

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3875

PERMITTEE NAME: Cross Creek of Fort Myers Community Association
 MAILING ADDRESS: 200 Weathersfield Ave
 Altamonte Springs, Florida 32714-4027

PERMIT NUMBER: **FLA014505-006-DW2P**

LIMIT: Final
 CLASS SIZE: N/A
 MONITORING GROUP NUMBER: **R-001**
 MONITORING GROUP DESCRIPTION: slow-rate public access, including Influent

REPORT FREQUENCY: Monthly
 PROGRAM: Domestic

FACILITY: **Cross Creek WWTF**
 LOCATION: 13050 Cross Creek Blvd
 Fort Myers, FL 33912-4629

RE-SUBMITTED DMR:
 NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: August 1, 2020 To: August 31, 2020

COUNTY: Lee
 OFFICE: South District

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2					
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)		mg/L		Every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			0	.25	.062				
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement			60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement					1.7				
PARM Code 00530 B Mon. Site No. EFB-1	Permit Requirement					5.0 (Max.)	mg/L		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement					0.0				
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement					25 (Max.)	#/100mL		4 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement			100%						
PARM Code 51005 A Mon. Site No. EFA-1	Permit Requirement			75 (Mo.Total)			percent		4 Days/Week	Calculated
pH	Sample Measurement			6.65		7.26				
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement			6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab

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.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
David A Boersma	<i>David A Boersma</i>	(407) 948-9835	09/25/2020

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Cross Creek WWTF

MONITORING GROUP R-001

PERMIT NUMBER: FLA014505-006-DW2P

NUMBER:

MONITORING PERIOD From: August 1,2020

To: August 31, 2020

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual (For Disinfection)	Sample Measurement				1.6					
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				1.0 (Min.)		mg/L		Continuous	Meter
Turbidity	Sample Measurement					1.3				
PARM Code 00070 B Mon. Site No. EFB-1	Permit Requirement					Report (Max.)	NTU		Continuous	Meter
Flow	Sample Measurement		.046							
PARM Code 50050 1 Mon. Site No. FLW-2	Permit Requirement		Report (Mo.Avg.)	MGD					5 Days/Week	Meter
Flow	Sample Measurement		.046							
PARM Code 50050 Q Mon. Site No. FLW-3	Permit Requirement		Report (Mo.Avg.)	MGD					5 Days/Week	Meter
Flow	Sample Measurement		.0001							
PARM Code 50050 R Mon. Site No. FLW-4	Permit Requirement		Report (Mo.Avg.)	MGD					5 Days/Week	Meter
Flow	Sample Measurement		3.193							
PARM Code 50050 S Mon. Site No. FLW-5	Permit Requirement		Report (Mo.Avg.)	MGD					5 Days/Week	Meter
Flow	Sample Measurement	.048	.049							
PARM Code 50050 T Mon. Site No. FLW-1	Permit Requirement	0.249 (Mo.Avg.)	Report (Qt.Avg.)	MGD					5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					10.8				
PARM Code 00180 P Mon. Site No. CAL-1	Permit Requirement					Report (Qt.Avg)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement					89.0				
PARM Code 80082 Q Mon. Site No. INF-1	Permit Requirement					Report (Max.)	mg/L		Every 2 weeks	8-hr FPC
Solids, Total Suspended (Influent)	Sample Measurement					157.0				
PARM Code 00530 Q Mon. Site No. INF-1	Permit Requirement					Report (Max.)	mg/L		Every 2 weeks	8-hr FPC

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3875

PERMITTEE NAME: Cross Creek of Fort Myers Community Association
 MAILING ADDRESS: 200 Weathersfield Ave
 Altamonte Springs, Florida 32714-4027

PERMIT NUMBER: **FLA014505-006-DW2P**

LIMIT: Final
 CLASS SIZE: N/A
 MONITORING GROUP NUMBER: **RMP-Q**
 MONITORING GROUP DESCRIPTION: Biosolids Quantity

PROGRAM: Monthly Domestic

FACILITY: **Cross Creek WWTF**
 LOCATION: 13050 Cross Creek Blvd
 Fort Myers, FL 33912-4629

RE-SUBMITTED DMR:
 NO DISCHARGE FROM SITE:

COUNTY: Lee
 OFFICE: South District

MONITORING PERIOD From: August 1, 2020 To: August 31, 2020

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	Sample Measurement		.000								
PARM Code B0007 + Mon. Site No. RMP-01	Permit Requirement		Report (Mo.Total)	ton (d)						Monthly	Calculated
Biosolids Quantity (Landfilled)	Sample Measurement		.000								
PARM Code B0008 + Mon. Site No. RMP-01	Permit Requirement		Report (Mo.Total)	ton (d)						Monthly	Calculated

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.

