COMMONWEALTH of VIRGINIA

DEPARTMENT OF ENVIRONMENTAL QUALITY

VALLEY REGIONAL OFFICE
4411 Early Road, P.O. Box 3000, Harrisonburg, Virginia 22801
(540) 574-7800 Fax (540) 574-7878
www.deq.virginia.gov

L. Preston Bryant, Jr.
Secretary of Natural Resources

David K. Paylor
Director

Amy Thatcher Owens
Regional Director

July 20, 2009

Mr. Kyle O'Brian, Town Manager
Town of Broadway
P.O. Box 156
Broadway, Virginia 22815

RE: Town of Broadway Consent Decree of 11/21/07: Modification Respecting Interim Total Phosphorus Annual Loading Limitation

Dear Mr. O'Brien:

Pursuant to the terms of Item One of the Consent Decree, I have reviewed the Town's study and recommendation for modification of the Decree's interim annual loading limitation for Total Phosphorus (TP). This recommendation was noticed to the public in the Harrisonburg *Daily New Record* for 30 days, and no comments were received. By this letter, the Town's recommendation that the TP limitation be reduced to 6,881 kg/yr is accepted, and shall remain in effect until such time as final permit limits are met, no later than January 1, 2011.

Enclosed is a revised DMR reflecting the modified TP limitation.

With kindest regards,

Amy Thatcher Owens

Cc: John Butcher, Assistant Attorney General
VRO permit file – Brandon Kiracofe
VRO compliance auditing
CO enforcement

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

Municipal Major 07/20/2009

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

NAME Town of Broadway Regional WWTF
ADDRESS PO Box 156
Broadway VA 22815
FACILITY LOCATION 15524 New Market Rd

VA0090263	002
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			

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

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD				*********	*********	*********				
	REQRMNT	1.923	NL	MGD	*********	*********	*********			CONT	REC
002 PH	REPORTD	*********	*********			*********					
	REQRMNT	*********	*********		6.5	*********	9.5	SU		1/DAY	GRAB
004 TSS	REPORTD				*********						
	REQRMNT	220	330	KG/D	*********	30	45	MG/L		1/M	24HC
007 DO	REPORTD	*********	*********			*********	*********				
	REQRMNT	*********	*********		5.0	*********	*********	MG/L		1/DAY	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
013 NITROGEN, TOTAL (AS N)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	CALC
068 TKN (N-KJEL)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
120 E.COLI	REPORTD	*********	*********		*********		*********				
	REQRMNT	*********	*********		*********	126	*********	N/CML		2/M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS
Submit Daily Operations Log with DMR

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

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

OPERATOR IN RESPONSIBLE CHARGE			DATE		
TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
157 CL2, TOTAL CONTACT	REPORTD	*********	*********			*********	*********				
	REQRMNT	*********	*********		1.0	*********	*********	MG/L	12	4/DAY	GRAB
164 FLOW, INFLUENT	REPORTD				*********	*********	*********				
	REQRMNT	1.923	NL	MGD	*********	*********	*********			CONT	REC
165 CL2, INST RES MAX	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	0.012	0.015	MG/L		1/DAY	GRAB
213 CL2, INST TECH MIN LIMIT	REPORTD	*********	*********			*********	*********				
	REQRMNT	*********	*********		0.6	*********	*********	MG/L		4/DAY	GRAB
350 TRIBUTYLTIN	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	0.14	0.14	UG/L		1/M	24HC
352 AMMONIA, AS N JAN-MAY	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	10	15	MG/L		5D/W	24HC
353 AMMONIA, AS N JUN-DEC	REPORTD	*********	*********		*********						
	REQRMNT	*********	*********		*********	3.1	3.1	MG/L		5D/W	24HC
380 TOXICITY, FINAL, CHRONIC	REPORTD	*********	*********		*********	*********					
	REQRMNT	*********	*********		*********	*********	NL	TU-C		1/3M	24HC

