

## Megan O'gorek

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**From:** Megan O'gorek  
**Sent:** Thursday, November 3, 2022 2:19 PM  
**To:** 'Gary Shirley'; 'skremer@bwdc.com'  
**Cc:** 'Keith Showman (keith.showman@deq.virginia.gov)'; 'Joseph Bryan'  
**Subject:** Application Complete - Luray RV and Resort Campground VPDES No. VA0093165  
**Attachments:** VA0093165\_Application\_2023.pdf

All,  
Please see the revised email. I had the wrong subject line in yesterday's email.

Dear Mr. Kremer:

Your application has been reviewed and appears to be complete. A copy of the application that was deemed complete is attached for your records. The next steps involve assembling the information necessary to develop the permit limitations and then drafting the permit. Once the draft permit is prepared and the appropriate reviews are performed, I will transmit the draft permit and supporting documentation to you for review.

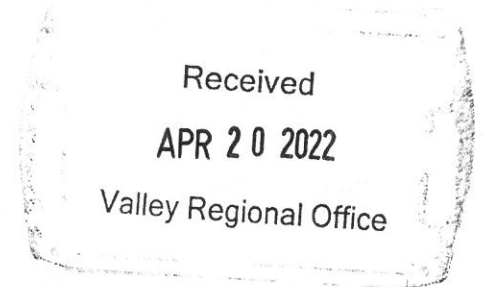
The Department of Environmental Quality strives to complete the permitting process in a timely manner. If you have any questions about our procedures or the status of your draft permit, please contact me at (540) 217-7155 or via email at [megan.ogorek@deq.virginia.gov](mailto:megan.ogorek@deq.virginia.gov).

Megan K. O'Gorek | Water Permit Writer Senior/MS4 | DEQ - Valley Regional Office |(540) 217-7155



## Transmittal Form

VIA UPS DELIVERY



Date Sent: April 18, 2022

To / Company: Megan Ogorek  
Virginia Department of Environmental Quality  
Valley Regional Office  
4411 Early Road  
Harrisonburg, VA 22801

Project: Luray RV Resort on the Shenandoah River

Racey Project Number: 8510-A

Subject: Discharge Application for Wastewater

From: Gary L. Shirley, PE

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Transmitted herewith

Enclosed are the following application forms for a wastewater discharge permit for the Luray RV Resort on the Shenandoah River:

- VPDES Permit Application Addendum
- NPDES Form 2A
- 7.5 Minute USGS Map
- Enlarged Map showing wells and springs within ¼ mile of the property boundary
- Aerial showing proposed wastewater plant and discharge latitudes and longitudes
- Wastewater narrative and flow diagram
- Public Notice Billing Authorization Form
- VPDES/VPA Permit Billing Information Form for Annual Maintenance Fee
- Nutrient Trading Form,
- Nutrient Statement from owner

Thank you,  
Gary L. Shirley, PE

[gshirley@raceyengineering.com](mailto:gshirley@raceyengineering.com)

## VPDES Permit Application Addendum

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

**2. State Corporation Commission (SCC) Entity Identification No.:** \_\_\_\_\_  
*If the owner is required to obtain an entity identification number by law (e.g. Incorporated (Inc.), Limited Liability Companies (LLCs), Limited Partnerships (LPs) and certificates of authority). If not applicable to the owner, please indicate "NA" as your answer.*

**3. Facility Design Average Flow:** \_\_\_\_\_ MGD  
**Industrial Facilities - Maximum 30-day Average Production Level (include units)?**

In addition to the above design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels?  YES  NO

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

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

\_\_\_\_\_ % of flow from domestic connections/sources

Number of private residences to be served by the wastewater treatment facility:  0  1-49  50 or more

\_\_\_\_\_ % of flow from non-domestic connections/sources

**5. Consent to receive electronic mail**

The Department of Environmental Quality (DEQ) may deliver permits, certifications and plan approvals to recipients, including applicants or permittees, by electronically certified mail where the recipients notify DEQ of their consent to receive mail electronically (§ 10.1-1183). Check *only one* of the following to consent to or decline receipt of electronic mail from DEQ as follows:

Applicant or permittee agrees to receive by electronic mail the permit and any plan approvals associated with the permit that may be issued for the proposed pollutant management activity, and to certify receipt of such electronic mail when requested by the DEQ.

Please provide email: \_\_\_\_\_

Applicant or permittee declines to receive by electronic mail the permit and any plan approvals associated with the permit that may be issued for the proposed pollutant management activity.

**6. Financial Assurance/Closure**


The Financial Assurance Regulation, 9VAC25-650 applies to all privately owned sewerage systems that treat sewage generated by private residences and discharge more than 1,000 gallons per day and less than 40,000 gallons per day. A private residence is defined as any building, buildings or part of a building owned by a private entity which serves as a permanent residence where sewage is generated. It does not apply to hotels, motels, seasonal camps and industrial facilities that do not serve as permanent residences. The regulation requires that a closure plan, a cost estimate and a financial assurance mechanism be in place. Is financial assurance/cost estimate/closure plan requirement applicable to this facility?  YES  NO

**7. Materials (Chemical) Storage:**

Using the table below, provide a list of the chemicals used/stored at this facility, along with the volume stored and the spill/stormwater prevention measures taken to prevent the stored chemicals from reaching state waters.

<b>Chemical</b>	<b>Volume Stored</b>	<b>Spill/Stormwater Prevention Measures</b>



EPA Identification Number		NPDES Permit Number		Facility Name		Form Approved 03/05/19 OMB No. 2040-0004		
Form 2A NPDES		<p align="center"><b>U.S. Environmental Protection Agency</b>  <b>Application for NPDES Permit to Discharge Wastewater</b>  <b>NEW AND EXISTING PUBLICLY OWNED TREATMENT WORKS</b></p>						
<b>SECTION 1. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS (40 CFR 122.21(j)(1) and (9))</b>								
Facility Information	1.1	Facility name						
		Mailing address (street or P.O. box)						
		City or town			State		ZIP code	
		Contact name (first and last)		Title		Phone number		Email address
		Location address (street, route number, or other specific identifier) <input type="checkbox"/> Same as mailing address						
			City or town			State		ZIP code
	1.2	Is this application for a facility that has yet to commence discharge? <input type="checkbox"/> Yes → See instructions on data submission requirements for new dischargers. <input type="checkbox"/> No						
Applicant Information	1.3	Is applicant different from entity listed under Item 1.1 above? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 1.4.						
		Applicant name						
		Applicant address (street or P.O. box)						
		City or town			State		ZIP code	
		Contact name (first and last)		Title		Phone number		Email address
		1.4	Is the applicant the facility's owner, operator, or both? (Check only one response.) <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Both					
	1.5	To which entity should the NPDES permitting authority send correspondence? (Check only one response.) <input type="checkbox"/> Facility <input type="checkbox"/> Applicant <input type="checkbox"/> Facility and applicant (they are one and the same)						
Existing Environmental Permits	1.6	Indicate below any existing environmental permits. (Check all that apply and print or type the corresponding permit number for each.)						
		<b>Existing Environmental Permits</b>						
		<input type="checkbox"/> NPDES (discharges to surface water)		<input type="checkbox"/> RCRA (hazardous waste)		<input type="checkbox"/> UIC (underground injection control)		
		<input type="checkbox"/> PSD (air emissions)		<input type="checkbox"/> Nonattainment program (CAA)		<input type="checkbox"/> NESHAPs (CAA)		
	<input type="checkbox"/> Ocean dumping (MPRSA)		<input type="checkbox"/> Dredge or fill (CWA Section 404)		<input type="checkbox"/> Other (specify)			

<b>Collection System and Population Served</b>	1.7	Provide the collection system information requested below for the treatment works.						
	<b>Municipality Served</b>	<b>Population Served</b>	<b>Collection System Type</b> (indicate percentage)		<b>Ownership Status</b>			
			<input type="checkbox"/>	% separate sanitary sewer	<input type="checkbox"/>	Own	<input type="checkbox"/>	Maintain
			<input type="checkbox"/>	% combined storm and sanitary sewer	<input type="checkbox"/>	Own	<input type="checkbox"/>	Maintain
			<input type="checkbox"/>	Unknown	<input type="checkbox"/>	Own	<input type="checkbox"/>	Maintain
			<input type="checkbox"/>	% separate sanitary sewer	<input type="checkbox"/>	Own	<input type="checkbox"/>	Maintain
			<input type="checkbox"/>	% combined storm and sanitary sewer	<input type="checkbox"/>	Own	<input type="checkbox"/>	Maintain
			<input type="checkbox"/>	Unknown	<input type="checkbox"/>	Own	<input type="checkbox"/>	Maintain
		<input type="checkbox"/>	% separate sanitary sewer	<input type="checkbox"/>	Own	<input type="checkbox"/>	Maintain	
		<input type="checkbox"/>	% combined storm and sanitary sewer	<input type="checkbox"/>	Own	<input type="checkbox"/>	Maintain	
		<input type="checkbox"/>	Unknown	<input type="checkbox"/>	Own	<input type="checkbox"/>	Maintain	
		<input type="checkbox"/>	% separate sanitary sewer	<input type="checkbox"/>	Own	<input type="checkbox"/>	Maintain	
		<input type="checkbox"/>	% combined storm and sanitary sewer	<input type="checkbox"/>	Own	<input type="checkbox"/>	Maintain	
		<input type="checkbox"/>	Unknown	<input type="checkbox"/>	Own	<input type="checkbox"/>	Maintain	
		<b>Total Population Served</b>						
				<b>Separate Sanitary Sewer System</b>		<b>Combined Storm and Sanitary Sewer</b>		
		Total percentage of each type of sewer line (in miles)		%	%			

<b>Indian Country</b>	1.8	Is the treatment works located in Indian Country? <input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No</span>				
	1.9	Does the facility discharge to a receiving water that flows through Indian Country? <input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No</span>				

<b>Design and Actual Flow Rates</b>	1.10	Provide design <i>and</i> actual flow rates in the designated spaces.			<b>Design Flow Rate</b>	
					mgd	
		<b>Annual Average Flow Rates (Actual)</b>				
		<b>Two Years Ago</b>		<b>Last Year</b>		<b>This Year</b>
		mgd		mgd		mgd
		<b>Maximum Daily Flow Rates (Actual)</b>				
		<b>Two Years Ago</b>		<b>Last Year</b>		<b>This Year</b>
		mgd		mgd		mgd

<b>Discharge Points by Type</b>	1.11	Provide the total number of effluent discharge points to waters of the United States by type.				
		<b>Total Number of Effluent Discharge Points by Type</b>				
		<b>Treated Effluent</b>	<b>Untreated Effluent</b>	<b>Combined Sewer Overflows</b>	<b>Bypasses</b>	<b>Constructed Emergency Overflows</b>

