



FLORIDA DEPARTMENT OF Environmental Protection

Southwest District
13051 North Telecom Parkway #101
Temple Terrace, Florida 33637-0926

Ron DeSantis
Governor

Jay Collins
Lt. Governor

Alexis A. Lambert
Secretary

October 2, 2025

Ms. Jennifer Poirrier, City Manager
c/o Michael Flanigan, Interim Utilities Director
City of Clearwater Public Works
1650 N Arcturus Ave
Clearwater, FL, 33765-1945
Michael.Flanigan@MyClearwater.com

Re: Revised Proposed Consent Order OGC File No. 25-1120
City of Clearwater Marshall Street WRF, City of Clearwater East WRF, and City
of Clearwater Northeast WRF
Facility IDs FL0021857, FL0021865, FL0128937
Pinellas County

Dear Ms. Poirrier,

Enclosed is the revised proposed Consent Order, OGC File No. 25-1120, regarding the above-referenced facilities. Please review, sign, and return the Consent Order by **October 6, 2025**, if in agreement. If not in agreement, please contact The Florida Department of Environmental Protection (“Department”) immediately. Upon return of the signed Consent Order, I shall execute it, and a copy will be sent to you.

The executed Consent Order constitutes final agency action of the Department, which shall be enforceable pursuant to Sections 120.69 and 403.121, Florida Statutes. By countersigning the Consent Order, the Department waives its right to seek judicial imposition of damages, costs and expenses, or civil penalties for the alleged violations. By signing the Consent Order, you, as the Respondent, acknowledges and waives its right to a hearing and appeal of the terms of the Consent Order.

If the signed Consent Order is not received by the Department by **October 6, 2025**, the Department will assume that you are not interested in the settlement on the above terms, and the matter may be referred to the Office of General Counsel for formal enforcement action. None of your rights or substantial interests are determined by the Consent Order until it is signed and filed with the Department.

Should you have any questions, please contact Anthony DiSipio, at (813) 470-5860 or via e-mail: Anthony.DiSipio@FloridaDEP.gov. Thank you for your cooperation.

Sincerely,



Ms. Kelley M. Boatwright
Southwest District Director
Florida Department of Environmental Protection

KMB\ad

ec: Travis Teuber, Clearwater, Travis.Teuber@MyClearwater.com
Emily Davis, Clearwater, Emily.Davis@MyClearwater.com
Kelley M. Boatwright, FDEP-SWD, Kelley.M.Boatwright@floridadep.gov
Pamala Vazquez, FDEP-SWD, Pamala.Vazquez@FloridaDEP.gov
Emily Larson, FDEP-SWD, Emily.Larson@FloridaDEP.gov
Erica Peck, FDEP-SWD, Erica.Peck@FloridaDEP.gov
Anthony DiSipio, FDEP-SWD, Anthony.DiSipio@FloridaDEP.gov
Emmalise Hunter, FDEP-SWD, Emmalise.C.Hunter@FloridaDEP.gov

Enclosure: Revised Proposed Consent Order
Exhibit A: In-Kind Language
Exhibit B: Interim Discharge Monitoring Report Templates

BEFORE THE STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

STATE OF FLORIDA DEPARTMENT)	IN THE OFFICE OF THE
OF ENVIRONMENTAL PROTECTION)	SOUTHWEST DISTRICT
)	
v.)	OGC FILE NO. 25-1120
)	
CITY OF CLEARWATER PUBLIC)	
UTILITIES DEPARTMENT)	
_____)	

CONSENT ORDER

This Consent Order (Order) is entered into between the State of Florida Department of Environmental Protection (Department) and City of Clearwater Public Utilities Department (Respondent) to reach settlement of certain matters at issue between the Department and Respondent.

