DISTRICT OF COLUMBIA WATER AND SEWER AUTHORITY

DC CLEAN RIVERS PROJECT

NPDES PERMIT APPLICATION

March 2015

Prepared for:

Prepared by:

Blue Plains Wastewater Treatment Plant
5000 Overlook Avenue, SW
Washington, DC 20032

DISTRICT OF COLUMBIA
WATER AND SEWER AUTHORITY
Washington, D.C.

NPDES Permit # DC 0021199
Permit Reissuance Application

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FORM 1

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

S		T/A	C
F			D
1	2 — 13	14	15

LABEL ITEMS	PLEASE PLACE LABEL IN THIS SPACE
I. EPA I.D. NUMBER	
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)	(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 D. C. Wastewater Treatment Plant (15 — 16 – 29 — 30 — 69)

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
C 2 Leonard R. Benson, Chief Engineer (15 — 16 — 45)	(202) 787-2358 (46 — 48 — 49 — 51 — 52- — 55)

V. FACILTY MAILING ADDRESS

A. STREET OR P.O. BOX

C 3 5000 Overlook Avenue, SW (15 — 16 — 45)

B. CITY OR TOWN	C. STATE	D. ZIP CODE
C 4 Washington (15 — 16 — 40)	DC (41 — 42)	20032 (47 — 51)

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

C 5 5000 Overlook Avenue, SW (15 — 16 — 45)

B. COUNTY NAME

(46 — 70)

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
C 6 Washington (15 — 16 — 40)	DC (41 — 42)	20032 (47 — 51)	(52 — 54)

CONTINUED FROM THE FRONT

VII. SIC CODES *(4-digit, in order of priority)*

A. FIRST	B. SECOND
7 4952 *(specify)* Sewerage Systems - Wastewater Treatment	7 *(specify)*
C. THIRD	**D. FOURTH**
7 *(specify)*	7 *(specify)*

VIII. OPERATOR INFORMATION

A. NAME: 8 D. C. Water and Sewer Authority

B. Is the name listed in Item VIII-A also the owner? ☐ YES ☑ NO

C. STATUS OF OPERATOR *(Enter the appropriate letter into the answer box: if "Other," specify.)*

F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC *(other than federal or state)*
O = OTHER *(specify)*

M *(specify)*

D. PHONE *(area code & no.)*: A (202) 787-2000

E. STREET OR P.O. BOX: 5000 Overlook Avenue, SW

F. CITY OR TOWN: B Washington

G. STATE: DC

H. ZIP CODE: 20032

IX. INDIAN LAND

Is the facility located on Indian lands? ☐ YES ☑ NO

X. EXISTING ENVIRONMENTAL PERMITS

	C	T	I	
A. NPDES *(Discharges to Surface Water)*	9	N		DC0021199
D. PSD *(Air Emissions from Proposed Sources)*	9	P		
B. UIC *(Underground Injection of Fluids)*	9	U		
E. OTHER *(specify)*	9			*(specify)*
C. RCRA *(Hazardous Wastes)*	9	R		
E. OTHER *(specify)*	9			*(specify)*

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS *(provide a brief description)*

D.C. Water provides potable water distribution and wastewater collection for the District of Columbia, and wastewater treatement for the District of Coloumbia and portions of suburban Fiarfax, Loudoun and Arlington Counties in Virginia and portions of Montgomery and Prince George's County in Maryland.

A summary list of outfalls, figures, and analytical data is presented in the enclosed Attachments.

XIII. CERTIFICATION *(see instructions)*

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE *(type or print)*	B. SIGNATURE	C. DATE SIGNED
LEN BENSON CHIEF ENGR	Benson	3-27-15

COMMENTS FOR OFFICIAL USE ONLY

C

FORM 2A

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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)

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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: District of Columbia Wastewater Treatment Plant

Mailing Address: 5000 Overlook Avenue, SW, Washington D.C. 20032

Contact person: Leonard R. Benson

Title: Chief Engineer

Telephone number: (202) 787-2358

Facility Address (not P.O. Box): 5000 Overlook Avenue, SW, Washington D.C. 20032

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	DC 0021199	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
D.C.,parts of Fairfax, Loud-	DC-650,000+/-	DC-combined/separate	Municipal
oun, Arlington in VA & Mon	Suburbs-1.6 Million+	Suburbs-separate	Municipal
tgomery & PG Cnty in MD	/-		

Total population served 2.3 Million +/-

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 370.00 mgd

	Two Years Ago	Last Year	This Year	
b. Annual average daily flow rate	268.80	282.58	296.95	mgd
c. Maximum daily flow rate	470.53	490.50	478.40	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	92.00 %
✓	Combined storm and sanitary sewer	8.00 %

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 1

iii. Combined sewer overflow points 47

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

v. Other _____ _____

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).

_____

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):

_____

Annual daily volume disposed of by this method: _____

Is disposal through this method _____ continuous or _____ intermittent?

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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: Washington DC (City or town, if applicable) — 20032 (Zip Code)

(County) — (State)

See Attachement 7 (Latitude) — (Longitude)

c. Distance from shore (if applicable): 18.00 ft.

d. Depth below surface (if applicable): 0.00 ft.

e. Average daily flow rate: 2.07 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: 15

Average duration of each discharge: Not Available

Average flow per discharge: ____ mgd

Months in which discharge occurs: Rain fall dependent

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

A.10. Description of Receiving Waters.

a. Name of receiving water: Potomac River

b. Name of watershed (if known): N/A

United States Soil Conservation Service 14-digit watershed code (if known): N/A

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

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

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 $CaCO_3$

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WASTEWATER DISCHARGES:

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

A.9. Description of Outfall.

a. Outfall number 002

b. Location Washington DC (City or town, if applicable) 20032 (Zip Code)

(County) (State)

See Attachement 7 (Latitude) (Longitude)

c. Distance from shore (if applicable) 480.00 ft.

d. Depth below surface (if applicable) 30.26 ft.

e. Average daily flow rate 285.24 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 Potomac River

b. Name of watershed (if known) N/A

United States Soil Conservation Service 14-digit watershed code (if known): N/A

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

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

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:
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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 ____ %

Design SS removal ____ %

Design P removal ____ %

Design N removal ____ %

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 (Data 6/2010 to 11/ 2014)

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.20	s.u.			
pH (Maximum)	7.21	s.u.			
Flow Rate	234.00	mgd	42.29	mgd	81.00
Temperature (Winter)					
Temperature (Summer)					

* 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	221.00	mg/L	65.64	mg/L	81.00		
FECAL COLIFORM		3,000,000.00	#/100mL	253,368.00	#/100mL	81.00		
TOTAL SUSPENDED SOLIDS (TSS)		245.00	mg/L	61.74	mg/L	81.00		

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

FACILITY NAME AND PERMIT NUMBER:
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A.11. Description of Treatment.

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

✓ Primary ✓ Secondary
✓ Advanced ✓ Other. Describe: Disinfection and dechloration

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

Design BOD_5 removal or Design $CBOD_5$ removal _____ %

Design SS removal _____ %

Design P removal _____ %

Design N removal _____ %

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: 002 (Data 6/2010 to 11/ 2014)

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.10	s.u.			
pH (Maximum)	7.40	s.u.			
Flow Rate	495.03	mgd	285.24	mgd	1,644.00
Temperature (Winter)	65.80	deg F	60.78	deg F	365.00
Temperature (Summer)	80.01	deg F	76.98	deg F	465.00

* 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	8.77	mg/L	2.03	mg/L	1,644.00		
FECAL COLIFORM		5,400.00	#/100mL	9.36	#/100mL	1,644.00		
TOTAL SUSPENDED SOLIDS (TSS)		8.90	mg/L	0.84	mg/L	1,644.00		

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.

55,000,000.00 gpd

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

Sewer system assessment study and repair/replacement/renewal plan

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: Alfa Laval, Inc.

Mailing Address: 955 Mearns Road, Warminster PA 18744

Telephone Number: (215) 443-4000

Responsibilities of Contractor: Provides repair services for Alfa Laval Centrifuges

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, 002 - See Attachment 4 - CIP

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

✓ Yes ____ No

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

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.

55,000,000.00 gpd

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

Sewer system assessment study and repair/replacement/renewal plan

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.

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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.

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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: C & E Services, Inc.

Mailing Address: 1224 W Street, S.E. Washington DC 20018

Telephone Number: (202) 768-0532

Responsibilities of Contractor: Provides supplemental staffing for maintaining instrumentation and controls

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.)

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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: Electric Motor & Contracting, Inc.

Mailing Address: 3703 Cook Blvd. Chesapeake, VA 23323

Telephone Number: (757) 487-2121

Responsibilities of Contractor: Provides repair services for large electric motors

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.)

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001, 002 - See Attachment 4 - CIP

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

✓ Yes ____ No

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

BASIC APPLICATION INFORMATION

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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: EMH Environmental, Inc.

Mailing Address: 3060 State Route 97, Suite 190, Glenwood MD 21738

Telephone Number: (410) 489-9630

Responsibilities of Contractor: Maintains the methonal addition facilities

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, 002 - See Attachment 4 - CIP

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

✓ Yes ___ No

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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: M&M Electric Motor Repair, Inc.

Mailing Address: 205 Bruckeimer Road, Frederick MD 21701

Telephone Number: (301) 663-1100

Responsibilities of Contractor: Provides repair services for large pumps

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.)

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001, 002 - See Attachment 4 - CIP

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✓ Yes ___ No

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

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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: M.C. Dean

Mailing Address: 22461 Shaw Road, Dulles VA 20166

Telephone Number: (703) 802-6231

Responsibilities of Contractor: Maintains all high voltage power distribution equip.,including substations & switch gear

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.)

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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: Crane One Services

Mailing Address: 7 Ann Avenue, Baltimore MD 21221

Telephone Number: (410) 238-7680

Responsibilities of Contractor: Provides for inspection and repair of cranes and hoists.

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.)

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FACILITY NAME AND PERMIT NUMBER:
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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: Tate Engineering

Mailing Address: 3921 Vero Road, Baltimore MD 21227

Telephone Number: (410) 242-8800

Responsibilities of Contractor: Provides for inspection and repair of air systems (DAF).

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.)

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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: Emerson Process Management

Mailing Address: 200 Beta Drive, Pittsburgh PA 15238

Telephone Number: (800) 445-9723

Responsibilities of Contractor: Provides distributed control system support

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.)

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001, 002 - See Attachment 4 - CIP

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

✓ Yes ____ No

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

_____

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

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

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

Describe briefly: _____

B.6. EFFLUENT TESTING DATA (GREATER THAN 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)							
CHLORINE (TOTAL RESIDUAL, TRC)	0.00	mg/L	0.00	mg/L	81.00		
DISSOLVED OXYGEN							
TOTAL KJELDAHL NITROGEN (TKN)	43.90	mg/L	20.42	mg/L	81.00		
NITRATE PLUS NITRITE NITROGEN	47.92	mg/L	21.05	mg/L	81.00		
OIL and GREASE							
PHOSPHORUS (Total)	4.01	mg/L	1.60	mg/L	81.00		
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

c. If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).
Nitrogen removal required by NPDES Permit - Enhanced Clarification Facility

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	8 / 23 / 2013	/ /
– End construction	3 / 23 / 2018	/ /
– Begin discharge	* / /	/ /
– Attain operational level	3 / 23 / 2018	/ /

* - To Be Determined based on construction progress.

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

Describe briefly: Listed in current NPDES Permit

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: 002

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)	11.30	mg/L	0.40	mg/L	1,644.00		
CHLORINE (TOTAL RESIDUAL, TRC)	0.00	mg/L	0.00	mg/L	1,644.00		
DISSOLVED OXYGEN	11.50	mg/L	7.10	mg/L	1,644.00		
TOTAL KJELDAHL NITROGEN (TKN)	16.20	mg/L	0.04	mg/L	1,644.00		
NITRATE PLUS NITRITE NITROGEN	16.81	mg/L	2.31	mg/L	1,644.00		
OIL and GREASE							
PHOSPHORUS (Total)	0.64	mg/L	0.07	mg/L	1,644.00		
TOTAL DISSOLVED SOLIDS (TDS)	1,319.10	mg/L	448.35	mg/L	1,635.00		
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:

D.C. Wastewater Treatment Plant - DC 0021199

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: Leonard Benson, Chief Engineer

Signature: [signature]

Telephone number: (202) 787-2358

Date signed: 3-27-15

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:

FACILITY NAME AND PERMIT NUMBER:

D.C. Wastewater Treatment Plant - DC 0021199

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

SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

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

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

Outfall number: 001 - N/A (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.											
ANTIMONY											
ARSENIC											
BERYLLIUM											
CADMIUM											
CHROMIUM											
COPPER											
LEAD											
MERCURY											
NICKEL											
SELENIUM											
SILVER											
THALLIUM											
ZINC											
CYANIDE											
TOTAL PHENOLIC COMPOUNDS											
HARDNESS (AS $CaCO_3$)											
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer.											

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

Form Approved 1/14/99
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Outfall number: 001 - N/A (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
VOLATILE ORGANIC COMPOUNDS.											
ACROLEIN											
ACRYLONITRILE											
BENZENE											
BROMOFORM											
CARBON TETRACHLORIDE											
CLOROBENZENE											
CHLORODIBROMO-METHANE											
CHLOROETHANE											
2-CHLORO-ETHYLVINYL ETHER											
CHLOROFORM											
DICHLOROBROMO-METHANE											
1,1-DICHLOROETHANE											
1,2-DICHLOROETHANE											
TRANS-1,2-DICHLORO-ETHYLENE											
1,1-DICHLOROETHYLENE											
1,2-DICHLOROPROPANE											
1,3-DICHLORO-PROPYLENE											
ETHYLBENZENE											
METHYL BROMIDE											
METHYL CHLORIDE											
METHYLENE CHLORIDE											
1,1,2,2-TETRACHLORO-ETHANE											
TETRACHLORO-ETHYLENE											
TOLUENE											

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

Form Approved 1/14/99
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Outfall number: 001 - N/A (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
1,1,1-TRICHLOROETHANE											
1,1,2-TRICHLOROETHANE											
TRICHLORETHYLENE											
VINYL CHLORIDE											
Use this space (or a separate sheet) to provide information on other volatile organic compounds requested by the permit writer.											
ACID-EXTRACTABLE COMPOUNDS											
P-CHLORO-M-CRESOL											
2-CHLOROPHENOL											
2,4-DICHLOROPHENOL											
2,4-DIMETHYLPHENOL											
4,6-DINITRO-O-CRESOL											
2,4-DINITROPHENOL											
2-NITROPHENOL											
4-NITROPHENOL											
PENTACHLOROPHENOL											
PHENOL											
2,4,6-TRICHLOROPHENOL											
Use this space (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit writer.											
BASE-NEUTRAL COMPOUNDS.											
ACENAPHTHENE											
ACENAPHTHYLENE											
ANTHRACENE											
BENZIDINE											
BENZO(A)ANTHRACENE											
BENZO(A)PYRENE											

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

Form Approved 1/14/99
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Outfall number: 001 - N/A (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
3,4 BENZO-FLUORANTHENE											
BENZO(GHI)PERYLENE											
BENZO(K)FLUORANTHENE											
BIS (2-CHLOROETHOXY) METHANE											
BIS (2-CHLOROETHYL)-ETHER											
BIS (2-CHLOROISO-PROPYL) ETHER											
BIS (2-ETHYLHEXYL) PHTHALATE											
4-BROMOPHENYL PHENYL ETHER											
BUTYL BENZYL PHTHALATE											
2-CHLORONAPHTHALENE											
4-CHLORPHENYL PHENYL ETHER											
CHRYSENE											
DI-N-BUTYL PHTHALATE											
DI-N-OCTYL PHTHALATE											
DIBENZO(A,H) ANTHRACENE											
1,2-DICHLOROBENZENE											
1,3-DICHLOROBENZENE											
1,4-DICHLOROBENZENE											
3,3-DICHLOROBENZIDINE											
DIETHYL PHTHALATE											
DIMETHYL PHTHALATE											
2,4-DINITROTOLUENE											
2,6-DINITROTOLUENE											
1,2-DIPHENYLHYDRAZINE											

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

Form Approved 1/14/99
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Outfall number: 001 - N/A (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
FLUORANTHENE											
FLUORENE											
HEXACHLOROBENZENE											
HEXACHLOROBUTADIENE											
HEXACHLOROCYCLO-PENTADIENE											
HEXACHLOROETHANE											
INDENO(1,2,3-CD)PYRENE											
ISOPHORONE											
NAPHTHALENE											
NITROBENZENE											
N-NITROSODI-N-PROPYLAMINE											
N-NITROSODI- METHYLAMINE											
N-NITROSODI-PHENYLAMINE											
PHENANTHRENE											
PYRENE											
1,2,4-TRICHLOROBENZENE											
Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.											
Use this space (or a separate sheet) to provide information on other pollutants (e.g., pesticides) requested by the permit writer.											

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

FACILITY NAME AND PERMIT NUMBER:

D.C. Wastewater Treatment Plant - DC 0021199

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

SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

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

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

Outfall number: 002 - See Att. #5 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.											
ANTIMONY											
ARSENIC											
BERYLLIUM											
CADMIUM											
CHROMIUM											
COPPER											
LEAD											
MERCURY											
NICKEL											
SELENIUM											
SILVER											
THALLIUM											
ZINC											
CYANIDE											
TOTAL PHENOLIC COMPOUNDS											
HARDNESS (AS $CaCO_3$)											
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer.											

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

Form Approved 1/14/99
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Outfall number: 002 - See Att 5 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
VOLATILE ORGANIC COMPOUNDS.											
ACROLEIN											
ACRYLONITRILE											
BENZENE											
BROMOFORM											
CARBON TETRACHLORIDE											
CLOROBENZENE											
CHLORODIBROMO-METHANE											
CHLOROETHANE											
2-CHLORO-ETHYLVINYL ETHER											
CHLOROFORM											
DICHLOROBROMO-METHANE											
1,1-DICHLOROETHANE											
1,2-DICHLOROETHANE											
TRANS-1,2-DICHLORO-ETHYLENE											
1,1-DICHLOROETHYLENE											
1,2-DICHLOROPROPANE											
1,3-DICHLORO-PROPYLENE											
ETHYLBENZENE											
METHYL BROMIDE											
METHYL CHLORIDE											
METHYLENE CHLORIDE											
1,1,2,2-TETRACHLORO-ETHANE											
TETRACHLORO-ETHYLENE											
TOLUENE											

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

Outfall number: 002 - See Att 5 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
1,1,1-TRICHLOROETHANE											
1,1,2-TRICHLOROETHANE											
TRICHLORETHYLENE											
VINYL CHLORIDE											
Use this space (or a separate sheet) to provide information on other volatile organic compounds requested by the permit writer.											
ACID-EXTRACTABLE COMPOUNDS											
P-CHLORO-M-CRESOL											
2-CHLOROPHENOL											
2,4-DICHLOROPHENOL											
2,4-DIMETHYLPHENOL											
4,6-DINITRO-O-CRESOL											
2,4-DINITROPHENOL											
2-NITROPHENOL											
4-NITROPHENOL											
PENTACHLOROPHENOL											
PHENOL											
2,4,6-TRICHLOROPHENOL											
Use this space (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit writer.											
BASE-NEUTRAL COMPOUNDS.											
ACENAPHTHENE											
ACENAPHTHYLENE											
ANTHRACENE											
BENZIDINE											
BENZO(A)ANTHRACENE											
BENZO(A)PYRENE											

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

Outfall number: 002 - See Att 5 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
3,4 BENZO-FLUORANTHENE											
BENZO(GHI)PERYLENE											
BENZO(K)FLUORANTHENE											
BIS (2-CHLOROETHOXY) METHANE											
BIS (2-CHLOROETHYL)-ETHER											
BIS (2-CHLOROISO-PROPYL) ETHER											
BIS (2-ETHYLHEXYL) PHTHALATE											
4-BROMOPHENYL PHENYL ETHER											
BUTYL BENZYL PHTHALATE											
2-CHLORONAPHTHALENE											
4-CHLORPHENYL PHENYL ETHER											
CHRYSENE											
DI-N-BUTYL PHTHALATE											
DI-N-OCTYL PHTHALATE											
DIBENZO(A,H) ANTHRACENE											
1,2-DICHLOROBENZENE											
1,3-DICHLOROBENZENE											
1,4-DICHLOROBENZENE											
3,3-DICHLOROBENZIDINE											
DIETHYL PHTHALATE											
DIMETHYL PHTHALATE											
2,4-DINITROTOLUENE											
2,6-DINITROTOLUENE											
1,2-DIPHENYLHYDRAZINE											

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

Form Approved 1/14/99
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Outfall number: 002 - See Att 5 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
FLUORANTHENE											
FLUORENE											
HEXACHLOROBENZENE											
HEXACHLOROBUTADIENE											
HEXACHLOROCYCLO-PENTADIENE											
HEXACHLOROETHANE											
INDENO(1,2,3-CD)PYRENE											
ISOPHORONE											
NAPHTHALENE											
NITROBENZENE											
N-NITROSODI-N-PROPYLAMINE											
N-NITROSODI- METHYLAMINE											
N-NITROSODI-PHENYLAMINE											
PHENANTHRENE											
PYRENE											
1,2,4-TRICHLOROBENZENE											
Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.											
Use this space (or a separate sheet) to provide information on other pollutants (e.g., pesticides) requested by the permit writer.											

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on 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.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

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

____chronic ✓ acute

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

	Test number:_____	Test number:_____	Test number:_____
a. Test information.			
Test species & test method number	See Attachment 6		
Age at initiation of test			
Outfall number			
Dates sample collected			
Date test started			
Duration			
b. Give toxicity test methods followed.			
Manual title			
Edition number and year of publication			
Page number(s)			
c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.			
24-Hour composite			
Grab			
d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)			
Before disinfection			
After disinfection			
After dechlorination			

FACILITY NAME AND PERMIT NUMBER:
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	Test number:_____	Test number:_____	Test number:_____
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:			
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity			
Acute toxicity			
g. Provide the type of test performed.			
Static			
Static-renewal			
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.			
Laboratory water			
Receiving water			
i. Type of dilution water. It salt water, specify "natural" or type of artificial sea salts or brine used.			
Fresh water			
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH			
Salinity			
Temperature			
Ammonia			
Dissolved oxygen			
l. Test Results.			
Acute:			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

FACILITY NAME AND PERMIT NUMBER:
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Chronic:			
NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			
m. Quality Control/Quality Assurance.			
Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____Yes____No If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: 01/26/2015 (MM/DD/YYYY)

Summary of results: (see instructions)
Attachment 6 - Outfall 001 Acute Testing Results

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

Chronic:			
NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			
m. Quality Control/Quality Assurance.			
Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____Yes____No If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: 10/27/2014 (MM/DD/YYYY)

Summary of results: (see instructions)

Attachment 6 - Outfall 001 Acute Testing Results

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

Form Approved 1/14/99
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Chronic:			
NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			
m. Quality Control/Quality Assurance.			
Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____Yes____No If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: 07/23/2014 (MM/DD/YYYY)

Summary of results: (see instructions)

Attachment 6 - Outfall 001 Acute Testing Results

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

Chronic:			
NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			
m. Quality Control/Quality Assurance.			
Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____Yes____No If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: 04/25/2013 (MM/DD/YYYY)

Summary of results: (see instructions)

Attachment 6 - Outfall 001 Acute Testing Results

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

Chronic:			
NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			
m. Quality Control/Quality Assurance.			
Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____Yes____No If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: 04/23/2012 (MM/DD/YYYY)

Summary of results: (see instructions)

Attachment 6 - Outfall 001 Acute Testing Results

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

Chronic:			
NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			
m. Quality Control/Quality Assurance.			
Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____Yes____No If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: 10/25/2011 (MM/DD/YYYY)

Summary of results: (see instructions)

Attachment 6 - Outfall 001 Acute Testing Results

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

Form Approved 1/14/99
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Chronic:			
NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			
m. Quality Control/Quality Assurance.			
Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____Yes____No If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: 07/18/2011 (MM/DD/YYYY)

Summary of results: (see instructions)
Attachment 6 - Outfall 001 Acute Testing Results

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

Chronic:			
NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			
m. Quality Control/Quality Assurance.			
Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____Yes____No If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: 04/15/2011 (MM/DD/YYYY)

Summary of results: (see instructions)
Attachment 6 - Outfall 001 Acute Testing Results

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

FACILITY NAME AND PERMIT NUMBER:

D.C. Wastewater Treatment Plant - DC 0021199

Form Approved 1/14/99
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SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on 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.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

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

✓ chronic ____ acute

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

	Test number:_____	Test number:_____	Test number:_____
a. Test information.			
Test species & test method number	See Attachment 6		
Age at initiation of test			
Outfall number			
Dates sample collected			
Date test started			
Duration			
b. Give toxicity test methods followed.			
Manual title			
Edition number and year of publication			
Page number(s)			
c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.			
24-Hour composite			
Grab			
d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)			
Before disinfection			
After disinfection			
After dechlorination			

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D.C. Wastewater Treatment Plant - DC 0021199

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	Test number:_____	Test number:_____	Test number:_____
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:			
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity			
Acute toxicity			
g. Provide the type of test performed.			
Static			
Static-renewal			
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.			
Laboratory water			
Receiving water			
i. Type of dilution water. It salt water, specify "natural" or type of artificial sea salts or brine used.			
Fresh water			
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH			
Salinity			
Temperature			
Ammonia			
Dissolved oxygen			
l. Test Results.			
Acute:			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

Chronic:			
NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			
m. Quality Control/Quality Assurance.			
Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____Yes____No If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: 01/26/2015 (MM/DD/YYYY)

Summary of results: (see instructions)

Attachment 6 - Outfall 002 Acute Testing Results

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

Chronic:			
NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			
m. Quality Control/Quality Assurance.			
Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____Yes____No If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: 10/27/2014 (MM/DD/YYYY)

Summary of results: (see instructions)

Attachment 6 - Outfall 002 Chronic Testing Results

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

Chronic:			
NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			
m. Quality Control/Quality Assurance.			
Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____Yes____No If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: 07/27/2014 (MM/DD/YYYY)

Summary of results: (see instructions)

Attachment 6 - Outfall 002 Chronic Testing Results

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

Form Approved 1/14/99
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Chronic:			
NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			
m. Quality Control/Quality Assurance.			
Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____Yes____No If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: 07/24/2013 (MM/DD/YYYY)

Summary of results: (see instructions)
Attachment 6 - Outfall 002 Chronic Testing Results

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

Form Approved 1/14/99
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Chronic:			
NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			
m. Quality Control/Quality Assurance.			
Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____Yes____No If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: 04/23/2012 (MM/DD/YYYY)

Summary of results: (see instructions)
Attachment 6 - Outfall 002 Chronic Testing Results

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

Chronic:			
NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			
m. Quality Control/Quality Assurance.			
Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____Yes____No If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: 10/25/2011 (MM/DD/YYYY)

Summary of results: (see instructions)

Attachment 6 - Outfall 002 Chronic Testing Results

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

Chronic:			
NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			
m. Quality Control/Quality Assurance.			
Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____Yes____No If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: 07/18/2011 (MM/DD/YYYY)

Summary of results: (see instructions)

Attachment 6 - Outfall 002 Chronic Testing Results

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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Chronic:			
NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			
m. Quality Control/Quality Assurance.			
Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____Yes____No If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: 04/15/2011 (MM/DD/YYYY)

Summary of results: (see instructions)
Attachment 6 - Outfall 002 Chronic Testing Results

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

Chronic:			
NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			
m. Quality Control/Quality Assurance.			
Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____Yes____No If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: 01/21/2011 (MM/DD/YYYY)

Summary of results: (see instructions)
Attachment 6 - Outfall 002 Chronic Testing Results

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 35.00

b. Number of CIUs. 15.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: ATK Space Systems

Mailing Address: 1131 Frederick Road, Beltsville MD 20705

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Metal finishing

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Thermal Systems Aerospace Products

Raw material(s): Etching solution-phospheric acid mixture, hexane and acetone

F.6. Flow Rate.

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

45.00 gpd (___ continuous or ✓ intermittent)

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

1,560.00 gpd (___ continuous or ✓ intermittent)

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

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ✓ Yes ___ No

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

PSNS 433 Metal Finishing

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

Form Approved 1/14/99
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F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____Yes ✓ No If yes, describe each episode.

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

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 35.00

b. Number of CIUs. 15.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Bethesda Art Metal Works

Mailing Address: 4955 Bethesda Avenue, Bethesda MD 20814

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Metal finishing and plating

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Metal finishing and plating

Raw material(s): Spent cyanides and metals

F.6. Flow Rate.

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

10.00 gpd (___ continuous or ✓ intermittent)

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

5.00 gpd (✓ continuous or ___ intermittent)

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

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ✓ Yes ___ No

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

PSES 413 Electroplating

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

____Yes ✓ No If yes, describe each episode.

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

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 35.00

b. Number of CIUs. 15.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Bureau of Engraving and Printing

Mailing Address: 14th and C Streets, SW, Washington DC 20228

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Engraving, printing, ink formulation, photolithography, and associated activities

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Currency

Raw material(s): Inks, solvents, wipe solution, blanket wash, plating chemicals, oils, glycols, etc.

F.6. Flow Rate.

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

32,655.00 gpd (✓ continuous or ___ intermittent)

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

81,103.00 gpd (✓ continuous or ___ intermittent)

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

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ✓ Yes ___ No

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

PSNS 433 Metal Finishing

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

____Yes ✓ No If yes, describe each episode.

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

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

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

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SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 35.00

b. Number of CIUs. 15.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Eaton Corporation

Mailing Address: 11642 Old Baltimore Pike, Beltsville MD, 20705

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Metal Finisher

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Aircraft parts (mostly seals, flanger, and ducts)

Raw material(s): Sodium Hydroxide, Sulfuric Acid, EP5 Mix Precipitant, plating chems. cutting oil, coolant

F.6. Flow Rate.

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

6,490.00 gpd (___ continuous or ✓ intermittent)

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

3,530.00 gpd (✓ continuous or ___ intermittent)

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

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ✓ Yes ___ No

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

PSNS 433 Metal Finishing

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

____Yes ✓ No If yes, describe each episode.

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

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

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

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PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 35.00

b. Number of CIUs. 15.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Engineering Design Manufacturing Services

Mailing Address: 43617 Trade Center Place, Unit 150, Dulles VA 20166

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Metal finishing

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Aluminum cabinets and enclosures

Raw material(s): AN 200,IriditeNCP,IriditeNCP pH additive,Iridite14-2,Isoprep184&740,SodiumBicarbonat

F.6. Flow Rate.

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

161.00 gpd (___ continuous or ✓ intermittent)

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

220.00 gpd (___ continuous or ✓ intermittent)

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

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ✓ Yes ___ No

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

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

____Yes ✓ No If yes, describe each episode.

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

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

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

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PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 35.00

b. Number of CIUs. 15.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Maryland Metal Plating & Polishing

Mailing Address: 4110 Howard Avenue, Kensington MD 20895

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Metal finishing

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Plating, cleaning, polishing, and lacquering of metal

Raw material(s): Nickel, copper and silver metal plating solutions, cyanide bath, acids and bases

F.6. Flow Rate.

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

900.00 gpd (___ continuous or ✓ intermittent)

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

100.00 gpd (___ continuous or ✓ intermittent)

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

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ✓ Yes ___ No

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

PSNS 433 Metal Finishing

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

____Yes ✓ No If yes, describe each episode.

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

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

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

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PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 35.00

b. Number of CIUs. 15.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Mid-Atlantic Finishing

Mailing Address: 4656 Addison Road, Capitol Heights MD 20743

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Metal plating and finishing

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Plating operations for the telecommunications industry

Raw material(s): Caustic/Acid, numerous finishing agents

F.6. Flow Rate.

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

1,600.00 gpd (___ continuous or ✓ intermittent)

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

625.00 gpd (___ continuous or ✓ intermittent)

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

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ✓ Yes ___ No

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

PSNS 433 Metal Finishing

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

____Yes ✓ No If yes, describe each episode.

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

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

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

FACILITY NAME AND PERMIT NUMBER:
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PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 35.00

b. Number of CIUs. 15.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Ostendo GaN Lab

Mailing Address: 12210 Plum Orchard Drive, Suite #214, Silver Spring MD 20904

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Semi-conductors

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Semi-conductor substrate and epitaxial (GaN, SiC, and AlN) wafer crystals

Raw material(s): Acetone, HCl, HNO3, KOH, NaOH, phosphoric acid and ammonia gas

F.6. Flow Rate.

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

420.00 gpd (___ continuous or ✓ intermittent)

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

4,479.00 gpd (___ continuous or ✓ intermittent)

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

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ✓ Yes ___ No

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

PSNS 469.28 Subpart B Electronic crystals

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

____Yes ✓ No If yes, describe each episode.

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

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

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

FACILITY NAME AND PERMIT NUMBER:
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PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 35.00

b. Number of CIUs. 15.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Precision Sheet Metal Supply, Inc.

Mailing Address: 354 Victory Drive, Herndon VA 20170

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Sheet metal work

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Job shop metal finisher

Raw material(s): Oakite (360L,Deoxidizer LNC),Iridite 12-2,Alodine(1500,1200,600),Isoprep-35 Alutone

F.6. Flow Rate.

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

3,800.00 gpd (✓ continuous or ___ intermittent)

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

150.00 gpd (✓ continuous or ___ intermittent)

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

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ✓ Yes ___ No

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

PSNS 433 Metal Finishing

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

____Yes ✓ No If yes, describe each episode.

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

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

Fairfax County authorizes discharge to the POTW of treated groundwater from remediation sites where project is deemed an emergency or directed discharge is determined to be infeasible. No remediation projects are currently authorized or planned

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 35.00

b. Number of CIUs. 15.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Sanofi Pasteur Biologics

Mailing Address: 9920 Medical Center Drive, Rockville MD 20850

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Pharmaceutical Manufacturing

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Fill/Finish of Vaccinia (Vaccine for smallpox)

Raw material(s): Sodium Biocarbonate and sulfuric acid, small pox vacine

F.6. Flow Rate.

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

8,500.00 gpd (___ continuous or ✓ intermittent)

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

0.00 gpd (___ continuous or ✓ intermittent)

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

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ✓ Yes ___ No

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

PSNS 439.47 Subpart D - Pharmaceutical Mfg - Mixing/Compounding/Formulation

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

____Yes ✓ No If yes, describe each episode.

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

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 35.00

b. Number of CIUs. 15.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: United Therapeutics Corporation

Mailing Address: 1040 Spring Street, Silver Spring MD 20910

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Pharmaceutical Manufacturing

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Fill/Finish of Tyvaso (heart medicine)

Raw material(s): Hydrochloric acid,Potassium Hydroxide,Acetate,Sodium Sulfate,Ethyl Acetate, Methonal

F.6. Flow Rate.

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

4,000.00 gpd (___ continuous or ✓ intermittent)

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

7,500.00 gpd (___ continuous or ✓ intermittent)

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

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ✓ Yes ___ No

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

PSNS 439.47 Subpart D - Pharmaceutical Mfg - Mixing/Compounding/Formulation

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

____Yes ✓ No If yes, describe each episode.

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

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

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

FACILITY NAME AND PERMIT NUMBER:
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PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 35.00

b. Number of CIUs. 15.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Viasystems Technology Corporation

Mailing Address: 1200 Severn Way, Sterling VA 20166

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Circuit Board Manufacturing

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Circuit Boards

Raw material(s): SodiumHydroxide, AmmoiniumHydroxideSolution,Copper AmmoiniumHydroxide,Develo

F.6. Flow Rate.

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

188,800.00 gpd (✓ continuous or ___ intermittent)

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

195,800.00 gpd (___ continuous or ✓ intermittent)

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

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ✓ Yes ___ No

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

PSES 433 Metal Finishing

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

____Yes ✓ No If yes, describe each episode.

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

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 35.00

b. Number of CIUs. 15.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Adelphi Labs

Mailing Address: 2800 Powder Mill Road, Adelphi MD 20783

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Defense research and development of electronic devices

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Defense research and development of electronic devices

Raw material(s): NaOH, CaCl, H2P4, diesel fuel, unleaded gasoline, degreaser, motor oil and lube

F.6. Flow Rate.

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

15,594.00 gpd (___ continuous or ✓ intermittent)

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

50,094.00 gpd (✓ continuous or ___ intermittent)

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

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ___ Yes ✓ No

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

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

____Yes ✓ No If yes, describe each episode.

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

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 35.00

b. Number of CIUs. 15.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Alsco

Mailing Address: 713 Lamont Street, NW Washington DC 20010

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Laundry of linens from hotels, restaurants, etc.

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Laundary of linens from hotels, restaurants, etc.

Raw material(s): Detergent, rinse additives, bleach, etc.

F.6. Flow Rate.

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

163,000.00 gpd (✓ continuous or ___ intermittent)

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

7,000.00 gpd (___ continuous or ✓ intermittent)

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

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ___ Yes ✓ No

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

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

____Yes ✓ No If yes, describe each episode.

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

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 35.00

b. Number of CIUs. 15.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Amtrak

Mailing Address: 1401 W Street, NE Washington DC 20018

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Light maintenance, cleaning, inspection, and rail car wash facility

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Light maintenance, cleaning, inspection and rail car wash facility

Raw material(s): Lubricating & hydraulic oils, diesel fuel, cleaners,antifreeze,gasoline,train wash chem,et

F.6. Flow Rate.

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

8,000.00 gpd (✓ continuous or ___ intermittent)

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

11,820.00 gpd (___ continuous or ✓ intermittent)

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

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ___ Yes ✓ No

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

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

____Yes ✓ No If yes, describe each episode.

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

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 35.00

b. Number of CIUs. 15.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Amtrak - High Speed Rail Facility

Mailing Address: 1401 W Street, NE Washington DC 20018

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Light maintenance, cleaning, inspection, and rail car wash facility

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Light maintenance, cleaning, inspection and rail car wash facility

Raw material(s): Synthetic and hydraulic oils, cleaners, coolant, train wash chemicals etc.

F.6. Flow Rate.

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

8,300.00 gpd (___ continuous or ✓ intermittent)

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

300.00 gpd (___ continuous or ✓ intermittent)

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

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ___ Yes ✓ No

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

____Yes ✓ No If yes, describe each episode.

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

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 35.00

b. Number of CIUs. 15.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Capitol Power Plant

Mailing Address: 25 E Street, SE Washington DC 20003

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

steam heat and chilled water

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Steam heat and chilled water

Raw material(s): Fuel oil,coal,salt,sulfuric acid,sulfite,polymer,amine,and other water treatment chmeicals

F.6. Flow Rate.

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

294,500.00 gpd (✓ continuous or ___ intermittent)

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

376,400.00 gpd (✓ continuous or ___ intermittent)

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

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ___ Yes ✓ No

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

____Yes ✓ No If yes, describe each episode.

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

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 35.00

b. Number of CIUs. 15.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Coca-Cola Refreshment

Mailing Address: 1710 Elton Road, Silver Spring MD 20903

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Manufacturing and soft drinks

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Manufacturing and soft drinks

Raw material(s): Sugar,NaOH,BeltLubricant,CO2,Hydraulic&Filter oil,H2SO4,DiverFoam,syrup,citric acid

F.6. Flow Rate.

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

25,000.00 gpd (___ continuous or ✓ intermittent)

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

85,000.00 gpd (___ continuous or ✓ intermittent)

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

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ___ Yes ✓ No

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

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

____Yes ✓ No If yes, describe each episode.

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

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 35.00

b. Number of CIUs. 15.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: District Photo Inc.

Mailing Address: 10619 Baltiimore Avenue, Beltsville MD 20705

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Hight production photo-finishing laboratory

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): High production phot-finishing laboratory

Raw material(s): C-41(Bleach,Developer,Final Rinse),Ammonia Thiosulfate,sulfuric acid, NaOH, etc.

F.6. Flow Rate.

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

10,000.00 gpd (___ continuous or ✓ intermittent)

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

13,750.00 gpd (___ continuous or ✓ intermittent)

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

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ___ Yes ✓ No

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

____Yes ✓ No If yes, describe each episode.

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

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 35.00

b. Number of CIUs. 15.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Fairfax Water

Mailing Address: 1295 Fred Morin Road, Herndon VA 20170

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Drinking Water

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Drinking Water

Raw material(s): Cl,HCl,H2SO4,C3H802,PACl,NaOH,NH3,polymer,O3,KMnO4,F,CaTs,H3PO4

F.6. Flow Rate.

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

5,000.00 gpd (✓ continuous or ___ intermittent)

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

28,000.00 gpd (✓ continuous or ___ intermittent)

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

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ___ Yes ✓ No

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

____Yes ✓ No If yes, describe each episode.

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

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

Fairfax County authorizes discharge to the POTW of treated groundwater from remediation sites where project is deemed an emergency or directed discharge is determined to be infeasible. No remediation projects are currently authorized or planned

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 35.00

b. Number of CIUs. 15.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Fort Detrick-Forest Glen Annex

Mailing Address: 9100 Brookville Road, Silver Spring MD 20910

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Biomedical research

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Biomedical research

Raw material(s): Test animals, caustic/acid, animal bedding, animal food

F.6. Flow Rate.

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

92,000.00 gpd (___ continuous or ✓ intermittent)

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

67,000.00 gpd (___ continuous or ✓ intermittent)

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

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ___ Yes ✓ No

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

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

____Yes ✓ No If yes, describe each episode.

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

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 35.00

b. Number of CIUs. 15.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: General Services Administration Central heating Plant

Mailing Address: 13th and C Streets, SW Washington DC 20407

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Steam heat and chilled water

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Steam heat and chilled water

Raw material(s): Fuel oil, salt, sulfuric acid, sodium chlorite, and other water treatment chmeicals

F.6. Flow Rate.

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

100,000.00 gpd (✓ continuous or ___ intermittent)

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

250,000.00 gpd (✓ continuous or ___ intermittent)

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

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ___ Yes ✓ No

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

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

____Yes ✓ No If yes, describe each episode.

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

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

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

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SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 35.00

b. Number of CIUs. 15.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: George Bush Center for Intelligence

Mailing Address: 930 Dolly Madison Blvd., McLean VA 22101

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

National Security (Printing, photography, incineration, heating and cooling.

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): National Security

Raw material(s): Developer,fountain solution,fixer,solvents,glycol,acids,bases,algaecides,molybdenum,Br

F.6. Flow Rate.

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

10,000.00 gpd (✓ continuous or ___ intermittent)

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

230,100.00 gpd (✓ continuous or ___ intermittent)

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

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ___ Yes ✓ No

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

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

____Yes ✓ No If yes, describe each episode.

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

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

Fairfax County authorizes discharge to the POTW of treated groundwater from remediation sites where project is deemed an emergency or directed discharge is determined to be infeasible. No remediation projects are currently authorized or planned

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

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

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SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 35.00

b. Number of CIUs. 15.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Greenpenz, LLC

Mailing Address: 2500 Virginia Avenue, NW Washington DC 20037

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Groundwater remediation

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Treated groundwater

Raw material(s): Sodium nitrate

F.6. Flow Rate.

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

32,000.00 gpd (✓ continuous or ___ intermittent)

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

1,000.00 gpd (___ continuous or ✓ intermittent)

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

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ___ Yes ✓ No

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

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

____Yes ✓ No If yes, describe each episode.

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

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

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

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PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 35.00

b. Number of CIUs. 15.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Human Genome Sciences Inc. (Small Scale Manufacturing)

Mailing Address: 9910 Belward Campus Drive, Rockville MD 20850

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Manufacturing (fermentation, extraction, compounding), and research of pharmaceutical product

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Human monoclonal antibody (protein drug therapy)

Raw material(s): Sodium/salts, acids, bases, buffers, sucrose, bleach, antifoam, alcohols, glycine

F.6. Flow Rate.

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

38,000.00 gpd (___ continuous or ✓ intermittent)

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

12,000.00 gpd (___ continuous or ✓ intermittent)

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

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ✓ Yes ___ No

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

PSNS 439.17 Subpart A Pharmaceutical Mfg - Fermentation Products

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

____Yes ✓ No If yes, describe each episode.

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

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

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

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SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 35.00

b. Number of CIUs. 15.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Human Genome Sciences Inc. (Large Scale Manufacturing)

Mailing Address: 9911 Belward Campus Drive, Rockville MD 20850

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Manufacturing (fermentation, extraction, compounding), and research of pharmaceutical product

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Human monoclonal antibody (protein drug therapy)

Raw material(s): Sodium/salts, acids, bases, buffers, sucrose, bleach, antifoam, alcohols, glycine

F.6. Flow Rate.

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

52,900.00 gpd (___ continuous or ✓ intermittent)

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

7,100.00 gpd (___ continuous or ✓ intermittent)

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

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ✓ Yes ___ No

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

PSNS 439.17 Subpart A Pharmaceutical Mfg - Fermentation Products

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

____Yes ✓ No If yes, describe each episode.

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

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

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

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SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 35.00

b. Number of CIUs. 15.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Huntmans Pigments Americas LLC (formerly Rockwood Pigments N.A., Inc.)

Mailing Address: 7011 Muirkirk Road, Beltsville MD 20705

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Production of paint pigments

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Production of paint pigments

Raw material(s): Soda ash, sodium hydroxide, various pigments,phosphoric acid, zinc oxide, iron oxide

F.6. Flow Rate.

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

6,133.00 gpd (___ continuous or ✓ intermittent)

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

900.00 gpd (___ continuous or ✓ intermittent)

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

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ___ Yes ✓ No

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

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

____Yes ✓ No If yes, describe each episode.

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

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

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

FACILITY NAME AND PERMIT NUMBER:
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PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 35.00

b. Number of CIUs. 15.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Marva Maid of Landover (formerly Giant Food Dairy)

Mailing Address: 1805 South Club Drive, Landover MD 20785

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Dairy, fruit drink, and bottled water processing plant

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Dairy, fruit drink, and bottled water processing plant

Raw material(s): HC-10, Lube, 201 Solvent, Ster-Bac, heavy Duty Oil, Klenz-Solve, Conquest

F.6. Flow Rate.

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

50,285.00 gpd (___ continuous or ✓ intermittent)

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

21,000.00 gpd (___ continuous or ✓ intermittent)

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

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ___ Yes ✓ No

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

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

____Yes ✓ No If yes, describe each episode.

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

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 35.00

b. Number of CIUs. 15.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Medimmune, Inc.

Mailing Address: 1 Medimmune Way, Gaithersburg MD 20878

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Bio-Pharmaceutical R&D

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Bio-Pharmaceutical R&D

Raw material(s): NaOH, and acid in large quantities. Otherwise small amounts of laboratory chemicals

F.6. Flow Rate.

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

44,464.00 gpd (✓ continuous or ___ intermittent)

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

105,000.00 gpd (✓ continuous or ___ intermittent)

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

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ___ Yes ✓ No

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

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

____Yes ✓ No If yes, describe each episode.

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

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 35.00

b. Number of CIUs. 15.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Metropolitan Washington Airports Authority - Dulles International Airport

Mailing Address: 44701 Propeller Court, Dulles VA 20166

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Airline transportation and related services

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Airline transportation and related services

Raw material(s): Propylene glycol, fuel, oil, solvents, AFFF(fire suppressant) acid and alkali wash chem.

F.6. Flow Rate.

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

200,000.00 gpd (___ continuous or ✓ intermittent)

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

1,040,410.00 gpd (✓ continuous or ___ intermittent)

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

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ___ Yes ✓ No

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

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

____Yes ✓ No If yes, describe each episode.

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

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 35.00

b. Number of CIUs. 15.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: National Archives II

Mailing Address: 8601 Adelphi Road, College Park MD 20704

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Photo processing and document restoration

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Photo processing and document restoration

Raw material(s): Fixers, developers, finishers, hydraulic oil/lubricating oil, nitrate,borate,sodium hydroxide

F.6. Flow Rate.

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

62,348.00 gpd (___ continuous or ✓ intermittent)

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

60,000.00 gpd (___ continuous or ✓ intermittent)

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

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ___ Yes ✓ No

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

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

____Yes ✓ No If yes, describe each episode.

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

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 35.00

b. Number of CIUs. 15.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: National Institutes of Health

Mailing Address: 9000 Rockville Pike, Bethesda MD 20892

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Bio-Medical Research

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Bio-Medical Research

Raw material(s): NaOH, Acid, and small quantities of lab chemicals. Bulk chemical storage is off site.

F.6. Flow Rate.

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

1,308,447.00 gpd (✓ continuous or ___ intermittent)

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

553,710.00 gpd (✓ continuous or ___ intermittent)

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

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ___ Yes ✓ No

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

____Yes ✓ No If yes, describe each episode.

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

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 35.00

b. Number of CIUs. 15.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: National Institutes of Health - NIAID

Mailing Address: 5625 Fishers Lane, Bethesda MD 20852

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Bio-Medical Research

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Bio-Medical Research

Raw material(s): Test animals, caustic/acid

F.6. Flow Rate.

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

34,500.00 gpd (___ continuous or ✓ intermittent)

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

14,500.00 gpd (✓ continuous or ___ intermittent)

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

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ___ Yes ✓ No

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

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

____Yes ✓ No If yes, describe each episode.

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

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 35.00

b. Number of CIUs. 15.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: National Institutes of Standards & Technology

Mailing Address: 00 Muddy Branch Road, Gaithersburg MD 20899

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Performing non-commercial research

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Performing non-commercial research

Raw material(s): Organic solvents, oil, acids, bases, buffers, radioactive materials, gases, lubricants

F.6. Flow Rate.

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

200,000.00 gpd (___ continuous or ✓ intermittent)

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

100,000.00 gpd (___ continuous or ✓ intermittent)

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

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ___ Yes ✓ No

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

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

____Yes ✓ No If yes, describe each episode.

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

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

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

FACILITY NAME AND PERMIT NUMBER:
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SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 35.00

b. Number of CIUs. 15.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Naval Support Activity, Bethesda

Mailing Address: 8901 Wisconsin Avenue, Bethesda MD 20889

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Medical Research-Armed Forces Radiological Research Institute

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Medical research

Raw material(s): Deionized water, Envirokleen 100 detergent, Acidulate 150

F.6. Flow Rate.

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

7,200.00 gpd (___ continuous or ✓ intermittent)

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

242,575.00 gpd (___ continuous or ✓ intermittent)

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

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ___ Yes ✓ No

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

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

____Yes ✓ No If yes, describe each episode.

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

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 35.00

b. Number of CIUs. 15.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Naval Support Facility Carderock

Mailing Address: 9500 MacArthur Blvd., West Bethesda MD 20817

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Research development

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Research and development and supporting activities

Raw material(s): Fuel oil, boiler treatment chemicals, mineral oil, hypochlorite, laboratory chemicals

F.6. Flow Rate.

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

185,163.00 gpd (___ continuous or ✓ intermittent)

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

56,780.00 gpd (___ continuous or ✓ intermittent)

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

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ___ Yes ✓ No

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

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

____Yes ✓ No If yes, describe each episode.

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

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

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

FACILITY NAME AND PERMIT NUMBER:
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SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 35.00

b. Number of CIUs. 15.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Naval Research Laboratory

Mailing Address: 4555 Overlook Avenue, SW Washington DC 20375

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Research and development and supporting activities

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Research and development and supporting activities

Raw material(s): Fuel oil,boiler treatment chemicals,chilled water plant chemicals,dielectric oil, laboratory

F.6. Flow Rate.

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

55,080.00 gpd (___ continuous or ✓ intermittent)

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

312,113.00 gpd (✓ continuous or ___ intermittent)

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

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ___ Yes ✓ No

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

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

____Yes ✓ No If yes, describe each episode.

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

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

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

FACILITY NAME AND PERMIT NUMBER:
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SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 35.00

b. Number of CIUs. 15.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Nixon Uniform Services, Inc.

Mailing Address: 11860 Old Baltimore Pike, Beltsville MD 20705

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Commercial Laundary

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Commercial Laundary

Raw material(s): Sulfuric acid, NaOH, Remedy, Turbo Charge II

F.6. Flow Rate.

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

55,000.00 gpd (___ continuous or ✓ intermittent)

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

2,800.00 gpd (___ continuous or ✓ intermittent)

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

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ___ Yes ✓ No

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

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

____Yes ✓ No If yes, describe each episode.

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

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

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

FACILITY NAME AND PERMIT NUMBER:
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SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 35.00

b. Number of CIUs. 15.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Oaks Sanitary Landfill

Mailing Address: 6001 Olney-Laytonsville Road, Laytonsville MD 20706

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Municipal Landfill

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Municipal Landfill

Raw material(s): Treated leachate

F.6. Flow Rate.

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

30,000.00 gpd (___ continuous or ✓ intermittent)

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

100.00 gpd (___ continuous or ✓ intermittent)

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

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ___ Yes ✓ No

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

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

____Yes ✓ No If yes, describe each episode.

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

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

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

FACILITY NAME AND PERMIT NUMBER:
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SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 35.00

b. Number of CIUs. 15.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Pepsi Beverage Company

Mailing Address: 2611 Place, Cheverly MD 20781

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Manufacturing of soft drinks

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Manufacturing of soft drinks

Raw material(s): sugars, syrups, alcohol, buffers, bleach, detergents, gases, acids and bases

F.6. Flow Rate.

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

140,000.00 gpd (___ continuous or ✓ intermittent)

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

9,336.00 gpd (___ continuous or ✓ intermittent)

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

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ___ Yes ✓ No

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

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

____Yes ✓ No If yes, describe each episode.

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

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 35.00

b. Number of CIUs. 15.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: UniFirst Corporation

Mailing Address: 6201 Sheriff Road, Landover MD 20785

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Commercial laundering

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Commercial laundering

Raw material(s): Bleach, alkaline and acidic detergents

F.6. Flow Rate.

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

75,000.00 gpd (___ continuous or ✓ intermittent)

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

4,700.00 gpd (___ continuous or ✓ intermittent)

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

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ___ Yes ✓ No

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

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

____Yes ✓ No If yes, describe each episode.

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

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 35.00

b. Number of CIUs. 15.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: U.S. Geological Survey

Mailing Address: 12201 Sunrise Valley Drive, Reston VA 20192

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Research and testing laboratories

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Science research and development in support of advancement of geolgic and hydro info

Raw material(s): Acetic acid, HCl, NaOH, benzene, hydrocarbon, biocide, polymer, sulfite, glycol

F.6. Flow Rate.

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

2,452.00 gpd (✓ continuous or ___ intermittent)

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

29,342.00 gpd (✓ continuous or ___ intermittent)

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

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ___ Yes ✓ No

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

PSNS 469.18 Subpart A - Semi-conductors

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

____Yes ✓ No If yes, describe each episode.

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

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

Fairfax County authorizes discharge to the POTW of treated groundwater from remediation sites where project is deemed an emergency or directed discharge is determined to be infeasible. No remediation projects are currently authorized or planned

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 35.00

b. Number of CIUs. 15.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: University of MD/DOD Physical Sciences Lab

Mailing Address: 8050 Greenmeade Drive, College Park MD

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Laboratories, Clean rooms, semiconductor manufacturing and R&D silicone wafers

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Semiconductors, microchips

Raw material(s): Gallium arsenide and indium phosphate wafers, acids, plating solutions

F.6. Flow Rate.

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

1,811.00 gpd (___ continuous or ✓ intermittent)

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

1,689.00 gpd (✓ continuous or ___ intermittent)

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

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ✓ Yes ___ No

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

PSNS 469.18 Subpart A - Semi-conductors

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

____Yes ✓ No If yes, describe each episode.

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

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 35.00

b. Number of CIUs. 15.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: WMATA Bladensburg Bus Division

Mailing Address: 2250/51 26th Street, NW Washington DC 20018

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Bus maintenance, servicing and washing

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Bus maintenance, servicing and washing

Raw material(s): Bus soap,trans. fluid, lithium grease,differential lube,gasoline,diesel,antifreeze,motor oil

F.6. Flow Rate.

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

7,560.00 gpd (___ continuous or ✓ intermittent)

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

5,000.00 gpd (___ continuous or ✓ intermittent)

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

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ___ Yes ✓ No

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

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

____Yes ✓ No If yes, describe each episode.

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

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 35.00

b. Number of CIUs. 15.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: WMATA Brentwood Major Repair and Overhaul Yard

Mailing Address: 601 T Street, NE Washington DC 20018

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Metro-rail service and heavy maintenance

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Metro-rail service and heavy maintenance

Raw material(s): Diesel, engine oil, hydraulic and transmission fluid, detergent, cutting oil, coolant, etc.

F.6. Flow Rate.

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

16,420.00 gpd (___ continuous or ✓ intermittent)

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

3,460.00 gpd (___ continuous or ✓ intermittent)

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

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ___ Yes ✓ No

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

____Yes ✓ No If yes, describe each episode.

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

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 35.00

b. Number of CIUs. 15.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: WMATA Greenbelt (Rail Yard)

Mailing Address: 5801 Sunnyside Avenue, Beltsville MD 20705

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Maintenance and cleaning of passenger rail cars (auto train car washing).

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Maintenance and cleaning of passenger rail cars

Raw material(s): Acidic and alkaline detergents

F.6. Flow Rate.

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

20,600.00 gpd (___ continuous or ✓ intermittent)

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

7,200.00 gpd (✓ continuous or ___ intermittent)

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

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ___ Yes ✓ No

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

____Yes ✓ No If yes, describe each episode.

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

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 35.00

b. Number of CIUs. 15.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: WMATA Northern Bus Division

Mailing Address: 4615 14th Street, NW Washington DC 20011

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Bus maintenance, servicing and washing

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Bus maintenance, servicing and washing

Raw material(s): Bus soap, trans. fluid,lithium grease,differential lube,gasoline,diesel,antifreeze, motor oil

F.6. Flow Rate.

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

7,000.00 gpd (___ continuous or ✓ intermittent)

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

5,000.00 gpd (___ continuous or ✓ intermittent)

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

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ___ Yes ✓ No

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

____Yes ✓ No If yes, describe each episode.

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

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 35.00

b. Number of CIUs. 15.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: WMATA Shaddy Grove (Rail Yard)

Mailing Address: 15903 Somerville Drive, Rockville MD 20855

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Maintenance and cleaning of passenger rail cars (manual train car washing).

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Maintenance and cleaning of passenger rail cars

Raw material(s): Acidic and alkaline detergents

F.6. Flow Rate.

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

3,000.00 gpd (___ continuous or ✓ intermittent)

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

1,900.00 gpd (___ continuous or ✓ intermittent)

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

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ___ Yes ✓ No

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

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

____Yes ✓ No If yes, describe each episode.

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

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 35.00

b. Number of CIUs. 15.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: WMATA Shepard Parkway Bus Division

Mailing Address: 2 DC Village, SW Washington DC 20032

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Bus maintenance, servicing and washing

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Bus maintenance, servicing and washing

Raw material(s): Bus soap,trans. fluid,lithium grease,differential lube, gasoline,diesel,antifreeze, motor oil

F.6. Flow Rate.

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

51,000.00 gpd (___ continuous or ✓ intermittent)

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

5,000.00 gpd (___ continuous or ✓ intermittent)

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

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ___ Yes ✓ No

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

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

____Yes ✓ No If yes, describe each episode.

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

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 35.00

b. Number of CIUs. 15.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: WMATA Western Bus Division

Mailing Address: 5230 Wisconsin Avenue, NW Washington DC 20032

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Bus maintenance, servicing and washing

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Bus maintenance, servicing and washing

Raw material(s): Bus soap,trans. fluid,lithium grease,differential lube, gasoline,diesel,antifreeze, motor oil

F.6. Flow Rate.

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

2,175.00 gpd (___ continuous or ✓ intermittent)

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

1,250.00 gpd (___ continuous or ✓ intermittent)

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

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ___ Yes ✓ No

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

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

____Yes ✓ No If yes, describe each episode.

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

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

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

FACILITY NAME AND PERMIT NUMBER:
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SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 003

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Potomac River

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

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SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 004

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Anacostia River

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
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SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 005

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Anacostia River

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

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SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 006

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Anacostia River

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
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SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 007

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____ CSO pollutant concentrations ✓ CSO frequency

____ CSO flow volume ____ Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Anacostia River

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

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SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 008

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Anacostia River

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 009

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Anacostia River

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 010

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____ CSO pollutant concentrations ✓ CSO frequency
✓ CSO flow volume ____ Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.
_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.
_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Anacostia River

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 011

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Anacostia River

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 011(a)

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____ CSO pollutant concentrations ✓ CSO frequency

____ CSO flow volume ____ Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Anacostia River

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 012

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Anacostia River

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 013

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Anacostia River

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 014

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Anacostia River

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

Form Approved 1/14/99
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SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 015

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Anacostia River

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 016

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Anacostia River

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 017

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Anacostia River

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 018

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Anacostia River

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 019

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____ CSO pollutant concentrations ✓ CSO frequency
✓ CSO flow volume ____ Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.
_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.
_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Anacostia River

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

Form Approved 1/14/99
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SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number: 020

b. Location: Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable): 0.00 ft.

d. Depth below surface (if applicable): 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____ CSO pollutant concentrations ✓ CSO frequency

____ CSO flow volume ____ Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Potomac River

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 021

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____CSO pollutant concentrations ✓ CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Potomac River

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 022

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Potomac River

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 023

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Potomac River

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

Form Approved 1/14/99
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SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 024

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Potomac River

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 025

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Potomac River

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 026

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Potomac River

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 027

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Potomac River

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 028

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Potomac River

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

Form Approved 1/14/99
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SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 029

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Potomac River

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 030

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Potomac River

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 031

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Rock Creek

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 032

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Rock Creek

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 033

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Rock Creek

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

Form Approved 1/14/99
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SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 034

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____ CSO pollutant concentrations ✓ CSO frequency

____ CSO flow volume ____ Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (___ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Rock Creek

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 035

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Rock Creek

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 036

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Rock Creek

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 037

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Rock Creek

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 038

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Rock Creek

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 039

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Rock Creek

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 040

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Rock Creek

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 041

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Rock Creek

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 042

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Rock Creek

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 043

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Rock Creek

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

Form Approved 1/14/99
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SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 044

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Rock Creek

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 045

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Rock Creek

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 046

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Rock Creek

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

Form Approved 1/14/99
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SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 047

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Rock Creek

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 048

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Rock Creek

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 049

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Rock Creek

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 050

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Rock Creek

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

Form Approved 1/14/99
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SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 051

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Rock Creek

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

Form Approved 1/14/99
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SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 052

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Rock Creek

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 053

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Rock Creek

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 054

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Rock Creek

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 055

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Rock Creek

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 056

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Rock Creek

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 057

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Rock Creek

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 058

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Rock Creek

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

Form Approved 1/14/99
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SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 059

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Rock Creek

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

Form Approved 1/14/99
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SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 060

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Rock Creek

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

Form Approved 1/14/99
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SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 061

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Anacostia River

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number 062

b. Location Washington, D.C.
(City or town, if applicable) (Zip Code)

Data See Attachment #1, Maps See Attachment # 7
(County) (State)

See Attachment #1
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0.00 ft.

d. Depth below surface (if applicable) 0.00 ft.

e. Which of the following were monitored during the last year for this CSO?

✓ Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____ Monitored for calendar year

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: Anacostia River

b. Name of watershed/river/stream system: _____

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

c. Name of State Management/River Basin: Potomac River Basin

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

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

See Long Term Control Plan, approved by EPA and D.C. Department of Environment.

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

FORM 2S

FACILITY NAME AND PERMIT NUMBER:

D.C. Wastewater Treatment Plant - DC 0021199

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FORM 2S NPDES

NPDES FORM 2S APPLICATION OVERVIEW

PRELIMINARY INFORMATION

This page is designed to indicate whether the applicant is to complete Part 1 or Part 2. Review each category, and then complete Part 1 or Part 2, as indicated. For purposes of this form, the term "you" refers to the applicant. "This facility" and "your facility" refer to the facility for which application information is submitted.

FACILITIES INCLUDED IN ANY OF THE FOLLOWING CATEGORIES MUST COMPLETE PART 2 (PERMIT APPLICATION INFORMATION).

1. Facilities with a currently effective NPDES permit.

2. Facilities which have been directed by the permitting authority to submit a full permit application at this time.

ALL OTHER FACILITIES MUST COMPLETE PART 1 (LIMITED BACKGROUND INFORMATION).

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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PART 1: LIMITED BACKGROUND INFORMATION

This part should be completed only by "sludge-only" facilities - that is, facilities that do not currently have, and are not applying for, an NPDES permit for a direct discharge to a surface body of water.

For purposes of this form, the term "you" refers to the applicant. "This facility" and "your facility" refer to the facility for which application information is submitted.

N/A

1. **Facility Information.**

   a. Facility name _____

   b. Mailing Address _____

   _____

   c. Contact person _____

   Title _____

   Telephone number _____

   d. Facility Address (not P.O. B ox) _____

   _____

   e. Indicate the type of facility

   _____ Publicly owned treatment works (POTW) _____ Privately owned treatment works

   _____ Federally owned treatment works _____ Blending or treatment operation

   _____ Surface disposal site _____ Sewage sludge incinerator

   _____ Other (describe) _____

2. **Applicant Information.**

   a. Applicant name _____

   b. Mailing Address _____

   _____

   c. Contact person _____

   Title _____

   Telephone number _____

   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?

   _____ facility _____ applicant

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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3. Sewage Sludge Amount. Provide the total dry metric tons per latest 365 day period of sewage sludge handled under the following practices:

a. Amount generated at the facility _____ dry metric tons
b. Amount received from off site _____ dry metric tons
c. Amount treated or blended on site _____ dry metric tons
d. Amount sold or given away in a bag or other container for application to the land _____ dry metric tons
e. Amount of bulk sewage sludge shipped off site for treatment or blending _____ dry metric tons
f. Amount applied to the land in bulk form _____ dry metric tons
g. Amount placed on a surface disposal site _____ dry metric tons
h. Amount fired in a sewage sludge incinerator _____ dry metric tons
i. Amount sent to a municipal solid waste landfill _____ dry metric tons
j. Amount used or disposed by another practice _____ dry metric tons
Describe _____

4. Pollutant Concentrations. Using the table below or a separate attachment, provide existing sewage sludge monitoring data for the pollutants for which limits in sewage sludge have been established in 40 CFR part 503 for this facility's expected use or disposal practices. If available, base data on three or more samples taken at least one month apart and no more than four and one-half years old.

POLLUTANT	CONCENTRATION (mg/kg dry weight)	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
ARSENIC			
CADMIUM			
CHROMIUM			
COPPER			
LEAD			
MERCURY			
MOLYBDENUM			
NICKEL			
SELENIUM			
ZINC			

5. Treatment Provided At Your Facility.

a. Which class of pathogen reduction does the sewage sludge meet at your facility?

_____ Class A _____ Class B _____ Neither or unknown

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

_____
_____
_____
_____
_____

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)
_____ Option 9 (Injection below land surface)
_____ Option 10 (Incorporation into soil within 6 hours)
_____ Option 11 (Covering active sewage sludge unit daily)
_____ 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:

_____
_____

6. **Sewage Sludge Sent to Other Facilities.** Does the sewage sludge from your facility meet the Table 1 ceiling concentrations, the Table 3 pollutant concentrations, Class A pathogen requirements, and one of the vector attraction options 1-8?
_____ Yes _____ No

If yes, go to question 8 (Certification).

If no, is sewage sludge from your facility provided to another facility for treatment, distribution, use, or disposal?
_____ Yes _____ No

If no, go to question 7 (Use and Disposal Sites).

If yes, provide the following information for the facility receiving the sewage sludge:

a. Facility name _____

b. Mailing address _____
_____

c. Contact person _____

Title _____

Telephone number _____

d. Which activities does the receiving facility provide? (Check all that apply)

_____ Treatment or blending
_____ Land application
_____ Incineration
_____ Sale or give-away in bag or other container
_____ Surface disposal
_____ Other (describe):

_____
_____

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7. **Use and Disposal Sites.** Provide the following information for each site on which sewage sludge from this facility is used or disposed:

   a. Site name or number _____

   b. Contact person _____

      Title _____

      Telephone _____

   c. Site location (Complete 1 or 2)

      1. Street or Route # _____

         County _____

         City or Town _____ State _____ Zip _____

      2. Latitude _____ Longitude_____

   d. Site type (Check all that apply)

      ____ Agricultural ____ Lawn or home garden ____ Forest
      ____ Surface disposal ____ Public Contact ____ Incineration
      ____ Reclamation ____ Municipal Solid Waste Landfill ____ Other (describe): _____

8. **Certification.** Sign the certification statement below. (Refer to instructions to determine who is an officer for purposes of this certification.)