Outfalls Other Than to Waters of the United States					
Outfalls and Other Discharge or Disposal Methods	1.12	Does the POTW discharge wastewater to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 1.14.			
	1.13	Provide the location of each surface impoundment and associated discharge information in the table below.			
		Surface Impoundment Location and Discharge Data			
		Location	Average Daily Volume Discharged to Surface Impoundment	Continuous or Intermittent (check one)	
			gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	
		gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent		
		gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent		
	1.14	Is wastewater applied to land? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 1.16.			
	1.15	Provide the land application site and discharge data requested below.			
		Land Application Site and Discharge Data			
		Location	Size	Average Daily Volume Applied	Continuous or Intermittent (check one)
			acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
		acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	
		acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	
	1.16	Is effluent transported to another facility for treatment prior to discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 1.21.			
1.17	Describe the means by which the effluent is transported (e.g., tank truck, pipe).				
1.18	Is the effluent transported by a party other than the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 1.20.				
1.19	Provide information on the transporter below.				
	Transporter Data				
	Entity name		Mailing address (street or P.O. box)		
	City or town		State	ZIP code	
	Contact name (first and last)		Title		
	Phone number		Email address		

<b>Outfalls and Other Discharge or Disposal Methods Continued</b>	1.20	In the table below, indicate the name, address, contact information, NPDES number, and average daily flow rate of the receiving facility.				
	<b>Receiving Facility Data</b>					
	Facility name		Mailing address (street or P.O. box)			
	City or town		State	ZIP code		
	Contact name (first and last)		Title			
	Phone number		Email address			
	NPDES number of receiving facility (if any)	<input type="checkbox"/> None	Average daily flow rate		mgd	
	1.21	Is the wastewater disposed of in a manner other than those already mentioned in Items 1.14 through 1.21 that do not have outlets to waters of the United States (e.g., underground percolation, underground injection)?				
		<input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 1.23.				
<b>Outfalls and Other Discharge or Disposal Methods Continued</b>	1.22	Provide information in the table below on these other disposal methods.				
	<b>Information on Other Disposal Methods</b>					
		<b>Disposal Method Description</b>	<b>Location of Disposal Site</b>	<b>Size of Disposal Site</b>	<b>Annual Average Daily Discharge Volume</b>	<b>Continuous or Intermittent (check one)</b>
				acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
				acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
			acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	
<b>Variance Requests</b>	1.23	Do you intend to request or renew one or more of the variances authorized at 40 CFR 122.21(n)? (Check all that apply. Consult with your NPDES permitting authority to determine what information needs to be submitted and when.)				
		<input type="checkbox"/> Discharges into marine waters (CWA Section 301(h)) <input type="checkbox"/> Water quality related effluent limitation (CWA Section 302(b)(2)) <input type="checkbox"/> Not applicable				
<b>Contractor Information</b>	1.24	Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor?				
		<input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 2.				
	1.25	Provide location and contact information for each contractor in addition to a description of the contractor's operational and maintenance responsibilities.				
	<b>Contractor Information</b>					
			<b>Contractor 1</b>	<b>Contractor 2</b>	<b>Contractor 3</b>	
		Contractor name (company name)				
		Mailing address (street or P.O. box)				
		City, state, and ZIP code				
		Contact name (first and last)				
	Phone number					
	Email address					
	Operational and maintenance responsibilities of contractor					

**SECTION 2. ADDITIONAL INFORMATION (40 CFR 122.21(j)(1) and (2))**

Design Flow		Outfalls to Waters of the United States				
Design Flow	2.1	Does the treatment works have a design flow greater than or equal to 0.1 mgd? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 3.				
Inflow and Infiltration	2.2	Provide the treatment works' current average daily volume of inflow and infiltration.	Average Daily Volume of Inflow and Infiltration			gpd
Inflow and Infiltration		Indicate the steps the facility is taking to minimize inflow and infiltration.				
Topographic Map	2.3	Have you attached a topographic map to this application that contains all the required information? (See instructions for specific requirements.) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Flow Diagram	2.4	Have you attached a process flow diagram or schematic to this application that contains all the required information? (See instructions for specific requirements.) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Scheduled Improvements and Schedules of Implementation	2.5	Are improvements to the facility scheduled? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 3.				
		Briefly list and describe the scheduled improvements.				
		1.				
		2.				
		3.				
	4.					
	2.6	Provide scheduled or actual dates of completion for improvements.				
Scheduled or Actual Dates of Completion for Improvements						
Scheduled Improvement (from above)		Affected Outfalls (list outfall number)	Begin Construction (MM/DD/YYYY)	End Construction (MM/DD/YYYY)	Begin Discharge (MM/DD/YYYY)	Attainment of Operational Level (MM/DD/YYYY)
1.						
2.						
3.						
4.						
2.7	Have appropriate permits/clearances concerning other federal/state requirements been obtained? Briefly explain your response. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None required or applicable					
	Explanation:					

**SECTION 3. INFORMATION ON EFFLUENT DISCHARGES (40 CFR 122.21(j)(3) to (5))**

<b>Description of Outfalls</b>	3.1	Provide the following information for each outfall. (Attach additional sheets if you have more than three outfalls.)		
		<b>Outfall Number</b> _____	<b>Outfall Number</b> _____	<b>Outfall Number</b> _____
	State			
	County			
	City or town			
	Distance from shore	ft.	ft.	ft.
	Depth below surface	ft.	ft.	ft.
	Average daily flow rate	mgd	mgd	mgd
	Latitude	° ' "	° ' "	° ' "
	Longitude	° ' "	° ' "	° ' "
<b>Seasonal or Periodic Discharge Data</b>	3.2	Do any of the outfalls described under Item 3.1 have seasonal or periodic discharges? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.4.		
	3.3	If so, provide the following information for each applicable outfall.		
		<b>Outfall Number</b> _____	<b>Outfall Number</b> _____	<b>Outfall Number</b> _____
	Number of times per year discharge occurs			
	Average duration of each discharge (specify units)			
	Average flow of each discharge	mgd	mgd	mgd
Months in which discharge occurs				
<b>Diffuser Type</b>	3.4	Are any of the outfalls listed under Item 3.1 equipped with a diffuser? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.6.		
	3.5	Briefly describe the diffuser type at each applicable outfall.		
		<b>Outfall Number</b> _____	<b>Outfall Number</b> _____	<b>Outfall Number</b> _____
<b>Waters of the U.S.</b>	3.6	Does the treatment works discharge or plan to discharge wastewater to waters of the United States from one or more discharge points? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 6.		

<b>Receiving Water Description</b>	3.7	Provide the receiving water and related information (if known) for each outfall.		
		<b>Outfall Number</b> _____	<b>Outfall Number</b> _____	<b>Outfall Number</b> _____
	Receiving water name			
	Name of watershed, river, or stream system			
	U.S. Soil Conservation Service 14-digit watershed code			
	Name of state management/river basin			
	U.S. Geological Survey 8-digit hydrologic cataloging unit code			
	Critical low flow (acute)	cfs	cfs	cfs
	Critical low flow (chronic)	cfs	cfs	cfs
Total hardness at critical low flow	mg/L of CaCO <sub>3</sub>	mg/L of CaCO <sub>3</sub>	mg/L of CaCO <sub>3</sub>	
<b>Treatment Description</b>	3.8	Provide the following information describing the treatment provided for discharges from each outfall.		
		<b>Outfall Number</b> _____	<b>Outfall Number</b> _____	<b>Outfall Number</b> _____
	<b>Highest Level of Treatment</b> (check all that apply per outfall)	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify) _____
	<b>Design Removal Rates by Outfall</b>			
	BOD <sub>5</sub> or CBOD <sub>5</sub>	%	%	%
	TSS	%	%	%
	Phosphorus	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %
	Nitrogen	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %
Other (specify) _____	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	

<b>Treatment Description Continued</b>	3.9	Describe the type of disinfection used for the effluent from each outfall in the table below. If disinfection varies by season, describe below.						
			<b>Outfall Number</b> _____	<b>Outfall Number</b> _____	<b>Outfall Number</b> _____			
		Disinfection type						
		Seasons used						
		Dechlorination used?	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Effluent Testing Data</b>	3.10	Have you completed monitoring for all Table A parameters and attached the results to the application package? <input type="checkbox"/> Yes <span style="margin-left: 150px;"><input type="checkbox"/> No</span>						
	3.11	Have you conducted any WET tests during the 4.5 years prior to the date of the application on any of the facility's discharges or on any receiving water near the discharge points? <input type="checkbox"/> Yes <span style="margin-left: 150px;"><input type="checkbox"/> No → SKIP to Item 3.13.</span>						
	3.12	Indicate the number of acute and chronic WET tests conducted since the last permit reissuance of the facility's discharges by outfall number or of the receiving water near the discharge points.						
			<b>Outfall Number</b> _____	<b>Outfall Number</b> _____	<b>Outfall Number</b> _____			
			<b>Acute</b>	<b>Chronic</b>	<b>Acute</b>	<b>Chronic</b>	<b>Acute</b>	<b>Chronic</b>
		Number of tests of discharge water						
		Number of tests of receiving water						
	3.13	Does the treatment works have a design flow greater than or equal to 0.1 mgd? <input type="checkbox"/> Yes <span style="margin-left: 150px;"><input type="checkbox"/> No → SKIP to Item 3.16.</span>						
	3.14	Does the POTW use chlorine for disinfection, use chlorine elsewhere in the treatment process, or otherwise have reasonable potential to discharge chlorine in its effluent? <input type="checkbox"/> Yes → Complete Table B, including chlorine. <span style="margin-left: 50px;"><input type="checkbox"/> No → Complete Table B, omitting chlorine.</span>						
	3.15	Have you completed monitoring for all applicable Table B pollutants and attached the results to this application package? <input type="checkbox"/> Yes <span style="margin-left: 150px;"><input type="checkbox"/> No</span>						
3.16	Does one or more of the following conditions apply? <ul style="list-style-type: none"> <li>• The facility has a design flow greater than or equal to 1 mgd.</li> <li>• The POTW has an approved pretreatment program or is required to develop such a program.</li> <li>• The NPDES permitting authority has informed the POTW that it must sample for the parameters in Table C, must sample other additional parameters (Table D), or submit the results of WET tests for acute or chronic toxicity for each of its discharge outfalls (Table E).</li> </ul> <input type="checkbox"/> Yes → Complete Tables C, D, and E as applicable. <span style="margin-left: 150px;"><input type="checkbox"/> No → SKIP to Section 4.</span>							
3.17	Have you completed monitoring for all applicable Table C pollutants and attached the results to this application package? <input type="checkbox"/> Yes <span style="margin-left: 150px;"><input type="checkbox"/> No</span>							
3.18	Have you completed monitoring for all applicable Table D pollutants required by your NPDES permitting authority and attached the results to this application package? <input type="checkbox"/> Yes <span style="margin-left: 150px;"><input type="checkbox"/> No additional sampling required by NPDES permitting authority.</span>							