The Department finds and Respondent admits the following:

1. The Department is the administrative agency of the State of Florida having the power and duty to protect Florida’s air and water resources and to administer and enforce the provisions of Chapter 403, Florida Statutes (F.S.), and the rules promulgated and authorized in Title 62, Florida Administrative Code (Fla. Admin. Code). The Department has jurisdiction over the matters addressed in this Order.
2. Respondent is a person within the meaning of Section 403.031(9), F.S.
3. Respondent is the owner and is responsible for the operation of three wastewater treatment facilities: the City of Clearwater Marshall Street WRF - FL0021857 (Marshall Street WRF); City of Clearwater East WRF - FL0021865 (East WRF); City of Clearwater Northeast WRF - FL0128937 (Northeast WRF), located in Pinellas County (collectively, the “Facilities”).
4. The Department finds that the following violation(s) occurred:
 - a) From August 4 through August 11, 2024, unpermitted discharges of wastewater into surface waters were reported by the Respondent. These unpermitted discharges resulted in the release of approximately 4.13 million gallons of untreated wastewater and 5.93 million gallons of partially treated wastewater and effluent. On

August 4, 2024, the Marshall St WRF was reported to have two of the three headworks pumps fail to power on. These events constitute violations of Chapter 403 F. S., Rule 62-4.160 Fla. Admin. Code, Rule 62-600.410(1) Fla. Admin. Code, Rule 62-604.130(1) Fla. Admin. Code, and Rule 62-302.530 Fla. Admin. Code.

b) August 22, 2024: Respondent notified the Department of an abnormal event at the Marshall Street WRF that resulted in approximately 8.58 million gallons of effluent not meeting permitted limits for Chlorine Residual, and Total Suspended Solids parameters. This event constitutes violations of Chapter 403 F. S., Rule 62-4.160 Fla. Admin. Code, Rule 62-600.410(1) Fla. Admin. Code, Rule 62-604.130(1) Fla. Admin. Code, and Rule 62-302.530 Fla. Admin. Code.

c) August 8, 2024: the Respondent failed to timely report discharges of substandard effluent to surface water outfall from the Marshall Street WRF on August 5, 2024, and August 6, 2024. This event constitutes violations of Chapter 403 F. S., Rule 62-4.160 Fla. Admin. Code, Rule 62-600.410(1) Fla. Admin. Code, Rule 62-604.130(1) Fla. Admin. Code, Rule 62-302.530 Fla. Admin. Code., and the General Conditions IX(20) of the corresponding facilities' Permits.

d) From September 26 through October 25, 2024, the Respondent reported that approximately 41.59 million gallons of inadequately treated wastewater was discharged to surface waters. The discharge constitute violations of Chapter 403 F. S., Rule 62-4.160 Fla. Admin. Code, Rule 62-600.410(1) Fla. Admin. Code, Rule 62-604.130(1) Fla. Admin. Code, and Rule 62-302.530 Fla. Admin. Code.

e) October 10, 2024: Respondent failed to report an unauthorized discharge to the State Watch Office of untreated domestic wastewater from the Marshall Street WRF to surface waters. This event constitutes violations of Chapter 403 F. S., Rule 62-4.160 Fla. Admin. Code, Rule 62-600.410(1) Fla. Admin. Code, Rule 62-604.130(1) Fla. Admin. Code, Rule 62-302.530 Fla. Admin. Code., and the General Conditions IX(20) of the corresponding facilities' Permits.

f) From March 26 - 27, 2025, the East WRF FL0021865 had a filter bypass event resulting in an exceedance of Total Suspended Solids parameter and approximately 885,547 gallons of substandard effluent being discharged out of the permitted outfall to Old Tampa Bay Class II Marine waterbody as reported to State Watch Office (SWO2025-2695). This event constitutes violations of Chapter 403 F. S., Rule 62-4.160 Fla. Admin. Code, Rule 62-600.410(1) Fla. Admin. Code, Rule 62-604.130(1) Fla. Admin. Code, and Rule 62-302.530 Fla. Admin. Code.

g) A review of Discharge Monitoring Reports (DMRs) for Marshall Street WRF for the period January 1, 2023, to February 28, 2025, indicates the Permit limits were exceeded, as shown in Table 1.

