**DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A**

**When Completed mail this report to:** Department of Environmental Protection, 3319 Maguire Blvd, Suite 232, Orlando, FL 32803-3767

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PERMITTEE NAME: | Utilities Inc of Florida | PERMIT NUMBER: | FLA012680-004-DW3P | **Expiration Date:** | July 8, 2023 |
| MAILING ADDRESS: | 200 Weathersfield Avenue |  |  |  |  |
|  | Altamonte Springs, Florida 32714-4027 | LIMIT: | Final | REPORT FREQUENCY: | Monthly |
|  |   | CLASS SIZE: | N/A | PROGRAM: | Domestic |
| FACILITY: | Crownwood WWTF | MONITORING GROUP NUMBER: | R-001 |  |  |
| LOCATION: | 4497 NW 73rd Terrace | MONITORING GROUP DESCRIPTION: | R001 - 2 CELL PERC/EVAP POND SYSTEM, with Influent |
|  | Ocala, FL 34482 | RE-SUBMITTED DMR: [ ]  |  |  |  |
|  |   | NO DISCHARGE FROM SITE: [ ]  |  |  |  |
| COUNTY: | Marion | MONITORING PERIOD From: August 1  |  To: August 31, 2020 |  |  |
| OFFICE: | Central District |  |
|  |  |  |  |  |  |

| Parameter |  | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Flow | Sample Measurement | 0.023 | 0.021 | MGD |  |  |  |  | 0 | 5 Days/Week | Elapsed Time Meter on Pump |
| PARM Code 50050 1Mon. Site No. FLW-01 | Permit Requirement | Report(Mo. Avg.) | 0.040(Qt. Avg.) | MGD |  |  |  |  |  | 5 Days/Week | Elapsed Time Meter on Pump |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement |  |  |  |  | 1.9 |  | mg/L | 0 | Monthly | Grab |
| PARM Code 80082 YMon. Site No. EFA-01 | Permit Requirement |  |  |  |  | 20.0(An. Avg.) |  | mg/L |  | Monthly | Grab |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement |  |  |  | <2.0 | <2.0 | <2.0 | mg/l |  0 | Monthly | Grab |
| PARM Code 80082 AMon. Site No. EFA-01 | Permit Requirement |  |  |  | 60.0(Max.) | 45.0(Wk. Avg.) | 30.0(Mo. Avg.) | mg/L |  | Monthly | Grab |
| Solids, Total Suspended | Sample Measurement |  |  |  |  | 2.7 |  | mg/L | 0 | Monthly | Grab |
| PARM Code 00530 YMon. Site No. EFA-01 | Permit Requirement |  |  |  |  | 20.0(An. Avg.) |  | mg/L |  | Monthly | Grab |
| Solids, Total Suspended | Sample Measurement |  |  |  | 2.0 | 2.0 | 2.0 | mg/L | 0 | Monthly | Grab |
| PARM Code 00530 AMon. Site No. EFA-01 | Permit Requirement |  |  |  | 60.0(Max.) | 45.0(Wk. Avg.) | 30.0(Mo. Avg.) | mg/L |  | Monthly | Grab |
| Coliform, Fecal | Sample Measurement |  |  |  |  | 0.9 |  | #100mL | 0 | Monthly | Grab |
| PARM Code 74055 YMon. Site No. EFA-01 | Permit Requirement |  |  |  |  | 200(An. Avg.) |  | #/100mL |  | Monthly | 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) |
| Marlin N Richardson/Lead Operator |  | 407-402- 9079 | 09/19/2020 |