<b>Effluent Testing Data Continued</b>	3.19	Has the POTW conducted either (1) minimum of four quarterly WET tests for one year preceding this permit application or (2) at least four annual WET tests in the past 4.5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No → Complete tests and Table E and SKIP to Item 3.26.					
	3.20	Have you previously submitted the results of the above tests to your NPDES permitting authority?	<input type="checkbox"/> Yes	<input type="checkbox"/> No → Provide results in Table E and SKIP to Item 3.26.					
	3.21	Indicate the dates the data were submitted to your NPDES permitting authority and provide a summary of the results.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:45%; text-align: center;">Date(s) Submitted (MM/DD/YYYY)</th> <th style="width:55%; text-align: center;">Summary of Results</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"> </td> <td> </td> </tr> </tbody> </table>			Date(s) Submitted (MM/DD/YYYY)	Summary of Results		
	Date(s) Submitted (MM/DD/YYYY)	Summary of Results							
	3.22	Regardless of how you provided your WET testing data to the NPDES permitting authority, did any of the tests result in toxicity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No → SKIP to Item 3.26.					
	3.23	Describe the cause(s) of the toxicity:							
	3.24	Has the treatment works conducted a toxicity reduction evaluation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No → SKIP to Item 3.26.					
3.25	Provide details of any toxicity reduction evaluations conducted.								
3.26	Have you completed Table E for all applicable outfalls and attached the results to the application package?	<input type="checkbox"/> Yes	<input type="checkbox"/> Not applicable because previously submitted information to the NPDES permitting authority.						

**SECTION 4. INDUSTRIAL DISCHARGES AND HAZARDOUS WASTES (40 CFR 122.21(j)(6) and (7))**

<b>Industrial Discharges and Hazardous Wastes</b>	4.1	Does the POTW receive discharges from SIUs or NSCIUs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No → SKIP to Item 4.7.				
	4.2	Indicate the number of SIUs and NSCIUs that discharge to the POTW.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%; text-align: center;">Number of SIUs</th> <th style="width:50%; text-align: center;">Number of NSCIUs</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> </tbody> </table>		Number of SIUs	Number of NSCIUs		
	Number of SIUs	Number of NSCIUs						
	4.3	Does the POTW have an approved pretreatment program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	4.4	Have you submitted either of the following to the NPDES permitting authority that contains information substantially identical to that required in Table F: (1) a pretreatment program annual report submitted within one year of the application or (2) a pretreatment program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No → SKIP to Item 4.6.				
4.5	Identify the title and date of the annual report or pretreatment program referenced in Item 4.4. SKIP to Item 4.7.							
4.6	Have you completed and attached Table F to this application package?	<input type="checkbox"/> Yes	<input type="checkbox"/> No					

<b>Industrial Discharges and Hazardous Wastes Continued</b>	4.7	Does the POTW receive, or has it been notified that it will receive, by truck, rail, or dedicated pipe, any wastes that are regulated as RCRA hazardous wastes pursuant to 40 CFR 261? <input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No → SKIP to Item 4.9.</span>			
	4.8	If yes, provide the following information:			
		<b>Hazardous Waste Number</b>	<b>Waste Transport Method</b> (check all that apply)		<b>Annual Amount of Waste Received</b>
			<input type="checkbox"/> Truck	<input type="checkbox"/> Rail	
			<input type="checkbox"/> Dedicated pipe	<input type="checkbox"/> Other (specify) _____	
			<input type="checkbox"/> Truck	<input type="checkbox"/> Rail	
		<input type="checkbox"/> Dedicated pipe	<input type="checkbox"/> Other (specify) _____		
		<input type="checkbox"/> Truck	<input type="checkbox"/> Rail		
		<input type="checkbox"/> Dedicated pipe	<input type="checkbox"/> Other (specify) _____		
	4.9	Does the POTW receive, or has it been notified that it will receive, wastewaters that originate from remedial activities, including those undertaken pursuant to CERCLA and Sections 3004(7) or 3008(h) of RCRA? <input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No → SKIP to Section 5.</span>			
	4.10	Does the POTW receive (or expect to receive) less than 15 kilograms per month of non-acute hazardous wastes as specified in 40 CFR 261.30(d) and 261.33(e)? <input type="checkbox"/> Yes → SKIP to Section 5. <span style="margin-left: 200px;"><input type="checkbox"/> No</span>			
	4.11	Have you reported the following information in an attachment to this application: identification and description of the site(s) or facility(ies) at which the wastewater originates; the identities of the wastewater's hazardous constituents; and the extent of treatment, if any, the wastewater receives or will receive before entering the POTW? <input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No</span>			

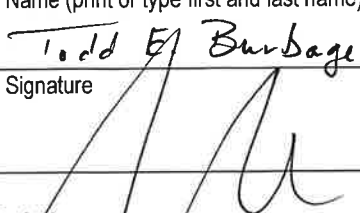
**SECTION 5. COMBINED SEWER OVERFLOWS (40 CFR 122.21(j)(8))**

<b>CSO Map and Diagram</b>	5.1	Does the treatment works have a combined sewer system? <input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No → SKIP to Section 6.</span>			
	5.2	Have you attached a CSO system map to this application? (See instructions for map requirements.) <input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No</span>			
	5.3	Have you attached a CSO system diagram to this application? (See instructions for diagram requirements.) <input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No</span>			

<b>CSO Outfall Description</b>	5.4	For each CSO outfall, provide the following information. (Attach additional sheets as necessary.)		
		<b>CSO Outfall Number</b> ____	<b>CSO Outfall Number</b> ____	<b>CSO Outfall Number</b> ____
	City or town			
	State and ZIP code			
	County			
	Latitude	° ' "	° ' "	° ' "
	Longitude	° ' "	° ' "	° ' "
	Distance from shore	ft.	ft.	ft.
Depth below surface	ft.	ft.	ft.	
<b>CSO Monitoring</b>	5.5	Did the POTW monitor any of the following items in the past year for its CSO outfalls?		
		<b>CSO Outfall Number</b> ____	<b>CSO Outfall Number</b> ____	<b>CSO Outfall Number</b> ____
	Rainfall	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	CSO flow volume	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	CSO pollutant concentrations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Receiving water quality	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	CSO frequency	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of storm events	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>CSO Events in Past Year</b>	5.6	Provide the following information for each of your CSO outfalls.		
		<b>CSO Outfall Number</b> ____	<b>CSO Outfall Number</b> ____	<b>CSO Outfall Number</b> ____
	Number of CSO events in the past year	events	events	events
	Average duration per event	hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated
	Average volume per event	million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated
	Minimum rainfall causing a CSO event in last year	inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated

<b>CSO Receiving Waters</b>	5.7	Provide the information in the table below for each of your CSO outfalls.		
		<b>CSO Outfall Number</b> ____	<b>CSO Outfall Number</b> ____	<b>CSO Outfall Number</b> ____
		Receiving water name		
		Name of watershed/ stream system		
		U.S. Soil Conservation Service 14-digit watershed code (if known)	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
		Name of state management/river basin		
		U.S. Geological Survey 8-Digit Hydrologic Unit Code (if known)	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
		Description of known water quality impacts on receiving stream by CSO (see instructions for examples)		

**SECTION 6. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))**

<b>Checklist and Certification Statement</b>	6.1	In Column 1 below, mark the sections of Form 2A that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.			
		<b>Column 1</b>	<b>Column 2</b>		
		<input checked="" type="checkbox"/> Section 1: Basic Application Information for All Applicants	<input type="checkbox"/> w/ variance request(s)	<input type="checkbox"/> w/ additional attachments	
		<input checked="" type="checkbox"/> Section 2: Additional Information	<input checked="" type="checkbox"/> w/ topographic map <input type="checkbox"/> w/ additional attachments	<input checked="" type="checkbox"/> w/ process flow diagram	
		<input checked="" type="checkbox"/> Section 3: Information on Effluent Discharges	<input type="checkbox"/> w/ Table A <input type="checkbox"/> w/ Table B <input type="checkbox"/> w/ Table C	<input type="checkbox"/> w/ Table D <input type="checkbox"/> w/ Table E <input type="checkbox"/> w/ additional attachments	
		<input type="checkbox"/> Section 4: Industrial Discharges and Hazardous Wastes	<input type="checkbox"/> w/ SIU and NSCIU attachments <input type="checkbox"/> w/ additional attachments	<input type="checkbox"/> w/ Table F	
		<input type="checkbox"/> Section 5: Combined Sewer Overflows	<input type="checkbox"/> w/ CSO map <input type="checkbox"/> w/ CSO system diagram	<input type="checkbox"/> w/ additional attachments	
		<input checked="" type="checkbox"/> Section 6: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments		
		6.2	<b>Certification Statement</b>		
			<p><i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i></p>		
		Name (print or type first and last name)		Official title	
				<i>General Manager</i>	
		Signature		Date signed	
				<i>12/14/2022</i>	

EPA Identification Number	NPDES Permit Number	Facility Name	Outfall Number
---------------------------	---------------------	---------------	----------------

Form Approved 03/05/19  
OMB No. 2040-0004

TABLE A. EFFLUENT PARAMETERS FOR ALL POTWS							
Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Biochemical oxygen demand <input type="checkbox"/> BOD <sub>5</sub> or <input type="checkbox"/> CBOD <sub>5</sub> (report one)							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Fecal coliform							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Design flow rate							
pH (minimum)							
pH (maximum)							
Temperature (winter)							
Temperature (summer)							
Total suspended solids (TSS)							<input type="checkbox"/> ML <input type="checkbox"/> MDL

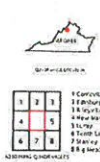
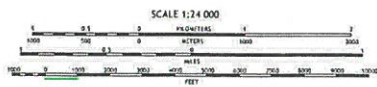
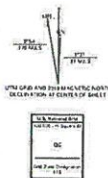
<sup>1</sup> Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).





Produced by the United States Geological Survey  
using aerial photography of 1983 (and 1984)  
Digital Numbers of 1983 (and 1984) Projection and  
1:24,000 scale (vertical datum of 1985)  
This map is not a legal document. It is intended to be  
used for general information only. Please do not use it for  
any other purpose.