Table 1: Clearwater Marshall Street WRF DMR Exceedances

Date	Parameter	Result	Limit	Unit	Statistical Base
9/30/2023	BOD, Carbonaceous 5 day, 20C	17	10.0	mg/L	MB - Maximum
7/31/2023	Chlorine, Total Residual	0.7	1.0	mg/L	ME - Minimum
8/31/2024	Chlorine, Total Residual	0	1.0	mg/L	ME - Minimum
9/30/2024	Chlorine, Total Residual	0.4	1.0	mg/L	ME - Minimum
10/31/2024	Chlorine, Total Residual	0.2	1.0	mg/L	ME - Minimum
11/30/2024	Chlorine, Total Residual	0.6	1.0	mg/L	ME - Minimum
12/31/2024	Chlorine, Total Residual	0.8	1.0	mg/L	ME - Minimum
2/28/2023	Coliform, Fecal, % less than detection	54	75.0	percent	TM - Minimum Total Monthly
4/30/2023	Coliform, Fecal, % less than detection	57	75.0	percent	TM - Minimum Total Monthly
8/31/2024	Coliform, Fecal, % less than detection	72.7	75.0	percent	TM - Minimum Total Monthly
6/30/2024	Dibromochloromethane	56.18	56.0	ug/L	AB - Annual Average
7/31/2024	Dibromochloromethane	57.23	56.0	ug/L	AB - Annual Average
8/31/2024	Dibromochloromethane	56.22	56.0	ug/L	AB - Annual Average
12/31/2024	Dibromochloromethane	56.13	56.0	ug/L	AB - Annual Average
9/30/2024	Enterococci	42	35.0	#/100mL	MM - Monthly Geometric Mean
8/31/2024	Nitrogen, Total	11.6	6.0	mg/L	MB - Maximum

9/30/2024	Nitrogen, Total	5.5	4.5	mg/L	WA - Weekly Average
9/30/2024	Nitrogen, Total	40.3	16.75	ton/yr	AD - Annual Total
10/31/2024	Nitrogen, Total	7.08	6.0	mg/L	MB - Maximum
10/31/2024	Nitrogen, Total	18.1	16.75	ton/yr	AD - Annual Total
8/31/2024	Oxygen, Dissolved (DO)	3.9	5.0	mg/L	ME - Minimum
3/31/2023	Phosphorus, Total (as P)	1.1	1.0	mg/L	AB - Annual Average
3/31/2023	Phosphorus, Total (as P)	2.8	2.0	mg/L	MB - Maximum
8/31/2023	Phosphorus, Total (as P)	1.7	1.5	mg/L	WA - Weekly Average
8/31/2023	Phosphorus, Total (as P)	2.2	2.0	mg/L	MB - Maximum
8/31/2024	Phosphorus, Total (as P)	5.27	2.0	mg/L	MB - Maximum
10/31/2024	Phosphorus, Total (as P)	1.53	1.5	mg/L	WA - Weekly Average
10/31/2024	Phosphorus, Total (as P)	3.23	2.0	mg/L	MB - Maximum
8/31/2024	Solids, Total Suspended	120.78	7.5	mg/L	WA - Weekly Average
8/31/2024	Solids, Total Suspended	49.86	6.25	mg/L	MK - Monthly Average
8/31/2024	Solids, Total Suspended	598	10.0	mg/L	MB - Maximum
8/31/2024	Solids, Total Suspended	24200	5.0	mg/L	MB - Maximum
10/31/2024	Solids, Total Suspended	7.09	5.0	mg/L	AB - Annual Average
10/31/2024	Solids, Total Suspended	26.15	6.25	mg/L	MK - Monthly Average
10/31/2024	Solids, Total Suspended	96.26	7.5	mg/L	WA - Weekly Average
10/31/2024	Solids, Total Suspended	393	10.0	mg/L	MB - Maximum
10/31/2024	Solids, Total Suspended	133	5.0	mg/L	MB - Maximum
11/30/2024	Solids, Total Suspended	7.2	5.0	mg/L	AB - Annual Average
12/31/2024	Solids, Total Suspended	7.24	5.0	mg/L	AB - Annual Average

h) A review of Discharge Monitoring Reports (DMRs) for East WRF for the period January 1, 2023, to February 28, 2025, indicates the Permit limits were exceeded, as shown in Table 2.