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David A Boersma	<i>David A Boersma</i>	(407) 948-9835	09/25/2020

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Domestic Wastewater Section, MS 3540, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Cross Creek of Fort Myers Community Association
 MAILING ADDRESS: 200 Weathersfield Ave
 Altamonte Springs, Florida 32714-4027

PERMIT NUMBER: **FLA014505-006-DW2P**

LIMIT: Final
 CLASS SIZE: N/A
 MONITORING GROUP NUMBER: **RWS-A**
 MONITORING GROUP DESCRIPTION: Annual Reclaimed Water or Effluent Analysis
 RE-SUBMITTED DMR:
 NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: _____ To: _____

REPORT FREQUENCY: Annually
 PROGRAM: Domestic

FACILITY: **Cross Creek WWTF**
 LOCATION: 13050 Cross Creek Blvd
 Fort Myers, FL 33912-4629

COUNTY: Lee
 OFFICE: South District

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Antimony, Total Recoverable	Sample Measurement							
PARM Code 01268 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L		Annually	24-hr FPC
Arsenic, Total Recoverable	Sample Measurement							
PARM Code 00978 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L		Annually	24-hr FPC
Barium, Total Recoverable	Sample Measurement							
PARM Code 01009 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L		Annually	24-hr FPC
Beryllium, Total Recoverable	Sample Measurement							
PARM Code 00998 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L		Annually	24-hr FPC
Cadmium, Total Recoverable	Sample Measurement							
PARM Code 01113 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L		Annually	24-hr FPC
Chromium, Total Recoverable	Sample Measurement							
PARM Code 01118 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L		Annually	24-hr FPC

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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: **Cross Creek WWTF**

MONITORING GROUP

RWS-A

PERMIT NUMBER: FLA014505-006-DW2P

NUMBER:

MONITORING PERIOD

From: _____

To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Cyanide, Total Recoverable	Sample Measurement										
PARM Code 78248 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	Grab
Fluoride, Total (as F)	Sample Measurement										
PARM Code 00951 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			mg/L		Annually	24-hr FPC
Lead, Total Recoverable	Sample Measurement										
PARM Code 01114 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	24-hr FPC
Mercury, Total Recoverable	Sample Measurement										
PARM Code 71901 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	24-hr FPC
Nickel, Total Recoverable	Sample Measurement										
PARM Code 01074 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	24-hr FPC
Nitrogen, Nitrate, Total (as N)	Sample Measurement										
PARM Code 00620 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			mg/L		Annually	24-hr FPC
Nitrogen, Nitrite, Total (as N)	Sample Measurement										
PARM Code 00615 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			mg/L		Annually	24-hr FPC
Nitrite plus Nitrate, Total 1 det. (as N)	Sample Measurement										
PARM Code 00630 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			mg/L		Annually	24-hr FPC
Selenium, Total Recoverable	Sample Measurement										
PARM Code 00981 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	24-hr FPC
Sodium, Total Recoverable	Sample Measurement										
PARM Code 00923 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			mg/L		Annually	24-hr FPC

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: **Cross Creek WWTF**

MONITORING GROUP
NUMBER:
MONITORING PERIOD

RWS-A

PERMIT NUMBER: FLA014505-006-DW2P

From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Thallium, Total Recoverable	Sample Measurement										
PARM Code 00982 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	24-hr FPC
1,1-dichloroethylene	Sample Measurement										
PARM Code 34501 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	Grab
1,1,1-trichloroethane	Sample Measurement										
PARM Code 34506 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	Grab
1,1,2-trichloroethane	Sample Measurement										
PARM Code 34511 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	Grab
1,2-dichloroethane	Sample Measurement										
PARM Code 32103 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	Grab
1,2-dichloropropane	Sample Measurement										
PARM Code 34541 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	Grab
1,2,4-trichlorobenzene	Sample Measurement										
PARM Code 34551 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	Grab
Benzene	Sample Measurement										
PARM Code 34030 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	Grab
Carbon tetrachloride	Sample Measurement										
PARM Code 32102 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	Grab
Cis-1,2-dichloroethene	Sample Measurement										
PARM Code 81686 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	Grab

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Cross Creek WWTF

MONITORING GROUP

RWS-A

PERMIT NUMBER: FLA014505-006-DW2P

NUMBER:

MONITORING PERIOD

From: _____

To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Dichloromethane (methylene chloride)	Sample Measurement										
PARM Code 03821 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	Grab
Ethylbenzene	Sample Measurement										
PARM Code 34371 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	Grab
Monochlorobenzene	Sample Measurement										
PARM Code 34031 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	Grab
1,2-dichlorobenzene	Sample Measurement										
PARM Code 34536 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	Grab
1,4-dichlorobenzene	Sample Measurement										
PARM Code 34571 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	Grab
Styrene, Total	Sample Measurement										
PARM Code 77128 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	Grab
Tetrachloroethylene	Sample Measurement										
PARM Code 34475 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	Grab
Toluene	Sample Measurement										
PARM Code 34010 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	Grab
1,2-trans-dichloroethylene	Sample Measurement										
PARM Code 34546 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	Grab
Trichloroethylene	Sample Measurement										
PARM Code 39180 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	Grab