History: U.S. Geological Survey, July 2016 - September 2016  
Data: U.S. Geological Survey, July 2016 - September 2016  
Map: U.S. Geological Survey, July 2016 - September 2016  
Projection: UTM, Zone 18N, Datum: NAD 83, Spheroid: GRS 1980  
Scale: 1:24,000  
Boundaries: Multiple sources, see metadata file 2017 - 2018  
Webpage: PWS National Wetlands Inventory 1984



**ROAD CLASSIFICATION**

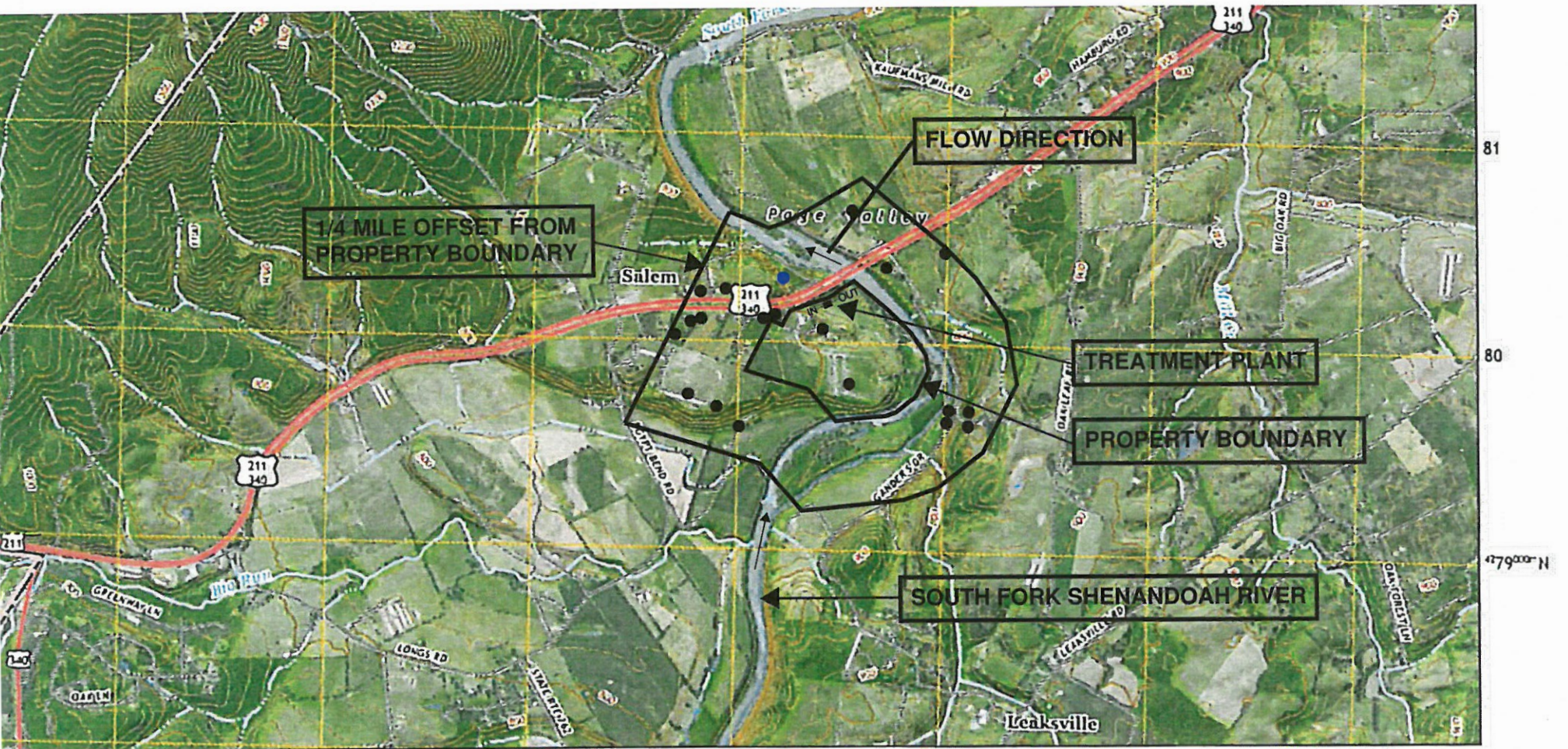
Expressway	Local Collector
Secondary Hwy	Local Road
Loop	Loop
Interstate Route	US Route
PS Primary Route	PS Route
	PS High
	PS Power Road
	PS Low

Check with local Forest Service unit  
for current forest cover status and restrictions.

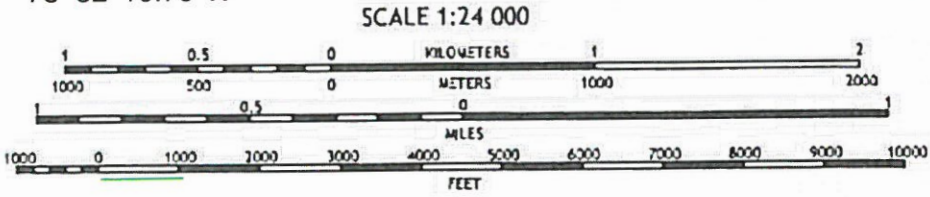
HAMBURG, VA  
2019

LURAY RV RESORT ON THE SHENANDOAH RIVER

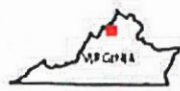




TREATMENT PLANT LOCATION:  
 38° 38' 39.76" N  
 78° 32' 10.79" W



CONTOUR INTERVAL 20 FEET  
 NORTH AMERICAN VERTICAL DATUM OF 1988  
 This map was produced to conform with the  
 National Geospatial Program US Topo Product Standard, 2011.  
 A metadata file associated with this product is draft version 0.6.18



STATE WIDE LOCATION

1	2	3	1 Conville
4	5	5 Luray	2 Edinburg
6	7	8 Big Meadows	3 Rileyville
			4 New Market
			6 Tenth Legion
			7 Stanley
			8 Big Meadows

ADJOINING QUADRANGLES

- DRILLED WELL-19
- SPRING-1

**ROAD CLASSIFICATION**

Expressway	Local Connector
Secondary Hwy	Local Road
Ramp	4WD
Interstate Route	US Route
FS Primary Route	FS Passenger Route
	FS High Clearance Route

Check with local Forest Service unit  
 for current travel conditions and restrictions.

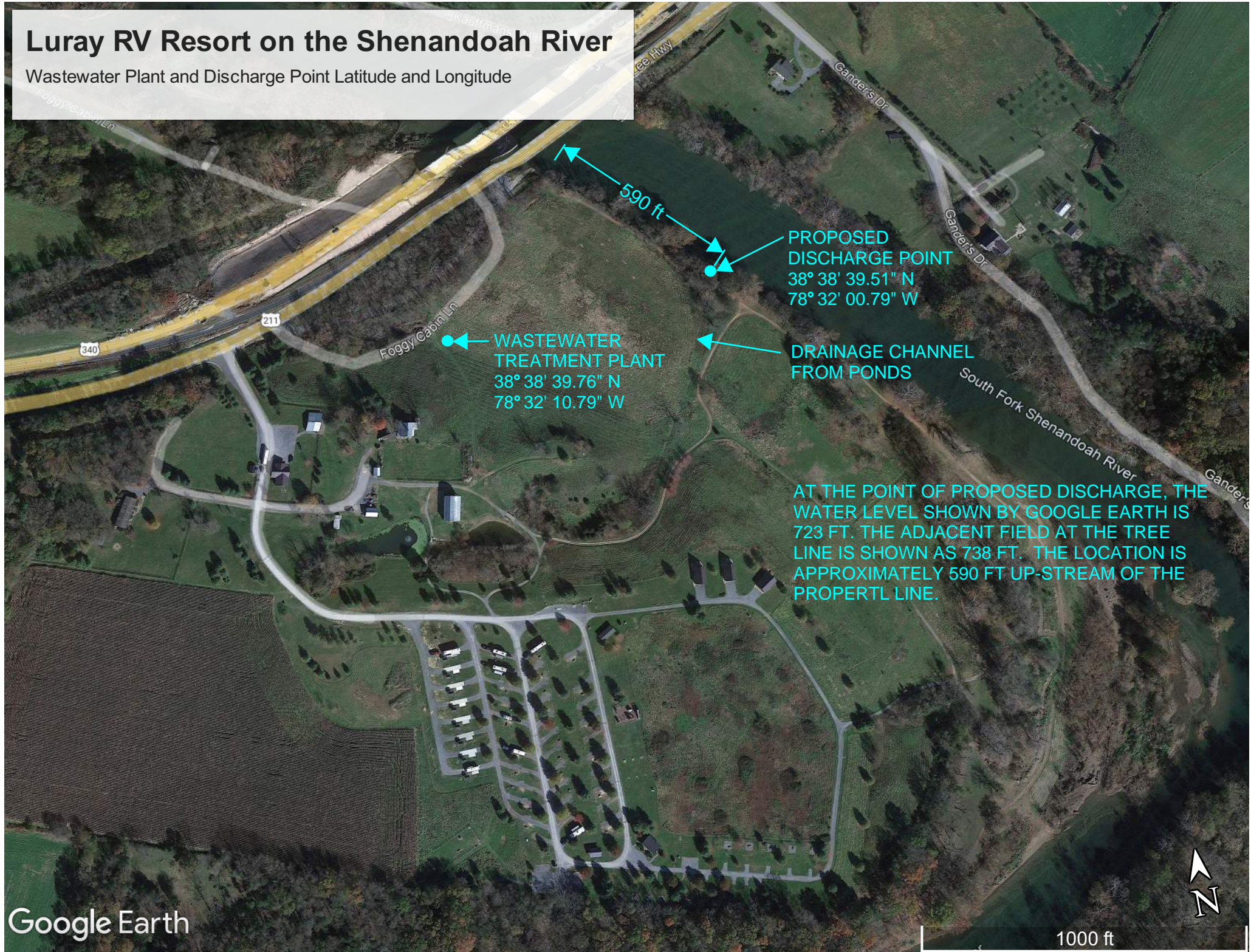
HAMBURG, VA  
 2019

LURAY RV RESORT ON THE SHENANDOAH RIVER



# Luray RV Resort on the Shenandoah River

Wastewater Plant and Discharge Point Latitude and Longitude





WASTEWATER NARRATIVE

THE SEWER COLLECTION SYSTEM IN THE RV PARK GATHERS THE WASTEWATER AND BY EITHER GRAVITY FLOW OR PUMPING TRANSFERS THE FLOW TO THE EQUALIZATION TANK OF THE WASTEWATER TREATMENT SYSTEM.

FLOWS ARE THEN TRANSFERRED INTO THE ANOXIC TANK WHERE DENITRIFICATION TAKES PLACE. BOD IS USED AS A CARBON SOURCE TO CARRY OUT DENITRIFICATION.

