

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE MAILING	PERMIT NUMBER: MONITORING PERIOD-- LIMIT: CLASS SIZE: FACILITY ID: DISCHARGE POINT PLANT SIZE/TREATMENT
FACILITY: LOCATION:	To: GROU

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
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	Sample Measurement										
	Permit Requirement										

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)

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

DAILY SAMPLE RESULTS - PART B

Facility _____
 Month/Year _____

Three-month Average Daily Flow: _____
 Daily Flow % of Permitted Capacity: _____

Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31
Flow (MGD)																														
Chlorine Residual after Contact (mg/L as Cl ₂)																														
Chlorine Residual after Dechlorination (mg/L as Cl ₂)																														
CBOD ₅ Influent (mg/L as O ₂)																														
TSS Influent (mg/L)																														
CBOD ₅ Effluent (mg/L as O ₂)																														
TSS Effluent (mg/L)																														
pH Effluent (standard units)																														
TKN Effluent (mg/L as N)																														
NH ₃ - N Effluent (mg/L as N)																														
NO ₃ Effluent (mg/L as N)																														
Total P Effluent (mg/L as P)																														
Fecal Coliform (#/100ML)																														

PLANT STAFFING: Day Shift Operator Class: _____ Certificate _____ Name _____
 Evening Shift Operator Class: _____ Certificate _____ Name _____
 Night Shift Operator Class: _____ Certificate _____ Name _____
 Lead Operator Class: _____ Certificate _____ Name _____

Type of Effluent Disposal or Reclaimed Water _____

Limited Wet Weather Discharge Activated: Yes: ☐ No: ☐ Not Applicable: ☐ If yes, cumulative days of wet _____

*Attach additional sheets if necessary to list all certified operators.

LIMITED WET WEATHER DISCHARGE - PART C

Facility _____

Month/Year _____

Rainfall Information: Rainfall gauging station: _____

Source of climatological (normal rainfall) data: _____

Cumulative rainfall for the average rainfall _____ inches Cumulative rainfall to date for this calendar year: _____ inches. Average rainfall year _____ inches.

Date	Duration of Discharge (Hours)	Gallons Discharged (MG)	Average Discharge (MGD)	Average Upstream Flow Rate (MGD)	Stream Dilution Factor	CBOD ₅ (mg/L as O ₂)	TKN (mg/L as N)	Total P (mg/L as P)	Reason for Discharge
									Permit Limits
Monthly Average									

GROUNDWATER MONITORING REPORT - PART D

Facility ID: _____

Month/Year: _____

Date Sample Obtained: _____

Was the well pumped before sampling? ☐ Yes ☐ No

Test Site ID: _____

Well Type: _____

Ground Water Class: _____

Parameter	Storet Code	Sampling Method	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result/Units	Detection Limits/Units
Water Level							
Nitrate (mg/L as N)							
TDS (mg/L)							
Arsenic (ug/L)							
Cadmium (ug/L)							
Chloride (mg/L)							
Chromium (ug/L)							
Lead (ug/L)							
Fecal Coliform (#/100ML)							
pH (standard units)							
Sulfate							
TKN (mg/L as N)							
Total Phosphorus (mg/L as P)							

Comments and Explanations:

INSTRUCTIONS FOR MONITORING REPORT

PART A - Discharge Monitoring Report

One report shall be completed and submitted for each discharge point, outfall, or testing site listed in the permit. Use additional sheets if necessary. Mail to Department of Environmental Protection, MS 3550, 2600 Blair Stone Road, Tallahassee, Florida 32399-2400.

Permittee Name/Address: Complete the name as shown on the face of the permit. Complete the mailing address. Place a note beside the mailing address if the address has changed within the past month.

Facility/Location: Complete the name of the facility and the address or location of the facility.

Permit Number: This is the number of the permit issued to the permittee which contains the monitoring requirements in this report.

Monitoring Period: This is the period that the data on this report represents.

Limit: This is blank if the data represents interim limits on a facility under construction. If the data represents final limits achieved after construction, the word FINAL will be here.

Class Size/Group: The facility classification is either major or minor and the group is either industrial or domestic.

Facility ID: This is the identification number of the facility which was assigned by the Department at the time the facility was constructed.

Discharge Point Number: This is the number in the permit assigned to the outfall, discharge point, or test site from which this data was collected. Complete one of these reports for each outfall or discharge point from your facility.

Plant size/Treatment type: If this facility is a domestic wastewater treatment facility, enter a one digit and one letter code to indicate the type of treatment and the plant size. First record the number from the chart below which represents the type of treatment provided by the facility. Then record the letter that indicates the permitted capacity (plant size) as shown on the chart below.

	Type of Treatment	Plant Size (mgd)			
		A	B	C	D
1	Activated Sludge, Attached Growth, or Combined Treatment systems that include nutrient removal processes (Nitrification alone is not considered nutrient removal.)	≥3.0	≥0.5 but <3.0	≥0.002 but <0.5	...
2	Activated Sludge or Combined Treatment systems that do not include removal processes	≥5.0	≥1.0 but <5.0	≥0.002 but <1.0	...
3	Activated Sludge operated in the extended aeration mode and oxidation ditches	≥8.0	≥2.0 but <8.0	≥0.025 but <2.0	≥0.002 but <0.025
4	Attached Growth Treatment systems (trickling filters or RBCs) that do not include nutrient removal processes	≥10.0	≥3.0 but <10.0	≥0.025 but <3.0	≥0.002 but <0.025

Parameter: This is the variable or substance which must be monitored.