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Cross Creek WWTF

MONITORING GROUP

RWS-A

PERMIT NUMBER: FLA014505-006-DW2P

NUMBER:

MONITORING PERIOD

From: _____

To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Vinyl chloride	Sample Measurement										
PARM Code 39175 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	Grab
Xylenes	Sample Measurement										
PARM Code 81551 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	Grab
2,3,7,8-tetrachlorodibenzo-p-dioxin	Sample Measurement										
PARM Code 34675 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	24-hr FPC
2,4-dichlorophenoxyacetic acid	Sample Measurement										
PARM Code 39730 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	24-hr FPC
Silvex	Sample Measurement										
PARM Code 39760 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	24-hr FPC
Alachlor	Sample Measurement										
PARM Code 39161 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	24-hr FPC
Atrazine	Sample Measurement										
PARM Code 39033 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	24-hr FPC
Benzo(a)pyrene	Sample Measurement										
PARM Code 34247 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	24-hr FPC
Carbofuran	Sample Measurement										
PARM Code 81405 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	24-hr FPC
Chlordane (tech mix. and metabolites)	Sample Measurement										
PARM Code 39350 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	24-hr FPC

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Cross Creek WWTF

MONITORING GROUP

RWS-A

PERMIT NUMBER: FLA014505-006-DW2P

NUMBER:

MONITORING PERIOD

From: _____

To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Dalapon	Sample Measurement										
PARM Code 38432 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	24-hr FPC
Bis(2-ethylhexyl)adipate	Sample Measurement										
PARM Code 77903 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	24-hr FPC
Bis (2-ethylhexyl) phthalate	Sample Measurement										
PARM Code 39100 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	24-hr FPC
Dibromochloropropane (DBCP)	Sample Measurement										
PARM Code 82625 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	Grab
Dinoseb	Sample Measurement										
PARM Code 30191 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	24-hr FPC
Diquat	Sample Measurement										
PARM Code 04443 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	24-hr FPC
Endothall	Sample Measurement										
PARM Code 38926 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	24-hr FPC
Endrin	Sample Measurement										
PARM Code 39390 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	24-hr FPC
Ethylene dibromide (1,2-dibromoethane)	Sample Measurement										
PARM Code 77651 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	24-hr FPC
Glyphosate	Sample Measurement										
PARM Code 79743 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			mg/L		Annually	24-hr FPC

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Cross Creek WWTF

MONITORING GROUP

RWS-A

PERMIT NUMBER: FLA014505-006-DW2P

NUMBER:

MONITORING PERIOD

From: _____

To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Heptachlor	Sample Measurement										
PARM Code 39410 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	24-hr FPC
Heptachlor epoxide	Sample Measurement										
PARM Code 39420 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	24-hr FPC
Hexachlorobenzene	Sample Measurement										
PARM Code 39700 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	24-hr FPC
Hexachlorocyclopentadiene	Sample Measurement										
PARM Code 34386 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	24-hr FPC
Gamma BHC (Lindane)	Sample Measurement										
PARM Code 39782 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	24-hr FPC
Methoxychlor	Sample Measurement										
PARM Code 39480 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	24-hr FPC
Oxamyl (vydate)	Sample Measurement										
PARM Code 38865 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	24-hr FPC
Pentachlorophenol	Sample Measurement										
PARM Code 39032 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	24-hr FPC
Picloram	Sample Measurement										
PARM Code 39720 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	24-hr FPC
Polychlorinated Biphenyls (PCBs)	Sample Measurement										
PARM Code 39516 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	24-hr FPC

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Cross Creek WWTF

MONITORING GROUP

RWS-A

PERMIT NUMBER: FLA014505-006-DW2P

NUMBER:

MONITORING PERIOD

From: _____

To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Simazine	Sample Measurement										
PARM Code 39055 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	24-hr FPC
Toxaphene	Sample Measurement										
PARM Code 39400 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	24-hr FPC
Trihalomethane, Total by summation	Sample Measurement										
PARM Code 82080 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			mg/L		Annually	Grab
Radium 226 + Radium 228, Total	Sample Measurement										
PARM Code 11503 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			pCi/L		Annually	24-hr FPC
Alpha, Gross Particle Activity	Sample Measurement										
PARM Code 80045 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			pCi/L		Annually	24-hr FPC
Aluminum, Total Recoverable	Sample Measurement										
PARM Code 01104 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			mg/L		Annually	24-hr FPC
Chloride (as Cl)	Sample Measurement										
PARM Code 00940 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			mg/L		Annually	24-hr FPC
Iron, Total Recoverable	Sample Measurement										
PARM Code 00980 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			mg/L		Annually	24-hr FPC
Copper, Total Recoverable	Sample Measurement										
PARM Code 01119 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	24-hr FPC
Manganese, Total Recoverable	Sample Measurement										
PARM Code 11123 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	24-hr FPC