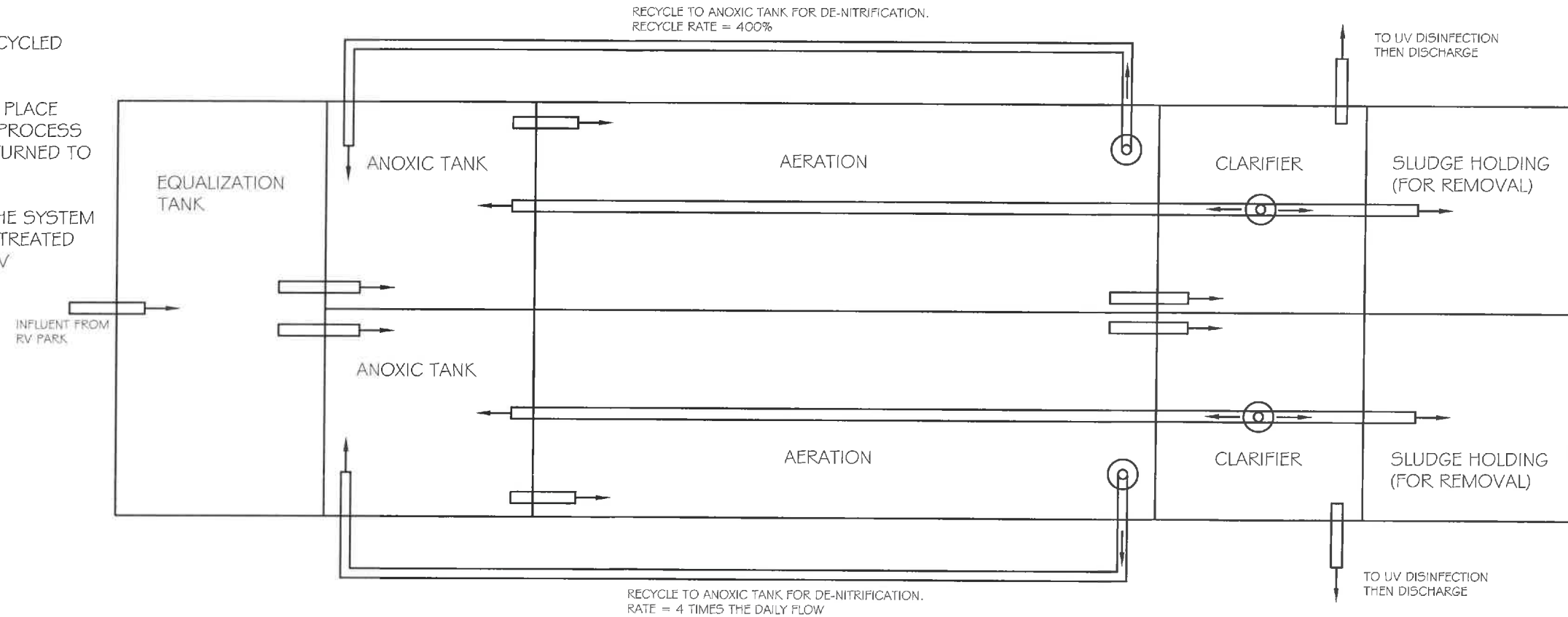
THE AERATION CHAMBER IS NEXT WHERE MIXING, NITRIFICATION, AND BOD REDUCTION TAKES PLACE. THE SUPPLIED AERATION IS FOR OXIDATION OF BOD AND AMMONIA.

AFTER AMMONIA OXIDATION, NITRATES ARE RECYCLED BACK TO AERATION AT A 4:1 RATE.

IN THE CLARIFIER, GRAVITY SEPARATION TAKES PLACE WHERE SOLIDS GENERATED IN THE UPSTREAM PROCESS ARE SETTLED OUT AND EITHER WASTED OR RETURNED TO THE SYSTEM.

FROM THE CLARIFIER, SOLIDS GENERATED IN THE SYSTEM ARE WASTED TO THE SLUDGE HOLDING TANK. TREATED EFFLUENT FLOWS FROM THE CLARIFIER THRU UV DISINFECTION BEFORE BEING DISCHARGED.

EPA APPLICATION FORM 2A  
ITEM 2.4



PROPOSED WASTEWATER FLOW DIAGRAM  
LURAY RV PARK ON THE SHENANDOAH RIVER  
NO SCALE



312 WEST MAIN ST.  
LURAY VIRGINIA 22835  
PH. 540-743-9227  
FAX 540-743-6118

# VPDES Sewage Sludge Permit Application for Permit Reissuance

## Instructions

WHO MUST SUBMIT THE APPLICATION - All facilities with a current VPDES Permit that authorizes the discharge of treated sewage wastewater that are applying for reissuance must complete and submit this application.

Part 1 is general information to be provided by all facilities.

Part 2 must be completed by all facilities that generate Class A or Class B biosolids that are land applied.

Part 3 must be completed by all facilities that land apply Class B biosolids.

## Part 1 – Sludge Disposal Management (To be completed by all facilities)

Facility Name: \_\_\_\_\_ VPDES Permit No: \_\_\_\_\_

### 1. Shipment Off Site for Treatment or Blending

Is sewage sludge from your facility sent to another facility that provides treatment or blending?  Yes  No

If you send sewage sludge to more than one facility, attach additional sheets as necessary.

Shipment off site is:  The primary method of sludge disposal  A back up method of sludge disposal

a. Receiving Facility Name \_\_\_\_\_

b. Receiving Facility VPDES Permit No. \_\_\_\_\_

c. Include an acceptance letter from the Receiving Facility.

d. Receiving Facility's ultimate disposal method for sewage sludge \_\_\_\_\_

### 2. Disposal in a Municipal Solid Waste Landfill

Is sewage sludge from your facility placed in a municipal solid waste landfill?  Yes  No

If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.

Landfilling is:  The primary method of sludge disposal  A back up method of sludge disposal

a. Landfill Name \_\_\_\_\_

b. Landfill Permit No. \_\_\_\_\_

c. Include an acceptance letter from the landfill.

### 3. Incineration

Is sewage sludge from your facility fired in a sewage sludge incinerator?  Yes  No

Incineration is:  The primary method of sludge disposal  A back up method of sludge disposal

a. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?  Yes  No

If yes, provide the Air Registration No. \_\_\_\_\_

If no, complete items b - d for each incinerator that you do not own or operate.

b. Facility Name \_\_\_\_\_

c. Air Registration No. \_\_\_\_\_

d. Include an acceptance letter from the Incinerator.

### 4. Class A Biosolids

Do you produce Class A biosolids for land application or distribution and marketing? If yes, complete Part 2.  Yes  No

Are Class A biosolids from your facility land applied in bulk?  Yes  No

Do you sell or give away Class A biosolids in a bag or other container for application to the land? If yes, provide the VDACS certification number?  Yes  No  
\_\_\_\_\_

### 5. Class B Biosolids

Do you produce Class B biosolids? If yes, complete Part 2.  Yes  No

Are Class B biosolids from your facility land applied under the authorization of this VPDES Permit? If yes, complete Part 3.  Yes  No

### 6. Land Application Under a Separate Permit

Are biosolids from your facility land applied under the authorization of a permit other than your VPDES Permit?  Yes  No

Biosolids are land applied under the authorization of a  VPA permit  Another VPDES Permit  Out of State

Complete items a - c for each VPA permit authorized to land apply biosolids from your facility.

a. Permittee Name \_\_\_\_\_ b. Permit No. \_\_\_\_\_

\_\_\_\_\_

c. Include copy of any information you provide to the Receiving VPDES or VPA Permittee to comply with the "notice and necessary information" requirement of 9VAC25-31-530 F.

## VPDES Sewage Sludge Permit Application for Permit Reissuance

### Part 2 – Biosolids Characterization (To be completed by all facilities that generate biosolids that are land applied.)

1. Have there been changes to sludge treatment processes or storage facilities since the previous permit issuance/reissuance?  Yes  No
2. Do the biosolids generated under this permit that will be land applied meet one of the Class A pathogen requirements in 9VAC25-31-710 A 3 through A 8 or Class B pathogen requirements in 9VAC25-31-710 B 1 through B 4?  Yes  No  
Identify the pathogen reduction option utilized to demonstrate compliance with the pathogen reductions requirements and provide the data that demonstrate compliance with the applicable alternative. \_\_\_\_\_
3. Do the biosolids generated under this permit that will be land applied meet one of the vector attraction reduction requirements in 9VAC25-31-720 B 1 through B 10?  Yes  No  
Identify the vector attraction reduction option utilized to demonstrate compliance with the vector attraction reductions requirements and provide the data that demonstrate compliance with the applicable alternative. \_\_\_\_\_
4. Do the biosolids to be land applied meet the ceiling/pollutant concentrations in 9VAC25-31-540 B?  Yes  No
5. Has data from the most recent 3 samples for pH (S.U.), Percent Solids (%), Ammonium Nitrogen (mg/kg), Nitrate Nitrogen (mg/kg), Total Kjeldahl Nitrogen (mg/kg), Total Phosphorus (mg/kg), Total Potassium (mg/kg), Alkalinity as CaCO<sub>3</sub> (mg/kg), Arsenic (mg/kg), Cadmium (mg/kg), Copper (mg/kg), Lead (mg/kg), Mercury (mg/kg), Nickel (mg/kg), Selenium (mg/kg), Zinc (mg/kg) been submitted to DEQ? The samples shall be no more than 4½ years old and each sampling date shall be at least 1 month apart.  Yes  No  
If no, provide the data with this application. \_\_\_\_\_

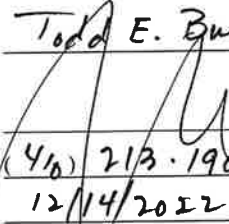
### Part 3 – Land Application of Class B Biosolids (To be completed by all facilities that land apply Class B biosolids.)

1. Provide to DEQ and to each locality in which biosolids are to be land applied, written evidence of financial responsibility. Evidence of financial responsibility shall be provided in accordance with 9VAC25-31-100 P 9.
2. For each site, provide a properly completed landowner agreement for each landowner, using the most current Land Application Agreement - Biosolids Form (VPDES Sewage Sludge Permit Application Form – Attachment to Section C).
3. Are any new land application fields proposed at this reissuance?  Yes  No  
If yes, contact the DEQ Regional Office for additional submittal requirements.
4. For the currently permitted land application fields, are the previously submitted site booklets, maps and acreage accurate.  Yes  No  
If no, contact the DEQ Regional Office for additional submittal requirements.
5. Does the facility's Biosolids Management Plan on file with DEQ include the following minimum information?  Yes  No
  - a. An odor control plan that addresses the abatement of odors resulting from the storage and/or land application of biosolids.
  - b. A description of the transport vehicles to be used.
  - c. Procedures for biosolids offloading at the land application site including spill prevention, cleanup (including vehicle cleaning), field reclamation, and emergency notification and cleanup measures.
  - d. A description of the land application equipment including procedures for calibrating equipment to ensure uniform distribution and appropriate loading rates.
  - e. Procedures used to ensure that land application activities address notification requirements, signage requirements, slope restrictions, operation limitations during periods of inclement weather, soil pH requirements, buffer zone requirements, and site restrictions.
  - f. Any other information necessary to ensure compliance with the requirements of the Biosolids Program of the VPDES Permit Regulation (9VAC25-31-420 through 720).