   I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the 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 _____

   Signature N/A _____

   Telephone number _____

   Date signed _____

SEND COMPLETED FORMS TO:

FACILITY NAME AND PERMIT NUMBER:

D.C. Wastewater Treatment Plant - DC 0021199

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PART 2: PERMIT APPLICATION INFORMATION

Complete this part if you have an effective NPDES permit or have been directed by the permitting authority to submit a full permit application at this time. In other words, complete this part if your facility has, or is applying for, an NPDES permit.

For purposes of this form, the term "you" refers to the applicant. "This facility" and "your facility" refer to the facility for which application information is submitted.

APPLICATION OVERVIEW — SEWAGE SLUDGE USE OR DISPOSAL INFORMATION

Part 2 is divided into five sections (A-E). Section A pertains to all applicants. The applicability of Sections B, C, D, and E depends on your facility's sewage sludge use or disposal practices. The information provided on this page indicates which sections of Part 2 to fill out.

1. **SECTION A: GENERAL INFORMATION.**

   Section A must be completed by all applicants

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

   Section B must be completed by applicants who either:

   1) Generate sewage sludge, or
   2) Derive a material from sewage sludge.

3. **SECTION C: LAND APPLICATION OF BULK SEWAGE SLUDGE.**

   Section C must be completed by applicants who either:

   1) Apply sewage to the land, or
   2) Generate sewage sludge which is applied to the land by others.

   NOTE: Applicants who meet either or both of the two above criteria are exempted from this requirement if <u>all</u> sewage sludge from their facility falls into one of the following three categories:

   1) The sewage sludge from this facility meets the ceiling and pollutant concentrations, Class A pathogen reduction requirements, and one of vector attraction reduction options 1-8, as identified in the instructions, or
   2) The sewage sludge from this facility is placed in a bag or other container for sale or give-away for application to the land, or
   3) The sewage sludge from this facility is sent to another facility for treatment or blending.

4. **SECTION D: SURFACE DISPOSAL**

   Section D must be completed by applicants who own or operate a surface disposal site.

5. **SECTION E: INCINERATION**

   Section E must be completed by applicants who own or operate a sewage sludge incinerator.

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A. GENERAL INFORMATION

All applicants must complete this section.

A.1. Facility Information.

a. Facility name: D.C. Wastewater Treatment Plant

b. Mailing Address: 5000 Overlook Avenue, S.W. Washington DC 20032

c. Contact person: Leanard R. Benson

Title: Chief Engineer

Telephone number: (202) 787-2358

d. Facility Address (not P.O. Box): 5000 Overlook Avenue, S.W. Washington DC 20032

e. Is this facility a Class I sludge management facility? _____ Yes ✓ No

f. Facility design flow rate: 370.00 mgd

g. Total population served: 2,300,000.00 +/-

h. Indicate the type of facility:

✓ Publicly owned treatment works (POTW)
_____ Privately owned treatment works
_____ Federally owned treatment works
_____ Blending or treatment operation
_____ Surface disposal site
_____ Sewage sludge incinerator
_____ Other (describe)

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

a. Applicant name

b. Mailing Address

c. Contact person

Title

Telephone number

d. Is the applicant the owner or operator (or both) of this facility?

_____ owner _____ operator

e. Should correspondence regarding this permit should be directed to the facility or the applicant.

_____ facility _____ applicant

FACILITY NAME AND PERMIT NUMBER:

D.C. Wastewater Treatment Plant - DC 0021199

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A.3. Permit Information.

a. Facility's NPDES permit number (if applicable): DC 0021199

b. List, on this form or an attachment, all other Federal, State, and local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:

Permit Number	Type of Permit

A.4. Indian Country. Does any generation, treatment, storage, application to land, or disposal of sewage sludge from this facility occur in Indian Country?

_____Yes ✓ No If yes, describe: _____

A.5. Topographic Map. Provide a topographic map or maps (or other appropriate map(s) if a topographic map is unavailable) that show the following information. Map(s) 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 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 facility property boundaries.

A.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.

A.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):

a. Name: Recyc Systems

b. Mailing Address: P.O. Box 562, Remington VA 22734

c. Telephone Number: (540) 547-3300

d. Responsibilities of contractor: Obtains site specific permits and reports site specific information

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D.C. Wastewater Treatment Plant - DC 0021199

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A.3. Permit Information.

a. Facility's NPDES permit number (if applicable): DC 0021199

b. List, on this form or an attachment, all other Federal, State, and local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:

Permit Number	Type of Permit

A.4. Indian Country. Does any generation, treatment, storage, application to land, or disposal of sewage sludge from this facility occur in Indian Country?

_____Yes ✓ No If yes, describe: _____

A.5. Topographic Map. Provide a topographic map or maps (or other appropriate map(s) if a topographic map is unavailable) that show the following information. Map(s) 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 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 facility property boundaries.

A.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.

A.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):

a. Name: Nutriblend Inc

b. Mailing Address: P.O. Box 38060, Richmond VA 23231

c. Telephone Number: (804) 222-7514

d. Responsibilities of contractor: Biosolids hauling and distribution

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A.8. Pollution Concentrations: Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants for which limits in sewage sludge have been established in 40 CFR Part 503 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)	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
ARSENIC	2.20	SW846 6020A	1.83
CADMIUM	0.70	SW846 6020A	0.43
CHROMIUM	41.80	SW846 6020A	0.87
COPPER	125.00	SW846 6020A	2.2
LEAD	15.50	SW846 6020A	0.87
MERCURY	0.20	SW846 6020A	0.05
MOLYBDENUM	11.50	SW846 6020A	1.7
NICKEL	13.50	SW846 6020A	2.2
SELENIUM	3.10	SW846 6020A	4.3
ZINC	291.00	SW846 6020A	2.2

A.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 Form 2S you have completed and are submitting:

_____ Part 1 Limited Background Information packet

Part 2 Permit Application Information packet:

✓ Section A (General Information)
✓ 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)
_____ Section E (Incineration)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the 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: Leonard R. Benson, Chief Engineer

Signature: _____ Date signed: 3-27-15

Telephone number: (202) 787-2358

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

SEND COMPLETED FORMS TO:

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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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.

B.1. Amount Generated On Site.
Total dry metric tons per 365-day period generated at your facility: 124,776.40 dry metric tons

B.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.

a. Facility name _____

b. Mailing Address _____

c. Contact person _____

Title _____

Telephone number _____

d. Facility Address (not P.O. Box) _____

e. Total dry metric tons per 365-day period received from this facility: _____ dry metric tons

f. Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics.

B.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

b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge:
Addition of lime to raise the pH of sewage sludge to 12 for two hours

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)
_____ None or unknown

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B.3. Treatment Provided At Your Facility. (con't)

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:
pH of sewage sludge is raised to 12 or higher by alkali addition. Without the addition of more alkali, the pH remained at >=12 for two hours and then >= 11.5 for an additional 22 hours.

e. Describe, on this form or another sheet of paper, any other sewage sludge treatment or blending activities not identified in (a) - (d) above:
Thermal hydrolysis for pathogen reduction and digestion for volatile solids reduction is currently ramping up and shall become the main treatment, or sole treatment provided for Class A pathogen & vector reduction

Complete Section B.4 if sewage sludge from your facility meets the ceiling concentrations in Table 1 of 40 CFR 503.13, the pollutant concentrations in Table 3 of §503.13, the Class A pathogen reduction requirements in §503.32(a), and one of the vector attraction reduction requirements in § 503.33(b)(1)-(8) and is land applied. Skip this section if sewage sludge from your facility does not meet all of these criteria.

B.4. Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements, and One of Vector Attraction Reduction Options 1-8.

a. Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land: 0.00 dry metric tons

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

____ Yes ✓ No

Complete Section B.5. if you place sewage sludge in a bag or other container for sale or give-away for land application. Skip this section if the sewage sludge is covered in Section B.4.

B.5. Sale or Give-Away in a Bag or Other Container for Application to the Land.

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: 0.00 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.

Complete Section B.6 if sewage sludge from your facility is provided to another facility that provides treatment or blending. This section does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this section if the sewage sludge is covered in Sections B.4 or B.5. If you provide sewage sludge to more than one facility, attach additional pages as necessary.

B.6. Shipment Off Site for Treatment or Blending.

a. Receiving facility name: McGill Composting Services - Composting Facility

b. Mailing address: 1100 Herring Rd (Delway), Rose Hill NC 28458

c. Contact person:

Title:

Telephone number: (910) 532-2539

d. Total dry metric tons per 365-day period of sewage sludge provided to receiving facility: 5,425.00

B.6. Shipment Off Site for Treatment or Blending. (con't)

e. Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility? ✓ Yes ____ No

Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?

✓ Class A _____ Class B _____ Neither or unknown

Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce pathogens in sewage sludge:
Currently a small quanity of digested product is sent to off site locations for composting. Vector attraction reduction is met by DCWater's facility by digestion.

f. Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge?
_____ Yes ✓ No

Which vector attraction reduction option is met for the sewage sludge at the receiving facility?

_____ Option 1 (Minimum 38 percent reduction in volatile solids)
_____ Option 2 (Anaerobic process, with bench-scale demonstration)
_____ Option 3 (Aerobic process, with bench-scale demonstration)
_____ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
_____ Option 5 (Aerobic processes plus raised temperature)
_____ Option 6 (Raise pH to 12 and retain at 11.5)
_____ Option 7 (75 percent solids with no unstabilized solids)
_____ Option 8 (90 percent solids with unstabilized solids)
_____ None

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.

g. Does the receiving facility provide any additional treatment or blending activities not identified in (c) or (d) above? ____ Yes ✓ No

If yes, describe, on this form or another sheet of paper, the treatment or blending activities not identified in (c) or (d) above:

h. If you answered yes to (e), (f), or (g), attach a copy of any information you provide the receiving facility to comply with the "notice and necessary information" requirement of 40 CFR 503.12(g).

i. Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land? _____ Yes ✓ No

If yes, provide a copy of all labels or notices that accompany the product being sold or given away.

Complete Section B.7 if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in:

- **Section B.4 (it meets Table 1 ceiling concentrations, Table 3 pollutant concentrations, Class A pathogen requirements, and one of vector attraction reduction options 1-8); or**
- **Section B.5 (you place it in a bag or other container for sale or give-away for application to the land); or**
- **Section B.6 (you send it to another facility for treatment or blending).**

B.7. Land Application of Bulk Sewage Sludge.

a. Total dry metric tons per 365-day period of sewage sludge applied to all land application sites: 122,879.00 dry metric tons

B.7. Land Application of Bulk Sewage Sludge. (con't)

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 with application (see instructions).

c. Are any land application sites located in States other than the State where you generate sewage sludge or derive a material from sewage sludge? ✓ Yes _____ No

If yes, describe, on this form or 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.

All sites are permitted by the states prior to land application by contracted sources. A permit application is filed with each state and each site is appoved by a regulatory agency of the states.

Complete Section B.8 if sewage sludge from your facility is placed on a surface disposal site.

B.8. Surface Disposal.

a. Total dry metric tons of sewage sludge from your facility placed on all surface disposal sites per 365-day period: 0.00 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 B.8.c through B.8.f for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one such surface disposal site, attach additional pages as necessary.

c. Site name or number _____

d. Contact person _____

Title _____

Telephone number _____

Contact is _____ Site owner _____ Site operator

e. Mailing address _____

_____

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

Complete Section B.9 if sewage sludge from your facility is fired in a sewage sludge incinerator.

B.9. Incineration.

a. Total dry metric tons of sewage sludge from your facility fired in all sewage sludge incinerators per 365-day period: 0.00 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, complete B.9.c through B.9.f for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one such sewage sludge incinerator, attach additional pages as necessary.

c. Incinerator name or number: _____

d. Contact person: _____

Title: _____

Telephone number: _____

Contact is: _____ Incinerator owner _____ Incinerator operator

B.9. Incineration. (con't)

e. Mailing address: _____

_____

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

Complete Section B.10 if sewage sludge from this facility is placed on a municipal solid waste landfill.

B.10. Disposal in 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. Name of landfill: King and Queen Sanitary Landfill

b. Contact person: David Haskins

Title: Account Representative

Telephone number: (804) 479-0196

Contact is _____ Landfill owner ✓ Landfill operator

c. Mailing address: 443 Iris Road, Little Plymounth VA 23091

d. Location of municipal solid waste landfill:

Street or Route #: _____

County: King Queen

City or Town: Little Plymouth State: VA Zip: 23091

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

13,393.10 dry metric tons

f. List, on this form or an attachment, the numbers of all other Federal, State, and local permits that regulate the operation of this municipal solid waste landfill.

Permit Number	Type of Permit
SWP 554	Solid Waste

g. Submit, with this application, information to determine whether the sewage sludge meets applicable requirements for disposal of sewage sludge in a municipal solid waste landfill (e.g., results of paint filter liquids test and TCLP test)

h. Does the municipal solid waste landfill comply with applicable criteria set forth in 40 CFR Part 258?

✓ Yes _____ No

B.9. Incineration. (con't)

e. Mailing address: _____

_____

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

Complete Section B.10 if sewage sludge from this facility is placed on a municipal solid waste landfill.

B.10. Disposal in 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. Name of landfill: Amelia Landfill

b. Contact person: Brad Vanderkin

Title: Account Representative

Telephone number: (262) 532-8008

Contact is _____ Landfill owner ✓ Landfill operator

c. Mailing address: 20221 Maplewood Road, Jetersville, VA 23083

d. Location of municipal solid waste landfill:

Street or Route #: _____

County: Amelia

City or Town: Jetersville State: VA Zip: 23083

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

2,296.60 dry metric tons

f. List, on this form or an attachment, the numbers of all other Federal, State, and local permits that regulate the operation of this municipal solid waste landfill.

Permit Number	Type of Permit
SWP 540	Solid Waste

g. Submit, with this application, information to determine whether the sewage sludge meets applicable requirements for disposal of sewage sludge in a municipal solid waste landfill (e.g., results of paint filter liquids test and TCLP test)

h. Does the municipal solid waste landfill comply with applicable criteria set forth in 40 CFR Part 258?

✓ Yes _____ No

B.9. Incineration. (con't)

e. Mailing address: _____

_____

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

Complete Section B.10 if sewage sludge from this facility is placed on a municipal solid waste landfill.

B.10. Disposal in 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. Name of landfill: Atlantic Waste Disposal

b. Contact person: Brad Vanderkin

Title: Account Representative

Telephone number: (262) 532-8008

Contact is _____ Landfill owner ✓ Landfill operator

c. Mailing address: 3474 Atlantic Lane, Waverly, VA 23890

d. Location of municipal solid waste landfill:

Street or Route #: _____

County: Sussex

City or Town: Waverly State: VA Zip: 23890

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

2,246.00 dry metric tons

f. List, on this form or an attachment, the numbers of all other Federal, State, and local permits that regulate the operation of this municipal solid waste landfill.

Permit Number	Type of Permit
SWP 562	Solid Waste

g. Submit, with this application, information to determine whether the sewage sludge meets applicable requirements for disposal of sewage sludge in a municipal solid waste landfill (e.g., results of paint filter liquids test and TCLP test)

h. Does the municipal solid waste landfill comply with applicable criteria set forth in 40 CFR Part 258?

✓ Yes _____ No

B.9. Incineration. (con't)

e. Mailing address: _____

_____

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

Complete Section B.10 if sewage sludge from this facility is placed on a municipal solid waste landfill.

B.10. Disposal in 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. Name of landfill: Charles City Landfill

b. Contact person: Brad Vanderkin

Title: Account Representative

Telephone number: (262) 532-8008

Contact is _____ Landfill owner ✓ Landfill operator

c. Mailing address: 8000 Chambers Road, Charles City, VA 23030

d. Location of municipal solid waste landfill:

Street or Route #: _____

County: Henrico

City or Town: Charles City State: VA Zip: 23030

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

790.30 dry metric tons

f. List, on this form or an attachment, the numbers of all other Federal, State, and local permits that regulate the operation of this municipal solid waste landfill.

Permit Number	Type of Permit
SWP 531	Solid Waste

g. Submit, with this application, information to determine whether the sewage sludge meets applicable requirements for disposal of sewage sludge in a municipal solid waste landfill (e.g., results of paint filter liquids test and TCLP test)

h. Does the municipal solid waste landfill comply with applicable criteria set forth in 40 CFR Part 258?

✓ Yes _____ No

B.9. Incineration. (con't)

e. Mailing address: _____

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

Complete Section B.10 if sewage sludge from this facility is placed on a municipal solid waste landfill.

B.10. Disposal in 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. Name of landfill: King George Landfill

b. Contact person: Brad Vanderkin

Title: Account Representative

Telephone number: (262) 532-8008

Contact is: _____ Landfill owner ✓ Landfill operator

c. Mailing address: 10376 Bullock Drive, King George VA 22485

d. Location of municipal solid waste landfill:

Street or Route #: _____

County: King George

City or Town: King George State: VA Zip: 22485

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

2,590.00 dry metric tons

f. List, on this form or an attachment, the numbers of all other Federal, State, and local permits that regulate the operation of this municipal solid waste landfill.

Permit Number	Type of Permit
SWP 586	Solid Waste

g. Submit, with this application, information to determine whether the sewage sludge meets applicable requirements for disposal of sewage sludge in a municipal solid waste landfill (e.g., results of paint filter liquids test and TCLP test)

h. Does the municipal solid waste landfill comply with applicable criteria set forth in 40 CFR Part 258?

✓ Yes _____ No

B.9. Incineration. (con't)

e. Mailing address: _____

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

Complete Section B.10 if sewage sludge from this facility is placed on a municipal solid waste landfill.

B.10. Disposal in 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. Name of landfill: Middle Peninsula Landfill

b. Contact person: Brad Vanderkin

Title: Account Representative

Telephone number: (262) 532-8008

Contact is: _____ Landfill owner ✓ Landfill operator

c. Mailing address: 3714 Waste Management Way, Glenns, VA 23149

d. Location of municipal solid waste landfill:

Street or Route #: _____

County: Middlesex

City or Town: Glenns State: VA Zip: 23149

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

402.60 dry metric tons

f. List, on this form or an attachment, the numbers of all other Federal, State, and local permits that regulate the operation of this municipal solid waste landfill.

Permit Number	Type of Permit
SWP 572	Solid Waste

g. Submit, with this application, information to determine whether the sewage sludge meets applicable requirements for disposal of sewage sludge in a municipal solid waste landfill (e.g., results of paint filter liquids test and TCLP test)

h. Does the municipal solid waste landfill comply with applicable criteria set forth in 40 CFR Part 258?

✓ Yes _____ No

B.9. Incineration. (con't)

e. Mailing address: _____

_____

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

Complete Section B.10 if sewage sludge from this facility is placed on a municipal solid waste landfill.

B.10. Disposal in 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. Name of landfill: Old Dominion Landfill

b. Contact person: David Haskin

Title: Account Representative

Telephone number: (804) 479-0196

Contact is: _____ Landfill owner ✓ Landfill operator

c. Mailing address: 2001 Charles City Road, Henrico, VA 23231

d. Location of municipal solid waste landfill:

Street or Route #: _____

County: Henrico

City or Town: Henrico State: VA Zip: 23231

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

3,069.30 dry metric tons

f. List, on this form or an attachment, the numbers of all other Federal, State, and local permits that regulate the operation of this municipal solid waste landfill.

Permit Number	Type of Permit
SWP 553	Solid Waste

g. Submit, with this application, information to determine whether the sewage sludge meets applicable requirements for disposal of sewage sludge in a municipal solid waste landfill (e.g., results of paint filter liquids test and TCLP test)

h. Does the municipal solid waste landfill comply with applicable criteria set forth in 40 CFR Part 258?

✓ Yes _____ No

B.9. Incineration. (con't)

e. Mailing address: _____

_____

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

Complete Section B.10 if sewage sludge from this facility is placed on a municipal solid waste landfill.

B.10. Disposal in 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. Name of landfill: Shoosmith Sanitary Landfill

b. Contact person: Olivia Inge

Title: Account Representative

Telephone number: (804) 748-3311

Contact is _____ Landfill owner ✓ Landfill operator

c. Mailing address: 11800 Lewis Road, Chester, VA 23831

d. Location of municipal solid waste landfill:

Street or Route #: _____

County: Chesterfield

City or Town: Chester State: VA Zip: 23831

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

135.80 dry metric tons

f. List, on this form or an attachment, the numbers of all other Federal, State, and local permits that regulate the operation of this municipal solid waste landfill.

Permit Number	Type of Permit
SWP 587	Solid Waste

g. Submit, with this application, information to determine whether the sewage sludge meets applicable requirements for disposal of sewage sludge in a municipal solid waste landfill (e.g., results of paint filter liquids test and TCLP test)

h. Does the municipal solid waste landfill comply with applicable criteria set forth in 40 CFR Part 258?

✓ Yes _____ No

B.9. Incineration. (con't)

e. Mailing address: _____

_____

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

Complete Section B.10 if sewage sludge from this facility is placed on a municipal solid waste landfill.

B.10. Disposal in 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. Name of landfill: Tri City Regional Disposal & Recycling Services

b. Contact person: Robert Guidry

Title: Account Representative

Telephone number: (804) 733-8001

Contact is _____ Landfill owner ✓ Landfill operator

c. Mailing address: 390 Industrial Drive, Petersburg, VA 23803

d. Location of municipal solid waste landfill:

Street or Route #: _____

County: Dinwiddie

City or Town: Petersburg State: VA Zip: 23803

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

284.20 dry metric tons

f. List, on this form or an attachment, the numbers of all other Federal, State, and local permits that regulate the operation of this municipal solid waste landfill.

Permit Number	Type of Permit
SWP 228	Solid Waste

g. Submit, with this application, information to determine whether the sewage sludge meets applicable requirements for disposal of sewage sludge in a municipal solid waste landfill (e.g., results of paint filter liquids test and TCLP test)

h. Does the municipal solid waste landfill comply with applicable criteria set forth in 40 CFR Part 258?

✓ Yes _____ No

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

C. LAND APPLICATION OF BULK SEWAGE SLUDGE

Complete Section C for sewage sludge that is applied to the land, unless any of the following conditions apply:

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

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

C.1. Identification of Land Application Site.

a. Site name or number Numerous Sites Permitted by Contractors

b. Site location (Complete 1 and 2).

1. Street or Route # _____

   County _____

   City or Town _____ State _____ Zip _____

2. Latitude _____ Longitude _____

   Method of latitude/longitude determination

   _____ USGS map _____ Field survey _____ Other

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

C.2. Owner Information.

a. Are you the owner of this land application site? _____ Yes _____ No

b. If no, provide the following information about the owner:

Name _____

Telephone number _____

Mailing Address _____

_____

C.3. Applier Information.

a. Are you the person who applies, or who is responsible for application of, sewage sludge to this land application site?
_____ Yes _____ No

b. If no, provide the following information for the person who applies:

Name _____

Telephone number _____

Mailing Address _____

_____

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

_____ Agricultural land _____ Forest _____ Public contact site

_____ Reclamation site _____ Other. Describe: _____

C.5. Crop or Other Vegetation Grown on Site.

a. What type of crop or other vegetation is grown on this site?

_____

b. What is the nitrogen requirement for this crop or vegetation?

_____

C.6. Vector Attraction Reduction.

Are any vector attraction reduction requirements met when sewage sludge is applied to the land application site?
_____ Yes _____ No

If yes, answer C.6.a and C.6.b;

a. Indicate which vector attraction reduction option is met:

_____ Option 9 (Injection below land surface)
_____ Option 10 (Incorporation into soil within 6 hours)

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

_____
_____

Complete Question C.7 only if the sewage sludge applied to this site since July 20, 1993, is subject to the cumulative pollutant loading rates (CPLRs) in 40 CFR 503.13(b)(2).

C.7. Cumulative Loadings and Remaining Allotments.

a. Have you contacted the permitting authority in the State where the bulk sewage sludge subject to CPLRs will be applied, to ascertain whether bulk sewage sludge subject to CPLRs has been applied to this site on or since July 20, 1993? _____ Yes _____ No

If no, sewage sludge subject to CPLRs may not be applied to this site.

If yes, provide the following information:

Permitting authority _____

Contact Person _____

Telephone number _____

b. Based upon this inquiry, has bulk sewage sludge subject to CPLRs been applied to this site since July 20, 1993?
_____ Yes _____ No

If no, skip C.7.c.

c. Provide the following information for every facility other than yours that is sending, or has sent, bulk sewage sludge to CPLRs to this site since July 20, 1993. If more than one such facility sends sewage sludge to this site, attach additional pages as necessary.

Facility name _____

Mailing Address _____

_____

Contact person _____

Title _____

Telephone number _____

FACILITY NAME AND PERMIT NUMBER:
D.C. Wastewater Treatment Plant - DC 0021199

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

D. SURFACE DISPOSAL

Complete this section if you own or operate a surface disposal site.

Complete Sections D.1 - D.5 for each active sewage sludge unit.

D.1. Information on Active Sewage Sludge Units.

N/A

a. Unit name or number: _____

b. Unit location (Complete 1 and 2).

1. Street or Route # _____

County _____

City or Town _____ State _____ Zip _____

2. Latitude_____ Longitude_____

Method of latitude/longitude determination: _____ USGS map _____ Field survey _____ Other

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

d. Total dry metric tons of sewage sludge placed on the active sewage sludge unit per 365-day period: _____ dry metric tons

e. Total dry metric tons of sewage sludge placed on the active sewage sludge unit over the life of the unit: _____ dry metric tons

f. Does the active sewage sludge unit have a liner with a maximum hydraulic conductivity of 1×10^{-7} cm/sec? _____ Yes _____ No

If yes, describe the liner (or attach a description):

_____

_____

g. Does the active sewage sludge unit have a leachate collection system? _____ Yes _____ No

If yes, describe the leachate collection system (or attach a description). Also describe the method used for leachate disposal and provide the numbers of any Federal, State, or local permit(s) for leachate disposal:

_____

_____

h. If you answered no to either D.1.f. or D.1.g., answer the following question:

Is the boundary of the active sewage sludge unit less than 150 meters from the property line of the surface disposal site?
_____ Yes _____ No

If yes, provide the actual distance in meters: _____

Provide the following information:

Remaining capacity of active sewage sludge unit, in dry metric tons: _____ dry metric tons

Anticipated closure date for active sewage sludge unit, if known: _____ (MM/DD/YYYY)

Provide, with this application, a copy of any closure plan that has been developed for this active sewage sludge unit.

D.2. Sewage Sludge from Other Facilities. Is sewage sent to this active sewage sludge unit from any facilities other than your facility?

_____ Yes _____ No

If yes, provide the following information for each such facility. If sewage sludge is sent to this active sewage sludge unit from more than one such facility, attach additional pages as necessary.

a. Facility name _____

b. Mailing Address _____

_____

c. Contact person _____

Title _____

Telephone number _____

d. Which class of pathogen reduction is achieved before sewage sludge leaves the other facility?

_____ Class A _____ Class B _____ None or unknown

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

_____

_____

f. Which vector attraction reduction option is met for the sewage sludge at the receiving facility?

_____ Option 1 (Minimum 38 percent reduction in volatile solids)
_____ Option 2 (Anaerobic process, with bench-scale demonstration)
_____ Option 3 (Aerobic process, with bench-scale demonstration)
_____ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
_____ Option 5 (Aerobic processes plus raised temperature)
_____ Option 6 (Raise pH to 12 and retain at 11.5)
_____ Option 7 (75 percent solids with no unstabilized solids)
_____ Option 8 (90 percent solids with unstabilized solids)
_____ None or unknown

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

_____

_____

D.3. Vector Attraction Reduction

a. Which vector attraction option, if any, is met when sewage sludge is placed on this active sewage sludge unit?

_____ Option 9 (Injection below and surface)
_____ Option 10 (Incorporation into soil within 6 hours)
_____ Option 11 (Covering active sewage sludge unit daily)

D.3. Vector Attraction Reduction. (con't)

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

_____

_____

D.4. Ground-Water Monitoring.

a. Is ground-water monitoring currently conducted at this active sewage sludge unit, or are ground-water monitoring data otherwise available for this active sewage sludge unit?
_____ Yes _____ No

If yes, provide a copy of available ground-water monitoring data. Also, provide a written description of the well locations, the approximate depth to ground-water, and the ground-water monitoring procedures used to obtain these data.

_____

_____

b. Has a ground-water monitoring program been prepared for this active sewage sludge unit? _____ Yes _____ No

If yes, submit a copy of the ground-water monitoring program with this permit application.

c. Have you obtained a certification from a qualified ground-water scientist that the aquifer below the active sewage sludge unit has not been contaminated? _____ Yes _____ No

If yes, submit a copy of the certification with this permit application.

D.5. Site-Specific Limits. Are you seeking site-specific pollutant limits for the sewage sludge placed on the active sewage sludge unit?
_____ Yes _____ No

If yes, submit information to support the request for site-specific pollutant limits with this application.

E. INCINERATION

Complete this section if you fire sewage sludge in a sewage sludge incinerator.

Complete this section once for each incinerator in which you fire sewage sludge. If you fire sewage sludge in more than one sewage sludge incinerator, attach additional copies of this section s necessary.

E.1. Incinerator Information.

N/A

a. Incinerator name or number: _____

b. Incinerator location (Complete 1 and 2).

1. Street or Route # _____

County _____

City or Town _____ State _____ Zip _____

2. Latitude_____ Longitude_____

Method of latitude/longitude determination: _____ USGS map _____ Field survey _____ Other

E.2. Amount Fired. Dry metric tons per 365-day period of sewage sludge fired in the sewage sludge incinerator: _____ dry metric tons

E.3. Beryllium NESHAP.

a. Is the sewage sludge fired in this incinerator "beryllium-containing waste," as defined in 40 CFR Part 61.31? _____ Yes _____ No

Submit, with this application, information, test data, and description of measures taken that demonstrate whether the sewage sludge incinerated is beryllium-containing waste, and will continue to remain as such.

b. If the answer to (a) is yes, **submit with this application** a complete report of the latest beryllium emission rate testing and documentation of ongoing incinerator operating parameters indicating that the NESHAP emission rate limit for beryllium has been and will continue to be met.

E.4. Mercury NESHAP.

a. How is compliance with the mercury NESHAP being demonstrated?

_____ Stack testing (if checked, complete E.4.b)

_____ Sewage sludge sampling (if checked, complete E.4.c)

b. If stack testing is conducted, submit the following information with this application:

A complete report of stack testing and documentation of ongoing incinerator operating parameters indicating that the incinerator has met, and will continue to meet, the mercury NESHAP emission rate limit.

Copies of mercury emission rate tests for the two most recent years in which testing was conducted.

c. If sewage sludge sampling is used to demonstrate compliance, submit a complete report of sewage sludge sampling and documentation of ongoing incinerator operating parameters indicating that the incinerator has met, and will continue to meet the mercury NESHAP emission rate limit.

E.5. Dispersion Factor.

a. Dispersion factor, in micrograms/cubic meter per gram/second: _____

b. Name and type of dispersion model: _____

c. Submit a copy of the modeling results and supporting documentation with this application.

E.6. Control Efficiency.

a. Control efficiency, in hundredths, for the following pollutants:

Arsenic: _____ Chromium: _____ Nickel: _____

Cadmium: _____ Lead: _____

b. Submit a copy of the results or performance testing and supporting documentation (including testing dates) with this application.

E.7. Risk Specific Concentration for Chromium.

a. Risk specific concentration (RSC) used for chromium, in micrograms per cubic meter: _____

b. Which basis was used to determine the RSC?

____Table 2 in 40 CFR 503.43

____Equation 6 in 40 CFR 503,43 (site-specific determination)

c. If Table 2 was used, identify the type of incinerator used as the basis:

____Fluidized bed with wet scrubber

____Fluidized bed with wet scrubber and wet electrostatic precipitator

____Other types with wet scrubber

____Other types with wet scrubber and wet electrostatic precipitator

d. If Equation 6 was used, provide the following:

Decimal fraction of hexavalent chromium concentration to total chromium concentration in stack exit gas: _____

Submit results of incinerator stack tests for hexavalent and total chromium concentrations, including date(s) of test, with this application.

E.8. Incinerator Parameters

a. Do you monitor Total Hydrocarbons (THC) in the sewage sludge incinerator's exit gas? _____ Yes _____ No

Do you monitor Carbon Monoxide (CO) in the sewage sludge incinerator's exit gas? _____ Yes _____ No

b. Incinerator type: _____

c. Incinerator stack height, in meters: _____

Indicate whether value submitted is: _____ Actual stack height _____ Creditable stack height

E.9. Performance Test Operating Parameters

a. Maximum Performance Test Combustion Temperature: _____

b. Performance test sewage sludge feed rate, in dry metric tons/day: _____

indicate whether value submitted is:

_____ Average use _____ Maximum design

Submit, with this application, supporting documents describing how the feed rate was calculated.

c. Submit, with this application, information documenting the performance test operating parameters for the air pollution control device(s) used for this sewage sludge incinerator.

E.10. **Monitoring Equipment.** List the equipment in place to monitor the following parameters:

a. Total hydrocarbons or carbon monoxide: _____

b. Percent oxygen: _____

c. Moisture content: _____

d. Combustion temperature: _____

e. Other: _____

E.11. **Air Pollution Control Equipment.** Submit, with this application, a list of all air pollution control equipment used with this sewage sludge incinerator.

_____

_____

_____

_____

Additional Information, if provided, will appear on the following pages.

ATTACHMENTS

ATTACHMENT 1

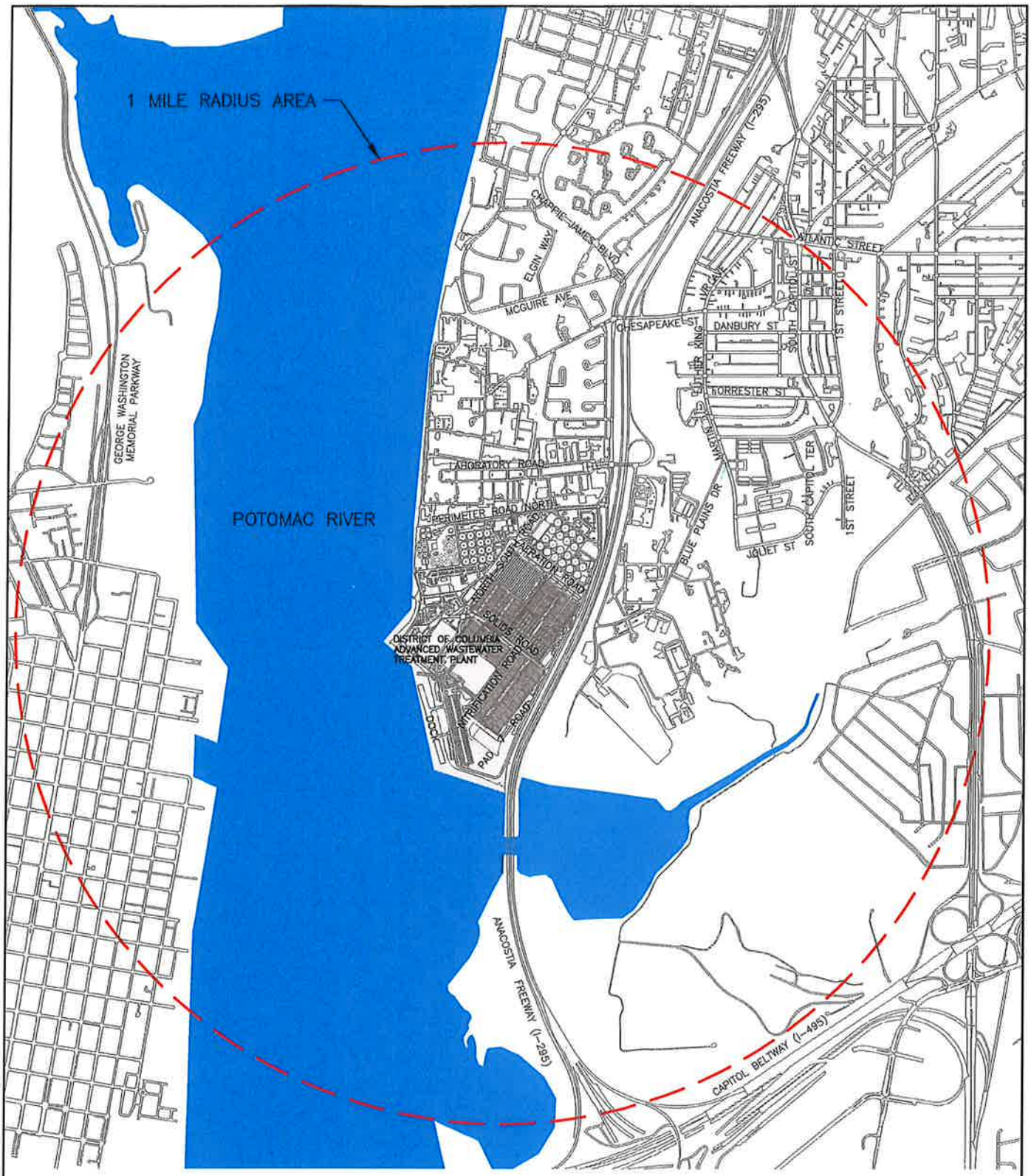
OUTFALL SUMMARY

NPDES Outfall No.	Description	Latitude	Longitude	No. of CSO Events (2)	Average Duration per CSO Event (2) (Hours)	Average Volume per CSO (2) (Million Gallons)	Approximate Mimimum Rainfall to Cause CSO (2) (inch)	Total Average CSO Overflow Volume (2) (MG/Year)
003	Bolling AFB	N 38 49 51	W 77 01 32	0	0.00	0.00	n/a	0.00
004	Emergency Relief for poplar Point Sewage Pumping Station, SE	N 38 51 57	W 77 00 18	0	0.00	0.00	n/a	0.00
005	Chicago St. and Railroad Station, SE	N 38 52 08	W 76 59 36	73	5.13	0.23	0.2	16.54
006	Good Hope Road, West of Nichols Ave, SE	SEPARATED						
007	13th Street and Ridge Place, SE	N 38 52 16	W 76 59 19	64	5.58	0.58	0.3	36.97
008 (1)	Anacostia Ave. west of Blaine St. NE - relief for Anacostia Main Interceptor	N 38 53 29	W 76 57 46	0	0.00	0.00	n/a	0.00
009	2nd St., 300 feet north of N Place, NE	N 38 52 21	W 77 00 15	54	4.25	0.31	0.3	16.84
010	O Street Sewage Pumping Station, SE	N 38 52 23	W 77 00 14	18	1.90	13.99	0.4	247.21
011	South of Main Sewage Pumping Station, SE (pumped overflow)	N 38 52 22	W 77 00 17	0	0.00	0.00	n/a	0.00
011a	South of Main Sewage Pumping Station, SE (gravity overflow)	N 38 52 22	W 77 00 17	0	0.00	0.00	n/a	0.00
012	North of Main Sewzge Pumping Station, SE	N 38 52 22	W 77 00 09	6	0.78	3.84	0.7	21.74
013	4th and N Street, SE	N 38 52 22	W 77 00 09	28	3.14	0.35	0.4	9.78
014	6th and M Street, SE	N 38 52 23	W 76 59 09	49	4.51	0.80	0.4	38.98
015	9th and Mstreet, SE	N 38 52 18	W 76 59 38	12	0.88	0.06	0.8	0.72
016	12th and M Street, SE	N 38 52 20	W 76 59 28	24	1.85	0.55	0.5	13.30
017	14th and M Street, SE	N 38 52 31	W 76 59 28	32	2.04	0.62	0.4	20.05
018	Barney Circle and Pennsylvania Ave.	N 38 52 39	W 76 58 57	35	2.02	0.13	0.4	4.70
019	NE Boundary Trunk, Vic. Of 25th and E Streets, SE	N 38 52 21	W 77 00 09	36	4.27	23.75	0.1	854.82
020	23rd Street, North of Constitution Ave., NW	N 38 53 10	W 77 03 03	21	1.50	2.57	0.5	54.81
021	Northeast of Rossevelt Bridge	N 38 53 19	W 77 03 11	30	2.80	15.11	0.4	458.43
022	27th and K Streets, NW	N 38 53 52	W 77 03 27	30	2.89	1.00	0.7	30.04
023	Abandoned (Formerly 29th and K Street, NW	ABANDONDED						
024	30th and K Street, NW	N 38 54 05	W 77 03 31	17	1.74	0.94	0.3	16.23
025	31st and K Street, NW	N 38 54 03	W 77 03 44	14	0.88	0.01	0.5	0.16
026	Wisconsin Avenue and K Street, NW	N 38 54 06	W 77 03 47	0	0.00	0.00	n/a	0.00
027	Water Street west of Street, NW	N 38 54 13	W 77 03 57	72	6.55	0.73	0.1	52.50
028	36th and M Street, NW	N 38 54 13	W 77 04 18	13	0.80	0.04	0.5	0.49
029	Canal Road 1000 feet east of Rock Creek, NW	N 38 49 00	W 77 01 40	56	4.00	0.46	0.3	26.00
030	Abondonded (Formerly Faxhall and Canal Road, NW	ABANDONDED						
031	Pennsylvania Avenue, East Rock Creek, NW	SEPARATED						
032	26th and M Street, NW	N 38 54 22	W 77 03 17	0	0.00	0.00	n/a	0.00
033	N Street extended west of 25th Street, NW	N 38 54 26	W 77 03 18	6	0.95	0.79	0.7	4.48
034	23rd and O Street, SW	N 38 54 36	W 77 03 05	0	0.00	0.00	n/a	0.00
035	22nd St. sout of Q Street, NW	N 38 54 33	W 77 03 00	0	0.00	0.00	n/a	0.00
036	22nd St. sout of Q Street, NW	N 38 54 33	W 77 03 06	29	2.31	0.06	0.4	1.64
037	Northwest of Belmont and Rock Creek and Potomac Parkway	SEPARATED						
038	North of Belmont Road, east of Kalorama Circle, NW	N 38 55 08	W 77 03 05	0	0.00	0.00	n/a	0.00
039	Connecitcut Ave east of Creek, NW	N 38 55 18	W 77 02 56	0	0.00	0.00	n/a	0.00
040	Biltmore Street extended east of Rock Creek, NW	N 38 55 40	W 77 02 43	1	0.42	0.03	1.3	0.03
041	Ontario extended and Rock Creek Parkway	N 38 55 40	W 77 02 43	0	0.00	0.00	n/a	0.00
042	Harvard St and Rock Creek Parkway, NW	N 38 55 42	W 77 02 43	0	0.00	0.00	n/a	0.00
043	Adams Mill Raod south of Irving St. NW	N 38 55 42	W 77 02 42	1	0.58	0.15	1.3	0.15
044	Kenyon St. and Adams Mill Road, NW	N 38 55 44	W 77 02 44	0	0.00	0.00	n/a	0.00
045	Adams Mill Raod and Lamont St. NW	N 38 55 50	W 77 02 49	2	0.83	0.01	1.3	0.03
046	Park Road south of Pney Branchg Parkway, NW	N 38 56 06	W 77 02 45	2	0.75	0.00	1.3	0.01
047	Ingelside terrace extended and Piney Branch Parkway	N 38 56 10	W 77 02 36	3	0.61	0.09	1.3	0.25
048	Mt. Pleasant St. extended and Pney Branch Parkway	N 38 56 15	W 77 02 23	2	0.83	0.03	1.3	0.08
049	Piney Branch and lamont St. NW	N 38 56 12	W 77 02 19	25	2.09	1.59	0.4	39.73
050	28th Street west of 16th St., NW	N 38 54 14	W 77 03 23	0	0.00	0.00	n/a	0
051	Oive Street extended and Rock Creek Parkway, NW	N 38 54 32	W 77 03 11	0	0.00	0.00	n/a	0
052	O St. extended and Rock Creek Parkway,m NW	N 38 54 31	W 77 03 16	0	0.00	0.00	n/a	0
053	O St. west of Rock Creek parkway, NW	SEPARATED						
054	West side of Rock Creek 300 ft. south of Mass Ave., NW	N 38 54 34	W 77 03 11	0	0.00	0.00	n/a	0
055	Abandoned	ABANDONDED						
056	Normanstone Dr. estended west of Rock Creek, NW	N 38 55 02	W 77 03 04	0	0.00	0.00	n/a	0.00
057	28th St. extneded west of Rock Creek, NW	SEPARATED						
058	Connecticut Ave. and Rck Creek Parkway, NW	SEPARATED						
059	Luzon Valley	SEPARATED						
060	P St. and 26th St, NW			0	0.00	0.00	n/a	0.00
061 (1)	Hayes St. & Anacostia Ave NE - Emergency relief for Upper Anacostia Sewage Pumping Station							
062 (1)	Earl Place, NE - Emergency relief for Upper Anacostia Sewage Pumping Station							

Notes:

(1) Outfalls identified in the permit as emergency relief locations

(2) Overflow volume based on CSO model results for average year (1988, 1989, 1990)



ADVANCED WATER TREATMENT PLANT

SCALE: NOT TO SCALE

dc clean RIVERS PROJECT

DISTRICT OF COLUMBIA
WATER AND SEWER AUTHORITY
5000 OVERLOOK AVENUE, SW
WASHINGTON, DC 20032
PHONE: 202-787-4460
FAX: 202-787-4478

DC CLEAN RIVERS PROJECT
ANACOSTIA RIVER PROJECTS NPDES APPLICATION

DISTRICT OF COLUMBIA
ADVANCED WATER TREATMENT PLANT

DATE: DECEMBER 2014 | FIGURE 1 OF 1

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DRAWING Y:\WORKING CADD FILES\DCWASA\ED CARPENETTI\7 - 0 FACILITY MAP.DWG

ATTACHMENT 3

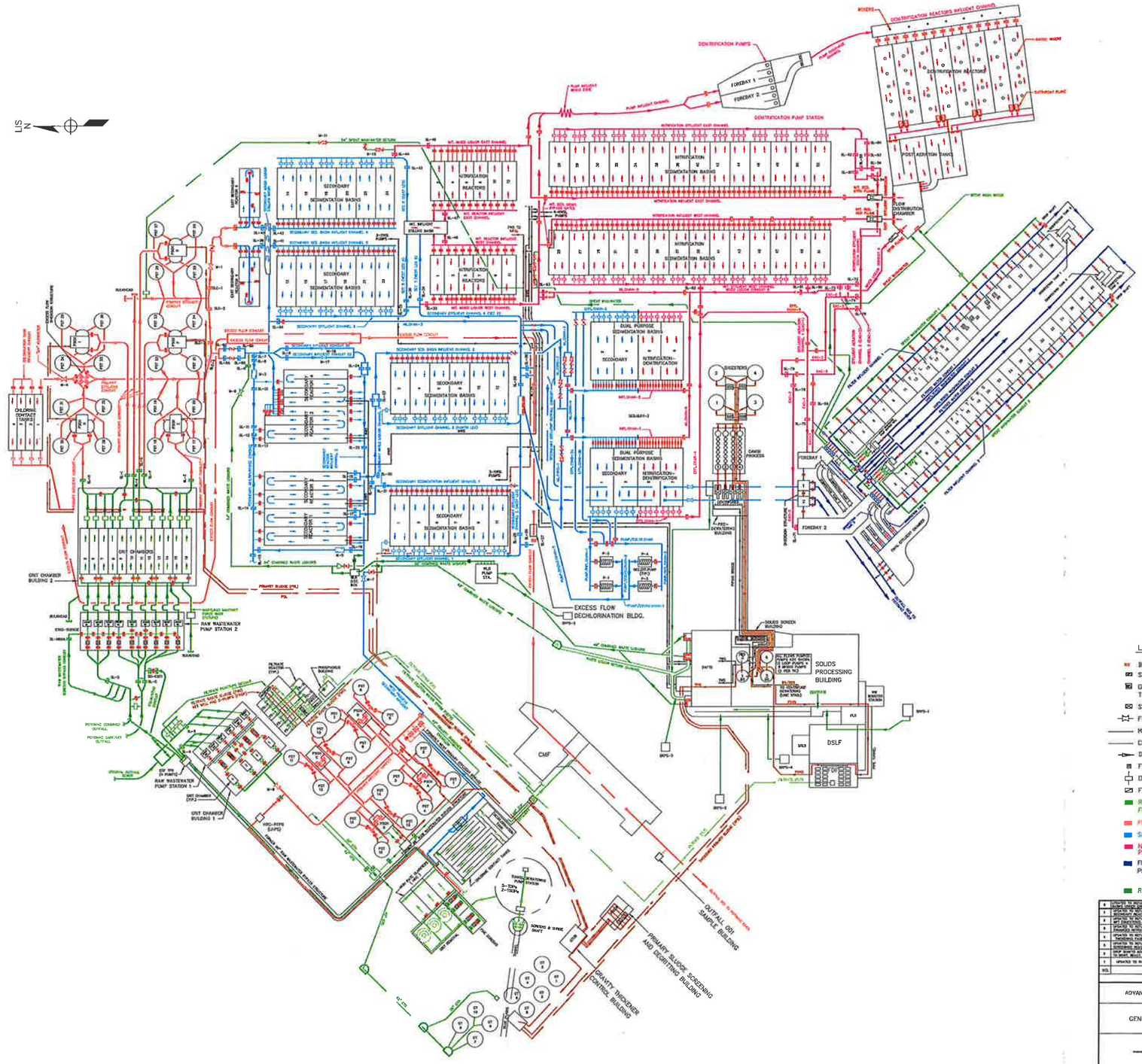
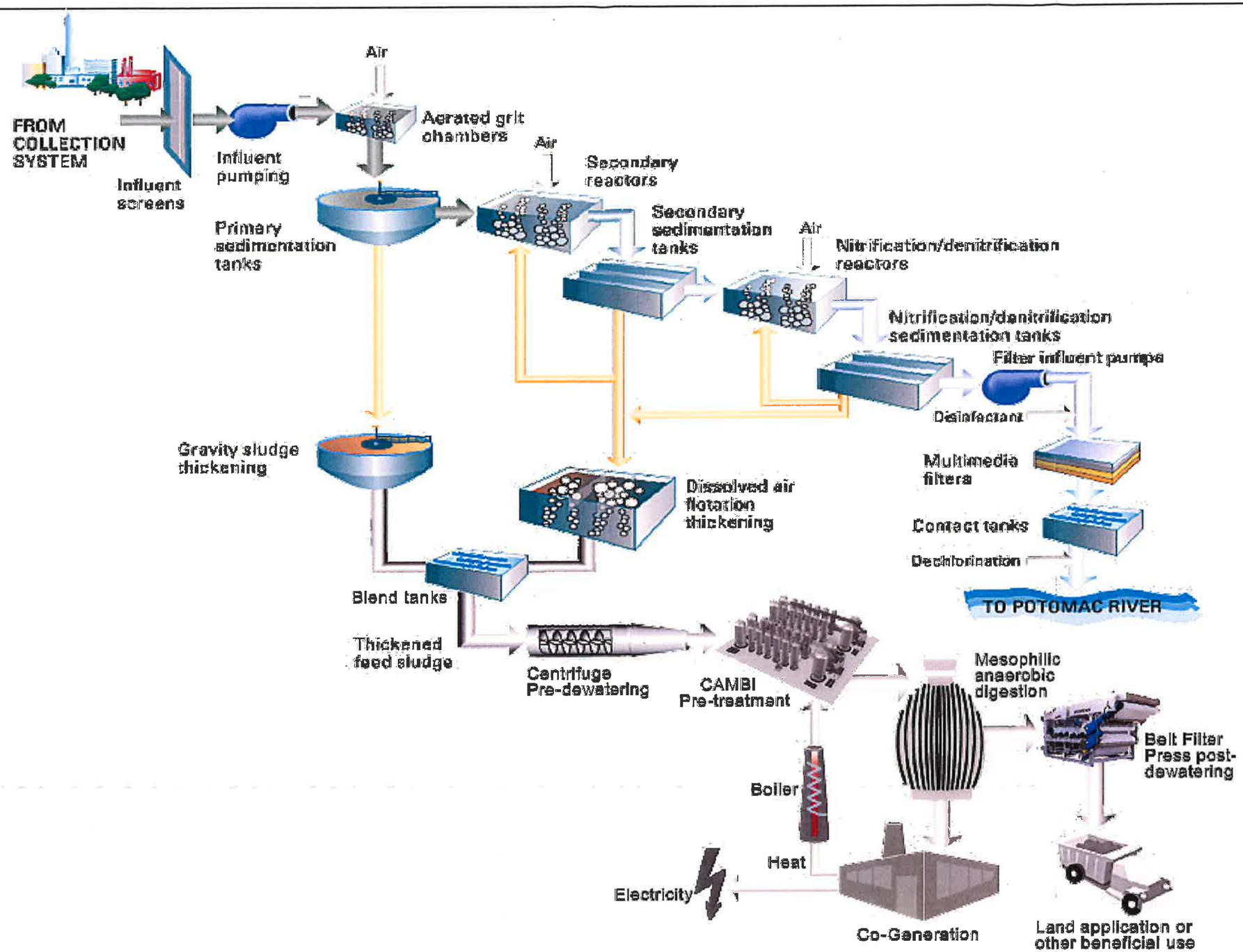

N
DENITRIFICATION PUMPS
FOREBAY 1
FOREBAY 2
DENITRIFICATION PUMP STATION
DENITRIFICATION REACTORS
POST AERATION TANKS
FLOW DISTRIBUTION CHAMBER
NITRIFICATION SEDIMENTATION BASINS
NITRIFICATION REACTORS
SECONDARY SEDIMENTATION BASINS
DUAL PURPOSE SEDIMENTATION BASINS
DIGESTERS
GRIT CHAMBERS
GRIT CHAMBER BUILDING 2
RAW WASTEWATER PUMP STATION 2
EXCESS FLOW DECHLORINATION BLDG.
SOLIDS PROCESSING BUILDING
DSLF
CMF
RAW WASTEWATER PUMP STATION 1
GRIT CHAMBER BUILDING 1
OUTFALL 001 SAMPLE BUILDING
PRIMARY SLUDGE SCREENING AND DEWATERING BUILDING
GRAVITY THICKENER CONTROL BUILDING
LEGEND
BULKHEAD GATE
STOPLOG
OVERFLOW WEIR WITH STOPLOG TO RAISE CREST ELEVATION
SLUICE, STACKING OR ROLLER GATE
FLOWMETER
MAIN FLOW CONDUIT OR CHANNEL
CONDUIT FOR NON-ROUTINE FLOW
DIRECTION OF FLOW
FINE SCREEN
OVERFLOW WEIR
FLAP GATE
RAW WASTEWATER PROCESS FLOW SYSTEM
PRIMARY PROCESS FLOW SYSTEM
SECONDARY PROCESS FLOW SYSTEM
NITRIFICATION-DENITRIFICATION PROCESS FLOW SYSTEM
FILTRATION AND DISINFECTION PROCESS FLOW SYSTEM
RECYCLE FLOWS
REVISIONS
DISTRICT OF COLUMBIA
ADVANCED WASTEWATER TREATMENT PLANT
AT BLUE PLAINS
GENERAL PLANT FLOW SCHEMATIC
FILE NO. D&M/F121-3
DATE AUGUST 1995

FIGURE: 1–3



dc clean RIVERS PROJECT

DISTRICT OF COLUMBIA
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PHONE: 202-787-4460
FAX: 202-787-4478

DC CLEAN RIVERS PROJECT
ANACOSTIA RIVER PROJECTS NPDES PERMIT APPLICATION

PROCESS FLOW DIAGRAM

DATE: FEBRUARY 2015 | FIGURE 3

LAST SAVED BY: DAVE M. PETACCIA DATE: 2/19/2015 3:57:27 PM
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ATTACHMENT 4

dc water is life®

CAPITAL IMPROVEMENT PROGRAM

DISTRICT OF COLUMBIA WATER AND SEWER AUTHORITY

SECTION III

WASTEWATER TREATMENT SERVICE AREA

WASTEWATER TREATMENT

DC Water operates the Blue Plains Advanced Wastewater Treatment Plant, the world's largest advanced wastewater treatment facility. At Blue Plains, DC Water provides wastewater treatment services to over 2.1 million people in its service area, which includes residents of the District of Columbia and significant portions of Montgomery and Prince Georges Counties in Maryland, and Fairfax and Loudoun Counties in Virginia. Wastewater treatment includes liquid processing facilities that provide treatment for both sanitary wastewater flows and peak storm flows originating in the sanitary and combined sewer systems respectively, along with solids processing facilities that treat the residual solids removed by the liquid processing facilities. Blue Plains is rated for an average flow of 370 million gallons per day (MGD). DC Water's current National Pollutant Discharge Elimination System (NPDES) permit is effective from September 30, 2010 through September 30, 2015 and requires wastewater treatment to a level that meets one of the most stringent NPDES discharge permits in the United States. Of all wastewater treatment plants in the Chesapeake Bay watershed, Blue Plains removes the largest quantity of nitrogen from its influent nitrogen load and has been well below voluntary nitrogen load limits for over 10 years.

DC Water's Biosolids Management Plan includes construction of four Cambi thermal hydrolysis trains, four digesters, new dewatering equipment and a combined heat and power plant. An interim method of financing this project has been used in the Financial Plan to mitigate the impact on customers' rates and to better match the financing costs with the benefits that will be received over the life of these facilities.

Overview of the Wastewater Treatment Process

The first wastewater treatment phase begins as debris and grit are removed by screens and grit chambers and trucked to a landfill. Sewage then flows into primary sedimentation tanks that separate more than half of the suspended solids from the liquid. The liquid flows to the secondary treatment process where oxygen is provided to allow bacteria to break down the organic matter. In the next stages of treatment, bacteria convert ammonia into other forms of nitrogen and then into harmless nitrogen gas. Residual solids are settled out in each biological process. Water is percolated down through dual-media effluent filters, removing most of the remaining suspended solids, next the water is disinfected and then treated to remove residual chlorine and discharged into the Potomac River. Removing solids from primary sedimentation tanks to gravity thickening process units where dense sludge settles to the bottom and thickens. Biological solids from the secondary and nitrification processes are thickened using flotation thickeners. All thickened sludge is dewatered, lime is added to reduce pathogens, and the organic biosolids are beneficially reused through application to agricultural land in Maryland and Virginia.

The lifetime budget for the Wastewater Treatment Service Area is $3.1 billion dollars, a net increase of $362.1 million from last year's budget. As described in more detail below, capital projects in the Wastewater Treatment Service Area are required to rehabilitate, upgrade or provide new facilities at Blue Plains to ensure that it can reliably meet its NPDES permit requirements and produce a consistent, high-quality dewatered solids product. The Blue Plains Enhanced Nitrogen Removal Facilities Program, which provides for projects necessary to meet the stringent total nitrogen discharge limit in the NPDES permit, comprise a significant portion of the lifetime budget for the wastewater treatment service area. The permit stipulates that improvements to the existing nitrogen removal facilities be placed in operation no later than July 14, 2014, with compliance with reduced nitrogen limits starting on January 1, 2015.

Five liquid treatment processes (preliminary, primary, secondary, nitrification-denitrification, and filtration) comprise the liquid treatment processes at Blue Plains. The first phases of upgrades to all the liquid treatment processes are now in service. In tandem with the placing of these facilities in service, the process control system has also been implemented to enable monitoring and control of the upgraded equipment and systems, thus allowing DC Water to achieve greater process control and treatment efficiency and also yielding operating cost control.

Liquid Processing Program – $831.8 million *(project pages III-8 to III-29)*

Projects in this program area encompass upgrading and rehabilitating facilities involved in handling flows from the sanitary and combined sewer systems. These flows progress sequentially through the Plant processes to ultimate discharge of the treated effluent into the Potomac River. Liquid treatment systems include headworks facilities that screen and pump the wastewater flows, grit facilities that remove sand and grit particles, primary treatment facilities that remove solids by sedimentation, secondary treatment facilities that remove organic pollutants using a biological process, nitrification/denitrification facilities that remove nitrogen using a biological process, and effluent filtration, disinfection, and dechlorination facilities.

Major projects under this program that are now in construction include:

- *Dual Purpose Rehabilitation (Project BG) $25.5 million* – The project rehabilitates the sedimentation basins that were constructed approximately 20 years ago to provide sedimentation of flows from either the secondary reactors or the nitrification reactors or various combinations. The project results in a revision to the operating conditions to dedicate four (4) basins to service the secondary treatment processs and dedicate four (4) basins to service the enhanced nitrogen removal process. The design and construction is combined with Project BI, Secondary Treatment Facilities Upgrade, ENR-N.
- *Nitrification/Denitrification Facilities Upgrade (Project BR) $52.2 million* – This project includes major electrical rehabilitation of the entire facility, major HVAC and plumbing upgrade for all buildings and galleries, and architectural rehabilitation of the Nitrification Blower Building, Control Buildings, and Electrical Buildings. Benefits of this project include lower maintenance and energy costs due to improved efficiency. The construction contract for the electrical upgrade was issued in FY 2011 and is 75% complete. Also, included in this project is rehabilitation of the nitrification return sludge line, the first phase of which is 50% complete.
- *Filtration/Disinfection Facility Phase III (Project BT) $19.9 million* – This project is an upgrade to major electrical equipment serving the Filtration/ Disinfection Facility. Construction began in FY 2011 and is expected to be complete by the end of fiscal year 2014.

Projects under this program in the planning and design phase include:

- *Headworks HVAC Rehabilitation (Project IX) $15.7 million* – The heating, air conditioning and ventilation systems (HVAC) systems in the headworks are in need of upgrades to improve the condition of the air in the influent pump stations and preliminary treatment buildings at Blue Plains. Initial investigations were performed in FY2013 and recommendations for improvements are currently under review.

- *Raw Wastewater Pump Station 2 (Project BV) $42.4 million* – An upgrade to the Raw Wastewater Pump Station is required to replace equipment that is at the end of its useful life and to improve reliability. Site investigations and a concept design were performed in FY 2013 and additional design is expected in FY 2014.
- *Primary Treatment Facilities Phase II (Project BQ) $14.6 million* – Design is scheduled to begin in FY 2015 for structural repairs to the primary sedimentation tanks.
- *Grit Chamber Facilities Phase II (Project BP) $5.4 million* – Design is scheduled to begin in FY 2015 for upgrades to the grit chamber building structures and facilities. These upgrades include structural, architectural and building system renovation of office and storage spaces in each building.

New projects under this program :

- *Effluent Filter Upgrade (Project IY) $107.7 million* – An upgrade to the Effluent Filters will be required by the year 2025 as that is the projected end of the facility's useful life. The project is added to the program this year so that planning and design can begin in FY 2021.
- *Replace/Upgrade Influent Screens (Project IZ) $40.4 million* – An upgrade or replacement of the influent screens will be required as the equipment is not projected to last more than 20 years. An investigation and concept design will be initiated by the year 2017 to more precisely define the existing condition of the facility and the upgrades necessary to extend its life.

Plantwide Facilities Program – $446.5 million *(project pages III-30 to III-60)*

This program provides for upgrading, rehabilitating, or installing support systems and facilities that are required for both the liquid processing and solids processing programs. Systems include a Process Control System (PCS) for monitoring and control of all processes and facilities, upgrades to city and plant water systems, chemical systems, electrical power and distribution systems upgrade, telephone service, and data highway infrastructure for process, safety, security and information needs. Facilities comprise chemical receiving, storage, transmission and feed systems for chemicals used throughout the liquid and solids processes, including metal salts, polymers, sodium hypochlorite, and sodium bisulfite. Support facilities projects include the rehabilitation of the Central Operations Facility and the Central Maintenance Facility and construction of the new Warehouse.

One major project under this program was completed in FY 2013:

- *Laboratory Rehabilitation (Project CV) $7.8 million* –The laboratory on the Blue Plains site, which provides analyses for permit compliance, process optimization and long-range planning, has been rehabilitated and is in use.

Major projects under this program that are now underway include:

- *New Warehouse/Visitor Center/Security Facility (Project HC) $18.4 million* – This project includes a new central warehouse facility at Blue Plains, based on industry 'best practice' designs and operations for similar utilities and plant operations. A visitor center and security facility will be properly interfaced into the plant control system. The project includes programming of the plant control system as well as reviewing design documents and coordinating control strategies between designers and operations and confirming proper installation of control loops.

- *Central Operations Facility Renovations (Project AZ) $17.2 million* – This project includes several contracts to upgrade space and building systems in the Central Operations Facility. Examples of contracts include an upgrade to the data center, office space renovation, and rehabilitation of heating, ventilation of air conditioning systems.
- *Electrical Power System – Switchgear (Project TZ) $31.2 million* – The electrical power system at Blue Plains is comprised of area sub stations that feed unit substations throughout the facility. This project includes several projects to upgrade electrical switchgear and appurtenances that have reached the end of their useful lives and/or to replace equipment for which parts are obsolete.
- located in the new building, with the warehouse.
- *Instrumentation and Control Engineering Program Management (Project GP)* $10.9 *million* - This project will ensure that new projects, from design through construction, are properly coordinated with DC Water standards for I&C and Electrical and

Major new projects under this program:

- *Construction of Flood Seawall (Project JF) $13.2 million* – A flood seawall will be constructed to prevent inundation of the Advanced Wastewater Treatment Plant at Blue Plains from the Potomac River during a flood event. The AWTP is a critical facility that must be in operation at full capacity or risk having a catastrophic impact on the environment.
- *Process Control System Upgrade (Project LX) $4 million* - This project entails both a master planning study to define the next generation of the Process Control System (PCS) and necessary upgrades to the Blue Plains Process Control System to maintain functionality and maintainability for the next several years.
- *Control Systems Replacement (Project GW) $37 million* - This project will implement the Process Control System (PCS) Master Plan and will include concept design, detailed design, and installation of a system or components of the Plant PCS as it reaches the end of its useful life. By 2023, the PCS will be approximately 23 years old and it is expected that the hardware will be obsolete, the vendor will no longer support the system and newer technologies will be available to replace the PCS.

Solids Processing Program – $793.0 million *(project pages III-61 to III-73)*

Biosolids processing involves reductions in volume along with treatment to meet applicable federal, state and local requirements for the ultimate disposal method. Treatment is provided by a system of processing facilities that include gravity thickening of primary sludge, floatation thickening of the biological waste sludges produced by the secondary and nitrification/denitrification processes, dewatering by centrifuge and lime stabilization. Dewatered-stabilized biosolids are conveyed to the Dewatered Sludge Loading Facility, from which the biosolids are loaded into tractor-trailers and hauled offsite for beneficial reuse. Examples of beneficial reuse are land application, silviculture and land reclamation. Solids processing facilities are required to produce a biosolids product that can be reused or disposed of in an economical and environmentally acceptable manner.

DC Water is continuing implementation of the Biosolids Management Plan (BMP), originally adopted by the Board in 1999. This plan, which included input from neighbors, environmental groups, and other stakeholders, evaluated a number of options for long-term biosolids processing and disposal, identified full biosolids digestion as a common element of all long-term approaches and recommended continuing land application as long as financially advantageous. DC Water has performed an extensive analysis of alternatives to identify a cost-effective, long-term and sustainable biosolids management project for the

Blue Plains Advanced Wastewater Treatment Plant that can produce a diverse Class A biosolids product, significantly reduce lime use and enhance land application.

The updated BMP includes construction of four Cambi thermal hydrolysis trains, four digesters, new dewatering equipment and a combined heat and power plant. This plan will significantly reduce biosolids operating costs when it is placed in operation as it produces power from digester gas to meet over one third of DC Water's electric demand at Blue Plains. The digestion process will eliminate nearly one half of the biosolids, which will result in lower reuse costs. DC Water's award-winning Biosolids Management Program has been recognized by the U.S. Environmental Protection Agency for its outstanding operations, technological advances, and promotion of the beneficial uses of municipal wastewater biosolids.

