

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Beazer East, Inc. – Gainesville, Florida
 MAILING ADDRESS: PO Box One
 Oxford Center, Suite 3000
 Pittsburg, PA 15219

PERMIT NUMBER FLS711462 – 002 – ISW

LIMIT: **INTERIM**

REPORT: **Quarterly**

CLASS SIZE: Minor

GROUP: Industrial

FACILITY: Beazer East, Inc. – Gainesville, Florida
 LOCATION: 200 NW 23rd Avenue
 Gainesville, FL 32609

MONITORING GROUP NUMBER: **STM-1**
 MONITORING GROUP DESC: Storm water outfall

COUNTY: Alachua

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: _____ To _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement										
PARM Code 50050 1 Mon. Site No. STM-1	Permit Requirement	Report (Days.)	Report (Day.Max.)	MGD						Continuous	Calculated
pH	Sample Measurement										
PARM Code 00400 1 Mon. Site No. STM-1	Permit Requirement				6.0 (Day.Min.)	8.5 (Day.Max.)	SU			During Discharge	Grab
Turbidity	Sample Measurement										
PARM Code 00070 1 Mon. Site No. STM-1	Permit Requirement						Report (Day.Max.)	NTU		During Discharge	Grab
Solids, Suspended Total											
PARM Code 00530 1 Mon. Site No. STM-1	Permit Requirement						Report (Day.Max.)	MG/L		During Discharge	Grab
Oxygen, Dissolved (DO)	Sample Measurement										
PARM Code 00300 1 Mon. Site No. STM-1	Permit Requirement				Report (Day.Min.)			MG/L		During Discharge	Grab
Iron, Total Recoverable	Sample Measurement										
PARM Code 00400 1 Mon. Site No. STM-1	Permit Requirement				Report (Day.Min.)	Report (Day.Max.)		SU		During Discharge	Composite

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 (YY/MM/DD)

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Beazer, East Inc. – Gainesville, Florida

MONITORING GROUP NUMBER: **STM-1**
 MONITORING PERIOD From: _____ To _____

PERMIT NUMBER: FLS711462 – 002 – ISW

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Hardness, Total (as CaCO3)	Sample Measurement							
PARM Code 00900 1 Mon. Site No. STM-1	Permit Requirement			Report (Day.Max.)	MG/L		During Discharge	Composite
Copper, Total Recoverable (Calculated value)	Sample Measurement							
PARM Code 01119 P Mon. Site No. CAL-1	Permit Requirement			$e^{(0.8545[\ln H]-1.702)}$ (Report Max.)	ug/L		During Discharge	Calculation
Copper, Total Recoverable (effluent)	Sample Measurement							
PARM Code 01119 1 Mon. Site No. STM-1	Permit Requirement			Report (Day.Max.)	ug/L		During Discharge	Composite
Copper, Total Recoverable (effluent minus calculated value)	Sample Measurement							
PARM Code 01119 Q Mon. Site No. CAL-1	Permit Requirement			Report (Day.Max.)	ug/L		During Discharge	Calculation
Arsenic, Total	Sample Measurement							
PARM Code 00978 P Mon. Site No. STM-1	Permit Requirement			Report (Day.Max.)	ug/L		During Discharge	Composite
Pentachlorophenol (PCP)	Sample Measurement							
PARM Code 39032 Q Mon. Site No. CAL-1	Permit Requirement			Report (Day.Max.)	ug/L		During Discharge	Composite
Chromium, Trivalent (calculated value)	Sample Measurement							
PARM Code 01033 P Mon. Site No. CAL-1	Permit Requirement			$e^{(0.819[\ln H]+0.6848)}$ (Report Max.)	ug/L		During Discharge	Calculated
Chromium, Total Recoverable (effluent value)	Sample Measurement							
PARM Code 07824 Q Mon. Site No. STM-1	Permit Requirement			Report (Day.Max.)	ug/L		During Discharge	Composite
Dioxin/Furans	Sample Measurement							
PARM Code 34675 1 Mon. Site No. STM-1	Permit Requirement			Report (Day.Max.)	pg/L		During Discharge	Composite
Total Polycyclic Aromatic Hydrocarbons (PAH)	Sample Measurement							
PARM Code 22456 1 Mon. Site No. STM-1	Permit Requirement			Report (Day.Max.)	ug/L		During Discharge	Composite
Days of Discharge	Sample Measurement							
PARM Code 34030 1 Mon. Site No. CAL-1	Permit Requirement			Report (Day.Max.)	ug/L		During Discharge	Calculated