### 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 Todd E. Burbage General Manager

Signature 

Telephone number / Email (410) 213-1900 / tbdburbage@bwde.com

Date signed 12/14/2012

(Based on a review of this information, it may be necessary to submit additional information to meet other legal or technical review requirements.)



**HRRRSA**  
www.hrrsa.org

P.O. Box 8  
856 North River Road  
Mt. Crawford, VA 22841  
PH(540) 434-1053 • FX(540) 434-5160

MEMBERS

Bridgewater • Dayton • Harrisonburg  
Mt. Crawford • Rockingham Co.

May 12, 2022

Mr. Steven Kremer  
Blue Camp Luray, LLC  
9919 Stephen Decatur Highway  
Ocean City, MD 21842

RE: Luray RV Resort

Dear Mr. Kremer:

The Harrisonburg-Rockingham Regional Sewer Authority (HRRSA) will accept domestic wastewater treatment solids from the referenced facility in accordance with the following conditions:

- compliance with HRRSA's Operating Rules and Regulations & Waste Acceptance Regulations in effect at the time of transport
- referenced facility provides independent analytical data on the solids for approval prior to transport, if requested
- referenced facility provides certification that the material is "Non-Hazardous"
- payment of established treatment fees

The treatment of solids generated by "offsite sources" will be limited by operational and other considerations as necessary. We reserve the right to limit quantities and types of solids accepted.

Let me know if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Gregory A. Thomasson".

Gregory A. Thomasson  
Executive Director

c: Anita Riggleman, HRRSA file

PUBLIC NOTICE BILLING AUTHORIZATION FORM

VPDES Permit No. VA00 \_\_\_\_\_

Facility Name: \_\_\_\_\_ Luray RV Resort and Campground \_\_\_\_\_

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in Page News & Courier \_\_\_\_\_ in accordance with 9 VAC 25-31-290.C.2.

Agent/Department to be billed: \_\_\_\_\_ Steven Kremer \_\_\_\_\_

Owner: \_\_\_\_\_ Camp Luray OPCO, LLC \_\_\_\_\_

Agent/Department Address: \_\_\_\_\_ 9919 Stephen Decatur Highway \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_ Ocean City, MD 21842 \_\_\_\_\_

Agent's Telephone No.: \_\_\_\_\_ 410-213-1900 \_\_\_\_\_

Agent's Email: \_\_\_\_\_ skremer@bwdc.com \_\_\_\_\_

**I am also authorizing the above listed newspaper to send the publication verification to:**

DEQ Valley \_\_\_\_\_ Regional Office

Water Permits – ATTN: \_\_\_\_\_ Vian Jabari \_\_\_\_\_

\_\_\_\_\_ vian.jabari@deq.virginia.gov \_\_\_\_\_

Authorizing Agent - Printed Name: \_\_\_\_\_ Todd E. Burbage \_\_\_\_\_

Authorizing Agent – Signature: \_\_\_\_\_  \_\_\_\_\_

Date: \_\_\_\_\_ 12/24/2022 \_\_\_\_\_

**ONLY APPLICABLE FOR INDUSTRIAL MINOR PERMIT ACTIONS**

For industrial minor permit actions, DEQ may publish abbreviated public notices in newspapers of local circulation and provide the complete public notice content on DEQ's public website. Please indicate your preference by checking the appropriate box below.

- Applicant or permittee agrees to utilize the abbreviated public notice content in the newspaper noted above, with the complete public notice provided for publication on DEQ's public website.
- Applicant or permittee declines to utilize the abbreviated public notice and prefers to publish the full notice in the newspaper noted above.

RETURN THIS COMPLETED FORM TO: DEQ \_\_\_\_\_ Regional Office

Water Permits – ATTN: \_\_\_\_\_

\_\_\_\_\_

**VPDES/VPA Permit Billing Information Form  
for Annual Maintenance Fee**

**Facility Name:** \_\_\_\_\_

**Permit Number:** \_\_\_\_\_

**Owner Name:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Billing Contact Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Local Government Ordinance Form**

SUBJECT: Local and Areawide Planning Requirements

TO: Applicants for a Virginia Pollutant Discharge Elimination System Permit

§62.1-44.15:3 A of the State Water Control Law states:

*"No application for a new individual VPDES permit authorizing a new discharge of sewage, industrial wastes, or other wastes shall be considered complete unless it contains notification from the county, city, or town in which the discharge is to take place that the location and operation of the discharging facility are consistent with applicable ordinances adopted pursuant to Chapter 22 (§ 15.2-2200 et seq.) of Title 15.2, Code of Virginia. The county, city or town shall inform in writing the applicant and the Board of the discharging facility's compliance or noncompliance not more than thirty days from receipt by the chief administrative officer, or his agent, of a request from the applicant. Should the county, city or town fail to provide such written notification within thirty days, the requirement for such notification is waived. The provisions of this subsection shall not apply to any discharge for which a valid VPDES permit had been issued prior to March 10, 2000"*

In accordance with this section, applications for a new VPDES permit will not be considered complete until the certification statement is submitted to the Department of Environmental Quality Regional Office. Applicants may use the bottom of this page to transmit the request to the locality. If the locality does not respond to your request within 30 days, submit a copy of this form, showing the date you made the request, with your permit application.

\*\*\*\*\*

To: Amity Moler Date: 3-21-22  
(County) City, or Town Administrator/Manager

I am in the process of completing an application for a new VPDES permit. In accordance with Chapter 22 (§15.2-2200 et seq.) of Title 15.2 of the Code, I request that you sign one of the three statements certifying that the operation described on the attached permit application is or is not consistent with your local ordinances. Please return this form to me at:

(Applicant's address) : Racey Engineering, PLLC  
312 West Main St, P.O. Box 387  
Luray, VA 22835

**PLEASE SEE THE REVERSE SIDE OF FORM FOR CERTIFICATION REQUIREMENTS**



**LOCAL GOVERNMENT ORDINANCE FORM**

**For new VPDES permit applications**

In reference to the request from: Blue Camp Luray, LLC  
Applicant's Name

For certification of a discharge at:  
Luray RV Resort on the Shenandoah River  
Name and Location of Facility

I hereby certify,

(1) That the proposed location, and operation of the facility is consistent with all ordinances adopted pursuant to Chapter 22 (§15.2-2200 et seq.) of Title 15.2 of the Code of Virginia

OR

(2) That no local ordinances are in effect pursuant to Chapter 22 (§15.2-2200 et seq.) of Title 15.2 of the Code of Virginia

OR

(3) That the proposed location and operation of the facility is **not** consistent with all ordinances adopted pursuant to Chapter 22 (§15.2-2200 et seq.) of Title 15.2 of the Code of Virginia

<u><i>Armita N. Miller</i></u>	<u><i>County Administrator</i></u>
Signature	Title
<u>Armita N. Miller</u>	<u>4/28/2022</u>
Printed Name	Date



**GENERAL VIRGINIA POLLUTANT DISCHARGE ELIMINATION SYSTEM (VPDES)  
 PERMIT REGISTRATION STATEMENT  
 FOR TOTAL NITROGEN AND TOTAL PHOSPHORUS DISCHARGES AND NUTRIENT TRADING IN THE  
 CHESAPEAKE BAY WATERSHED IN VIRGINIA**

**1. APPLICANT INFORMATION**A. Name of Facility: Luray RV Resort and CampgroundB. Facility Owner: Camp Luray OPCO, LLC

C. Owner's Mailing Address

a. Street or P.O. Box: 9919 Stephen Decatur Highwayb. City or Town: Ocean City c. State: MD d. Zip Code: 21842e. Phone Number: 410-213-1900 f. Fax Number: \_\_\_\_\_g. E-mail address: skremer@bwdc.comD. Facility Location: 4253 US Hwy 211 West

Street No., Route No., or Other Identifier

Luray, VA 22835

County

E. Is the operator of the facility also the owner?  Yes  No  
If No, complete F. & G.F. Name of Operator: Environmental Systems Service, Ltd.

G. Operator's Mailing Address

a. Street or P.O. Box: 218 N Main Streetb. City or Town: Culpeper c. State: VA d. Zip Code: 22701e. Phone Number: 540-825-6660 f. Fax Number: \_\_\_\_\_g. E-mail address: info@ess-services.com**2. FACILITY INFORMATION**Does this facility currently have a VPDES permit?  Yes  NoIf no, has a permit been applied for?  Yes  No

If yes to either of the above questions, provide permit number: \_\_\_\_\_

**3. AGGREGATED DISCHARGES**

If the owner or operator listed above desires to aggregate the facility's mass load limits for total nitrogen and total phosphorus with other permitted facilities under common ownership or operation in the same tributary, list all affected facilities and the VPDES permit numbers assigned to these facilities.

<u>Facility Name</u>	<u>VPDES permit number</u>

**4. TRANSFER OF ALLOCATION TO OR FROM ANOTHER FACILITY**

If the owner or operator listed above proposes the exchange of an allocation for total nitrogen or total phosphorus with other permitted facilities, list all affected facilities, the VPDES permit numbers assigned to these facilities, the delivered pounds of total nitrogen or total phosphorus proposed for exchange and the calendar years for which the exchange will be in effect.

<u>Facility</u>	<u>VPDES#</u>	<u>N/P</u>	<u>Delivered pounds</u>	<u>Acquired/transferred?</u>	<u>Calendar years?</u>

Attach a copy of the applicable contract documentation related to the execution of these allocations.

**5. REQUIRED ATTACHMENT FOR NEW AND EXPANDED FACILITIES**

Plan to offset new or increased delivered total nitrogen and delivered total phosphorus loads for a minimum of 5 years.

**6. 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 submitted is to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.*

Signature:  Date: 12/14/2022

Name of person(s) signing above: Todd E. Burbage  
(Printed or Typed)

Title(s): General Manager

**For Department Use Only:**

Accepted/Not Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_

April 5, 2022

Department of Environmental Quality  
Office of VPDES Permits  
P.O. Box 1105  
Richmond, VA 23218

Re: New Wastewater Discharge Permit Nutrient Registration Statement

This letter is in regard to a new VPDES permit application for a Blue Water Development campground facility in Luray, Virginia. A 0.05 mgd wastewater discharge application is being submitted to the DEQ Valley Regional Office. The system is a sanitary sewer or otherwise known as a separate sewer system. The system does not collect stormwater runoff. This offset plan statement is part of that application.

