TREATMENT PLANT
WESTMORELAND COUNTY, VIRGINIA

MONTHLY DEQ REPORT

PERMIT #VA0072729

Page 1

DEC13

Date	Day of Week	FLOW MGD	TKN (mg/L)	TKN (gm/Day)	N/N (mg/L)	N/N (gm/Day)	TN (mg/L)	TN (gm/Day)	TN (lb/Day)	TotPhos (mg/L)	TotPhos (gm/Day)	TotPhos (mg/L) Actual	TotPhos (lb/Day)	TRC (mg/L)
12/1	Sun	0.036												
12/2	Mon	0.044	2.00	332.30										
12/3	Tue	0.051	1.50	290.10										
12/4	Wed	0.042	1.90	304.90	9.50	1524.50	11.40	1829.40	4.03	0.50	80.24	0.50	0.18	0.00
12/5	Thu	0.057												
12/6	Fri	0.056												
12/7	Sat	0.060												
	WEEK 1 AVERAGE	0.049	1.80	309.10	9.50	1524.50	11.40	1829.40	4.03	0.50	80.24		0.18	
12/8	Sun	0.057												
12/9	Mon	0.062	1.40	329.05										
12/10	Tue	0.053	2.20	442.13										
12/11	Wed	0.050	1.60	303.39										
12/12	Thu	0.052												
12/13	Fri	0.059												
12/14	Sat	0.063												
	WEEK 2 AVERAGE	0.057	1.73	358.19										
12/15	Sun	0.046												
12/16	Mon	0.042	1.00	158.58										
12/17	Tue	0.056	1.50	319.05										
12/18	Wed	0.046	1.50	260.01	6.40	1109.39	7.90	1369.40	3.02	0.81	140.41	0.81	0.31	
12/19	Thu	0.059												
12/20	Fri	0.054												
12/21	Sat	0.046												
	WEEK 3 AVERAGE	0.050	1.33	245.88	6.40	1109.39	7.90	1369.40	3.02	0.81	140.41		0.31	
12/22	Sun	0.042												
12/23	Mon	0.044												
12/24	Tue	0.033	1.90	236.58										
12/25	Wed	0.042	1.90	302.02										
12/26	Thu	0.043	1.50	245.82										
12/27	Fri	0.049												
12/28	Sat	0.042												
	WEEK 4 AVERAGE	0.042	1.77	261.48										
12/29	Sun	0.058												
12/30	Mon	0.039												
12/31	Tue	0.037	1.50	208.35										
	WEEK 5 AVERAGE	0.044	1.50	208.35										
	WEEK 6 AVERAGE													
	MAXIMUM VALUE	0.063												
	MAX OF WEEKLY AVERAGES	0.057	1.80	358.19	9.50	1524.50	11.40	1829.40		0.81	140.41			
	MONTHLY AVERAGE (mg/L)	0.049	1.65		7.95		9.65			0.66				
	MONTHLY AVERAGE (lb/day)								3.53				0.24	
	TOTAL	1.520												

NF: NO FLOW

Outfall 500 Limit TN 109 Pounds This Month

MONTROSS WASTEWATER
TREATMENT PLANT
WESTMORELAND COUNTY, VIRGINIA

MONTHLY DEQ REPORT

PERMIT #VA0072729

1584	cum	971	Total Pounds Year to Date
	Phos	8	Pounds This Month
119	cum	131	Total Pounds Year to Date