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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PERMITTEE NAME: Beazer East, Inc. – Gainesville, Florida
 MAILING ADDRESS: PO Box One
 Oxford Center, Suite 3000
 Pittsburg, PA 15219

PERMIT NUMBER FLS711462 – 002 – ISW

LIMIT: **INTERIM**

REPORT: Quarterly

CLASS SIZE: Minor

GROUP: Industrial

FACILITY: Beazer East, Inc. – Gainesville, Florida
 LOCATION: 200 NW 23rd Avenue
 Gainesville, FL 32609

MONITORING GROUP NUMBER: **SWU-1**
 MONITORING GROUP DESC: Ambient site

COUNTY: Alachua

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: _____ To _____

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
		Report (Days.)	Report (Day.Max.)		Report (Day.Min.)	Report (Day.Max.)				
Flow	Sample Measurement									
PARM Code 50050 1 Mon. Site No. STM-1	Permit Requirement			MGD					Continuous	Calculated
pH	Sample Measurement									
PARM Code 00400 1 Mon. Site No. STM-1	Permit Requirement				Report (Day.Min.)	Report (Day.Max.)	SU		During Discharge	Grab
Turbidity	Sample Measurement									
PARM Code 00070 1 Mon. Site No. STM-1	Permit Requirement					Report (Day.Max.)	NTU		During Discharge	Grab
Solids, Suspended Total										
PARM Code 00530 1 Mon. Site No. STM-1	Permit Requirement					Report (Day.Max.)	MG/L		During Discharge	Grab
Oxygen, Dissolved (DO)	Sample Measurement									
PARM Code 00300 1 Mon. Site No. STM-1	Permit Requirement				Report (Day.Min.)		MG/L		During Discharge	Grab
Iron, Total Recoverable	Sample Measurement									
PARM Code 00400 1 Mon. Site No. STM-1	Permit Requirement				Report (Day.Min.)	Report (Day.Max.)	SU		During Discharge	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 (YY/MM/DD)

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Beazer, East Inc. – Gainesville, Florida

MONITORING GROUP NUMBER: SWU-1

PERMIT NUMBER: FLS711462 – 002 – ISW

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Hardness, Total (as CaCO3)	Sample Measurement							
PARM Code 00900 1 Mon. Site No. STM-1	Permit Requirement			Report (Day.Max.)	MG/L		During Discharge	Grab
Copper, Total Recoverable (Calculated value)	Sample Measurement							
PARM Code 01119 P Mon. Site No. CAL-1	Permit Requirement			$e^{(0.8545[\ln H]-1.702)}$ (Report Max.)	ug/L		During Discharge	Calculation
Copper, Total Recoverable (effluent)	Sample Measurement							
PARM Code 01119 1 Mon. Site No. STM-1	Permit Requirement			Report (Day.Max.)	ug/L		During Discharge	Grab
Copper, Total Recoverable (effluent minus calculated value)	Sample Measurement							
PARM Code 01119 Q Mon. Site No. CAL-1	Permit Requirement			Report (Day.Max.)	ug/L		During Discharge	Calculation
Arsenic, Total	Sample Measurement							
PARM Code 00978 P Mon. Site No. STM-1	Permit Requirement			Report (Day.Max.)	ug/L		During Discharge	Grab
Pentachlorophenol (PCP)	Sample Measurement							
PARM Code 39032 Q Mon. Site No. CAL-1	Permit Requirement			Report (Day.Max.)	ug/L		During Discharge	Grab
Chromium, Trivalent (calculated value)	Sample Measurement							
PARM Code 01033 P Mon. Site No. CAL-1	Permit Requirement			$e^{(0.819[\ln H]+0.6848)}$ (Report Max.)	ug/L		During Discharge	Calculated
Chromium, Total Recoverable (effluent value)	Sample Measurement							
PARM Code 07824 Q Mon. Site No. STM-1	Permit Requirement			Report (Day.Max.)	ug/L		During Discharge	Grab
Dioxin/Furans	Sample Measurement							
PARM Code 34675 1 Mon. Site No. STM-1	Permit Requirement			Report (Day.Max.)	pg/L		During Discharge	Grab
Total Polycyclic Aromatic Hydrocarbons (PAH)	Sample Measurement							
PARM Code 22456 1 Mon. Site No. STM-1	Permit Requirement			Report (Day.Max.)	ug/L		During Discharge	Grab
Days of Discharge	Sample Measurement							
PARM Code 34030 1 Mon. Site No. CAL-1	Permit Requirement			Report (Day.Max.)	ug/L		During Discharge	Grab