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: **Cross Creek WWTF**

MONITORING GROUP
NUMBER:
MONITORING PERIOD

RWS-A

PERMIT NUMBER: FLA014505-006-DW2P

From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Silver, Total Recoverable	Sample Measurement										
PARM Code 01079 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	24-hr FPC
Sulfate, Total	Sample Measurement										
PARM Code 00945 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			mg/L		Annually	24-hr FPC
Zinc, Total Recoverable	Sample Measurement										
PARM Code 01094 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			ug/L		Annually	24-hr FPC
pH	Sample Measurement										
PARM Code 00400 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			s.u.		Annually	Grab
Solids, Total Dissolved (TDS)	Sample Measurement										
PARM Code 70295 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			mg/L		Annually	24-hr FPC
Foaming Agents	Sample Measurement										
PARM Code 01288 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)			mg/L		Annually	24-hr FPC

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA014505-006-DW2P**

Facility: **Cross Creek WWTF**

Monitoring Period From: To:

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100mL	pH s.u.	Solids, Total Suspended mg/L	Turbidity NTU	Flow MGD	Flow MGD	Flow MGD	Flow MGD	Flow M7.38GD
Code	80082	50060	74055	00400	00530	00070	50050	50050	50050	50050	50050
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	FLW-2	FLW-3	FLW-4	FLW-5
1											
2											
3											
4											
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26											
27											
28											
29											
30											
31											
Total											
Mo. Avg.											

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 0014992 Name: David Alden Boersma

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: Certificate No: Name:

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA014505-006-DW2P**

Facility: **Cross Creek WWTF**

Monitoring Period From: To:

	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L									
Code	80082	00530									
Mon. Site	INF-1	INF-1									
1											
2											
3											
4											
5											
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7											
8											
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31											
Total											
Mo. Avg.											

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 0014992 Name: David Alden Boersma

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: Certificate No: Name:

GROUNDWATER MONITORING REPORT - PART D

Facility Name: **Cross Creek WWTF**
 Permit Number: **FLA014505-006-DW2P**
 County: Lee
 Office: South District

Monitoring Well ID: MWB-21361
 Well Type: Background
 Description: Background
 Re-submitted DMR:

Report Frequency: Quarterly
 Program: Domestic

Monitoring Period From: _____ To: _____

Date Sample Obtained: _

Time Sample Obtained: _

Was the well purged before sampling? Yes No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545	10.30	Report	ft	In Situ	Quarterly	0.01	DEPSOP	Paristalic Pump	N
Nitrogen, Nitrate, Total (as N)	00620	U 0.01	Report	mg/L	Grab	Quarterly	0.01	EPA 353.2	Paristalic Pump	N
Solids, Total Dissolved (TDS)	70295	820	Report	mg/L	Grab	Quarterly	20	SM2540C	Paristalic Pump	N
Arsenic, Total Recoverable	00978	1.0	Report	ug/L	Grab	Quarterly	0.50	EPA 200.8	Paristalic Pump	N
Chloride (as Cl)	00940	180	Report	mg/L	Grab	Quarterly	1	SM4500C1-E	Paristalic Pump	N
Cadmium, Total Recoverable	01113	U 0.050	Report	ug/L	Grab	Quarterly	0.050	EPA 200.8	Paristalic Pump	N
Chromium, Total Recoverable	01118	1.1	Report	ug/L	Grab	Quarterly	0.50	EPA 200.8	Paristalic Pump	N
Lead, Total Recoverable	01114	U 0.50	Report	ug/L	Grab	Quarterly	0.50	EPA 200.8	Paristalic Pump	N
Coliform, Total	74056	U 1	Report	#/100mL	Grab	Quarterly	1	SM9222D	Paristalic Pump	N
pH	00400	6.78	Report	s.u.	In Situ	Quarterly	0.01	EPA 150.1	Paristalic Pump	N
Sulfate, Total	00945	8	Report	mg/L	Grab	Quarterly	2	ASTM-D516-90	Paristalic Pump	N
Turbidity	00070	4.23	Report	NTU	Grab	Quarterly	0.01	EPA 180.1	Paristalic Pump	N
Specific Conductance	00095	1500	Report	UMHO/CM	In Situ	Quarterly	1	EPA 120.1	Paristalic Pump	N
Temperature (C), Water	00010	23.7	Report	Deg C	In Situ	Quarterly	0.1	EPA 170.1	Paristalic Pump	N
Oxygen, Dissolved (DO)	00300	2.23	Report	mg/L	In Situ	Quarterly	0.01	EPA 360.1	Paristalic Pump	N