Major projects underway in this program include:

- *New Digestion Facilities (Project XA) $524.8 million* – This project includes four Cambi thermal hydrolysis trains, four digesters, new dewatering equipment and a combined heat and power plant. Two contracts, construction for site preparation and a design-build contract for the main process train were awarded in FY 2011 .The site preparation contract is 100% complete, while the main process train project is 66% complete. The remaining contracts, a design-build-operate contract for the combined heat and power facility and two contracts for construction of the final dewatering facilities were awarded in FY 2012. The construction status of the combined heat and power facility is 50% complete while the final dewatering facilities first contract will be complete by December 2013 and the second contract is 47% complete.
- *Gravity Thickening Upgrade (Project BX) $31.2 million* – This project will restore Thickener Units 5 and 6 to service and provide a major upgrade to Thickener Units 7 to 10, including collector mechanisms, thickened sludge pumps, and scum pumps. Detailed design is underway with an expected completion in FY 2014 and construction is expected to begin in FY 2015.

Enhanced Nitrogen Removal Facilities – $1,024.5 million *(project pages III-74 to III-83)*

This program provides for new facilities and upgrades to existing facilities needed at Blue Plains to meet the total nitrogen discharge limit that has been included in DC Water's 2010 NPDES permit. Projects included in the Blue Plains Enhanced Nitrogen Removal Facilities (ENRF) were identified through a strategic planning process that resulted in development of DC Water's proposed Total Nitrogen/Wet Weather (TN/WW) Plan, which addresses the requirements of the Clean Rivers Project as well as the Chesapeake Bay Tributary Strategies for reducing nitrogen discharged into the Chesapeake Bay. The recommended alternative in the plan requires removal of additional nitrogen from the wastewater prior to discharge, and improves the quality of discharge to the Potomac and Anacostia Rivers during wet weather events.

Major projects underway in this program include:

- *Enhanced Nitrogen Removal- North (Project BI) $72.0 million* (formerly named *Plantwide Fine Bubble Aeration System in the Plantwide Program Area).* This project involves replacing the existing coarse bubble diffusers in the secondary treatment

aeration system with a more efficient system. In addition to a more efficient process, this project will result in an overall savings in energy consumption. Construction began in FY 2013.

- *Enhanced Clarification Facilities - (Project E8) $219.0 million* – The principal components of this project are grit removal and screening for combined sewer flows pumped out of the Blue Plains Tunnel followed by an enhanced clarification facility. The new facilities will treat excess flow during wet weather events resulting in improved water quality of the excess flow discharge. A design-build contract was issued in FY 2013 that includes the Tunnel Dewatering Pump Station (Project FR) and (Job CY18 – Division Y – Blue Plains Dewatering Pump Station) as well as the Enhanced Clarification Facility.
- *Enhanced Nitrogen Removal Facilities (Project E9) $267.8 million* – This project includes an expanded facility to remove additional nitrogen from the wastewater prior to discharge to the Potomac River as well as improvements to upstream processes that are required to ensure the reliability of the expanded system. Two construction contracts for this project began in FY 2011 and the first contract is 99% complete and the second contract is 70% complete. The project is on schedule to meet NPDES permit compliance dates.
- *Biosolids Filtrate Treatment Facilities – (Project EE) $103.4 million* - This project provides for the treatment of recycle streams from the sludge dewatering process. Digestion of sludge, which results in a greatly reduced volume of sludge, also results in a high concentration of ammonia in the filtrate from the dewatering process. This high concentration of ammonia has the potential to overload the nitrogen removal processes. In FY 2011, DC Water investigated several design concepts for this project and selected deammonification as the most cost-effective and reliable method to provide separate treatment of the filtrate recycle stream. Construction is expected to begin in FY 2014.
- *Wet Weather Mitigation, Diversion at Bolling and Tunnel Dewatering Pump Station – (Projects EG, FR, H7 and FS) $257.7 million* - These projects provide the Blue Plains Users' contribution to the Clean Rivers Project components that were part of the Total Nitrogen Removal/ Wet Weather Plan. The various construction contracts funded by these projects result in a reduction in combined sewer overflows and reduction in peak flow rates through Blue Plains. Construction of these projects is scheduled to be complete in FY 2018.
- *Secondary Treatment Upgrades for TN (Project FG) $56.9 million* - This project will expand Secondary Reactors 5 and 6 to double their size. Treatment plant modeling predicts that additional volume will be needed for the secondary treatment process by the year 2020 to accommodate future plant influent flows and loads while continuing to meet current NPDES permit limits. Research and pilot testing began in FY 2013 to define the most cost-effective and sustainable project to meet the project need.

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Liquid Processing
Activity Group/Project Title	A2 - Liquid Processing Program Management
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Good Engineering, High pay back, Mission / Function

Phase	Start Date
Design:	
Construction:	

Project Completion: Sep 2023

Project Description:
Program management services are provided during planning, design, and construction of upgrades to the liquid wastewater treatment process at the Blue Plains AWTP, to ensure continued reliability of the facilities and compliance with the plant's NPDES discharge permit. Program management services are required because of the comprehensive nature of the upgrades throughout the plant.

Impact on Operations:
Program Management has no direct impact on operations; however, the impact of each project on operations is identified on individual project sheets.

Effective Funding by User (percent):

DC -	41.39%
EPA/Fed -	0.00%
WSSC -	45.71%
Fairfax -	8.36%
Loudoun/PI -	4.55%

dc water is life

FY2014 Approved Life Budget	23,018,352
FY2014 Revised/FY2015 Approved Life Budget	34,544,321
Increase/(Decrease)	11,525,969

Disbursements	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
Budget	5,187	1,605	4,402	4,690	2,137	1,746	1,358	2,034	2,037	1,382	522	0
Commitments	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
Budget	9,407	6,400	6,037	2,200	0	5,500	5,000	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Liquid Processing
Activity Group/Project Title	BG - Dual Purpose Rehabilitation
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Potential Failure/Ability to continue meeting permit requirement

Phase	Start Date
Design:	Jul 2011
Construction:	Feb 2012

Project Completion:	Sep 2018

Project Description:
This project replaces the sludge collection equipment, sludge and scum pumps, and other process equipment for the 8 Dual Purpose Sedimentation Basins. To optimize the Enhanced Nitrogen Removal process, this project also entails changes to dedicate 4 basins to nitrogen removal service and 4 basins to secondary treatment service.

Impact on Operations:
The new sludge collection equipment provides improved reliability and increased settling performance but has no significant impact on operational costs.

Effective Funding by User (percent):

DC -	41.22%
EPA/Fed -	0.00%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/PI -	4.56%

dc water is life

FY2014 Approved Life Budget	24,473,629
FY2014 Revised/FY2015 Approved Life Budget	25,520,221
Increase/(Decrease)	1,046,592

Disbursements Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	5,892	3,942	5,680	2,885	47	26	0	0	0	0	0	0

Commitments Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	23,972	1,537	12	0	0	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Liquid Processing
Activity Group/Project Title	BP - Grit Chamber Facilities Phase II
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Good Engineering, High pay back, Mission / Function

Phase	Start Date
Design:	Jun 2015
Construction:	Mar 2017

Project Completion:	Oct 2019

Project Description:
This project will upgrade the grit chamber building structures and facilities including structural, architectural and building system renovation of office and storage spaces in each building. Project would include architectural repairs to exterior of buildings.

Impact on Operations:
This project will have no material impact on the operating budget.

Effective Funding by User (percent):

DC -	41.22%
EPA/Fed -	0.00%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/PI -	4.56%

dc water is life

FY2014 Approved Life Budget	5,434,000
FY2014 Revised/FY2015 Approved Life Budget	5,434,000
Increase/(Decrease)	0

Disbursements Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	0	0	61	328	1,563	1,712	23	0	0	0	0	0
Commitments Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	0	0	427	152	4,856	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Liquid Processing
Activity Group/Project Title	BQ - Primary Treatment Facilities Ph II
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Good Engineering, High pay back, Mission / Function

Phase	Start Date
Design:	Jun 2015
Construction:	Mar 2018

Project Completion:	Jan 2021

Project Description:
This project provides structural repairs to the primary sedimentation tanks and conduits and would be initiated based on future structural inspection of the facilities. Concrete inspection and testing performed in 2001 indicated that the tanks did not require concrete repairs in the Primary Treatment Facilities Upgrade contract, but the inspection should be repeated in 10 years, when possibly repairs may be required. Concrete repairs would be made to maintain the integrity of the structures and protect DC Water's investment in these facilities.

Impact on Operations:
This project will have no material impact on the operating budget.

Effective Funding by User (percent):

DC -	41.22%
EPA/Fed -	0.00%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/Pl -	4.56%

dc water is life

FY2014 Approved Life Budget	14,625,000
FY2014 Revised/FY2015 Approved Life Budget	14,625,000
Increase/(Decrease)	0

Disbursements Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	0	0	80	513	599	1,803	6,848	953	3	0	0	0
Commitments Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	0	0	1,320	0	360	12,945	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Liquid Processing
Activity Group/Project Title	BR - Nitrification/Denitrification Fac
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Potential Failure/Ability to continue meeting permit requirement

Phase	Start Date
Design:	Aug 2007
Construction:	Mar 2009

Project Completion:	Feb 2019

Project Description:
The concept design report for ongoing Projects TK Biological Nutrient Removal and TQ Nitrification Facility Upgrade provided a comprehensive list of facilities and equipment that needed to be rehabilitated or replaced. The list of scope items was prioritized and the highest priority tasks were included in the Project TK and TQ scope of work for design and construction. Project BR provides for rehabilitating the lower priority tasks and includes major electrical rehabilitation of the entire facility.

Impact on Operations:
Maintenance and Energy costs are anticipated to be reduced due to improved efficiency.

Effective Funding by User (percent):

DC -	40.66%
EPA/Fed -	0.56%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/PI -	4.56%

dc water is life

FY2014 Approved Life Budget	51,984,278
FY2014 Revised/FY2015 Approved Life Budget	52,247,125
Increase/(Decrease)	262,847

Disbursements Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	25,015	7,150	1,595	2,035	1,814	3,935	465	0	0	0	0	0
Commitments Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	40,275	6,887	0	0	626	4,459	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Liquid Processing
Activity Group/Project Title	BT - Filtration/Disinfection Fac PH II
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Good Engineering, High pay back, Mission / Function

Phase	Start Date
Design:	Mar 2009
Construction:	Apr 2011

Project Completion:	Dec 2014

Project Description:
This project replaces existing switchgear F1 and F2 and appurtenances, including control panels, transformers, and control panels. Also included in the project are upgrades to Electrical Buildings 10 and 11 and a new electrical building. Reliability of the power service to the Filtration and Disinfection Facility will be improved by implementation of this project.

Impact on Operations:
Energy and operational cost savings will be realized by installation of variable frequency drives.

Effective Funding by User (percent):

DC -	35.38%
EPA/Fed -	5.84%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/Pl -	4.56%

FY2014 Approved Life Budget	18,978,176
FY2014 Revised/FY2015 Approved Life Budget	19,915,522
Increase/(Decrease)	937,346

	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
Disbursements Budget	13,817	1,507	10	0	0	0	0	0	0	0	0	0
Commitments Budget	19,916	0	0	0	0	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Liquid Processing
Activity Group/Project Title	BV - RWWPS No. 2 Upgrades
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Potential Failure/Ability to continue meeting permit requirement

Phase	Start Date
Design:	Nov 2012
Construction:	Mar 2016

Project Completion:	Apr 2020

Project Description:
This project will upgrade the aging electrical equipment in the Raw Wastewater Pump Station 2 that has been exposed to hydrogen sulfide gas resulting in accelerated equipment deterioration from corrosion. This project will also replace equipment that is beyond its useful life and will relocate sensitive equipment to a less corrosive environment to maintain the investment in the equipment.

Impact on Operations:
This project will have no material impact on the operating budget.

Effective Funding by User (percent):

DC -	41.22%
EPA/Fed -	0.00%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/PI -	4.56%

FY2014 Approved Life Budget	27,522,000
FY2014 Revised/FY2015 Approved Life Budget	42,392,209
Increase/(Decrease)	14,870,209

Disbursements Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	572	840	1,535	2,625	14,310	9,887	1,104	14	0	0	0	0
Commitments Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	644	3,566	100	38,082	0	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Liquid Processing
Activity Group/Project Title	DA - DWT Research / Pilot Projects
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Board Policy, DC Water's commitment to outside agencies

Phase	Start Date
Design:	
Construction:	

Project Completion: May 2016

Project Description:
This project is to conduct research and pilot work performed by the Department of Wastewater Treatment (DWT) and the Department of Engineering Services (DETS) in an effort to help DC Water, more cost effectively, address pending future regulations for nutrient removal and wet weather treatment.

Impact on Operations:
This project has no impact on current operations or operating budgets but has the potential to minimize additional operating costs resulting from the new processes required at Blue Plains. The research should identify the most appropriate and cost effective technologies that use less energy and chemicals.

Effective Funding by User (percent):

DC -	41.22%
EPA/Fed -	0.00%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/PI -	4.56%

dc water is life

FY2014 Approved Life Budget	4,101,235
FY2014 Revised/FY2015 Approved Life Budget	4,101,235
Increase/(Decrease)	0

Disbursements Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	3,945	37	44	29	0	0	0	0	0	0	0	0
Commitments Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	4,101	0	0	0	0	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Liquid Processing
Activity Group/Project Title	IX - Headworks HVAC Rehab
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Good Engineering, Low pay back, Mission / Function over long term

Phase	Start Date
Design:	
Construction:	

Project Completion: Nov 2019

Project Description:
This project provides for modifications to the HVAC components of the Headworks Buildings including: Grit Chamber Building 1, Grit Chamber Building 2, Raw Wastewater Pumping Station 1, Raw Wastewater Pumping Station 2, East Process Screens Facility, Grit and Screenings Loading Station 1, Grit and Screenings Loading Station 2. These modifications include replacement of foul air duct work using materials more suitable for corrosive environments, additional fans and ducts to capture foul air and direct the foul air to the existing odor scrubbers, correct deficiencies in the concept of the existing HVAC system and provide updated air flow diagrams. The required facilities may require the construction of additional odor scrubber capacity.

Impact on Operations:
Reduction of odors and exposure to hydrogen sulfide (H2S) will improve equipment life and greatly improve working conditions for employees.

Effective Funding by User (percent):

DC -	41.22%
EPA/Fed -	0.00%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/PI -	4.56%

dc water is life

FY2014 Approved Life Budget	366,000
FY2014 Revised/FY2015 Approved Life Budget	15,740,350
Increase/(Decrease)	15,374,350

Disbursements Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	28	201	258	926	5,709	3,912	173	11	0	0	0	0
Commitments Budget	**Pre FY 2014**	**FY 2014**	**FY 2015**	**FY 2016**	**FY 2017**	**FY 2018**	**FY 2019**	**FY 2020**	**FY 2021**	**FY 2022**	**FY 2023**	**Post FY 2023**
	366	0	1,195	549	13,630	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Liquid Processing
Activity Group/Project Title	IY - Effluent Filter Upgrade
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Good Engineering, Low pay back, Mission / Function over long term

Phase	Start Date
Design:	Feb 2022
Construction:	Jul 2024

Project Completion:	Mar 2028

Project Description:
This project will rehabilitate or replace effluent filters. The scope of the project includes filter bottoms, filter media, air-water backwash system and associated appurtenances as well as the control system.

Impact on Operations:
There are no anticipated impacts on operations and maintenance costs.

Effective Funding by User (percent):

DC -	41.22%
EPA/Fed -	0.00%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/PI -	4.56%

dc water is life

FY2014 Approved Life Budget	0
FY2014 Revised/FY2015 Approved Life Budget	107,714,000
Increase/(Decrease)	107,714,000
	NEW

Disbursements Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	0	0	0	0	0	0	0	0	343	2,116	3,293	64,760
Commitments Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	0	0	0	0	0	0	0	0	1,210	8,993	0	97,511

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Liquid Processing
Activity Group/Project Title	IZ - Replace/Upgrade Influent Screens
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Good Engineering, Low pay back, Mission / Function over long term

Phase	Start Date
Design:	Nov 2018
Construction:	Jul 2021

Project Completion:	Oct 2025

Project Description:
This project will rehabilitate or replace fine screens for the Blue Plains wastewater influent. The scope of the project includes the fine screening equipment and associated appurtenances as well as the control system.

Impact on Operations:
There are no anticipated impacts on operations and maintenance costs.

Effective Funding by User (percent):

DC -	41.22%
EPA/Fed -	0.00%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/PI -	4.56%

dc water is life

FY2014 Approved Life Budget	0
FY2014 Revised/FY2015 Approved Life Budget	40,433,000
Increase/(Decrease)	40,433,000
	NEW

Disbursements Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	0	0	0	0	234	283	880	1,180	1,767	7,428	11,568	6,078
Commitments Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	0	0	0	0	771	0	3,663	0	35,999	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Liquid Processing
Activity Group/Project Title	J6 - Deammonification Project
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Good Engineering, Low pay back, Mission / Function over long term

Phase	Start Date
Design:	
Construction:	

Project Completion: Oct 2019

Project Description:
This project entails a large scale demonstration of an ammonia-nitrogen removal process (deammonification/ nitrite shunt) and, if that proves successful, also the full scale implementation of that process in the existing tanks at Blue Plains AWTP. The deammonification/ nitrite shunt process has potential to achieve significant savings in power and chemical addition compared to the present nitrification/ denitrification processes used to meet current and future total nitrogen limits. The existing process requires the addition of methanol as a carbon source in the denitrification process but the deammonification / nitrite shunt process would greatly reduce the methanol demand and therefore offer potentially significant operational cost savings. The funding for this project is currently limited to the initial research lab and pilot scale testing phases.

Impact on Operations:
This project is not anticipated to have a significant impact on maintenance or operations costs during the study phase; however, deammonification could lead to significant operational savings by reducing the need for methanol or another more costly carbon sources (e.g. ethanol).

Effective Funding by User (percent):

DC -	41.22%
EPA/Fed -	0.00%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/PI -	4.56%

dc water is life

FY2014 Approved Life Budget	1,483,000
FY2014 Revised/FY2015 Approved Life Budget	1,483,000
Increase/(Decrease)	0

Disbursements Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	59	74	191	274	268	201	44	0	0	0	0	0
Commitments Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	220	0	1,263	0	0	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Liquid Processing
Activity Group/Project Title	LC - Effluent Disinfection Upgrades
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Good Engineering, Low pay back, Mission / Function over long term

Phase	**Start Date**
Design:	
Construction:	

Project Completion:	Mar 2023

Project Description:
This project involves construction of revised and improved disinfection process equipment based upon industry experience over the preceding 20 years.

Impact on Operations:
Without this upgrade in place by 2025, operations will have increasing difficulties in meeting regulatory requirements for disinfection.

Effective Funding by User (percent):

DC -	41.22%
EPA/Fed -	0.00%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/PI -	4.56%

dc water is life

FY2014 Approved Life Budget	770,000
FY2014 Revised/FY2015 Approved Life Budget	8,011,000
Increase/(Decrease)	7,241,000

Disbursements Budget	**Pre FY 2014**	**FY 2014**	**FY 2015**	**FY 2016**	**FY 2017**	**FY 2018**	**FY 2019**	**FY 2020**	**FY 2021**	**FY 2022**	**FY 2023**	**Post FY 2023**
	0	0	112	154	150	175	238	403	4,446	33	7	0
Commitments Budget	**Pre FY 2014**	**FY 2014**	**FY 2015**	**FY 2016**	**FY 2017**	**FY 2018**	**FY 2019**	**FY 2020**	**FY 2021**	**FY 2022**	**FY 2023**	**Post FY 2023**
	0	0	660	0	110	520	0	6,666	55	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Liquid Processing
Activity Group/Project Title	TF - 504C5 - Grit Chamber Bldg. 1&2
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Court Ordered, Stipulated Agreements, Etc.

Phase	Start Date
Design:	Jul 1998
Construction:	Jan 2003

Project Completion:	Aug 2014

Project Description:
This project provides new grit removal systems consisting of traveling bridges and pumps to remove grit from the grit chambers in Grit Chamber Buildings 1 and 2. Project includes conveyance and loading systems to load the grit into transport trailers for offsite disposal. Odor Control Systems for both East and West Facilities are provided. This project is needed to replace aged equipment and upgrade process technology to improve treatment and restore integrity and reliability to the facilities.

Impact on Operations:
This project eliminates the current contract for vacuum truck cleaning of the screens and grit chambers, however, this savings is essentially offset by the cost of hauling an increased quantity of screenings and grit produced by the more efficient equipment. The project requires sodium hypochlorite to be used for odor control and increased electricity costs for the operation of new mechanical equipment.

Effective Funding by User (percent):

DC -	15.05%
EPA/Fed -	26.27%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/PI -	4.46%

dc water is life

FY2014 Approved Life Budget	70,588,572
FY2014 Revised/FY2015 Approved Life Budget	70,879,208
Increase/(Decrease)	290,636

Disbursements Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	68,455	1,437	0	0	0	0	0	0	0	0	0	0
Commitments Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	70,879	0	0	0	0	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Liquid Processing
Activity Group/Project Title	TK - 504G3 - Biological Nutrient Removal
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Potential Failure/Ability to continue meeting permit requirement

Phase	Start Date
Design:	Sep 1998
Construction:	Jun 1999

Project Completion:	Nov 2013

Project Description:
This project funds multiple construction contracts to demonstrate and implement Biological Nutrient Removal. The first contract involved construction of and operations assistance for the Denitrification Demonstration Facility (DDF) which included methanol storage and feed facilities enabling DC Water to conduct a half-plant-scale nitrogen removal pilot study. The second contract provided the capability for full-scale nitrogen removal, currently in operation. The third contract will upgrade the process aeration blowers and reactors to optimize the process, reduce energy consumption and provide reliable operation.

Impact on Operations:
The project provides capability to remove nitrogen to meet the goals of the Chesapeake Bay Agreement. Operation of the reactors in the denitrification mode requires the purchase of methanol to provide a carbon source for the denitrification process to work. This will add signficiant operating cost. Upgrade of the blowers, conversion to a fine bubble diffuses system, and automated dissolved oxygen control system should provide a significant electrical cost savings. This is expected to result in an annual energy cost savings of about $1 million.

Effective Funding by User (percent):

DC -	35.15%
EPA/Fed -	6.07%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/PI -	4.56%

dc water is life

FY2014 Approved Life Budget	95,590,339
FY2014 Revised/FY2015 Approved Life Budget	95,049,887
Increase/(Decrease)	-540,452

Disbursements Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	94,710	134	0	0	0	0	0	0	0	0	0	0
Commitments Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	95,050	0	0	0	0	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Liquid Processing
Activity Group/Project Title	TM - 504G6 - Influent Screen Facility
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Court Ordered, Stipulated Agreements, Etc.

Phase	Start Date
Design:	Dec 1998
Construction:	Jan 2003

Project Completion:	Sep 2013

Project Description:
This project provides for the upgrade of the influent screen facilities by replacing the coarse screens with fine screen technology. The four existing screens in West Process Grit Chamber Building 1 and the nine existing screens in Raw Wastewater Pump Station 2 are replaced with fine screens. Included are screenings' washing, conveyance and loading systems to load the screenings into enclosed containers for transport to disposal sites. This project upgrades screening technology to improve treatment efficiency and reliability of the facilities.

Impact on Operations:
The new fine screens and mechanical conveying systems eliminate the need for the contract to remove screenings from beneath the screens, using a vacuum truck. Use of fine screens essentially eliminates clogging of sludge pumping equipment and reduces the quantity of trash that accumulates on the surface of sedimentation tanks and basins and in the effluent filters. The labor required to clean pumps and tanks is reduced. Due to the smaller-sized screen openings, the quantity of screenings captured by the fine screens that must be disposed of increases. The increased screening quantity could result in an annual increase in hauling cost of approximately $360,000.

Effective Funding by User (percent):

DC -	15.11%
EPA/Fed -	26.22%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/PI -	4.46%

dc water is life

FY2014 Approved Life Budget	39,123,170
FY2014 Revised/FY2015 Approved Life Budget	39,067,454
Increase/(Decrease)	-55,716

CLOSED

	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
Disbursements Budget	39,067	0	0	0	0	0	0	0	0	0	0	0
Commitments Budget	39,067	0	0	0	0	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Liquid Processing
Activity Group/Project Title	TN - 504G9 - Primary Treatment Facility
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Potential Failure/Ability to continue meeting permit requirement

Phase	Start Date
Design:	Jul 1999
Construction:	Oct 2001

Project Completion:	Oct 2012

Project Description:
Project TN provides a comprehensive upgrade of the East and West Process Primary Treatment Facilities. This project replaces the circular sludge collector mechanisms in Primary Sedimentation Tanks 3 through 36 with state-of-the-art mechanisms that improve suspended solids removal efficiency. The project also replaces all of the equipment, piping and valves in all nine control houses, providing new sludge, scum and dewatering pumps. The upgraded system uses the plantwide process control and computer system to automate the sludge and scum pumping systems. The upgraded automated system will simplify the pumping systems, providing increased reliability and less operator interface. The project increases integrity and reliability of the facilities.

Impact on Operations:
This project is projected to impact chemical, energy and contract costs in the operations budget.

Effective Funding by User (percent):

DC -	14.35%
EPA/Fed -	27.06%
WSSC -	45.78%
Fairfax -	8.37%
Loudoun/PI -	4.45%

dc water is life

FY2014 Approved Life Budget	38,658,735
FY2014 Revised/FY2015 Approved Life Budget	38,658,735
Increase/(Decrease)	0

CLOSED

Disbursements Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	38,659	0	0	0	0	0	0	0	0	0	0	0
Commitments Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	38,659	0	0	0	0	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Liquid Processing
Activity Group/Project Title	TO - 504H1 - Secondary Treatment Facility
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Potential Failure/Ability to continue meeting permit requirement

Phase	Start Date
Design:	Aug 1999
Construction:	Feb 2002

Project Completion:	Aug 2015

Project Description:
Project to rebuilds the concrete sedimentation basin structures in the West Process Secondary Sedimentation Basins 1-12 to replace deteriorated concrete, railings, gratings and weirs. New sludge and scum collection equipment is provided in all twenty four East and West secondary sedimentation basins. Project also rehabilitates the process aeration blowers and motors and provides new blower support systems. This project upgrades process technology to improve treatment efficiency and increase integrity and reliability of the facilities.

Impact on Operations:
This project, in conjunction with PCCS, automates sludge and scum pumping which reduces labor for monitoring and control and eliminates the need for contractors to periodically pump scum from the basins. The project upgrades the process aeration blowers to permit automated dissolved oxygen control via the PCCS. Annual energy cost savings from automated Dissolved Oxygen control is expected to be $1 million.

Effective Funding by User (percent):

DC -	30.30%
EPA/Fed -	10.98%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/PI -	4.50%

dc water is life

FY2014 Approved Life Budget	70,593,858
FY2014 Revised/FY2015 Approved Life Budget	70,603,223
Increase/(Decrease)	9,365

Disbursements Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	70,502	5	74	0	0	0	0	0	0	0	0	0
Commitments Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	70,502	101	0	0	0	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Liquid Processing
Activity Group/Project Title	TQ - 504H3 - Nitrification Facility
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Potential Failure/Ability to continue meeting permit requirement

Phase	Start Date
Design:	Apr 2003
Construction:	Jun 2005

Project Completion:	Feb 2014

Project Description:
This project upgrades the 28 Nitrification sedimentation basins. The sludge and scum collection equipment and pumping systems in the sedimentation basins are replaced. This project upgrades process technology, improves treatment, reduces energy consumption, and increases reliability of the facilities. Instrumentation and controls are provided to monitor and control the process using PCCS.

Impact on Operations:
The impact of not replacing this equipment would be decreased Plant reliability and an increased risk of a permit violation.

Effective Funding by User (percent):

DC -	35.48%
EPA/Fed -	6.07%
WSSC -	45.58%
Fairfax -	8.33%
Loudoun/PI -	4.54%

dc water is life

FY2014 Approved Life Budget	47,417,263
FY2014 Revised/FY2015 Approved Life Budget	47,067,765
Increase/(Decrease)	-349,498

Disbursements	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
Budget	46,995	16	0	0	0	0	0	0	0	0	0	0
Commitments	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
Budget	47,068	0	0	0	0	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Liquid Processing
Activity Group/Project Title	TS - 504H5 - IMP East Prim EFFL Excess FL
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Potential Failure/Ability to continue meeting permit requirement

Phase	Start Date
Design:	
Construction:	Jan 1999

Project Completion:	Jul 2013

Project Description:
This project provides improvements to the control valves and instrumentation systems that control the extreme wet weather flows through the Blue Plains AWTP. During extreme wet weather events, most of the East Process flow continues into Secondary Treatment for complete treatment and discharges to the Potomac River through Outfall 002. However, a portion of the East Process flow proceeds from Primary treatment into disinfection tanks and discharges into the Potomac River through Outfall 001. The improvements to the instrumentation system that controls excess flows into the disinfection tanks and Outfall 001 ensure accurate compliance with flow limitations stipulated in the NPDES permit. This project is needed to replace aged equipment and upgrade process technology to ensure compliance with the NPDES permit.

Impact on Operations:
This project automates control of excess flow during storms and reduces the labor to monitor and adjust gate positions during storms.

Effective Funding by User (percent):

DC -	16.48%
EPA/Fed -	24.83%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/PI -	4.46%

dc water is life

FY2014 Approved Life Budget	1,684,749
FY2014 Revised/FY2015 Approved Life Budget	1,684,749
Increase/(Decrease)	0

CLOSED

Disbursements Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	1,685	0	0	0	0	0	0	0	0	0	0	0
Commitments Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	1,685	0	0	0	0	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Liquid Processing
Activity Group/Project Title	UC - 504J1 - Filtration/Disinfection Facility
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Potential Failure/Ability to continue meeting permit requirement

Phase	Start Date
Design:	Aug 2002
Construction:	Mar 2004

Project Completion:	Aug 2018

Project Description:
This project upgrades the Filtration and Disinfection Facility at the Blue Plains AWTP. The project upgrades the filter influent pumps, converts the filters to an air-water wash type backwash system, which eliminates the surface wash system. Projects provide new underdrains, filter media, process aeration blowers and piping, and the instruments and controls to automatically backwash filters, using the PCCS. This project upgrades process technology to improve treatment and increase reliability of the facilities.

Impact on Operations:
This project could significantly reduce operating and maintenance budgets.

Effective Funding by User (percent):

DC -	41.22%
EPA/Fed -	0.00%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/PI -	4.56%

dc water is life

FY2014 Approved Life Budget	80,841,242
FY2014 Revised/FY2015 Approved Life Budget	80,841,242
Increase/(Decrease)	0

Disbursements Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	62,577	895	4,225	5,048	2,595	62	0	0	0	0	0	0
Commitments Budget	**Pre FY 2014**	**FY 2014**	**FY 2015**	**FY 2016**	**FY 2017**	**FY 2018**	**FY 2019**	**FY 2020**	**FY 2021**	**FY 2022**	**FY 2023**	**Post FY 2023**
	62,700	1,878	16,006	258	0	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Liquid Processing
Activity Group/Project Title	UD - 504J2 - Raw Water Pump Stations 1&2
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Potential Failure/Ability to continue meeting permit requirement

Phase	Start Date
Design:	May 2001
Construction:	Apr 2007

Project Completion:	Sep 2016

Project Description:
This project rehabilitates the pumps, motors and drives in Raw Wastewater Pump Station 1 and replaces the smallest pump with a larger 80 mgd pump. The project also repairs or replaces the pump discharge conduits and provides new pump controls and pump support systems. This project rehabilitates the pumping equipment to ensure reliability of this facility. Increase in budget resulted primarily from the construction contract bid coming at an amount higher than the previously approved budget.

Impact on Operations:
Project provides the capability to automate influent pumping which reduces labor required to monitor and control influent raw wastewater pumping.

Effective Funding by User (percent):

DC -	41.22%
EPA/Fed -	0.00%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/PI -	4.56%

dc water is life

FY2014 Approved Life Budget	15,694,415
FY2014 Revised/FY2015 Approved Life Budget	15,747,220
Increase/(Decrease)	52,805

Disbursements Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	14,916	229	177	169	0	0	0	0	0	0	0	0
Commitments Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	15,305	443	0	0	0	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Plantwide
Activity Group/Project Title	AL - Plantwide Project Program Management
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Good Engineering, High pay back, Mission / Function

Phase	Start Date
Design:	
Construction:	

Project Completion:	Sep 2023

Project Description:
Program management services are required for planning, design, and construction of new or upgraded plantwide systems at the Blue Plains AWTP to ensure continued reliability of the facilities and compliance with the plant's NPDES discharge permit. Program management services are required because of the comprehensive nature of the upgrades throughout the plant.

Impact on Operations:
Program Management has no direct impact on operations; however, the impact of each project on operations is identified on individual project sheets.

Effective Funding by User (percent):

DC -	41.41%
EPA/Fed -	0.00%
WSSC -	45.69%
Fairfax -	8.35%
Loudoun/PI -	4.55%

dc water is life

FY2014 Approved Life Budget	18,397,051
FY2014 Revised/FY2015 Approved Life Budget	38,285,798
Increase/(Decrease)	19,888,747

Disbursements Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	6,812	1,232	658	2,389	2,460	467	4,201	3,678	3,893	2,020	626	0
Commitments Budget	**Pre FY 2014**	**FY 2014**	**FY 2015**	**FY 2016**	**FY 2017**	**FY 2018**	**FY 2019**	**FY 2020**	**FY 2021**	**FY 2022**	**FY 2023**	**Post FY 2023**
	10,306	0	4,400	3,900	0	6,100	4,300	9,280	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Plantwide
Activity Group/Project Title	AZ - COF Renovations
Managing Department:	Facilities and Security
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Good Engineering, High pay back, Mission / Function

Phase	Start Date
Design:	Jan 2011
Construction:	Apr 2013

Project Completion:	Sep 2018

Project Description:
This project provides for the renovation of the Central Operations Facility (COF) and will improve the functionality and appearance of the building. Project includes budget for renovation of office spaces used by the Authority's personnel, COF Windows replacement, HVAC upgrades and landscaping, among others. Office space renovations have been completed for the Department of Engineering and Technical Services (DETS) and the Boardroom, while those for other departments are in different stages of completion. The budget increase is mostly attributable to the reallocation Program Management costs.

Impact on Operations:
This project has no material impact on the operating budget.

Effective Funding by User (percent):

DC -	71.26%
EPA/Fed -	0.00%
WSSC -	22.47%
Fairfax -	4.11%
Loudoun/PI -	2.16%

dc water is life

FY2014 Approved Life Budget	17,212,240
FY2014 Revised/FY2015 Approved Life Budget	17,517,097
Increase/(Decrease)	304,857

Disbursements Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	12,981	1,423	649	320	34	13	0	0	0	0	0	0
Commitments Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	16,624	893	0	0	0	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Plantwide
Activity Group/Project Title	BY - Additional Chemical Systems PH III
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Good Engineering, High pay back, Mission / Function

Phase	Start Date
Design:	Jun 2018
Construction:	Sep 2020

Project Completion:	Jun 2024

Project Description:
This project is moving into the 10-year budget window through normal progression. This project will provide additional chemical feed lines and application points for process needs such as polymer distribution in the grit chambers, polymer for spent wash water treatment, chemicals for wet weather flow treatment, and chemicals for solids recycle side stream treatment, as appropriate for each project.

Impact on Operations:
This project will increase operations and maintenance costs of the chemical feed pumps and systems.

Effective Funding by User (percent):

DC -	41.22%
EPA/Fed -	0.00%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/PI -	4.56%

dc water is life

FY2014 Approved Life Budget	3,821,638
FY2014 Revised/FY2015 Approved Life Budget	3,821,638
Increase/(Decrease)	0

Disbursements	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
Budget	0	0	0	0	0	21	142	49	711	1,299	458	18
Commitments	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
Budget	0	0	0	0	0	315	0	3,507	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Plantwide
Activity Group/Project Title	CH - Misc Facility Projects
Managing Department:	Facilities and Security
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Good Engineering, High pay back, Mission / Function

Phase	Start Date
Design:	
Construction:	

Project Completion:	Sep 2018

Project Description:
This will rehabilitate and upgrade various facilities and apparatus throughout the Wastewater Treatment Plant. Security cameras will be installed throughout the WWTP, a proposed new entrance to the plant is planned, rehabilitate and upgrade of portions of the 2nd Floor of the Central Maintenance Facility (CMF) for relocated DETS and DMS staff and to meet current code requirements and other miscellaneous activities.

Impact on Operations:
This funding will help minimize out of service time for facility related repairs and keep critical safety provisions in order.

Effective Funding by User (percent):

DC -	62.35%
EPA/Fed -	0.00%
WSSC -	29.40%
Fairfax -	5.38%
Loudoun/Pl -	2.87%

dc water is life

FY2014 Approved Life Budget	7,413,217
FY2014 Revised/FY2015 Approved Life Budget	7,768,267
Increase/(Decrease)	355,050

	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
Disbursements Budget	5,341	945	127	59	49	25	0	0	0	0	0	0
Commitments Budget	7,430	338	0	0	0	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Plantwide
Activity Group/Project Title	CK - WWTP Sampler Program
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Potential Failure/Ability to continue meeting permit requirement

Phase	**Start Date**
Design:	
Construction:	Jun 2005

Project Completion:	Oct 2012

Project Description:
The Plant Wide Automatic Sampler Program automates the collection of analytical operating data and is designed to accomplish the following; 1) Allow the Plant to continue its sample collection effort, 2) Increase accuracy of data (by increasing sampling frequency) thereby allowing optimization of chemical dosage, 3) Move DC Water into the mainstream of US plant operations where automatic samplers have been in use for the past 15 years. Additionally, there would be an increase in frequency of sampling from once every 4 hours to once every 10-15 minutes thereby increasing the accuracy of results and allowing optimization of chemical usage.

Impact on Operations:
As samples are now collected by hand, the automated samplers could allow Department of Wastewater Treatment to reduce staff by one operator per shift for a total of 4 positions.

Effective Funding by User (percent):

DC -	41.22%
EPA/Fed -	0.00%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/PI -	4.56%

dc water is life

FY2014 Approved Life Budget	1,286,308
FY2014 Revised/FY2015 Approved Life Budget	1,286,308
Increase/(Decrease)	0

CLOSED

Disbursements	**Pre FY 2014**	**FY 2014**	**FY 2015**	**FY 2016**	**FY 2017**	**FY 2018**	**FY 2019**	**FY 2020**	**FY 2021**	**FY 2022**	**FY 2023**	**Post FY 2023**
Budget	1,286	0	0	0	0	0	0	0	0	0	0	0
Commitments	**Pre FY 2014**	**FY 2014**	**FY 2015**	**FY 2016**	**FY 2017**	**FY 2018**	**FY 2019**	**FY 2020**	**FY 2021**	**FY 2022**	**FY 2023**	**Post FY 2023**
Budget	1,286	0	0	0	0	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Plantwide
Activity Group/Project Title	CV - Laboratory Upgrades
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Health Safety

Phase	Start Date
Design:	Sep 2007
Construction:	Sep 2010

Project Completion:	Oct 2014

Project Description:
This project will renovate the central laboratory building located at Blue Plains. This building was constructed around 1935 and was last renovated in the early 1980s. The project will refurbish the building interior, including floors, walls, and ceilings and replace laboratory benches, fume hoods, and the analytical equipment. This project would also abate the asbestos contained in the older building materials.

Impact on Operations:
There is no direct impact on the operating budget as a result of this project. However, upgrading of the laboratory, including repairs to doors and windows, upgrade of the heating, ventilation, and air conditioning systems will provide for energy savings, and provide a safe and improved work environment for the lab personnel.

Effective Funding by User (percent):

DC -	41.22%
EPA/Fed -	0.00%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/PI -	4.56%

dc water is life

FY2014 Approved Life Budget	7,526,159
FY2014 Revised/FY2015 Approved Life Budget	8,346,159
Increase/(Decrease)	820,000

Disbursements Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	6,882	635	17	0	0	0	0	0	0	0	0	0
Commitments Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	7,546	800	0	0	0	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Plantwide
Activity Group/Project Title	CW - Security at Blue Plains
Managing Department:	Facilities and Security
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Good Engineering, Low pay back, Mission / Function over long term

Phase	Start Date
Design:	
Construction:	Sep 2013

Project Completion:	Sep 2018

Project Description:
The Blue Plains Internal and External Security (formerly named Blue Plains Perimeter Security) provides a series of security upgrades for the Advanced Wastewater Treatment Plant at Blue Plains. These upgrades will improve security around the perimeter and throughout the plant, including increased security surveillance to oversee any delinquent activity inside and outside critical facilities at Blue Plains.

Impact on Operations:
This project will have no material impact on the operating budget, however minor operating costs for maintenance and monitoring of security cameras will occur in future budget years.

Effective Funding by User (percent):

DC -	41.22%
EPA/Fed -	0.00%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/PI -	4.56%

dc water is life

FY2014 Approved Life Budget	1,490,761
FY2014 Revised/FY2015 Approved Life Budget	4,141,761
Increase/(Decrease)	2,651,000

Disbursements	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
Budget	42	500	312	489	505	520	0	0	0	0	0	0
Commitments	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
Budget	1,492	0	2,650	0	0	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Plantwide
Activity Group/Project Title	DP - Chemical Building Enhancements
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Health Safety

Phase	Start Date
Design:	Aug 2008
Construction:	Sep 2011

Project Completion:	Sep 2016

Project Description:
This project is to enhance operability, safety, and housekeeping in the various chemical buildings throughout Blue Plains and extend the life expectancy of various elements of the chemical systems.

Impact on Operations:
This project will help avoid future impacts on the operating budget through extended life expectancy of chemical systems.

Effective Funding by User (percent):

DC -	41.22%
EPA/Fed -	0.00%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/PI -	4.56%

FY2014 Approved Life Budget	1,867,580
FY2014 Revised/FY2015 Approved Life Budget	1,868,580
Increase/(Decrease)	1,000

	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
Disbursements Budget	1,098	14	242	250	0	0	0	0	0	0	0	0
Commitments Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	1,124	744	0	0	0	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Plantwide
Activity Group/Project Title	DQ - Non-OEM PLC Interfaces/Replacements
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Potential Failure/Ability to continue meeting permit requirement

Phase	Start Date
Design:	
Construction:	

Project Completion: Jun 2016

Project Description:
This project is to interface the non-Original Equipment Manufacturer (OEM) Programmable Logic Controllers (PLCs) across the plant with the Ovation control software within the PCCS. DC Water has installed a number of PLCs over the past 8 years to provide monitoring and control of various Plant systems - these PLCs were used before the Emerson PCCS was available. There are other PLCs in the system that have been supplied with process equipment by the OEM to control and safe-guard specific pieces of equipment, such as the influent screens, traveling grit bridges and centrifuges. This project is to provide the non-OEM PLCs across the Plant the capability, with proper interfaces, to communicate with the Ovation control software within the PCCS.

Impact on Operations:
This project will have no material impact on the operating budget.

Effective Funding by User (percent):

DC -	41.22%
EPA/Fed -	0.00%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/PI -	4.56%

dc water is life

FY2014 Approved Life Budget	2,107,090
FY2014 Revised/FY2015 Approved Life Budget	2,107,090
Increase/(Decrease)	0

Disbursements Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	1,130	209	273	116	0	0	0	0	0	0	0	0
Commitments Budget	**Pre FY 2014**	**FY 2014**	**FY 2015**	**FY 2016**	**FY 2017**	**FY 2018**	**FY 2019**	**FY 2020**	**FY 2021**	**FY 2022**	**FY 2023**	**Post FY 2023**
	2,107	0	0	0	0	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Plantwide
Activity Group/Project Title	EI - Plantwide Painting of Steel Pipes
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Health Safety

Phase	Start Date
Design:	
Construction:	Sep 2015

Project Completion:	Sep 2018

Project Description:
This project entails painting the steel piping throughout the Advanced Wastewater Treatment Plant at Blue Plains. The steel pipes at Blue Plains exist in a corrosive environment and require painting to protect them from corrosion. The extent of piping, especially large diameter pipes, throughout the plant is beyond the scope of typical maintenance.

Impact on Operations:
This project will prevent unforeseen repair / replacement costs.

Effective Funding by User (percent):

DC -	41.22%
EPA/Fed -	0.00%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/PI -	4.56%

FY2014 Approved Life Budget	4,960,000
FY2014 Revised/FY2015 Approved Life Budget	4,960,000
Increase/(Decrease)	0

Disbursements Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	60	0	46	1,095	1,131	1,127	0	0	0	0	0	0
Commitments Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	80	0	4,880	0	0	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Plantwide
Activity Group/Project Title	EN - WWTP - Central Fire Alarm System
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Health Safety

Phase	Start Date
Design:	
Construction:	Aug 2010

Project Completion:	Sep 2018

Project Description:
This project entails the construction of a central fire alarm system to deliver signals from fire alarm systems throughout the Blue Plains plant to one central location. Fire alarms throughout Blue Plains sound at the building in which a fire is detected. Installation of a central fire alarm system will deliver the local fire alarms to a location at which there is coverage 24 hours per day. Therefore, a more timely call to the fire department will result in prevention of potential damage to buildings, critical infrastructure and equipment and most importantly, improve the health and safety of employees and others on-site at Blue Plains.

Impact on Operations:
This project will have no impact on the operating budget.

Effective Funding by User (percent):

DC -	41.22%
EPA/Fed -	0.00%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/PI -	4.56%

dc water is life

FY2014 Approved Life Budget	3,014,330
FY2014 Revised/FY2015 Approved Life Budget	3,027,578
Increase/(Decrease)	13,248

Disbursements Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	2,512	118	85	35	33	34	0	0	0	0	0	0

Commitments Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	2,836	192	0	0	0	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Plantwide
Activity Group/Project Title	FF - WWTP Flood Protection
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Health Safety

Phase	**Start Date**
Design:	
Construction:	

Project Completion:	Oct 2012

Project Description:
This project currently will provide for a study to determine the needs of flood protection at the Wastewater Treatment Plant at Blue Plains. DC Water pays flood insurance premiums, the cost of which is based, in part, on the infrastructure available to protect the plant from flooding in the Potomac River. A preliminary analysis has been performed to identify projects that would be necessary to protect the plant against a 100-year flood and a 500-year flood. Frequency of events is described by hydrologists in terms of years. For example, a flood that has a one percent chance of occurring in any year is called a 100-year flood.

Impact on Operations:
This project will have an impact on insurance premiums. In the case of a flood, this project will save operations and maintenance costs that would otherwise be spent on sandbagging and repair of damaged equipment. Impacts on Operations and Maintenance: The Flood Mapping will have no impact on operations and maintenance costs.

Effective Funding by User (percent):

DC -	41.22%
EPA/Fed -	0.00%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/PI -	4.56%

dc water is life

FY2014 Approved Life Budget	607,513
FY2014 Revised/FY2015 Approved Life Budget	607,513
Increase/(Decrease)	0

CLOSED

	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
Disbursements Budget	608	0	0	0	0	0	0	0	0	0	0	0
Commitments Budget	608	0	0	0	0	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Plantwide
Activity Group/Project Title	GP - I & C & Elec - EPMC
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Potential Failure/Ability to continue meeting permit requirement

Phase	**Start Date**
Design:	
Construction:	

Project Completion:	Apr 2015

Project Description:
Professional services related to Instrumentation and Control (I&C) support and programming for new and upgraded facilities throughout Blue Plains. Specific tasks would include verifying that the designs are meeting DC Water standards for I&C and Electrical work, QA/QC of the designs for I&C and Electrical and review of I&C and Electrical shop drawings. This work is needed to ensure that the project is properly coordinated with DC Water standards for I&C and Electrical. The work was previously included under management of many different projects, prominently, TA, E8, E9 and EE, among others. Certain tasks (and associated budgets) for these projects were appropriately reduced, and consolidated under this new project.

Impact on Operations:
There will be no significant impacts on operational costs.

Effective Funding by User (percent):

DC -	41.22%
EPA/Fed -	0.00%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/PI -	4.56%

dc water is life

FY2014 Approved Life Budget	13,591,494
FY2014 Revised/FY2015 Approved Life Budget	10,928,126
Increase/(Decrease)	-2,663,368

Disbursements	**Pre FY 2014**	**FY 2014**	**FY 2015**	**FY 2016**	**FY 2017**	**FY 2018**	**FY 2019**	**FY 2020**	**FY 2021**	**FY 2022**	**FY 2023**	**Post FY 2023**
Budget	1,882	1,819	3,178	0	0	0	0	0	0	0	0	0
Commitments	**Pre FY 2014**	**FY 2014**	**FY 2015**	**FY 2016**	**FY 2017**	**FY 2018**	**FY 2019**	**FY 2020**	**FY 2021**	**FY 2022**	**FY 2023**	**Post FY 2023**
Budget	6,220	4,708	0	0	0	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Plantwide
Activity Group/Project Title	GW - Control Systems Replacement
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Health Safety

Phase	Start Date
Design:	Mar 2020
Construction:	Sep 2021

Project Completion:	May 2024

Project Description:
This project will include concept design, detailed design, and installation of a system or components of the existing plant Process Control System (PCS) as the PCS reaches the end of its useful life.

Impact on Operations:
There will be significant impact on operating and maintenance budgets

Effective Funding by User (percent):

DC -	41.22%
EPA/Fed -	0.00%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/Pl -	4.56%

dc water is life

FY2014 Approved Life Budget	0
FY2014 Revised/FY2015 Approved Life Budget	37,000,000
Increase/(Decrease)	37,000,000
	NEW

Disbursements Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	0	0	0	0	0	0	678	566	746	12,114	12,218	296
Commitments Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	0	0	0	0	0	0	1,000	1,700	34,300	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Plantwide
Activity Group/Project Title	H9 - Blue Plains Capital Equipment
Managing Department:	Maintenance Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Good Engineering, High pay back, Mission / Function

Phase	Start Date
Design:	
Construction:	

Project Completion:	Nov 2013

Project Description:
This project is the annual program for the repair and replacement of Major Pumps, Large Motors, and Centrifuges at Blue Plains

Impact on Operations:
This project will have no material impact on the operating budget.

Effective Funding by User (percent):

DC -	41.22%
EPA/Fed -	0.00%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/PI -	4.56%

dc water is life

FY2014 Approved Life Budget	2,442,000
FY2014 Revised/FY2015 Approved Life Budget	2,239,898
Increase/(Decrease)	-202,102

CLOSED

Disbursements	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
Budget	2,240	0	0	0	0	0	0	0	0	0	0	0
Commitments	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
Budget	2,240	0	0	0	0	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Plantwide
Activity Group/Project Title	HC - New Warehouse/Visitor Center/Security Facility
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Good Engineering, Low pay back, Mission / Function over long term

Phase	Start Date
Design:	Aug 2011
Construction:	Oct 2012

Project Completion:	Jan 2016

Project Description:
This project is for the construction a new central warehouse at the Blue Plains Treatment Facility. Currently material is stored in several different areas: 2nd Floor of CMF building; Supply Building No. 1; and by Maintenance Service in its various maintenance shops located on the ground level of CMF. By consolidating all material required and classifying same as inventory and storing in one central location, it will free up much needed land area at Blue Plains for planned plant projects; eliminate duplicate inventories and obsolete materials now being stored; provide the ability to tract job cost with material; and assist DC Water in installation of 'best practice' inventory control.

Impact on Operations:
Efficiencies anticipated by these improvements will result in operational savings through re-structured functions and greater equipment availibility.

Effective Funding by User (percent):

DC -	41.83%
EPA/Fed -	0.00%
WSSC -	45.36%
Fairfax -	8.29%
Loudoun/Pl -	4.51%

dc water is life

FY2014 Approved Life Budget	18,128,600
FY2014 Revised/FY2015 Approved Life Budget	18,373,600
Increase/(Decrease)	245,000

Disbursements Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	10,628	3,217	59	16	0	0	0	0	0	0	0	0
Commitments Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	18,374	0	0	0	0	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Plantwide
Activity Group/Project Title	HJ - COF Renovations and Additions
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Good Engineering, Low pay back, Mission / Function over long term

Phase	Start Date
Design:	Sep 2016
Construction:	Sep 2017

Project Completion:	Sep 2020

Project Description:
This project will provide for much-needed additional office space throughout the Central Operations Building, the COF building will be expanded by the construction of new addition(s) onto the existing building. The building in its present configuration lends itself to the construction of a new addition on the front and each far side, straightening the building to a more-modern and useful design and thus providing ample additional office space on each of the four (4) main floors.

Impact on Operations:
This project will have no material impact on the operating budget.

Effective Funding by User (percent):

DC -	68.35%
EPA/Fed -	0.00%
WSSC -	24.75%
Fairfax -	4.53%
Loudoun/PI -	2.37%

dc water is life

FY2014 Approved Life Budget	8,872,000
FY2014 Revised/FY2015 Approved Life Budget	8,872,000
Increase/(Decrease)	0

Disbursements Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	0	0	0	38	791	3,465	1,094	498	0	0	0	0
Commitments Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	0	0	0	1,470	6,485	0	917	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Plantwide
Activity Group/Project Title	HK - CMF Renovations and Consolidation
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Good Engineering, Low pay back, Mission / Function over long term

Phase	Start Date
Design:	Mar 2016
Construction:	Feb 2017

Project Completion:	Sep 2018

Project Description:
This project will provide for the renovations and consolidation of the Central Maintenance Facility. The current design of the first floor shop areas and the mezzanine area, which is the location of lockers and kitchens (for each individual shop area) was created at the time the building was constructed and the maintenance workforce was significantly higher than what has been determined as necessary for a plant of this type and size. By consolidating these shops into smaller facilities, eliminating duplicate stored material, DC Water will be able to consolidate other functions (division of Facilities) into this building and demolish the obsolete buildings known as Supply Building No. 1 and 2. In addition by relocating the lockers and kitchens to the first floor, the mezzanine area can be converted into much-needed office area – by on sight project management and consulting groups. The current floor of mezzanine will be doubled in size by building out over the part of the shop area below (as the two-story area of shops is for the most part, unnecessary.)

Impact on Operations:
This project will have no material impact on the operating budget.

Effective Funding by User (percent):

DC -	68.35%
EPA/Fed -	0.00%
WSSC -	24.75%
Fairfax -	4.53%
Loudoun/PI -	2.37%

dc water is life

FY2014 Approved Life Budget	4,032,000
FY2014 Revised/FY2015 Approved Life Budget	4,032,000
Increase/(Decrease)	0

Disbursements Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	0	0	0	193	875	1,426	0	0	0	0	0	0
Commitments Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	0	0	0	498	3,334	200	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Plantwide
Activity Group/Project Title	HL - DWT - Process and Operations Jobs
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Good Engineering, High pay back, Mission / Function

Phase	Start Date
Design:	
Construction:	

Project Completion:	Sep 2018

Project Description:
This project will upgrade or rehabilitate facilities and equipment throught out the AWTP at Blue Plains. Examples of work to be performed, but not limited to, are upgrades to grit and screens, Process Service Water, asbestos removal that was based on safety survey, HVAC improvements throughout the plant.

Impact on Operations:
This project will have no material impact on the operating budget.

Effective Funding by User (percent):

DC -	41.22%
EPA/Fed -	0.00%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/Pl -	4.56%

dc water is life

FY2014 Approved Life Budget	3,020,000
FY2014 Revised/FY2015 Approved Life Budget	3,396,000
Increase/(Decrease)	376,000

Disbursements Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	1,005	619	381	329	72	42	0	0	0	0	0	0
Commitments Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	2,721	675	0	0	0	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Plantwide
Activity Group/Project Title	HU - Blue Plains Logisitics
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Good Engineering, High pay back, Mission / Function

Phase	Start Date
Design:	
Construction:	Sep 2012

Project Completion:	Oct 2017

Project Description:
This project is comprised of activities designed to facilitate the movement of resources into, through, and out of Blue Plains, which is a particular challenge during the years 2012-2016 due to several simultaneous construction projects, i.e. Enhanced Nitrogen Removal Facilities (ENRF), New Digestion Facilities and the Blue Plains Tunnel.

Impact on Operations:
This project will have no material impact on the operating budget.

Effective Funding by User (percent):

DC -	41.22%
EPA/Fed -	0.00%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/PI -	4.56%

FY2014 Approved Life Budget	6,196,283
FY2014 Revised/FY2015 Approved Life Budget	6,243,287
Increase/(Decrease)	47,004

	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
Disbursements Budget	954	1,299	886	532	89	0	0	0	0	0	0	0
Commitments Budget	4,238	1,005	1,000	0	0	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Plantwide
Activity Group/Project Title	IC - Electrical Monitoring Systems
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Good Engineering, High pay back, Mission / Function

Phase	Start Date
Design:	
Construction:	

Project Completion:	Sep 2017

Project Description:
This project includes monitoring systems associated with electrical power distribution at the Advanced Wastewater Treatment Plain at Blue Plains. The activities that will be identified in this project will increase DC Water's ability to monitor, track and assess power usage throughout the AWTP at Blue Plains. This enhanced ability will protect and enhance the current and future investment in electrical power infrastructure.

Impact on Operations:
This project will have no material impact on the operating budget.

Effective Funding by User (percent):

DC -	41.22%
EPA/Fed -	0.00%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/PI -	4.56%

FY2014 Approved Life Budget	1,650,000
FY2014 Revised/FY2015 Approved Life Budget	4,000,000
Increase/(Decrease)	2,350,000

Disbursements	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
Budget	0	220	879	978	459	0	0	0	0	0	0	0
Commitments	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
Budget	0	2,350	1,650	0	0	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Plantwide
Activity Group/Project Title	IV - Blue Plains IT Backbone FOC Tubes
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Good Engineering, Low pay back, Mission / Function over long term

Phase	Start Date
Design:	Jun 2015
Construction:	Jan 2017

Project Completion:	Jul 2019

Project Description:
This project includes a condition survey of existing Blue Plains' duct-bank and gallery cable usage and installation of a new Blown Fiber system throughout the Blue Plains campus to upgrade the IT enterprise fiber network with the latest in-ground infrastructure for fiber-optic/data installation.

Impact on Operations:
The impact on operations will be moderate. Equipment automation, enterprise database, etc. will require increased bandwidth capability; therefore, a Blown Fiber Infrastructure can promptly respond to any unforeseen communication needs.

Effective Funding by User (percent):

DC -	41.22%
EPA/Fed -	0.00%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/PI -	4.56%

dc water is life

FY2014 Approved Life Budget	0
FY2014 Revised/FY2015 Approved Life Budget	2,775,000
Increase/(Decrease)	2,775,000

NEW

Disbursements Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	0	0	64	271	1,039	369	0	0	0	0	0	0
Commitments Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	0	0	575	0	2,200	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Plantwide
Activity Group/Project Title	JF - Construction of Flood Seawall
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Good Engineering, Low pay back, Mission / Function over long term

Phase	Start Date
Design:	Jan 2016
Construction:	Jun 2017

Project Completion:	Jul 2021

Project Description:
The project is construction of a wall to prevent flooding of the Advanced Wastewater Treatment Plant at Blue Plains from the Potomac River. The flood wall will be constructed to protect the AWTP from being inundated in a flood event up to a 500-year flood elevation with 3 feet of freeboard.

Impact on Operations:
There will be no significant impact on operation or maintenance budgets.

Effective Funding by User (percent):

DC -	41.22%
EPA/Fed -	0.00%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/PI -	4.56%

FY2014 Approved Life Budget	0
FY2014 Revised/FY2015 Approved Life Budget	13,234,000
Increase/(Decrease)	13,234,000
	NEW

Disbursements Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	0	0	62	564	712	4,920	2,478	215	4	0	0	0
Commitments Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	0	0	110	1,213	10,683	1,228	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Plantwide
Activity Group/Project Title	JY - IT - Data Center
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Good Engineering, Low pay back, Mission / Function over long term

Phase	Start Date
Design:	May 2011
Construction:	Apr 2013

Project Completion:	Sep 2016

Project Description:
This project upgrades and expands the existing Data Center located on the third floor of the Central Operations Facility. The Data Center needs to be expanded and upgraded to increase the facility's capacity, and maximize overall reliability and efficiency. Upgrades to the Data Center infrastructure are also needed to provide redundancy in HVAC equipment and mechanical systems, the electrical power distribution system, fire suppression system, and uninterruptible power supply (UPS) units. The objective in providing redundancy for these critical systems is to eliminate a single point of failure.

Impact on Operations:
This project will have no material impact on the operating budget.

Effective Funding by User (percent):

DC -	68.35%
EPA/Fed -	0.00%
WSSC -	24.75%
Fairfax -	4.53%
Loudoun/PI -	2.37%

dc water is life

FY2014 Approved Life Budget	3,335,175
FY2014 Revised/FY2015 Approved Life Budget	3,335,175
Increase/(Decrease)	0

Disbursements Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	965	736	359	206	0	0	0	0	0	0	0	0

Commitments Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	2,658	677	0	0	0	0	0	0	0	0	0	0

(projected disbursements do not include contingencies)

(dollars in thousands)

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Plantwide
Activity Group/Project Title	LP - Wastewater Asset Management Tech Support
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Good Engineering, High pay back, Mission / Function

Phase	**Start Date**
Design:	
Construction:	

Project Completion:	Sep 2018

Project Description:
This project is to implement a comprehensive Asset Management program for Wastewater and Maintenance operations at Blue Plains. The program consists of a variety of elements, including but not limited to technology and data, maintenance and work management, reliability and condition assessment and asset life cycle management activities. Asset Management implementation is expected to take place over a five year period.

Impact on Operations:
Additional operating/maintenance costs will be required, but greater savings through improved asset life cycle costing is anticipated.

Effective Funding by User (percent):

DC -	41.22%
EPA/Fed -	0.00%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/PI -	4.56%

dc water is life

FY2014 Approved Life Budget	10,000,000
FY2014 Revised/FY2015 Approved Life Budget	10,000,000
Increase/(Decrease)	0

Disbursements Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	133	778	1,407	1,460	1,342	1,550	0	0	0	0	0	0
Commitments Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	10,000	0	0	0	0	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Plantwide
Activity Group/Project Title	LS - Misc. Facilities Projects FY 2013
Managing Department:	Facilities and Security
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Good Engineering, High pay back, Mission / Function

Phase	Start Date
Design:	
Construction:	

Project Completion: Dec 2015

Project Description:
This project provides for the FY 2013 annual program of planned projects by the Department of Facilities Management for the rehabilitation, upgrade and improvement of various facilities and buildings at Blue Plains. Job numbers will be issued to identify the location of projects.

Impact on Operations:
This project will have no material impact on the operating budget.

Effective Funding by User (percent):

DC -	68.35%
EPA/Fed -	0.00%
WSSC -	24.75%
Fairfax -	4.53%
Loudoun/PI -	2.37%

dc water is life

FY2014 Approved Life Budget	1,350,000
FY2014 Revised/FY2015 Approved Life Budget	2,239,950
Increase/(Decrease)	889,950

Disbursements Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	0	715	523	50	0	0	0	0	0	0	0	0
Commitments Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	1,350	890	0	0	0	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Plantwide
Activity Group/Project Title	LX - Process Control System Upgrade
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Good Engineering, Low pay back, Mission / Function over long term

Phase	Start Date
Design:	Oct 2015
Construction:	

Project Completion:	Sep 2018

Project Description:
This project addresses short-term and longer term needs of the Process Control System (PCS) for the Advanced Wastewater Treatment Plant at Blue Plains. Specifically, it includes upgrades to the system as well as development of a master plan.

Impact on Operations:
There will be no significant impact on operating or maintenance budgets.

Effective Funding by User (percent):

DC -	41.22%
EPA/Fed -	0.00%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/Pl -	4.56%

FY2014 Approved Life Budget	0
FY2014 Revised/FY2015 Approved Life Budget	4,000,000
Increase/(Decrease)	4,000,000

NEW

Disbursements Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	0	0	0	1,248	1,239	270	0	0	0	0	0	0
Commitments Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	0	0	0	3,625	0	375	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Plantwide
Activity Group/Project Title	TA - Process Computer Control System
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Potential Failure/Ability to continue meeting permit requirement

Phase	Start Date
Design:	Sep 1998
Construction:	Aug 2002

Project Completion:	Aug 2014

Project Description:
The Process Computer Control System provides monitoring and control for the Raw Wastewater Pumping Stations, Grit and Screen Facilities, Primary and Secondary Treatment Facilities, additional Chemical Systems, alternate Disinfection System, additional Dewatering Systems, Nitrification, Filtration and Disinfection Facilities, and Gravity Thickening in the first two phases of a plant-wide system. The PCCS provides monitoring and control of key process functions such as aeration, sludge pumping, and chemical feed dosing. Monitoring of energy usage is provided. This project improves treatment, control, optimizes chemical and power costs and increase reliability of the facilities.

Impact on Operations:
The new Process Control Computer System (PCCS) assists in optimizing labor, chemical and electricity costs. The system monitors power usage and permits discretionary operation of non-critical equipment during off-peak hours. Dissolved oxygen (DO) control is provided in the Secondary and Nitrification processes to match blower operation with process air needs, thereby saving power costs of approximately $1 million per year. PCCS in conjunction with the Grit & Screen Facility Upgrades and Gravity Thickener Upgrade is expected to save about $200,000 per year in labor costs. PCCS in conjunction with the Primary Treatment, Secondary Treatment and Nitrification Facility Upgrade projects is expected to save nearly $2 million per year in labor costs.

Effective Funding by User (percent):

DC -	41.37%
EPA/Fed -	0.00%
WSSC -	45.73%
Fairfax -	8.36%
Loudoun/PI -	4.55%

dc water is life

FY2014 Approved Life Budget	64,852,128
FY2014 Revised/FY2015 Approved Life Budget	65,018,191
Increase/(Decrease)	166,063

	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
Disbursements Budget	61,484	1,373	0	0	0	0	0	0	0	0	0	0
Commitments Budget	64,975	43	0	0	0	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Plantwide
Activity Group/Project Title	TC - 504B6 - Additional Chemical Systems
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Potential Failure/Ability to continue meeting permit requirement

Phase	Start Date
Design:	Dec 1998
Construction:	Apr 2001

Project Completion:	Sep 2013

Project Description:
This project provides new centralized chemical receiving and storage facilities, replacing the existing systems located in the chemical building. The project also constructs pipe chases and galleries to contain chemical piping currently buried throughout the Blue Plains AWTP to protect piping, reduce potential for soil contamination and provide ready access for repair. New dry polymer receiving, storage, batching, and pumping systems are provided in the Solids Processing Building. New metal salt receiving, storage and pumping systems are provided in the Chemical Building. This project replaces aged equipment and upgrades process technology to improve treatment efficiency and reliability.

Impact on Operations:
Ferrous sulfate will be added to plant influent to prevent odors. The ferrous sulfate used at Blue Plains is waste pickle liquor for which the only cost is shipping. Use of ferrous sulfate for odor control reduces the need for sodium hypochlorite and should result in a cost savings.

Effective Funding by User (percent):

DC -	15.37%
EPA/Fed -	25.97%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/PI -	4.44%

dc water is life

FY2014 Approved Life Budget	74,080,993
FY2014 Revised/FY2015 Approved Life Budget	74,056,192
Increase/(Decrease)	-24,801

CLOSED

Disbursements Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	74,056	0	0	0	0	0	0	0	0	0	0	0
Commitments Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	74,056	0	0	0	0	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Plantwide
Activity Group/Project Title	TZ - 504I6 - Elec. Power Sys. - Switch Gear
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Potential Failure/Ability to continue meeting permit requirement

Phase	Start Date
Design:	
Construction:	Mar 2003

Project Completion:	Mar 2020

Project Description:
This project replaces switchgear and transformers throughout Blue Plains as they reach the end of their useful lives. This project is needed to update the electrical equipment and ensure reliability of the plant processes.