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 MAILING ADDRESS: PO Box One
 Oxford Center, Suite 3000
 Pittsburg, PA 15219

PERMIT NUMBER: FLS711462 – 002 – ISW

LIMIT: **INTERIM**

REPORT:

Quarterly

CLASS SIZE: Minor

GROUP:

Industrial

FACILITY: Beazer East, Inc. – Gainesville, Florida
 LOCATION: 200 NW 23rd Avenue
 Gainesville, FL 32609

MONITORING GROUP NUMBER: **SWU-2**
 MONITORING GROUP DESC: Ambient site – Springstead Creek upstream

COUNTY: Alachua

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement									
PARM Code 50050 1 Mon. Site No. STM-1	Permit Requirement	Report (Days.)	Report (Day.Max.)	MGD					Continuous	Calculated
pH	Sample Measurement									
PARM Code 00400 1 Mon. Site No. STM-1	Permit Requirement				Report (Day.Min.)	Report (Day.Max.)	SU		During Discharge	Grab
Turbidity	Sample Measurement									
PARM Code 00070 1 Mon. Site No. STM-1	Permit Requirement					Report (Day.Max.)	NTU		During Discharge	Grab
Solids, Suspended Total										
PARM Code 00530 1 Mon. Site No. STM-1	Permit Requirement					Report (Day.Max.)	MG/L		During Discharge	Grab
Oxygen, Dissolved (DO)	Sample Measurement									
PARM Code 00300 1 Mon. Site No. STM-1	Permit Requirement				Report (Day.Min.)		MG/L		During Discharge	Grab
Iron, Total Recoverable	Sample Measurement									
PARM Code 00400 1 Mon. Site No. STM-1	Permit Requirement				Report (Day.Min.)	Report (Day.Max.)	SU		During Discharge	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 (YY/MM/DD)

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Beazer, East Inc. – Gainesville, Florida

MONITORING GROUP NUMBER: SWU-2
 MONITORING PERIOD From: _____ To: _____

PERMIT NUMBER: FLS711462 – 002 – ISW

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Hardness, Total (as CaCO3)	Sample Measurement							
PARM Code 00900 1 Mon. Site No. STM-1	Permit Requirement			Report (Day.Max.)	MG/L		During Discharge	Grab
Copper, Total Recoverable (Calculated value)	Sample Measurement							
PARM Code 01119 P Mon. Site No. CAL-1	Permit Requirement			$e^{(0.8545[\ln H]-1.702)}$ (Report Max.)	ug/L		During Discharge	Calculation
Copper, Total Recoverable (effluent)	Sample Measurement							
PARM Code 01119 1 Mon. Site No. STM-1	Permit Requirement			Report (Day.Max.)	ug/L		During Discharge	Grab
Copper, Total Recoverable (effluent minus calculated value)	Sample Measurement							
PARM Code 01119 Q Mon. Site No. CAL-1	Permit Requirement			Report (Day.Max.)	ug/L		During Discharge	Calculation
Arsenic, Total	Sample Measurement							
PARM Code 00978 P Mon. Site No. STM-1	Permit Requirement			Report (Day.Max.)	ug/L		During Discharge	Grab
Pentachlorophenol (PCP)	Sample Measurement							
PARM Code 39032 Q Mon. Site No. CAL-1	Permit Requirement			Report (Day.Max.)	ug/L		During Discharge	Grab
Chromium, Trivalent (calculated value)	Sample Measurement							
PARM Code 01033 P Mon. Site No. CAL-1	Permit Requirement			$e^{(0.819[\ln H]+0.6848)}$ (Report Max.)	ug/L		During Discharge	Calculated
Chromium, Total Recoverable (effluent value)	Sample Measurement							
PARM Code 07824 Q Mon. Site No. STM-1	Permit Requirement			Report (Day.Max.)	ug/L		During Discharge	Grab
Dioxin/Furans	Sample Measurement							
PARM Code 34675 1 Mon. Site No. STM-1	Permit Requirement			Report (Day.Max.)	pg/L		During Discharge	Grab
Total Polycyclic Aromatic Hydrocarbons (PAH)	Sample Measurement							
PARM Code 22456 1 Mon. Site No. STM-1	Permit Requirement			Report (Day.Max.)	ug/L		During Discharge	Grab
Days of Discharge	Sample Measurement							
PARM Code 34030 1 Mon. Site No. CAL-1	Permit Requirement			Report (Day.Max.)	ug/L		During Discharge	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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 Oxford Center, Suite 3000
 Pittsburg, PA 15219