The site is in the Chesapeake Bay Watershed and to offset new or increased delivered total nitrogen and delivered total phosphorus loads above treatment capacity of the proposed wastewater plant, the owner of the campground intends to purchase credits either from the Virginia Nutrient Credit Exchange Association or thru independent sources.

Thank you,

A handwritten signature in blue ink, appearing to read 'Rafael Correa', with a long horizontal flourish extending to the right.

Rafael Correa  
CFO  
Blue Water Development Corporation

## CHESAPEAKE BAY NUTRIENT OFFSET AGREEMENT

This Chesapeake Bay Nutrient Offset Agreement (this "Agreement") is made this 25<sup>th</sup> day of October, 2022, by and between Blue Camp Luray, LLC ("Luray RV") and the Town of Leesburg, Virginia ("Leesburg"), each a "Party" and collectively the "Parties."

### BACKGROUND

A. Luray RV is constructing additions to an existing campground in Luray, Virginia with a package wastewater treatment works to treat wastewater generated on-site from its current and future operations.

B. The Virginia Department of Environmental Quality ("DEQ") requires Luray RV to obtain an individual Virginia Pollutant Discharge Elimination System ("VPDES") Permit for the new treatment works as well as coverage under the General Virginia Pollutant Discharge Elimination System Watershed Permit Regulation for Total Nitrogen and Total Phosphorus Discharges and Nutrient Trading in the Chesapeake Bay Watershed in Virginia, 9 VAC 25-820, most recently reissued by the State Water Control Board and DEQ effective January 1, 2022, as hereafter modified or reissued from time to time (the "Watershed General Permit").

C. As a requirement of the above-referenced permits, DEQ will require Luray RV to offset the Luray RV's treatment works' anticipated discharge of total nitrogen ("Nitrogen") and total phosphorus ("Phosphorus") to protect water quality. Specifically, DEQ has required Luray RV to obtain offsets in the amount of 914 pounds per year of Nitrogen and 123 pounds per year of Phosphorus.

D. In 2005, the State Water Control Board established Nitrogen and Phosphorus allocations in its Water Quality Management Planning Regulation, 9 VAC 25-720, for all then-existing significant wastewater treatment plants in the Chesapeake Bay watershed, including Leesburg's Water Pollution Control Facility (the "Leesburg Facility").

E. Due to exceptional performance, Leesburg has achieved compliance with its Nitrogen and Phosphorus Allocations for the Leesburg Facility under the Watershed General Permit. Because the Leesburg Facility currently discharges less Nitrogen and Phosphorus than allowed under its allocations and the Watershed General Permit, Leesburg currently has the ability to provide Nitrogen and Phosphorus offsets, on a temporary basis, sufficient to meet the offset requirements applicable to the new Luray RV treatment works for the term of this Agreement.

F. Pursuant to Code of Virginia section 62.1-44.19;12 et seq., as well as 9 VAC 25-720-40 A and 9 VAC 25-820-70 Part II B 1 a, Leesburg is authorized to transfer in its discretion, and Luray RV is authorized to acquire, a portion of the Leesburg Facility's Nitrogen and Phosphorus allocations to satisfy Luray RV's offset obligation under the Watershed General Permit.

G. Based on Leesburg's Watershed General Permit compliance and exceptional Nitrogen and Phosphorus treatment, DEQ recommended Leesburg to Luray RV as a potential

offset source. Accordingly, by written correspondence dated October 6, 2022, Luray RV requested Leesburg to provide Nitrogen and Phosphorus allocations in the amount of 914 pounds per year and 123 pounds per year, respectively. Considering DEQ's recommendation, the Leesburg Facility's exceptional performance and the benefit of protecting water quality through an offset, Leesburg is willing to meet Luray RV's request.

## **AGREEMENT**

In consideration of the mutual covenants and conditions herein, and for good and valuable consideration, the receipt and sufficiency of which the Parties hereby acknowledge, the Parties agree as follows.

1. Temporary Offset Allocation. Beginning for the compliance year which starts January 1, 2023 and for each compliance year thereafter through and including compliance year 2027 (ending December 31, 2027), Leesburg hereby transfers from the Leesburg Nitrogen and Phosphorus Allocations to Luray RV, and Luray RV hereby accepts, a temporary allocation of 914 pounds per year of Nitrogen and 123 pounds per year of Phosphorus (the "Offset Allocations"). Notwithstanding the other provisions of this Paragraph 1, this Agreement and the Offset Allocations transfer are expressly contingent upon the continued ability of Leesburg to provide the Offset Allocations under actual operating conditions and current laws and regulations including without limitation the Leesburg Nitrogen and Phosphorus Allocations. If, by any order, law, regulation, permit, local legal obligations or requirements, facility operating conditions, or any changes thereto such ability were to cease, Leesburg's obligation to provide the Offset Allocations shall cease and this Agreement shall be renegotiated as provided in Paragraph 17.

2. Offset Allocation Cost Calculation and Annual Payment. The annual cost for the Offset Allocations under this Agreement shall be calculated based on the Class A Credit Purchase Prices of the Virginia Nutrient Credit Exchange Association, Inc. (the "Nutrient Exchange") for each compliance year covered by this Agreement and the Offset Allocation quantities established in Paragraph 1. The Nutrient Exchange's current Class A Credit Purchase Price schedule is attached as Exhibit A hereto. For example, for compliance year 2023 (January 1, 2023 through December 31, 2023), the cost shall be calculated based on \$4.04 per pound per year for Nitrogen and \$6.08 per pound per year for Phosphorus, for a cost of \$4,440.40 for compliance year 2023. Without issuance of an invoice by Leesburg, Luray RV shall pay the annual cost by each January 31 immediately following the end of the compliance year. For example, the annual payment for the first compliance year (2023) shall be paid no later than January 31, 2024. Payment shall be in the form of a check made payable to "Town of Leesburg" and delivered to Town of Leesburg Department of Utilities, ATTN: Director of Utilities, 1385 Russell Branch Parkway, Leesburg, Virginia 20175.

3. Limitation on Use of Offset Allocation. Luray RV agrees that its sole and limited use of the Offset Allocation shall be to offset Nitrogen and Phosphorus discharges from the Luray RV treatment works under the Watershed General Permit and that it shall not transfer any portion of the Offset Allocation to any other person or entity. In the event that operation of the Luray RV treatment works for any compliance year generates Nitrogen and/or Phosphorus credits within the meaning of the Watershed General Permit as a result of discharging less Nitrogen and/or



Phosphorus than the Offset Allocations (together with any other Nitrogen and/or Phosphorus allocations to which Luray RV may be entitled, if any), Luray RV shall transfer such Nitrogen credits (up to 914 pounds per year) and Phosphorus credits (up to 123 pounds per year) to Leesburg for Leesburg's use or exchange for that compliance year. Any such credit transfer shall be without cost to Leesburg.

4. Luray RV's Watershed General Permit Registration. Any Watershed General Permit registration statement and any permit-related offsets plan for the Luray RV treatment works submitted by Luray RV to DEQ shall be consistent with the provisions of this Agreement, including but not limited to the temporary nature of the Offset Allocations. Luray RV shall submit to Leesburg a draft of its registration statement and offset plan for Leesburg's review and approval before Luray RV's submittal to DEQ. Leesburg's review and approval shall not be unreasonably delayed or conditioned.

5. Leesburg's Exchange Compliance Plan Modification. Leesburg is a member of the Nutrient Exchange and a participant in its Exchange Compliance Plan previously submitted by the Nutrient Exchange to, and approved by, DEQ pursuant to the Watershed General Permit. During the next annual update of the Exchange Compliance Plan due to DEQ on or before February 1, 2023, Leesburg shall request that the Nutrient Exchange (a) modify such plan with respect to Leesburg's Nitrogen and Phosphorus Allocations to make appropriate revisions consistent with the temporary Offset Allocations provided under this Agreement and (b) submit such modification to DEQ for approval.

6. Regulatory Approval. Leesburg shall bear no responsibility (a) for the failure of DEQ to approve the Exchange Compliance Plan as modified in the manner contemplated by this Agreement, (b) for the failure of DEQ to approve Luray RV's registration statement or offset plan, or (c) for any other permits or approvals necessary for the accomplishment or completion of the transfer of the Offset Allocations or construction and operation of the Luray RV treatment works. Notwithstanding Paragraph 1 and Paragraph 2, Luray RV shall have no obligation to make payment for purchase of the Offset Allocations for any compliance year ending prior to the date on which DEQ approves Watershed General Permit coverage for Luray RV, and Leesburg shall have no obligation to transfer the Offset Allocations to Luray RV for such year.

7. Mutual Cooperation. Subject to Paragraph 6, the Parties shall continue to cooperate with each other as reasonably necessary to confirm or bring about the transfer of the Offset Allocation to Luray RV as provided herein.

8. Term. This Agreement shall be in effect once executed by both parties and shall expire on June 30, 2028. Notwithstanding the preceding sentence, if either Party fails to perform a material obligation hereunder, and fails to cure such failure to perform within sixty (60) days of written notice from the non-defaulting Party, the non-defaulting Party may terminate this Agreement upon written notice to the other Party.

9. Authorization. Each Party represents that its execution, delivery and performance under this Agreement have been duly authorized by all necessary action on its behalf, and do not and will not violate any provision of its charter or other governing legal requirements, or result in

a material breach of or constitute a material default under any agreement, indenture or instrument of which it is a party or by which it or its properties may be bound or affected. To each Party's knowledge there are no actions, suits or proceedings, pending or threatened against such Party or any of its properties, before any court or governmental authority that, if determined adversely to such Party, would have a material adverse effect on the transactions contemplated by this Agreement.

10. No Third Party Beneficiaries. This Agreement is solely for the benefit of the Parties hereto and their permitted successors and assignees and shall not confer any rights or benefits on any other person.

11. No Assignment. This Agreement, and the rights and obligations hereunder, shall inure to the benefit of and shall be binding upon any successors of such Parties. Luray RV may not transfer or assign this Agreement, or its rights or obligations hereunder, without the prior written consent of Leesburg, which consent may be withheld in Leesburg's discretion.

12. Legal Fees and Expenses. Luray RV shall be responsible for Leesburg's legal fees and expenses for developing this Agreement in such amount as submitted in writing by Leesburg to Luray RV prior to the execution of this Agreement; however, Luray RV's responsibility for Leesburg's legal fees and expenses for developing this Agreement shall not exceed \$1,500.00. Luray RV shall submit payment to Leesburg in such amount at the same time that Luray RV transmits the executed Agreement to Leesburg for its execution. Payment shall be in the form of a check made payable to "Town of Leesburg." Except as otherwise provided herein, each of the Parties shall pay its own fees and expenses, including its own legal fees, incurred in connection with this Agreement or any transactions contemplated hereby.