Impact on Operations:
Project has no material impact on operations costs

Effective Funding by User (percent):

DC -	40.48%
EPA/Fed -	0.74%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/Pl -	4.56%

dc water is life

FY2014 Approved Life Budget	31,223,875
FY2014 Revised/FY2015 Approved Life Budget	31,260,744
Increase/(Decrease)	36,869

Disbursements Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	4,114	1,204	2,495	881	349	5,393	4,962	891	0	0	0	0
Commitments Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	10,843	2,912	0	70	1,011	16,425	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Plantwide
Activity Group/Project Title	YD - 700D5 - Miscellaneous Projects
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Health Safety

Phase	Start Date
Design:	May 2011
Construction:	Jul 2011

Project Completion:	Dec 2020

Project Description:
This project includes the study, design, and construction of miscellaneous improvements to the Blue Plains AWTP that are not included in major capital projects. Examples of such improvements include general site, roadways, truck access, process upgrades, re-roofing of the Central Maintenance Facility, and a plant-wide odor study to identify, characterize and control on-site plant odors. This project is needed to improve conditions for Plant workers, neighbors, and haulers as well as improve treatment. This also includes the high priority rehabilitation program which is used to repair and replace equipment to keep systems operational until the long term upgrade projects are completed.

Impact on Operations:
Project has no material impact on operating costs.

Effective Funding by User (percent):

DC -	38.29%
EPA/Fed -	3.47%
WSSC -	45.42%
Fairfax -	8.30%
Loudoun/PI -	4.50%

dc water is life

FY2014 Approved Life Budget	48,515,790
FY2014 Revised/FY2015 Approved Life Budget	51,765,790
Increase/(Decrease)	3,250,000

Disbursements Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	33,884	1,725	4,608	2,308	1,340	697	456	320	7	0	0	0
Commitments Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	39,444	8,218	853	3,250	0	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Solids Processing
Activity Group/Project Title	AM - Solids Processing Program Management
Managing Department:	Engineering and Technical Services
EPMC:	EPMC4 - Biosolids Program Manager
Priority:	Good Engineering, High pay back, Mission / Function

Phase	Start Date
Design:	
Construction:	

Project Completion: Sep 2022

Project Description:
This project provides program management services during planning, design and construction of biosolids process upgrades at the Blue Plains AWTP. These projects will ensure continued reliability of the facilities and compliance with the plant's NPDES discharge permit. Program management services are required because of the comprehensive nature of the upgrades throughout the plant.

Impact on Operations:
Program Management has no direct impact on operations; however, the impact of each project on operations is identified on individual project sheets.

Effective Funding by User (percent):

DC -	41.50%
EPA/Fed -	0.00%
WSSC -	45.62%
Fairfax -	8.34%
Loudoun/PI -	4.54%

FY2014 Approved Life Budget	25,476,469
FY2014 Revised/FY2015 Approved Life Budget	23,700,674
Increase/(Decrease)	-1,775,795

	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
Disbursements Budget	7,476	3,331	1,029	1,401	1,931	1,125	0	971	1,486	972	0	0
Commitments Budget	11,010	2,041	6,300	0	0	0	0	4,350	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Solids Processing
Activity Group/Project Title	BX - Gravity Thickener Upgrades Ph II
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Potential Failure/Ability to continue meeting permit requirement

Phase	Start Date
Design:	Feb 2011
Construction:	Nov 2014

Project Completion:	Nov 2018

Project Description:
The objective of this project is to design and construct the improvements needed to rehabilitate and upgrade the Primary Sludge Screening & Degritting Building (PSSDB) and the Gravity Thickeners (GT) at the Blue Plains Advanced Wastewater Treatment Plant (AWTP). The project will rehabilitate Gravity Thickeners 5&6 and replace equipment in Gravity Thickeners 7 - 10.

Impact on Operations:
This project will add facilities requiring operations and maintenance.

Effective Funding by User (percent):

DC -	41.22%
EPA/Fed -	0.00%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/PI -	4.56%

dc water is life

FY2014 Approved Life Budget	31,167,092
FY2014 Revised/FY2015 Approved Life Budget	31,202,485
Increase/(Decrease)	35,393

Disbursements Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	1,383	2,242	4,163	9,491	5,393	560	20	0	0	0	0	0
Commitments Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	3,068	4,572	23,562	0	0	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Solids Processing
Activity Group/Project Title	EV - Area Substation No. 6
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Potential Failure/Ability to continue meeting permit requirement

Phase	**Start Date**
Design:	
Construction:	Apr 2010

Project Completion:	Sep 2018

Project Description:
This project replaces the 5 KV switchgear, Area Substation No. 4, at the south end of the Blue Plains AWTP, which services the Filtration & Disinfection Facility and Dual Purpose Sedimentation Basins with the proposed new Area Substation No. 6. This project is needed to replace obsolete electrical equipment and ensure reliability of these critical plant processes. Funding for this new project was transferred from Project XA. Construction of the new substation, which was designed as part of the Egg Digestion Facility project, should start as soon as possible and not be deferred until FY 2010.

Impact on Operations:
This project will eliminate repeated shut-downs, resulting in savings in operating costs.

Effective Funding by User (percent):

DC -	41.22%
EPA/Fed -	0.00%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/PI -	4.56%

dc water is life

FY2014 Approved Life Budget	23,032,040
FY2014 Revised/FY2015 Approved Life Budget	21,778,040
Increase/(Decrease)	-1,254,000

Disbursements Budget	**Pre FY 2014**	**FY 2014**	**FY 2015**	**FY 2016**	**FY 2017**	**FY 2018**	**FY 2019**	**FY 2020**	**FY 2021**	**FY 2022**	**FY 2023**	**Post FY 2023**
	19,397	350	130	212	212	120	0	0	0	0	0	0
Commitments Budget	**Pre FY 2014**	**FY 2014**	**FY 2015**	**FY 2016**	**FY 2017**	**FY 2018**	**FY 2019**	**FY 2020**	**FY 2021**	**FY 2022**	**FY 2023**	**Post FY 2023**
	20,910	868	0	0	0	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Solids Processing
Activity Group/Project Title	I2 - Biosolids Loadout Crane Rehabilitation
Managing Department:	Engineering and Technical Services
EPMC:	EPMC4 - Biosolids Program Manager
Priority:	Good Engineering, High pay back, Mission / Function

Phase	**Start Date**
Design:	
Construction:	Mar 2014

Project Completion:	Sep 2014

Project Description:
The biosolids load-out facility uses 4 overhead-rail cranes with clamshells to transfer biosolids from the 4 bunkers to the trucks that haul biosolids for land application. These cranes need major mechanical and electrical rehabilitation. Some of the items requiring attention comprise the festoon system, hoist and grab motors, load cells, control panels, cab controls and cab air conditioning.

Impact on Operations:
This project will have no material impact on the operating budget.

Effective Funding by User (percent):

DC -	41.22%
EPA/Fed -	0.00%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/PI -	4.56%

dc water is life

FY2014 Approved Life Budget	2,350,000
FY2014 Revised/FY2015 Approved Life Budget	4,050,000
Increase/(Decrease)	1,700,000

Disbursements Budget	**Pre FY 2014**	**FY 2014**	**FY 2015**	**FY 2016**	**FY 2017**	**FY 2018**	**FY 2019**	**FY 2020**	**FY 2021**	**FY 2022**	**FY 2023**	**Post FY 2023**
	28	2,576	0	0	0	0	0	0	0	0	0	0
Commitments Budget	**Pre FY 2014**	**FY 2014**	**FY 2015**	**FY 2016**	**FY 2017**	**FY 2018**	**FY 2019**	**FY 2020**	**FY 2021**	**FY 2022**	**FY 2023**	**Post FY 2023**
	28	4,022	0	0	0	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Solids Processing
Activity Group/Project Title	I3 - Biosolids Blending Development Center
Managing Department:	Engineering and Technical Services
EPMC:	EPMC4 - Biosolids Program Manager
Priority:	Good Engineering, High pay back, Mission / Function

Phase	Start Date
Design:	Oct 2014
Construction:	Mar 2015

Project Completion:	Jun 2015

Project Description:
This project will provide a facility to demonstrate how to blend Class A biosolids with other products such as sawdust to make a commercial soil amendment product. A soil mixer, a covered work area, and a greenhouse are among the items required for this project. The space vacated by the biosolids program Main Process Train and Combined Heat and Power contractors would be ideal for this enterprise. The facility is intended to determine the ideal blend as a soil amendment. Staff will determine the economics of different product production, so that larger commercial-scale operations can be developed off-site. The greenhouse, ideally heated by the Combined Heat and Power excess steam pipe, would provide a showcase for produce grown from the blended biosolids.

Impact on Operations:
There would be no impact on Plant operations from implementing this project. However, there could be a beneficial impact on Plant operating costs through reduction in long-distance hauling of biosolids.

Effective Funding by User (percent):

DC -	41.22%
EPA/Fed -	0.00%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/PI -	4.56%

FY2014 Approved Life Budget	0
FY2014 Revised/FY2015 Approved Life Budget	700,000
Increase/(Decrease)	700,000

NEW

Disbursements Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	0	0	611	0	0	0	0	0	0	0	0	0
Commitments Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	0	0	700	0	0	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Solids Processing
Activity Group/Project Title	I6 - Combined Heat & Power as Backup Power
Managing Department:	Engineering and Technical Services
EPMC:	EPMC4 - Biosolids Program Manager
Priority:	Good Engineering, High pay back, Mission / Function

Phase	Start Date
Design:	Oct 2015
Construction:	Jan 2017

Project Completion:	Sep 2019

Project Description:
This project is intended to be the first part of a comprehensive project that will provide the plant with the ability to seamlessly transfer power from the Biosolids Facility CHP system to critical treatment plant equipment in the event of a plant power failure. The option to break the project into two smaller projects allows the staff to have a quicker response time after the first project is complete by automating certain key components for power restoration to the backup power supply from the CHP. This first project will not provide a fully seamless load management system but will assist in the shedding of major loads to allow staff to bring the plant back online in a more manageable fashion.

Impact on Operations:
The project will result in no increase to operations costs.

Effective Funding by User (percent):

DC -	41.22%
EPA/Fed -	0.00%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/PI -	4.56%

dc water is life

FY2014 Approved Life Budget	0
FY2014 Revised/FY2015 Approved Life Budget	1,500,000
Increase/(Decrease)	1,500,000

NEW

Disbursements Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	0	0	0	115	190	583	270	0	0	0	0	0
Commitments Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	0	0	0	150	1,350	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Solids Processing
Activity Group/Project Title	LD - Pre-Dewatering Additional Centrifuges
Managing Department:	Engineering and Technical Services
EPMC:	EPMC4 - Biosolids Program Manager
Priority:	Good Engineering, High pay back, Mission / Function

Phase	Start Date
Design:	May 2018
Construction:	Apr 2019

Project Completion:	Dec 2020

Project Description:
This project will provide two additional centrifuges and associated feed pumps, polymer pumps, solids chutes and odor control connections at the Main Process Train (MPT) pre-dewatering building. Space for the two additional centrifuges is available in the pre-dewatering building, which will have 10 centrifuges installed under the ongoing Main Process Train project that is due for completion in early 2015.

Impact on Operations:
The additional equipment would require additional maintenance but no new operators.

Effective Funding by User (percent):

DC -	41.22%
EPA/Fed -	0.00%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/PI -	4.56%

dc water is life

FY2014 Approved Life Budget	0
FY2014 Revised/FY2015 Approved Life Budget	9,170,000
Increase/(Decrease)	9,170,000

NEW

Disbursements Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	0	0	0	0	0	122	1,215	5,199	0	0	0	0
Commitments Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	0	0	0	0	0	200	8,970	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Solids Processing
Activity Group/Project Title	TP - 504H2 - Gravity Thickeners
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Potential Failure/Ability to continue meeting permit requirement

Phase	Start Date
Design:	Oct 1999
Construction:	Dec 2002

Project Completion:	Oct 2012

Project Description:
This project provides a comprehensive upgrade for Gravity Thickeners 1 through 4, replacing the circular thickener mechanisms, as well as sludge and scum pumps, and piping systems. The new state-of-the-art thickeners mechanisms improve thickener performance. A flow distribution station is added to improve control of sludge feed to each of the thickeners that remain in service. New covers for Thickeners 1 through 4 are provided. The new equipment is designed to improve process efficiency and reliability of the facilities.

Impact on Operations:
This project, in conjunction with PCCS, provides the capability to automate sludge and scum pumping which reduces labor for monitoring and control.

Effective Funding by User (percent):

DC -	41.22%
EPA/Fed -	0.00%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/PI -	4.56%

dc water is life

FY2014 Approved Life Budget	19,958,237
FY2014 Revised/FY2015 Approved Life Budget	19,958,237
Increase/(Decrease)	0

CLOSED

Disbursements	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
Budget	19,958	0	0	0	0	0	0	0	0	0	0	0
Commitments	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
Budget	19,958	0	0	0	0	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Solids Processing
Activity Group/Project Title	XA - New Digestion Facilities
Managing Department:	Engineering and Technical Services
EPMC:	EPMC4 - Biosolids Program Manager
Priority:	Good Engineering, High pay back, Mission / Function

Phase	Start Date
Design:	Aug 2002
Construction:	Dec 2010

Project Completion:	Nov 2018

Project Description:
Project provides for construction of a new advanced digestion facility capable of anaerobically digesting all biosolids generated at the Blue Plains AWTP, as called for in the Biosolids Master Plan. The anaerobic digestion process reduces the volume and weight of biosolids to be transported to land application sites resulting in reduced truck traffic, odor, noise and pollution. In FY 2006, The Board decided to reject the single bid received on the first phase digester construction contract and defer the project until 2010. An update to the Biosolids Management Plan was started in FY 2007 to review biosolids technologies that are now available to DC Water and to evaluate less expensive digester vessels. The final options being considered utilize digestion and can produce a Class A biosolids product. DC Water proposes to utilize the Cambi Thermal Hydrolisis digestion process, which has resulted in most of the budget increase.

Impact on Operations:
The new digestion facility reduces biosolids production by half, produces a stable product for beneficial reuse, and generates excess digester gas that can supply 1/3 of the plant's electrical needs. The facility provides O&M savings of approximately $20 million per year beginning in FY 2015 that inlcude savings in biosolids hauling and reuse, personnel, chemicals, contracts and energy costs.

Effective Funding by User (percent):

DC -	41.22%
EPA/Fed -	0.00%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/Pl -	4.56%

dc water is life

FY2014 Approved Life Budget	514,793,141
FY2014 Revised/FY2015 Approved Life Budget	524,841,559
Increase/(Decrease)	10,048,418

	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
Disbursements Budget	290,973	127,840	35,978	37	37	37	6	0	0	0	0	0
Commitments Budget	515,970	7,371	1,500	0	0	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Solids Processing
Activity Group/Project Title	XB - Centrifuge Thickener Facility
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Potential Failure/Ability to continue meeting permit requirement

Phase	Start Date
Design:	Jun 2005
Construction:	Mar 2009

Project Completion:	Sep 2016

Project Description:
Project upgrades the existing Dissolved Air Flotation thickening facility and provides new mechanical thickening equipment to thicken all biological waste secondary, nitrification and denitrification sludges generated at the Blue Plains AWTP. This project provides consistent and reliable production of thickened biological sludge at the desired concentration that is required for efficient operation of the Digester Facility. It also improves process efficiency and reliability and reduces objectionable odors.

Impact on Operations:
This project provides improved process efficiency and reliability, and reduces objectionable odors.

Effective Funding by User (percent):

DC -	41.22%
EPA/Fed -	0.00%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/PI -	4.56%

dc water is life

FY2014 Approved Life Budget	48,431,042
FY2014 Revised/FY2015 Approved Life Budget	48,529,602
Increase/(Decrease)	98,560

Disbursements	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
Budget	47,288	65	0	0	0	0	0	0	0	0	0	0
Commitments	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
Budget	48,505	25	0	0	0	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Solids Processing
Activity Group/Project Title	XC - Additional Dewatering Facilities
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Potential Failure/Ability to continue meeting permit requirement

Phase	Start Date
Design:	Dec 1998
Construction:	Dec 2001

Project Completion:	Oct 2012

Project Description:
Project provided seven new centrifuge dewatering units and appurtenances, and implements modifications to the existing centrifuges in the Solids Processing Building. This project provides adequate capacity to dewater all biosolids generated at the plant without the need for contract dewatering. The project became operational in late FY 2006.

Impact on Operations:
This project will have no material impact on the operating budget.

Effective Funding by User (percent):

DC -	15.52%
EPA/Fed -	25.80%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/Pl -	4.46%

FY2014 Approved Life Budget	81,725,849
FY2014 Revised/FY2015 Approved Life Budget	81,635,535
Increase/(Decrease)	-90,314

CLOSED

Disbursements Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	81,636	0	0	0	0	0	0	0	0	0	0	0
Commitments Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	81,636	0	0	0	0	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Solids Processing
Activity Group/Project Title	XZ - Solids Processing Building / DSLF
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Potential Failure/Ability to continue meeting permit requirement

Phase	**Start Date**
Design:	
Construction:	Sep 2005

Project Completion:	Oct 2017

Project Description:
This project involves repairs to chemical systems and provides for miscellaneous improvements to the Solids Processing Building and Dewatered Sludge Loading Facility. This project replaces aged equipment to ensure integrity and reliability of the systems and facilities which results in improved performance of chemical feed systems and other solids processing operations, and improved biosolids quality. Construction of a vault and switchgear improvements at the main substation are also included in this project.

Impact on Operations:
This project could increase operations and maintenance cost depending on final study findings and determination of Clean Air requirements, if any. A study of emissions data is ongoing.

Effective Funding by User (percent):

DC -	39.73%
EPA/Fed -	1.50%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/PI -	4.55%

dc water is life

FY2014 Approved Life Budget	23,743,798
FY2014 Revised/FY2015 Approved Life Budget	23,743,798
Increase/(Decrease)	0

Disbursements Budget	**Pre FY 2014**	**FY 2014**	**FY 2015**	**FY 2016**	**FY 2017**	**FY 2018**	**FY 2019**	**FY 2020**	**FY 2021**	**FY 2022**	**FY 2023**	**Post FY 2023**
	9,202	1,580	4,328	3,411	2,261	9	0	0	0	0	0	0
Commitments Budget	**Pre FY 2014**	**FY 2014**	**FY 2015**	**FY 2016**	**FY 2017**	**FY 2018**	**FY 2019**	**FY 2020**	**FY 2021**	**FY 2022**	**FY 2023**	**Post FY 2023**
	14,747	8,997	0	0	0	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Solids Processing
Activity Group/Project Title	YZ - Digestion Facilities Site Preparation
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Potential Failure/Ability to continue meeting permit requirement

Phase	Start Date
Design:	May 2000
Construction:	Nov 2001

Project Completion:	Jun 2014

Project Description:
This project is comprised of two sub-projects: YZ01 Primary Sludge Screening & Degritting Wet Well Control involves installation of new controls for the primary sludge screens and the Degritting and Grinding Facility wet well at the Blue Plains AWTP; and YZ02 Digestion Facility Demolition and Site Preparation involves demolition of the decommissioned digester gas storage tank and sphere. Project YZ01 is needed to upgrade process technology to improve efficiency and reliability of sludge screening and to minimize potential for sludge spills. Project YZ02 would clear and prepare the site for future use.

Impact on Operations:
No significant operating cost impact.

Effective Funding by User (percent):

DC -	41.22%
EPA/Fed -	0.00%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/PI -	4.56%

dc water is life

FY2014 Approved Life Budget	2,234,454
FY2014 Revised/FY2015 Approved Life Budget	2,234,454
Increase/(Decrease)	0

Disbursements Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	1,894	238	0	0	0	0	0	0	0	0	0	0
Commitments Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	2,234	0	0	0	0	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Enhanced Nitrogen Removal Facilities Project
Activity Group/Project Title	BI - Enhanced Nitrogen Removal (ENR) North
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Health Safety

Phase	Start Date
Design:	Aug 2009
Construction:	Mar 2013

Project Completion:	Sep 2016

Project Description:
This project was formally Project BI00 - Plantwide Fine Bubble in the Plantwide Program. The project replaces the diffusers in the Secondary Treatment process with a more efficient aeration system and rehabiliates equipment to improve reliability of the secondary treatment system to optimize the enhanced nitrogen removal process.

Impact on Operations:
This project will add facilities requiring operations and maintenance.

Effective Funding by User (percent):

DC -	29.97%
EPA/Fed -	11.25%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/PI -	4.56%

FY2014 Approved Life Budget	71,861,603
FY2014 Revised/FY2015 Approved Life Budget	72,009,155
Increase/(Decrease)	147,552

Disbursements Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	10,819	15,700	19,375	7,946	0	0	0	0	0	0	0	0
Commitments Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	70,497	1,512	0	0	0	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Enhanced Nitrogen Removal Facilities Project
Activity Group/Project Title	E8 - Enhanced Clarification Facilities
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Court Ordered, Stipulated Agreements, Etc.

Phase	Start Date
Design:	Oct 2012
Construction:	

Project Completion:	Nov 2018

Project Description:
The Enhanced Clarification Facility (ECF) is part of DC Water's proposed Total Nitrogen - Wet Weather (TN/WW) Plan, which addresses the requirements of the Long Term Control Plan as well as the Chesapeake Bay Tributary Strategies for reducing nitrogen discharged into the Chesapeake Bay. The principal components of this project are grit removal and screening for influent wastewater followed by an enhanced clarification facility. The new facilities will treat excess flow during wet weather events.

Impact on Operations:
Operation of the ECF will increase operating and maintenance costs, and specifically power and chemical costs.

Effective Funding by User (percent):

DC -	41.22%
EPA/Fed -	0.00%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/Pl -	4.56%

dc water is life

FY2014 Approved Life Budget	224,140,500
FY2014 Revised/FY2015 Approved Life Budget	219,040,500
Increase/(Decrease)	-5,100,000

Disbursements Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	7,134	1,943	6,575	33,295	36,815	28,334	260	0	0	0	0	0
Commitments Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	195,216	500	20,550	0	2,775	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Enhanced Nitrogen Removal Facilities Project
Activity Group/Project Title	E9 - Nitrogen Removal Facilities
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Court Ordered, Stipulated Agreements, Etc.

Phase	Start Date
Design:	Mar 2009
Construction:	Jan 2011

Project Completion:	Sep 2018

Project Description:
This project entails a new or expanded nutrient removal system to lower the concentration of total nitrogen in the Blue Plains effluent to 3 mg/l. The Total Nitrogen Removal Project is part of DC Water's proposed Total Nitrogen -Wet Weather (TN/WW) Plan, which addresses the requirements of the Long Term Control Plan as well as the Chesapeake Bay Tributary Strategies for reducing nitrogen discharged into the Chesapeake Bay. The principal components of this project are this project and Project EE, Centrate Treatment Facilities. Project EE provides for a new treatment system that will remove nitrogen from the recycle stream from solids processing.

Impact on Operations:
Operation of the new system will significantly increase operating and maintenance costs beginning in FY 2014. Increased chemical addition and power consumption comprise most of the cost increase.

Effective Funding by User (percent):

DC -	35.61%
EPA/Fed -	5.61%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/PI -	4.56%

dc water is life

FY2014 Approved Life Budget	267,370,531
FY2014 Revised/FY2015 Approved Life Budget	267,797,417
Increase/(Decrease)	426,886

Disbursements Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	199,729	29,225	10,866	1,874	5	2	0	0	0	0	0	0
Commitments Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	262,319	1,994	3,484	0	0	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Enhanced Nitrogen Removal Facilities Project
Activity Group/Project Title	EE - Centrate Treatment Facilities
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Court Ordered, Stipulated Agreements, Etc.

Phase	Start Date
Design:	Aug 2009
Construction:	Mar 2014

Project Completion:	Apr 2019

Project Description:
This project provides for a new treatment system that will remove nitrogen from the recycle stream from solids processing. The Total Nitrogen Removal Project is part of DC Water's proposed Total Nitrogen -Wet Weather (TN/WW) Plan, which addresses the requirements of the Long Term Control Plan as well as the Chesapeake Bay Tributary Strategies for reducing nitrogen discharged into the Chesapeake Bay. The principal components are the TN/WW(EE) and project E9, Total Nitrogen Removal. Project E9 entails a new or expanded nitrogen removal process to lower the concentration of total nitrogen in the Blue Plains effluent to 3 mg/l.

Impact on Operations:
Operation of the new system will significantly increase operating and maintenance costs beginning in FY 2015. Increased chemical addition and power consumption comprise most of the cost increase.

Effective Funding by User (percent):

DC -	41.22%
EPA/Fed -	0.00%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/PI -	4.56%

dc water is life

FY2014 Approved Life Budget	89,125,000
FY2014 Revised/FY2015 Approved Life Budget	103,386,994
Increase/(Decrease)	14,261,994

Disbursements Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	8,489	8,613	20,068	24,541	13,638	4,532	1,136	0	0	0	0	0
Commitments Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	11,660	86,120	570	838	0	4,199	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Enhanced Nitrogen Removal Facilities Project
Activity Group/Project Title	EG - Blue Plains Tunnel
Managing Department:	Engineering and Technical Services
EPMC:	EPMC5 - LTCP Program Manager
Priority:	Court Ordered, Stipulated Agreements, Etc.

Phase	Start Date
Design:	May 2011
Construction:	May 2011

Project Completion:	Jun 2022

Project Description:
The Blue Plains Tunnel is part of DC Water's proposed Total Nitrogen - Wet Weather (TN/WW) Plan, which addresses the requirements of the Long Term Control Plan as well as the Chesapeake Bay Tributary Strategies for reducing nitrogen discharged into the Chesapeake Bay. The principal components of this project are a 23 foot diameter tunnel from Main and O Streets to Blue Plains. The Blue Plains Tunnel has been included in the draft TN/Wet Weather Plan that DC Water submitted to the USEPA. The recommended alternative in the plan removes additional nitrogen from the wastewater prior to discharge and improves the quality of discharge to the Potomac and Anacostia Rivers during wet weather events.

Impact on Operations:
Dewatering pump station costs will increase operating and maintenance costs beginning in FY 2016.

Effective Funding by User (percent):

DC -	41.22%
EPA/Fed -	0.00%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/Pl -	4.56%

dc water is life

FY2014 Approved Life Budget	177,380,058
FY2014 Revised/FY2015 Approved Life Budget	177,380,058
Increase/(Decrease)	0

Disbursements Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	92,543	26,276	16,758	10,326	8	8	8	8	8	5	0	0
Commitments Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	176,115	1,265	0	0	0	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Enhanced Nitrogen Removal Facilities Project
Activity Group/Project Title	FG - Secondary Treatment Upgrades for TN
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Court Ordered, Stipulated Agreements, Etc.

Phase	Start Date
Design:	Feb 2022
Construction:	Feb 2024

Project Completion:	Jul 2028

Project Description:
This project will expand Secondary Reactors 5 and 6 to double their size. The design of the reactor expansion was included in the current Secondary Treatment Facilities Upgrade – Phase 2 project because prior Blue Plains flow projections indicated that the 370 MGD design conditions would be realized by 2010. This work has been removed from the current construction bid documents because the Metropolitan Washington Council of Governments flow projections, updated in 2002, now indicate that the 370 MGD design conditions will not be seen until 2025. Studies and research will begin in fiscal year 2013 and continue for a few years to more accurately define the required size and configuration of the expansion and the timing of the need for the expansion.

Impact on Operations:
This project would improve plant performance but would have marginal increased operational and maintenance costs.

Effective Funding by User (percent):

DC -	41.22%
EPA/Fed -	0.00%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/PI -	4.56%

dc water is life

FY2014 Approved Life Budget	56,925,000
FY2014 Revised/FY2015 Approved Life Budget	56,925,000
Increase/(Decrease)	0

Disbursements Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	96	508	1,030	0	0	163	129	0	0	533	1,097	37,155
Commitments Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	440	1,100	440	0	0	435	0	0	0	2,835	66	51,610

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Enhanced Nitrogen Removal Facilities Project
Activity Group/Project Title	FR - BP Tunnel Dewatering Pumping Sta
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Court Ordered, Stipulated Agreements, Etc.

Phase	Start Date
Design:	Aug 2013
Construction:	Aug 2013

Project Completion:	Jun 2018

Project Description:
This pump station located at Blue Plains at the terminus and lowest point of the tunnel system is designed to dewater the entire contents of the tunnel system and pump it to treatment at Blue Plains treatment plant during and after a rain event.

Impact on Operations:
The dewatering pump station is an integral part of the underground storage solution to CSO control. Without a dewatering pump station a deep underground storage tunnel solution cannot be employed. Operations and maintenance costs will increase.

Effective Funding by User (percent):

DC -	41.22%
EPA/Fed -	0.00%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/PI -	4.56%

dc water is life

FY2014 Approved Life Budget	27,194,802
FY2014 Revised/FY2015 Approved Life Budget	32,314,878
Increase/(Decrease)	5,120,076

Disbursements Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	2,390	2,867	6,675	4,869	3,695	2,918	0	0	0	0	0	0
Commitments Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	30,653	300	500	0	862	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Enhanced Nitrogen Removal Facilities Project
Activity Group/Project Title	FS - Div D - Bolling Overflow & Diversion
Managing Department:	Engineering and Technical Services
EPMC:	EPMC5 - LTCP Program Manager
Priority:	Court Ordered, Stipulated Agreements, Etc.

Phase	Start Date
Design:	Sep 2013
Construction:	Oct 2014

Project Completion:	Jan 2018

Project Description:
This project will include a diversion chamber to capture overflows from the Potomac outfall sewers and direct them into the Anacostia CSO tunnel during a rain event and an overflow structure for the Anacostia CSO tunnel when it reaches it's full capacity. It also includes the internals of the tunnel drop shaft which is constructed a part of Blue Plains tunnel project. This is one of the two overflows for the Anacostia CSO tunnel system.

Impact on Operations:
This project will have no material impact on the operating budget.

Effective Funding by User (percent):

DC -	41.22%
EPA/Fed -	0.00%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/PI -	4.56%

FY2014 Approved Life Budget	26,375,532
FY2014 Revised/FY2015 Approved Life Budget	41,685,660
Increase/(Decrease)	15,310,128

Disbursements Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	1,802	2,486	5,355	12,434	7,343	2,527	0	0	0	0	0	0
Commitments Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	5,617	3,686	32,383	0	0	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Enhanced Nitrogen Removal Facilities Project
Activity Group/Project Title	H7 - Blue Plains Tunnel Site Preparation
Managing Department:	Engineering and Technical Services
EPMC:	EPMC5 - LTCP Program Manager
Priority:	Court Ordered, Stipulated Agreements, Etc.

Phase	Start Date
Design:	Apr 2009
Construction:	Feb 2010

Project Completion:	Aug 2013

Project Description:
This project is to demolish existing abandoned digesters to make way for the new dewatering pump station and the Enhanced Clarification Facility (ECF). This revised location was necessary because these facilities would not fit at the original planned location.

Impact on Operations:
There are no anticipated impacts on operations or maintenance costs.

Effective Funding by User (percent):

DC -	41.22%
EPA/Fed -	0.00%
WSSC -	45.84%
Fairfax -	8.38%
Loudoun/PI -	4.56%

dc water is life

FY2014 Approved Life Budget	6,360,303
FY2014 Revised/FY2015 Approved Life Budget	6,360,303
Increase/(Decrease)	0

Disbursements Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	5,647	0	0	0	0	0	0	0	0	0	0	0
Commitments Budget	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
	6,360	0	0	0	0	0	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

District of Columbia Water and Sewer Authority
FY 2014 - 2023 Capital Improvement Program

Service Area Title:	Wastewater Treatment Service Area
Program Title:	Enhanced Nitrogen Removal Facilities Project
Activity Group/Project Title	LM - ENR Program Management
Managing Department:	Engineering and Technical Services
EPMC:	NRPM - Nitrogen Removal Program Manager
Priority:	Court Ordered, Stipulated Agreements, Etc.

Phase	Start Date
Design:	
Construction:	

Project Completion:	Sep 2021

Project Description:
Program management services are provided during planning, design, and construction of upgrades to the nitrogen removal facilities at the Blue Plains AWTP to ensure continued reliability of the facilities and compliance with the plant's NPDES discharge permit. Program management services are required for the Enhanced Nitrogen Removal Program due to the size and scope of the projects that comprise this program.

Impact on Operations:
Program Management has no direct impact on operations; however, the impact of each project on operations is identified on individual project sheets.

Effective Funding by User (percent):

DC -	41.82%
EPA/Fed -	0.00%
WSSC -	45.37%
Fairfax -	8.29%
Loudoun/PI -	4.51%

dc water is life

FY2014 Approved Life Budget	20,154,478
FY2014 Revised/FY2015 Approved Life Budget	47,581,235
Increase/(Decrease)	27,426,757

Disbursements	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
Budget	4,644	5,499	5,667	2,659	4,914	6,569	3,366	2,572	870	0	0	0
Commitments	Pre FY 2014	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Post FY 2023
Budget	17,791	1,832	9,066	0	8,800	10,092	0	0	0	0	0	0

(projected disbursements do not include contingencies) *(dollars in thousands)*

WASTEWATER TREATMENT SERVICE AREA
PROJECT NAME AND PAGE NUMBERS

Project ID	Project Name	Page #
A2	Liquid Processing Program Management	III-8
AL	Plantwide Project Program Management	III-30
AM	Solids Processing Program Management	III-61
AZ	COF Renovations	III-31
BG	Dual Purpose Rehabilitation	III-9
BI	Enhanced Nitrogen Removal (ENR)	III-74
BP	Grit Chamber Facilities Phase II	III-10
BQ	Primary Treatment Facilities Ph II	III-11
BR	Nitrification/Denitrification Fac	III-12
BT	Filtration/Disinfection Fac PH II	III-13
BV	RWWPS No. 2 Upgrades	III-14
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BY	Additional Chemical Systems PH III	II-32
CH	Misc Facility Projects	III-33
CK	WWTP Sampler Program	III-34
CV	Laboratory Upgrades	III-35
CW	Perimeter Security at Blue Plains	III-36
DA	DWT Research / Pilot Projects	III-15
DP	Chemical Building Enhancements	III-37
DQ	Non-OEM PLC Interfaces/Replacements	III-38
E8	Enchance Clarification Facilities	III-75
E9	Nitrogen Removal Facilities	III-76
EE	Centrate Treatment Facilities	III-77
EG	Wet Weather Peak Mitigation (aka Blue Plains Tun	III-78

WASTEWATER TREATMENT SERVICE AREA
PROJECT NAME AND PAGE NUMBERS

Project ID	Project Name	Page #
EI	Plantwide Painting of Steel Pipes	III-39
EN	WWTP - Central Fire Alarm System	III-40
EV	Area Substation No. 6	III-63
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ATTACHMENT 5

ALS Environmental

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September 27, 2013

Ms. Elaine Wilson
DC WASA
5000 Overlook Avenue, S.W.
Washington, DC 20032

Certificate of Analysis

Project Name:	**Wastewater (WW)**	Workorder:	**1047901**
Purchase Order:	**130195**	Workorder ID:	**WW/Effluent Annual**

Dear Ms. Wilson,

Enclosed are the analytical results for samples received by the laboratory on Thursday, September 12, 2013.

The ALS Environmental laboratory in Middletown, Pennsylvania is a National Environmental Laboratory Accreditation Program (NELAP) accredited laboratory and as such, certifies that all applicable test results meet the requirements of NELAP.

If you have any questions regarding this certificate of analysis, please contact Denise Brooks (Project Coordinator) at (717) 944-5541.

Analyses were performed according to our laboratory's NELAP-approved quality assurance program and any applicable state requirements. The test results meet requirements of the current NELAP standards or state requirements, where applicable. For a specific list of accredited analytes, refer to the certifications section of the ALS website at www.alsglobal.com/en/Our-Services/Life-Sciences/Environmental/Downloads.

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ALS York: 978 Loucks Mill Road, York, PA 17402 717-505-5280

ALS Spring City: 10 Riverside Drive, Spring City, PA 19475 610-948-4903

CC: Ms. Denise Brooks, Mr. Mark Ramirez, Accounts Payable-4th Floor

Denise Brooks

This page is included as part of the Analytical Report and must be retained as a permanent record thereof.

Denise Brooks
Project Coordinator

ALS Environmental

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SAMPLE SUMMARY

Workorder: 1047901 WW/Effluent Annual Discard Date: 10/11/2013

Lab ID	Sample ID	Matrix	Date Collected	Date Received	Collected By
1047901001	13 - Outfall 002 Annual	Waste Water	9/11/13 14:55	9/12/13 21:30	Customer
1047901002	13 - Outfall 002 Annual	Waste Water	9/11/13 14:15	9/12/13 21:30	Customer
1047901003	Trip Blank	Waste Water	9/12/13 21:30	9/12/13 21:30	Customer

Workorder Comments:

Notes

- Samples collected by ALS personnel are done so in accordance with the procedures set forth in the ALS Field Sampling Plan (20 - Field Services Sampling Plan).
- All Waste Water analyses comply with methodology requirements of 40 CFR Part 136.
- All Drinking Water analyses comply with methodology requirements of 40 CFR Part 141.
- Unless otherwise noted, all quantitative results for soils are reported on a dry weight basis.
- The Chain of Custody document is included as part of this report.
- All Library Search analytes should be regarded as tentative identifications based on the presumptive evidence of the mass spectra. Concentrations reported are estimated values.
- Parameters identified as "analyze immediately" require analysis within 15 minutes of collection. Any "analyze immediately" parameters not listed under the header "Field Parameters" are performed in the laboratory and are therefore analyzed out of hold time.
- Method references listed on this report beginning with the prefix "S" followed by a method number (such as S2310B-97) refer to methods from "Standard Methods for the Examination of Water and Wastewater".

Standard Acronyms/Flags

J, B	Indicates an estimated value between the Method Detection Limit (MDL) and the Practical Quantitation Limit (PQL) for the analyte
U	Indicates that the analyte was Not Detected (ND)
N	Indicates presumptive evidence of the presence of a compound
MDL	Method Detection Limit
PQL	Practical Quantitation Limit
RDL	Reporting Detection Limit
ND	Not Detected - indicates that the analyte was Not Detected at the RDL
Cntr	Analysis was performed using this container
RegLmt	Regulatory Limit
LCS	Laboratory Control Sample
MS	Matrix Spike
MSD	Matrix Spike Duplicate
DUP	Sample Duplicate
%Rec	Percent Recovery
RPD	Relative Percent Difference

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ANALYTICAL RESULTS

Workorder: 1047901 WW/Effluent Annual

Lab ID: **1047901001** Date Collected: 9/11/2013 14:55 Matrix: Waste Water

Sample ID: **13 - Outfall 002 Annual** Date Received: 9/12/2013 21:30

Parameters	Results	Units	Footnotes	RDL	MDL	Method	Prepared	By	Analyzed	By	Cntr
VOLATILE ORGANICS											
Acrolein	ND	ug/L		150	12.0	EPA 624			9/17/13 12:47	GLQ	E
Acrylonitrile	ND	ug/L		25.0	4.5	EPA 624			9/17/13 12:47	GLQ	E
Benzene	ND	ug/L		5.0	0.80	EPA 624			9/17/13 12:47	GLQ	E
Bromodichloromethane	9.3	ug/L		5.0	0.65	EPA 624			9/17/13 12:47	GLQ	E
Bromoform	ND	ug/L		10.0	1.1	EPA 624			9/17/13 12:47	GLQ	E
Bromomethane	ND	ug/L		10.0	1.4	EPA 624			9/17/13 12:47	GLQ	E
Carbon Tetrachloride	ND	ug/L		5.0	1.2	EPA 624			9/17/13 12:47	GLQ	E
Chlorobenzene	ND	ug/L		5.0	0.55	EPA 624			9/17/13 12:47	GLQ	E
Chlorodibromomethane	5.2	ug/L		5.0	1.1	EPA 624			9/17/13 12:47	GLQ	E
Chloroethane	ND	ug/L		5.0	1.2	EPA 624			9/17/13 12:47	GLQ	E
2-Chloroethylvinyl ether	ND	ug/L		10.0	1.4	EPA 624			9/17/13 12:47	GLQ	E
Chloroform	ND	ug/L		5.0	0.75	EPA 624			9/17/13 12:47	GLQ	E
Chloromethane	ND	ug/L		5.0	1.3	EPA 624			9/17/13 12:47	GLQ	E
1,2-Dichlorobenzene	ND	ug/L		5.0	1.0	EPA 624			9/17/13 12:47	GLQ	E
1,3-Dichlorobenzene	ND	ug/L		5.0	0.70	EPA 624			9/17/13 12:47	GLQ	E
1,4-Dichlorobenzene	ND	ug/L		5.0	0.75	EPA 624			9/17/13 12:47	GLQ	E
1,1-Dichloroethane	ND	ug/L		5.0	0.95	EPA 624			9/17/13 12:47	GLQ	E
1,2-Dichloroethane	ND	ug/L		5.0	1.1	EPA 624			9/17/13 12:47	GLQ	E
1,1-Dichloroethene	ND	ug/L		5.0	0.85	EPA 624			9/17/13 12:47	GLQ	E
trans-1,2-Dichloroethene	ND	ug/L		5.0	0.60	EPA 624			9/17/13 12:47	GLQ	E
1,2-Dichloropropane	ND	ug/L		5.0	1.2	EPA 624			9/17/13 12:47	GLQ	E
cis-1,3-Dichloropropene	ND	ug/L		5.0	0.60	EPA 624			9/17/13 12:47	GLQ	E
trans-1,3-Dichloropropene	ND	ug/L		5.0	0.70	EPA 624			9/17/13 12:47	GLQ	E
1,3-Dichloropropene, Total	ND	ug/L		5.0	0.95	EPA 624			9/17/13 12:47	GLQ	E
Ethylbenzene	ND	ug/L		5.0	0.80	EPA 624			9/17/13 12:47	GLQ	E
Methylene Chloride	ND	ug/L		5.0	1.6	EPA 624			9/17/13 12:47	GLQ	E
1,1,2,2-Tetrachloroethane	ND	ug/L		5.0	1.1	EPA 624			9/17/13 12:47	GLQ	E
Tetrachloroethene	ND	ug/L		5.0	1.3	EPA 624			9/17/13 12:47	GLQ	E
Toluene	ND	ug/L		5.0	0.60	EPA 624			9/17/13 12:47	GLQ	E
1,1,1-Trichloroethane	ND	ug/L		5.0	1.4	EPA 624			9/17/13 12:47	GLQ	E
1,1,2-Trichloroethane	ND	ug/L		5.0	1.5	EPA 624			9/17/13 12:47	GLQ	E
Trichloroethene	ND	ug/L		5.0	1.1	EPA 624			9/17/13 12:47	GLQ	E
Trichlorofluoromethane	ND	ug/L		5.0	1.1	EPA 624			9/17/13 12:47	GLQ	E
Vinyl Chloride	ND	ug/L		10.0	1.2	EPA 624			9/17/13 12:47	GLQ	E

Surrogate Recoveries	*Results*	*Units*	*Footnotes*	*Limits*	*Method*	*Prepared*	*By*	*Analyzed*	*By*	*Cntr*
1,2-Dichloroethane-d4 (S)	114	%		72-142	EPA 624			9/17/13 12:47	GLQ	E
4-Bromofluorobenzene (S)	96.3	%		73-119	EPA 624			9/17/13 12:47	GLQ	E
Dibromofluoromethane (S)	107	%		74-132	EPA 624			9/17/13 12:47	GLQ	E
Toluene-d8 (S)	106	%		75-133	EPA 624			9/17/13 12:47	GLQ	E

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ANALYTICAL RESULTS

Workorder: 1047901 WW/Effluent Annual

Lab ID: **1047901001** Date Collected: 9/11/2013 14:55 Matrix: Waste Water

Sample ID: **13 - Outfall 002 Annual** Date Received: 9/12/2013 21:30

Parameters	Results	Units	Footnotes	RDL	MDL	Method	Prepared	By	Analyzed	By	Cntr
WET CHEMISTRY											
Cyanide, Total	0.0030J	mg/L		0.0050	0.0022	EPA 335.4	9/24/13	JEP	9/25/13 11:46	SYB	A2
Oil/Grease Hexane Extractable	1.3J	mg/L		2.1	0.5	EPA 1664A			9/26/13 14:25	AT	B
Oil/Grease Silica Gel Treated	ND	mg/L		2.1	0.4	EPA 1664A			9/26/13 14:25	AT	B
Phenolics	ND	mg/L		0.01	0.004	EPA 420.4	9/24/13	JPA	9/25/13 17:31	AKC	F

Sample Comments:

The reporting limits for GCMS volatile analytes were raised due to the dilution of the sample caused by matrix.

Denise Brooks

Denise Brooks
Project Coordinator

ALS Environmental

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ANALYTICAL RESULTS

Workorder: 1047901 WW/Effluent Annual

Lab ID: **1047901002** Date Collected: 9/11/2013 14:15 Matrix: Waste Water

Sample ID: **13 - Outfall 002 Annual** Date Received: 9/12/2013 21:30

Parameters	Results	Units	Footnotes	RDL	MDL	Method	Prepared	By	Analyzed	By	Cntr
SEMIVOLATILES											
Acenaphthene	ND	ug/L		1.4	0.47	EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
Acenaphthylene	ND	ug/L		1.4	0.27	EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
Anthracene	ND	ug/L		1.4	0.42	EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
Benzidine	ND	ug/L		46.7	19.6	EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
Benzo(a)anthracene	ND	ug/L		1.4	0.42	EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
Benzo(a)pyrene	ND	ug/L		1.4	0.40	EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
Benzo(b)fluoranthene	ND	ug/L		1.4	0.58	EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
Benzo(g,h,i)perylene	ND	ug/L		1.4	0.37	EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
Benzo(k)fluoranthene	ND	ug/L		1.4	0.60	EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
4-Bromophenyl-phenylether	ND	ug/L		2.8	0.45	EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
Butylbenzylphthalate	ND	ug/L		2.8	0.44	EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
4-Chloro-3-methylphenol	ND	ug/L		7.5	0.65	EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
bis(2-Chloroethoxy)methane	ND	ug/L		2.8	0.51	EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
bis(2-Chloroethyl)ether	ND	ug/L		2.8	0.55	EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
bis(2-Chloroisopropyl)ether	ND	ug/L		2.8	0.40	EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
2-Chloronaphthalene	ND	ug/L		2.8	0.35	EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
2-Chlorophenol	ND	ug/L		7.5	0.52	EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
4-Chlorophenyl-phenylether	ND	ug/L		2.8	0.43	EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
Chrysene	ND	ug/L		1.4	0.47	EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
Di-n-Butylphthalate	ND	ug/L		2.8	0.50	EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
Di-n-Octylphthalate	ND	ug/L		7.5	0.45	EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
Dibenzo(a,h)anthracene	ND	ug/L		1.4	0.36	EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
3,3-Dichlorobenzidine	ND	ug/L		15.0	2.5	EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
2,4-Dichlorophenol	ND	ug/L		7.5	0.48	EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
Diethylphthalate	ND	ug/L		7.5	0.50	EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
2,4-Dimethylphenol	ND	ug/L		7.5	2.2	EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
Dimethylphthalate	ND	ug/L		7.5	0.41	EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
2,4-Dinitrophenol	ND	ug/L		15.0	2.4	EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
2,4-Dinitrotoluene	ND	ug/L		2.8	0.42	EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
2,6-Dinitrotoluene	ND	ug/L		2.8	0.41	EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
1,2-Diphenylhydrazine	ND	ug/L		2.8	0.40	EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
bis(2-Ethylhexyl)phthalate	0.98J	ug/L	1	2.8	0.60	EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
Fluoranthene	ND	ug/L		1.4	0.49	EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
Fluorene	ND	ug/L		1.4	0.37	EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
Hexachlorobenzene	ND	ug/L		2.8	0.36	EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
Hexachlorobutadiene	ND	ug/L		2.8	0.37	EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
Hexachlorocyclopentadiene	ND	ug/L		7.5	1.2	EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
Hexachloroethane	ND	ug/L		2.8	0.46	EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
Indeno(1,2,3-cd)pyrene	ND	ug/L		1.4	0.37	EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
Isophorone	ND	ug/L		2.8	0.54	EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
2-Methyl-4,6-dinitrophenol	ND	ug/L		7.5	2.3	EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B

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ANALYTICAL RESULTS

Workorder: 1047901 WW/Effluent Annual

Lab ID: **1047901002** Date Collected: 9/11/2013 14:15 Matrix: Waste Water

Sample ID: **13 - Outfall 002 Annual** Date Received: 9/12/2013 21:30

Parameters	Results	Units	Footnotes	RDL	MDL	Method	Prepared	By	Analyzed	By	Cntr
Naphthalene	ND	ug/L		1.4	0.45	EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
Nitrobenzene	ND	ug/L		2.8	0.78	EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
2-Nitrophenol	ND	ug/L		7.5	0.84	EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
4-Nitrophenol	ND	ug/L		7.5	1.2	EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
N-Nitrosodimethylamine	ND	ug/L		2.8	0.65	EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
N-Nitroso-di-n-propylamine	ND	ug/L		2.8	0.42	EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
N-Nitrosodiphenylamine	ND	ug/L		2.8	0.51	EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
Pentachlorophenol	ND	ug/L		15.0	2.4	EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
Phenanthrene	ND	ug/L		1.4	0.46	EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
Phenol	ND	ug/L		7.5	0.53	EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
Pyrene	ND	ug/L		1.4	0.44	EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
1,2,4-Trichlorobenzene	ND	ug/L		2.8	0.38	EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
2,4,6-Trichlorophenol	ND	ug/L		7.5	0.48	EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
Surrogate Recoveries	*Results*	*Units*	*Footnotes*	*Limits*		*Method*	*Prepared*	*By*	*Analyzed*	*By*	*Cntr*
2,4,6-Tribromophenol (S)	88.6	%		38-134		EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
2-Fluorobiphenyl (S)	74.1	%		37-113		EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
2-Fluorophenol (S)	45.6	%		17-73		EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
Nitrobenzene-d5 (S)	77.6	%		37-124		EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
Phenol-d5 (S)	28.4	%		11-53		EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
Terphenyl-d14 (S)	115	%		33-125		EPA 625	9/18/13	CJG	9/20/13 07:56	CGS	B
Pesticides and PCBs											
Aldrin	ND	ug/L		0.024	0.0084	EPA 608	9/18/13	LEH	9/23/13 10:06	KJH	D
alpha-BHC	ND	ug/L		0.024	0.011	EPA 608	9/18/13	LEH	9/23/13 10:06	KJH	D
beta-BHC	ND	ug/L		0.024	0.011	EPA 608	9/18/13	LEH	9/23/13 10:06	KJH	D
delta-BHC	ND	ug/L		0.024	0.012	EPA 608	9/18/13	LEH	9/23/13 10:06	KJH	D
gamma-BHC	ND	ug/L		0.024	0.016	EPA 608	9/18/13	LEH	9/23/13 10:06	KJH	D
Chlordane	ND	ug/L		0.48	0.085	EPA 608	9/18/13	LEH	9/23/13 10:06	KJH	D
4,4'-DDD	ND	ug/L		0.024	0.011	EPA 608	9/18/13	LEH	9/23/13 10:06	KJH	D
4,4'-DDE	ND	ug/L		0.024	0.010	EPA 608	9/18/13	LEH	9/23/13 10:06	KJH	D
4,4'-DDT	ND	ug/L	2	0.024	0.011	EPA 608	9/18/13	LEH	9/23/13 10:06	KJH	D
Dieldrin	ND	ug/L		0.024	0.011	EPA 608	9/18/13	LEH	9/23/13 10:06	KJH	D
Endosulfan I	ND	ug/L		0.024	0.010	EPA 608	9/18/13	LEH	9/23/13 10:06	KJH	D
Endosulfan II	ND	ug/L		0.024	0.014	EPA 608	9/18/13	LEH	9/23/13 10:06	KJH	D
Endosulfan Sulfate	ND	ug/L		0.024	0.011	EPA 608	9/18/13	LEH	9/23/13 10:06	KJH	D
Endrin	ND	ug/L		0.024	0.011	EPA 608	9/18/13	LEH	9/23/13 10:06	KJH	D
Endrin Aldehyde	ND	ug/L		0.024	0.013	EPA 608	9/18/13	LEH	9/23/13 10:06	KJH	D
Heptachlor	ND	ug/L		0.024	0.018	EPA 608	9/18/13	LEH	9/23/13 10:06	KJH	D
Heptachlor Epoxide	ND	ug/L		0.024	0.011	EPA 608	9/18/13	LEH	9/23/13 10:06	KJH	D
Mirex	ND	ug/L		0.024	0.010	EPA 608	9/18/13	LEH	9/23/13 10:06	KJH	D
Toxaphene	ND	ug/L		0.95	0.095	EPA 608	9/18/13	LEH	9/23/13 10:06	KJH	D

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State Certifications: CT PH-0224 , DE ID 11 , GA 914 , MA PA0102 , MD 128 , LA 04162 , VA 421 , WY EPA Region 8 , WV 343

ANALYTICAL RESULTS

Workorder: 1047901 WW/Effluent Annual

Lab ID: **1047901002** Date Collected: 9/11/2013 14:15 Matrix: Waste Water

Sample ID: **13 - Outfall 002 Annual** Date Received: 9/12/2013 21:30

Parameters	Results	Units	Footnotes	RDL	MDL	Method	Prepared	By	Analyzed	By	Cntr
Aroclor-1016	ND	ug/L		0.48	0.21	EPA 608	9/18/13	LEH	9/23/13 10:06	KJH	D
Aroclor-1221	ND	ug/L		0.48	0.31	EPA 608	9/18/13	LEH	9/23/13 10:06	KJH	D
Aroclor-1232	ND	ug/L		0.48	0.39	EPA 608	9/18/13	LEH	9/23/13 10:06	KJH	D
Aroclor-1242	ND	ug/L		0.48	0.23	EPA 608	9/18/13	LEH	9/23/13 10:06	KJH	D
Aroclor-1248	ND	ug/L		0.48	0.18	EPA 608	9/18/13	LEH	9/23/13 10:06	KJH	D
Aroclor-1254	ND	ug/L		0.48	0.30	EPA 608	9/18/13	LEH	9/23/13 10:06	KJH	D
Aroclor-1260	ND	ug/L		0.48	0.21	EPA 608	9/18/13	LEH	9/23/13 10:06	KJH	D
Surrogate Recoveries	*Results*	*Units*	*Footnotes*	*Limits*		*Method*	*Prepared*	*By*	*Analyzed*	*By*	*Cntr*
Decachlorobiphenyl (S)	80.9	%		30-150		EPA 608	9/18/13	LEH	9/23/13 10:06	KJH	D
Tetrachloro-m-xylene (S)	74.9	%		36-112		EPA 608	9/18/13	LEH	9/23/13 10:06	KJH	D
METALS											
Antimony, Total	0.00018J	mg/L		0.0010	0.00010	EPA 200.8	9/16/13	KMK	9/17/13 05:59	ZMC	A2
Arsenic, Total	ND	mg/L		0.0015	0.00032	EPA 200.8	9/16/13	KMK	9/17/13 05:59	ZMC	A2
Beryllium, Total	ND	mg/L		0.00050	0.000040	EPA 200.8	9/16/13	KMK	9/17/13 05:59	ZMC	A2
Cadmium, Total	ND	mg/L		0.00050	0.00012	EPA 200.8	9/16/13	KMK	9/17/13 05:59	ZMC	A2
Chromium, Total	ND	mg/L		0.0010	0.00029	EPA 200.8	9/16/13	KMK	9/17/13 05:59	ZMC	A2
Copper, Total	0.0016J	mg/L		0.0025	0.00038	EPA 200.8	9/16/13	KMK	9/17/13 05:59	ZMC	A2
Lead, Total	ND	mg/L		0.0010	0.00011	EPA 200.8	9/16/13	KMK	9/17/13 05:59	ZMC	A2
Mercury, Total	ND	mg/L		0.00050	0.00016	EPA 245.1	9/18/13	MNP	9/18/13 10:29	MNP	A1
Molybdenum, Total	0.0089	mg/L		0.0010	0.000040	EPA 200.8	9/16/13	KMK	9/17/13 05:59	ZMC	A2
Nickel, Total	0.0032	mg/L		0.0025	0.00012	EPA 200.8	9/16/13	KMK	9/17/13 05:59	ZMC	A2
Selenium, Total	0.00048J	mg/L		0.0020	0.00015	EPA 200.8	9/16/13	KMK	9/17/13 05:59	ZMC	A2
Silver, Total	ND	mg/L		0.0010	0.000030	EPA 200.8	9/18/13	KMK	9/19/13 06:30	ZMC	A3
Thallium, Total	ND	mg/L		0.00050	0.000030	EPA 200.8	9/16/13	KMK	9/17/13 05:59	ZMC	A2
Zinc, Total	0.0065	mg/L		0.0025	0.00057	EPA 200.8	9/16/13	KMK	9/17/13 05:59	ZMC	A2
Subcontracted Analysis	Please see attached subcontracted analysis. DLB					Subcontract			9/19/13 09:00	CLT	G

Sample Comments:

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ANALYTICAL RESULTS

Workorder: 1047901 WW/Effluent Annual

Lab ID:	**1047901002**	Date Collected:	9/11/2013 14:15	Matrix:	Waste Water
Sample ID:	**13 - Outfall 002 Annual**	Date Received:	9/12/2013 21:30		

Parameters	Results	Units	Footnotes	RDL	MDL	Method	Prepared	By	Analyzed	By	Cntr

Denise Brooks

Denise Brooks
Project Coordinator

ALS Environmental

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ANALYTICAL RESULTS

Workorder: 1047901 WW/Effluent Annual

Lab ID: **1047901003** Date Collected: 9/12/2013 21:30 Matrix: Waste Water

Sample ID: **Trip Blank** Date Received: 9/12/2013 21:30

Parameters	Results	Units	Footnotes	RDL	MDL	Method	Prepared	By	Analyzed	By	Cntr
VOLATILE ORGANICS											
Acrolein	ND	ug/L		30.0	2.4	EPA 624			9/17/13 09:56	GLQ	B
Acrylonitrile	ND	ug/L		5.0	0.89	EPA 624			9/17/13 09:56	GLQ	B
Benzene	ND	ug/L		1.0	0.16	EPA 624			9/17/13 09:56	GLQ	B
Bromodichloromethane	ND	ug/L		1.0	0.13	EPA 624			9/17/13 09:56	GLQ	B
Bromoform	ND	ug/L		2.0	0.21	EPA 624			9/17/13 09:56	GLQ	B
Bromomethane	ND	ug/L		2.0	0.27	EPA 624			9/17/13 09:56	GLQ	B
Carbon Tetrachloride	ND	ug/L		1.0	0.24	EPA 624			9/17/13 09:56	GLQ	B
Chlorobenzene	ND	ug/L		1.0	0.11	EPA 624			9/17/13 09:56	GLQ	B
Chlorodibromomethane	ND	ug/L		1.0	0.22	EPA 624			9/17/13 09:56	GLQ	B
Chloroethane	ND	ug/L		1.0	0.24	EPA 624			9/17/13 09:56	GLQ	B
2-Chloroethylvinyl ether	ND	ug/L		2.0	0.28	EPA 624			9/17/13 09:56	GLQ	B
Chloroform	ND	ug/L		1.0	0.15	EPA 624			9/17/13 09:56	GLQ	B
hloromethane	ND	ug/L		1.0	0.25	EPA 624			9/17/13 09:56	GLQ	B
1,2-Dichlorobenzene	ND	ug/L		1.0	0.20	EPA 624			9/17/13 09:56	GLQ	B
1,3-Dichlorobenzene	ND	ug/L		1.0	0.14	EPA 624			9/17/13 09:56	GLQ	B
1,4-Dichlorobenzene	ND	ug/L		1.0	0.15	EPA 624			9/17/13 09:56	GLQ	B
1,1-Dichloroethane	ND	ug/L		1.0	0.19	EPA 624			9/17/13 09:56	GLQ	B
1,2-Dichloroethane	ND	ug/L		1.0	0.22	EPA 624			9/17/13 09:56	GLQ	B
1,1-Dichloroethene	ND	ug/L		1.0	0.17	EPA 624			9/17/13 09:56	GLQ	B
trans-1,2-Dichloroethene	ND	ug/L		1.0	0.12	EPA 624			9/17/13 09:56	GLQ	B
1,2-Dichloropropane	ND	ug/L		1.0	0.24	EPA 624			9/17/13 09:56	GLQ	B
cis-1,3-Dichloropropene	ND	ug/L		1.0	0.12	EPA 624			9/17/13 09:56	GLQ	B
trans-1,3-Dichloropropene	ND	ug/L		1.0	0.14	EPA 624			9/17/13 09:56	GLQ	B
1,3-Dichloropropene, Total	ND	ug/L		1.0	0.19	EPA 624			9/17/13 09:56	GLQ	B
Ethylbenzene	ND	ug/L		1.0	0.16	EPA 624			9/17/13 09:56	GLQ	B
Methylene Chloride	ND	ug/L		1.0	0.32	EPA 624			9/17/13 09:56	GLQ	B
1,1,2,2-Tetrachloroethane	ND	ug/L		1.0	0.22	EPA 624			9/17/13 09:56	GLQ	B
Tetrachloroethene	ND	ug/L		1.0	0.26	EPA 624			9/17/13 09:56	GLQ	B
Toluene	ND	ug/L		1.0	0.12	EPA 624			9/17/13 09:56	GLQ	B
1,1,1-Trichloroethane	ND	ug/L		1.0	0.27	EPA 624			9/17/13 09:56	GLQ	B
1,1,2-Trichloroethane	ND	ug/L		1.0	0.30	EPA 624			9/17/13 09:56	GLQ	B
Trichloroethene	ND	ug/L		1.0	0.21	EPA 624			9/17/13 09:56	GLQ	B
Trichlorofluoromethane	ND	ug/L		1.0	0.21	EPA 624			9/17/13 09:56	GLQ	B
Vinyl Chloride	ND	ug/L		2.0	0.24	EPA 624			9/17/13 09:56	GLQ	B

Surrogate Recoveries	*Results*	*Units*	*Footnotes*	*Limits*	*Method*	*Prepared*	*By*	*Analyzed*	*By*	*Cntr*
1,2-Dichloroethane-d4 (S)	113	%		72-142	EPA 624			9/17/13 09:56	GLQ	B
4-Bromofluorobenzene (S)	94.3	%		73-119	EPA 624			9/17/13 09:56	GLQ	B
Dibromofluoromethane (S)	103	%		74-132	EPA 624			9/17/13 09:56	GLQ	B
Toluene-d8 (S)	108	%		75-133	EPA 624			9/17/13 09:56	GLQ	B

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ANALYTICAL RESULTS

Workorder: 1047901 WW/Effluent Annual

Lab ID:	**1047901003**	Date Collected:	9/12/2013 21:30	Matrix:	Waste Water
Sample ID:	**Trip Blank**	Date Received:	9/12/2013 21:30		

Parameters	Results	Units	Footnotes	RDL	MDL	Method	Prepared	By	Analyzed	By	Cntr

Sample Comments:

Denise Brooks
Project Coordinator

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ANALYTICAL RESULTS QUALIFIERS\FLAGS

Workorder: 1047901 WW/Effluent Annual

PARAMETER QUALIFIERS\FLAGS

[1] The Method Blank for method EPA 625 reported a value greater than the reporting level for the analyte bis(2-Ethylhexyl)phthalate.

[2] Method criteria requires continuing calibration verification (CCV) standards be less than or equal to 15% of the initial calibration for the 608 analysis. This compound was biased low 56% in the bracketing CCV. Data for this compound may have been impacted.

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Analytical Laboratory Services, Inc.
Environmental w Industrial Hygiene w Field Services
34 Dogwood Lane w Middletown, PA 17057 w 717.944.5541 w Fax: 717.944.1430

CHAIN OF CUSTODY/ REQUEST FOR ANALYSIS

Generated by ALSI

ALL SHADED AREAS MUST BE COMPLETED BY THE CLIENT / SAMPLER. INSTRUCTIONS ON THE BACK.

zxzx of xyxy

1047901

Client Name: CCWASA - OTHERS
Address: 5000 Overlook Ave, SW
Washington, D.C. 20032
Contact: Elaine Wilson
Phone#: 202-787-4177
Project Name/#: WW/Effluent Annual
Bill To: Accounts Payable Office - 4th Floor

TAT [X] Normal-Standard TAT is 10-12 business days.
[ ] Rush-Subject to ALSI approval and surcharges.
Date Required: _____ Approved By: _____
Email? [X] -Y
Fax? [ ] -Y. No.:

Container Type	PL	CG	CG	PL		AG	AG	CG	PL
Container Size	~~500 ml~~ 500ml	1L	40 mL	~~250 ml~~ 500ml		1L	1L	1L	1L
Preservative	NaOH	H2SO4	HCl	HNO3		None	None	H2SO4	None

ANALYSES/METHOD REQUESTED

Sample Description/Location (as it will appear on the lab report)	Sample Date	Time	*G or C	**Matrix	Cyanide	TPH plus total O&G	VOC - 624	200.8 (As, Cd, Cr, Cu, Pb, Mo, Ni, Se, Ag, Zn, Sb, Be, Tl) & 245.1 Hg		Semivolatiles - EPA 625	Pesticides/PCBs EPA 608	Phenols	Asbestos		Sample/COC Comments
13 - Outfall 002 - Annual	9/11/2013	1455	G	WW	1	2	2					1			
13 - Outfall 002 - Annual	9/11/2013	1415	C	WW				1		2	2		1		
Trip Blank*							2								*Analyze only if VOC detected in sample

Enter Number of Containers Per Sample or Field Results Below.

Cooler Temp: 1 Therm ID: TH215
No. of Coolers: _____

	Y	N	Initial
Custody Seals Present?		✓	
(if present) Seals Intact?			
Received on Ice?	✓		
COC/Labels Complete/Accurate?	✓		
Cont. In Good Cond.?	✓		
Correct Containers?	✓		
Correct Sample Volumes?	✓		
Correct Preservation?	✓		
Headspace/Volatiles?			✓

Courier/Tracking #:

ALSI Field Services: oPickup oLabor oComposite Sampling oRental Equipment oOther: _____

Project Comments: Need lowest detection limit available for all metals, report J Flags

LOGGED BY(signature): [signature] 9/12/13
REVIEWED BY(signature): [signature] 9/17/13

Relinquished By / Company Name	Date	Time	Received By / Company Name	Date	Time
1 [signature]	9/12/13	1010	2 [signature] ALS	9/12/13	1010
3 [signature] ALS	9/12/13	1624	4 [signature]	9-12-13	1645
5 [signature]	9-12-13	2130	6 [signature]	9/12	2130
7			8		
9			10		

Data Deliverables: [ ] Standard [ ] CLP-like [ ] USACE [ ]
Special Processing: USACE [ ] Navy [ ]
State Samples Collected In: [ ] NY [ ] NJ [ ] PA [ ] NC [ ]
Reportable to PADEP? Yes [ ]
PWSID # _____
Sample Disposal: Lab [ ] Special [ ]
EDDS: Format Type _____

* G=Grab; C=Composite **Matrix - AI=Air; DW=Drinking Water; GW=Groundwater; OI=Oil; OL=Other Liquid; SL=Sludge; SO=Soil; WP=Wipe; WW=Wastewater

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Middletown, PA 17057
P. 717-944-5541
F.717-944-1430

CHAIN OF CUSTODY/ REQUEST FOR ANALYSIS

ALL SHADED AREAS MUST BE COMPLETED BY THE CLIENT / SAMPLER. INSTRUCTIONS ON THE BACK.

COC #: of
ALS Quote #:

Client Name: ALS
Address:
Contact: De Brooks
Phone#: 717-702-2247
Project Name/#: 11047901
Bill To: ALS

TAT: [x] Normal-Standard TAT is 10-12 business days. [ ] Rush-Subject to ALS approval and surcharges.
Date Required: Approved By:
Email? [x] Y denise.brooks@alsglobal.com
Fax? [ ] Y No.:

Container Type / Container Size / Preservative

ANALYSES/METHOD REQUESTED

Enter Number of Containers Per Sample or Field Results Below.