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389 NITRITE+NITRATE-N,TOTAL	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
423 CBOD5, JAN-MAY	REPORTD				*********						
	REQRMNT	184	240	KG/D	*********	29	33	MG/L		5D/W	24HC
424 CBOD5, JUN-DEC	REPORTD				*********						
	REQRMNT	60	87	KG/D	*********	8	12	MG/L		5D/W	24HC
500 OIL & GREASE	REPORTD				*********	*********	*********				
	REQRMNT	67	120	KG/D	*********	*********	*********			2/M	GRAB
791 NITROGEN, TOTAL (AS N) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
792 NITROGEN, TOTAL (AS N) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	26000	KG/YR	*********	*********	*********			1/M	CALC
793 PHOSPHORUS, TOTAL (AS P) (MONTHLY LOAD)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	NL	KG/MO	*********	*********	*********			1/M	CALC
794 PHOSPHORUS, TOTAL (AS P) (CALENDAR YEAR)	REPORTD	*********			*********	*********	*********				
	REQRMNT	*********	6881	KG/YR	*********	*********	*********			1/M	CALC

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
795 ORTHOPHOSPHATE (AS P)	REPORTD		*********		*********		*********				
	REQRMNT	NL	*********	KG/D	*********	NL	*********	MG/L		1/W	24HC
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
	REPORTD										
	REQRMNT									*******	
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THIS REPORT IS REQUIRED BY LAW (33 U. S. C. § 1318 40 CFR 122.41(l)(4)(i)). FAILURE TO REPORT OR FAILURE TO REPORT TRUTHFULLY CAN RESULT IN CIVIL PENALTIES NOT TO EXCEED $10,000 PER DAY OF VIOLATION: OR IN CRIMINAL PENALTIES NOT TO EXCEED $25,000 PER DAY OF VIOLATION OR BY IMPRISONMENT FOR NOT MORE THAN FIVE YEARS, OR BOTH.

GENERAL INSTRUCTIONS

1. Complete this form in permanent ink or indelible pencil.
2. Be sure to enter the dates for the first and last day of the period covered by the report on the form in the space marked "Monitoring Period".
3. For those parameters where the "permit requirement" spaces are blank or a limitation appears, provide data in the "reported" spaces in accordance with your permit.
4. Enter the average and, if appropriate, maximum quantities and units in the "reported" spaces in the columns marked "Quantity or Loading". KG/DAY = Concentration(mg/l) x Flow(MGD) x 3.785.
5. Enter maximum, minimum, and/or average concentrations and units in the "reported" spaces in the columns marked "Quality or Concentration".
6. Enter the number of samples which do not comply with the maximum and /or minimum permit requirements in the "reported" space in the column marked "No. Ex.".
7. Enter the actual frequency of analysis for each parameter (number of times per day, week, month) in the "reported" space in the column marked "Frequency of Analysis".
8. Enter the actual type of sample collected for each parameter in the "reported" space in the column marked "Sample Type".
9. Enter additional required data or comments in the space marked "additional permit requirements or comments".
10. Record the number of bypasses during the month, the total flow in million gallons and BOD5 in kilograms in the proper columns in the section marked "Bypasses and Overflows".
11. The operator in responsible charge of the facility should review the form and sign in the space provided. If the plant is required to have a licensed operator, the operator's certificate number should be reported in the space provided.
12. The principal executive officer should then review the form and sign in the space provided and provide a telephone number where he/she can be reached.
13. You are required to sample at the frequency and type indicated in your permit.
14. Send the completed form to your Dept. of Environmental Quality Regional Office by the 10th of each month.
15. You are required to retain a copy of the report for your records.
16. Where violations of permit requirements are reported, attach a brief explanation in accordance with the permit requirements describing causes and corrective actions taken. Reference each violation by date.
17. If you have any questions, contact the Dept. of Environmental Quality Regional Office.