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

**DISCHARGE MONITORING REPORT - PART A (Continued)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| FACILITY: | Crownwood WWTF | MONITORING GROUP NUMBER: | R-001 | PERMIT NUMBER: FLA012680-004-DW3P |
|  |  | 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 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Coliform, Fecal | Sample Measurement |  |  |  |  | <1.0 | <1.0 | #100mL | 0 | Monthly | Grab |
| PARM Code 74055 AMon. Site No. EFA-01 | Permit Requirement |  |  |  |  | 200(Mo. Geo. Mn.) | 800(Max.) | #/100mL |  | Monthly | Grab |
| pH | Sample Measurement |  |  |  | 7.4 |  | 7.5 | s.u. | 0 | 5 Days/Week | Grab |
| PARM Code 00400 AMon. Site No. EFA-01 | Permit Requirement |  |  |  | 6.0(Min.) |  | 8.5(Max.) | s.u. |  | 5 Days/Week | Grab |
| Chlorine, Total Residual (For Disinfection)  | Sample Measurement |  |  |  | >2.2 |  |  | mg/L | 0 | 5 Days/Week | Grab |
| PARM Code 50060 AMon. Site No. EFA-01 | Permit Requirement |  |  |  | 0.5(Min.) |  |  | mg/L |  | 5 Days/Week | Grab |
| Flow | Sample Measurement | 0.023 | 0.021 | MGD |  |  |  |  | 0 |  |  |
| PARM Code 50050 QMon. Site No. FLW-01 | Permit Requirement | Report(Mo. Avg.) | 0.040(Qt. Avg.) | MGD |  |  |  |  |  | 5 Days/Week | Elapsed Time Meter on Pump |
| Percent Capacity, (TMADF /Permitted Capacity) x 100 | Sample Measurement |  |  |  |  |  |  53 |  | 0 |  |  |
| PARM Code 00180 GMon. Site No. INF-01 | Permit Requirement |  |  |  |  |  | Report(Mo. Avg.) | percent |  | Monthly | Calculated |
|  | Sample Measurement |  |  |  |  |  |  |  |  |  |  |
|  | Permit Requirement |  |  |  |  |  |  |  |  |  |  |
|  | Sample Measurement |  |  |  |  |  |  |  |  |  |  |
|  | Permit Requirement |  |  |  |  |  |  |  |  |  |  |
|  | Sample Measurement |  |  |  |  |  |  |  |  |  |  |
|  | Permit Requirement |  |  |  |  |  |  |  |  |  |  |
|  | Sample Measurement |  |  |  |  |  |  |  |  |  |  |
|  | Permit Requirement |  |  |  |  |  |  |  |  |  |  |
|  | Sample Measurement |  |  |  |  |  |  |  |  |  |  |
|  | Permit Requirement |  |  |  |  |  |  |  |  |  |  |

**DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A**

**When Completed mail this report to:** Department of Environmental Protection, 3319 Maguire Blvd, Suite 232, Orlando, FL 32803-3767

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PERMITTEE NAME: | Utilities Inc of Florida | PERMIT NUMBER: | FLA012680-004-DW3P |  |  |
| MAILING ADDRESS: | 200 Weathersfield Avenue |  |  |  |  |
|  | Altamonte Springs, Florida 32714-4027 | LIMIT: | Final | REPORT FREQUENCY: | Quarterly |
|  |   | CLASS SIZE: | N/A | PROGRAM: | Domestic |
| FACILITY: | Crownwood WWTF | MONITORING GROUP NUMBER: | R-001 |  |  |
| LOCATION: | 4497 NW 73rd Terrace | MONITORING GROUP DESCRIPTION: | R001 - 2 CELL PERC/EVAP POND SYSTEM |
|  | Ocala, FL 34482 | RE-SUBMITTED DMR: [ ]  |  |  |  |
|  |   | NO DISCHARGE FROM SITE: [ ]  |  |  |  |
| COUNTY: | Marion | MONITORING PERIOD From: August 1 |  To: | August 31, 2020 |  |
| OFFICE: | Central District |  |
|  |  |  |  |  |  |

| Parameter |  | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Nitrogen, Total | Sample Measurement |  |  |  |  |  | 0 | mg/L | 0 | Quarterly | Grab |
| PARM Code 00600 AMon. Site No. EFA-01 | Permit Requirement |  |  |  |  |  | Report(Max) | mg/L |  | Quarterly | Grab |
|  | Sample Measurement |  |  |  |  |  |  |  |  |  |  |
|  | Permit Requirement |  |  |  |  |  |  |  |  |  |  |
|  | Sample Measurement |  |  |  |  |  |  |  |  |  |  |
|  | Permit Requirement |  |  |  |  |  |  |  |  |  |  |
|  | Sample Measurement |  |  |  |  |  |  |  |  |  |  |
|  | Permit Requirement |  |  |  |  |  |  |  |  |  |  |
|  | Sample Measurement |  |  |  |  |  |  |  |  |  |  |
|  | Permit Requirement |  |  |  |  |  |  |  |  |  |  |
|  | Sample Measurement |  |  |  |  |  |  |  |  |  |  |
|  | Permit Requirement |  |  |  |  |  |  |  |  |  |  |

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) |
| Marlin N Richardson/Lead Operator |  | 407-402- 9079 | 09/19/2020 |

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, 3319 Maguire Blvd, Suite 232, Orlando, FL 32803-3767