13. Brokerage Commissions. Luray RV represents and warrants to Leesburg that Luray RV has not dealt with any business broker or agent who would be entitled to a brokerage commission or finder's fee as a result of this Agreement or any related transactions. Luray RV agrees, to the extent permitted under law, to indemnify and hold Leesburg harmless from any and all claims for commissions of brokers or finder's fees claimed by, through or under Luray RV, including any losses related to any such claim.

14. Notices. All notices, requests, demands, claims and other communications hereunder shall be in writing, shall be delivered in person or by mail (first class, postage pre-paid) or overnight delivery, and shall be deemed given when delivered in person or, if not delivered in person, when received (or delivery is refused) by the Party to whom such notice, request, demand, claim or other communication is directed; at the following address, or at such other address as a Party shall designate by written notice to the other Party:

If to Luray RV:

Blue Camp Luray, LLC  
9919 Stephen Decatur Highway  
Ocean City, MD 21842

If to Leesburg:

Town of Leesburg  
Department of Utilities  
ATTN: Director of Utilities  
1385 Russell Branch Parkway  
Leesburg, Virginia 20175

with a copy by first class mail to:

Town of Leesburg  
Office of the Town Attorney  
ATTN: Chris Spera  
25 W. Market Street  
Leesburg, Virginia 20176

15. Governing Law; Venue; Severability. This Agreement shall be construed in accordance with and governed for all purposes by the laws of the Commonwealth of Virginia. In the event of any dispute concerning this Agreement that the Parties are unable to settle informally, exclusive venue for any legal action shall be the Circuit Court for the County of Loudoun. If any word or provision of this Agreement as applied to any Party or to any circumstance is adjudged by a court to be invalid or unenforceable, the same shall in no way affect any other circumstance or the validity or enforceability of any other word or provision.

16. No Waiver. Neither any failure to exercise or any delay in exercising any right, power or privilege under this Agreement by either Party shall operate as a waiver, nor shall any single or partial exercise of any right, power or privilege hereunder preclude the exercise of any other right, power or privilege. No waiver of any breach of any provision shall be deemed to be a waiver of any preceding or succeeding breach of the same or any other provision, nor shall any waiver be implied from any course of dealing.

17. Change in Circumstances. In the event of any material change in circumstances, by either a change in the law, regulation, or the Parties business circumstances, the Parties shall work together with the goal of amending this Agreement by mutual agreement. In the event of any such material change in circumstances or the failure to reach agreement on an mutually acceptable amendment to address any such material change, either Party may terminate this Agreement upon 180-days' notice.

18. Entire Agreement; Amendments. This Agreement contains the entire agreement between the Parties as to the subject matter hereof and supersedes all previous written and oral negotiations, commitments, proposals and writings. No amendments may be made to this Agreement except by a writing signed by both Parties.

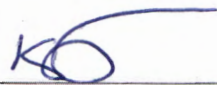
19. Counterparts. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. A facsimile or scanned signature may substitute for and have the same legal effect as

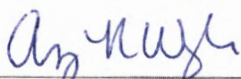


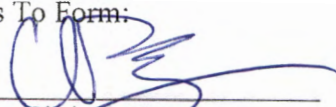
an original signature, and any copy of this executed Agreement made by photocopy, facsimile or scanner shall be considered the original.

IN WITNESS WHEREOF, the Parties hereto have caused the execution of this Agreement.


**TOWN OF LEESBURG**

By:   
\_\_\_\_\_  
Kaj Dentler  
Town Manager

By:   
\_\_\_\_\_  
Amy Wyks  
Director of Utilities

Approved As To Form:  
  
\_\_\_\_\_  
Chris Spera, Esq.  
Town Attorney

**BLUE CAMP LURAY, LLC**

By:   
\_\_\_\_\_  
Todd E. Burbage  
General Manager

**CHESAPEAKE BAY NUTRIENT OFFSET AGREEMENT**  
**EXHIBIT A**

**VIRGINIA NUTRIENT CREDIT EXCHANGE ASSOCIATION CLASS A CREDIT  
PURCHASE PRICE SCHEDULE FOR CALCULATING LURAY RV'S ANNUAL COST  
FOR TEMPORARY OFFSET ALLOCATIONS**

<b>Compliance Year</b>	<b>Reconciliation Year</b>	<b>Class A Credit Purchase Price (\$/lbs)</b>	
		<i>Nitrogen</i>	<i>Phosphorus</i>
2023	2024	\$4.04	\$6.08
2024	2025	\$4.13	\$6.22
2025	2026	\$4.21	\$6.34
2026	2027	\$4.26	\$6.41
2027	2028	\$4.62	\$6.94

**DEPARTMENT OF ENVIRONMENTAL QUALITY  
WATER DIVISION PERMIT APPLICATION FEE FORM**

**INSTRUCTIONS**

Applicants for individual Virginia Pollutant Discharge Elimination System (VPDES), Virginia Pollution Abatement (VPA), Virginia Water Protection (VWP), and Groundwater Withdrawal (GW) permits are required to pay permit application fees, with the exception of farming operations engaged in production for market and permits pertaining to maintenance dredging for federal navigation channels or other Corps of Engineers or Department of the Navy-sponsored dredging projects. Fees are also required for registration for coverage under most general permits (see Fee Schedule, page 4 of this form).

**NOTE: This form is NOT appropriate for Virginia Stormwater Management Program (VSMP) Construction General Permit (VAR10) fee payments.**

The permit Fee Schedule is included on pages 3-4 of this form, and includes fees for permit issuance, reissuance\*, and for permit modification. Except for VWP permits, fees must be paid when applications are submitted. Applicants for VWP permits will be notified by the DEQ of the fee due. Applications will be considered incomplete if the proper fee is not paid and will not be processed until the fee is received.

\* Note: the reissuance fee does not apply to individual VPDES and VPA permits - see the fee schedule for details.

Once you have determined the fee for the type of application you are submitting, complete this form. The form and your check or money order payable to "Treasurer of Virginia" should be mailed to:

Department of Environmental Quality  
Receipts Control  
P.O. Box 1104  
Richmond, VA 23218

You should retain a copy of the form and your check for your records. Please direct any questions regarding this form or fee payment to the DEQ Office to which you are submitting your application.

<b>APPLICANT NAME:</b> Blue Camp Luray, LLC	
<b>ADDRESS:</b> 9919 Stephen Decatur Highway Ocean City, MD 21842	
<b>DAYTIME PHONE:</b> ( 410 ) 213 - 1900 <small>Area Code</small>	<b>IRS EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 87-2638638 <small>[aka Federal Tax Identification Number (FIN)]</small>
<b>FACILITY/ACTIVITY NAME:</b> Luray RV Resort and Campground	
<b>LOCATION:</b> 4253 US HWY 211 West, Luray, VA 22835	
<b>TYPE OF PERMIT APPLIED FOR:</b> VPDES Municipal Minor <small>(from Fee Schedule)</small>	
<b>TYPE OF ACTION:</b> <input checked="" type="checkbox"/> New Issuance <input type="checkbox"/> Reissuance <input type="checkbox"/> Modification	
<b>AMOUNT OF FEE SUBMITTED</b> (from Fee Schedule): \$ 6000.00	
<b>EXISTING PERMIT NUMBER</b> (if applicable): N/A	

**DEQ OFFICE TO WHICH APPLICATION OR REGISTRATION SUBMITTED (check one)**

<input type="checkbox"/> Abingdon/SWRO	<input checked="" type="checkbox"/> Harrisonburg/VRO	<input type="checkbox"/> Woodbridge/NRO	<input type="checkbox"/> Glen Allen/PRO
<input type="checkbox"/> Richmond/Headquarters	<input type="checkbox"/> Roanoke/BRRO	<input type="checkbox"/> Virginia Beach/TRO	

<b>FOR DEQ USE ONLY</b>	
<b>Date:</b>	<b>DC#:</b>

*Cust - 89351  
HW - 118988  
B*

RECEIVED-DEQ FINANCE  
APR 20 11 11:10

*RTL  
Diana  
Adams*

## AR Daily Deposits

Date: Friday, April 22, 2022 Time: 10:59:06 AM

Deposit Date  
between 2022-04-  
21 and 2022-04-  
21  
Fund Number  
contains /leave

Certificate Number	Deposit Date	Misc Activity Name	Tax Reference	Customer Name	Transaction Type	Invoice	Receipt Number	Amount Applied to this trx
<b>54403140</b>								
Kerri Nicholas	4/21/2022		80144	VALLEY PROTEINS, INC.-LINVILLE	CIVIL CHGS-AIR-INV	118906	1579448	13,104.00
Celeste Horton	4/21/2022		VA0004677	MOHAWK INDUSTRIES, INC - LEES CARPET	CIVIL CHGS-WATER	118990	0001048363	3,003.00
	4/21/2022		VAR10Q938	CBAY-VA LLC	CONST SMW	348194	000117460	4,500.00
	4/21/2022		VSMP42	CITY OF FREDERICKSBURG	CONST SMW	347550	00841057	756.00
	4/21/2022		VAR10Q804	SKY VA LLC	CONST SMW	348136	00107	4,500.00
	4/21/2022		VSMP136	TOWN OF CHRISTIANSBURG	CONST SMW	347891	235682	756.00
	4/21/2022		VSMP136	TOWN OF CHRISTIANSBURG	CONST SMW	347676	235682	756.00
	4/21/2022		VAR10M166	HUDGINS CONTRACTING CORP	CONST SWM - MAINT	341837	088922	442.00
	4/21/2022		VAR10O919	VERDAD REAL ESTATE INC	CONST SWM - MAINT	347012	000126	400.00
Chris Hool	4/21/2022		22-H-000245	JORGE URIAS-REYES	EMISSIONS PENALTIES	119004	19358216307	450.00
Chris Hool	4/21/2022		22-H-000271	KEITH MARCH	EMISSIONS PENALTIES	119003	28148684837	900.00
	4/21/2022		41057	LIGNETICS OF LAKE ANNA	T5 APP FEE - NRO	641523	199002581	2,387.00
Sara Felker	4/21/2022		80504	O-N MINERALS (CHEMSTONE) COMPANY CLEAR BROOK	T5 APP FEE - VRO	641742	1032216	4,773.00
Sara Felker	4/21/2022		89350	HIGHLAND CONSERVATION GROUP, INC - HICKS FARM NUTR	WTR ENHANCMENT FEE	118987	001090	6,000.00
	4/21/2022		89349	HIGHLAND CONSERVATION GROUP, INC - SINKING WATERS	WTR ENHANCMENT FEE	118986	001089	4,000.00
Susan Mackert	4/21/2022		31174	VIRGINIA SCRAP CORPORATION	WTR VAR05 GP	118989	013262	500.00
Diana Adams	4/21/2022		89351	BLUE CAMP LURAY, LLC	WTR VPDES GP	118988	001046	6,000.00
								<b>\$ 53,227.00</b>

AW 04/22/2022