End of Page 1

Page 2 Date	Day of Week	FLOW (MGD)	CBOD (mg/L)	CBOD (gm/Day)	TSS 1	TSS (gm/Day)	pH	DO (mg/L)	E.COLI (N/CML)	F.COLI (N/CML)	Cu (ug/L)	Zn (ug/L)
12/1	Sun	0.036					7.73	9.17				
12/2	Mon	0.044	<QL	0.00	<QL	0.00	7.81	9.40	<2420			
12/3	Tue	0.051	<QL	0.00	1.20	232.08	7.72	9.29			4.40	53.00
12/4	Wed	0.042	<QL	0.00	1.10	176.52	7.73	9.51	<QL			
12/5	Thu	0.057					7.80	9.29	4.10	<QL		
12/6	Fri	0.056					7.77	8.98				
12/7	Sat	0.060					7.79	9.68				
	WEEK 1 AVERAGE	0.049	<QL	<QL	0.77	136.20	7.76	9.33	2.05		4.40	53.00
12/8	Sun	0.057					7.80	9.40				
12/9	Mon	0.062			2.00	470.07	7.73	9.58	<QL			
12/10	Tue	0.053			1.50	301.46	7.65	9.20				
12/11	Wed	0.050	<QL	0.00	1.90	360.27	7.65	9.69	22.00			
12/12	Thu	0.052					7.80	9.41	2.00	5.00		
12/13	Fri	0.059					7.87	9.38				
12/14	Sat	0.063					7.83	8.24				
	WEEK 2 AVERAGE	0.057	<QL	<QL	1.80	377.26	7.76	9.27	8.00	5.00		
12/15	Sun	0.046					7.81	8.89				
12/16	Mon	0.042	<QL	0.00	2.20	348.88	7.78	8.17	5.00			
12/17	Tue	0.056	2.20	467.95	2.50	531.76	7.79	8.40				
12/18	Wed	0.046	<QL	0.00	<QL	0.00	7.77	9.50	>2420			
12/19	Thu	0.059					7.78	9.72	79.00	230.00		
12/20	Fri	0.054					7.79	9.60				
12/21	Sat	0.046					7.78	8.97				
	WEEK 3 AVERAGE	0.050	0.73	155.98	1.57	293.55	7.79	9.04	42.00	230.00		
12/22	Sun	0.042					7.77	9.10				
12/23	Mon	0.044					7.82	9.45	12.00			
12/24	Tue	0.033	3.00	373.55	2.60	323.75	7.83	9.30				
12/25	Wed	0.042	<QL	0.00	2.60	413.29	7.93	9.78				
12/26	Thu	0.043	2.10	344.15	3.00	491.64	7.89	9.85	9.00			
12/27	Fri	0.049					7.92	9.60	19.00	2.00		
12/28	Sat	0.042					7.87	9.93				
	WEEK 4 AVERAGE	0.042	1.70	239.23	2.73	409.56	7.86	9.57	13.33	2.00		
12/29	Sun	0.058					7.84	9.47				
12/30	Mon	0.039					7.81	9.69	10.00			
12/31	Tue	0.037	8.00	1111.20	2.10	291.69	7.85	10.31				
	WEEK 5 AVERAGE	0.044	8.00	1111.20	2.10	291.69	7.83	9.82	10.00			
	WEEK 6 AVERAGE											
	MINIMUM VALUE						7.65	8.17				
	MAXIMUM VALUE	0.063					7.93	10.31				
	MAX OF WEEKLY AVERAGES	0.057	8.00	1111.20	2.73	409.56	7.86	9.82	42.00	230.00	4.40	53.00
	MONTHLY AVERAGE (mg/L)	0.049	1.39	208.80	1.75	303.18	7.80	9.35	14.74	59.25	4.40	53.00
	TOTAL	1.520										

NF: NO FLOW

End of Page 2

Pace Analytical Services, Inc.
9800 Kincey Ave. Suite 100
Huntersville, NC 28078
(704)875-9092

ANALYTICAL RESULTS

Project: WESTMORELAND COUNTY
Pace Project No.: 92268112

Sample: OUTFALL 001 **Lab ID: 92268112001** Collected: 09/16/15 14:00 Received: 09/17/15 16:30 Matrix: Water

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
2540D TSS, Low-Level, Eden	Analytical Method: SM 2540D							
Total Suspended Solids	1.8	mg/L	1.0	1		09/18/15 12:26		
5210B cBOD, 5 day EDN	Analytical Method: SM 5210B							
Carbonaceous BOD, 5 day	<2.0	mg/L	2.0	1	09/18/15 10:35	09/23/15 08:40		
351.2 Total Kjeldahl Nitrogen	Analytical Method: EPA 351.2							
Nitrogen, Kjeldahl, Total	1.6	mg/L	0.50	1		09/24/15 18:29	7727-37-9	

Sample: OUTFALL 001 **Lab ID: 92268112002** Collected: 09/17/15 08:15 Received: 09/17/15 16:30 Matrix: Water

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
MBIO 9222D Fecal Coliform EDN	Analytical Method: SM 9222D							
Fecal Coliforms	1200	CFU/100 mL	1.0	1		09/17/15 17:20		H3,u2
MBIO E.coli (Quantitation)	Analytical Method: SM 9223 COLILERT MPN Preparation Method: SM 9223 COLILERT MPN							
Total Coliforms	195	MPN/100mL	1.0	1	09/17/15 17:10	09/18/15 17:12		H3
E.coli	195	MPN/100mL	1.0	1	09/17/15 17:10	09/18/15 17:12		H3

Sample: OUTFALL 001 **Lab ID: 92268112003** Collected: 09/17/15 06:00 Received: 09/17/15 16:30 Matrix: Water