Table 2: Clearwater East WRF DMR Exceedances

Date	Parameter	Result	Limit	Unit	Statistical Base
4/30/2024	Chlorine, Total Residual	0.86	1.0	mg/L	ME - Minimum
4/30/2024	Chlorine, Total Residual	0.86	1.0	mg/L	ME - Minimum
7/31/2024	Coliform, Fecal	166	25.0	#/100mL	MB - Maximum
8/31/2024	Coliform, Fecal, % less than detection	66.7	75.0	percent	MO - Monthly Minimum
8/31/2024	Coliform, Fecal, % less than detection	66.7	75.0	percent	MO - Monthly Minimum
5/31/2023	Copper, Total Recoverable	11.2	3.7	ug/L	MB - Maximum
10/31/2024	Copper, Total Recoverable	3.9	3.7	ug/L	MB - Maximum
11/30/2024	Copper, Total Recoverable	4.8	3.7	ug/L	MB - Maximum
1/31/2025	Copper, Total Recoverable	4.0	3.7	ug/L	MB - Maximum
2/28/2025	Copper, Total Recoverable	4.5	3.7	ug/L	MB - Maximum
12/31/2023	Nitrogen, Total	10	6.0	mg/L	MB - Maximum
8/31/2024	Nitrogen, Total	6.7	6.0	mg/L	MB - Maximum
10/31/2024	Nitrogen, Total	6.8	6.0	mg/L	MB - Maximum
3/31/2024	Solids, Total Suspended	8	5.0	mg/L	MB - Maximum
8/31/2024	Solids, Total Suspended	9.48	6.25	mg/L	MK - Monthly Average
8/31/2024	Solids, Total Suspended	15.6	10.0	mg/L	MB - Maximum
8/31/2024	Solids, Total Suspended	21.2	5.0	mg/L	MB - Maximum

i) A review of Discharge Monitoring Reports (DMRs) for Northeast WRF for the period January 1, 2023, to February 28, 2025, indicates the Permit limits were exceeded, as shown in Table 3.

Table 3: Clearwater Northeast WRF DMR Exceedances

Date	Parameter	Result	Limit	Unit	Statistical Base
11/30/2024	BOD, Carbonaceous 5 day, 20C	11	10.0	mg/L	MB - Maximum
11/30/2024	Coliform, Fecal	2420	25.0	#/100mL	MB - Maximum
2/28/2023	Coliform, Fecal, % less than detection	63.6	75.0	percent	MO - Monthly Minimum

11/30/2023	Coliform, Fecal, % less than detection	68.18	75.0	percent	MO - Monthly Minimum
2/29/2024	Coliform, Fecal, % less than detection	66.66	75.0	percent	MO - Monthly Minimum
2/29/2024	Coliform, Fecal, % less than detection	66.66	75.0	percent	MO - Monthly Minimum
4/30/2024	Coliform, Fecal, % less than detection	63.63	75.0	percent	MO - Monthly Minimum
6/30/2024	Coliform, Fecal, % less than detection	60	75.0	percent	MO - Monthly Minimum
8/31/2024	Coliform, Fecal, % less than detection	40.9	75.0	percent	MO - Monthly Minimum
10/31/2024	Coliform, Fecal, % less than detection	61.9	75.0	percent	MO - Monthly Minimum
12/31/2024	Coliform, Fecal, % less than detection	59.1	75.0	percent	MO - Monthly Minimum
1/31/2025	Coliform, Fecal, % less than detection	69.6	75.0	percent	MO - Monthly Minimum
5/31/2023	Copper, Total Recoverable	11.2	3.7	mg/L	MB - Maximum
10/31/2024	Copper, Total Recoverable	3.9	3.7	mg/L	MB - Maximum
11/30/2024	Copper, Total Recoverable	4.8	3.7	mg/L	MB - Maximum
1/31/2025	Copper, Total Recoverable	4.0	3.7	mg/L	MB - Maximum
2/28/2025	Copper, Total Recoverable	4.35	3.7	mg/L	MB - Maximum
9/30/2023	Enterococci	42	35.0	#/100mL	MM - Monthly Geometric Mean
9/30/2023	Enterococci	200	130.0	#/100mL	MB - Maximum
11/30/2023	Enterococci	40	35.0	#/100mL	MM - Monthly Geometric Mean
9/30/2023	Solids, Total Suspended	7.3	5.0	mg/L	MB - Maximum
3/31/2024	Solids, Total Suspended	10.4	5.0	mg/L	MB - Maximum

6/30/2024	Solids, Total Suspended	9.6	5.0	mg/L	MB - Maximum
8/31/2024	Solids, Total Suspended	32.7	10.0	mg/L	MB - Maximum
8/31/2024	Solids, Total Suspended	12	5.0	mg/L	MB - Maximum

j) The exceedances in Tables 1, 2, and 3, above are violations of 62-4.160, Fla. Admin. Code, Rule 62-600.410(1), Fla. Admin. Code, and Rule 62-302.530 Fla. Admin. Code.