Sample Measurement: The data which was collected and analyzed.

Permit Requirement: The limit from the permit for that parameter and measurement.

Quantity or Loading: The amount or mass of the parameter discharged during the reporting period in **Average** quantity discharged during the reporting period after adding each day of discharge, **Maximum** quantity discharged on the day with the highest amount, and the **Unit** of measurement (lbs, g, tons, etc.)

Quality or Concentration: The concentration of the parameter discharged during the reporting period in **Minimum** concentration during the reporting period, **Average** of all the measurements for the parameter during the reporting period, **Maximum** or highest concentration discharged during the reporting period, and the **Unit** of measurement (mg/L, ug/L, etc.)

No. Ex.: The number of sample measurements during the sampling period that exceeded the maximum (minimum or 7-day average, as appropriate) permit requirement for each parameter. If none, enter zero.

Frequency of Analysis: The number of times the measurement is required to be made by the permit and the number of times the measurement was made.

Sample Type: The type of sample (grab, composite, continuous) required to be taken by the permit and the type that was taken.

Certificate, 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. **Date** when the report is signed.

Comment and Explanation: Use this area to explain any exceedances, any upset or by-pass events, or other items which require explanation.

PART B - DAILY SAMPLE RESULTS

Complete one sheet for each outfall, discharge point, or test site where daily sampling is required by the permit. Record the results of daily monitoring for the parameters required to be sampled daily by your permit. Record the data in the units indicated. If there are no fecal coliforms detected, enter ND in the row labeled "fecal coliform." Use the blank rows as needed.

List the name, certificate number, and class of all state certified operators. Use additional sheets as necessary.

PART B - DAILY SAMPLE RESULTS contd.

Enter the type of effluent disposal or reclaimed water reuse (surface water discharge, ocean outfall, slow rate land application-public access, slow rate land application-restricted public access, rapid rate land application, absorption field, underground injection).

If this plant does not have a limited wet weather discharge permitted under the provision of Rule 62-610.860, F.A.C., check not applicable. If the plant activated the wet weather discharge during the reporting month, check yes and attach PART C - LIMITED WET WEATHER DISCHARGE.

PART C - LIMITED WET WEATHER DISCHARGE

This part is applicable only to limited wet weather discharges from reuse systems describe in Rule 62-610.860, F.A.C. If applicable, this part is to be completed and submitted each month reclaimed water or effluent is discharged by a limited wet weather discharge. For months with no discharge, Part C need not be submitted. All information is to be provided for each day on which the limited wet weather discharge was activated. All information is to be typed or printed in ink.

Facility ID: This is the identification number assigned by the Department for the facility.

Month/Year: This is the period during which the data on this report was collected and analyzed.

Rainfall Information: **Rainfall gauging station** requires entry of the name and location of the station. **Source of Climatological (normal rainfall) data** is the source of the information required for **Cumulative rainfall for the average rainfall year** which is the amount of rain, in inches, which falls during an average rainfall year from January through the month for which this part contains data. **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 Part contains data.

Date: Enter the date on which the discharge occurred.

Duration of Discharge: Enter the number of hours, to the nearest 0.1 of an hour (0.1 = 6 min.) during each day of discharge that reclaimed water was actually discharged to surface waters.

Gallons Discharged: Enter the quantity in millions of gallons of reclaimed water discharged during the period shown in **Duration of Discharge**. Show the units as millions of gallons (mg), accurate to the nearest 0.01.

Average Discharge Flow Rate: Divide **Gallons Discharged** by **Duration of Discharge**. Record in million gallons per day (MGD).

Average Upstream Flow Rate: Enter the average flow rate in the receiving stream upstream from the point of discharge for the period shown in **Duration 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.

Stream Dilution Factor: Enter the stream dilution ratio accurate to the nearest 0.1. To calculate the factor, divide the **Average Upstream Flow Rate** by the **Average Discharge Flow Rate**.

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**.

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

PART D - GROUNDWATER MONITORING REPORT

This part is applicable only to groundwater monitoring wells. Type or print in ink the required data. All samples shall be collected and analyzed in accordance with Chapter 62-160, F.A.C. Laboratory reports shall be kept on file in the location indicated in your permit and made available for inspection upon request by the Department.

Facility ID: This is the identification number of the facility assigned by the Department.

Test Site ID: This is the identification number of the sampling site listed in your permit.

Month/Year: This is the period during which the data on this report was collected and analyzed. If the period is greater than one month, indicate beginning month to ending month.

Well Type: Indicate if the well being sampled is background, intermediate, compliance, or other. If other, explain in the comment section.

Date Sample Obtained: This is the date the sample was taken.

Ground Water Class: This is the classification of the ground water under Chapter 62-522, F.A.C.

Parameter: Analyze the parameters the permit requires. List any additional parameters from the permit which are not pre-listed here. If there are any parameters listed here which are not required by your permit, enter NR on that line.

Storet Code: Enter the Storet Code associated with the parameter.

Sampling Method: Describe the sampling method used.

Samples Filtered: Indicate whether the sample obtained was filtered (Y) or unfiltered (N).

Preservatives Added: State what preservatives were added to the sample.

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

Analysis Result/Units: Record the results of the analysis. If the result was below the minimum detection limit, indicate that. Enter the units associated with the results of the analysis.

Detection Limits/Units: Record the detection limits and the units associated with them.

Comments and Explanations: Use this space to make any comments on or explanations of results which are unexpected.