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
HEM, Oil and Grease	Analytical Method: EPA 1664B							
Oil and Grease	<5.0	mg/L	5.0	1		09/23/15 10:12		
2540C Total Dissolved Solids	Analytical Method: SM 2540C							
Total Dissolved Solids	495	mg/L	25.0	1		10/01/15 13:44		H1
350.1 Ammonia	Analytical Method: EPA 350.1							
Nitrogen, Ammonia	0.53	mg/L	0.10	1		09/23/15 03:17	7664-41-7	

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ANALYTICAL RESULTS

Project: WESTMORELAND COUNTY
Pace Project No.: 92271002

Sample: OUTFALL 001 **Lab ID: 92271002001** Collected: 10/07/15 14:00 Received: 10/08/15 12:45 Matrix: Water

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
2540D TSS, Low-Level, Eden	Analytical Method: SM 2540D							
Total Suspended Solids	**<1.0**	mg/L	1.0	1		10/13/15 08:36		
5210B cBOD, 5 day EDN	Analytical Method: SM 5210B							
Carbonaceous BOD, 5 day	**<2.0**	mg/L	2.0	1	10/08/15 17:31	10/13/15 12:25		
351.2 Total Kjeldahl Nitrogen	Analytical Method: EPA 351.2							
Nitrogen, Kjeldahl, Total	**1.2**	mg/L	0.50	1		10/16/15 01:21	7727-37-9	
353.2 Nitrogen, NO2/NO3 pres.	Analytical Method: EPA 353.2							
Nitrogen, NO2 plus NO3	**10.7**	mg/L	0.10	5		10/14/15 05:47		
365.1 Phosphorus, Total	Analytical Method: EPA 365.1							
Phosphorus	**2.3**	mg/L	0.050	1		10/15/15 16:05	7723-14-0	

Sample: OUTFALL 001 **Lab ID: 92271002002** Collected: 10/08/15 10:10 Received: 10/08/15 12:45 Matrix: Water

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
MBIO 9222D Fecal Coliform EDN	Analytical Method: SM 9222D							
Fecal Coliforms	ND	CFU/100 mL	1.0	1		10/08/15 16:35		
MBIO E.coli (Quantitation)	Analytical Method: SM 9223 COLILERT MPN		Preparation Method: SM 9223 COLILERT MPN					
Total Coliforms	**24.9**	MPN/100mL	1.0	1	10/08/15 16:30	10/09/15 16:35		D6
E.coli	**<1.0**	MPN/100mL	1.0	1	10/08/15 16:30	10/09/15 16:35		

Sample: OUTFALL 001 **Lab ID: 92271002003** Collected: 10/07/15 14:00 Received: 10/08/15 12:45 Matrix: Water

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
HEM, Oil and Grease	Analytical Method: EPA 1664B							
Oil and Grease	**<5.0**	mg/L	5.0	1		10/14/15 08:21		
2540C Total Dissolved Solids	Analytical Method: SM 2540C							
Total Dissolved Solids	**451**	mg/L	25.0	1		10/13/15 14:16		
350.1 Ammonia	Analytical Method: EPA 350.1							
Nitrogen, Ammonia	**0.29**	mg/L	0.10	1		10/13/15 02:24	7664-41-7	

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ANALYTICAL RESULTS

Project: WESTMORELAND CTY
Pace Project No.: 92274667

Sample: OUTFALL 001 **Lab ID: 92274667007** Collected: 11/04/15 10:05 Received: 11/04/15 14:39 Matrix: Water

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
MBIO E.coli (Quantitation)	Analytical Method: SM 9223 COLILERT MPN Preparation Method: SM 9223 COLILERT MPN							
Total Coliforms	**28.8**	MPN/100mL	1.0	1	11/04/15 16:55	11/05/15 17:00		
E.coli	**3.1**	MPN/100mL	1.0	1	11/04/15 16:55	11/05/15 17:00		

Sample: OUTFALL 001 **Lab ID: 92274667008** Collected: 11/02/15 14:00 Received: 11/04/15 14:39 Matrix: Water

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
HEM, Oil and Grease	Analytical Method: EPA 1664B							
Oil and Grease	**<5.0**	mg/L	5.0	1		11/10/15 09:22		

Sample: OUTFALL 001 **Lab ID: 92274667009** Collected: 11/02/15 14:00 Received: 11/04/15 14:39 Matrix: Water

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
350.1 Ammonia	Analytical Method: EPA 350.1							
Nitrogen, Ammonia	**0.76**	mg/L	0.10	1		11/06/15 05:50	7664-41-7	

Sample: OUTFALL 001 **Lab ID: 92274667010** Collected: 11/02/15 14:00 Received: 11/04/15 14:39 Matrix: Water

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
2540C Total Dissolved Solids	Analytical Method: SM 2540C							
Total Dissolved Solids	**514**	mg/L	25.0	1		11/06/15 19:59		D6

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