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PERMITTEE NAME: | Utilities Inc of Florida | PERMIT NUMBER: | FLA012680-004-DW3P |  |  |
| MAILING ADDRESS: | 200 Weathersfield Avenue |  |  |  |  |
|  | Altamonte Springs, Florida 32714-4027 | LIMIT: | Final | REPORT FREQUENCY: | Annually |
|  |   | CLASS SIZE: | N/A | PROGRAM: | Domestic |
| FACILITY: | Crownwood WWTF | MONITORING GROUP NUMBER: | R-001 |  |  |
| LOCATION: | 4497 NW 73rd Terrace | MONITORING GROUP DESCRIPTION: | R001 - 2 CELL PERC/EVAP POND SYSTEM, with Influent |
|  | Ocala, FL 34482 | RE-SUBMITTED DMR: [ ]  |  |  |  |
|  |   | NO DISCHARGE FROM SITE: [ ]  |  |  |  |
| COUNTY: | Marion | MONITORING PERIOD From: August 1 |  To: | August 31, 2020 |  |
| OFFICE: | Central District |  |
|  |  |  |  |  |  |

| Parameter |  | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Nitrogen, Nitrate, Total (as N) | Sample Measurement |  |  |  |  |  | MNR | mg/L | 0 | Annually | Grab |
| PARM Code 00620 AMon. Site No. EFA-01 | Permit Requirement |  |  |  |  |  | 12.0(Max.) | mg/L |  | Annually | Grab |
| BOD, Carbonaceous 5 day, 20C (Influent)  | Sample Measurement |  |  |  |  |  | MNR | mg/L | 0 | Annually | Grab |
| PARM Code 80082 GMon. Site No. INF-01 | Permit Requirement |  |  |  |  |  | Report(Max.) | mg/L |  | Annually | Grab |
| Solids, Total Suspended (Influent)  | Sample Measurement |  |  |  |  |  | MNR | mg/L | 0 | Annually | Grab |
| PARM Code 00530 GMon. Site No. INF-01 | Permit Requirement |  |  |  |  |  | Report(Max.) | mg/L |  | Annually | Grab |
|  | Sample Measurement |  |  |  |  |  |  |  |  |  |  |
|  | Permit Requirement |  |  |  |  |  |  |  |  |  |  |
|  | Sample Measurement |  |  |  |  |  |  |  |  |  |  |
|  | Permit Requirement |  |  |  |  |  |  |  |  |  |  |
|  | Sample Measurement |  |  |  |  |  |  |  |  |  |  |
|  | Permit Requirement |  |  |  |  |  |  |  |  |  |  |

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) |
| Marlin N Richardson/Lead Operator |  | 407-402- 9079 | 09/19/2020 |

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, 3319 Maguire Blvd, Suite 232, Orlando, FL 32803-3767

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PERMITTEE NAME: | Utilities Inc of Florida | PERMIT NUMBER: | FLA012680-004-DW3P |  |  |
| MAILING ADDRESS: | 200 Weathersfield Avenue |  |  |  |  |
|  | Altamonte Springs, Florida 32714-4027 | LIMIT: | Final | REPORT FREQUENCY: | Monthly |
|  |   | CLASS SIZE: | N/A | PROGRAM: | Domestic |
| FACILITY: | Crownwood WWTF | MONITORING GROUP NUMBER: | RMP-Q |  |  |
| LOCATION: | 4497 NW 73rd Terrace | MONITORING GROUP DESCRIPTION: | Biosolids Quantity |
|  | Ocala, FL 34482 | RE-SUBMITTED DMR: [ ]  |  |  |  |
|  |   | NO DISCHARGE FROM SITE: [ ]  |  |  |  |
| COUNTY: | Marion | MONITORING PERIOD From: August 1 |  To: | August 31, 2020 |  |
| OFFICE: | Central District |  |
|  |  |  |  |  |  |

| Parameter |  | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Biosolids Quantity (Transferred) | Sample Measurement |  | 7100 | .296 |  |  |  |  | 0 | Monthly | Calculated |
| PARM Code B0007 Mon. Site No. RMP-1 | Permit Requirement |  | Report(Mo .Total) | ton (d) |  |  |  |  |  | Monthly | Calculated |
| Biosolids Quantity (Landfilled) | Sample Measurement |  | MNR | MNR |  |  |  |  | 0 | Monthly | Calculated |
| PARM Code B0008 Mon. Site No. RMP-1 | Permit Requirement |  | Report(Mo .Total) | ton (d) |  |  |  |  |  | Monthly | Calculated |
|  | Sample Measurement |  |  |  |  |  |  |  |  |  |  |
|  | Permit Requirement |  |  |  |  |  |  |  |  |  |  |
|  | Sample Measurement |  |  |  |  |  |  |  |  |  |  |
|  | Permit Requirement |  |  |  |  |  |  |  |  |  |  |
|  | Sample Measurement |  |  |  |  |  |  |  |  |  |  |
|  | Permit Requirement |  |  |  |  |  |  |  |  |  |  |
|  | Sample Measurement |  |  |  |  |  |  |  |  |  |  |
|  | Permit Requirement |  |  |  |  |  |  |  |  |  |  |

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) |
| Marlin N Richardson/Lead Operator |  | 407-402 -9079 | 09/19/2020 |