Sample Description/Location (as it will appear on the lab report)	Sample Date	Time	*G or C	**Matrix	Asbestos	Sample/COC Comments
1 1047901002	9/11/2013	2:15pm	G	WW		
3						Please subcontract to: EMSL
4						
5						
6						
7						
8						
9						ALS Field Services: _Pickup _Labor _Composite Sampling _Rental Equipment _Other:
10						

Project Comments:

LOGGED BY(signature): DATE: TIME:
REVIEWED BY(signature): DATE: TIME:

Relinquished By / Company Name	Date	Time	Received By / Company Name	Date	Time
1	9/11/13	17:00	2		
3			4		
5			6		
7			8		
9			10		

Receipt Information (completed by Receiving Lab)
Cooler Temp: Therm ID:
No. of Coolers: Y N Initial
Custody Seals Present?
(if present) Seals Intact?
Received on Ice?
COC/Labels Complete/Accurate?
Cont. in Good Cond.?
Correct Containers?
Correct Sample Volumes?
Correct Preservation?
Headspace/Volatiles?
Courier/Tracking #:

Data Deliverables: [ ] Standard [ ] CLP-like [ ] USACE
Special Processing: USACE [ ] Navy [ ] [ ]
State Samples Collected In: [ ] NY [ ] NJ [ ] PA [ ] NC
Reportable to PADEP? Yes [ ]
PWSID #
Sample Disposal: Lab [ ] Special [ ]
EDDS: Format Type

* G=Grab; C=Composite **Matrix - AI=Air; DW=Drinking Water; GW=Groundwater; OI=Oil; OL=Other Liquid; SL=Sludge; SO=Soil; WP=Wipe; WW=Wastewater

ALS ENVIRONMENTAL SHIPPING ADDRESS: 34 DOGWOOD LANE, MIDDLETOWN, PA 17057 Rev 10/11

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Vancouver Waterloo · Winnipeg · Yellowknife United States: Cincinnati · Everett · Fort Collins · Holland · Houston · Middletown · Salt Lake City · Spring City · York Mexico: Monterrey
Report ID: 1047901 - 9/27/2013 Page 13 of 16

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CHAIN OF CUSTODY/ REQUEST FOR ANALYSIS

ALL SHADED AREAS MUST BE COMPLETED BY THE CLIENT / SAMPLER. INSTRUCTIONS ON THE BACK.

COC #: of
ALS Quote #:

Client Name: ALS
Address:
Contact: De Brooks
Phone#: 717-702-2247
Project Name#: 11047901
Bill To: ALS

TAT [x] Normal-Standard TAT is 10-12 business days.
[ ] Rush-Subject to ALS approval and surcharges.
Date Required: Approved By:
Email? [x] -Y denise.brooks@alsglobal.com
Fax? [ ] -Y No.:

Container Type
Container Size
Preservative

ANALYSES/METHOD REQUESTED

Enter Number of Containers Per Sample or Field Results Below.

Sample Description/Location (as it will appear on the lab report)	Sample Date	Time	*G or C	**Matrix	Asbestos
1 1047901002	9/11/2013	2:15pm	G	WW	1
3					
4					
5					
6					
7					
8					
9					
10					

Receipt Information (completed by Receiving Lab)
Cooler Temp: Therm ID:
No. of Coolers: Y N Initial
Custody Seals Present?
(if present) Seals Intact?
Received on Ice?
COC/Labels Complete/Accurate?
Cont. in Good Cond.?
Correct Containers?
Correct Sample Volumes?
Correct Preservation?
Headspace/Volatiles?
Courier/Tracking #:

Sample/COC Comments
Please subcontract to: EMSL

RECEIVED
EMSL
LINNAMINSON, NJ
13 SEP 18 AM 10:07

ALS Field Services: Pickup Labor
Composite Sampling Rental Equipment
Other:

Project Comments:
LOGGED BY(signature): DATE: TIME:
REVIEWED BY(signature): DATE: TIME:

Relinquished By / Company Name	Date	Time	Received By / Company Name	Date	Time
1 [signature]	9-17-13	1700	2 HAROON DAKHTAWAL	9/17	1725
3 HAROON DAKHTAWAL	9/17	1900	4 Beverly Majimenko / ALS	9-17-13	1900
5 Beverly Majimenko / ALS	9-18-13	800	6 Ron Hongos	9-18	806
7 Ron Hongos	9-18	1005	8 AK [signature]	9/18/13	10:00
9			10		

Data Deliverables: Standard / CLP-like / USACE
Special Processing: USACE / Navy
State Samples Collected In: NY / NJ / PA / NC
Reportable to PADEP? Yes
PWSID #
Sample Disposal: Lab / Special
EDDS: Format Type-

* G=Grab; C=Composite **Matrix - AI=Air; DW=Drinking Water; GW=Groundwater; OI=Oil; OL=Other Liquid; SL=Sludge; SO=Soil; WP=Wipe; WW=Wastewater

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Report ID: 1047901 - 9/27/2013
Page 14 of 16

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State Certifications: CT PH-0224 , DE ID 11 , GA 914 , MA PA0102 , MD 128 , LA 04162 , VA 421 , WY EPA Region 8 , WV 343

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Middletown, PA 17057
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F: 717-944-1430

CHAIN OF CUSTODY/ REQUEST FOR ANALYSIS

ALL SHADED AREAS MUST BE COMPLETED BY THE CLIENT / SAMPLER. INSTRUCTIONS ON THE BACK.

COC #: 041325214 of
ALS Quote #:

Client Name: ALS
Address:
Contact: De Brooks
Phone#: 717-702-2247
Project Name/#: 11047901
Bill-To: ALS
TAT: [x] Normal-Standard TAT is 10-12 business days. [ ] Rush-Subject to ALS approval and surcharges.
Date Required: Approved By:
Email? [x] -Y denise.brooks@alsglobal.com
Fax? [ ] -Y No.:

Container Type / Container Size / Preservative

ANALYSES/METHOD REQUESTED

Enter Number of Containers Per Sample or Field Results Below.

Sample Description/Location (as it will appear on the lab report)	Sample Date	Time	*G or C	**Matrix	Asbestos
1 1047901002	9/11/2013	2:15pm	G	WW	1
2 [illegible]					
3					
4					
5					
6					
7					
8					
9					
10					

Receipt Information (completed by Receiving Lab)
Cooler Temp: Therm ID:
No. of Coolers: Y N Initial
Custody Seals Present?
(if present) Seals Intact?
Received on Ice?
COC/Labels Complete/Accurate?
Cont. in Good Cond.?
Correct Containers?
Correct Sample Volumes?
Correct Preservation?
Headspace/Volatiles?
Courier/Tracking #:

Sample/COC Comments
Please subcontract to: EMSL

RECEIVED EMSL CINNAMINSON, NJ 13 SEP 18 AM 10:07

ALS Field Services: _Pickup _Labor _Composite Sampling _Rental Equipment _Other:

Project Comments:
LOGGED BY(signature):
REVIEWED BY(signature):

Relinquished By / Company Name	Date	Time	Received By / Company Name	Date	Time
1 [signature]	9-17-13	1700	2 HAROON [illegible]	9/17	1725
3 HAROON [illegible]	9/17	1900	4 Beverly Majimenko / ALS	9-17-13	1900
5 Beverly Majimenko / ALS	9-18-13	800	6 Ron Hongos	9-18	800
7 Ron Hongos	9-18	1005	8 AK [illegible]	9/18/13	10:00
9			10		

Date Deliverables: Standard / CLP-like / USACE
Special Processing: USACE / Navy
State Samples Collected In: NY / NJ / PA / NC
Reportable to PADEP? Yes
Sample Disposal: Lab / Special
PWSID #
EDDS: Format Type:

* G=Grab; C=Composite **Matrix - AI=Air; DW=Drinking Water; GW=Groundwater; OI=Oil; OL=Other Liquid; SL=Sludge; SO=Soil; WP=Wipe; WW=Wastewater

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1.1C

041325214

EMSL Analytical, Inc.
200 Route 130 North Cinnaminson, NJ 08077
Phone/Fax: (800) 220-3675 / (856) 786-5974
http://www.EMSL.com / cinnasblab@EMSL.com

EMSL Order ID: 041325214
Customer ID: WRIG51
Customer PO:
Project ID:

Attn: De Brooks
ALS Environmental
34 Dogwood Lane
Middletown, PA 17057

Phone: (717) 944-5541
Fax: (717) 944-1430
Collected: 09/11/2013
Received: 09/18/2013
Analyzed: 09/25/2013

Proj: 11047901

Test Report: Determination of Asbestos Structures > 10µm in Water Performed by the 100.2 Method (EPA 600/R-94/134)

Sample ID Client / EMSL	Sample Filtration Date/Time	Original Sample Vol. Filtered (ml)	Effective Filter Area (mm²)	Area Analyzed (mm²)	ASBESTOS Asbestos Types	Fibers Detected	Analytical Sensitivity	Concentration	Confidence Limits
							MFL (million fibers per filter)		
1047901002 041325214-0001	9/19/2013 09:00 AM	10	1282	0.2640	None Detected	ND	0.49	<0.49	0.00 - 1.80

Sample ozonated prior to analysis due to lab receipt time exceeding 48hr method hold time.

Due to excessive particulate the analytical sensitivity of 0.2 MFL as required by the method was not reached.

Analyst(s)
Sandy Burany (1)

Stephen Siegel, CIH, Laboratory Manager
or Other Approved Signatory

Any questions please contact Steve Siegel.

Initial report from: 09/25/2013 15:22:54

Sample collection and containers provided by the client, acceptable bottle blank level is defined as ≤0.01MFL>10um. ND=None Detected. This report may not be reproduced, except in full without written permission by EMSL Analytical, Inc. The test results contained within this report meet the requirements of NELAC unless otherwise noted. This report relates only to the samples reported above. Samples received in good condition unless otherwise noted.

Samples analyzed by EMSL Analytical, Inc. Cinnaminson, NJ NELAC NJ DEP 03036, PA ID# 68-00367

Test Report: TEM100.2-7.20.4 Printed: 9/25/2013 03:37PM

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State Certifications: DE ID 11 , MA PA0102 , MD 128 , VA 460157 , WV 343

December 17, 2014

Ms. Elaine Wilson
DC WASA
5000 Overlook Avenue, S.W.
Washington, DC 20032

Certificate of Analysis

Project Name:	**Wastewater (WW)**	Workorder:	**2044064**
Purchase Order:	**150219**	Workorder ID:	**WW/Effluent Annual 12/9/14**

Dear Ms. Wilson:

Enclosed are the analytical results for samples received by the laboratory on Tuesday, December 9, 2014.

The ALS Environmental laboratory in Middletown, Pennsylvania is a National Environmental Laboratory Accreditation Program (NELAP) accredited laboratory and as such, certifies that all applicable test results meet the requirements of NELAP.

If you have any questions regarding this certificate of analysis, please contact Ms. Amy K Borden (Project Coordinator) at (717) 944-5541.

Analyses were performed according to our laboratory's NELAP-approved quality assurance program and any applicable state requirements. The test results meet requirements of the current NELAP standards or state requirements, where applicable. For a specific list of accredited analytes, refer to the certifications section of the ALS website at www.alsglobal.com/en/Our-Services/Life-Sciences/Environmental/Downloads.

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

ALS Spring City: 10 Riverside Drive, Spring City, PA 19475 610-948-4903

CC: Ms. Amy Borden , Mr. Mark Ramirez , Accounts Payable-4th Floor

This page is included as part of the Analytical Report and must be retained as a permanent record thereof.

Amy K Borden

Ms. Amy K Borden
Project Coordinator

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SAMPLE SUMMARY

Workorder: 2044064 WW/Effluent Annual 12/9/14

Lab ID	Sample ID	Matrix	Date Collected	Date Received	Collected By
2044064001	Outfall 002 Grab	Waste Water	12/9/2014 10:20	12/9/2014 21:10	Collected by Client
2044064002	Outfall 002 Composite	Waste Water	12/9/2014 10:00	12/9/2014 21:10	Collected by Client

Notes

-- Samples collected by ALS personnel are done so in accordance with the procedures set forth in the ALS Field Sampling Plan (20 - Field Services Sampling Plan).
-- All Waste Water analyses comply with methodology requirements of 40 CFR Part 136.
-- All Drinking Water analyses comply with methodology requirements of 40 CFR Part 141.
-- Unless otherwise noted, all quantitative results for soils are reported on a dry weight basis.
-- The Chain of Custody document is included as part of this report.
-- All Library Search analytes should be regarded as tentative identifications based on the presumptive evidence of the mass spectra. Concentrations reported are estimated values.
-- Parameters identified as "analyze immediately" require analysis within 15 minutes of collection. Any "analyze immediately" parameters not listed under the header "Field Parameters" are preformed in the laboratory and are therefore analyzed out of hold time.
-- Method references listed on this report beginning with the prefix "S" followed by a method number (such as S2310B-97) refer to methods from "Standard Methods for the Examination of Water and Wastewater".

Standard Acronyms/Flags

J	Indicates an estimated value between the Method Detection Limit (MDL) and the Practical Quantitation Limit (PQL) for the analyte
U	Indicates that the analyte was Not Detected (ND)
N	Indicates presumptive evidence of the presence of a compound
MDL	Method Detection Limit
PQL	Practical Quantitation Limit
RDL	Reporting Detection Limit
ND	Not Detected - indicates that the analyte was Not Detected at the RDL
Cntr	Analysis was performed using this container
RegLmt	Regulatory Limit
LCS	Laboratory Control Sample
MS	Matrix Spike
MSD	Matrix Spike Duplicate
DUP	Sample Duplicate
%Rec	Percent Recovery
RPD	Relative Percent Difference
LOD	DoD Limit of Detection
LOQ	DoD Limit of Quantitation
DL	DoD Detection Limit

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ANALYTICAL RESULTS

Workorder: 2044064 WW/Effluent Annual 12/9/14

Lab ID: **2044064001** Date Collected: 12/9/2014 10:20 Matrix: Waste Water

Sample ID: **Outfall 002 Grab** Date Received: 12/9/2014 21:10

Parameters	Results	Flag	Units	RDL	MDL	Method	Prepared By	Analyzed	By	Cntr
VOLATILE ORGANICS										
Acrolein	ND		ug/L	30.0	2.4	EPA 624		12/12/14 09:56	JPA	D
Acrylonitrile	ND		ug/L	5.0	0.89	EPA 624		12/12/14 09:56	JPA	D
Benzene	ND		ug/L	1.0	0.16	EPA 624		12/12/14 09:56	JPA	D
Bromodichloromethane	2.9		ug/L	1.0	0.13	EPA 624		12/12/14 09:56	JPA	D
Bromoform	ND		ug/L	2.0	0.21	EPA 624		12/12/14 09:56	JPA	D
Bromomethane	0.35J	J	ug/L	2.0	0.27	EPA 624		12/12/14 09:56	JPA	D
Carbon Tetrachloride	ND		ug/L	1.0	0.24	EPA 624		12/12/14 09:56	JPA	D
Chlorobenzene	ND		ug/L	1.0	0.11	EPA 624		12/12/14 09:56	JPA	D
Chlorodibromomethane	0.88J	J	ug/L	1.0	0.22	EPA 624		12/12/14 09:56	JPA	D
Chloroethane	ND		ug/L	1.0	0.24	EPA 624		12/12/14 09:56	JPA	D
2-Chloroethylvinyl ether	ND		ug/L	2.0	0.28	EPA 624		12/12/14 09:56	JPA	D
Chloroform	1.7		ug/L	1.0	0.15	EPA 624		12/12/14 09:56	JPA	D
Chloromethane	ND		ug/L	1.0	0.25	EPA 624		12/12/14 09:56	JPA	D
1,2-Dichlorobenzene	ND		ug/L	1.0	0.20	EPA 624		12/12/14 09:56	JPA	D
1,3-Dichlorobenzene	ND		ug/L	1.0	0.14	EPA 624		12/12/14 09:56	JPA	D
1,4-Dichlorobenzene	ND		ug/L	1.0	0.15	EPA 624		12/12/14 09:56	JPA	D
1,1-Dichloroethane	ND		ug/L	1.0	0.19	EPA 624		12/12/14 09:56	JPA	D
1,2-Dichloroethane	ND		ug/L	1.0	0.22	EPA 624		12/12/14 09:56	JPA	D
1,1-Dichloroethene	ND		ug/L	1.0	0.17	EPA 624		12/12/14 09:56	JPA	D
trans-1,2-Dichloroethene	ND		ug/L	1.0	0.12	EPA 624		12/12/14 09:56	JPA	D
1,2-Dichloropropane	ND		ug/L	1.0	0.24	EPA 624		12/12/14 09:56	JPA	D
cis-1,3-Dichloropropene	ND		ug/L	1.0	0.12	EPA 624		12/12/14 09:56	JPA	D
trans-1,3-Dichloropropene	ND		ug/L	1.0	0.14	EPA 624		12/12/14 09:56	JPA	D
1,3-Dichloropropene, Total	ND		ug/L	1.0	0.19	EPA 624		12/12/14 09:56	JPA	D
Ethylbenzene	ND		ug/L	1.0	0.16	EPA 624		12/12/14 09:56	JPA	D
Methylene Chloride	ND		ug/L	1.0	0.32	EPA 624		12/12/14 09:56	JPA	D
1,1,2,2-Tetrachloroethane	ND		ug/L	1.0	0.22	EPA 624		12/12/14 09:56	JPA	D
Tetrachloroethene	ND		ug/L	1.0	0.26	EPA 624		12/12/14 09:56	JPA	D
Toluene	ND		ug/L	1.0	0.12	EPA 624		12/12/14 09:56	JPA	D
1,1,1-Trichloroethane	ND		ug/L	1.0	0.27	EPA 624		12/12/14 09:56	JPA	D
1,1,2-Trichloroethane	ND		ug/L	1.0	0.30	EPA 624		12/12/14 09:56	JPA	D
Trichloroethene	ND		ug/L	1.0	0.21	EPA 624		12/12/14 09:56	JPA	D
Trichlorofluoromethane	ND		ug/L	1.0	0.21	EPA 624		12/12/14 09:56	JPA	D
Vinyl Chloride	ND		ug/L	2.0	0.24	EPA 624		12/12/14 09:56	JPA	D

Surrogate Recoveries	*Results*	*Flag*	*Units*	*Limits*	*Method*	*Prepared By*	*Analyzed*	*By*	*Cntr*
1,2-Dichloroethane-d4 (S)	105		%	72 - 142	EPA 624		12/12/14 09:56	JPA	D

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ANALYTICAL RESULTS

Workorder: 2044064 WW/Effluent Annual 12/9/14

Lab ID: **2044064001** Date Collected: 12/9/2014 10:20 Matrix: Waste Water

Sample ID: **Outfall 002 Grab** Date Received: 12/9/2014 21:10

Parameters	Results	Flag	Units	RDL	MDL	Method	Prepared By	Analyzed	By	Cntr
4-Bromofluorobenzene (S)	109		%	73 - 119		EPA 624		12/12/14 09:56	JPA	D
Dibromofluoromethane (S)	92.5		%	74 - 132		EPA 624		12/12/14 09:56	JPA	D
Toluene-d8 (S)	106		%	75 - 133		EPA 624		12/12/14 09:56	JPA	D
WET CHEMISTRY										
Cyanide, Total	ND		mg/L	0.0050	0.0022	EPA 335.4	12/10/14 SYB	12/13/14 10:02	SYB	A
Oil/Grease Hexane Extractable	ND		mg/L	2.1	0.5	EPA 1664B		12/12/14 11:00	NJA	B
Oil/Grease Silica Gel Treated	ND		mg/L	2.1	0.4	EPA 1664B		12/12/14 11:00	NJA	B
Phenolics	ND		mg/L	0.005	0.004	EPA 420.4	12/15/14 NV	12/17/14 12:19	SYB	F

Amy K Borden

Ms. Amy K Borden
Project Coordinator

ALS Environmental

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ANALYTICAL RESULTS

Workorder: 2044064 WW/Effluent Annual 12/9/14

Lab ID: **2044064002** Date Collected: 12/9/2014 10:00 Matrix: Waste Water

Sample ID: **Outfall 002 Composite** Date Received: 12/9/2014 21:10

Parameters	Results	Flag	Units	RDL	MDL	Method	Prepared By		Analyzed	By	Cntr
SEMIVOLATILES											
Acenaphthene	ND		ug/L	1.6	0.37	EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
Acenaphthylene	ND		ug/L	1.6	0.38	EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
Anthracene	ND		ug/L	1.6	0.38	EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
Benzidine	ND		ug/L	52.9	25.4	EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
Benzo(a)anthracene	ND		ug/L	1.6	0.34	EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
Benzo(a)pyrene	ND		ug/L	1.6	0.40	EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
Benzo(b)fluoranthene	ND		ug/L	1.6	0.47	EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
Benzo(g,h,i)perylene	ND		ug/L	1.6	0.41	EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
Benzo(k)fluoranthene	ND		ug/L	1.6	0.42	EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
4-Bromophenyl-phenylether	ND		ug/L	3.2	0.43	EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
Butylbenzylphthalate	ND		ug/L	3.2	0.37	EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
4-Chloro-3-methylphenol	ND		ug/L	8.5	0.51	EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
bis(2-Chloroethoxy)methane	ND		ug/L	3.2	0.59	EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
bis(2-Chloroethyl)ether	ND		ug/L	3.2	0.39	EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
bis(2-Chloroisopropyl)ether	ND		ug/L	3.2	0.56	EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
2-Chloronaphthalene	ND		ug/L	3.2	0.38	EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
2-Chlorophenol	ND		ug/L	8.5	0.67	EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
4-Chlorophenyl-phenylether	ND		ug/L	3.2	0.39	EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
Chrysene	ND		ug/L	1.6	0.39	EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
Di-n-Butylphthalate	ND		ug/L	3.2	0.35	EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
Di-n-Octylphthalate	ND		ug/L	8.5	0.34	EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
Dibenzo(a,h)anthracene	ND		ug/L	1.6	0.33	EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
3,3-Dichlorobenzidine	ND		ug/L	16.9	3.2	EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
2,4-Dichlorophenol	ND		ug/L	8.5	0.52	EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
Diethylphthalate	ND		ug/L	8.5	0.34	EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
2,4-Dimethylphenol	ND		ug/L	8.5	3.3	EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
Dimethylphthalate	ND		ug/L	8.5	0.42	EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
2,4-Dinitrophenol	ND		ug/L	16.9	2.6	EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
2,4-Dinitrotoluene	ND		ug/L	3.2	0.42	EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
2,6-Dinitrotoluene	ND		ug/L	3.2	0.49	EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
1,2-Diphenylhydrazine	ND		ug/L	3.2	0.36	EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
bis(2-Ethylhexyl)phthalate	ND		ug/L	3.2	0.39	EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
Fluoranthene	ND		ug/L	1.6	0.29	EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
Fluorene	ND		ug/L	1.6	0.41	EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
Hexachlorobenzene	ND		ug/L	3.2	0.34	EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
Hexachlorobutadiene	ND		ug/L	3.2	0.33	EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
Hexachlorocyclopentadiene	ND		ug/L	8.5	1.2	EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B

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ANALYTICAL RESULTS

Workorder: 2044064 WW/Effluent Annual 12/9/14

Lab ID: **2044064002** Date Collected: 12/9/2014 10:00 Matrix: Waste Water

Sample ID: **Outfall 002 Composite** Date Received: 12/9/2014 21:10

Parameters	Results	Flag	Units	RDL	MDL	Method	Prepared	By	Analyzed	By	Cntr
Hexachloroethane	ND		ug/L	3.2	0.36	EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
Indeno(1,2,3-cd)pyrene	ND		ug/L	1.6	0.33	EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
Isophorone	ND		ug/L	3.2	0.43	EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
2-Methyl-4,6-dinitrophenol	ND		ug/L	8.5	1.5	EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
Naphthalene	ND		ug/L	1.6	0.37	EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
Nitrobenzene	ND		ug/L	3.2	0.69	EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
2-Nitrophenol	ND		ug/L	8.5	0.55	EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
4-Nitrophenol	ND		ug/L	8.5	1.8	EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
N-Nitrosodimethylamine	ND		ug/L	3.2	0.51	EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
N-Nitroso-dl-n-propylamine	ND		ug/L	3.2	0.60	EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
N-Nitrosodiphenylamine	ND		ug/L	3.2	1.2	EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
Pentachlorophenol	ND		ug/L	16.9	2.0	EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
Phenanthrene	ND		ug/L	1.6	0.38	EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
Phenol	ND		ug/L	8.5	0.25	EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
Pyrene	ND		ug/L	1.6	0.39	EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
1,2,4-Trichlorobenzene	ND		ug/L	3.2	0.30	EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
2,4,6-Trichlorophenol	ND		ug/L	8.5	0.40	EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
Surrogate Recoveries	*Results*	*Flag*	*Units*	*Limits*		*Method*	*Prepared*	*By*	*Analyzed*	*By*	*Cntr*
2,4,6-Tribromophenol (S)	82.3		%	38 - 134		EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
2-Fluorobiphenyl (S)	70		%	37 - 113		EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
2-Fluorophenol (S)	40.7		%	17 - 73		EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
Nitrobenzene-d5 (S)	60.7		%	37 - 124		EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
Phenol-d5 (S)	24		%	11 - 53		EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
Terphenyl-d14 (S)	93.2		%	33 - 125		EPA 625	12/10/14	CMA	12/10/14 18:22	DRS	B
Pesticides and PCBs											
Aldrin	ND		ug/L	0.025	0.0086	EPA 608	12/10/14	PDK	12/16/14 21:48	RWS	D
alpha-BHC	ND		ug/L	0.025	0.012	EPA 608	12/10/14	PDK	12/16/14 21:48	RWS	D
beta-BHC	ND		ug/L	0.025	0.012	EPA 608	12/10/14	PDK	12/16/14 21:48	RWS	D
delta-BHC	ND		ug/L	0.025	0.013	EPA 608	12/10/14	PDK	12/16/14 21:48	RWS	D
gamma-BHC	ND		ug/L	0.025	0.017	EPA 608	12/10/14	PDK	12/16/14 21:48	RWS	D
Chlordane	ND		ug/L	0.49	0.087	EPA 608	12/10/14	PDK	12/16/14 21:48	RWS	D
4,4'-DDD	ND		ug/L	0.025	0.012	EPA 608	12/10/14	PDK	12/16/14 21:48	RWS	D
4,4'-DDE	ND		ug/L	0.025	0.011	EPA 608	12/10/14	PDK	12/16/14 21:48	RWS	D
4,4'-DDT	ND	1	ug/L	0.025	0.012	EPA 608	12/10/14	PDK	12/16/14 21:48	RWS	D
Dieldrin	ND		ug/L	0.025	0.012	EPA 608	12/10/14	PDK	12/16/14 21:48	RWS	D
Endosulfan I	ND		ug/L	0.025	0.011	EPA 608	12/10/14	PDK	12/16/14 21:48	RWS	D
Endosulfan II	ND		ug/L	0.025	0.015	EPA 608	12/10/14	PDK	12/16/14 21:48	RWS	D

ALS Environmental

34 Dogwood Lane ▪ Middletown, PA 17057 ▪ Phone: 717-944-5541 ▪ Fax: 717-944-1430 ▪ www.alsglobal.com

NELAP Certifications: NJ PA010 , NY 11759 , PA 22-293 DoD ELAP: A2LA 0818.01
State Certifications: DE ID 11 , MA PA0102 , MD 128 , VA 460157 , WV 343

ANALYTICAL RESULTS

Workorder: 2044064 WW/Effluent Annual 12/9/14

Lab ID: **2044064002** Date Collected: 12/9/2014 10:00 Matrix: Waste Water

Sample ID: **Outfall 002 Composite** Date Received: 12/9/2014 21:10

Parameters	Results	Flag	Units	RDL	MDL	Method	Prepared	By	Analyzed	By	Cntr
Endosulfan Sulfate	ND		ug/L	0.025	0.012	EPA 608	12/10/14	PDK	12/16/14 21:48	RWS	D
Endrin	ND		ug/L	0.025	0.012	EPA 608	12/10/14	PDK	12/16/14 21:48	RWS	D
Endrin Aldehyde	ND		ug/L	0.025	0.014	EPA 608	12/10/14	PDK	12/16/14 21:48	RWS	D
Heptachlor	ND		ug/L	0.025	0.019	EPA 608	12/10/14	PDK	12/16/14 21:48	RWS	D
Heptachlor Epoxide	ND		ug/L	0.025	0.012	EPA 608	12/10/14	PDK	12/16/14 21:48	RWS	D
Mirex	ND		ug/L	0.025	0.011	EPA 608	12/10/14	PDK	12/16/14 21:48	RWS	D
Toxaphene	ND		ug/L	0.98	0.098	EPA 608	12/10/14	PDK	12/16/14 21:48	RWS	D
Aroclor-1016	ND		ug/L	0.49	0.22	EPA 608	12/10/14	PDK	12/16/14 21:48	RWS	D
Aroclor-1221	ND		ug/L	0.49	0.32	EPA 608	12/10/14	PDK	12/16/14 21:48	RWS	D
Aroclor-1232	ND		ug/L	0.49	0.40	EPA 608	12/10/14	PDK	12/16/14 21:48	RWS	D
Aroclor-1242	ND		ug/L	0.49	0.24	EPA 608	12/10/14	PDK	12/16/14 21:48	RWS	D
Aroclor-1248	ND		ug/L	0.49	0.19	EPA 608	12/10/14	PDK	12/16/14 21:48	RWS	D
Aroclor-1254	ND		ug/L	0.49	0.30	EPA 608	12/10/14	PDK	12/16/14 21:48	RWS	D
Aroclor-1260	ND		ug/L	0.49	0.22	EPA 608	12/10/14	PDK	12/16/14 21:48	RWS	D
Surrogate Recoveries	*Results*	*Flag*	*Units*	*Limits*		*Method*	*Prepared*	*By*	*Analyzed*	*By*	*Cntr*
Decachlorobiphenyl (S)	67.2		%	30 - 150		EPA 608	12/10/14	PDK	12/16/14 21:48	RWS	D
Tetrachloro-m-xylene (S)	68.8		%	36 - 112		EPA 608	12/10/14	PDK	12/16/14 21:48	RWS	D
METALS											
Antimony, Total	0.00075J	J	mg/L	0.0010	0.00010	EPA 200.8	12/11/14	AAM	12/12/14 14:50	MO	A1
Arsenic, Total	0.00065J	J	mg/L	0.0015	0.00032	EPA 200.8	12/11/14	AAM	12/12/14 14:50	MO	A1
Beryllium, Total	ND		mg/L	0.00050	0.000040	EPA 200.8	12/11/14	AAM	12/12/14 14:50	MO	A1
Cadmium, Total	ND		mg/L	0.00050	0.00012	EPA 200.8	12/11/14	AAM	12/12/14 14:50	MO	A1
Chromium, Total	0.00043J	J	mg/L	0.0010	0.00029	EPA 200.8	12/11/14	AAM	12/12/14 14:50	MO	A1
Copper, Total	0.0042		mg/L	0.0025	0.00038	EPA 200.8	12/11/14	AAM	12/12/14 14:50	MO	A1
Lead, Total	0.00043J	J	mg/L	0.0010	0.00011	EPA 200.8	12/11/14	AAM	12/12/14 14:50	MO	A1
Molybdenum, Total	0.0048		mg/L	0.0010	0.000040	EPA 200.8	12/11/14	AAM	12/15/14 11:53	MO	A1
Nickel, Total	0.0040		mg/L	0.0025	0.00012	EPA 200.8	12/11/14	AAM	12/12/14 14:50	MO	A1
Selenium, Total	0.00023J	J	mg/L	0.0020	0.00015	EPA 200.8	12/11/14	AAM	12/12/14 14:50	MO	A1
Silver, Total	ND		mg/L	0.0010	0.000030	EPA 200.8	12/11/14	AAM	12/12/14 14:50	MO	A1
Thallium, Total	0.000030J	J	mg/L	0.00050	0.000030	EPA 200.8	12/11/14	AAM	12/12/14 14:50	MO	A1
Zinc, Total	0.022		mg/L	0.0025	0.00057	EPA 200.8	12/11/14	AAM	12/12/14 14:50	MO	A1
SUBCONTRACTED ANALYSIS											
Subcontracted Analysis	See attached.					Subcontract			12/11/14 15:30	SUB	F

ALS Environmental

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NELAP Certifications: NJ PA010 , NY 11759 , PA 22-293 DoD ELAP: A2LA 0818.01
State Certifications: DE ID 11 , MA PA0102 , MD 128 , VA 460157 , WV 343

ANALYTICAL RESULTS

Workorder: 2044064 WW/Effluent Annual 12/9/14

Lab ID:	**2044064002**	Date Collected:	12/9/2014 10:00	Matrix:	Waste Water
Sample ID:	**Outfall 002 Composite**	Date Received:	12/9/2014 21:10		

Parameters	Results	Flag	Units	RDL	MDL	Method	Prepared By	Analyzed	By	*Cntr*

Amy K Borden

Ms. Amy K Borden
Project Coordinator

PARAMETER QUALIFIERS

Lab ID	#	Sample ID	Analytical Method	Analyte
2044064002	1	Outfall 002 Composite	EPA 608	4,4'-DDT

Method criteria requires continuing calibration verification (CCV) standards be less than or equal to 20% of the initial calibration for the 8081 analysis. This compound was biased low 20% in the bracketing CCV. Data for this compound may have been impacted.

Analytical Laboratory Services, Inc.
Environmental w Industrial Hygiene w Field Services
34 Dogwood Lane w Middletown, PA 17057 w 717.944.5541 w Fax 717.944.1430

CHAIN OF CUSTODY/ REQUEST FOR ANALYSIS

ALB
Generated by ALSI

ALL SHADED AREAS MUST BE COMPLETED BY THE CLIENT / SAMPLER. INSTRUCTIONS ON THE BACK.

COC #:
ALSI Qu
2044064

Client Name: DCWASA - OTHERS
Address: 5000 Overlook Ave, SW
Washington, D.C. 20032
Contact: Elaine Wilson
Phone#: 202-787-4177
Project Name/#: WW/Effluent Annual
Bill To: Accounts Payable Office- 4th Floor

TAT [X] Normal-Standard TAT is 10-12 business days.
[ ] Rush-Subject to ALSI approval and surcharges.
Date Required: _____ Approved By: _____
Email? [X] -Y
Fax? [ ] -Y No.:

Container Type	PL	CG	CG	PL		AG	AG	CG	PL	
Container Size	500 mL	1L	40 mL	500 mL		1L	1L	1L	1L	
Preservative	NaOH	H2SO4	HCl	HNO3		None	None	H2SO4	None	

ANALYSES/METHOD REQUESTED

Enter Number of Containers Per Sample or Field Results Below.

Sample Description/Location (as it will appear on the lab report)	Sample Date	Time	*G or C	**Matrix	Cyanide	TPH plus total O&G	VOC - 624	200.8 (As, Cd, Cr, Cu, Pb, Mo, Ni, Se, Ag, Zn, Sb, Be, Tl)		Semivolatiles - EPA 625	Pesticides/PCBs EPA 608	Phenols	Asbestos		Sample/COC Comments
14 - Outfall 002 - Annual	12/9/2014	1020	G	WW	1	2	2					1			
14 - Outfall 002 - Annual	12/9/2014	1000	C	WW				1		2	2		1		24-h composite

Cooler Temp: 2 Therm ID: 291
No. of Coolers: _____

	Y	N	Initial
Custody Seals Present?		✓	LMG
(if present) Seals Intact?			
Received on Ice?	✓		
COC/Labels Complete/Accurate?	✓		
Cont. In Good Cond.?	✓		
Correct Containers?	✓		
Correct Sample Volumes?	✓		
Correct Preservation?	✓		
Headspace/Volatiles?		✓	

Courier/Tracking #:

ALSI Field Services: oPickup oLabor oComposite Sampling oRental Equipment oOther:

Project Comments: Need lowest detection limit available for all metals, report J Flags

LOGGED BY(signature): [signature] DATE 12/10/14 TIME 0753
REVIEWED BY(signature): [signature] DATE 12/10 TIME

Relinquished By / Company Name	Date	Time	Received By / Company Name	Date	Time
1 [signature]	12/9/14		2 [signature] AS	12/9/14	1600
3 [signature] AS	12/9/14	1720	4 [signature]	12/9	1720
5 [signature]	12/9	2110	6 SFS	12/9	2110
7			8		
9			10		

Data Deliverables: [ ] Standard [ ] CLP-like [ ] USACE [ ]
Special Processing: USACE [ ] Navy [ ]
State Samples Collected In: [ ] NY [ ] NJ [ ] PA [ ] NC [ ]
Reportable to PADEP? Yes [ ]
PWSID #
Sample Disposal: Lab [ ] Special [ ]
EDDS: Format Type-

* G=Grab; C=Composite **Matrix - AI=Air; DW=Drinking Water; GW=G[illegible]ater; OI=Oil; OL=Other Liquid; SL=Sludge; SO=Soil; WP=Wipe; WW=Wastewater

Copies: WHITE - ORIGINAL CANARY - CUSTOMER [illegible]AILING PINK - FILE GOLDENROD - CUSTOMER COPY

Rev 8/04

ALS Environmental

34 Dogwood Lane
Middletown, PA 17057
P. 717-944-5541
F.717-944-1430

CHAIN OF CUSTODY/ REQUEST FOR ANALYSIS

ALL SHADED AREAS MUST BE COMPLETED BY THE CLIENT / SAMPLER. INSTRUCTIONS ON THE BACK.

COC #:
ALS Quote #:
1of1

Client Name: ALS Environmental
Address: 34 Dogwood Lane
Middletown, PA 17057
Contact: Amy Borden
Phone#: (717) 944-5541
Project Name/#: 2044064
Bill To: ALS Environmental

TAT [x] Normal-Standard TAT is 10-12 business days.
[ ] Rush-Subject to ALSI approval and surcharges.
Date Required: _____ Approved By: _____
Email? [x] -Y ALMDT.SUBCONTRACT@ALSGlobal.com
Fax? [ ] -Y No.:

Container Type	PL
Container Size	1L
Preservative	None

ANALYSES/METHOD REQUESTED

Enter Number of Containers Per Sample or Field Results Below.

Sample Description/Location (as it will appear on the lab report)	Sample Date	Time	*G or C	**Matrix	Asbestos									
1 2044064 002	12/9/14	1000	G	DW	1									
2														
3														
4														
5														
6														
7														
8														
9														
10														

Receipt Information (completed by Receiving Lab)
Cooler Temp: ____ Therm ID: ____
No. of Coolers: _____

	Y	N	Initial
Custody Seals Present?			
(If present) Seals Intact?			
Received on Ice?			
COC/Labels Complete/Accurate?			
Cont. in Good Cond.?			
Correct Containers?			
Correct Sample Volumes?			
Correct Preservation?			
Headspace/Volatiles?			

Courier/Tracking #:

Sample/COC Comments
Ship to ~~[illegible]~~ EMSL

ALS Field Services: __Pickup __Labor __Composite Sampling __Rental Equipment __Other:

Project Comments:

LOGGED BY(signature): DATE TIME
REVIEWED BY(signature): DATE TIME

Relinquished By / Company Name	Date	Time	Received By / Company Name	Date	Time
1			2		
3 Taylor O'Donnell ALS	12/9/14	1614	4		
5			6		
7			8		
9			10		

Data Deliverables: [ ] Standard [ ] CLP-like [ ] USACE [ ]

Special Processing: USACE [ ] Navy [ ] [ ]

State Samples Collected In: [ ] NY [ ] NJ [ ] PA [ ] NC [ ]

Reportable to PADEP? Yes [ ]
PWSID #

Sample Disposal: Lab [ ] Special [ ]

EDDS: Format-Type-

*G=Grab; C=Composite **Matrix - AI=Air; DW=Drinking Water; GW=Groundwater; OI=Oil; OL=Other Liquid; SL=Sludge; SO=Soil; WP=Wipe; WW=Wastewater

ALS ENVIRONMENTAL SHIPPING ADDRESS: 34 DOGWOOD LANE, MIDDLETOWN, PA 17057

Rev 10/11

ALS

EMSL Analytical, Inc.
200 Route 130 North Cinnaminson, NJ 08077
Phone/Fax: (800) 220-3675 / (856) 786-5974
http://www.EMSL.com / cinnasblab@EMSL.com

EMSL Order ID:	041436404
Customer ID:	WRIG51
Customer PO:	
Project ID:	

Attn:	Brad Kintzer ALS Environmental 34 Dogwood Lane Middletown, PA 17057	Phone: Fax: Collected: Received: Analyzed:	(717) 944-5541 (717) 944-1430 12/09/2014 12/11/2014 12/16/2014
Proj:	2044064		

Test Report: Determination of Asbestos Structures >10µm in Drinking Water Performed by the 100.2 Method (EPA 600/R-94/134)

Sample ID Client / EMSL	Sample Filtration Date/Time	Original Sample Vol. Filtered (ml)	Effective Filter Area (mm²)	Area Analyzed (mm²)	ASBESTOS Asbestos Types	Fibers Detected	Analytical Sensitivity	Concentration	Confidence Limits
							MFL (million fibers per liter)		
2044064 002 041436404-0001	12/11/2014 03:30 PM	50	1298	0.1320	None Detected	ND	0.20	<0.20	0.00 - 0.73

Sample ozonated prior to analysis due to lab receipt time exceeding 48hr method hold time.

Analyst(s)
Ted Young (1)

Stephen Siegel, CIH, Laboratory Manager
or Other Approved Signatory

Any questions please contact Steve Siegel.

Initial report from: 12/16/2014 09:30:29

Sample collection and containers provided by the client, acceptable bottle blank level is defined as ≤0.01MFL>10um. ND=None Detected. This report may not be reproduced, except in full, without written permission by EMSL Analytical, Inc. The test results contained within this report meet the requirements of NELAC unless otherwise noted. This report relates only to the samples reported above. Samples received in good condition unless otherwise noted.

Samples analyzed by EMSL Analytical, Inc. Cinnaminson, NJ NELAC NYS ELAP 10872, NJ DEP 03036, FL DOH E87575, PA ID# 68-00367

Test Report: TEM100.2-7.31.1 Printed: 12/16/2014 09:55AM

041436.04

ALS Environmental

34 Dogwood Lane
Middletown, PA 17057
P. 717-944-5541
F.717-944-1430

CHAIN OF CUSTODY/ REQUEST FOR ANALYSIS

ALL SHADED AREAS MUST BE COMPLETED BY THE CLIENT / SAMPLER INSTRUCTIONS ON THE BACK

COC #:
ALS Quote #:
1of1

Client Name: ALS Environmental
Address: 34 Dogwood Lane
Middletown, PA 17057
Contact: Amy Borden
Phone#: (717) 944-5541
Project Name#: 2044064
Bill To: ALS Environmental

TAT [x] Normal-Standard TAT is 10-12 business days.
[ ] Rush-Subject to ALS approval and surcharges.
Date Required: _____ Approved By: _____
Email? [x] -Y ALMDT.SUBCONTRACT@ALSGlobal.com
Fax? [ ] -Y No.:

Container Type: PL
Container Size: 1L
Preservative: None

ANALYSES/METHOD REQUESTED

Receipt Information (completed by Receiving Lab)
Cooler Temp: _____ Therm ID: _____
No. of Coolers: _____

	Y	N	Initial
Custody Seals Present?			
(If present) Seals Intact?			
Received on Ice?			
COC/Labels Complete/Accurate?			
Cont. in Good Cond.?			
Correct Containers?			
Correct Sample Volumes?			
Correct Preservation?			
Headspace/Volatiles?			

Courier/Tracking #:

Sample Description/Location (as it will appear on the lab report)	Sample Date	Time	*G or C	**Matrix	Asbestos	Enter Number of Containers Per Sample or Field Results Below.	Sample/COC Comments
1 2044064 002	12/9/14	1000	G	DW	1		Ship to Microbac
2							
3							
4							
5							
6							
7							
8							
9							
10							

ALS Field Services: __Pickup __Labor __Composite Sampling __Rental Equipment __Other: _____

Project Comments:

LOGGED BY(signature): X X
REVIEWED BY(signature): X X

Relinquished By / Company Name	Date	Time	Received By / Company Name	Date	Time
1			2		
3 Taylor Ottomano ALS	12/10/14	1614	4 Ron Hanger	12/10	1614
5 Ron Hanger	12/11	1940	6 [illegible]	12/11/14	2400
7			8		
9			10		

Data Deliverables: [ ] Standard [ ] CLP-like [ ] USACE [ ]

Special Processing: USACE [ ] Navy [ ] [ ]

State Samples Collected in: [ ] NY [ ] NJ [ ] PA [ ] NC [ ]

Reportable to PADEP? Yes [ ]
PWSID #

Sample Disposal: Lab [ ] Special [ ]

EDDS: Format Type-

*G=Grab; C=Composite **Matrix - AI=Air; DW=Drinking Water; GW=Groundwater; DI=Oil; OL=Other Liquid; SL=Sludge; SO=Soil; WP=Wipe; WW=Wastewater

ALS ENVIRONMENTAL SHIPPING ADDRESS: 34 DOGWOOD LANE, MIDDLETOWN, PA 17057

Rev 10/11

ozonate per Vicky/ALS [illegible] 12/10/14 g15

2014 DEC 1 P 2:12

CINNAMINSON, N.J.

17°C

Page 1 Of 1

OrderID: 041436404

ALS

EMSL Analytical, Inc.
200 Route 130 North Cinnaminson, NJ 08077
Phone/Fax: (800) 220-3675 / (856) 786-5974
http://www.EMSL.com / cinnasblab@EMSL.com

EMSL Order ID: 041436404
Customer ID: WRIG51
Customer PO:
Project ID:

Attn: Brad Kintzer
ALS Environmental
34 Dogwood Lane
Middletown, PA 17057

Phone: (717) 944-5541
Fax: (717) 944-1430
Collected: 12/09/2014
Received: 12/11/2014
Analyzed: 12/16/2014

Proj: 2044064

Test Report: Determination of Asbestos Structures >10µm in Drinking Water Performed by the 100.2 Method (EPA 600/R-94/134)

Sample ID Client / EMSL	Sample Filtration Date/Time	Original Sample Vol. Filtered (ml)	Effective Filter Area (mm²)	Area Analyzed (mm²)	ASBESTOS Asbestos Types	Fibers Detected	Analytical Sensitivity	Concentration	Confidence Limits
							MFL (million fibers per liter)		
2044064 002 041436404-0001	12/11/2014 03:30 PM	50	1298	0.1320	None Detected	ND	0.20	<0.20	0.00 - 0.73

Analyst(s)
Ted Young (1)

Stephen Siegel, CIH, Laboratory Manager
or Other Approved Signatory

Any questions please contact Steve Siegel.

Initial report from: 12/16/2014 09:30:26

Sample collection and containers provided by the client, acceptable bottle blank level is defined as ≤0.01MFL>10um. ND=None Detected. This report may not be reproduced, except in full without written permission by EMSL Analytical, Inc. The test results contained within this report meet the requirements of NELAC unless otherwise noted. This report relates only to the samples reported above. Samples received in good condition unless otherwise noted.

Samples analyzed by EMSL Analytical, Inc. Cinnaminson, NJ NELAC NYS ELAP 10872, NJ DEP 03036, FL DOH E87875, PA ID# 68-00367

041436.04

ALS Environmental

34 Dogwood Lane
Middletown, PA 17057
P. 717-944-5541
F.717-944-1430

CHAIN OF CUSTODY/ REQUEST FOR ANALYSIS

ALL SHADED AREAS MUST BE COMPLETED BY THE CLIENT / SAMPLER INSTRUCTIONS ON THE BACK

COC #:
ALS Quote #:
1of1

Client Name: ALS Environmental
Address: 34 Dogwood Lane
Middletown, PA 17057
Contact: Amy Borden
Phone#: (717) 944-5541
Project Name#: 2044064
Bill To: ALS Environmental

TAT [x] Normal-Standard TAT is 10-12 business days.
[ ] Rush-Subject to ALS approval and surcharges.
Date Required: _____ Approved By: _____
Email? [x] -Y ALMDT.SUBCONTRACT@ALSGlobal.com
Fax? [ ] -Y No.:

Container Type: PL
Container Size: 1L
Preservative: None

ANALYSES/METHOD REQUESTED

Receipt Information (completed by Receiving Lab)
Cooler Temp: _____ Therm ID: _____
No. of Coolers: _____

	Y	N	Initial
Custody Seals Present?			
(If present) Seals Intact?			
Received on Ice?			
COC/Labels Complete/Accurate?			
Cont. in Good Cond.?			
Correct Containers?			
Correct Sample Volumes?			
Correct Preservation?			
Headspace/Volatiles?			

Courier/Tracking #:

Sample Description/Location (as it will appear on the lab report)	Sample Date	Time	*G or C	**Matrix	Asbestos	Sample/COC Comments
1 2044064 002	12/9/14	1000	G	DW	1	Ship to Microbac
2						
3						
4						
5						
6						
7						
8						
9						
10						

Enter Number of Containers Per Sample or Field Results Below.

ALS Field Services: __Pickup __Labor __Composite Sampling __Rental Equipment __Other: _____

Project Comments:
LOGGED BY(signature):
REVIEWED BY(signature):

Relinquished By / Company Name	Date	Time	Received By / Company Name	Date	Time
1			2		
3 Taylor Ottemann ALS	12/10/14	1614	4 Ron Hanger	12/10	1614
5 Ron Hanger	12/11	1940	6 [illegible]	12/11/14	2:40
7			8		
9			10		

Data Deliverables: [ ] Standard [ ] CLP-like [ ] USACE [ ]
Special Processing: USACE [ ] Navy [ ] [ ]
State Samples Collected In: [ ] NY [ ] NJ [ ] PA [ ] NC [ ]
Reportable to PADEP? Yes [ ]
PWSID #
Sample Disposal: Lab [ ] Special [ ]
EDDS: Format Type-

* G=Grab; C=Composite **Matrix - AI=Air; DW=Drinking Water; GW=Groundwater; OI=Oil; OL=Other Liquid; SL=Sludge; SO=Soil; WP=Wipe; WW=Wastewater

ALS ENVIRONMENTAL SHIPPING ADDRESS: 34 DOGWOOD LANE, MIDDLETOWN, PA 17057 Rev 10/11

ozonate per Vicky/ALS [illegible] 12/10/14 3:15

2014 DEC 1 P 2:42
CINNAMINSON, N.J.

17a

Page 1 Of 1

OrderID: 041436404

ALS

ATTACHMENT 6

Client: DC Water & Sewer Authority
Project ID: DCWS1502
Client Sample ID: Outfall 001
Permit No: DC0021199
Sample Period: 1/12/15

Coastal Bioanalysts, Inc.

Report of Analysis: Whole Effluent Toxicity (WET)

Submitted To:	**Prepared By:**
Ms. Elaine Wilson DC Water & Sewer Authority 5000 Overlook Avenue SW Washington, DC 20032	Coastal Bioanalysts, Inc. 6400 Enterprise Court Gloucester, VA 23061 (804) 694-8285 www.coastalbio.com Contact: Peter F. De Lisle, Technical Director

Acute Test Results*				
Species-Test Method	**96-h LC50**	**95% C.L.**	**$T.U._{Ac}$**	**NOAEC**
C. dubia EPA 2002.0	>45	N/A	2.22	45
P. promelas EPA 2000.0	>45	N/A	2.22	45

*Note: Details regarding test conduct and data analysis provided in attached bench sheets and printouts as applicable.

Acute Test QA/QC	**Reference Toxicant: KCl**	**Units: mg/l**	**Test Organism Source: CBI Stock Cultures**		
Species-Method (Ref. Test Date)	**Data Source**	**% Control Survival**	**48-h LC50**	**95% C.L./A.L. For LC50**	**RTT in Control?**
C. dubia 2002.0	RTT	100	669	560-800	Yes
(1/2/15-1/4/15)	CC	100	577	476-669	
P. promelas 2000.0	RTT	95	1084	999-1176	Yes
(1/2/15-1/4/15)	CC	100	973	836-1110	

Note: RTT = Reference Toxicant Test, CC = Control Chart, Cont. = Control group.

The results of analysis contained within this report relate only to the sample as received in the laboratory. This report shall not be reproduced except in full without written approval from the laboratory. Unless noted below, these test results meet all requirements of NELAP.

APPROVED:

Peter F. De Lisle, Ph.D.
Technical Director

1/20/15
Date

Deviations from, additions to, or exclusions from the test method, non-standard conditions or data qualifiers and, as appropriate, a statement of compliance/non-compliance: **NONE**

VELAP# 460030
EPA# VA01116

Coastal Bioanalysts, Inc.

GLOSSARY OF TERMS AND ABBREVIATIONS

A.L. (Acceptance Limits): The results of a given reference toxicant test are compared to the control chart mean value ± 2 standard deviations. These limits approximate the 95% probability limits for the "true" reference toxicant value.

Chronic Value (ChrV): The geometric mean of the NOEC and LOEC. Units are same as test concentration units.

C.L. (Confidence Limits): These are the probability limits, based on the data set and statistical model employed, that the "true value" lies within the limits specified. Typically limits are based on 95% or 99% probabilities.

Control chart: A cumulative summary chart of results from QC tests with reference toxicants. The results of a given reference toxicant test are compared to the control chart mean value and 95% Acceptance Limits (A.L.) (mean ± 2 standard deviations).

IC25: The concentration of sample or chemical, calculated from the data set using statistical models, causing a 25% reduction in test organism growth, reproduction, etc. The lower the IC25, the more toxic the chemical or sample. Units are same as test concentration units.

LC50: The concentration of sample or chemical, calculated from the data set using statistical models, causing a 50% reduction in test organism survival. The lower the LC50, the more toxic the chemical or sample. Units are same as test concentration units. Note: The LC50 value must always be associated with the duration of exposure. Thus 48-h LC50, 96-h LC50, etc. are calculated.

LOEC: Lowest-observable-effect-concentration. The lowest concentration of sample or chemical in a chronic test dilution series in which the test organisms exhibit a statistically significant reduction in any of the test end points (e.g. growth, survival, reproduction) compared to control organisms. Units are same as test concentration units.

PMSD: Percent Minimum Significant Difference: The minimum difference which can exist between a test treatment and the controls in a particular test and be statistically significant; a measure of test sensitivity. The lower the PMSD the more sensitive the test.

N/A: Not applicable.

N/D: Not determined or measured.

NOAEC: No-observable-acute-effect-concentration. The highest concentration of sample or chemical in an acute test dilution series in which the test organisms exhibit no statistically significant reduction in the test end point (e.g. survival) compared to control organisms. Units are same as test concentration units.

NOEC: No-observable-effect-concentration. The highest concentration of sample or chemical in a chronic test dilution series in which the test organisms exhibit no statistically significant reduction in any of the test end points (e.g. growth, survival, reproduction) compared to control organisms. Some regulatory definitions also require that the NOEC be less than the LOEC. Units are same as test concentration units.

Q.L.: Quantitation Limit. Level, concentration, or quantity of a target variable (analyte) that can be reported at a specified degree of confidence.

T.U.: Toxic units. Expresses the relative toxicity of an effluent in such a manner that the larger the toxic unit value the more toxic the effluent. $T.U._{Ac}$ = 100/LC50. $T.U._{Chr}$ = 100/NOEC or 100/IC25. A dimensionless unit.

VELAP# 460030
EPA# VA01116

C. dubia daily biological measures (EPA 2002.0) Template ACD-REN-96h-NOAEC2-061113

TRTMNT (% Effl)	Rep	#Live Day 0	#Live Day 1	#Live Day 2	#Live Day 3	#Live Day 4	Final Mean % Live		
C	A	5	5	5	4	3	90.0		
	B	5	5	5	5	5			
Lab	C	5	5	5	5	5			
Control	D	5	5	5	5	5			
X	A	5	5	5	5	5	100.0		
45	B	5	5	5	5	5			
% Effl	C	5	5	5	5	5		Test Duration:	95h 57m
	D	5	5	5	5	5			TAC 96+/-0.5h
INITIALS:		AG	GB	AG	GB	RCD	% CONTROL SURVIVAL:		90.0
DATE & TIME:		1/13/15 16:32	1/14/15 12:22	1/15/15 14:02	1/16/15 10:50	1/17/15 16:29			TAC = 90%
CHANGES & NOTES (INITIALS, DATE, SPECIFIC CHANGE MADE									

	SPECIES:	Ceriodaphnia dubia	
	ACCLIMATION WATER:	Mod. Hard Synthetic Freshwater	
	FEEDING PRIOR TO TEST:	YCT + Selenastrum capricornutum	
	FEEDING DURING TEST:	~2 h before test renewal @ 48 h	
	SOURCE:	CBI Stock cultures	
	ACCLIMATION TEMP (o C):	25	
	BROOD RELEASE START DATE & TIME:	1/12/15 20:30	
	BROOD RELEASE END DATE & TIME:	1/13/15 9:45	
	DATE/TIME WATER ADDED:	1/13/15 16:18	
	DATE/TIME ANIMALS ADDED:	1/13/15 16:32	
	ANIMAL AGE WINDOW:	13h 15m	
	MAX AGE AT TEST START:	20h 2m	TAC Max. 24 h
	TEST SET UP BY:	AG	
	SAMPLE COLLECTION DATE &TIME:	1/12/15 16:55 SAMPLE USED	A
TEST ID:	SAMPLE AGE AT TEST START:	23h 37m TAC Max 36 h	
DCWS1502ACD	PEER REVIEW BY (INITIALS/DATE):	PB	1/19/15 10:56

Ceriodaphnia daily water quality bench sheet (EPA METHOD 2002.0) Template version ACD-REN-96h-NOAEC2-061113

	TRTMNT	Day 0 Initial	Day 1 Before Renewal	Day 1 After Renewal	Day 2 Before Renewal	Day 2 After Renewal	Day 3 Before Renewal	Day 3 After Renewal	Day 4 Final	SUMMARY WATER QUALITY DATA MEAN	S.D.	MIN.	MAX.
pH (S.U.)	C	7.71	7.73	7.80	7.72	7.71	7.77	7.87	7.74	7.76	0.06	7.71	7.87
	X	7.30	7.77	7.37	7.77	7.49	7.83	7.46	7.86	7.61	0.22	7.30	7.86
Temp. (o C)	C	25	25	25	25	25	25	25	25	25	0.0	25	25
	X	25	25	25	25	25	25	25	25	25	0.0	25	25
D.O. (mg/l)	C	7.9	8.0	8.2	7.9	8.2	7.8	8.2	8.1	8.0	0.2	7.8	8.2
	X	7.5	7.1	7.4	7.3	7.7	7.8	7.6	7.2	7.5	0.2	7.1	7.8
Cond. (uS/cm)	C	300	296	305	305	303	298	305	307	302	3.9	296	307
	X	728	721	725	716	736	723	718	685	719	15.1	685	736
Replicate measured		Flask	S	Flask	A	Flask	C	Flask	B				
Initials		AG	GB	GB	AG	AG	GB	GB	RCD				
		TRC (mg/l) in highest conc. at end of test:						N/A					
Changes & Notes (Initials, date, specific change or notes)													

Test chamber:	30 ml glass vial:	✓	
	Other:		
Test solution vol. (15 ml min):	15 ml:	✓	
	Other (ml):		
Illumination & photoperiod:	50-100 ft-c 16L:8D		Template Number: 3
Number of replicates/treatment:		4	
Initial number animals/replicate:		5	
Test Aerated?		N/A	Date & Time Air Start: N/A

TEST ID					
	TRT ID:	C	X		
DCWS1502ACD	CONC(%):	Control	45		

P. promelas daily biological measurements (EPA 2000.0) Template version APP-REN-96h-NOAEC2-061313

TRTMNT (%Effl)	Rep	#Live Day 0	#Live Day 1	#Live Day 2	#Live Day 3	#Live Day 4	Final Mean % Live		
	A	10	10	10	10	10	97.5		
C	B	10	10	10	10	10			
Lab Control	C	10	10	10	10	9			
	D	10	10	10	10	10			
X	A	10	10	10	10	10	97.5		
45	B	10	10	10	10	10			
% Effl	C	10	10	10	10	10		Test Duration:	95h 48m
	D	10	10	10	10	9			TAC 96+/-0.5h
INITIALS:		AG	GB	AG	GB	RCD	% CONTROL SURVIVAL:		97.5
DATE & TIME:		1/13/15 16:39	1/14/15 12:12	1/15/15 13:53	1/16/15 10:28	1/17/15 16:26			TAC = 90%
CHANGES & NOTES (INITIALS, DATE, SPECIFIC CHANGE MADE									

SPECIES:	Pimephales promelas		
ACCLIMATION WATER:	Mod. Hard Synthetic Freshwater		
FEEDING PRIOR TO TEST:	Artemia nauplii ad libitum		
FEEDING DURING TEST:	~2 h before test renewal @ 48 h		
SOURCE:	CBI Stock cultures		
ACCLIMATION TEMP (o C):	25		
HATCH START DATE & TIME:	1/1/15 17:00		
HATCH END DATE & TIME:	1/2/15 10:35		
DATE/TIME WATER ADDED:	1/13/15 16:18		
DATE/TIME ANIMALS ADDED:	1/13/15 16:39		
ANIMAL AGE WINDOW:	17h 35m		TAC Max. 24 h
MAX AGE AT TEST START:	12d		TAC Max. 14 d
TEST SET UP BY:		AG	
SAMPLE COLLECTION DATE & TIME:	1/12/15 16:55	SAMPLE USED	A
SAMPLE AGE AT TEST START:	23h 44m	TAC MAX 36 h	
PEER REVIEW BY (INITIALS/DATE):		PB	1/19/15 10:58

TEST ID:

DCWS1502APP

P. promelas daily water quality sheet (EPA METHOD 2002.0) Template version APP-REN-96h-NOAEC2-061313

	TRTMNT	Day 0 Initial	Day 1 Before Renewal	Day 1 After Renewal	Day 2 Before Renewal	Day 2 After Renewal	Day 3 Before Renewal	Day 3 After Renewal	Day 4 Final	SUMMARY WATER QUALITY DATA MEAN	S.D.	MIN.	MAX.
pH (S.U.)	C	7.71	7.36	7.72	7.59	7.67	7.47	7.80	7.67	7.62	0.14	7.36	7.80
	5	7.30	7.31	7.34	7.45	7.42	7.42	7.40	7.52	7.40	0.07	7.30	7.52
Temp. (o C)	C	25	25	25	25	25	25	25	25	25	0.0	25	25
	5	25	25	25	25	25	25	26	25	25	0.4	25	26
D.O. (mg/l)	C	7.9	7.1	8.0	6.9	7.8	7.2	8.0	7.3	7.5	0.4	6.9	8.0
	5	7.5	6.0	7.2	5.6	7.6	6.4	7.8	6.1	6.8	0.8	5.6	7.8
Cond. (uS/cm)	C	300	301	299	305	302	305	302	302	302	2.1	299	305
	5	728	723	725	727	712	730	720	696	720	11.3	696	730
Replicate measured		C	D	A	B	D	C	B	A				
Initials		AG	GB	GB	AG	AG	GB	GB	RCD				
				TRC (mg/l) in highest conc. at end of test:				N/A					

Changes & Notes (Initials, date, specific change or notes)

Test chamber: 400 ml Tri-pour bkr:	✓
Other:	
Test solution vol. (200 ml min): 200 ml:	
Other (ml):	400
Illumination & photoperiod:	50-100 ft-c 16L:8D
Number of replicates/treatment:	4
Initial number animals/replicate:	10
Test Aerated?	No
Date & Time Air Start:	
D.O. Highest conc. @ aeration:	
Total live highest conc.@ aeration	

TEST ID	TRT ID:	C	X
DCWS1502APP	CONC (%):	Control	% Effl

Effluent and Dilution Water Log (Freshwater Tests). FWEFFL061013

											SUMMARY WATER QUALITY DATA				
											MEAN	S.D.	MIN.	MAX.	PARAMETER
Initial sample charac-terization	Bottle(1):	A1													
	Arrival Temp. (oC, from CoC):	1									1		1	1	Arrival Temp.
	TRC (mg/l)(2):	<DL													
	TRC Corrected(2):														
	Hardness (mg/l):	148									148		148	148	Hardness (mg/l)
	Alkalinity (mg/l):	151									151		151	151	Alkalinity (mg/l)
	NH3-N (mg/l):	17.8													
	Color/Appearance(3):	OYSSI													
	Obvious odor?	NO													
	Date & Time:	1/13/15 12:32													
	Initials:	GB													
Sample prep measure-ments	Test Day:	Day 0	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7		MEAN	S.D.	MIN.	MAX.	
	Bottle(s):	A1,2	A1,2	A1,2	A1,2										
	Prep. Temp. (oC):	25	25	25	25						25	0.0	25	25	Temp. (oC)
	D.O. (mg/l) After Warming:	6.5	7.4	7.0	7.7										
	Aeration Time (min):	0	0	0	0										
	Adjusted D.O. (mg/l):	6.5	7.4	7.0	7.7						7.2	0.5	6.5	7.7	D.O. (mg/l)
	Final pH (S.U.):	6.99	6.97	7.00	7.01						6.99	0.02	6.97	7.01	pH (S.U.)
	Conductivity (uS/cm)(4):	1256	NA	NA	NA						1256		1256	1256	Cond. (uS/cm)
	Final TRC (mg/l)(5):	N.D.	N.D.	N.D.	N.D.										
	Sample Filtered (60 um)?														
	Date & Time:	1/13/15 16:08	1/14/15 12:07	1/15/15 13:38	1/16/15 10:19										
	Initials:	AG	GB	AG	GB										
Dilution water	Test Day:	Day 0	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7		MEAN	S.D.	MIN.	MAX.	
	Vat Number:	1	2	2	2										
	Temperature (oC):	25	25	25	25						25	0.0	25	25	Temp. (oC)
	Conductivity (uS/cm):	305	303	301	303						303	1.6	301	305	Cond. (uS/cm)
	D.O. (mg/l):	8.2	8.2	8.2	8.2						8.2	0.0	8.2	8.2	D.O. (mg/l)
	pH (S.U.):	7.71	7.71	7.74	7.70						7.72	0.02	7.70	7.74	pH (S.U.)
	Hardness (mg/l):	98	84	84	84						88	7.0	84	98	Hardness (mg/l)
	Alkalinity (mg/l):	59	58	58	58						58	0.5	58	59	Alkalinity (mg/l)
	Date & Time:	1/13/15 8:30	1/14/15 9:15	1/15/15 8:45	1/16/15 8:30										
	Initials:	GB	GB	GB	GB										
	Changes & Notes (Initials, date, specific change or notes)														
	Peer review Initial/Date:	PB	1/19/15 10:52	DILUTION WATER TYPE:	Mod. Hard Synthetic Freshwater (EPA)										
PROJECT ID:	DCWS1502	ADDITIONAL EFFLUENT TREATMENT:													

ND=Not Determined/Measured, NA=Not Applicable. 1) Ninth character of lab sample ID on chain of custody AND bottle number in collection series. Together with Project ID constitutes entire sample bottle ID. 2) TRC MDL 0.02 mg/l; QL 0.22 mg/l. Corrected value if Mn, Cr potential positive interference. Corrected using KI and NaAsO2. 3) C-clear, O-opaque, T-turbid, S-solids (Sl-slight, M-moderate, H-heavy), Y-yellow, B-brown, Bl-black, G-green, P-pink, Gr-grey, Or-orange. 4) Measured on first use of sample only. 5) Final TRC measured only if chlorine present in initial characterization.

Coastal Bioanalytics
6400 Enterprise Court, Gloucester, VA 23061
PH: 804-694-8285, FAX: 804-695-1129
www.coastalbio.com

SAMPLE INFORMATION/CHAIN-OF-CUSTODY (FORM ETF2011I Rev. 8/7/13)

Lab Sample ID (Lab Use Only): D C W S 1 5 0 2 - A

A A A A Y Y N N — Project ID; A — Spl

CBI Login # 15-00026

FACILITY INFORMATION

CLIENT/FACILITY NAME: DC Water & Sewer Authority	CONTACT & PHONE #: Elaine Wilson 202-787-4177
NPDES PERMIT NO: DC0021199	OUTFALL # OR LOCATION: 001
SAMPLE CHLORINATED?	SAMPLE DECHLORINATED? ✓ — IF CHLORINE PRESENT UPON ARRIVAL AT LAB, DOES PERMIT SPECIFY DECHLORINATION OF SAMPLES?

TESTS REQUESTED: SPECIES OR EPA METH #: C. dubia — ACUTE ☒ CHRONIC ☐ EW

SPECIES OR EPA METH #: P. promelas — ACUTE ☒ CHRONIC ☐ EW

OTHER TESTS: 96-h acute P/F @ 45% Conc.