PERMIT NUMBER FLS711462 – 002 – ISW

LIMIT: **INTERIM** **REPORT:** **Quarterly**

CLASS SIZE: Minor GROUP: Industrial

FACILITY: Beazer East, Inc. – Gainesville, Florida
 LOCATION: 200 NW 23rd Avenue
 Gainesville, FL 32609

MONITORING GROUP NUMBER: **SWD-1**
 MONITORING GROUP DESC: Ambient site – Springstead Creek downstream

COUNTY: Alachua

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: _____ To _____

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
		Report (Days.)	Report (Day.Max.)		Report (Day.Min.)	Report (Day.Max.)				
Flow	Sample Measurement									
PARM Code 50050 1 Mon. Site No. STM-1	Permit Requirement			MGD					Continuous	Calculated
pH	Sample Measurement									
PARM Code 00400 1 Mon. Site No. STM-1	Permit Requirement				Report (Day.Min.)	Report (Day.Max.)	SU		During Discharge	Grab
Turbidity	Sample Measurement									
PARM Code 00070 1 Mon. Site No. STM-1	Permit Requirement					Report (Day.Max.)	NTU		During Discharge	Grab
Solids, Suspended Total										
PARM Code 00530 1 Mon. Site No. STM-1	Permit Requirement					Report (Day.Max.)	MG/L		During Discharge	Grab
Oxygen, Dissolved (DO)	Sample Measurement									
PARM Code 00300 1 Mon. Site No. STM-1	Permit Requirement				Report (Day.Min.)		MG/L		During Discharge	Grab
Iron, Total Recoverable	Sample Measurement									
PARM Code 00400 1 Mon. Site No. STM-1	Permit Requirement				Report (Day.Min.)	Report (Day.Max.)	SU		During Discharge	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.

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Beazer, East Inc. – Gainesville, Florida

MONITORING GROUP NUMBER: **SWD-1**

PERMIT NUMBER: FLS711462 – 002 – ISW

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Hardness, Total (as CaCO3)	Sample Measurement							
PARM Code 00900 1 Mon. Site No. STM-1	Permit Requirement			Report (Day.Max.)	MG/L		During Discharge	Grab
Copper, Total Recoverable (Calculated value)	Sample Measurement							
PARM Code 01119 P Mon. Site No. CAL-1	Permit Requirement			$e^{(0.8545[\ln H]-1.702)}$ (Report Max.)	ug/L		During Discharge	Calculation
Copper, Total Recoverable (effluent)	Sample Measurement							
PARM Code 01119 1 Mon. Site No. STM-1	Permit Requirement			Report (Day.Max.)	ug/L		During Discharge	Grab
Copper, Total Recoverable (effluent minus calculated value)	Sample Measurement							
PARM Code 01119 Q Mon. Site No. CAL-1	Permit Requirement			Report (Day.Max.)	ug/L		During Discharge	Calculation
Arsenic, Total	Sample Measurement							
PARM Code 00978 P Mon. Site No. STML-1	Permit Requirement			Report (Day.Max.)	ug/L		During Discharge	Grab
Pentachlorophenol (PCP)	Sample Measurement							
PARM Code 39032 Q Mon. Site No. CAL-1	Permit Requirement			Report (Day.Max.)	ug/L		During Discharge	Grab
Chromium, Trivalent (calculated value)	Sample Measurement							
PARM Code 01033 P Mon. Site No. CAL-1	Permit Requirement			$e^{(0.819[\ln H]+0.6848)}$ (Report Max.)	ug/L		During Discharge	Calculated
Chromium, Total Recoverable (effluent value)	Sample Measurement							
PARM Code 07824 Q Mon. Site No. STM-1	Permit Requirement			Report (Day.Max.)	ug/L		During Discharge	Grab
Dioxin/Furans	Sample Measurement							
PARM Code 34675 1 Mon. Site No. STM-1	Permit Requirement			Report (Day.Max.)	pg/L		During Discharge	Grab
Total Polycyclic Aromatic Hydrocarbons (PAH)	Sample Measurement							
PARM Code 22456 1 Mon. Site No. STM-1	Permit Requirement			Report (Day.Max.)	ug/L		During Discharge	Grab
Days of Discharge	Sample Measurement							
PARM Code 34030 1 Mon. Site No. CAL-1	Permit Requirement			Report (Day.Max.)	ug/L		During Discharge	Grab

INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT

Read these instructions as well as the SUPPLEMENTAL INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT 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:

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.

Add the results to get the Total and divide by the number of days in the month to get the Monthly Average.

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.