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

**DAILY SAMPLE RESULTS - PART B**

|  |  |  |  |
| --- | --- | --- | --- |
| Permit Number: | FLA012680-004-DW3P | Facility: | Crownwood WWTF |
| Monitoring Period From: August 1, 2020 To: August 31, 2020  |  |   |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | BOD, Carbonaceous 5 day, 20Cmg/L | Chlorine, Total Residual (For Disinfection)mg/L | Coliform, Fecal#/100mL | Solids, Total Suspendedmg/L | pHs.u. | FlowMGD |  |  |  |
| Code | 80082 | 50060 | 74055 | 00530 | 00400 | 50050 |  |  |  |
| Mon. Site | EFA-01 | EFA-01 | EFA-01 | EFA-01 | EFA-01 | FLW-01 |  |  |  |
| 1 |  |  |  |  |  | 0.014 |  |  |  |
| 2 |  |  |  |  |  | 0.023 |  |  |  |
| 3 |  | >2.2 |  |  | 7.4 | 0.023 |  |  |  |
| 4 |  | >2.2 |  |  | 7.5 | 0.019 |  |  |  |
| 5 |  | >2.2 |  |  | 7.4 | 0.022 |  |  |  |
| 6 |  | >2.2 |  |  | 7.4 | 0.019 |  |  |  |
| 7 |  | >2.2 |  |  | 7.5 | 0.025 |  |  |  |
| 8 |  |  |  |  |  | 0.023 |  |  |  |
| 9 |  |  |  |  |  | 0.023 |  |  |  |
| 10 |  | >2.2 |  |  | 7.5 | 0.021 |  |  |  |
| 11 |  | >2.2 |  |  | 7.5 | 0.015 |  |  |  |
| 12 | <2.0 | >2.2 | 2.0 | <1.0 | 7.5 | 0.022 |  |  |  |
| 13 |  | >2.2 |  |  | 7.5 | 0.023 |  |  |  |
| 14 |  | >2.2 |  |  | 7.4 | 0.020 |  |  |  |
| 15 |  |  |  |  |  | 0.021 |  |  |  |
| 16 |  |  |  |  |  | 0.027 |  |  |  |
| 17 |  | >2.2 |  |  | 7.5 | 0.027 |  |  |  |
| 18 |  | >2.2 |  |  | 7.4 | 0.016 |  |  |  |
| 19 |  | >2.2 |  |  | 7.5 | 0.018 |  |  |  |
| 20 |  | >2.2 |  |  | 7.4 | 0.029 |  |  |  |
| 21 |  | >2.2 |  |  | 7.5 | 0.028 |  |  |  |
| 22 |  |  |  |  |  | 0.028 |  |  |  |
| 23 |  |  |  |  |  | 0.028 |  |  |  |
| 24 |  | >2.2 |  |  | 7.4 | 0.029 |  |  |  |
| 25 |  | >2.2 |  |  | 7.5 | 0.016 |  |  |  |
| 26 |  | >2.2 |  |  | 7.5 | 0.023 |  |  |  |
| 27 |  | >2.2 |  |  | 7.5 | 0.023 |  |  |  |
| 28 |  | >2.2 |  |  | 7.4 | 0.021 |  |  |  |
| 29 |  |  |  |  |  | 0.019 |  |  |  |
| 30 |  |  |  |  |  | 0.032 |  |  |  |
| 31 |  | >2.2 |  |  | 7.5 | 0.032 |  |  |  |
| Total | <2.0 |  | 2.0 | <1.0 |  | 0.709 |  |  |  |
| Mo. Avg. | <2.0 |  | 2.0 | <1.0 |  | 0.023 |  |  |  |

|  |
| --- |
| PLANT STAFFING: |
| Day Shift Operator | Class: | A | Certificate No: | 15174 | Name: | Marlin Richardson |
| Evening Shift Operator | Class: | C | Certificate No: | 13016 | Name: | Cedric Watkins |
| Night Shift Operator | Class: | C | Certificate No: | 7747 | Name: | Charles Schwades |
| Lead Operator | Class: | A | Certificate No: | 15174 | Name: | Marlin Richardson |

**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 |  | CODE | DESCRIPTION/INSTRUCTIONS |
| ANC | Analysis not conducted.  |  | NOD | No discharge from/to site. |
| DRY | Dry Well |  | OPS | Operations were shutdown so no sample could be taken. |
| FLD | Flood disaster. |  | OTH | Other. Please enter an explanation of why monitoring data were not available. |
| IFS | Insufficient flow for sampling. |  | SEF | Sampling equipment failure. |
| LS | Lost sample. |  |  |  |
| MNR | Monitoring not required this period. |  |  |  |

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 rateby the average discharge flowrate.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. Enterthe 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.