A SPECIFIC DILUTION SERIES MAY BE REQUIRED IN THE PERMIT. A DEFAULT SERIES OF 100, 50, 25, 12.5 AND 6.3%, OR CONCENTRATIONS USED IN PRIOR TESTING, WILL BE USED UNLESS INDICATED OTHERWISE. IF IN DOUBT PLEASE ATTACH A COPY OF APPLICABLE PERMIT PAGES.

GRAB SAMPLE INFORMATION

SAMPLE DATE	SAMPLE TIME	SAMPLE VOLUME
1/12/15	1655	2 gal

COMPOSITE SAMPLE INFORMATION

SAMPLE START DATE & TIME	SAMPLE END DATE & TIME	AUTOSAMPLER TEMP. (°C)

TIME OR FLOW PROPORTIONAL COMPOSITE INFORMATION: NUMBER SUBSAMPLES ____ VOL (ml) SUBSAMPLES ____ TIME INCREMENT ____ SET VOLUME SUBSAMPLE ____ SET VOLUME FLOW ____ TOTAL VOLUME ____

FOR VARIABLE VOLUME SUBSAMPLES BASED ON FLOW (COMPOSITING "BY HAND") ATTACH SAMPLE AND FLOW INFORMATION ON SEPARATE SHEET

FIELD MEASUREMENTS

DISCHARGE TEMP (°C)	DISCHARGE pH (S.U.)	SAMPLE TEMP (°C)	SAMPLE pH (S.U.)	SAMPLE TRC (mg/l)	DATE/TIME (e.g. 02/23/00 1835)	INITIALS
15°C	6.83	15°C	6.83	<0.1	1/12/15	EW

MEASUREMENTS MUST BE TAKEN WITHIN 15 MINUTES OF SAMPLE OR LAST SUBSAMPLE COLLECTION.

COMMENTS:

Elaine Wilson — Elaine Wilson — 1/12/15

(PRINTED NAME/AFFILIATION SAMPLER/ANALYST) (SIGNATURE) (DATE)

RELINQUISHED BY	DATE	TIME	RECEIVED BY
[illegible]	1-13-15	0730	Robert B Jewell
Robert B Jewell	1/13/15	1220	[illegible]

SHIPPING METHOD: UPS____ FEDEX____ HAND DELIVERY ✓ [redacted]

CONDITION ON ARRIVAL: ACCEPTABLE ✓ OTHER____

SAMPLE TEMP: (°C) 1 ARRIVED ON ICE? Y ✓ N___ CUSTODY SEAL: INTACT___ BROKEN___ ABSENT ✓

NOTE: It is the responsibility of the sampler to insure that samples are properly collected, preserved (>0-6° C) and shipped. Sample hold time is 36 h. Additional costs may be incurred by improper preservation, shipping or receipt of samples after 3 p.m. or on weekends and holidays.

water is life

DISTRICT OF COLUMBIA WATER AND SEWER AUTHORITY | 5000 OVERLOOK AVENUE, SW | WASHINGTON, DC 20032

January 26, 2015

Ms. Norma Green, State Coordinator
Environmental Protection Agency, Region 3
Water Management Division
1650 Arch Street
Mail Code: 3WP60
Philadelphia, Pennsylvania 19103-2029

Dear Ms. Green:

Enclosed are the Blue Plains Discharge Monitoring Reports for December 2014.

Also enclosed are the following: (1) the Quarterly Public Accountability Statement, (2) the Quarterly Influent, Effluent and Biosolids Analysis for all Local Limit Parameters and (3) the Outfall 001 Disinfection Report as required by the National Pollutant Discharge Elimination System Permit.

If there are any questions, please contact Mr. Aklile Tesfaye, Director, Department of Wastewater Treatment on (202) 787-4008.

Sincerely yours,

Walter F. Bailey, P.E., DEE
Assistant General Manager
Wastewater Treatment

Enclosures

DCWATER:WB:mm

Client: DC Water & Sewer Authority
Project ID: DCWS1405
Client Sample ID: Outfall 001
Permit No: DC0021199
Sample Period: 10/15/14

Coastal Bioanalysts, Inc.

Report of Analysis: Whole Effluent Toxicity (WET)

Submitted To:	**Prepared By:**
Ms. Elaine Wilson DC Water & Sewer Authority 5000 Overlook Avenue SW Washington, DC 20032	Coastal Bioanalysts, Inc. 6400 Enterprise Court Gloucester, VA 23061 (804) 694-8285 www.coastalbio.com Contact: Peter F. De Lisle, Technical Director

Acute Test Results*				
Species-Test Method	**96-h LC50**	**95% C.L.**	**$T.U._{Ac}$**	**NOAEC**
C. dubia EPA 2002.0	>45	N/A	2.22	45
P. promelas EPA 2000.0	>45	N/A	2.22	45

*Note: Details regarding test conduct and data analysis provided in attached bench sheets and printouts as applicable.

Acute Test QA/QC	**Reference Toxicant: KCl**	**Units: mg/l**	**Test Organism Source: CBI Stock Cultures**		
Species-Method (Ref. Test Date)	**Data Source**	**% Control Survival**	**48-h LC50**	**95% C.L./A.L. For LC50**	**RTT in Control?**
C. dubia 2002.0	RTT	100	623	585-664	Yes
(10/1/14-10/3/14)	CC	100	572	474-670	
P. promelas 2000.0	RTT	100	1088	1006-1177	Yes
(10/8/14-10/10/14)	CC	100	950	835-1065	

Note: RTT = Reference Toxicant Test, CC = Control Chart, Cont. = Control group.

The results of analysis contained within this report relate only to the sample as received in the laboratory. This report shall not be reproduced except in full without written approval from the laboratory. Unless noted below, these test results meet all requirements of NELAP.

APPROVED:

Peter F. De Lisle, Ph.D.
Technical Director

10/21/14
Date

Deviations from, additions to, or exclusions from the test method, non-standard conditions or data qualifiers and, as appropriate, a statement of compliance/non-compliance: **NONE**

VELAP# 460030
EPA# VA01116

Client: DC Water & Sewer Authority
Project ID: DCWS1405
Client Sample ID: Outfall 001
Permit No: DC0021199
Sample Period: 10/15/14

Coastal Bioanalysts, Inc.

GLOSSARY OF TERMS AND ABBREVIATIONS

A.L. (Acceptance Limits): The results of a given reference toxicant test are compared to the control chart mean value ± 2 standard deviations. These limits approximate the 95% probability limits for the "true" reference toxicant value.

Chronic Value (ChrV): The geometric mean of the NOEC and LOEC. Units are same as test concentration units.

C.L. (Confidence Limits): These are the probability limits, based on the data set and statistical model employed, that the "true value" lies within the limits specified. Typically limits are based on 95% or 99% probabilities.

Control chart: A cumulative summary chart of results from QC tests with reference toxicants. The results of a given reference toxicant test are compared to the control chart mean value and 95% Acceptance Limits (A.L.) (mean ± 2 standard deviations).

IC25: The concentration of sample or chemical, calculated from the data set using statistical models, causing a 25% reduction in test organism growth, reproduction, etc. The lower the IC25, the more toxic the chemical or sample. Units are same as test concentration units.

LC50: The concentration of sample or chemical, calculated from the data set using statistical models, causing a 50% reduction in test organism survival. The lower the LC50, the more toxic the chemical or sample. Units are same as test concentration units. Note: The LC50 value must always be associated with the duration of exposure. Thus 48-h LC50, 96-h LC50, etc. are calculated.

LOEC: Lowest-observable-effect-concentration. The lowest concentration of sample or chemical in a chronic test dilution series in which the test organisms exhibit a statistically significant reduction in any of the test end points (e.g. growth, survival, reproduction) compared to control organisms. Units are same as test concentration units.

PMSD: Percent Minimum Significant Difference: The minimum difference which can exist between a test treatment and the controls in a particular test and be statistically significant; a measure of test sensitivity. The lower the PMSD the more sensitive the test.

N/A: Not applicable.

N/D: Not determined or measured.

NOAEC: No-observable-acute-effect-concentration. The highest concentration of sample or chemical in an acute test dilution series in which the test organisms exhibit no statistically significant reduction in the test end point (e.g. survival) compared to control organisms. Units are same as test concentration units.

NOEC: No-observable-effect-concentration. The highest concentration of sample or chemical in a chronic test dilution series in which the test organisms exhibit no statistically significant reduction in any of the test end points (e.g. growth, survival, reproduction) compared to control organisms. Some regulatory definitions also require that the NOEC be less than the LOEC. Units are same as test concentration units.

Q.L.: Quantitation Limit. Level, concentration, or quantity of a target variable (analyte) that can be reported at a specified degree of confidence.

T.U.: Toxic units. Expresses the relative toxicity of an effluent in such a manner that the larger the toxic unit value the more toxic the effluent. $T.U._{Ac} = 100/LC50$. $T.U._{Chr} = 100/NOEC$ or $100/IC25$. A dimensionless unit.

VELAP# 460030
EPA# VA01116

water is life

DISTRICT OF COLUMBIA WATER AND SEWER AUTHORITY | 5000 OVERLOOK AVENUE, SW | WASHINGTON, DC 20032

~~September~~ 27, 2014
OCTOBER (GMPeyo)

Ms. Norma Green, State Coordinator
Environmental Protection Agency, Region 3
Water Management Division
1650 Arch Street
Mail Code: 3WP60
Philadelphia, Pennsylvania 19103-2029

Dear Ms. Green:

Enclosed are the Blue Plains Discharge Monitoring Reports for September 2014.

Also enclosed are the following: (1) the Quarterly Public Accountability Statement, (2) the Quarterly Influent, Effluent and Biosolids Analysis for all Local Limit Parameters and (3) the Outfall 001 Disinfection Report as required by the National Pollutant Discharge Elimination System Permit.

If there are any questions, please contact Mr. Aklile Tesfaye, Director, Department of Wastewater Treatment on (202) 787-4008.

Sincerely yours,

Walter F. Bailey, P.E., DEE
Assistant General Manager
Wastewater Treatment

Enclosures

DCWATER:WB:mm

Client: DC Water & Sewer Authority
Project ID: DCWS1404
Client Sample ID: Outfall 001
Permit No: DC0021199
Sample Period: 8/12/14

Coastal Bioanalysts, Inc.

Report of Analysis: Whole Effluent Toxicity (WET)

Submitted To:	**Prepared By:**
Ms. Elaine Wilson DC Water & Sewer Authority 5000 Overlook Avenue SW Washington, DC 20032	Coastal Bioanalysts, Inc. 6400 Enterprise Court Gloucester, VA 23061 (804) 694-8285 www.coastalbio.com Contact: Peter F. De Lisle, Technical Director

Acute Test Results*				
Species-Test Method	**96-h LC50**	**95% C.L.**	**$T.U._{Ac}$**	**NOAEC**
C. dubia EPA 2002.0	>45	N/A	2.22	45
P. promelas EPA 2000.0	>45	N/A	2.22	45

*Note: Details regarding test conduct and data analysis provided in attached bench sheets and printouts as applicable.

Acute Test QA/QC	**Reference Toxicant: KCl**	**Units: mg/l**	**Test Organism Source: CBI Stock Cultures**		
Species-Method (Ref. Test Date)	**Data Source**	**% Control Survival**	**48-h LC50**	**95% C.L./A.L. For LC50**	**RTT in Control?**
C. dubia 2002.0	RTT	100	560	511-614	Yes
(8/1/14-8/3/14)	CC	100	571	471-670	
P. promelas 2000.0	RTT	100	960	896-1029	Yes
(8/1/14-8/3/14)	CC	100	944	823-1064	

Note: RTT = Reference Toxicant Test, CC = Control Chart, Cont. = Control group.

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APPROVED:

Peter F. De Lisle, Ph.D.
Technical Director

8/19/14
Date

Deviations from, additions to, or exclusions from the test method, non-standard conditions or data qualifiers and, as appropriate, a statement of compliance/non-compliance: **NONE**

VELAP# 460030
EPA# VA01116

Coastal Bioanalysts, Inc.

GLOSSARY OF TERMS AND ABBREVIATIONS

A.L. (Acceptance Limits): The results of a given reference toxicant test are compared to the control chart mean value ± 2 standard deviations. These limits approximate the 95% probability limits for the "true" reference toxicant value.

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C.L. (Confidence Limits): These are the probability limits, based on the data set and statistical model employed, that the "true value" lies within the limits specified. Typically limits are based on 95% or 99% probabilities.

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LC50: The concentration of sample or chemical, calculated from the data set using statistical models, causing a 50% reduction in test organism survival. The lower the LC50, the more toxic the chemical or sample. Units are same as test concentration units. Note: The LC50 value must always be associated with the duration of exposure. Thus 48-h LC50, 96-h LC50, etc. are calculated.

LOEC: Lowest-observable-effect-concentration. The lowest concentration of sample or chemical in a chronic test dilution series in which the test organisms exhibit a statistically significant reduction in any of the test end points (e.g. growth, survival, reproduction) compared to control organisms. Units are same as test concentration units.

PMSD: Percent Minimum Significant Difference: The minimum difference which can exist between a test treatment and the controls in a particular test and be statistically significant; a measure of test sensitivity. The lower the PMSD the more sensitive the test.

N/A: Not applicable.

N/D: Not determined or measured.

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VELAP# 460030
EPA# VA01116

water is life

DISTRICT OF COLUMBIA WATER AND SEWER AUTHORITY | 5000 OVERLOOK AVENUE, SW | WASHINGTON, DC 20032

July 23, 2014

Ms. Norma Green, State Coordinator
Environmental Protection Agency, Region 3
Water Management Division
1650 Arch Street
Mail Code: 3WP60
Philadelphia, Pennsylvania 19103-2029

Dear Ms. Green:

Enclosed is the Blue Plains Discharge Monitoring Report for June 2014.

Also enclosed are the following: (1) the Quarterly Public Accountability Statement, (2) the Quarterly Influent, Effluent and Biosolids Analysis for all Local Limit Parameters and (3) the Outfall 001 Disinfection Report as required by the National Pollutant Discharge Elimination System Permit.

If there are any questions, please contact Mr. Aklile Tesfaye, Director, Department of Wastewater Treatment on (202) 787-4008.

Sincerely yours,

Walter F. Bailey, P.E., DEE
Assistant General Manager
for Wastewater Treatment

Enclosure

DCWASA: WFB:jj

Client: DC Water & Sewer Authority
Project ID: DCWS1402
Client Sample ID: Outfall 001
Permit No: DC0021199
Sample Period: 4/15/14

Coastal Bioanalysts, Inc.

Report of Analysis: Whole Effluent Toxicity (WET)

Submitted To:	**Prepared By:**
Ms. Elaine Wilson DC Water & Sewer Authority 5000 Overlook Avenue SW Washington, DC 20032	Coastal Bioanalysts, Inc. 6400 Enterprise Court Gloucester, VA 23061 (804) 694-8285 www.coastalbio.com Contact: Peter F. De Lisle, Technical Director

Acute Test Results*				
Species-Test Method	**96-h LC50**	**95% C.L.**	**$T.U._{Ac}$**	**NOAEC**
C. dubia EPA 2002.0	>45	N/A	2.22	45
P. promelas EPA 2000.0	>45	N/A	2.22	45

*Note: Details regarding test conduct and data analysis provided in attached bench sheets and printouts as applicable.

Acute Test QA/QC	**Reference Toxicant: KCl**	**Units: mg/l**	**Test Organism Source: CBI Stock Cultures**		
Species-Method (Ref. Test Date)	**Data Source**	**% Control Survival**	**48-h LC50**	**95% C.L./A.L. For LC50**	**RTT in Control?**
C. dubia 2002.0	RTT	100	635	599-672	Yes
(4/1/14-4/3/14)	CC	99	555	455-654	
P. promelas 2000.0	RTT	100	1050	970-1137	Yes
(4/1/14-4/3/14)	CC	100	943	819-1068	

Note: RTT = Reference Toxicant Test, CC = Control Chart, Cont. = Control group.

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APPROVED:

Peter F. De Lisle, Ph.D.
Technical Director

4/22/14
Date

Deviations from, additions to, or exclusions from the test method, non-standard conditions or data qualifiers and, as appropriate, a statement of compliance/non-compliance: **NONE**

VELAP# 460030
EPA# VA01116

Coastal Bioanalysts, Inc.

GLOSSARY OF TERMS AND ABBREVIATIONS

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LC50: The concentration of sample or chemical, calculated from the data set using statistical models, causing a 50% reduction in test organism survival. The lower the LC50, the more toxic the chemical or sample. Units are same as test concentration units. Note: The LC50 value must always be associated with the duration of exposure. Thus 48-h LC50, 96-h LC50, etc. are calculated.

LOEC: Lowest-observable-effect-concentration. The lowest concentration of sample or chemical in a chronic test dilution series in which the test organisms exhibit a statistically significant reduction in any of the test end points (e.g. growth, survival, reproduction) compared to control organisms. Units are same as test concentration units.

PMSD: Percent Minimum Significant Difference: The minimum difference which can exist between a test treatment and the controls in a particular test and be statistically significant; a measure of test sensitivity. The lower the PMSD the more sensitive the test.

N/A: Not applicable.

N/D: Not determined or measured.

NOAEC: No-observable-acute-effect-concentration. The highest concentration of sample or chemical in an acute test dilution series in which the test organisms exhibit no statistically significant reduction in the test end point (e.g. survival) compared to control organisms. Units are same as test concentration units.

NOEC: No-observable-effect-concentration. The highest concentration of sample or chemical in a chronic test dilution series in which the test organisms exhibit no statistically significant reduction in any of the test end points (e.g. growth, survival, reproduction) compared to control organisms. Some regulatory definitions also require that the NOEC be less than the LOEC. Units are same as test concentration units.

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VELAP# 460030
EPA# VA01116

water is life

DISTRICT OF COLUMBIA WATER AND SEWER AUTHORITY | 5000 OVERLOOK AVENUE, SW | WASHINGTON, DC 20032

April 25, 2013

Ms. Norma Green, State Coordinator
Environmental Protection Agency, Region 3
Water Management Division
1650 Arch Street
Mail Code: 3WP60
Philadelphia, Pennsylvania 19103-2029

Dear Ms. Green:

Enclosed is the Blue Plains Discharge Monitoring Report for March 2013.

Also enclosed are the following: (1) the Quarterly Public Accountability Statement, (2) the Quarterly Influent, Effluent and Biosolids Analysis for all Local Limit Parameters and (3) the Outfall 001 Disinfection Report as required by the National Pollutant Discharge Elimination System Permit.

If there are any questions, please contact Mr. Aklile Tesfaye, Director, Department of Wastewater Treatment on (202) 787-4008.

Sincerely yours,

for Walter F. Bailey, P.E., DEE
Assistant General Manager
for Wastewater Treatment

Enclosure

DCWASA: WFB:jj

Client: DC Water & Sewer Authority
Project ID: DCWS1301
Client Sample ID: Outfall 001
Permit No: DC0021199
Sample Period: 3/6/13

Coastal Bioanalysts, Inc.

Report of Analysis: Whole Effluent Toxicity (WET)

Submitted To:	Prepared By:
Ms. Elaine Wilson DC Water & Sewer Authority 5000 Overlook Avenue SW Washington, DC 20032	Coastal Bioanalysts, Inc. 6400 Enterprise Court Gloucester, VA 23061 (804) 694-8285 www.coastalbio.com Contact: Peter F. De Lisle, Technical Director

Acute Test Results*				
Species-Test Method	**96-h LC50**	**95% C.L.**	**$T.U._{Ac}$**	**NOAEC**
C. dubia EPA 2002.0	>45	N/A	2.22	45
P. promelas EPA 2000.0	>45	N/A	2.22	45

*Note: Details regarding test conduct and data analysis provided in attached bench sheets and printouts as applicable.

Acute Test Biological Summary Data		Sample Concentration (%)	
Species-Method	**Endpoint**	**Control**	**45**
C. dubia EPA 2002.0	Survival (%):	100	95
P. promelas EPA 2000.0	Survival (%):	100	100

Test Information Species-Method	Start Date/Time End Date/Time	Organism Source	Hatch/Harvest Date/Time	Acclimation Temp.	Acclimation Water	Test Aerated?
C. dubia EPA 2002.0	3/7/13 1450 3/11/13 1450	CBI Stock	3/6/13 1605 3/7/13 0920	25° C	Mod. Hard Syn. FW	No
P. promelas EPA 2000.0	3/7/13 1440 3/11/13 1445	CBI Stock	2/27/13 1700 2/28/13 1100	25° C	Mod. Hard Syn. FW	Yes

Sample/Dilution Water Data	Acute Test			
	Sample		Dilution Water*	
Water Quality Parameter (Units)	Mean	Std. Dev.	Mean	Std. Dev.
Arrival Temperature (°C)	1	N/A	N/A	N/A
Use Temperature (°C)	25	0	25	0
Conductivity (µS/cm)	1521	N/A	299	2.8
pH (S.U.)	7.50	0.22	7.76	0.08
Dissolved Oxygen (mg/l)	6.5	0.7	8.2	0
Total Hardness (mg/l as $CaCO_3$)	118	N/A	96	9.0
Alkalinity (mg/l as $CaCO_3$)	133	N/A	59	1.5
Total Residual Chlorine (mg/l)	<Q.L.	N/A	N/A	N/A
Ammonia (mg/l NH_3-N)	10.6	N/A	N/A	N/A

*Dilution water = Moderately hard synthetic freshwater

Sample Aging/Use/Pretreatment				
CBI Sample I.D.	**Collection Date/Time**	**Date(s)/Time(s) 1st Used in Tests**	**Date(s)/Time(s) Used in Renewals**	**Sample Adjustments**
DCWS1301-A	3/6/13 1515	3/7/13 1440, 1450	3/8/13 1120, 1130 3/9/13 1455, 1500 3/10/13 1200, 1210	Aerated 0-3 min

VELAP# 460030
EPA# VA01116

Client: DC Water & Sewer Authority
Project ID: DCWS1301
Client Sample ID: Outfall 001
Permit No: DC0021199
Sample Period: 3/6/13

Coastal Bioanalysts, Inc.

Acute Test Water Quality (Mean/Std. Dev.)				
Test:	*C. dubia*		*P. promelas*	
% Conc:	Cont.	45	Cont.	45
Temp. (°C)0	25 0	25 0	24 0.5	24 0.5
D.O. (mg/l)	7.9 0.2	6.5 0.8	8.1 0.2	7.6 0.4
pH (S.U.)	7.86 0.10	7.60 0.16	7.81 0.12	7.80 0.21

Acute Test QA/QC	Reference Toxicant: KCl Units: mg/l		Test Organism Source: CBI Stock Cultures		
Species-Method (Ref. Test Date)	Data Source	% Control Survival	48-h LC50	95% C.L./A.L. For LC50	RTT in Control?
C. dubia 2002.0	RTT	100	658	635-681	Yes
(3/5/13-3/7/13)	CC	99	562	458-666	
P. promelas 2000.0	RTT	100	960	896-1029	Yes
(3/1/13-3/3/13)	CC	100	945	826-1065	

Note: RTT = Reference Toxicant Test, CC = Control Chart, Cont. = Control group.

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APPROVED:

Peter F. De Lisle, Ph.D.
Technical Director

3/13/13
Date

Deviations from, additions to, or exclusions from the test method, non-standard conditions or data qualifiers and, as appropriate, a statement of compliance/non-compliance: **NONE**

VELAP# 460030
EPA# VA01116

water is life

DISTRICT OF COLUMBIA WATER AND SEWER AUTHORITY | 5000 OVERLOOK AVENUE, SW | WASHINGTON, DC 20032

April 23, 2012

Ms. Norma Green, State Coordinator
Environmental Protection Agency, Region 3
Water Management Division
1650 Arch Street
Mail Code: 3WP60
Philadelphia, Pennsylvania 19103-2029

Dear Ms. Green:

Enclosed is the Blue Plains Discharge Monitoring Report for March 2012.

Also enclosed are the following: (1) the Quarterly Public Accountability Statement, (2) the Quarterly Influent, Effluent and Biosolids Analysis for all Local Limit Parameters and (3) the Outfall 001 Disinfection Report as required by the National Pollutant Discharge Elimination System Permit.

If there are any questions, please contact Mr. Aklile Tesfaye, Director, Department of Wastewater Treatment on (202) 787-4008.

Sincerely yours,

Walter F. Bailey, P.E., DEE
Assistant General Manager
for Wastewater Treatment

Enclosure

DCWASA: WFB:jj

Client: DC Water & Sewer Authority
Project ID: DCWS1201
Client Sample ID: Outfall 001
Permit No: DC0021199
Sample Period: 2/29/12

Coastal Bioanalysts, Inc.

Report of Analysis: Whole Effluent Toxicity (WET)

Submitted To:	Prepared By:
Ms. Elaine Wilson DC Water & Sewer Authority 5000 Overlook Avenue SW Washington, DC 20032	Coastal Bioanalysts, Inc. 6400 Enterprise Court Gloucester, VA 23061 (804) 694-8285 www.coastalbio.com Contact: Peter F. De Lisle, Technical Director

Acute Test Results*				
Species-Test Method	**96-h LC50**	**95% C.L.**	**$T.U._{Ac}$**	**NOAEC**
C. dubia EPA 2002.0	>45	N/A	2.22	45
P. promelas EPA 2000.0	>45	N/A	2.22	45

*Note: Details regarding test conduct and data analysis provided in attached bench sheets and printouts as applicable.

Acute Test Biological Summary Data		Sample Concentration (%)	
Species-Method	**Endpoint**	**Control**	**45**
C. dubia EPA 2002.0	Survival (%):	100	100
P. promelas EPA 2000.0	Survival (%):	100	98

Test Information Species-Method	Start Date/Time End Date/Time	Organism Source	Hatch/Harvest Date/Time	Acclimation Temp.	Acclimation Water	Test Aerated?
C. dubia EPA 2002.0	3/1/12 1330 3/5/12 1335	CBI Stock	2/29/12 1625 3/1/12 1025	25° C	Mod. Hard Syn. FW	No
P. promelas EPA 2000.0	3/1/12 1320 3/5/12 1330	CBI Stock	2/20/12 1700 2/21/12 1000	25° C	Mod. Hard Syn. FW	No

Sample/Dilution Water Data	Acute Test			
	Sample		Dilution Water*	
Water Quality Parameter (Units)	Mean	Std. Dev.	Mean	Std. Dev.
Arrival Temperature (°C)	1	N/A	N/A	N/A
Use Temperature (°C)	25	0.5	25	0.5
Conductivity (µS/cm)	670	N/A	294	3.4
pH (S.U.)	7.10	0.09	7.63	0.03
Dissolved Oxygen (mg/l)	7.4	0.6	8.2	0
Total Hardness (mg/l as $CaCO_3$)	142	N/A	97	6.0
Alkalinity (mg/l as $CaCO_3$)	111	N/A	59	1.0
Total Residual Chlorine (mg/l)	<Q.L.	N/A	N/A	N/A
Ammonia (mg/l NH_3-N)	18.5	N/A	N/A	N/A

*Dilution water = Moderately hard synthetic freshwater

Sample Aging/Use/Pretreatment				
CBI Sample I.D.	**Collection Date/Time**	**Date(s)/Time(s) 1st Used in Tests**	**Date(s)/Time(s) Used in Renewals**	**Sample Adjustments**
DCWS1201-A	2/29/12 1325	3/1/12 1320, 1330	3/2/12 1400, 1405 3/3/12 1250, 1300 3/4/12 1410, 1420	N/A

VELAP# 460030
EPA# VA01116

Client: DC Water & Sewer Authority
Project ID: DCWS1201
Client Sample ID: Outfall 001
Permit No: DC0021199
Sample Period: 2/29/12

Coastal Bioanalysts, Inc.

Acute Test Water Quality (Mean/Std. Dev.)				
Test:	*C. dubia*		*P. promelas*	
% Conc:	Cont.	45	Cont.	45
Temp. (°C)0	25 0.4	25 0.4	25 0	25 0
D.O. (mg/l)	8.1 0.2	7.4 0.4	7.4 0.6	6.4 1.1
pH (S.U.)	7.65 0.06	7.47 0.18	7.41 0.22	7.21 0.10

Acute Test QA/QC	Reference Toxicant: KCl Units: mg/l			Test Organism Source: CBI Stock Cultures	
Species-Method (Ref. Test Date)	Data Source	% Control Survival	48-h LC50	95% C.L./A.L. For LC50	RTT in Control?
C. dubia 2002.0 (2/18/12-2/20/12)	RTT	100	536	392-560	Yes
	CC	99	596	521-671	
P. promelas 2000.0 (2/18/12-2/20/12)	RTT	100	927	862-997	Yes
	CC	100	952	820-1084	

Note: RTT = Reference Toxicant Test, CC = Control Chart, Cont. = Control group.

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APPROVED:

Peter F. De Lisle, Ph.D.
Technical Director

3/9/12
Date

Deviations from, additions to, or exclusions from the test method, non-standard conditions or data qualifiers and, as appropriate, a statement of compliance/non-compliance: **NONE**

VELAP# 460030
EPA# VA01116

Client: DC Water & Sewer Authority
Project ID: DCWS1201
Client Sample ID: Outfall 001
Permit No: DC0021199
Sample Period: 2/29/12

Coastal Bioanalysts, Inc.

GLOSSARY OF TERMS AND ABBREVIATIONS

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Chronic Value (ChrV): The geometric mean of the NOEC and LOEC. Units are same as test concentration units.

C.L. (Confidence Limits): These are the probability limits, based on the data set and statistical model employed, that the "true value" lies within the limits specified. Typically limits are based on 95% or 99% probabilities.

Control chart: A cumulative summary chart of results from QC tests with reference toxicants. The results of a given reference toxicant test are compared to the control chart mean value and 95% Acceptance Limits (A.L.) (mean ± 2 standard deviations).

IC25: The concentration of sample or chemical, calculated from the data set using statistical models, causing a 25% reduction in test organism growth, reproduction, etc. The lower the IC25, the more toxic the chemical or sample. Units are same as test concentration units.

LC50: The concentration of sample or chemical, calculated from the data set using statistical models, causing a 50% reduction in test organism survival. The lower the LC50, the more toxic the chemical or sample. Units are same as test concentration units. Note: The LC50 value must always be associated with the duration of exposure. Thus 48-h LC50, 96-h LC50, etc. are calculated.

LOEC: Lowest-observable-effect-concentration. The lowest concentration of sample or chemical in a chronic test dilution series in which the test organisms exhibit a statistically significant reduction in any of the test end points (e.g. growth, survival, reproduction) compared to control organisms. Units are same as test concentration units.

PMSD: Percent Minimum Significant Difference: The minimum difference which can exist between a test treatment and the controls in a particular test and be statistically significant; a measure of test sensitivity. The lower the PMSD the more sensitive the test.

N/A: Not applicable.

N/D: Not determined or measured.

NOAEC: No-observable-acute-effect-concentration. The highest concentration of sample or chemical in an acute test dilution series in which the test organisms exhibit no statistically significant reduction in the test end point (e.g. survival) compared to control organisms. Units are same as test concentration units.

NOEC: No-observable-effect-concentration. The highest concentration of sample or chemical in a chronic test dilution series in which the test organisms exhibit no statistically significant reduction in any of the test end points (e.g. growth, survival, reproduction) compared to control organisms. Some regulatory definitions also require that the NOEC be less than the LOEC. Units are same as test concentration units.

Q.L.: Quantitation Limit. Level, concentration, or quantity of a target variable (analyte) that can be reported at a specified degree of confidence.

T.U.: Toxic units. Expresses the relative toxicity of an effluent in such a manner that the larger the toxic unit value the more toxic the effluent. $T.U._{Ac} = 100/LC50$. $T.U._{Chr} = 100/NOEC$ or $100/IC25$. A dimensionless unit.

VELAP# 460030
EPA# VA01116

water is life

DISTRICT OF COLUMBIA WATER AND SEWER AUTHORITY | 5000 OVERLOOK AVENUE, SW | WASHINGTON, DC 20032

October 25, 2011

Ms. Norma Green, State Coordinator
Environmental Protection Agency, Region 3
Water Management Division
1650 Arch Street
Mail Code: 3WP60
Philadelphia, Pennsylvania 19103-2029

Dear Ms. Green:

Enclosed is the Blue Plains Discharge Monitoring Report for September 2011.

Also enclosed are the following: (1) the Quarterly Public Accountability Statement, (2) the Quarterly Influent, Effluent and Biosolids Analysis for all Local Limit Parameters and (3) the Outfall 001 Disinfection Report as required by the National Pollutant Discharge Elimination System Permit.

If there are any questions, please contact Mr. Aklile Tesfaye, Director, Department of Wastewater Treatment on (202) 787-4008.

Sincerely yours,

Walter F. Bailey, P.E., DEE
Assistant General Manager
for Wastewater Treatment

Enclosure

DCWASA: WFB:jj

Client: DC Water & Sewer Authority
Project ID: DCWS1106
Client Sample ID: Outfall 001
Permit No: DC0021199
Sample Period: 8/28/11

Coastal Bioanalysts, Inc.

Report of Analysis: Whole Effluent Toxicity (WET)

Submitted To:	Prepared By:
Ms. Elaine Wilson DC Water & Sewer Authority 5000 Overlook Avenue SW Washington, DC 20032	Coastal Bioanalysts, Inc. 6400 Enterprise Court Gloucester, VA 23061 (804) 694-8285 www.coastalbio.com Contact: Peter F. De Lisle, Technical Director

Acute Test Results*

Species-Test Method	96-h LC50	95% C.L.	$T.U._{Ac}$	NOAEC
C. dubia EPA 2002.0	>45	N/A	2.22	45
P. promelas EPA 2000.0	>45	N/A	2.22	45

*Note: Details regarding test conduct and data analysis provided in attached bench sheets and printouts as applicable.

Acute Test Biological Summary Data		Sample Concentration (%)	
Species-Method	Endpoint	Control	45
C. dubia EPA 2002.0	Survival (%):	100	100
P. promelas EPA 2000.0	Survival (%):	98	98

Test Information Species-Method	Start Date/Time End Date/Time	Organism Source	Hatch/Harvest Date/Time	Acclimation Temp.	Acclimation Water	Test Aerated?
C. dubia EPA 2002.0	8/29/11 1520 9/2/11 1530	CBI Stock	8/28/11 1800 8/29/11 1000	25° C	Mod. Hard Syn. FW	No
P. promelas EPA 2000.0	8/29/11 1510 9/2/11 1525	CBI Stock	8/27/11 1630 8/28/11 0900	25° C	Mod. Hard Syn. FW	No

Sample/Dilution Water Data	Acute Test			
	Sample		Dilution Water*	
Water Quality Parameter (Units)	Mean	Std. Dev.	Mean	Std. Dev.
Arrival Temperature (°C)	2	N/A	N/A	N/A
Use Temperature (°C)	25	0	25	0
Conductivity (µS/cm)	398	N/A	294	1.3
pH (S.U.)	6.94	0.22	7.65	0.05
Dissolved Oxygen (mg/l)	7.2	0.7	8.2	0
Total Hardness (mg/l as $CaCO_3$)	96	N/A	96	0
Alkalinity (mg/l as $CaCO_3$)	72	N/A	58	0
Total Residual Chlorine (mg/l)	<Q.L.	N/A	N/A	N/A
Ammonia (mg/l NH_3-N)	4.2	N/A	N/A	N/A

*Dilution water = Moderately hard synthetic freshwater

Sample Aging/Use/Pretreatment

CBI Sample I.D.	Collection Date/Time	Date(s)/Time(s) 1st Used in Tests	Date(s)/Time(s) Used in Renewals	Sample Adjustments
DCWS1106-A	8/28/11 1000	8/29/11 1510, 1520	8/30/11 1355, 1400 8/31/11 1525, 1535 9/1/11 1420, 1445	Aerated 0-2 min

Total No. Printouts/Bench Sheets/Documents Attached: 5

VELAP# 460030
EPA# VA01116

Client: DC Water & Sewer Authority
Project ID: DCWS1106
Client Sample ID: Outfall 001
Permit No: DC0021199
Sample Period: 8/28/11

C B I
Coastal Bioanalysts, Inc.

Acute Test Water Quality (Mean/Std. Dev.)				
Test:	*C. dubia*		*P. promelas*	
% Conc:	Cont.	45	Cont.	45
Temp. (°C)0	25 0.4	25 0.4	25 0.4	25 0.4
D.O. (mg/l)	8.1 0.1	7.6 0.5	7.8 0.4	6.2 1.6
pH (S.U.)	7.69 0.11	7.45 0.20	7.54 0.18	7.15 0.19

Acute Test QA/QC	Reference Toxicant: KCl	Units: mg/l	Test Organism Source: CBI Stock Cultures		
Species-Method (Ref. Test Date)	Data Source	% Control Survival	48-h LC50	95% C.L./A.L. For LC50	RTT in Control?
C. dubia 2002.0 (8/24/11-8/26/11)	RTT	100	591	534-654	Yes
	CC	99	599	532-667	
P. promelas 2000.0 (8/20/11-8/22/11)	RTT	100	927	862-997	Yes
	CC	100	974	846-1101	

Note: RTT = Reference Toxicant Test, CC = Control Chart, Cont. = Control group.

The results of analysis contained within this report relate only to the sample as received in the laboratory. This report shall not be reproduced except in full without written approval from the laboratory. Unless noted below, these test results meet all requirements of NELAP.

APPROVED:

Peter F. De Lisle, Ph.D.
Technical Director

9/6/11
Date

Deviations from, additions to, or exclusions from the test method, non-standard conditions or data qualifiers and, as appropriate, a statement of compliance/non-compliance: **NONE**

VELAP# 460030
EPA# VA01116

NELAP ACCREDITED TNI LABORATORY

water is life

DISTRICT OF COLUMBIA WATER AND SEWER AUTHORITY | 5000 OVERLOOK AVENUE, SW | WASHINGTON, DC 20032

July 18, 2011

Ms. Norma Green, State Coordinator
Environmental Protection Agency, Region 3
Water Management Division
1650 Arch Street
Mail Code: 3WP60
Philadelphia, Pennsylvania 19103-2029

Dear Ms. Green:

Enclosed is the Blue Plains Discharge Monitoring Report for June 2011.

Also enclosed are the following: (1) the Quarterly Public Accountability Statement, (2) the Quarterly Influent, Effluent and Biosolids Analysis for all Local Limit Parameters as required by the National Pollutant Discharge Elimination System Permit.

If there are any questions, please contact Mr. Aklile Tesfaye, Director, Department of Wastewater Treatment on (202) 787-4008.

Sincerely yours,

Walter F. Bailey, P.E., DEE
Assistant General Manager
for Wastewater Treatment

Enclosure

DCWASA: WFB:jj

Client: DC Water & Sewer Authority
Project ID: DCWS1104
Client Sample ID: Outfall 001
Permit No: DC0021199
Sample Period: 4/17/11

Coastal Bioanalysts, Inc.

Report of Analysis: Whole Effluent Toxicity (WET)

Submitted To:	Prepared By:
Ms. Elaine Wilson DC Water & Sewer Authority 5000 Overlook Avenue SW Washington, DC 20032	Coastal Bioanalysts, Inc. 6400 Enterprise Court Gloucester, VA 23061 (804) 694-8285 www.coastalbio.com Contact: Peter F. De Lisle, Technical Director

Acute Test Results*				
Species-Test Method	**96-h LC50**	**95% C.L.**	**$T.U._{Ac}$**	**NOAEC**
C. dubia EPA 2002.0	>45	N/A	<2.22	45
P. promelas EPA 2000.0	>45	N/A	<2.22	45

*Note: Details regarding test conduct and data analysis provided in attached bench sheets and printouts as applicable.

Acute Test Biological Summary Data		Sample Concentration (%)	
Species-Method	**Endpoint**	**Control**	**45**
C. dubia EPA 2002.0	Survival (%):	95	100
P. promelas EPA 2000.0	Survival (%):	98	88

Test Information Species-Method	Start Date/Time End Date/Time	Organism Source	Hatch/Harvest Date/Time	Acclimation Temp.	Acclimation Water	Test Aerated?
C. dubia EPA 2002.0	4/17/11 1530 4/21/11 1520	CBI Stock	4/16/11 1650 4/17/11 0915	25° C	Mod. Hard Syn. FW	No
P. promelas EPA 2000.0	4/17/11 1525 4/21/11 1510	CBI Stock	4/12/11 1200 4/13/11 1200	25° C	Mod. Hard Syn. FW	Yes

Sample/Dilution Water Data	Acute Test			
	Sample		Dilution Water*	
Water Quality Parameter (Units)	Mean	Std. Dev.	Mean	Std. Dev.
Arrival Temperature (°C)	1	N/A	N/A	N/A
Use Temperature (°C)	26	0.6	25	0
Conductivity (µS/cm)	595	N/A	298	5.3
pH (S.U.)	7.33	0.16	7.65	0.04
Dissolved Oxygen (mg/l)	6.8	0.5	8.2	0
Total Hardness (mg/l as $CaCO_3$)	172	N/A	91	5
Alkalinity (mg/l as $CaCO_3$)	108	N/A	58	0
Total Residual Chlorine (mg/l)	<Q.L.	N/A	N/A	N/A
Ammonia (mg/l NH_3-N)	10.6	N/A	N/A	N/A

*Dilution water = Moderately hard synthetic freshwater

Sample Aging/Use/Pretreatment				
CBI Sample I.D.	**Collection Date/Time**	**Date(s)/Time(s) 1st Used in Tests**	**Date(s)/Time(s) Used in Renewals**	**Sample Adjustments**
DCWS1104-A	4/17/11 0010	4/17/11 1525, 1530	4/18/11 1510, 1520 4/19/11 1520, 1530 4/20/11 0905, 0910	Aerated 2 min

VELAP# 460030
EPA# VA01116

Client: DC Water & Sewer Authority
Project ID: DCWS1104
Client Sample ID: Outfall 001
Permit No: DC0021199
Sample Period: 4/17/11

Coastal Bioanalysts, Inc.

Acute Test Water Quality (Mean/Std. Dev.)				
Test:	*C. dubia*		*P. promelas*	
% Conc:	Cont.	45	Cont.	45
Temp. (°C)0	25 0.4	25 0.4	25 0.4	25 0.4
D.O. (mg/l)	8.0 0.2	6.2 1.6	8.1 0.1	7.6 0.5
pH (S.U.)	7.73 0.04	7.34 0.25	7.73 0.04	7.64 0.14

Acute Test QA/QC Reference Toxicant: KCl Units: mg/l Test Organism Source: CBI Stock Cultures					
Species-Method (Ref. Test Date)	Data Source	% Control Survival	48-h LC50	95% C.L./A.L. For LC50	RTT in Control?
C. dubia 2002.0 (4/6/11-4/8/11)	RTT	100	601	559-647	Yes
	CC	100	595	523-666	
P. promelas 2000.0 (4/2/11-4/4/11)	RTT	100	958	873-1052	Yes
	CC	100	971	841-1100	

Note: RTT = Reference Toxicant Test, CC = Control Chart, Cont. = Control group.

The results of analysis contained within this report relate only to the sample as received in the laboratory. This report shall not be reproduced except in full without written approval from the laboratory. Unless noted below, these test results meet all requirements of NELAP.

APPROVED:

Peter F. De Lisle, Ph.D.
Technical Director

4/25/11
Date

Deviations from, additions to, or exclusions from the test method, non-standard conditions or data qualifiers and, as appropriate, a statement of compliance/non-compliance: **NONE**

VELAP# 460030
EPA# VA01116

DISTRICT OF COLUMBIA WATER AND SEWER AUTHORITY
5000 OVERLOOK AVENUE, S.W., WASHINGTON, D.C. 20032

April 15, 2011

Ms. Norma Green, State Coordinator
Environmental Protection Agency, Region 3
Water Management Division
1650 Arch Street
Mail Code: 3WP60
Philadelphia, Pennsylvania 19103-2029

Dear Ms. Green:

Enclosed are the Blue Plains Discharge Monitoring Reports for March 2011.

Also enclosed are the Quarterly Public Accountability Statement and the Quarterly Influent, Effluent and Biosolids Analysis for all Local Limit Parameters.

If there are any questions, please contact Mr. Aklile Tesfaye, Director, Department of Wastewater Treatment on (202) 787-4008.

Sincerely yours,

Walter F. Bailey, P.E., DEE
Assistant General Manager
Wastewater Treatment

Enclosures

DCWASA:WB:jls

Client: DC Water & Sewer Authority
Project ID: DCWS1102
Client Sample ID: Outfall 001
Permit No: DC0021199
Sample Period: 3/6/11

C B I

Coastal Bioanalysts, Inc.

Report of Analysis: Whole Effluent Toxicity (WET)

Submitted To:	Prepared By:
Ms. Elaine Wilson DC Water & Sewer Authority 5000 Overlook Avenue SW Washington, DC 20032	Coastal Bioanalysts, Inc. 6400 Enterprise Court Gloucester, VA 23061 (804) 694-8285 www.coastalbio.com Contact: Peter F. De Lisle, Technical Director

Acute Test Results*

Species-Test Method	96-h LC50	95% C.L.	$T.U._{Ac}$	NOAEC
C. dubia EPA 2002.0	>45	N/A	<2.22	45
P. promelas EPA 2000.0	>45	N/A	<2.22	45

*Note: Details regarding test conduct and data analysis provided in attached bench sheets and printouts as applicable.

Acute Test Biological Summary Data		Sample Concentration (%)	
Species-Method	Endpoint	Control	45
C. dubia EPA 2002.0	Survival (%):	95	75
P. promelas EPA 2000.0	Survival (%):	98	98

Test Information Species-Method	Start Date/Time End Date/Time	Organism Source	Hatch/Harvest Date/Time	Acclimation Temp.	Acclimation Water	Test Aerated?
C. dubia EPA 2002.0	3/8/11 0800 3/12/11 0815	CBI Stock	3/7/11 1300 3/7/11 1715	25° C	Mod. Hard Syn. FW	No
P. promelas EPA 2000.0	3/8/11 0755 3/12/11 0805	CBI Stock	3/1/11 1600 3/2/11 1000	25° C	Mod. Hard Syn. FW	Yes

Sample/Dilution Water Data	Acute Test			
	Sample		Dilution Water*	
Water Quality Parameter (Units)	Mean	Std. Dev.	Mean	Std. Dev.
Arrival Temperature (°C)	1	N/A	N/A	N/A
Use Temperature (°C)	25	0	25	0
Conductivity (µS/cm)	706	N/A	295	1.2
pH (S.U.)	7.26	0.33	7.71	0.03
Dissolved Oxygen (mg/l)	6.2	0.6	8.2	0
Total Hardness (mg/l as $CaCO_3$)	184	N/A	98	0
Alkalinity (mg/l as $CaCO_3$)	102	N/A	62	0
Total Residual Chlorine (mg/l)	<Q.L.	N/A	N/A	N/A
Ammonia (mg/l NH_3-N)	12.9	N/A	N/A	N/A

*Dilution water = Moderately hard synthetic freshwater

Sample Aging/Use/Pretreatment

CBI Sample I.D.	Collection Date/Time	Date(s)/Time(s) 1st Used in Tests	Date(s)/Time(s) Used in Renewals	Sample Adjustments
DCWS1102-A	3/6/11 2010	3/8/11 0755, 0800	3/9/11 0910, 0915 3/10/11 1130, 1140 3/11/11 0750, 0750	Aerated 1.5-2 min

VELAP# 460030
EPA# VA01116

NELAP ACCREDITED TNI LABORATORY

Client: DC Water & Sewer Authority
Project ID: DCWS1102
Client Sample ID: Outfall 001
Permit No: DC0021199
Sample Period: 3/6/11

Coastal Bioanalysts, Inc.

Acute Test Water Quality (Mean/Std. Dev.)				
Test:	*C. dubia*		*P. promelas*	
% Conc:	Cont.	45	Cont.	45
Temp. (°C)	25 0	25 0	25 0	25 0
D.O. (mg/l)	8.1 0.1	5.5 0.9	8.1 0.1	6.0 1.1
pH (S.U.)	7.77 0.05	7.25 0.14	7.78 0.10	7.33 0.24

Acute Test QA/QC Reference Toxicant: KCl Units: mg/l Test Organism Source: CBI Stock Cultures					
Species-Method (Ref. Test Date)	Data Source	% Control Survival	48-h LC50	95% C.L./A.L. For LC50	RTT in Control?
C. dubia 2002.0 (2/2/11-2/4/11)	RTT	100	612	571-656	Yes
	CC	100	595	524-666	
P. promelas 2000.0 (3/4/11-3/6/11)	RTT	100	978	909-1052	Yes
	CC	100	967	836-1100	

Note: RTT = Reference Toxicant Test, CC = Control Chart, Cont. = Control group.

The results of analysis contained within this report relate only to the sample as received in the laboratory. This report shall not be reproduced except in full without written approval from the laboratory. Unless noted below, these test results meet all requirements of NELAP.

APPROVED:

Peter F. De Lisle, Ph.D.
Technical Director

3/15/11
Date

Deviations from, additions to, or exclusions from the test method, non-standard conditions or data qualifiers and, as appropriate, a statement of compliance/non-compliance: **NONE**

VELAP# 460030
EPA# VA01116

Client: DC Water & Sewer Authority
Project ID: DCWS1501
Client Sample ID: Outfall 002
Permit No: DC0021199
Sample Period: 1/12/15 to 1/16/15

Coastal Bioanalysts, Inc.

Report of Analysis: Whole Effluent Toxicity (WET)

Submitted To:	**Prepared By:**
Ms. Elaine Wilson DC Water & Sewer Authority 5000 Overlook Avenue SW Washington, DC 20032	Coastal Bioanalysts, Inc. 6400 Enterprise Court Gloucester, VA 23061 (804) 694-8285 www.coastalbio.com Contact: Peter F. De Lisle, Technical Director

Chronic Test Results*

Species-Test Method	Endpoint	NOEC	LOEC	ChrV	PMSD	$T.U._C$	IC25	48-h LC50	LC50 95% C.L.	$T.U._{Ac}$
C. dubia	Survival	100	>100	>100	N/A	N/A	N/A	>100	N/A	<1.00
EPA 1002.0	Reproduction	100	>100	>100	12	<1.00	>100	N/A	N/A	N/A
P. promelas	Survival	100	>100	>100	N/A	N/A	N/A	>100	N/A	<1.00
EPA 1000.0	Biomass	100	>100	>100	18	<1.00	>100	N/A	N/A	N/A

*Note: Details regarding test conduct and data analysis provided in attached bench sheets and printouts as applicable.

Chronic Test QA/QC Reference Toxicant: KCl Units: mg/l Test Organism Source: CBI Stock Cultures

Species-Method (Ref. Test Date)	Data Source	% Survival Cont.	% Survival NOEC	Reproduction (# Young) or Biomass (mg) Cont.	NOEC	PMSD	IC25	IC25 A.L.	RTT in Control?
C. dubia 1002.0	RTT	100	500	34.6	250	19	386	N/A	Yes
(1/2/15-1/8/15)	CC	99	500	27.8	250	19	341	263-419	
P. promelas 1000.0	RTT	100	500	0.67	500	14	625	N/A	Yes
(1/2/15-1/9/15)	CC	99	500	0.61	500	13	625	598-652	

Note: RTT = Reference Toxicant Test, CC = Control Chart, Cont. = Control group.

The results of analysis contained within this report relate only to the sample as received in the laboratory. This report shall not be reproduced except in full without written approval from the laboratory. Unless noted below, these test results meet all requirements of NELAP.

APPROVED:

Peter F. De Lisle, Ph.D.
Technical Director

1/20/15
Date

Deviations from, additions to, or exclusions from the test method, non-standard conditions or data qualifiers and, as appropriate, a statement of compliance/non-compliance: **NONE**

VELAP# 460030
EPA# VA01116

Coastal Bioanalysts, Inc.

GLOSSARY OF TERMS AND ABBREVIATIONS

A.L. (Acceptance Limits): The results of a given reference toxicant test are compared to the control chart mean value ± 2 standard deviations. These limits approximate the 95% probability limits for the "true" reference toxicant value.

Chronic Value (ChrV): The geometric mean of the NOEC and LOEC. Units are same as test concentration units.

C.L. (Confidence Limits): These are the probability limits, based on the data set and statistical model employed, that the "true value" lies within the limits specified. Typically limits are based on 95% or 99% probabilities.

Control chart: A cumulative summary chart of results from QC tests with reference toxicants. The results of a given reference toxicant test are compared to the control chart mean value and 95% Acceptance Limits (A.L.) (mean ± 2 standard deviations).

IC25: The concentration of sample or chemical, calculated from the data set using statistical models, causing a 25% reduction in test organism growth, reproduction, etc. The lower the IC25, the more toxic the chemical or sample. Units are same as test concentration units.

LC50: The concentration of sample or chemical, calculated from the data set using statistical models, causing a 50% reduction in test organism survival. The lower the LC50, the more toxic the chemical or sample. Units are same as test concentration units. Note: The LC50 value must always be associated with the duration of exposure. Thus 48-h LC50, 96-h LC50, etc. are calculated.

LOEC: Lowest-observable-effect-concentration. The lowest concentration of sample or chemical in a chronic test dilution series in which the test organisms exhibit a statistically significant reduction in any of the test end points (e.g. growth, survival, reproduction) compared to control organisms. Units are same as test concentration units.

PMSD: Percent Minimum Significant Difference: The minimum difference which can exist between a test treatment and the controls in a particular test and be statistically significant; a measure of test sensitivity. The lower the PMSD the more sensitive the test.

N/A: Not applicable.

N/D: Not determined or measured.

NOAEC: No-observable-acute-effect-concentration. The highest concentration of sample or chemical in an acute test dilution series in which the test organisms exhibit no statistically significant reduction in the test end point (e.g. survival) compared to control organisms. Units are same as test concentration units.

NOEC: No-observable-effect-concentration. The highest concentration of sample or chemical in a chronic test dilution series in which the test organisms exhibit no statistically significant reduction in any of the test end points (e.g. growth, survival, reproduction) compared to control organisms. Some regulatory definitions also require that the NOEC be less than the LOEC. Units are same as test concentration units.

Q.L.: Quantitation Limit. Level, concentration, or quantity of a target variable (analyte) that can be reported at a specified degree of confidence.

T.U.: Toxic units. Expresses the relative toxicity of an effluent in such a manner that the larger the toxic unit value the more toxic the effluent. $T.U._{Ac}$ = 100/LC50. $T.U._{Chr}$ = 100/NOEC or 100/IC25. A dimensionless unit.

VELAP# 460030
EPA# VA01116

Ceriodaphnia test set up bench sheet (EPA METHOD 1002.0) Template version CCD 5trt 061013

Test chamber:	~30 ml glass vial:	✓	Illumination & photoperiod:	50-100 ft-c 16L:8D
	Other:		Number of replicates/treatment:	10
Test solution volume:	15 ml:	✓	Initial number animals/replicate:	1
	Other (ml):		Template #:	10

CHANGES & NOTES (INITIALS, DATE, SPECIFIC CHANGE MADE	

SPECIES:	Ceriodaphnia dubia	
ACCLIMATION WATER:	Mod. Hard Synthetic Freshwater	
FEEDING (Culture &Test):	YCT + Selenastrum capricornutum mix	
SOURCE:	CBI Stock cultures	
ACCLIMATION TEMP (o C):	25	
BROOD RELEASE FROM:	1/11/15 13:15	
BROOD RELEASE TO:	1/11/15 16:35	
DATE/TIME WATER ADDED:	1/12/15 11:32	
DATE/TIME ANIMALS ADDED:	1/12/15 11:42	
ANIMAL AGE WINDOW (TAC 8 h):	3h 20m	
MAX AGE AT TEST START (TAC 24 h):	22h 28m	
TEST SET UP BY:	GB	
TEST ID:	**DCWS1501CCD**	
PEER REVIEW BY (Initial/Date):	**PB**	1/20/15 10:41
DCWS1501CCD		

Ceriodaphnia daily water quality bench sheet (EPA METHOD 1002.0) Template version CCD 5trt 061013

		Day 0	Day 1		Day 2		Day 3		Day 4		Day 5		Day 6		Day 7	SUMMARY WATER QUALITY DATA			
	TRTMNT	Initial	Final	Initial	Final	Initial	Final	Initial	Final	Initial	Final	Initial	Final	Initial	Final	MEAN	S.D.	MIN.	MAX.
pH (S.U.)	C	7.82	8.20	7.67	8.17	7.66	7.96	7.64	8.04	7.69	8.01	7.90	7.85			7.88	0.20	7.64	8.20
	1	7.77	8.42	7.63	8.35	7.62	8.16	7.56	8.26	7.60	8.10	7.79	8.08			7.95	0.32	7.56	8.42
	2	7.72	8.51	7.60	8.44	7.60	8.23	7.53	8.29	7.60	8.16	7.77	8.11			7.96	0.36	7.53	8.51
	3	7.68	8.41	7.57	8.43	7.52	8.23	7.47	8.29	7.58	8.21	7.73	8.11			7.94	0.37	7.47	8.43
	4	7.62	8.47	7.52	8.44	7.45	8.21	7.45	8.28	7.56	8.25	7.70	8.02			7.91	0.40	7.45	8.47
	5	7.52	8.48	7.48	8.42	7.40	8.19	7.40	8.24	7.53	8.23	7.67	8.01			7.88	0.42	7.40	8.48
Temp. (o C)	C	25	25	25	25	25	25	25	25	25	25	25	25			25	0.0	25	25
	1	25	25	25	25	25	25	25	25	25	25	25	25			25	0.0	25	25
	2	25	25	25	25	25	25	25	25	25	25	25	25			25	0.0	25	25
	3	25	25	25	25	25	25	25	25	25	25	25	25			25	0.0	25	25
	4	25	25	25	25	25	25	25	25	25	25	25	25			25	0.0	25	25
	5	25	25	25	25	25	25	25	25	25	25	25	25			25	0.0	25	25
Diss. Oxygen (mg/l)	C	8.2	8.6	8.1	8.8	8.2	8.2	8.2	8.5	8.1	8.6	8.2	8.1			8.3	0.2	8.1	8.8
	1	8.2	9.1	8.1	9.0	8.2	8.4	8.2	8.7	8.1	8.7	8.2	8.0			8.4	0.4	8.0	9.1
	2	8.2	9.4	8.1	9.3	8.2	8.7	8.5	8.9	8.1	8.9	8.2	8.0			8.5	0.5	8.0	9.4
	3	8.2	9.3	8.1	9.5	8.2	8.7	8.2	9.1	8.1	8.9	8.2	8.1			8.6	0.5	8.1	9.5
	4	8.2	9.4	8.1	9.6	8.2	8.6	8.2	9.3	8.1	8.9	8.2	8.1			8.6	0.6	8.1	9.6
	5	8.2	9.6	8.2	9.6	8.2	8.6	8.2	9.3	8.1	8.9	8.2	8.0			8.6	0.6	8.0	9.6
Cond. (uS/cm)	C	301		308		306		307		294		300				303	5.4	294	308
	1	402		425		537		545		439		427				463	62.0	402	545
	2	465		472		638		635		505		493				535	80.2	465	638
	3	515		533		758		770		578		569				621	113.6	515	770
	4	594		641		932		925		680		665				740	149.3	594	932
	5	737		741		1165		1159		821		814				906	201.3	737	1165
Replicate measured		S	B	S	E	S	I	S	A	S	C	S	J			NOTE: Final D.O. Values >8.3 mg/l (saturation) may occur due to photosynthetic activity of algal food.			
Initials		GB	AG		AG		BJA		RCD		GB		RCD						
Changes & Notes (Initials, date, specific change or notes)																			
												TRT ID:	1	2	3	4	5		
DCWS1501CCD												CONC:	27.0%	38.0%	52.0%	72.0%	100%		

Ceriodaphnia daily reproduction count bench sheet (EPA METHOD 1002.0) Template version CCD 5trt 061013

TRTMNT	Rep	Repro Day 0	Repro Day 1	Repro Day 2	Repro Day 3	Repro Day 4	Repro Day 5	Repro Day 6	Repro Day 7	4th Broods Removed	TOTAL REPRO
	A	0	0	0	3	14	0	20			37
C	B	0	0	0	5	14	0	22			41
	C	0	0	0	4	12	0	18			34
Lab	D	0	0	0	5	14	0	24			43
Control	E	0	0	0	3	12	0	20			35
	F	0	0	0	5	12	0	20			37
	G	0	0	0	6	10	0	22			38
	H	0	0	0	6	12	0	22			40
	I	0	0	0	6	12	0	22			40
	J	0	0	0	0	4	12	24			40
	A	0	0	0	5	16	0	22			43
#1	B	0	0	0	6	14	0	20			40
	C	0	0	0	6	14	0	24			44
27.0%	D	0	0	0	3	16	0	18			37
	E	0	0	0	6	14	0	20			40
Vol. Effl:	F	0	0	0	6	16	0	24			46
54 ml	G	0	0	0	3	6	0	20			29
	H	0	0	0	4	12	0	22			38
	I	0	0	0	6	8	0	22			36
	J	0	0	0	5	14	14	0			33
	A	0	0	0	5	16	0	24			45
#2	B	0	0	0	6	14	0	22			42
	C	0	0	0	5	16	0	26			47
38.0%	D	0	0	0	3	12	0	20			35
	E	0	0	0	6	16	0	22			44
Vol. Effl:	F	0	0	0	6	12	0	26			44
76 ml	G	0	0	0	5	8	0	22			35
	H	0	0	0	3	0	9	20			32
	I	0	0	0	4	12	0	18			34
	J	0	0	0	6	14	12	0			32
	A	0	0	0	6	16	0	22			44
#3	B	0	0	0	6	8	0	24			38
	C	0	0	0	4	16	0	20			40
52.0%	D	0	0	0	6	16	0	18			40
	E	0	0	0	6	12	0	22			40
Vol. Effl:	F	0	0	0	7	14	0	24			45
104 ml	G	0	0	0	7	16	0	20			43
	H	0	0	0	6	8	0	20			34
	I	0	0	0	4	14	0	22			40
	J	0	0	0	4	8	14	0			26
	A	0	0	0	5	12	0	22			39
#4	B	0	0	0	4	14	0	22			40
	C	0	0	0	6	8	0	24			38
72.0%	D	0	0	0	5	16	0	20			41
	E	0	0	0	6	16	0	24			46
Vol. Effl:	F	0	0	0	4	10	0	24			38
144 ml	G	0	0	0	5	12	0	24			41
	H	0	0	0	4	12	0	18			34
	I	0	0	0	7	16	0	22			45
	J	0	0	0	5	14	0	22			41
	A	0	0	0	7	18	0	18			43
#5	B	0	0	0	6	14	0	20			40
	C	0	0	0	5	14	0	20			39
100%	D	0	0	0	7	14	0	24			45
	E	0	0	0	6	16	0	26			48
Vol. Effl:	F	0	0	0	5	16	0	20			41
200 ml	G	0	0	0	6	10	0	22			38
	H	0	0	0	6	14	0	20			40
	I	0	0	0	7	12	0	26			45
	J	0	0	0	6	14	0	20			40
INITIALS:		GB	AG	AG	BJA	RCD	GB	RCD			
DATE & TIME:		1/12/15 11:42	1/13/15 14:29	1/14/15 13:47	1/15/15 12:23	1/16/15 13:00	1/17/15 13:29	1/18/15 10:29			
SAMPLE USED:		A	A	B	B	C	C				

CHANGES & NOTES (INITIALS, DATE, SPECIFIC CHANGE MADE

DCWS1801CCD | Avg. young/surviving control (TAC 15 min): 38.5 | Surv. controls with 3 broods: 10

SAMPLE COLLECTION

SAMPLE	COLLECTION DATE & TIME
A	1/12/15 6:00
B	1/14/15 6:00
C	1/16/15 6:00
D	
E	

SAMPLE AGING

SAMPLE:	A
1st USE DATE/TIME:	1/12/15 11:42
LAST USE DATE/TIME:	1/13/15 14:29
TIME COLLECT TO 1st USE:	5h 45m
	(TAC 36 h max)
TIME 1st TO LAST USE:	26h 47m
	(TAC MAX 72 h)
SAMPLE:	B
1st USE DATE/TIME:	1/14/15 13:47
LAST USE DATE/TIME:	1/15/15 12:23
TIME COLLECT TO 1st USE:	7h 47m
	(TAC 36 h max)
TIME 1st TO LAST USE:	22h 36m
	(TAC MAX 72 h)
SAMPLE:	C
1st USE DATE/TIME:	1/16/15 13:00
LAST USE DATE/TIME:	1/17/15 13:29
TIME COLLECT TO 1st USE:	7h 0m
	(TAC 36 h max)
TIME 1st TO LAST USE:	24h 29m
	(TAC MAX 72 h)
SAMPLE:	D
1st USE DATE/TIME:	
LAST USE DATE/TIME:	
TIME COLLECT TO 1st USE:	0
	(TAC 36 h max)
TIME 1st TO LAST USE:	0
	(TAC MAX 72 h)
SAMPLE:	E
1st USE DATE/TIME:	
LAST USE DATE/TIME:	
TIME COLLECT TO 1st USE:	0
	(TAC 36 h max)
TIME 1st TO LAST USE:	0
	(TAC MAX 72 h)

Ceriodaphnia daily survival count bench sheet (EPA METHOD 1002.0) Template version CCD 5trt 061013

TRTMNT	Rep	#Live Day 0	#Live Day 1	#Live Day 2	#Live Day 3	#Live Day 4	#Live Day 5	#Live Day 6	#Live FINAL	MALE OR FEMALE	TOTAL REPRO	REPRO/ SURV FEM
	A	1	1	1	1	1	1	1	1	F	37	37
C	B	1	1	1	1	1	1	1	1	F	41	41
	C	1	1	1	1	1	1	1	1	F	34	34
Lab	D	1	1	1	1	1	1	1	1	F	43	43
Control	E	1	1	1	1	1	1	1	1	F	35	35
	F	1	1	1	1	1	1	1	1	F	37	37
	G	1	1	1	1	1	1	1	1	F	38	38
	H	1	1	1	1	1	1	1	1	F	40	40
	I	1	1	1	1	1	1	1	1	F	40	40
	J	1	1	1	1	1	1	1	1	F	40	40
	A	1	1	1	1	1	1	1	1	F	43	
#1	B	1	1	1	1	1	1	1	1	F	40	
	C	1	1	1	1	1	1	1	1	F	44	
27.0%	D	1	1	1	1	1	1	1	1	F	37	
	E	1	1	1	1	1	1	1	1	F	40	
	F	1	1	1	1	1	1	1	1	F	46	
	G	1	1	1	1	1	1	1	1	F	29	
	H	1	1	1	1	1	1	1	1	F	38	
	I	1	1	1	1	1	1	1	1	F	36	
	J	1	1	1	1	1	1	1	1	F	33	
	A	1	1	1	1	1	1	1	1	F	45	
#2	B	1	1	1	1	1	1	1	1	F	42	
	C	1	1	1	1	1	1	1	1	F	47	
38.0%	D	1	1	1	1	1	1	1	1	F	35	
	E	1	1	1	1	1	1	1	1	F	44	
	F	1	1	1	1	1	1	1	1	F	44	
	G	1	1	1	1	1	1	1	1	F	35	
	H	1	1	1	1	1	1	1	1	F	32	
	I	1	1	1	1	1	1	1	1	F	34	
	J	1	1	1	1	1	1	1	1	F	32	
	A	1	1	1	1	1	1	1	1	F	44	
#3	B	1	1	1	1	1	1	1	1	F	38	
	C	1	1	1	1	1	1	1	1	F	40	
52.0%	D	1	1	1	1	1	1	1	1	F	40	
	E	1	1	1	1	1	1	1	1	F	40	
	F	1	1	1	1	1	1	1	1	F	45	
	G	1	1	1	1	1	1	1	1	F	43	
	H	1	1	1	1	1	1	1	1	F	34	
	I	1	1	1	1	1	1	1	1	F	40	
	J	1	1	1	1	1	1	1	1	F	26	
	A	1	1	1	1	1	1	1	1	F	39	
#4	B	1	1	1	1	1	1	1	1	F	40	
	C	1	1	1	1	1	1	1	1	F	38	
72.0%	D	1	1	1	1	1	1	1	1	F	41	
	E	1	1	1	1	1	1	1	1	F	46	
	F	1	1	1	1	1	1	1	1	F	38	
	G	1	1	1	1	1	1	1	1	F	41	
	H	1	1	1	1	1	1	1	1	F	34	
	I	1	1	1	1	1	1	1	1	F	45	
	J	1	1	1	1	1	1	1	1	F	41	
	A	1	1	1	1	1	1	1	1	F	43	
#5	B	1	1	1	1	1	1	1	1	F	40	
	C	1	1	1	1	1	1	1	1	F	39	
100%	D	1	1	1	1	1	1	1	1	F	45	
	E	1	1	1	1	1	1	1	1	F	48	
	F	1	1	1	1	1	1	1	1	F	41	
	G	1	1	1	1	1	1	1	1	F	38	
	H	1	1	1	1	1	1	1	1	F	40	
	I	1	1	1	1	1	1	1	1	F	45	
	J	1	1	1	1	1	1	1	1	F	40	
		See Reproduction Sheet for Renewal Information					See ToxCalc printout for summary survival & reproduction data					
CHANGES & NOTES (INITIALS, DATE, SPECIFIC CHANGE MADE												
DCWS1501CCD		% Control survival (TAC 80% min):			100		% Surviving controls with 3 broods (TAC 60% min):			100		