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.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)

COMMENTS AND EXPLANATION (Reference all attachments here):

GROUNDWATER MONITORING REPORT - PART D

Facility Name: **Cross Creek WWTF**
 Permit Number: **FLA014505-006-DW2P**
 County: **Lee**
 Office: **South District**

Monitoring Well ID: **MWC-21359**
 Well Type: **Compliance**
 Description: **Compliance**
 Re-submitted DMR:

Report Frequency: **Quarterly**
 Program: **Domestic**

Monitoring Period From: ___ To: ___

Date Sample Obtained: ___

Time Sample Obtained: _

Was the well purged before sampling? Yes No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545	7.70	Report	ft	In Situ	Quarterly	0.01	DEPSOP	Paristalic Pump	N
Nitrogen, Nitrate, Total (as N)	00620	0.02	10	mg/L	Grab	Quarterly	0.01	EPA 353.2	Paristalic Pump	N
Solids, Total Dissolved (TDS)	70295	1800	500	mg/L	Grab	Quarterly	20	SM2540C	Paristalic Pump	N
Arsenic, Total Recoverable	00978	1.9	10	ug/L	Grab	Quarterly	0.50	EPA 200.8	Paristalic Pump	N
Chloride (as Cl)	00940	620	250	mg/L	Grab	Quarterly	1	SM4500C1-E	Paristalic Pump	N
Cadmium, Total Recoverable	01113	U 0.050	5	ug/L	Grab	Quarterly	0.050	EPA 200.8	Paristalic Pump	N
Chromium, Total Recoverable	01118	2.7	100	ug/L	Grab	Quarterly	0.50	EPA 200.8	Paristalic Pump	N
Lead, Total Recoverable	01114	U 0.50	15	ug/L	Grab	Quarterly	0.50	EPA 200.8	Paristalic Pump	N
Coliform, Total	74056	U 1	4	#/100mL	Grab	Quarterly	1	SM9222D	Paristalic Pump	N
pH	00400	6.95	6.5-8.5	s.u.	In Situ	Quarterly	0.01	EPA 150.1	Paristalic Pump	N
Sulfate, Total	00945	21	250	mg/L	Grab	Quarterly	2	ASTM-D516-90	Paristalic Pump	N
Turbidity	00070	0.81	Report	NTU	Grab	Quarterly	0.1	EPA 180.1	Paristalic Pump	N
Specific Conductance	00095	3128	Report	UMHO/CM	In Situ	Quarterly	1	EPA 120.1	Paristalic Pump	N
Temperature (C), Water	00010	23.9	Report	Deg C	In Situ	Quarterly	0.1	EPA 170.1	Paristalic Pump	N
Oxygen, Dissolved (DO)	00300	3.05	Report	mg/L	In Situ	Quarterly	0.01	EPA 360.1	Paristalic Pump	N

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.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)

COMMENTS AND EXPLANATION (Reference all attachments here):

GROUNDWATER MONITORING REPORT - PART D

Facility Name: **Cross Creek WWTF**
 Permit Number: **FLA014505-006-DW2P**
 County: **Lee**
 Office: **South District**

Monitoring Well ID: **MWI-21360**
 Well Type: **Intermediate**
 Description:
 Re-submitted DMR:

Report Frequency: **Quarterly**
 Program: **Domestic**

Monitoring Period From: _____ To: _____

Date Sample Obtained: ___

Time Sample Obtained: ___

Was the well purged before sampling? Yes No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545	9.40	Report	ft	In Situ	Quarterly	0.01	DEPSOP	Paristalic Pump	N
Nitrogen, Nitrate, Total (as N)	00620	0.02	Report	mg/L	Grab	Quarterly	0.01	EPA 353.2	Paristalic Pump	N
Solids, Total Dissolved (TDS)	70295	410	Report	mg/L	Grab	Quarterly	20	SM2540C	Paristalic Pump	N
Arsenic, Total Recoverable	00978	7.0	Report	ug/L	Grab	Quarterly	0.50	EPA 200.8	Paristalic Pump	N
Chloride (as Cl)	00940	52	Report	mg/L	Grab	Quarterly	1	SM4500C1-E	Paristalic Pump	N
Cadmium, Total Recoverable	01113	U 0.050	Report	ug/L	Grab	Quarterly	0.050	EPA 200.8	Paristalic Pump	N
Chromium, Total Recoverable	01118	0.58	Report	ug/L	Grab	Quarterly	0.50	EPA 200.8	Paristalic Pump	N
Lead, Total Recoverable	01114	U 0.50	Report	ug/L	Grab	Quarterly	0.50	EPA 200.8	Paristalic Pump	N
Coliform, Total	74056	U 1	Report	#/100mL	Grab	Quarterly	1	SM9222D	Paristalic Pump	N
pH	00400	7.13	Report	s.u.	In Situ	Quarterly	0.01	EPA 150.1	Paristalic Pump	N
Sulfate, Total	00945	4	Report	mg/L	Grab	Quarterly	2	ASTM-D516-90	Paristalic Pump	N
Turbidity	00070	2.59	Report	NTU	Grab	Quarterly	0.1	EPA 180.1	Paristalic Pump	N
Specific Conductance	00095	794	Report	UMHO/CM	In Situ	Quarterly	1	EPA 120.1	Paristalic Pump	N
Temperature (C), Water	00010	26.3	Report	Deg C	In Situ	Quarterly	0.1	EPA 170.1	Paristalic Pump	N
Oxygen, Dissolved (DO)	00300	4.97	Report	mg/L	In Situ	Quarterly	0.01	EPA 360.1	Paristalic Pump	N

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.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)

COMMENTS AND EXPLANATION (Reference all attachments here):

INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT

Read these instructions before completing the DMR. Hard copies and/or electronic copies of the required parts of the DMR were provided with the permit. All required information shall be completed in full and typed or printed in ink. A signed, original DMR shall be mailed to the address printed on the DMR by the 28th of the month following the monitoring period. The DMR shall not be submitted before the end of the monitoring period.

The DMR consists of three parts--A, B, and D--all of which may or may not be applicable to every facility. Facilities may have one or more Part A's for reporting effluent or reclaimed water data. All domestic wastewater facilities will have a Part B for reporting daily sample results. Part D is used for reporting ground water monitoring well data.

When results are not available, the following codes should be used on parts A and D of the DMR and an explanation provided where appropriate. Note: Codes used on Part B for raw data are different.

CODE	DESCRIPTION/INSTRUCTIONS
ANC	Analysis not conducted.
DRY	Dry Well
FLD	Flood disaster.
IFS	Insufficient flow for sampling.
LS	Lost sample.
MNR	Monitoring not required this period.

CODE	DESCRIPTION/INSTRUCTIONS
NOD	No discharge from/to site.
OPS	Operations were shutdown so no sample could be taken.
OTH	Other. Please enter an explanation of why monitoring data were not available.
SEF	Sampling equipment failure.

When reporting analytical results that fall below a laboratory's reported method detection limits or practical quantification limits, the following instructions should be used:

1. Results greater than or equal to the PQL shall be reported as the measured quantity.
2. Results less than the PQL and greater than or equal to the MDL shall be reported as the laboratory's MDL value. These values shall be deemed equal to the MDL when necessary to calculate an average for that parameter and when determining compliance with permit limits.
3. Results less than the MDL shall be reported by entering a less than sign (" $<$ ") followed by the laboratory's MDL value, e.g. < 0.001 . A value of one-half the MDL or one-half the effluent limit, whichever is lower, shall be used for that sample when necessary to calculate an average for that parameter. Values less than the MDL are considered to demonstrate compliance with an effluent limitation.

PART A -DISCHARGE MONITORING REPORT (DMR)

Part A of the DMR is comprised of one or more sections, each having its own header information. Facility information is preprinted in the header as well as the monitoring group number, whether the limits and monitoring requirements are interim or final, and the required submittal frequency (e.g. monthly, annually, quarterly, etc.). Submit Part A based on the required reporting frequency in the header and the instructions shown in the permit. The following should be completed by the permittee or authorized representative:

Resubmitted DMR: Check this box if this DMR is being re-submitted because there was information missing from or information that needed correction on a previously submitted DMR. The information that is being revised should be clearly noted on the re-submitted DMR (e.g. highlight, circle, etc.)

No Discharge From Site: Check this box if no discharge occurs and, as a result, there are no data or codes to be entered for all of the parameters on the DMR for the entire monitoring group number; however, if the monitoring group includes other monitoring locations (e.g., influent sampling), the "NOD" code should be used to individually denote those parameters for which there was no discharge.

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Sample Measurement: Before filling in sample measurements in the table, check to see that the data collected correspond to the limit indicated on the DMR (i.e. interim or final) and that the data correspond to the monitoring group number in the header. Enter the data or calculated results for each parameter on this row in the non-shaded area above the limit. Be sure the result being entered corresponds to the appropriate statistical base code (e.g. annual average, monthly average, single sample maximum, etc.) and units.