Ceriodaphnia Survival and Reproduction Test-Reproduction

Start Date:		Test ID:	DCWS1501CD	Sample ID:	
End Date:		Lab ID:	CBI	Sample Type:	
Sample Date:		Protocol:	EPAF 94-EPA Freshwater	Test Species:	CD-Ceriodaphnia dubia
Comments:	DATA ENTERED BY PB				

Conc-%	1	2	3	4	5	6	7	8	9	10
CONTROL	37.000	41.000	34.000	43.000	35.000	37.000	38.000	40.000	40.000	40.000
27	43.000	40.000	44.000	37.000	40.000	46.000	29.000	38.000	36.000	33.000
38	45.000	42.000	47.000	35.000	44.000	44.000	35.000	32.000	34.000	32.000
52	44.000	38.000	40.000	40.000	40.000	45.000	43.000	34.000	40.000	26.000
72	39.000	40.000	38.000	41.000	46.000	38.000	41.000	34.000	45.000	41.000
100	43.000	40.000	39.000	45.000	48.000	41.000	38.000	40.000	45.000	40.000

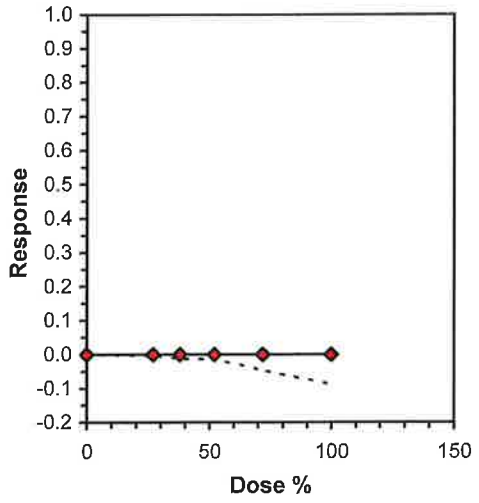
			Transform: Untransformed						1-Tailed		Isotonic	
Conc-%	Mean	N-Mean	Mean	Min	Max	CV%	N	t-Stat	Critical	MSD	Mean	N-Mean
CONTROL	38.500	1.0000	38.500	34.000	43.000	7.270	10				39.550	1.0000
27	38.600	1.0026	38.600	29.000	46.000	13.389	10	-0.050	2.287	4.619	39.550	1.0000
38	39.000	1.0130	39.000	32.000	47.000	15.145	10	-0.248	2.287	4.619	39.550	1.0000
52	39.000	1.0130	39.000	26.000	45.000	14.199	10	-0.248	2.287	4.619	39.550	1.0000
72	40.300	1.0468	40.300	34.000	46.000	8.600	10	-0.891	2.287	4.619	39.550	1.0000
100	41.900	1.0883	41.900	38.000	48.000	7.668	10	-1.683	2.287	4.619	39.550	1.0000

Auxiliary Tests	Statistic	Critical	Skew	Kurt
Kolmogorov D Test indicates normal distribution (p > 0.01)	0.63554	1.035	-0.4572	0.27961
Bartlett's Test indicates equal variances (p = 0.14)	8.24675	15.0863		

Hypothesis Test (1-tail, 0.05)	NOEC	LOEC	ChV	TU	MSDu	MSDp	MSB	MSE	F-Prob	df
Dunnett's Test	100	>100		1	4.61947	0.11999	17.39	20.4056	0.51913	5, 54

Linear Interpolation (200 Resamples)

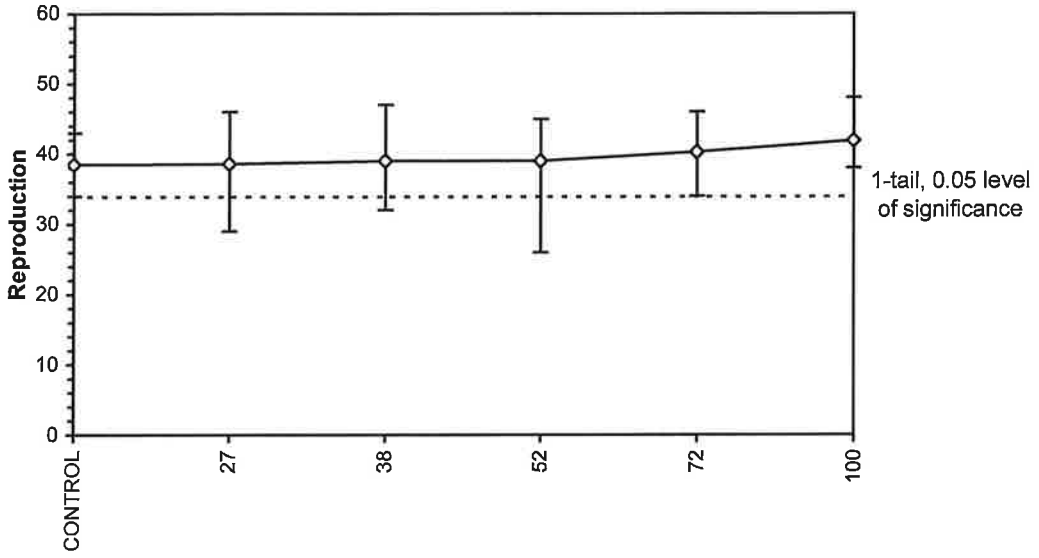
Point	%	SD	95% CL	Skew
IC05	>100			
IC10	>100			
IC15	>100			
IC20	>100			
IC25	>100			
IC40	>100			
IC50	>100			



Ceriodaphnia Survival and Reproduction Test-Reproduction

Start Date:	Test ID: DCWS1501CD	Sample ID:	
End Date:	Lab ID: CBI	Sample Type:	
Sample Date:	Protocol: EPAF 94-EPA Freshwater	Test Species:	CD-Ceriodaphnia dubia
Comments:	DATA ENTERED BY PB		

Dose-Response Plot



ToxCalc v5.0.23

Reviewed by: pd

Fathead minnow test set up bench sheet (EPA METHOD 1000.0) Template version CPP5TRT061013

Test chamber:	1000 ml Poly Beaker	✓	Illumination & photoperiod:	50-100 ft-c 16L:8D
	Other:		Number of replicates/treatment:	4
Test solution vol. (250 ml min):	500 ml:	✓	Initial number animals/replicate:	10
	Other (ml):			
CHANGES & NOTES (INITIALS, DATE, SPECIFIC CHANGE MADE				

SPECIES:	Pimephales promelas	
ACCLIMATION WATER:	Mod. Hard Synthetic Freshwater	
FEEDING PRIOR TO TEST:	Artemia nauplii (<24 h old) ad libitum	
FEEDING DURING TEST:	Artemia nauplii (<24 h old, ~0.15 ml) 2x/day	
SOURCE:	CBI Stock cultures	
ACCLIMATION TEMP (o C):	25	
HATCH START DATE & TIME:	1/11/15 17:00	
HATCH END DATE & TIME:	1/12/15 9:15	
DATE/TIME WATER ADDED:	1/12/15 11:43	
DATE/TIME ANIMALS ADDED:	1/12/15 11:56	
ANIMAL AGE WINDOW:	16h 15m	
MAX AGE AT TEST START (TAC 24 h MAX):	18h 56m	
TEST SET UP BY:		AG
TEST ID:	DCWS1501CPP	
PEER REVIEW BY (Initial/Date):	PB. GB	1/20/15 11:05
DCWS1501CPP		

Fathead minnow daily water quality bench sheet (EPA METHOD 1000.0) Template version CPP5TRT061013

		Day 0	Day 1		Day 2		Day 3		Day 4		Day 5		Day 6		Day 7	SUMMARY WATER QUALITY DATA			
	TRTMNT	Initial	Final	Initial	Final	Initial	Final	Initial	Final	Initial	Final	Initial	Final	Initial	Final	MEAN	S.D.	MIN.	MAX.
pH (S.U.)	C	7.84	7.52	7.71	7.65	7.72	7.61	7.66	7.45	7.74	7.50	7.69	7.48	7.68	7.18	7.60	0.17	7.18	7.84
	1	7.77	7.51	7.67	7.60	7.69	7.51	7.55	7.43	7.69	7.46	7.66	7.44	7.65	7.50	7.58	0.11	7.43	7.77
	2	7.77	7.52	7.64	7.56	7.65	7.49	7.52	7.41	7.66	7.45	7.66	7.44	7.63	7.30	7.55	0.13	7.30	7.77
	3	7.77	7.51	7.61	7.51	7.59	7.47	7.49	7.39	7.62	7.47	7.66	7.45	7.61	7.31	7.53	0.12	7.31	7.77
	4	7.76	7.52	7.56	7.49	7.53	7.45	7.43	7.39	7.57	7.47	7.63	7.46	7.57	7.34	7.51	0.11	7.34	7.76
	5	7.70	7.50	7.51	7.50	7.44	7.43	7.34	7.37	7.56	7.49	7.60	7.45	7.58	7.35	7.49	0.10	7.34	7.70
Temp. (o C)	C	25	25	25	25	24	25	24	24	25	25	25	25	25	25	25	0.4	24	25
	1	25	25	25	25	24	25	24	24	25	25	25	25	25	25	25	0.4	24	25
	2	25	25	25	25	24	25	24	24	25	25	25	25	25	25	25	0.4	24	25
	3	25	25	25	25	24	25	24	24	25	25	25	25	25	25	25	0.4	24	25
	4	25	25	25	25	24	25	25	24	25	25	25	25	25	25	25	0.4	24	25
	5	25	25	25	25	24	25	25	24	25	25	25	25	25	25	25	0.4	24	25
Diss. Oxygen (mg/l)	C	8.2	7.9	8.1	7.9	8.0	7.5	8.1	7.1	8.0	7.0	8.0	7.1	7.9	6.8	7.7	0.5	6.8	8.2
	1	8.2	7.8	8.1	7.9	8.0	7.3	8.1	7.1	8.0	7.0	8.0	7.0	7.9	6.8	7.7	0.5	6.8	8.2
	2	8.2	7.7	8.1	7.8	8.0	7.3	8.1	7.2	8.0	6.9	8.0	7.0	7.8	6.9	7.6	0.5	6.9	8.2
	3	8.2	7.7	8.1	7.6	8.0	7.2	8.0	7.3	8.0	6.9	7.9	6.9	7.8	6.9	7.6	0.5	6.9	8.2
	4	8.2	7.6	8.1	7.6	8.0	7.2	8.0	7.3	8.0	6.9	7.9	6.9	7.8	7.0	7.6	0.5	6.9	8.2
	5	8.2	7.6	8.1	7.7	8.0	7.2	8.0	7.3	8.0	6.8	7.9	6.9	7.8	7.0	7.6	0.5	6.8	8.2
Cond. (uS/cm)	C	301		302		299		303		298		295		300		300	2.7	295	303
	1	418		415		501		531		454		447		445		459	42.7	415	531
	2	466		463		584		631		512		499		501		522	62.5	463	631
	3	531		527		705		745		592		574		580		608	84.5	527	745
	4	621		618		870		901		705		685		683		726	114.0	618	901
	5	741		737		1075		1159		870		841		828		893	162.7	737	1159
Replicate measured		A	B	C	D	B	A	D	C	B	D	A	B	C	C				
Initials		AG	GB	AG	GB	AG	AG	BJA	GB	RCD	RCD	GB	RCD	RCD	GB				

Changes & Notes (Initials, date, specific change or notes)

	Test Aerated?	No			D.O. Highest conc. @ aeration:			TRT ID:	1	2	3	4	5	
DCWS1501CPP	Date & Time Air Start:				Total live highest conc.@ aeration			CONC(%):	27.0%	38.0%	52.0%	72.0%	100%	

Fathead minnow daily biological measurements bench sheet (EPA METHOD 1000.0) Template version CPP5TRT061013

TRTMNT	Rep	#Live Day 0	#Live Day 1	#Live Day 2	#Live Day 3	#Live Day 4	#Live Day 5	#Live Day 6	#Live Day 7	Total Dry Wt (mg)	Tare Wt (mg)	Wt Count	Pan Number
C	A	10	10	10	10	10	10	10	10	15.25	10.37	10	25
	B	10	10	10	10	10	10	10	10	14.65	9.15	10	26
Lab	C	10	10	10	10	10	9	9	9	16.97	11.63	10	27
Control	D	10	10	10	10	10	10	10	10	14.33	9.03	10	28
#1	A	10	10	10	10	10	10	10	10	13.65	9.42	10	29
27.0%	B	10	10	10	10	10	10	10	10	14.81	9.17	10	30
Vol. Effl:	C	10	10	10	10	10	10	10	10	14.21	8.39	10	31
432 ml	D	10	10	10	10	10	10	10	10	13.44	8.14	10	32
# 2	A	10	10	10	10	10	10	10	10	13.27	8.26	10	33
38.0%	B	10	10	10	10	10	10	10	10	14.10	8.93	10	34
Vol. Effl:	C	10	10	10	10	10	10	10	10	14.53	10.07	10	35
608 ml	D	10	10	10	10	10	10	10	10	17.26	11.23	10	36
# 3	A	10	10	10	10	10	10	10	10	15.21	10.82	10	37
52.0%	B	10	10	10	10	10	10	10	10	15.19	10.13	10	38
Vol. Effl:	C	10	10	10	10	10	10	10	10	16.78	11.45	10	39
832 ml	D	10	10	10	10	10	10	10	10	15.62	10.10	10	40
# 4	A	10	10	10	10	10	10	10	10	14.72	10.02	10	41
72.0%	B	10	10	10	10	10	10	10	10	16.00	11.21	10	42
Vol. Effl:	C	10	10	10	10	9	9	9	9	14.82	10.38	10	43
1152 ml	D	10	10	10	10	10	10	10	10	14.52	8.61	10	44
# 5	A	10	10	10	9	9	9	9	9	16.48	11.41	10	45
100%	B	10	10	10	10	10	10	10	10	16.07	11.38	10	46
Vol. Effl:	C	10	10	10	10	10	10	10	10	16.35	11.15	10	47
1600 ml	D	10	10	10	10	10	10	9	9	17.22	11.39	10	48
INITIALS:		AG	AG	AG	BJA	RCD	GB	RCD	AG	PB	GB	See ToxCalc printout for summary survival & biomass data	
DATE & TIME:		1/12/15 11:56	1/13/15 13:47	1/14/15 12:17	1/15/15 13:51	1/16/15 11:43	1/17/15 13:45	1/18/15 10:53	1/19/15 11:26	1/20/15 10:52	1/16/15 17:39		
SAMPLE USED:		A	A	B	B	C	C	C	100 mg wt ck:	100.00	99.99	Test Duration:	8d 23h 31m

CHANGES & NOTES (INITIALS, DATE, SPECIFIC CHANGE MADE	DAY 3 beaker 5A - one fish did not survive a trip through the siphon. bja 1/15/2015

MEAN % CONTROL SURVIVAL (TAC 80% MIN): 97.5

AVG. DRY WT. PER SURV. CONTROL (TAC 0.25 mg): 0.539

SAMPLE	COLLECTION DATE/TIME	1st USE DATE & TIME	LAST USE DATE & TIME	TIME COLLECT-1ST USE (TAC MAX 36h)	TIME 1st TO LAST USE (TAC MAX 72 h)
A	1/12/15 6:00	1/12/15 11:56	1/13/15 13:47	5h 56m	25h 51m
B	1/14/15 6:00	1/14/15 12:17	1/15/15 13:51	6h 17m	25h 34m
C	1/16/15 6:00	1/16/15 11:43	1/18/15 10:53	5h 43m	47h 10m
				0	0
				0	0

DCWS1501CPP

Larval Fish Growth and Survival Test-7 Day Survival

Start Date:		Test ID:	DCWS1501PP	Sample ID:	
End Date:		Lab ID:	CBI	Sample Type:	
Sample Date:		Protocol:	EPAF 94-EPA Freshwater	Test Species:	PP-Pimephales promelas
Comments:	DATA ENTERED BY PB				

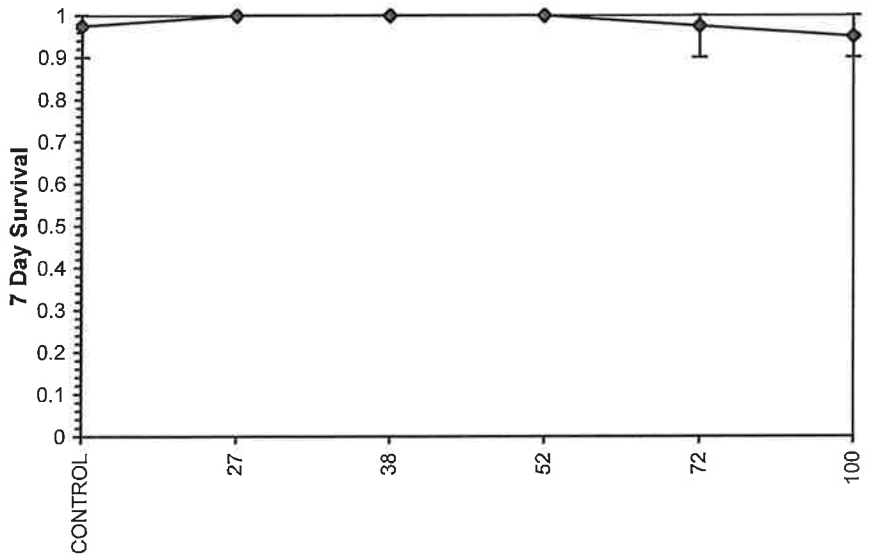
Conc-%	1	2	3	4
CONTROL	1.0000	1.0000	0.9000	1.0000
27	1.0000	1.0000	1.0000	1.0000
38	1.0000	1.0000	1.0000	1.0000
52	1.0000	1.0000	1.0000	1.0000
72	1.0000	1.0000	0.9000	1.0000
100	0.9000	1.0000	1.0000	0.9000

			Transform: Arcsin Square Root					Rank	1-Tailed
Conc-%	Mean	N-Mean	Mean	Min	Max	CV%	N	Sum	Critical
CONTROL	0.9750	1.0000	1.3713	1.2490	1.4120	5.942	4		
27	1.0000	1.0256	1.4120	1.4120	1.4120	0.000	4	20.00	10.00
38	1.0000	1.0256	1.4120	1.4120	1.4120	0.000	4	20.00	10.00
52	1.0000	1.0256	1.4120	1.4120	1.4120	0.000	4	20.00	10.00
72	0.9750	1.0000	1.3713	1.2490	1.4120	5.942	4	18.00	10.00
100	0.9500	0.9744	1.3305	1.2490	1.4120	7.072	4	16.00	10.00

Auxiliary Tests	Statistic	Critical	Skew	Kurt
Shapiro-Wilk's Test indicates non-normal distribution (p <= 0.01)	0.82981	0.884	-0.9927	0.8961
Equality of variance cannot be confirmed				

Hypothesis Test (1-tail, 0.05)	NOEC	LOEC	ChV	TU
Steel's Many-One Rank Test	100	>100		1

Dose-Response Plot



Larval Fish Growth and Survival Test-7 Day Biomass

Start Date:		Test ID:	DCWS1501PP	Sample ID:	
End Date:		Lab ID:	CBI	Sample Type:	
Sample Date:		Protocol:	EPAF 94-EPA Freshwater	Test Species:	PP-Pimephales promelas
Comments:	DATA ENTERED BY PB				

Conc-%	1	2	3	4
CONTROL	0.4880	0.5500	0.5340	0.5300
27	0.4230	0.5640	0.5820	0.5300
38	0.5010	0.5170	0.4460	0.6030
52	0.4390	0.5060	0.5330	0.5520
72	0.4700	0.4790	0.4440	0.5910
100	0.5070	0.4690	0.5200	0.5830

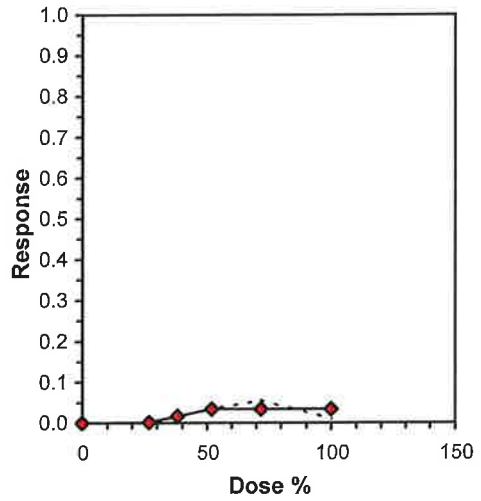
			Transform: Untransformed						1-Tailed		Isotonic	
Conc-%	Mean	N-Mean	Mean	Min	Max	CV%	N	t-Stat	Critical	MSD	Mean	N-Mean
CONTROL	0.5255	1.0000	0.5255	0.4880	0.5500	5.034	4				0.5255	1.0000
27	0.5248	0.9986	0.5248	0.4230	0.5820	13.564	4	0.019	2.410	0.0957	0.5248	0.9986
38	0.5168	0.9833	0.5168	0.4460	0.6030	12.587	4	0.220	2.410	0.0957	0.5168	0.9833
52	0.5075	0.9657	0.5075	0.4390	0.5520	9.737	4	0.453	2.410	0.0957	0.5078	0.9662
72	0.4960	0.9439	0.4960	0.4440	0.5910	13.115	4	0.743	2.410	0.0957	0.5078	0.9662
100	0.5198	0.9891	0.5198	0.4690	0.5830	9.119	4	0.145	2.410	0.0957	0.5078	0.9662

Auxiliary Tests	Statistic	Critical	Skew	Kurt
Shapiro-Wilk's Test indicates normal distribution (p > 0.01)	0.98564	0.884	0.01505	-0.2682
Bartlett's Test indicates equal variances (p = 0.74)	2.7545	15.0863		

Hypothesis Test (1-tail, 0.05)	NOEC	LOEC	ChV	TU	MSDu	MSDp	MSB	MSE	F-Prob	df
Dunnett's Test	100	>100		1	0.09568	0.18208	0.00052	0.00315	0.97243	5, 18

Linear Interpolation (200 Resamples)

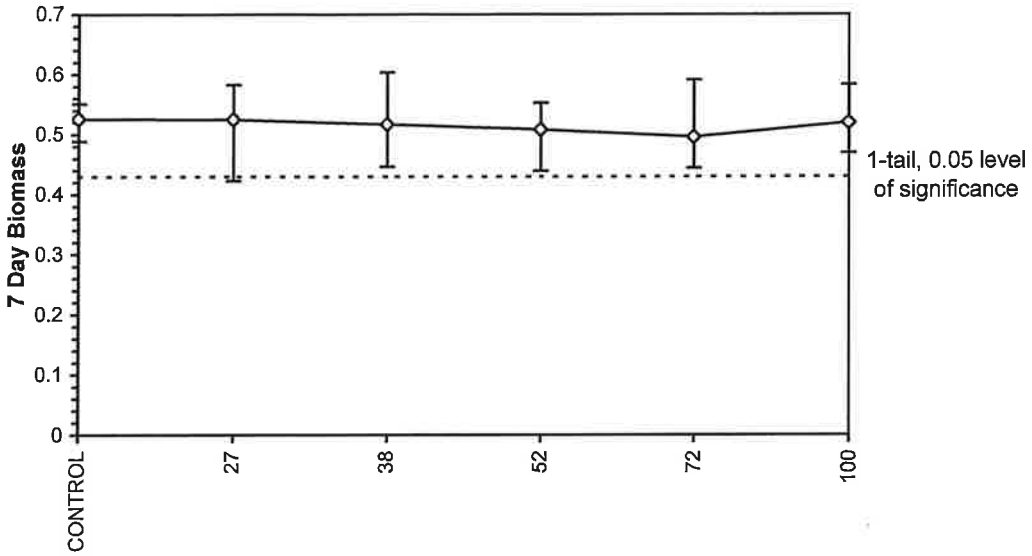
Point	%	SD	95% CL(Exp)	Skew
IC05	>100			
IC10	>100			
IC15	>100			
IC20	>100			
IC25	>100			
IC40	>100			
IC50	>100			



Larval Fish Growth and Survival Test-7 Day Biomass

Start Date:	Test ID:	DCWS1501PP	Sample ID:	
End Date:	Lab ID:	CBI	Sample Type:	
Sample Date:	Protocol:	EPAF 94-EPA Freshwater	Test Species:	PP-Pimephales promelas
Comments:	DATA ENTERED BY PB			

Dose-Response Plot



 ToxCalc v5.0.23 Reviewed by: pd

Effluent and Dilution Water Log (Freshwater Tests). FWEFFL061013

											SUMMARY WATER QUALITY DATA				
Initial sample charac-terization	Bottle(1):	A1	B1	C1							MEAN	S.D.	MIN.	MAX.	PARAMETER
	Arrival Temp. (oC, from CoC):	1	1	1							1	0.0	1	1	Arrival Temp.
	TRC (mg/l)(2):	<DL	<DL	<DL											
	TRC Corrected(2):														
	Hardness (mg/l):	156	130	138							141	13.3	130	156	Hardness (mg/l)
	Alkalinity (mg/l):	88	84	86							86	2.0	84	88	Alkalinity (mg/l)
	NH3-N (mg/l):	<1.0	1.2	<1.0											
	Color/Appearance(3):	C	C	C											
	Obvious odor?	NO	NO	NO											
	Date & Time:	1/12/15 10:47	1/14/15 11:18	1/16/15 11:07											
	Initials:	GB	GB	GB											
Sample prep measure-ments	Test Day:	Day 0	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7		MEAN	S.D.	MIN.	MAX.	
	Bottle(s):	A1,2	A1,2	B1,2	B1,2	C1,2	C1,2	C1,2							
	Prep. Temp. (oC):	25	25	25	25	25	25	25			25	0.0	25	25	Temp. (oC)
	D.O. (mg/l) After Warming:	10.4	10.6	10.3	9.4	10.9	10.4	10.6							
	Aeration Time (min):	3	3.5	3.5	3	4	4	4							
	Adjusted D.O. (mg/l):	8.2	8.2	8.2	8.2	8.2	8.2	8.2			8.2	0.0	8.2	8.2	D.O. (mg/l)
	Final pH (S.U.):	7.72	7.43	7.34	7.34	7.51	7.61	7.39			7.48	0.14	7.34	7.72	pH (S.U.)
	Conductivity (uS/cm)(4):	737	NA	1165	NA	803	NA	NA			902	230.4	737	1165	Cond. (uS/cm)
	Final TRC (mg/l)(5):	N.D.	N.D.	N.D.	N.D.	N.D.	N.D.	N.D.							
	Sample Filtered (60 um)?	✓	✓	✓	✓	✓	✓	✓							
	Date & Time:	1/12/15 11:22	1/13/15 13:23	1/14/15 11:47	1/15/15 11:31	1/16/15 11:39	1/17/15 13:11	1/18/15 10:11							
	Initials:	GB	AG	AG	BJA	RCD	GB	RCD							
Dilution water	Test Day:	Day 0	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7		MEAN	S.D.	MIN.	MAX.	
	Vat Number:	1	1	1	2	2	3	3							
	Temperature (oC):	25	25	24	25	25	28	25			25	1.3	24	28	Temp. (oC)
	Conductivity (uS/cm):	303	305	299	301	303	301	297			301	2.7	297	305	Cond. (uS/cm)
	D.O. (mg/l):	8.2	8.2	8.3	8.2	8.2	8.2	8.2			8.2	0.0	8.2	8.3	D.O. (mg/l)
	pH (S.U.):	7.80	7.71	7.70	7.74	7.70	7.89	7.85			7.77	0.08	7.70	7.89	pH (S.U.)
	Hardness (mg/l):	98	98	98	84	84	96	96			93	6.5	84	98	Hardness (mg/l)
	Alkalinity (mg/l):	59	59	59	58	58	58	58			58	0.5	58	59	Alkalinity (mg/l)
	Date & Time:	1/12/15 8:30	1/13/15 8:30	1/14/15 9:15	1/15/15 8:45	1/16/15 8:30	1/17/15 9:00	1/18/15 8:25							
	Initials:	GB	GB	GB	AG	GB	RCD	RCD							
	Changes & Notes (Initials, date, specific change or notes)														
	Peer review Initial/Date:	PB	1/20/15 10:33	DILUTION WATER TYPE:	Mod. Hard Synthetic Freshwater (EPA)										
PROJECT ID:	DCWS1501	ADDITIONAL EFFLUENT TREATMENT:													

ND=Not Determined/Measured, NA=Not Applicable. 1) Ninth character of lab sample ID on chain of custody AND bottle number in collection series. Together with Project ID constitutes entire sample bottle ID. 2) TRC MDL 0.02 mg/l; QL 0.22 mg/l. Corrected value if Mn, Cr potential positive interference. Corrected using KI and NaAsO2. 3) C-clear, O-opaque, T-turbid, S-solids (Sl-slight, M-moderate, H-heavy), Y-yellow, B-brown, Bl-black, G-green, P-pink, Gr-grey, Or-orange. 4) Measured on first use of sample only. 5) Final TRC measured only if chlorine present in initial characterization.

Coastal Bioanalysts
6400 Enterprise Court, Gloucester, VA 23061
PH: 804-694-8285, FAX: 804-695-1129
www.coastalbio.com

SAMPLE INFORMATION/CHAIN-OF-CUSTODY (FORM ETF2011I Rev. 8/7/13)

Lab Sample ID (Lab Use Only): D C W S 1 5 0 1 - A

A A A A Y Y N N (Project ID) — A (Spl)

CBI Login # 15-0013

FACILITY INFORMATION

CLIENT/FACILITY NAME	DC Water & Sewer Authority	CONTACT & PHONE #	Elaine Wilson 202-787-4177
NPDES PERMIT NO	DC0021199	OUTFALL # OR LOCATION	002
SAMPLE CHLORINATED?	SAMPLE DECHLORINATED? ✓	IF CHLORINE PRESENT UPON ARRIVAL AT LAB, DOES PERMIT SPECIFY DECHLORINATION OF SAMPLES?	

TESTS REQUESTED:	SPECIES OR EPA METH #		ACUTE	CHRONIC
	SPECIES OR EPA METH #	C. dubia	☐	☑
		P. promelas	☐	☑

OTHER TESTS: 100, 72, 52, 38, 27

A SPECIFIC DILUTION SERIES MAY BE REQUIRED IN THE PERMIT. A DEFAULT SERIES OF 100, 50, 25, 12.5 AND 6.3%, OR CONCENTRATIONS USED IN PRIOR TESTING, WILL BE USED UNLESS INDICATED OTHERWISE. **IF IN DOUBT PLEASE ATTACH A COPY OF APPLICABLE PERMIT PAGES.**

GRAB SAMPLE INFORMATION

SAMPLE DATE	SAMPLE TIME	SAMPLE VOLUME

COMPOSITE SAMPLE INFORMATION

SAMPLE START DATE & TIME	1/11/15 0600	SAMPLE END DATE & TIME	1/12/15 0600	AUTOSAMPLER TEMP. (°C)	2 4°C
TIME OR FLOW PROPORTIONAL COMPOSITE INFORMATION*	NUMBER SUBSAMPLES 49	VOL (ml) SUBSAMPLES 180		TIME INCREMENT 30 min	
	SET VOLUME SUBSAMPLE 180	SET VOLUME FLOW NA		TOTAL VOLUME 2.5 gal x 2	

*FOR VARIABLE VOLUME SUBSAMPLES BASED ON FLOW (COMPOSITING "BY HAND") ATTACH SAMPLE AND FLOW INFORMATION ON SEPARATE SHEET

FIELD MEASUREMENTS

DISCHARGE TEMP (°C)	DISCHARGE pH (S.U.)	SAMPLE TEMP (°C)	SAMPLE pH (S.U.)	SAMPLE TRC (mg/l)	DATE/TIME (e.g. 02/23/00 1835)	INITIALS
16.5	6.41	<4°C	6.41	<0.1	1/12/15	EW

MEASUREMENTS MUST BE TAKEN WITHIN 15 MINUTES OF SAMPLE OR LAST SUBSAMPLE COLLECTION.

COMMENTS:

Elaine Wilson (PRINTED NAME/AFFILIATION SAMPLER/ANALYST) — Elaine Wilson (SIGNATURE) — 1/12/15 (DATE)

RELINQUISHED BY	DATE	TIME	RECEIVED BY
Elaine Wilson	1/12/15	7:45a	Robert B Jewell
Robert B Jewell	1/12/15	1035	[illegible]

SHIPPING METHOD: UPS____ FEDEX____ HAND DELIVERY ✓

DO NOT SHIP FEDEX STANDARD OVERNIGHT. SAMPLES MUST ARRIVE AT LAB BY NOON.

CONDITION ON ARRIVAL: ACCEPTABLE ✓ OTHER____

SAMPLE TEMP: (°C) 1 ARRIVED ON ICE? Y ✓ N___ CUSTODY SEAL: INTACT___ BROKEN___ ABSENT ✓

NOTE: It is the responsibility of the sampler to insure that samples are properly collected, preserved (>0-6° C) and shipped. Sample hold time is 36 h. Additional costs may be incurred by improper preservation, shipping or receipt of samples after 3 p.m. or on weekends and holidays.

Coastal Bioanalysts
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PH: 804-694-8285, FAX: 804-695-1129
www.coastalbio.com

SAMPLE INFORMATION/CHAIN-OF-CUSTODY (FORM ETF2011I Rev. 8/7/13)

Lab Sample ID (Lab Use Only): D C W S 1 5 0 1 - B

A A A A Y Y N N — Project ID; A — Spl

CBI Login # 15-0038

FACILITY INFORMATION

CLIENT/FACILITY NAME	DC Water & Sewer Authority	CONTACT & PHONE #	Elaine Wilson 202-787-4177
NPDES PERMIT NO	DC0021199	OUTFALL # OR LOCATION	002
SAMPLE CHLORINATED?	SAMPLE DECHLORINATED?	IF CHLORINE PRESENT UPON ARRIVAL AT LAB, DOES PERMIT SPECIFY DECHLORINATION OF SAMPLES?	

TESTS REQUESTED:	SPECIES OR EPA METH #		ACUTE	CHRONIC
		C. dubia	☐	☑
		P. promelas	☐	☑

OTHER TESTS:

A SPECIFIC DILUTION SERIES MAY BE REQUIRED IN THE PERMIT. A DEFAULT SERIES OF 100, 50, 25, 12.5 AND 6.3%, OR CONCENTRATIONS USED IN PRIOR TESTING, WILL BE USED UNLESS INDICATED OTHERWISE. **IF IN DOUBT PLEASE ATTACH A COPY OF APPLICABLE PERMIT PAGES.**

GRAB SAMPLE INFORMATION

SAMPLE DATE	SAMPLE TIME	SAMPLE VOLUME

COMPOSITE SAMPLE INFORMATION

SAMPLE START DATE & TIME	1-13-15 0600	SAMPLE END DATE & TIME	1-14-15 0600	AUTOSAMPLER TEMP. (°C)	< 4°C
TIME OR FLOW PROPORTIONAL COMPOSITE INFORMATION*	NUMBER SUBSAMPLES 49	VOL (ml) SUBSAMPLES 180	TIME INCREMENT 30 min
	SET VOLUME SUBSAMPLE 180	SET VOLUME FLOW NA	TOTAL VOLUME 25 gal X 4

*FOR VARIABLE VOLUME SUBSAMPLES BASED ON FLOW (COMPOSITING "BY HAND") ATTACH SAMPLE AND FLOW INFORMATION ON SEPARATE SHEET

FIELD MEASUREMENTS

DISCHARGE TEMP (°C)	DISCHARGE pH (S.U.)	SAMPLE TEMP (°C)	SAMPLE pH (S.U.)	SAMPLE TRC (mg/l)	DATE/TIME (e.g. 02/23/00 1835)	INITIALS
160	6.5	<4°C	6.5	<0.1	1/14/15	RM

MEASUREMENTS MUST BE TAKEN WITHIN 15 MINUTES OF SAMPLE OR LAST SUBSAMPLE COLLECTION.

COMMENTS:

Ryan Maisano (PRINTED NAME/AFFILIATION SAMPLER/ANALYST) — [signature] (SIGNATURE) — 1-14-15 (DATE)

RELINQUISHED BY	DATE	TIME	RECEIVED BY
[signature]	1-14-15	0700	[signature]
[signature]	1/14/15	1055	[signature]

SHIPPING METHOD: UPS____ FEDEX____ HAND DELIVERY ✓

DO NOT SHIP FEDEX STANDARD OVERNIGHT. SAMPLES MUST ARRIVE AT LAB BY NOON.

CONDITION ON ARRIVAL: ACCEPTABLE ✓ OTHER____

SAMPLE TEMP: (°C) 1 ARRIVED ON ICE? Y ✓ N__ CUSTODY SEAL: INTACT__ BROKEN__ ABSENT ✓

NOTE: It is the responsibility of the sampler to insure that samples are properly collected, preserved (>0-6° C) and shipped. Sample hold time is 36 h. Additional costs may be incurred by improper preservation, shipping or receipt of samples after 3 p.m. or on weekends and holidays.

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SAMPLE INFORMATION/CHAIN-OF-CUSTODY (FORM ETF2011I Rev. 8/7/13)

Lab Sample ID (Lab Use Only): D C W S 1 5 D 1 - C
A A A A Y Y N N (Project ID) — A (Spl)

CBI Login # 15-0047

FACILITY INFORMATION

CLIENT/FACILITY NAME	DC Water & Sewer Authority	CONTACT & PHONE #	Elaine Wilson 202-787-4177
NPDES PERMIT NO	DC 0021199	OUTFALL # OR LOCATION	002
SAMPLE CHLORINATED?	SAMPLE DECHLORINATED?	IF CHLORINE PRESENT UPON ARRIVAL AT LAB, DOES PERMIT SPECIFY DECHLORINATION OF SAMPLES?	

TESTS REQUESTED:	SPECIES OR EPA METH #		ACUTE	CHRONIC
		C. dubia	☐	☑
		P. promelas	☐	☑

OTHER TESTS: 100, 72, 52, 38, 27

A SPECIFIC DILUTION SERIES MAY BE REQUIRED IN THE PERMIT. A DEFAULT SERIES OF 100, 50, 25, 12.5 AND 6.3%, OR CONCENTRATIONS USED IN PRIOR TESTING, WILL BE USED UNLESS INDICATED OTHERWISE. **IF IN DOUBT PLEASE ATTACH A COPY OF APPLICABLE PERMIT PAGES.**

GRAB SAMPLE INFORMATION

SAMPLE DATE	SAMPLE TIME	SAMPLE VOLUME

COMPOSITE SAMPLE INFORMATION

SAMPLE START DATE & TIME	1-15-15 0600	SAMPLE END DATE & TIME	1-16-15 0600	AUTOSAMPLER TEMP. (°C)	<4°C
TIME OR FLOW PROPORTIONAL COMPOSITE INFORMATION	NUMBER SUBSAMPLES 49	VOL (ml) SUBSAMPLES 180		TIME INCREMENT 30 min	
	SET VOLUME SUBSAMPLE 180	SET VOLUME FLOW NA		TOTAL VOLUME 2.5 gal X 2	

FOR VARIABLE VOLUME SUBSAMPLES BASED ON FLOW (COMPOSITING "BY HAND") ATTACH SAMPLE AND FLOW INFORMATION ON SEPARATE SHEET

FIELD MEASUREMENTS

DISCHARGE TEMP (°C)	DISCHARGE pH (S.U.)	SAMPLE TEMP (°C)	SAMPLE pH (S.U.)	SAMPLE TRC (mg/l)	DATE/TIME (e.g. 02/23/00 1835)	INITIALS
15.3°C	6.53	15.3	6.53	<0.1	1-16-15 645	RM

MEASUREMENTS MUST BE TAKEN WITHIN 15 MINUTES OF SAMPLE OR LAST SUBSAMPLE COLLECTION.

COMMENTS:

Ryan Maisano / DC Water — (PRINTED NAME/AFFILIATION SAMPLER/ANALYST)
(SIGNATURE) — 1-16-15 (DATE)

RELINQUISHED BY	DATE	TIME	RECEIVED BY
Ryan Maisano	1-16-15	730	Robert B Jewell
Robert B Jewell	1-16-15	1055	S.A.

SHIPPING METHOD: UPS____ FEDEX____ HAND DELIVERY ✓

DO NOT SHIP FEDEX STANDARD OVERNIGHT. SAMPLES MUST ARRIVE AT LAB BY NOON.

CONDITION ON ARRIVAL: ACCEPTABLE ✓ OTHER____

SAMPLE TEMP: (°C) 4 ARRIVED ON ICE? Y ✓ N___ CUSTODY SEAL: INTACT ✓ BROKEN___ ABSENT___

NOTE: It is the responsibility of the sampler to insure that samples are properly collected, preserved (>0-6° C) and shipped. Sample hold time is 36 h. Additional costs may be incurred by improper preservation, shipping or receipt of samples after 3 p.m. or on weekends and holidays.

dc water is life

DISTRICT OF COLUMBIA WATER AND SEWER AUTHORITY | 5000 OVERLOOK AVENUE, SW | WASHINGTON, DC 20032

January 26, 2014/5

Ms. Norma Green, State Coordinator
Environmental Protection Agency, Region 3
Water Management Division
1650 Arch Street
Mail Code: 3WP60
Philadelphia, Pennsylvania 19103-2029

Dear Ms. Green:

Enclosed are the Blue Plains Discharge Monitoring Reports for December 2014.

Also enclosed are the following: (1) the Quarterly Public Accountability Statement, (2) the Quarterly Influent, Effluent and Biosolids Analysis for all Local Limit Parameters and (3) the Outfall 001 Disinfection Report as required by the National Pollutant Discharge Elimination System Permit.

If there are any questions, please contact Mr. Aklile Tesfaye, Director, Department of Wastewater Treatment on (202) 787-4008.

Sincerely yours,

Walter F. Bailey, P.E., DEE
Assistant General Manager
Wastewater Treatment

Enclosures

DCWATER:WB:mm

Client: DC Water & Sewer Authority
Project ID: DCWS1406
Client Sample ID: Outfall 002
Permit No: DC0021199
Sample Period: 10/27/14 to 10/31/14

Coastal Bioanalysts, Inc.

Report of Analysis: Whole Effluent Toxicity (WET)

Submitted To:	**Prepared By:**
Ms. Elaine Wilson DC Water & Sewer Authority 5000 Overlook Avenue SW Washington, DC 20032	Coastal Bioanalysts, Inc. 6400 Enterprise Court Gloucester, VA 23061 (804) 694-8285 www.coastalbio.com Contact: Peter F. De Lisle, Technical Director

Chronic Test Results*

Species-Test Method	Endpoint	NOEC	LOEC	ChrV	PMSD	$T.U._C$	IC25	48-h LC50	LC50 95% C.L.	$T.U._{Ac}$
C. dubia	Survival	100	>100	>100	N/A	N/A	N/A	>100	N/A	<1.00
EPA 1002.0	Reproduction	100	>100	>100	13	<1.00	>100	N/A	N/A	N/A
P. promelas	Survival	100	>100	>100	N/A	N/A	N/A	>100	N/A	<1.00
EPA 1000.0	Biomass	100	>100	>100	15	<1.00	>100	N/A	N/A	N/A

*Note: Details regarding test conduct and data analysis provided in attached bench sheets and printouts as applicable.

Chronic Test QA/QC Reference Toxicant: KCl Units: mg/l Test Organism Source: CBI Stock Cultures

Species-Method (Ref. Test Date)	Data Source	% Survival		Reproduction (# Young) or Biomass (mg)					RTT in Control?
		Cont.	NOEC	Cont.	NOEC	PMSD	IC25	IC25 A.L.	
C. dubia 1002.0	RTT	100	500	34.2	250	15	341	N/A	Yes
(10/14/14-10/20/14)	CC	99	500	26.9	250	20	337	262-412	
P. promelas 1000.0	RTT	100	500	0.68	500	9	620	N/A	Yes
(10/14/14-10/21/14)	CC	99	500	0.61	500	13	627	598-655	

Note: RTT = Reference Toxicant Test, CC = Control Chart, Cont. = Control group.

The results of analysis contained within this report relate only to the sample as received in the laboratory. This report shall not be reproduced except in full without written approval from the laboratory. Unless noted below, these test results meet all requirements of NELAP.

APPROVED:

Peter F. De Lisle, Ph.D.
Technical Director

11/10/14
Date

Deviations from, additions to, or exclusions from the test method, non-standard conditions or data qualifiers and, as appropriate, a statement of compliance/non-compliance: **NONE**

VELAP# 460030
EPA# VA01116

Coastal Bioanalysts, Inc.

GLOSSARY OF TERMS AND ABBREVIATIONS

A.L. (Acceptance Limits): The results of a given reference toxicant test are compared to the control chart mean value ± 2 standard deviations. These limits approximate the 95% probability limits for the "true" reference toxicant value.

Chronic Value (ChrV): The geometric mean of the NOEC and LOEC. Units are same as test concentration units.

C.L. (Confidence Limits): These are the probability limits, based on the data set and statistical model employed, that the "true value" lies within the limits specified. Typically limits are based on 95% or 99% probabilities.

Control chart: A cumulative summary chart of results from QC tests with reference toxicants. The results of a given reference toxicant test are compared to the control chart mean value and 95% Acceptance Limits (A.L.) (mean ± 2 standard deviations).

IC25: The concentration of sample or chemical, calculated from the data set using statistical models, causing a 25% reduction in test organism growth, reproduction, etc. The lower the IC25, the more toxic the chemical or sample. Units are same as test concentration units.

LC50: The concentration of sample or chemical, calculated from the data set using statistical models, causing a 50% reduction in test organism survival. The lower the LC50, the more toxic the chemical or sample. Units are same as test concentration units. Note: The LC50 value must always be associated with the duration of exposure. Thus 48-h LC50, 96-h LC50, etc. are calculated.

LOEC: Lowest-observable-effect-concentration. The lowest concentration of sample or chemical in a chronic test dilution series in which the test organisms exhibit a statistically significant reduction in any of the test end points (e.g. growth, survival, reproduction) compared to control organisms. Units are same as test concentration units.

PMSD: Percent Minimum Significant Difference: The minimum difference which can exist between a test treatment and the controls in a particular test and be statistically significant; a measure of test sensitivity. The lower the PMSD the more sensitive the test.

N/A: Not applicable.

N/D: Not determined or measured.

NOAEC: No-observable-acute-effect-concentration. The highest concentration of sample or chemical in an acute test dilution series in which the test organisms exhibit no statistically significant reduction in the test end point (e.g. survival) compared to control organisms. Units are same as test concentration units.

NOEC: No-observable-effect-concentration. The highest concentration of sample or chemical in a chronic test dilution series in which the test organisms exhibit no statistically significant reduction in any of the test end points (e.g. growth, survival, reproduction) compared to control organisms. Some regulatory definitions also require that the NOEC be less than the LOEC. Units are same as test concentration units.

Q.L.: Quantitation Limit. Level, concentration, or quantity of a target variable (analyte) that can be reported at a specified degree of confidence.

T.U.: Toxic units. Expresses the relative toxicity of an effluent in such a manner that the larger the toxic unit value the more toxic the effluent. $T.U._{Ac} = 100/LC50$. $T.U._{Chr} = 100/NOEC$ or $100/IC25$. A dimensionless unit.

VELAP# 460030
EPA# VA01116

water is life

DISTRICT OF COLUMBIA WATER AND SEWER AUTHORITY | 5000 OVERLOOK AVENUE, SW | WASHINGTON, DC 20032

~~September~~ 27, 2014
OCTOBER (GMPOYO)

Ms. Norma Green, State Coordinator
Environmental Protection Agency, Region 3
Water Management Division
1650 Arch Street
Mail Code: 3WP60
Philadelphia, Pennsylvania 19103-2029

Dear Ms. Green:

Enclosed are the Blue Plains Discharge Monitoring Reports for September 2014.

Also enclosed are the following: (1) the Quarterly Public Accountability Statement, (2) the Quarterly Influent, Effluent and Biosolids Analysis for all Local Limit Parameters and (3) the Outfall 001 Disinfection Report as required by the National Pollutant Discharge Elimination System Permit.

If there are any questions, please contact Mr. Aklile Tesfaye, Director, Department of Wastewater Treatment on (202) 787-4008.

Sincerely yours,

Walter F. Bailey, P.E., DEE
Assistant General Manager
Wastewater Treatment

Enclosures

DCWATER:WB:mm

Client: DC Water & Sewer Authority
Project ID: DCWS1403
Client Sample ID: Outfall 002
Permit No: DC0021199
Sample Period: 7/21/14 to 7/25/14

Coastal Bioanalysts, Inc.

Report of Analysis: Whole Effluent Toxicity (WET)

Submitted To:	**Prepared By:**
Ms. Elaine Wilson DC Water & Sewer Authority 5000 Overlook Avenue SW Washington, DC 20032	Coastal Bioanalysts, Inc. 6400 Enterprise Court Gloucester, VA 23061 (804) 694-8285 www.coastalbio.com Contact: Peter F. De Lisle, Technical Director

Chronic Test Results*

Species-Test Method	Endpoint	NOEC	LOEC	ChrV	PMSD	$T.U._C$	IC25	48-h LC50	LC50 95% C.L.	$T.U._{Ac}$
C. dubia	Survival	100	>100	>100	N/A	N/A	N/A	>100	N/A	<1.00
EPA 1002.0	Reproduction	100	>100	>100	14	<1.00	>100	N/A	N/A	N/A
P. promelas	Survival	100	>100	>100	N/A	N/A	N/A	>100	N/A	<1.00
EPA 1000.0	Biomass	100	>100	>100	12	<1.00	>100	N/A	N/A	N/A

*Note: Details regarding test conduct and data analysis provided in attached bench sheets and printouts as applicable.

Chronic Test QA/QC Reference Toxicant: KCl Units: mg/l Test Organism Source: CBI Stock Cultures

Species-Method (Ref. Test Date)	Data Source	% Survival		Reproduction (# Young) or Biomass (mg)					RTT in Control?
		Cont.	NOEC	Cont.	NOEC	PMSD	IC25	IC25 A.L.	
C. dubia 1002.0	RTT	100	500	25.2	250	16	320	N/A	Yes
(7/1/14-7/7/14)	CC	99	500	26.5	250	21	337	263-411	
P. promelas 1000.0	RTT	100	500	0.57	500	10	618	N/A	Yes
(7/1/14-7/8/14)	CC	99	500	0.62	500	14	622	574-669	

Note: RTT = Reference Toxicant Test, CC = Control Chart, Cont. = Control group.

The results of analysis contained within this report relate only to the sample as received in the laboratory. This report shall not be reproduced except in full without written approval from the laboratory. Unless noted below, these test results meet all requirements of NELAP.

APPROVED:

Peter F. De Lisle, Ph.D.
Technical Director

7/30/14
Date

Deviations from, additions to, or exclusions from the test method, non-standard conditions or data qualifiers and, as appropriate, a statement of compliance/non-compliance: **NONE**

VELAP# 460030
EPA# VA01116

Coastal Bioanalysts, Inc.

GLOSSARY OF TERMS AND ABBREVIATIONS

A.L. (Acceptance Limits): The results of a given reference toxicant test are compared to the control chart mean value ± 2 standard deviations. These limits approximate the 95% probability limits for the "true" reference toxicant value.

Chronic Value (ChrV): The geometric mean of the NOEC and LOEC. Units are same as test concentration units.

C.L. (Confidence Limits): These are the probability limits, based on the data set and statistical model employed, that the "true value" lies within the limits specified. Typically limits are based on 95% or 99% probabilities.

Control chart: A cumulative summary chart of results from QC tests with reference toxicants. The results of a given reference toxicant test are compared to the control chart mean value and 95% Acceptance Limits (A.L.) (mean ± 2 standard deviations).

IC25: The concentration of sample or chemical, calculated from the data set using statistical models, causing a 25% reduction in test organism growth, reproduction, etc. The lower the IC25, the more toxic the chemical or sample. Units are same as test concentration units.

LC50: The concentration of sample or chemical, calculated from the data set using statistical models, causing a 50% reduction in test organism survival. The lower the LC50, the more toxic the chemical or sample. Units are same as test concentration units. Note: The LC50 value must always be associated with the duration of exposure. Thus 48-h LC50, 96-h LC50, etc. are calculated.

LOEC: Lowest-observable-effect-concentration. The lowest concentration of sample or chemical in a chronic test dilution series in which the test organisms exhibit a statistically significant reduction in any of the test end points (e.g. growth, survival, reproduction) compared to control organisms. Units are same as test concentration units.

PMSD: Percent Minimum Significant Difference: The minimum difference which can exist between a test treatment and the controls in a particular test and be statistically significant; a measure of test sensitivity. The lower the PMSD the more sensitive the test.

N/A: Not applicable.

N/D: Not determined or measured.

NOAEC: No-observable-acute-effect-concentration. The highest concentration of sample or chemical in an acute test dilution series in which the test organisms exhibit no statistically significant reduction in the test end point (e.g. survival) compared to control organisms. Units are same as test concentration units.

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Q.L.: Quantitation Limit. Level, concentration, or quantity of a target variable (analyte) that can be reported at a specified degree of confidence.

T.U.: Toxic units. Expresses the relative toxicity of an effluent in such a manner that the larger the toxic unit value the more toxic the effluent. $T.U._{Ac} = 100/LC50$. $T.U._{Chr} = 100/NOEC$ or $100/IC25$. A dimensionless unit.

VELAP# 460030
EPA# VA01116

water is life

DISTRICT OF COLUMBIA WATER AND SEWER AUTHORITY | 5000 OVERLOOK AVENUE, SW | WASHINGTON, DC 20032

July 23, 2014

Ms. Norma Green, State Coordinator
Environmental Protection Agency, Region 3
Water Management Division
1650 Arch Street
Mail Code: 3WP60
Philadelphia, Pennsylvania 19103-2029

Dear Ms. Green:

Enclosed is the Blue Plains Discharge Monitoring Report for June 2014.

Also enclosed are the following: (1) the Quarterly Public Accountability Statement, (2) the Quarterly Influent, Effluent and Biosolids Analysis for all Local Limit Parameters and (3) the Outfall 001 Disinfection Report as required by the National Pollutant Discharge Elimination System Permit.

If there are any questions, please contact Mr. Aklile Tesfaye, Director, Department of Wastewater Treatment on (202) 787-4008.

Sincerely yours,

Walter F. Bailey, P.E., DEE
Assistant General Manager
for Wastewater Treatment

Enclosure

DCWASA: WFB:jj

Client: DC Water & Sewer Authority
Project ID: DCWS1401
Client Sample ID: Outfall 002
Permit No: DC0021199
Sample Period: 4/14/14 to 4/18/14

Coastal Bioanalysts, Inc.

Report of Analysis: Whole Effluent Toxicity (WET)

Submitted To:	**Prepared By:**
Ms. Elaine Wilson DC Water & Sewer Authority 5000 Overlook Avenue SW Washington, DC 20032	Coastal Bioanalysts, Inc. 6400 Enterprise Court Gloucester, VA 23061 (804) 694-8285 www.coastalbio.com Contact: Peter F. De Lisle, Technical Director

Chronic Test Results*

Species-Test Method	Endpoint	NOEC	LOEC	ChrV	PMSD	$T.U._C$	IC25	48-h LC50	LC50 95% C.L.	$T.U._{Ac}$
C. dubia	Survival	100	>100	>100	N/A	N/A	N/A	>100	N/A	<1.00
EPA 1002.0	Reproduction	100	>100	>100	22	<1.00	>100	N/A	N/A	N/A
P. promelas	Survival	100	>100	>100	N/A	N/A	N/A	>100	N/A	<1.00
EPA 1000.0	Biomass	72	100	84.9	13	1.12	89.4	N/A	N/A	N/A

*Note: Details regarding test conduct and data analysis provided in attached bench sheets and printouts as applicable.

Chronic Test QA/QC Reference Toxicant: KCl Units: mg/l Test Organism Source: CBI Stock Cultures

Species-Method (Ref. Test Date)	Data Source	% Survival		Reproduction (# Young) or Biomass (mg)					RTT in Control?
		Cont.	NOEC	Cont.	NOEC	PMSD	IC25	IC25 A.L.	
C. dubia 1002.0	RTT	100	500	25.3	250	14	369	N/A	Yes
(4/1/14-4/7/14)	CC	98	500	26.3	250	22	339	266-411	
P. promelas 1000.0	RTT	98	500	0.51	500	10	635	N/A	Yes
(4/1/14-4/8/14)	CC	98	500	0.64	500	14	622	590-655	

Note: RTT = Reference Toxicant Test, CC = Control Chart, Cont. = Control group.

The results of analysis contained within this report relate only to the sample as received in the laboratory. This report shall not be reproduced except in full without written approval from the laboratory. Unless noted below, these test results meet all requirements of NELAP.

APPROVED:

Peter F. De Lisle, Ph.D.
Technical Director

4/22/14
Date

Deviations from, additions to, or exclusions from the test method, non-standard conditions or data qualifiers and, as appropriate, a statement of compliance/non-compliance: **NONE**

VELAP# 460030
EPA# VA01116

Coastal Bioanalysts, Inc.

GLOSSARY OF TERMS AND ABBREVIATIONS

A.L. (Acceptance Limits): The results of a given reference toxicant test are compared to the control chart mean value ± 2 standard deviations. These limits approximate the 95% probability limits for the "true" reference toxicant value.

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IC25: The concentration of sample or chemical, calculated from the data set using statistical models, causing a 25% reduction in test organism growth, reproduction, etc. The lower the IC25, the more toxic the chemical or sample. Units are same as test concentration units.

LC50: The concentration of sample or chemical, calculated from the data set using statistical models, causing a 50% reduction in test organism survival. The lower the LC50, the more toxic the chemical or sample. Units are same as test concentration units. Note: The LC50 value must always be associated with the duration of exposure. Thus 48-h LC50, 96-h LC50, etc. are calculated.

LOEC: Lowest-observable-effect-concentration. The lowest concentration of sample or chemical in a chronic test dilution series in which the test organisms exhibit a statistically significant reduction in any of the test end points (e.g. growth, survival, reproduction) compared to control organisms. Units are same as test concentration units.

PMSD: Percent Minimum Significant Difference: The minimum difference which can exist between a test treatment and the controls in a particular test and be statistically significant; a measure of test sensitivity. The lower the PMSD the more sensitive the test.

N/A: Not applicable.

N/D: Not determined or measured.

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NOEC: No-observable-effect-concentration. The highest concentration of sample or chemical in a chronic test dilution series in which the test organisms exhibit no statistically significant reduction in any of the test end points (e.g. growth, survival, reproduction) compared to control organisms. Some regulatory definitions also require that the NOEC be less than the LOEC. Units are same as test concentration units.

Q.L.: Quantitation Limit. Level, concentration, or quantity of a target variable (analyte) that can be reported at a specified degree of confidence.

T.U.: Toxic units. Expresses the relative toxicity of an effluent in such a manner that the larger the toxic unit value the more toxic the effluent. $T.U._{Ac} = 100/LC50$. $T.U._{Chr} = 100/NOEC$ or $100/IC25$. A dimensionless unit.

VELAP# 460030
EPA# VA01116

water is life

DISTRICT OF COLUMBIA WATER AND SEWER AUTHORITY | 5000 OVERLOOK AVENUE, SW | WASHINGTON, DC 20032

July 24, 2013

Ms. Norma Green, State Coordinator
Environmental Protection Agency, Region 3
Water Management Division
1650 Arch Street
Mail Code: 3WP60
Philadelphia, Pennsylvania 19103-2029

Dear Ms. Green:

Enclosed is the Blue Plains Discharge Monitoring Report for June 2013.

Also enclosed are the following: (1) the Quarterly Public Accountability Statement, (2) the Quarterly Influent, Effluent and Biosolids Analysis for all Local Limit Parameters and (3) the Outfall 001 Disinfection Report as required by the National Pollutant Discharge Elimination System Permit.

If there are any questions, please contact Mr. Aklile Tesfaye, Director, Department of Wastewater Treatment on (202) 787-4008.

Sincerely yours,

Walter F. Bailey, P.E., DEE
Assistant General Manager
for Wastewater Treatment

Enclosure

DCWASA: WFB:jj

Client: DC Water & Sewer Authority
Project ID: DCWS1302
Client Sample ID: Outfall 002
Permit No: DC0021199
Sample Period: 6/24/13 to 6/28/13

Coastal Bioanalysts, Inc.

Report of Analysis: Whole Effluent Toxicity (WET)

Submitted To:	**Prepared By:**
Ms. Elaine Wilson DC Water & Sewer Authority 5000 Overlook Avenue SW Washington, DC 20032	Coastal Bioanalysts, Inc. 6400 Enterprise Court Gloucester, VA 23061 (804) 694-8285 www.coastalbio.com Contact: Peter F. De Lisle, Technical Director

Chronic Test Results*

Species-Test Method	Endpoint	NOEC	LOEC	ChrV	PMSD	$T.U._C$	IC25	48-h LC50	LC50 95% C.L.	$T.U._{Ac}$
C. dubia	Survival	100	>100	>100	N/A	1.00	N/A	>100	N/A	<1.00
EPA 1002.0	Reproduction	100	>100	>100	26	1.00	>100	N/A	N/A	N/A
P. promelas	Survival	100	>100	>100	N/A	1.00	N/A	>100	N/A	<1.00
EPA 1000.0	Biomass	100	>100	>100	11	1.00	>100	N/A	N/A	N/A

*Note: Details regarding test conduct and data analysis provided in attached bench sheets and printouts as applicable.

Chronic Test QA/QC Reference Toxicant: KCl Units: mg/l Test Organism Source: CBI Stock Cultures

Species-Method (Ref. Test Date)	Data Source	% Survival Cont.	% Survival NOEC	Reproduction (# Young) or Biomass (mg) Cont.	NOEC	PMSD	IC25	IC25 A.L.	RTT in Control?
C. dubia 1002.0	RTT	100	250	26.2	250	27	282	N/A	Yes
(6/1/13-6/7/13)	CC	97	500	25.9	250	22	320	230-410	
P. promelas 1000.0	RTT	100	500	0.70	500	10	608	N/A	Yes
(5/31/13-6/7/13)	CC	98	500	0.69	500	15	611	566-656	

Note: RTT = Reference Toxicant Test, CC = Control Chart, Cont. = Control group.

The results of analysis contained within this report relate only to the sample as received in the laboratory. This report shall not be reproduced except in full without written approval from the laboratory. Unless noted below, these test results meet all requirements of NELAP.

APPROVED:

Peter F. De Lisle, Ph.D.
Technical Director

7/2/13
Date

Deviations from, additions to, or exclusions from the test method, non-standard conditions or data qualifiers and, as appropriate, a statement of compliance/non-compliance: **NONE**

GLOSSARY OF TERMS AND ABBREVIATIONS

A.L. (Acceptance Limits): The results of a given reference toxicant test are compared to the control chart mean value ± 2 standard deviations. These limits approximate the 95% probability limits for the "true" reference toxicant value.

Chronic Value (ChrV): The geometric mean of the NOEC and LOEC. Units are same as test concentration units.

VELAP# 460030
EPA# VA01116

water is life

DISTRICT OF COLUMBIA WATER AND SEWER AUTHORITY | 5000 OVERLOOK AVENUE, SW | WASHINGTON, DC 20032

April 23, 2012

Ms. Norma Green, State Coordinator
Environmental Protection Agency, Region 3
Water Management Division
1650 Arch Street
Mail Code: 3WP60
Philadelphia, Pennsylvania 19103-2029

Dear Ms. Green:

Enclosed is the Blue Plains Discharge Monitoring Report for March 2012.

Also enclosed are the following: (1) the Quarterly Public Accountability Statement, (2) the Quarterly Influent, Effluent and Biosolids Analysis for all Local Limit Parameters and (3) the Outfall 001 Disinfection Report as required by the National Pollutant Discharge Elimination System Permit.

If there are any questions, please contact Mr. Aklile Tesfaye, Director, Department of Wastewater Treatment on (202) 787-4008.

Sincerely yours,

Walter F. Bailey, P.E., DEE
Assistant General Manager
for Wastewater Treatment

Enclosure

DCWASA: WFB:jj

Client: DC Water & Sewer Authority
Project ID: DCWS1202
Client Sample ID: Outfall 002
Permit No: DC0021199
Sample Period: 3/19/12 to 3/23/12

Coastal Bioanalysts, Inc.

Report of Analysis: Whole Effluent Toxicity (WET)

Submitted To:	Prepared By:
Ms. Elaine Wilson DC Water & Sewer Authority 5000 Overlook Avenue SW Washington, DC 20032	Coastal Bioanalysts, Inc. 6400 Enterprise Court Gloucester, VA 23061 (804) 694-8285 www.coastalbio.com Contact: Peter F. De Lisle, Technical Director

Chronic Test Results*

Species-Test Method	Endpoint	NOEC	LOEC	ChrV	PMSD	$T.U._C$	IC25	48-h LC50	LC50 95% C.L.	$T.U._{Ac}$
C. dubia	Survival	100	>100	>100	N/A	1.00	N/A	>100	N/A	<1.00
EPA 1002.0	Reproduction	100	>100	>100	23	1.00	>100	N/A	N/A	N/A
P. promelas	Survival	100	>100	>100	N/A	1.00	N/A	>100	N/A	<1.00
EPA 1000.0	Biomass	100	>100	>100	17	1.00	>100	N/A	N/A	N/A

*Note: Details regarding test conduct and data analysis provided in attached bench sheets and printouts as applicable.

Chronic Test Biological Summary Data		Sample Concentration (%)					
Species-Method	Endpoint	Control	27.0	38.0	52.0	72.0	100
C. dubia EPA 1002.0	Survival (%):	100	90	100	100	90	100
	Repro (# young):	26.9	22.3	22.0	22.3	22.3	25.6
P. promelas EPA 1000.0	Survival (%):	98	95	98	98	98	98
	Biomass (mg):	0.739	0.701	0.693	0.663	0.708	0.698

Test Information Species-Method	Start Date/Time End Date/Time	Organism Source	Hatch/Harvest Date/Time	Acclimation Temp.	Acclimation Water	Test Aerated?
C. dubia EPA 1002.0	3/19/12 1455 3/25/12 1330	CBI Stock	3/18/12 2200 3/19/12 0600	25° C	Mod. Hard Syn. FW	No
P. promelas EPA 1000.0	3/19/12 1520 3/26/12 1455	CBI Stock	3/19/12 0730 3/19/12 1300	25° C	Mod. Hard Syn. FW	No

Sample/Dilution Water Data	Chronic Test			
	Sample		Dilution Water*	
Water Quality Parameter (Units)	Mean	Std. Dev.	Mean	Std. Dev.
Arrival Temperature (°C)	1	0	N/A	N/A
Use Temperature (°C)	25	0	25	0.4
Conductivity (µS/cm)	611	12	292	2.2
pH (S.U.)	7.36	0.17	7.60	0.03
Dissolved Oxygen (mg/l)	8.2	0	8.2	0
Total Hardness (mg/l as $CaCO_3$)	140	3.5	84	1.3
Alkalinity (mg/l as $CaCO_3$)	61	3.8	61	1.7
Total Residual Chlorine (mg/l)	<Q.L.	0	N/A	N/A
Ammonia (mg/l NH_3-N)	<1.0	0	N/A	N/A

*Dilution water = Moderately hard synthetic freshwater

VELAP# 460030
EPA# VA01116

Client: DC Water & Sewer Authority
Project ID: DCWS1202
Client Sample ID: Outfall 002
Permit No: DC0021199
Sample Period: 3/19/12 to 3/23/12

Coastal Biomalysts, Inc.

Sample Aging/Use/Pretreatment				
CBI Sample I.D.	Collection Date/Time	Date(s)/Time(s) 1st Used in Tests	Date(s)/Time(s) Used in Renewals	Sample Adjustments
DCWS1202-A	3/19/12 0730	3/19/12 1455, 1520	3/20/12 1500, 1500	Aerated 3.5 min
DCWS1202-B	3/21/12 0730	3/21/12 1450, 1515	3/22/12 1400, 1405	Aerated 3-3.5 min
DCWS1202-C	3/23/12 0730	3/23/12 1510, 1550	3/24/12 1435, 1505 3/25/12 1320	Aerated 3.5 min

Chronic Test Water Quality (Mean/Std. Dev.)												
Test:	*C. dubia* 1002.0						*P. promelas* 1000.0					
% Conc:	Cont.	27.0	38.0	52.0	72.0	100	Cont.	27.0	38.0	52.0	72.0	100
Temp. (°C)	26 0.5	26 0.5	26 0.5	26 0.5	26 0.5	26 0.5	25 0.3	25 0.3	25 0.4	25 0.4	25 0.4	25 0.4
D.O. (mg/l)	8.2 0.2	8.5 0.6	8.6 0.6	8.6 0.6	8.8 0.7	8.8 0.7	7.6 0.6	7.5 0.7	7.4 0.8	7.3 0.8	7.4 0.7	7.5 0.7
pH (S.U.)	7.66 0.13	7.89 0.34	7.96 0.40	7.93 0.37	7.95 0.37	7.96 0.37	7.34 0.21	7.31 0.23	7.31 0.24	7.31 0.23	7.30 0.22	7.28 0.19
Cond. (µS/cm)	290 1.7	377 5.4	412 4.6	459 5.4	526 14	617 8.6	291 1.5	378 4.7	415 4.1	460 7.2	525 9.3	624 8.6

Chronic Test QA/QC Reference Toxicant: KCl Units: mg/l Test Organism Source: CBI Stock Cultures									
Species-Method (Ref. Test Date)	Data Source	% Survival		Reproduction (# Young) or Biomass (mg)					RTT in Control?
		Cont.	NOEC	Cont.	NOEC	PMSD	IC25	IC25 A.L.	
C. dubia 1002.0	RTT	100	250	22.3	250	34	274	N/A	Yes
(3/7/12-3/13/12)	CC	99	500	25.6	250	24	304	231-378	
P. promelas 1000.0	RTT	98	500	0.85	500	9	601	N/A	Yes
(3/7/12-3/14/12)	CC	97	500	0.76	500	16	608	563-654	

Note: RTT = Reference Toxicant Test, CC = Control Chart, Cont. = Control group.

The results of analysis contained within this report relate only to the sample as received in the laboratory. This report shall not be reproduced except in full without written approval from the laboratory. Unless noted below, these test results meet all requirements of NELAP.

APPROVED:

Peter F. De Lisle, Ph.D.
Technical Director

3/28/12
Date

Deviations from, additions to, or exclusions from the test method, non-standard conditions or data qualifiers and, as appropriate, a statement of compliance/non-compliance: **NONE**

GLOSSARY OF TERMS AND ABBREVIATIONS

A.L. (Acceptance Limits): The results of a given reference toxicant test are compared to the control chart mean value ± 2 standard deviations. These limits approximate the 95% probability limits for the "true" reference toxicant value.

VELAP# 460030
EPA# VA01116

Coastal Bioanalysts, Inc.

Chronic Value (ChrV): The geometric mean of the NOEC and LOEC. Units are same as test concentration units.

C.L. (Confidence Limits): These are the probability limits, based on the data set and statistical model employed, that the "true value" lies within the limits specified. Typically limits are based on 95% or 99% probabilities.

Control chart: A cumulative summary chart of results from QC tests with reference toxicants. The results of a given reference toxicant test are compared to the control chart mean value and 95% Acceptance Limits (A.L.) (mean $\pm$ 2 standard deviations).

IC25: The concentration of sample or chemical, calculated from the data set using statistical models, causing a 25% reduction in test organism growth, reproduction, etc. The lower the IC25, the more toxic the chemical or sample. Units are same as test concentration units.

LC50: The concentration of sample or chemical, calculated from the data set using statistical models, causing a 50% reduction in test organism survival. The lower the LC50, the more toxic the chemical or sample. Units are same as test concentration units. Note: The LC50 value must always be associated with the duration of exposure. Thus 48-h LC50, 96-h LC50, etc. are calculated.

LOEC: Lowest-observable-effect-concentration. The lowest concentration of sample or chemical in a chronic test dilution series in which the test organisms exhibit a statistically significant reduction in any of the test end points (e.g. growth, survival, reproduction) compared to control organisms. Units are same as test concentration units.

PMSD: Percent Minimum Significant Difference: The minimum difference which can exist between a test treatment and the controls in a particular test and be statistically significant; a measure of test sensitivity. The lower the PMSD the more sensitive the test.

N/A: Not applicable.

N/D: Not determined or measured.

NOAEC: No-observable-acute-effect-concentration. The highest concentration of sample or chemical in an acute test dilution series in which the test organisms exhibit no statistically significant reduction in the test end point (e.g. survival) compared to control organisms. Units are same as test concentration units.

NOEC: No-observable-effect-concentration. The highest concentration of sample or chemical in a chronic test dilution series in which the test organisms exhibit no statistically significant reduction in any of the test end points (e.g. growth, survival, reproduction) compared to control organisms. Some regulatory definitions also require that the NOEC be less than the LOEC. Units are same as test concentration units.

Q.L.: Quantitation Limit. Level, concentration, or quantity of a target variable (analyte) that can be reported at a specified degree of confidence.

T.U.: Toxic units. Expresses the relative toxicity of an effluent in such a manner that the larger the toxic unit value the more toxic the effluent. $T.U._{Ac} = 100/LC50$. $T.U._{Chr} = 100/NOEC$ or $100/IC25$. A dimensionless unit.

VELAP# 460030
EPA# VA01116

water is life

DISTRICT OF COLUMBIA WATER AND SEWER AUTHORITY | 5000 OVERLOOK AVENUE, SW | WASHINGTON, DC 20032

October 25, 2011

Ms. Norma Green, State Coordinator
Environmental Protection Agency, Region 3
Water Management Division
1650 Arch Street
Mail Code: 3WP60
Philadelphia, Pennsylvania 19103-2029

Dear Ms. Green:

Enclosed is the Blue Plains Discharge Monitoring Report for September 2011.

Also enclosed are the following: (1) the Quarterly Public Accountability Statement, (2) the Quarterly Influent, Effluent and Biosolids Analysis for all Local Limit Parameters and (3) the Outfall 001 Disinfection Report as required by the National Pollutant Discharge Elimination System Permit.

If there are any questions, please contact Mr. Aklile Tesfaye, Director, Department of Wastewater Treatment on (202) 787-4008.

Sincerely yours,

Walter F. Bailey, P.E., DEE
Assistant General Manager
for Wastewater Treatment

Enclosure

DCWASA: WFB:jj

Client: DC Water & Sewer Authority
Project ID: DCWS1105
Client Sample ID: Outfall 002
Permit No: DC0021199
Sample Period: 7/11/11 to 7/15/11

Coastal Bioanalysts, Inc.

Report of Analysis: Whole Effluent Toxicity (WET)

Submitted To:	Prepared By:
Ms. Elaine Wilson DC Water & Sewer Authority 5000 Overlook Avenue SW Washington, DC 20032	Coastal Bioanalysts, Inc. 6400 Enterprise Court Gloucester, VA 23061 (804) 694-8285 www.coastalbio.com Contact: Peter F. De Lisle, Technical Director

Chronic Test Results*

Species-Test Method	Endpoint	NOEC	LOEC	ChrV	PMSD	$T.U._C$	IC25	48-h LC50	LC50 95% C.L.	$T.U._{Ac}$
C. dubia	Survival	100	>100	>100	N/A	1.00	N/A	>100	N/A	<1.00
EPA 1002.0	Reproduction	100	>100	>100	13	1.00	>100	N/A	N/A	N/A
P. promelas	Survival	100	>100	>100	N/A	1.00	N/A	>100	N/A	<1.00
EPA 1000.0	Biomass	100	>100	>100	17	1.00	>100	N/A	N/A	N/A

*Note: Details regarding test conduct and data analysis provided in attached bench sheets and printouts as applicable.

Chronic Test Biological Summary Data		Sample Concentration (%)					
Species-Method	Endpoint	Control	27.0	38.0	52.0	72.0	100
C. dubia EPA 1002.0	Survival (%):	100	100	100	100	100	100
	Repro (# young):	36.9	34.6	37.4	36.3	34.8	37.9
P. promelas EPA 1000.0	Survival (%):	100	93	95	90	98	93
	Biomass (mg):	0.844	0.809	0.817	0.736	0.731	0.758

Test Information Species-Method	Start Date/Time End Date/Time	Organism Source	Hatch/Harvest Date/Time	Acclimation Temp.	Acclimation Water	Test Aerated?
C. dubia EPA 1002.0	7/11/11 1335 7/17/11 1345	CBI Stock	7/10/11 1340 7/10/10 1735	25° C	Mod. Hard Syn. FW	No
P. promelas EPA 1000.0	7/11/11 1410 7/18/11 1505	CBI Stock	7/10/11 1600 7/11/11 0830	25° C	Mod. Hard Syn. FW	No

Sample/Dilution Water Data	Chronic Test			
	Sample		Dilution Water*	
Water Quality Parameter (Units)	Mean	Std. Dev.	Mean	Std. Dev.
Arrival Temperature (°C)	1	0	N/A	N/A
Use Temperature (°C)	25	0.4	25	0
Conductivity (µS/cm)	673	20	299	4.6
pH (S.U.)	7.69	0.06	7.63	0.04
Dissolved Oxygen (mg/l)	8.2	0	8.2	0
Total Hardness (mg/l as $CaCO_3$)	183	12	89	4.6
Alkalinity (mg/l as $CaCO_3$)	80	2.0	58	1.0
Total Residual Chlorine (mg/l)	<Q.L.	0	N/A	N/A
Ammonia (mg/l NH_3-N)	<1.0	0	N/A	N/A

*Dilution water = Moderately hard synthetic freshwater

VELAP# 460030
EPA# VA01116

Client: DC Water & Sewer Authority
Project ID: DCWS1105
Client Sample ID: Outfall 002
Permit No: DC0021199
Sample Period: 7/11/11 to 7/15/11

Coastal Bioanalysts, Inc.

Sample Aging/Use/Pretreatment				
CBI Sample I.D.	Collection Date/Time	Date(s)/Time(s) 1st Used in Tests	Date(s)/Time(s) Used in Renewals	Sample Adjustments
DCWS1105-A	7/11/11 0730	7/11/11 1335, 1410	7/12/11 1325, 1335	Aerated 2.5 min
DCWS1105-B	7/13/11 0730	7/13/11 1420, 1440	7/14/11 1425, 1500	Aerated 2.5 min
DCWS1105-C	7/15/11 0730	7/15/11 1430, 1515	7/16/11 1445, 1520 7/17/11 1305	Aerated 2.5-3 min

Chronic Test Water Quality (Mean/Std. Dev.)												
Test:	*C. dubia* 1002.0						*P. promelas* 1000.0					
% Conc:	Cont.	27.0	38.0	52.0	72.0	100	Cont.	27.0	38.0	52.0	72.0	100
Temp. (°C)	25 0	25 0	25 0	25 0	25 0	25 0.3	25 0.4	25 0.4	25 0.4	25 0.4	25 0.4	25 0.4
D.O. (mg/l)	8.2 0.1	8.3 0.2	8.4 0.2	8.4 0.3	8.5 0.3	8.6 0.4	7.8 0.6	7.7 0.7	7.7 0.6	7.7 0.6	7.7 0.6	7.7 0.6
pH (S.U.)	7.73 0.18	7.87 0.29	7.88 0.30	7.91 0.31	7.94 0.33	8.00 0.35	7.42 0.18	7.45 0.18	7.46 0.17	7.48 0.18	7.50 0.16	7.55 0.14
Cond. (µS/cm)	296 7.7	394 11	439 8.7	493 16	568 16	670 21	301 3.4	401 7.2	445 6.8	498 9.8	573 14	685 18

Chronic Test QA/QC Reference Toxicant: KCl Units: mg/l Test Organism Source: CBI Stock Cultures									
Species-Method (Ref. Test Date)	Data Source	% Survival		Reproduction (# Young) or Biomass (mg)					RTT in Control?
		Cont.	NOEC	Cont.	NOEC	PMSD	IC25	IC25 A.L.	
C. dubia 1002.0 (7/5/11-7/11/11)	RTT	100	500	33.6	250	22	384	N/A	Yes
	CC	99	500	24.3	250	25	315	247-388	
P. promelas 1000.0 (7/5/11-7/12/11)	RTT	100	500	0.83	500	12	628	N/A	Yes
	CC	97	500	0.77	500	16	605	557-652	

Note: RTT = Reference Toxicant Test, CC = Control Chart, Cont. = Control group.

The results of analysis contained within this report relate only to the sample as received in the laboratory. This report shall not be reproduced except in full without written approval from the laboratory. Unless noted below, these test results meet all requirements of NELAP.

APPROVED:

Peter F. De Lisle, Ph.D.
Technical Director

7/20/11
Date

Deviations from, additions to, or exclusions from the test method, non-standard conditions or data qualifiers and, as appropriate, a statement of compliance/non-compliance: **NONE**

GLOSSARY OF TERMS AND ABBREVIATIONS

A.L. (Acceptance Limits): The results of a given reference toxicant test are compared to the control chart mean value ± 2 standard deviations. These limits approximate the 95% probability limits for the "true" reference toxicant value.

VELAP# 460030
EPA# VA01116

water is life

DISTRICT OF COLUMBIA WATER AND SEWER AUTHORITY | 5000 OVERLOOK AVENUE, SW | WASHINGTON, DC 20032

July 18, 2011

Ms. Norma Green, State Coordinator
Environmental Protection Agency, Region 3
Water Management Division
1650 Arch Street
Mail Code: 3WP60
Philadelphia, Pennsylvania 19103-2029

Dear Ms. Green:

Enclosed is the Blue Plains Discharge Monitoring Report for June 2011.

Also enclosed are the following: (1) the Quarterly Public Accountability Statement, (2) the Quarterly Influent, Effluent and Biosolids Analysis for all Local Limit Parameters as required by the National Pollutant Discharge Elimination System Permit.

If there are any questions, please contact Mr. Aklile Tesfaye, Director, Department of Wastewater Treatment on (202) 787-4008.

Sincerely yours,

Walter F. Bailey, P.E., DEE
Assistant General Manager
for Wastewater Treatment

Enclosure

DCWASA: WFB:jj

Client: DC Water & Sewer Authority
Project ID: DCWS1103
Client Sample ID: Outfall 002
Permit No: DC0021199
Sample Period: 4/11/11 to 4/15/11

Coastal Bioanalysts, Inc.

Report of Analysis: Whole Effluent Toxicity (WET)

Submitted To:	Prepared By:
Ms. Elaine Wilson DC Water & Sewer Authority 5000 Overlook Avenue SW Washington, DC 20032	Coastal Bioanalysts, Inc. 6400 Enterprise Court Gloucester, VA 23061 (804) 694-8285 www.coastalbio.com Contact: Peter F. De Lisle, Technical Director

Chronic Test Results*

Species-Test Method	Endpoint	NOEC	LOEC	ChrV	PMSD	$T.U._C$	IC25	48-h LC50	LC50 95% C.L.	$T.U._{Ac}$
C. dubia	Survival	100	>100	>100	N/A	1.00	N/A	>100	N/A	<1.00
EPA 1002.0	Reproduction	100	>100	>100	43	1.00	>100	N/A	N/A	N/A
P. promelas	Survival	100	>100	>100	N/A	1.00	N/A	>100	N/A	<1.00
EPA 1000.0	Biomass	100	>100	>100	16	1.00	>100	N/A	N/A	N/A

*Note: Details regarding test conduct and data analysis provided in attached bench sheets and printouts as applicable.

Chronic Test Biological Summary Data		Sample Concentration (%)					
Species-Method	Endpoint	Control	27.0	38.0	52.0	72.0	100
C. dubia EPA 1002.0	Survival (%):	100	70	70	70	90	100
	Repro (# young):	24.2	24.9	24.3	19.6	24.6	28.6
P. promelas EPA 1000.0	Survival (%):	100	98	93	95	98	100
	Biomass (mg):	0.805	0.702	0.690	0.701	0.698	0.695

Test Information Species-Method	Start Date/Time End Date/Time	Organism Source	Hatch/Harvest Date/Time	Acclimation Temp.	Acclimation Water	Test Aerated?
C. dubia EPA 1002.0	4/11/11 1515 4/18/11 1330	CBI Stock	4/10/11 1720 4/11/10 2200	25° C	Mod. Hard Syn. FW	No
P. promelas EPA 1000.0	4/11/11 1515 4/18/11 1520	CBI Stock	4/10/11 1630 4/11/11 0830	25° C	Mod. Hard Syn. FW	No

Sample/Dilution Water Data	Chronic Test			
	Sample		Dilution Water*	
Water Quality Parameter (Units)	Mean	Std. Dev.	Mean	Std. Dev.
Arrival Temperature (°C)	1	0.6	N/A	N/A
Use Temperature (°C)	25	0.4	25	0
Conductivity (µS/cm)	648	26	297	5.4
pH (S.U.)	7.54	0.11	7.68	0.04
Dissolved Oxygen (mg/l)	8.2	0	8.2	0
Total Hardness (mg/l as $CaCO_3$)	137	22	97	6.6
Alkalinity (mg/l as $CaCO_3$)	69	3.1	59	1.6
Total Residual Chlorine (mg/l)	<Q.L.	0	N/A	N/A
Ammonia (mg/l NH_3-N)	0.5	0.8	N/A	N/A

*Dilution water = Moderately hard synthetic freshwater

VELAP# 460030
EPA# VA01116

Client: DC Water & Sewer Authority
Project ID: DCWS1103
Client Sample ID: Outfall 002
Permit No: DC0021199
Sample Period: 4/11/11 to 4/15/11

Coastal Bioanalysts, Inc.

Sample Aging/Use/Pretreatment				
CBI Sample I.D.	Collection Date/Time	Date(s)/Time(s) 1st Used in Tests	Date(s)/Time(s) Used in Renewals	Sample Adjustments
DCWS1103-A	4/11/11 0730	4/11/11 1515, 1515	4/12/11 1605, 1630	Aerated 2 min
DCWS1103-B	4/13/11 0730	4/13/11 1505, 1530	4/14/11 1420, 1505	Aerated 2.5-3 min
DCWS1103-C	4/15/11 0730	4/15/11 1530, 1600	4/16/11 1355, 1505 4/17/11 1100, 1200	Aerated 2.5-3 min

Chronic Test Water Quality (Mean/Std. Dev.)												
Test:	*C. dubia* 1002.0						*P. promelas* 1000.0					
% Conc:	Cont.	27.0	38.0	52.0	72.0	100	Cont.	27.0	38.0	52.0	72.0	100
Temp. (°C)	25 0.5	25 0.5	25 0.5	25 0.5	25 0.5	25 0.5	25 0.4	25 0.4	25 0.4	25 0.4	25 0.4	25 0.4
D.O. (mg/l)	7.8 0.2	7.8 0.4	7.8 0.4	7.8 0.3	7.8 0.3	7.9 0.3	7.4 0.8	7.4 0.8	7.4 0.7	7.4 0.8	7.3 0.8	7.3 0.9
pH (S.U.)	7.59 0.07	7.58 0.05	7.59 0.05	7.60 0.08	7.60 0.08	7.63 0.12	7.47 0.21	7.42 0.18	7.42 0.19	7.40 0.17	7.40 0.15	7.38 0.16
Cond. (µS/cm)	295 5.7	388 5.2	429 6.5	480 9.3	546 13	641 19	295 4.8	389 6.3	432 8.2	482 11	553 15	654 18

Chronic Test QA/QC Reference Toxicant: KCl Units: mg/l Test Organism Source: CBI Stock Cultures									
Species-Method (Ref. Test Date)	Data Source	% Survival		Reproduction (# Young) or Biomass (mg)					RTT in Control?
		Cont.	NOEC	Cont.	NOEC	PMSD	IC25	IC25 A.L.	
C. dubia 1002.0 (4/1/11-4/7/11)	RTT	100	500	27.9	250	29	290	N/A	Yes
	CC	99	500	23.8	250	25	309	230-389	
P. promelas 1000.0 (4/1/11-4/8/11)	RTT	95	500	0.65	500	11	639	N/A	Yes
	CC	98	500	0.77	500	16	596	556-636	

Note: RTT = Reference Toxicant Test, CC = Control Chart, Cont. = Control group.

The results of analysis contained within this report relate only to the sample as received in the laboratory. This report shall not be reproduced except in full without written approval from the laboratory. Unless noted below, these test results meet all requirements of NELAP.

APPROVED:

Peter F. De Lisle, Ph.D.
Technical Director

4/21/11
Date

Deviations from, additions to, or exclusions from the test method, non-standard conditions or data qualifiers and, as appropriate, a statement of compliance/non-compliance: **NONE**

GLOSSARY OF TERMS AND ABBREVIATIONS

A.L. (Acceptance Limits): The results of a given reference toxicant test are compared to the control chart mean value ± 2 standard deviations. These limits approximate the 95% probability limits for the "true" reference toxicant value.

VELAP# 460030
EPA# VA01116

DISTRICT OF COLUMBIA WATER AND SEWER AUTHORITY
5000 OVERLOOK AVENUE, S.W., WASHINGTON, D.C. 20032

April 15, 2011

Ms. Norma Green, State Coordinator
Environmental Protection Agency, Region 3
Water Management Division
1650 Arch Street
Mail Code: 3WP60
Philadelphia, Pennsylvania 19103-2029

Dear Ms. Green:

Enclosed are the Blue Plains Discharge Monitoring Reports for March 2011.

Also enclosed are the Quarterly Public Accountability Statement and the Quarterly Influent, Effluent and Biosolids Analysis for all Local Limit Parameters.

If there are any questions, please contact Mr. Aklile Tesfaye, Director, Department of Wastewater Treatment on (202) 787-4008.

Sincerely yours,

Walter F. Bailey, P.E., DEE
Assistant General Manager
Wastewater Treatment

Enclosures

DCWASA:WB:jls

Client: DC Water & Sewer Authority
Project ID: DCWS1101
Client Sample ID: Outfall 002
Permit No: DC0021199
Sample Period: 1/10/11 to 1/14/11

Coastal Bioanalysts, Inc.

Report of Analysis: Whole Effluent Toxicity (WET)

Submitted To:	Prepared By:
Ms. Elaine Wilson DC Water & Sewer Authority 5000 Overlook Avenue SW Washington, DC 20032	Coastal Bioanalysts, Inc. 6400 Enterprise Court Gloucester, VA 23061 (804) 694-8285 www.coastalbio.com Contact: Peter F. De Lisle, Technical Director

Chronic Test Results*

Species-Test Method	Endpoint	NOEC	LOEC	ChrV	PMSD	$T.U._C$	IC25	48-h LC50	LC50 95% C.L.	$T.U._{Ac}$
C. dubia	Survival	100	>100	>100	N/A	1.00	N/A	>100	N/A	<1.00
EPA 1002.0	Reproduction	100	>100	>100	34	1.00	>100	N/A	N/A	N/A
P. promelas	Survival	100	>100	>100	N/A	1.00	N/A	>100	N/A	<1.00
EPA 1000.0	Biomass	100	>100	>100	18	1.00	>100	N/A	N/A	N/A

*Note: Details regarding test conduct and data analysis provided in attached bench sheets and printouts as applicable.

Chronic Test Biological Summary Data

Species-Method	Endpoint	Sample Concentration (%) Control	27.0	38.0	52.0	72.0	100
C. dubia EPA 1002.0	Survival (%):	100	100	100	100	100	100
	Repro (# young):	22.3	19.6	23.5	26.1	21.6	22.9
P. promelas EPA 1000.0	Survival (%):	98	98	100	98	95	98
	Biomass (mg):	0.767	0.693	0.808	0.736	0.663	0.678

Test Information Species-Method	Start Date/Time End Date/Time	Organism Source	Hatch/Harvest Date/Time	Acclimation Temp.	Acclimation Water	Test Aerated?
C. dubia EPA 1002.0	1/10/11 1505 1/16/11 1655	CBI Stock	1/9/11 2200 1/10/11 0600	25° C	Mod. Hard Syn. FW	No
P. promelas EPA 1000.0	1/10/11 1440 1/17/11 1510	CBI Stock	1/9/11 1630 1/10/11 0900	25° C	Mod. Hard Syn. FW	No

Sample/Dilution Water Data	Chronic Test			
	Sample		Dilution Water*	
Water Quality Parameter (Units)	Mean	Std. Dev.	Mean	Std. Dev.
Arrival Temperature (°C)	1	0	N/A	N/A
Use Temperature (°C)	25	0	25	0
Conductivity (µS/cm)	955	293	301	3.8
pH (S.U.)	7.63	0.17	7.79	0.05
Dissolved Oxygen (mg/l)	8.2	0	8.2	0
Total Hardness (mg/l as $CaCO_3$)	181	16	92	2.1
Alkalinity (mg/l as $CaCO_3$)	62	8.9	61	1.6
Total Residual Chlorine (mg/l)	<Q.L.	0	N/A	N/A
Ammonia (mg/l NH_3-N)	<1.0	0	N/A	N/A

*Dilution water = Moderately hard synthetic freshwater

VELAP# 460030
EPA# VA01116

Client: DC Water & Sewer Authority
Project ID: DCWS1101
Client Sample ID: Outfall 002
Permit No: DC0021199
Sample Period: 1/10/11 to 1/14/11

Coastal Bioanalysts, Inc.

Sample Aging/Use/Pretreatment				
CBI Sample I.D.	Collection Date/Time	Date(s)/Time(s) 1st Used in Tests	Date(s)/Time(s) Used in Renewals	Sample Adjustments
DCWS1101-A	1/10/11 0730	1/10/11 1440, 1505	1/11/11 1345, 1500 1/12/11 1305, 1320	Aerated 4 min
DCWS1101-B	1/12/11 0730	1/13/11 1420, 1535	N/A	Aerated 4 min
DCWS1101-C	1/14/11 0730	1/14/11 1410, 1440	1/15/11 1415, 1525 1/16/11 1500	Aerated 4-4.5 min

Chronic Test Water Quality (Mean/Std. Dev.)												
Test:	*C. dubia* 1002.0						*P. promelas* 1000.0					
% Conc:	Cont.	27.0	38.0	52.0	72.0	100	Cont.	27.0	38.0	52.0	72.0	100
Temp. (°C)	25 0	25 0	25 0	25 0	25 0	25 0	25 0	25 0	25 0	25 0	25 0	25 0
D.O. (mg/l)	7.9 0.4	7.9 0.4	7.9 0.4	7.9 0.4	7.9 0.3	8.0 0.3	7.7 0.7	7.6 0.7	7.6 0.8	7.6 0.8	7.6 0.8	7.7 0.7
pH (S.U.)	7.63 0.06	7.62 0.05	7.63 0.08	7.62 0.08	7.67 0.11	7.66 0.13	7.51 0.20	7.50 0.20	7.49 0.20	7.48 0.19	7.49 0.17	7.52 0.14
Cond. (µS/cm)	299 2.4	472 65	551 101	642 131	780 194	951 255	302 4.9	477 64	564 96	659 130	791 176	989 246

Chronic Test QA/QC Reference Toxicant: KCl Units: mg/l Test Organism Source: CBI Stock Cultures									
Species-Method (Ref. Test Date)	Data Source	% Survival		Reproduction (# Young) or Biomass (mg)					RTT in Control?
		Cont.	NOEC	Cont.	NOEC	PMSD	IC25	IC25 A.L.	
C. dubia 1002.0 (1/5/11-1/11/11)	RTT	100	500	17.8	250	30	315	N/A	Yes
	CC	98	500	23.7	250	25	311	231-390	
P. promelas 1000.0 (1/4/11-1/11/11)	RTT	100	500	0.87	500	7	621	N/A	Yes
	CC	99	500	0.73	500	15	598	564-631	

Note: RTT = Reference Toxicant Test, CC = Control Chart, Cont. = Control group.

The results of analysis contained within this report relate only to the sample as received in the laboratory. This report shall not be reproduced except in full without written approval from the laboratory. Unless noted below, these test results meet all requirements of NELAP.

APPROVED:

Peter F. De Lisle, Ph.D.
Technical Director

1/18/11
Date

Deviations from, additions to, or exclusions from the test method, non-standard conditions or data qualifiers and, as appropriate, a statement of compliance/non-compliance: **NONE**

GLOSSARY OF TERMS AND ABBREVIATIONS

A.L. (Acceptance Limits): The results of a given reference toxicant test are compared to the control chart mean value ± 2 standard deviations. These limits approximate the 95% probability limits for the "true" reference toxicant value.

VELAP# 460030
EPA# VA01116

NELAP ACCREDITED TNI LABORATORY

DISTRICT OF COLUMBIA WATER AND SEWER AUTHORITY
5000 OVERLOOK AVENUE, S.W., WASHINGTON, D.C. 20032

January 21, 2011

Ms. Norma Green
State Coordinator 3WP30 of the
Water Management Division
1650 Arch Street
Philadelphia, Pennsylvania 19103

Dear Ms. Green:

Enclosed are the Blue Plains Discharge Monitoring Reports for December 2010.

Also enclosed are the Quarterly Public Accountability Statement and the Quarterly Influent, Effluent and Biosolids Analysis for all Local Limit Parameters.

If there are any questions, please contact Mr. Walter F. Bailey on (202) 787-4172.

Sincerely yours,

Walter F. Bailey, P.E., DEE
Assistant General Manager
Wastewater Treatment

Enclosures

DCWASA:WB:jls

Client: DC Water & Sewer Authority
Project ID: DCWS1002
Client Sample ID: Outfall 002
Permit No: DC0021199
Sample Period: 11/1/10 to 11/5/10

Coastal Bioanalysts, Inc.

Report of Analysis: Whole Effluent Toxicity (WET)

Submitted To:	Prepared By:
Ms. Elaine Wilson DC Water & Sewer Authority 5000 Overlook Avenue SW Washington, DC 20032	Coastal Bioanalysts, Inc. 6400 Enterprise Court Gloucester, VA 23061 (804) 694-8285 www.coastalbio.com Contact: Peter F. De Lisle, Technical Director

Chronic Test Results*

Species-Test Method	Endpoint	NOEC	LOEC	ChrV	PMSD	$T.U._C$	IC25	48-h LC50	LC50 95% C.L.	$T.U._{Ac}$
C. dubia EPA 1002.0	Survival	100	>100	>100	N/A	1.00	N/A	>100	N/A	<1.00
	Reproduction	100	>100	>100	30	1.00	>100	N/A	N/A	N/A
P. promelas EPA 1000.0	Survival	100	>100	>100	N/A	1.00	N/A	>100	N/A	<1.00
	Biomass	100	>100	>100	11	1.00	>100	N/A	N/A	N/A

*Note: Details regarding test conduct and data analysis provided in attached bench sheets and printouts as applicable.

Chronic Test Biological Summary Data		Sample Concentration (%)					
Species-Method	Endpoint	Control	27.0	38.0	52.0	72.0	100
C. dubia EPA 1002.0	Survival (%):	100	90	90	90	100	100
	Repro (# young):	23.0	21.5	22.5	22.3	23.5	19.6
P. promelas EPA 1000.0	Survival (%):	95	100	98	100	100	100
	Biomass (mg):	0.843	0.834	0.774	0.783	0.762	0.776

Test Information Species-Method	Start Date/Time End Date/Time	Organism Source	Hatch/Harvest Date/Time	Acclimation Temp.	Acclimation Water	Test Aerated?
C. dubia EPA 1002.0	11/1/10 1455 11/7/10 1730	CBI Stock	10/31/10 1635 10/31/10 2030	25° C	Mod. Hard Syn. FW	No
P. promelas EPA 1000.0	11/1/10 1500 11/8/10 1510	CBI Stock	11/1/10 0830 11/1/10 1300	25° C	Mod. Hard Syn. FW	No

Sample/Dilution Water Data	Chronic Test			
	Sample		Dilution Water*	
Water Quality Parameter (Units)	Mean	Std. Dev.	Mean	Std. Dev.
Arrival Temperature (°C)	1	0	N/A	N/A
Use Temperature (°C)	25	0	25	0
Conductivity (µS/cm)	738	54	301	2.1
pH (S.U.)	7.66	0.09	7.89	0.09
Dissolved Oxygen (mg/l)	8.2	0	8.2	0
Total Hardness (mg/l as $CaCO_3$)	155	20	87	4.1
Alkalinity (mg/l as $CaCO_3$)	73	9.1	57	0.5
Total Residual Chlorine (mg/l)	<Q.L.	0	N/A	N/A
Ammonia (mg/l NH_3-N)	0.5	0.8	N/A	N/A

*Dilution water = Moderately hard synthetic freshwater

VELAP# 460030
EPA# VA01116

Client: DC Water & Sewer Authority
Project ID: DCWS1002
Client Sample ID: Outfall 002
Permit No: DC0021199
Sample Period: 11/1/10 to 11/5/10

Coastal Bioanalysts, Inc.

Sample Aging/Use/Pretreatment				
CBI Sample I.D.	Collection Date/Time	Date(s)/Time(s) 1st Used in Tests	Date(s)/Time(s) Used in Renewals	Sample Adjustments
DCWS1002-A	11/1/10 0730	11/1/10 1455, 1500	N/A	Aerated 3 min
DCWS1002-B	11/2/10 0750	11/2/10 1435, 1530	11/3/10 1325, 1400	Aerated 4 min
DCWS1002-C	11/4/10 0730	11/4/10 1455, 1525	11/5/10 1215, 1215	Aerated 4.5 min
DCWS1002-D	11/5/10 0815	11/6/10 1520, 1615	11/7/10 1650	Aerated 4.5-5 min

Chronic Test Water Quality (Mean/Std. Dev.)												
Test:	*C. dubia* 1002.0						*P. promelas* 1000.0					
% Conc:	Cont.	27.0	38.0	52.0	72.0	100	Cont.	27.0	38.0	52.0	72.0	100
Temp. (°C)	25 0.4	25 0.4	25 0.4	25 0.3	25 0.3	25 0.3	25 0.4	25 0.4	25 0.4	25 0.4	25 0.4	25 0.4
D.O. (mg/l)	7.9 0.3	8.0 0.3	8.0 0.3	8.0 0.3	7.9 0.3	7.9 0.4	7.6 0.7	7.5 0.7	7.5 0.7	7.5 0.7	7.4 0.8	7.4 0.8
pH (S.U.)	7.69 0.08	7.69 0.09	7.70 0.10	7.69 0.10	7.69 0.10	7.69 0.09	7.55 0.19	7.53 0.20	7.52 0.21	7.53 0.18	7.51 0.18	7.53 0.13
Cond. (µS/cm)	297 5.0	416 12	471 14	539 13	620 27	747 39	299 1.8	411 13	466 15	529 18	625 27	745 44

Chronic Test QA/QC Reference Toxicant: KCl Units: mg/l Test Organism Source: CBI Stock Cultures									
Species-Method (Ref. Test Date)	Data Source	% Survival		Reproduction (# Young) or Biomass (mg)					RTT in Control?
		Cont.	NOEC	Cont.	NOEC	PMSD	IC25	IC25 A.L.	
C. dubia 1002.0	RTT	100	500	26.6	250	24	283	N/A	Yes
(10/5/10-10/11/10)	CC	98	500	23.4	250	26	311	222-399	
P. promelas 1000.0	RTT	100	500	0.84	500	21	587	N/A	Yes
(10/5/10-10/12/10)	CC	98	500	0.71	500	15	604	562-645	

Note: RTT = Reference Toxicant Test, CC = Control Chart, Cont. = Control group.

The results of analysis contained within this report relate only to the sample as received in the laboratory. This report shall not be reproduced except in full without written approval from the laboratory. Unless noted below, these test results meet all requirements of NELAP.

APPROVED:

Peter F. De Lisle, Ph.D.
Technical Director

11/9/10
Date

Deviations from, additions to, or exclusions from the test method, non-standard conditions or data qualifiers and, as appropriate, a statement of compliance/non-compliance: **NONE**

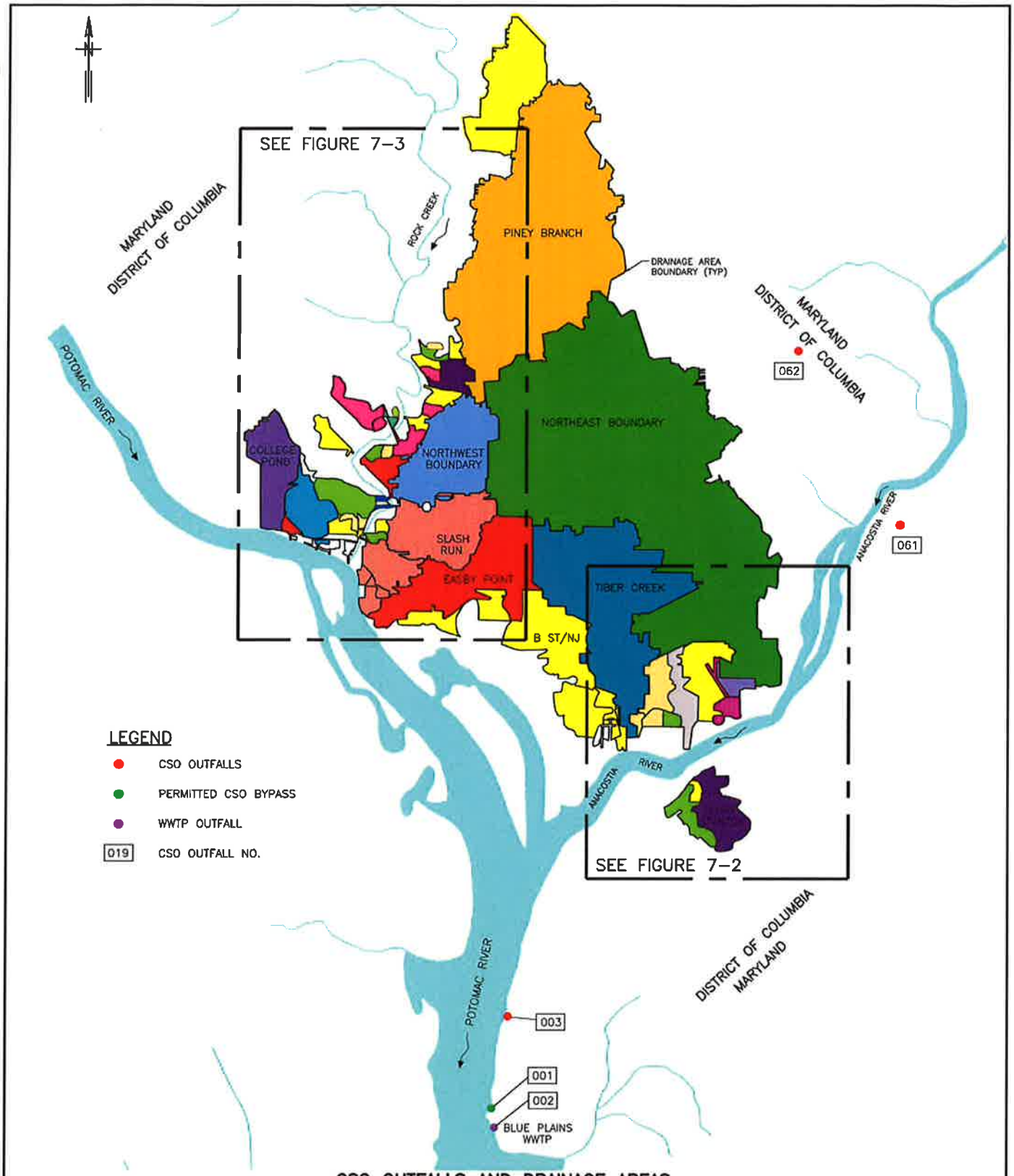
GLOSSARY OF TERMS AND ABBREVIATIONS

A.L. (Acceptance Limits): The results of a given reference toxicant test are compared to the control chart mean value ± 2 standard deviations. These limits approximate the 95% probability limits for the "true" reference toxicant value.

VELAP# 460030
EPA# VA01116

NELAP ACCREDITED TNI LABORATORY

ATTACHMENT 7



CSO OUTFALLS AND DRAINAGE AREAS

SCALE: NOT TO SCALE

dc clean RIVERS PROJECT

DISTRICT OF COLUMBIA
WATER AND SEWER AUTHORITY
5000 OVERLOOK AVENUE, SW
WASHINGTON, DC 20032
PHONE: 202-787-4460
FAX: 202-787-4478

DC CLEAN RIVERS PROJECT
ANACOSTIA RIVER PROJECTS NPDES APPLICATION

CSO OUTFALLS AND DRAINAGE AREAS

DATE: DECEMBER 2014 | FIGURE 7 – 1

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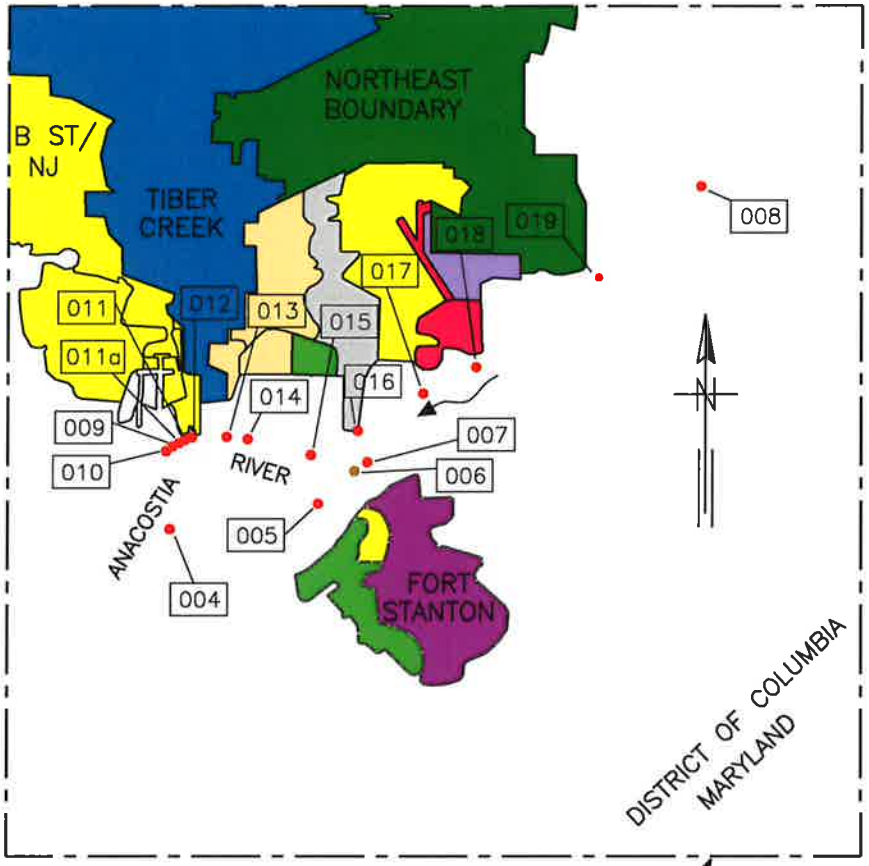

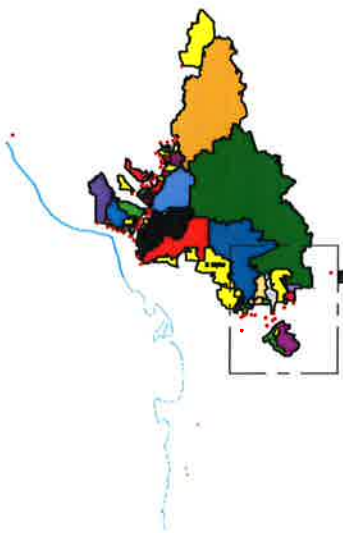

LEGEND

- CSO OUTFALLS
- SEPARATED
- 019 CSO OUTFALL NO.

ANACOSTIA CSO OUTFALLS

SCALE: NOT TO SCALE

DISTRICT OF COLUMBIA
WATER AND SEWER AUTHORITY
5000 OVERLOOK AVENUE, SW
WASHINGTON, DC 20032
PHONE: 202-787-4460
FAX: 202-787-4478

DC CLEAN RIVERS PROJECT
ANACOSTIA RIVER PROJECTS NPDES APPLICATION

ANACOSTIA CSO OUTFALLS

DATE: DECEMBER 2014 | FIGURE 7 – 2

LAST SAV BY: CONSTANT A. NORTEY DATE: 1/9/2015 12:45:14 PM
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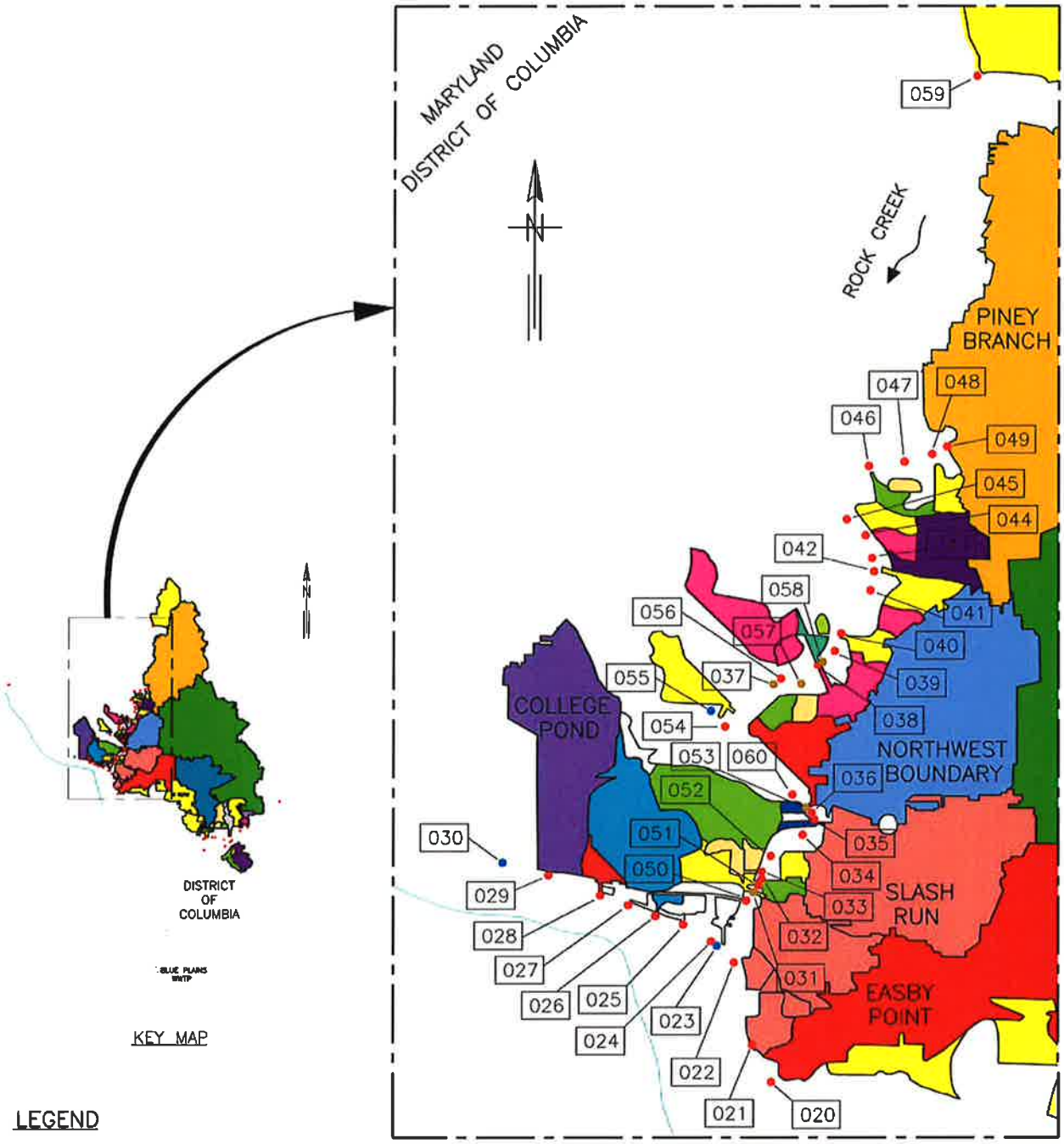

POTOMAC AND ROCK CREEK CSO OUTFALLS AND CSS DRAIANGE AREAS

SCALE: NOT TO SCALE

dc clean RIVERS PROJECT

DISTRICT OF COLUMBIA
WATER AND SEWER AUTHORITY
5000 OVERLOOK AVENUE, SW
WASHINGTON, DC 20032
PHONE: 202-787-4460
FAX: 202-787-4478

DC CLEAN RIVERS PROJECT
ANACOSTIA RIVER PROJECTS NPDES APPLICATION

POTOMAC AND ROCK CREEK CSO OUTFALLS AND CSS DRAINAGE AREAS

DATE: DECEMBER 2014 | FIGURE 7 – 3

LAST SAV BY: CONSTANT A. NORTEY DATE: 1/9/2015 1:16:26 PM
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ATTACHMENT 2

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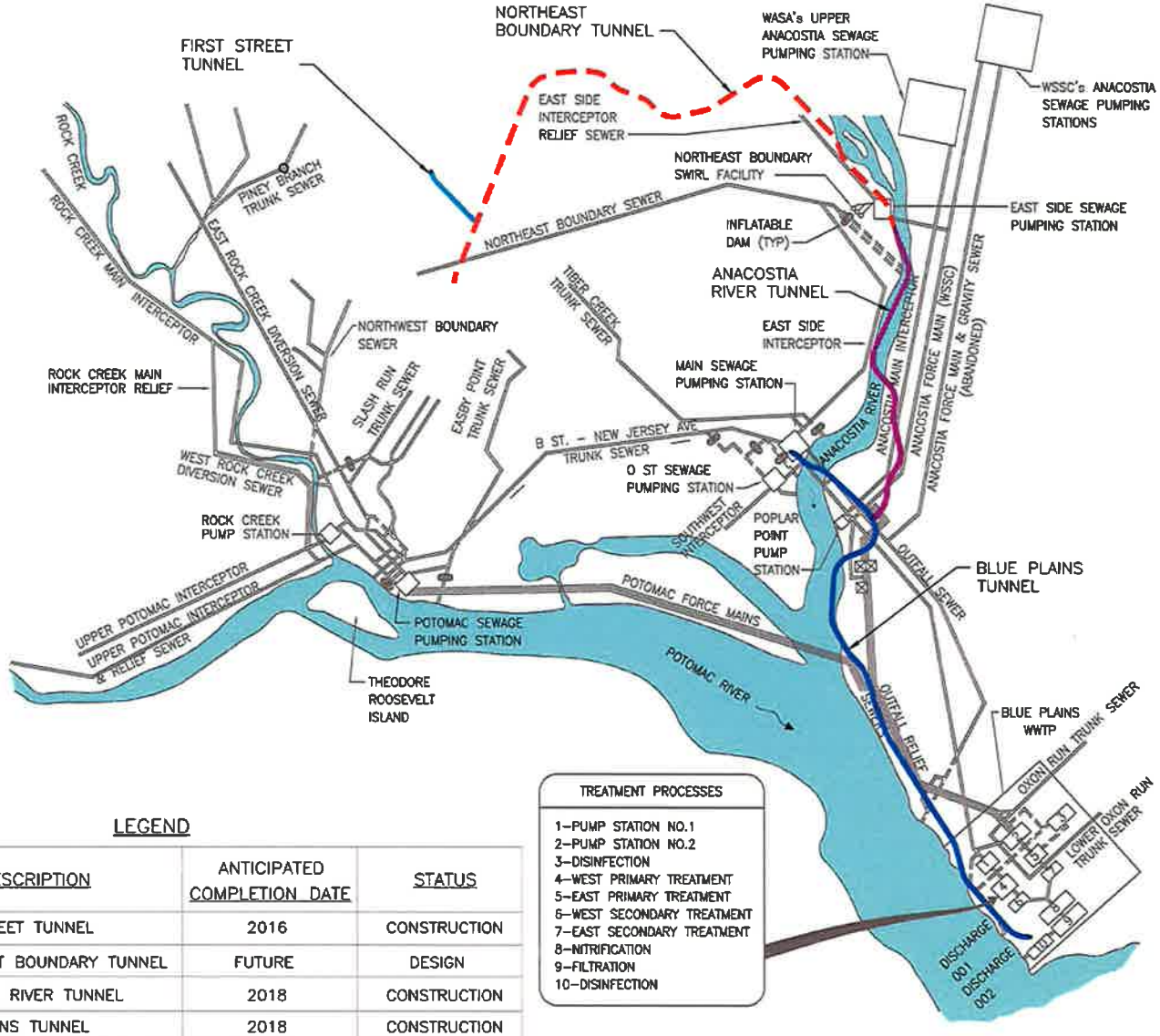

LEGEND

SEWER SYSTEM	DESCRIPTION	ANTICIPATED COMPLETION DATE	STATUS
	FIRST STREET TUNNEL	2016	CONSTRUCTION
	NORTHEAST BOUNDARY TUNNEL	FUTURE	DESIGN
	ANACOSTIA RIVER TUNNEL	2018	CONSTRUCTION
	BLUE PLAINS TUNNEL	2018	CONSTRUCTION

dc clean RIVERS PROJECT
DISTRICT OF COLUMBIA
WATER AND SEWER AUTHORITY
5000 OVERLOOK AVENUE, SW
WASHINGTON, DC 20032
PHONE: 202-787-4460
FAX: 202-787-4478

SEWER SYSTEM SCHEMATIC
SCALE: NOT TO SCALE

DC CLEAN RIVERS PROJECT
ANACOSTIA RIVER PROJECTS NPDES APPLICATION

SEWER SYSTEM SCHEMATIC

DATE: DECEMBER 2014 | FIGURE 7 – 4

ATTACHMENT 8

LimnoTech
Water Environment | Scientists Engineers

1015 18th Street, NW
Suite 900
Washington, DC 20036
202.833.9140
www.limno.com

Memorandum

From:	Tim Schmitt Dave Dilks	**Date:**	February 18, 2015
		Project:	DC2015
To:	John Cassidy, Angie Essner (Greeley & Hansen)	**CC:**	

SUBJECT: **Blue Plains reasonable potential and monitoring frequency analysis for NPDES permit renewal**

Summary

LimnoTech conducted a reasonable potential analysis (RPA) and monitoring frequency analysis for the Blue Plains Outfall 002 effluent in support of the reissuance of the Blue Plains NPDES permit. The purpose of the RPA analysis was to determine if there is a reasonable potential for toxicity to occur in the Potomac River due to discharges from Blue Plains. The analyses were patterned after similar analyses conducted previously, with analysis using water quality standards and background pollutant concentrations that were updated in 2008.

The analysis compares observed concentrations in the Blue Plains effluent to wasteload allocations (WLAs) developed for these pollutants. Our results show that there is no reasonable potential for any of the pollutants analyzed in the Blue Plains discharge to cause toxicity in the receiving water. Details of our analyses are provided below.

The purpose of the monitoring frequency analysis was to evaluate the appropriateness of maintaining the current required monitoring frequency for metals of once every two months. Our results show that the average effluent concentrations meet EPA's requirements for justifying a monitoring frequency of at least once every two months. Details of our analysis are also provided below.

For both the RPA and monitoring frequency analysis, LimnoTech used effluent monitoring data from Blue Plains Outfall 002. To be consistent with the typical evaluation for permit reissuance, LimnoTech used the most recent five years of monitoring data (from March 2010 through December 2014). For the RPA, LimnoTech followed the procedures outlined in the letter from Greeley and Hansen to Walter Bailey dated April 9, 2001 (attached). For the monitoring frequency analysis, LimnoTech followed the procedures outlined in the memorandum from LimnoTech to Ron Bizzarri dated June 25, 2001 (attached). As in the 2001 and 2007 analyses, metals analyzed included cadmium, copper, lead, nickel, and zinc. In addition, analyses were also conducted for arsenic, chromium III, selenium, silver, cyanide, benzene, toluene, and ethylbenzene.

Reasonable Potential Analysis

The purpose of the Reasonable Potential Analysis (RPA) is to determine if there is a reasonable potential for effluent-induced toxicity to occur in the receiving water. RPA is designed to compare

"worst-case" observed effluent concentrations to wasteload allocations (WLAs) developed for individual pollutants. WLAs are estimated based on an estimate of the expected pollutant concentrations after mixing of the effluent with the Potomac River. The process for determining the WLA is described in more detail below. If worst-case effluent concentrations exceed the WLAs, it is concluded that reasonable potential exists for the discharge to cause or contribute to toxicity, and that permit limits are required. The specific analysis performed here is patterned after the RPA conducted for the 2001 Blue Plains permit, which was based upon the State of Virginia's implementation of the RPA methodology described in EPA's Technical Support Document (TSD) for Water Quality-based Toxics Control. The Virginia procedures are included in Appendix A. The Virginia protocol uses the estimated 97th percentile of the observed effluent concentration data to represent the reasonable worst-case condition for both one-day and four-day expected values.

The reasonable potential analysis was conducted in two parts. For the first analysis, we evaluated those metals evaluated in the 2001 permit application. 97th percentile values were calculated using the maximum likelihood estimation procedure, in which non-detects are handled as ranges (i.e. not individual values) between 0 and the detection limit. If data are all non-detects, a 97th percentile is not generated. The metals in the quantifiable category are as follows:

1. Cadmium
2. Copper
3. Lead
4. Nickel
5. Zinc

Total metals effluent concentrations were evaluated for this analysis. Note that all data for cadmium were non-detect, so no 97th percentile of the observed effluent concentration data was calculated for cadmium.

For our second analysis, we evaluated reasonable potential for arsenic, chromium III, selenium, silver, cyanide, benzene, toluene, and ethylbenzene. The analyses for these constituents were conducted using the maximum likelihood estimation procedure described above.

The RPA uses estimates of instream dilution to calculate expected pollutant concentrations after mixing of the effluent with the Potomac River. The specific calculation is based on subtracting the background concentration after dilution from the Water Quality Standard and multiplying this value by the dilution factor. The Water Quality Standards used in this analysis were retained from the 2008 analysis and represent the water quality standard for total metals. Background concentrations were also retained from the 2008 analysis. Dilution factors used in this analysis were taken from the 2001 permit application. The dilution factor for acute toxicity was 1.7, based upon predictions from EPA's CORMIX model using the 1Q10 flow of 564 cfs. The chronic toxicity dilution factor was 3.81, based on predictions from the Dynamic Estuary Model using the 7Q10 flow of 652 cfs. 97th percentile daily concentration values were estimated from observed effluent data using the parametric censored distribution analysis of the Minitab statistical software package (Minitab Release 14, Minitab, Inc.), with the maximum likelihood estimation method (MLE) and the assumption of a lognormal distribution. 97th percentile 4-day average concentration values were extrapolated from the daily concentration analysis by dividing the estimated variance of the logarithms of the daily concentrations by the number of days being averaged (i.e., four).

The results for the RPA are summarized in Tables 1 and 2 for acute and chronic toxicity, respectively. The results in Table 1 and 2 demonstrate that existing worst-case effluent concentrations remain well below hypothetical wasteload allocation values for all pollutants analyzed. This indicates that no reasonable potential exists for these pollutants.

Table 1

Acute Reasonable Potential Summary

Constituent	Acute WQS (ug/L)	Background Concentration (ug/L)	Acute Summer Dilution Factor	Background Concentration After Dilution 0.4118 x Column 3	WLA[1] (ug/L)	97th percentile Daily Avg. Effluent (ug/L)	Remarks
1	2	3	4	5	6	7	8
Cadmium	2.81	0	1.7	0	4.77	ND	Effluent < WLA
Copper	18.05	2.3	1.7	0	29.08	17.2	Effluent < WLA
Lead	115.14	0	1.7	0	195.73	1.2	Effluent < WLA
Nickel	589.58	2.1	1.7	0	1000.82	6.1	Effluent < WLA
Zinc	150.62	7.6	1.7	4.118	250.73	33.6	Effluent < WLA
Arsenic	340.00	0.5	1.7	0	577.65	ND	Effluent < WLA
Chromium III	2249.33	0.7	1.7	0	3823.37	ND	Effluent < WLA
Mercury	1.40	--	1.7	0	2.38	ND	Effluent < WLA
Selenium	20.00	0	1.7	0.4118	34.00	ND	Effluent < WLA
Silver	6.02	0	1.7	0	10.24	ND	Effluent < WLA
Cyanide	22.00	0	1.7	0	37.40	ND	Effluent < WLA
Benzene	--	0	1.7	--	--	ND	No acute WQS
Toluene	--	0	1.7	--	--	ND	No acute WQS
Ethylbenzene	--	--	1.7	--	--	ND	No acute WQS

1 WLA = 1.7 * (COL 2- COL 5)

Table 2

Chronic Reasonable Potential Summary

Pollutant	Chronic WQS (ug/L)	Background Concentration (ug/L)	Chronic Summer Dilution Factor	Background Concentration After Dilution 0.9583 x Column 3	WLA[1] (ug/L)	97th percentile 4-Day Avg. Effluent (ug/L)	Remarks
1	2	3	4	5	6	7	8
Cadmium	0.33	0	3.81	0	1.26	ND	Effluent < WLA
Copper	11.75	2.3	3.81	0	36.37	8.54	Effluent < WLA
Lead	4.49	0	3.81	0	17.09	0.32	Effluent < WLA
Nickel	65.55	2.1	3.81	0	242.08	5.06	Effluent < WLA
Zinc	150.62	7.6	3.81	9.58	546.11	21.2	Effluent < WLA
Arsenic	150.00	0.5	3.81	0	569.67	ND	Effluent < WLA
Chromium III	107.51	0.7	3.81	0	407.06	ND	Effluent < WLA
Mercury[2]	0.77	--	--	--	--	--	--
Selenium	5.00	0	3.81	0	19.05	ND	Effluent < WLA
Silver	--	0	3.81	--	--	--	No chronic WQS
Cyanide	5.20	0	3.81	0	19.81	ND	Effluent < WLA
Benzene	1000.00	0	3.81	0	3810.00	ND	Effluent < WLA
Toluene	600.00	0	3.81	0	2286.00	ND	Effluent < WLA
Ethylbenzene	40.00	0	3.81	0	152.40	ND	Effluent < WLA

1 WLA = 3.81 * (COL 2- COL 5)

2 Previous chronic mercury evaluation was based on fish tissue analysis. An updated analysis for chronic mercury is being prepared and will be submitted separately.

Monitoring Frequency Analysis

The purpose of the monitoring frequency analysis is to determine the appropriate monitoring frequency for those pollutants reported. A detailed monitoring frequency analysis was conducted for five metals during the 2001 permit application (Attached as Appendix C). The 2001 analysis recommended a monitoring frequency of once every two months for the five metals analyzed.

That monitoring frequency analysis is repeated here using more recent effluent data, with the intent to evaluate the appropriateness of maintaining the current required monitoring frequency of once every two months.

The monitoring frequency analysis is based upon procedures described in EPA's Interim Guidance for Performance-Based Reductions of NPDES Monitoring Frequencies (April 1996). The approach calculates hypothetical permit limits, and then compares observed average effluent concentrations to these permit limits to determine a recommended monitoring frequency. The hypothetical permit limit derivation consists of two steps:

1. Calculate hypothetical wasteload allocations (WLAs) to protect against acute and chronic toxicity.
2. Convert WLAs to hypothetical permit limits following the procedures given in EPA's Technical Support Document for Water Quality-based Toxics Control.

Wasteload Allocations

Wasteload allocations were calculated as part of the Reasonable Potential Analysis, and the results are provided in Tables 1 and 2 for acute and chronic toxicity, respectively.

Permit Limit Derivation

The wasteload allocation values listed in Tables 1 and 2 were converted into hypothetical permit limits following the procedures given in EPA's Technical Support Document for Water Quality-based Toxics Control. The component steps of permit limit derivation are:

1. Convert acute and chronic WLA values into allowable long-term average (LTA) values.
2. Determine the lowest of the two (acute and chronic) LTA values.
3. Calculate the permit limit (average monthly limit) using the lowest of the LTAs.

A coefficient of variation of 0.6 was assumed for each metal when performing the calculation, consistent with the guidance in the TSD. The results of the permit limit calculations are provided in Table 3.

Monitoring Frequency

The Interim Guidance for Performance-Based Reductions of NPDES Monitoring Frequencies recommends that the ratio of long-term average effluent concentrations be compared to the monthly average permit limit. To be consistent with the typical evaluation for permit reissuance, LimnoTech used the most recent five years of monitoring data (from March 2010 through December 2014).

Comparing these results with hypothetical permit limit values, one can calculate the percentage of the permit limit at which the facility is operating. These results are provided in Table 3 for those metals for which a monitoring frequency analysis was conducted in 2001 and 2007. These results show that the average effluent pollutant values are all less than 25% of the hypothetical permit limit. These results are consistent with the calculations conducted in 2001 and 2007, and confirm the continuance of a monitoring frequency of once every two months.

Table 3

Monitoring Frequency Analysis Summary for Metals Assessed in 2001

Pollutant	Hypothetical Permit Limit (ug/L)	Average Discharge Concentration (ug/L)	Ratio of Average Discharge Concentration to Permit Limit
Cadmium	1.26	0.25	**20%**[1]
Copper	21.10	5.34	**25%**[1]
Lead	17.06	0.49	**3%**[1]
Nickel	241.64	4.28	**2%**[1]
Zinc	181.88	15.05	**8%**[1]

[1] Ratio is below the 25% ratio required to reduce monitoring from 1/week to 1/ 2 months based on Table 1 in EPA's *Interim Guidance for Performance-Based Reductions of NPDES Monitoring Frequencies* (April 1996).

An identical analysis was conducted for those pollutants not assessed in 2001, with results summarized in Table 4. These pollutants are currently monitored at a frequency of once per quarter. These results show that the average effluent pollutant values are less than 49% of the hypothetical permit limit for all pollutants. These results indicate that monitoring frequency for these pollutants can be maintained at once per quarter.

Table 4

Monitoring Frequency Analysis Summary for Pollutants Not Assessed in 2001

Pollutant	Hypothetical Permit Limit (ug/L)	Average Discharge Concentration (ug/L)	Ratio of Average Discharge Concentration to Permit Limit
Arsenic	419.03	0.75	0.2%[1]
Chromium III	406.33	No Data	No Data
Selenium	19.02	0.97	5.1%[1]
Silver	7.43	0.48	6.5%[1]
Cyanide	19.78	2.73	13.8%[1]
Benzene	3803.14	250	0.01%[1]
Toluene	2281.89	235	0.01%[1]
Ethylbenzene	152.13	250	0.16%[1]

[1] Ratio is below the 49% ratio required to reduce monitoring from 1/month to 1/ quarter based on Table 1 in EPA's *Interim Guidance for Performance-Based Reductions of NPDES Monitoring Frequencies* (April 1996).