No. Ex.: Enter the number of sample measurements during the monitoring period that exceeded the permit limit for each parameter in the non-shaded area. If none, enter zero.

Frequency of Analysis: The shaded areas in this column contain the minimum number of times the measurement is required to be made according to the permit. Enter the actual number of times the measurement was made in the space above the shaded area.

Sample Type: The shaded areas in this column contain the type of sample (e.g. grab, composite, continuous) required by the permit. Enter the actual sample type that was taken in the space above the shaded area.

Signature: This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.

Comment and Explanation of Any Violations: Use this area to explain any exceedances, any upset or by-pass events, or other items which require explanation. If more space is needed, reference all attachments in this area.

PART B - DAILY SAMPLE RESULTS

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Daily Monitoring Results: Transfer all analytical data from your facility's laboratory or a contract laboratory's data sheets for all day(s) that samples were collected. Record the data in the units indicated. Table 1 in Chapter 62-160, F.A.C., contains a complete list of all the data qualifier codes that your laboratory may use when reporting analytical results. However, when transferring numerical results onto Part B of the DMR, only the following data qualifier codes should be used and an explanation provided where appropriate.

CODE	DESCRIPTION/INSTRUCTIONS
<	The compound was analyzed for but not detected.
A	Value reported is the mean (average) of two or more determinations.
J	Estimated value, value not accurate.
Q	Sample held beyond the actual holding time.
Y	Laboratory analysis was from an unpreserved or improperly preserved sample.

To calculate the monthly average, add each reported value to get a total. For flow, divide this total by the number of days in the month. For all other parameters, divide the total by the number of observations.

Plant Staffing: List the name, certificate number, and class of all state certified operators operating the facility during the monitoring period. Use additional sheets as necessary.

PART D - GROUND WATER MONITORING REPORT

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Date Sample Obtained: Enter the date the sample was taken. Also, check whether or not the well was purged before sampling.

Time Sample Obtained: Enter the time the sample was taken.

Sample Measurement: Record the results of the analysis. If the result was below the minimum detection limit, indicate that.

Detection Limits: Record the detection limits of the analytical methods used.

Analysis Method: Indicate the analytical method used. Record the method number from Chapter 62-160 or Chapter 62-601, F.A.C., or from other sources.

Sampling Equipment Used: Indicate the procedure used to collect the sample (e.g. airlift, bucket/bailer, centrifugal pump, etc.)

Samples Filtered: Indicate whether the sample obtained was filtered by laboratory (L), filtered in field (F), or unfiltered (N).

Signature: This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.

Comments and Explanation: Use this space to make any comments on or explanations of results that are unexpected. If more space is needed, reference all attachments in this area.

SPECIAL INSTRUCTIONS FOR LIMITED WET WEATHER DISCHARGES

Flow (Limited Wet Weather Discharge): Enter the measured average flow rate during the period of discharge or divide gallons discharged by duration of discharge (converted into days). Record in million gallons per day (MGD).

Flow (Upstream): Enter the average flow rate in the receiving stream upstream from the point of discharge for the period of discharge. The average flow rate can be calculated based on two measurements; one made at the start and one made at the end of the discharge period. Measurements are to be made at the upstream gauging station described in the permit.

Actual Stream Dilution Ratio: To calculate the Actual Stream Dilution Ratio, divide the average upstream flow rate by the average discharge flow rate. Enter the Actual Stream Dilution Ratio accurate to the nearest 0.1.

No. of Days the SDF > Stream Dilution Ratio: For each day of discharge, compare the minimum Stream Dilution Factor (SDF) from the permit to the calculated Stream Dilution Ratio. On Part B of the DMR, enter an asterisk (*) if the SDF is greater than the Stream Dilution Ratio on any day of discharge. On Part A of the DMR, add up the days with an "*" and record the total number of days the Stream Dilution Factor was greater than the Stream Dilution Ratio.

CBOD₅: Enter the average CBOD₅ of the reclaimed water discharged during the period shown in duration of discharge.

TKN: Enter the average TKN of the reclaimed water discharged during the period shown in duration of discharge.

Actual Rainfall: Enter the actual rainfall for each day on Part B. Enter the actual cumulative rainfall to date for this calendar year and the actual total monthly rainfall on Part A. The cumulative rainfall to date for this calendar year is the total amount of rain, in inches, that has been recorded since January 1 of the current year through the month for which this DMR contains data.

Rainfall During Average Rainfall Year: On Part A, enter the total monthly rainfall during the average rainfall year and the cumulative rainfall for the average rainfall year. The cumulative rainfall for the average rainfall year is the amount of rain, in inches, which fell during the average rainfall year from January through the month for which this DMR contains data.

No. of Days LWWD Activated During Calendar Year: Enter the cumulative number of days that the limited wet weather discharge was activated since January 1 of the current year.

Reason for Discharge: Attach to the DMR a brief explanation of the factors contributing to the need to activate the limited wet weather discharge.

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA014505-006-DW2P**

Facility: **Cross Creek WWTF**

Monitoring Period From: August 1, 2020 To: August 31, 2020

	BOD, Carbonaceous 5 day, 20C	Chlorine, Total Residual (For Disinfection)	Coliform, Fecal	pH	Solids, Total Suspended	Turbidity	Flow	Flow	Flow	Flow	Flow
	mg/L	mg/L	#/100mL	s.u.	mg/L	NTU	MGD	MGD	MGD	MGD	M7.38GD
Code	80082	50060	74055	400	530	70	50050	50050	50050	50050	50050
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	FLW-2	FLW-3	FLW-4	FLW-5
1		2.4		7.02		0.7	0.05	0.05	0.05	0	0.231
2		2.2		7		0.9	0.033	0.033	0.033	0	0.256
3		1.6	0	6.75	0	1.7	0.05	0.05	0.05	0	0.274
4		1.6	0	7	0	0.7	0.032	0.032	0.032	0	0.279
5	0	1.6	0	7.3	0	2.6	0.054	0.054	0.054	0	0.305
6		1.6	0	7.15	1.2	0.8	0.032	0.032	0.032	0	0
7		1.6		7.05		2.4	0.034	0.034	0.034	0	0
8		1.6		6.8		2.4	0.051	0.021	0.021	0.03	0.103
9		5		6.87		2.4	0.038	0.038	0.038	0	0
10		5	0	6.89	0	2.4	0.05	0.05	0.05	0	0.129
11		5	0	7.2	0	2.4	0.038	0.038	0.038	0	0.018
12		5	0	7.26	1.1	1.8	0.057	0.057	0.057	0	0.015
13		5	0	7.21	0.6	2.6	0.083	0.083	0.083	0.005	0.057
14		2.7		7.15		0.7	0.122	0.122	0.122	0	0.017
15		2.5		6.58		0.6	0.067	0.067	0.067	0	0.022
16		5		7.22		0.5	0.053	0.053	0.053	0	0.015
17		3.8	0	6.9	1.7	1.1	0.037	0.037	0.037	0	0.017
18	0	5	0	6.65	0	0.3	0.052	0.052	0.052	0	0.029
19		5	0	7.11	0	0.3	0.038	0.038	0.038	0	0.195
20		5	0	7	0	1.6	0.051	0.051	0.051	0	0.055
21		5		6.98		0.8	0.036	0.036	0.036	0	0.201
22		5		7.19		0.6	0.037	0.037	0.037	0	0.017
23		5		7.01		1.3	0.036	0.036	0.036	0	0.016
24		5	0	7.1	0	0.8	0.051	0.051	0.051	0	0.017
25		5	0	7.21	0.6	0.8	0.032	0.032	0.032	0	0.037
26		5	0	6.93	0	0.8	0.05	0.05	0.05	0	0.14
27		5	0	6.85	0	0.6	0.033	0.033	0.033	0	0.146
28		4.7		7.1		0.6	0.054	0.054	0.054	0	0.16
29		5		6.92		1.3	0.034	0.034	0.034	0	0.179
30		5		7.1		2.3	0.057	0.057	0.057	0	0.182
31		5	0	7.01	0	1.6	0.034	0.034	0.034	0	0.081
Total	0.000	122.900	0.000	217.510	5.200	40.400	1.476	1.446	1.446	0.035	3.193
Mo. Avg.	0.000	3.965	0.000	7.016	0.306	1.303	0.048	0.047	0.047	0.001	0.103

PLANT STAFFING:

Day Shift Operator	Class:	<u>C</u>	Certificate No:	<u>14992</u>	Name:	<u>David Alden Boersma</u>
Evening Shift Operator	Class:	<u> </u>	Certificate No:	<u> </u>	Name:	<u> </u>
Night Shift Operator	Class:	<u> </u>	Certificate No:	<u> </u>	Name:	<u> </u>
Lead Operator	Class:	<u> </u>	Certificate No:	<u> </u>	Name:	<u> </u>

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA014505-006-DW2P**

Facility: **Cross Creek WWTF**

Monitoring Period From: August 1, 2020 To: August 31, 2020

	BOD, Carbonaceous 5 day, 20C (Influent)	Solids, Total Suspended (Influent)								
	mg/L	mg/L								
Code	80082	530								
Mon. Site	INF-1	INF-1								
1										
2										
3										
4										
5	86	139								
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18	89	157								
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										
Total	175	296								
Mo. Avg.	88	148								

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	14992	Name:	David Alden Boersma
Evening Shift Operator	Class:		Certificate No:		Name:	
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:		Certificate No:		Name:	