Having reached a resolution of the matter Respondent and the Department mutually agree, and it is

ORDERED:

5. Respondent shall comply with the following corrective actions within the stated time periods:

a) **Within 90 days of the effective date of this Order**, Respondent shall propose a detailed Corrective Action Plan (“CAP”) containing a schedule for corrective action(s) to evaluate the causes of the Facilities’ effluent exceedances of water quality standards and to address all violations noted in paragraph 4 above. The CAP shall include a timeline for implementation of the corrective actions necessary to reduce concentrations of the exceeded effluent constituents to achieve compliance with water quality standards and the Facilities’ permit conditions.

b) If the Department requires additional information during the review of the CAP, the Department will notify the Respondent in writing by issuing a Request for Additional Information (“RAI”). The Respondent shall submit the information identified in the RAI within 30 days of receipt of such an RAI.

c) Upon receipt of the Department’s approval of the CAP, Respondent shall implement the CAP by conducting the work specified therein. All work shall be completed within the timeframes contained in the approved CAP or by **December 31, 2028**, whichever is sooner.

d) If any construction or modification of the Facilities are needed per the Department approved CAP, the Respondent shall contact the Department’s wastewater permitting section and submit a complete application for the wastewater permit modification by **January 31, 2026**

e) **Upon the first day of the month following the effective date of this Consent Order and lasting through December 31, 2028**, for the Total Phosphorous MB- Maximum (mg/L), Total Phosphorous WA- Weekly Average (mg/L), Total Phosphorous AB- Annual Average (mg/L), the Total Nitrogen AB- Annual Average (mg/L), the Total Nitrogen MB- Maximum (mg/L), the Total Nitrogen MK - Monthly Average, the Total Nitrogen WA - Weekly Average, the Total Nitrogen AD- Annual Total (ton/yr), and the Dibromochloromethane AB- Annual Average (ug/L), the Marshall St WRF’s effluent discharge to Stevenson’s Creek shall meet the following interim limits, as identified in Table 4, below:

Table 4 Clearwater Marshall St WRF Interim Limits

Parameter	Interim Limit	Units	Statistical Base
Phosphorous, Total	3	mg/L	MB - Maximum
Phosphorous, Total	2.25	mg/L	WA - Weekly Average
Phosphorous, Total	1.5	mg/L	AB - Annual Average
Nitrogen, Total	6	mg/L	AB - Annual Average
Nitrogen, Total	12	mg/L	MB - Maximum
Nitrogen, Total	7.5	mg/L	MK - Monthly Average
Nitrogen, Total	9	mg/L	WA - Weekly Average
Nitrogen, Total	33.5	Ton/yr	AD - Annual Total
Dibromochloromethane	58	ug/L	AB - Annual Average

f) **Upon the first day of the month following the effective date of this Consent Order and lasting through December 31, 2028**, for the Total Nitrogen MB -

Maximum (mg/L), and the Total Recoverable Copper MB - Maximum (ug/L), the East WRF effluent discharge to Old Tampa Bay shall meet the following interim limits, as identified in Table 5 below:

Table 5: City of Clearwater East WRF Interim Limits

Parameter	Interim Limit	Units	Statistical Base
Nitrogen, Total	10	mg/L	MB - Maximum
Copper, Total Recoverable	4.0	ug/L	MB - Maximum

g) Upon the first day of the month following the effective date of this Consent Order and lasting through December 31, 2028, for the Total Recoverable Copper MB - Maximum (ug/L), the Northeast WRF effluent discharge to Old Tampa Bay shall meet the following interim limits, as identified in Table 6 below:

Table 6: City of Clearwater Northeast WRF Interim Limit

Parameter	Interim Limit	Units	Statistical Base
Copper, Total Recoverable	4.0	ug/L	MB - Maximum

h) A copy of the Discharge Monitoring Report (“DMR”) to be used for reporting the interim limit values is incorporated herein and attached as Exhibit B. Sampling, analysis and reporting of the aforementioned parameters shall be in accordance with the permit. These interim limits do not act as a State of Florida Department of Environmental Protection wastewater permit effluent limitation or modified permit limitation, nor does it authorize or otherwise justify violation of the Florida Air and Water Pollution Control Act, Part I Chapter 403, Florida Statutes, during the pendency of this Consent Order.

i) By **June 30, 2026**, Respondent shall develop and submit a Collection System Action Plan (CSAP) for all Facilities that meets the intent of Rule 62-600.705(2)

F.A.C. for Department approval. If the Department requires additional information for the CSAP, the Department may notify the Respondent in writing of the deficiencies and request additional information (RAI). The Respondent shall submit the required information identified in the RAI within the timeframe provided for in the RAI. Upon the Department's approval of the CSAP, Respondent shall implement the plan at all Facilities by conducting the work specified thereunder within the timeframes specified thereunder.

j) **Within 180 days of the effective date of this Consent Order**, the Respondent shall perform and submit to the Department for approval an updated analysis of their collection systems infrastructures including a detailed evaluation of inflow and infiltration ("I&I Analysis Plan") to identify improvements with a priority as to importance of need and time to completion. An approximate cost analysis should be included. The I&I Analysis Plan should include specific projects along with their description and purpose with start and completion dates. If the Department requires additional information for the I&I Analysis Plan, the Department may notify the Respondent in writing of the deficiencies by issuing an RAI. The Respondent shall submit the required information identified in the RAI within the timeframe provided for in the RAI. Upon the Department's approval of the I&I Analysis Plan, Respondent shall implement the plan by conducting the work specified thereunder within the timeframes of the approved I&I Analysis Plan.

6. Every calendar quarter after the effective date of this Order and continuing until all corrective actions have been completed, the Respondent shall submit to the Department a written report containing information about the status and progress of projects being completed under this Order, information about compliance or noncompliance with the applicable requirements of this Order, including construction requirements and effluent limitations, and any reasons for noncompliance. These reports shall also include a projection of the work the Respondent will perform pursuant to this Order during the 12-month period which will follow the report. Respondent shall submit the reports to the Department within 30 days of the end of each quarter.

7. **Effective immediately and thenceforth**, Respondent shall adhere to Rule 62-604.550(2)(c), F.A.C., and General Conditions IX. 20 of the permits for Clearwater Marshall St WRF, Clearwater East WRF, and Clearwater Northeast WRF, and submit complete written reports for all unauthorized discharges within 5 days of the date of the initial discharge. The written report should be submitted to the Domestic Wastewater Compliance inbox at the following email address: swd_dw@FloridaDEP.gov.

8. Notwithstanding the time periods described in the paragraphs above. Respondent shall complete all corrective actions required by paragraphs 5 - 7 by **December 31, 2028**, and be in full compliance with their domestic wastewater permits and applicable rules of Chapters 62-302; 62-600; 62-604; 62-4; 62-620, F.A.C., regardless of any intervening events or alternative timeframes imposed in this Consent Order. Respondent's failure to properly budget or appropriate funds will not act to relieve or excuse Respondent for non-performance of its obligations here under.

9. Within 30 days of the effective date of this Order, Respondent shall pay the Department \$837,522.00 in settlement of the regulatory matters addressed in this Order. This amount includes \$480,230.00 for civil penalties; \$116,177.00 economic benefit; \$240,115.00 for history of non-compliance and \$1,000.00 for costs and expenses incurred by the Department during the investigation of this matter and the preparation and tracking of this Order. The civil penalty in this case includes 57 violations that each warrant a penalty of \$2,000.00 or more.

In lieu of making cash payment of \$836,522.00.00 in penalties as set forth in the paragraph above, Respondent may elect to offset this amount by implementing an in-kind penalty project, which must be approved by the Department. An in-kind project must be either an environmental enhancement, environmental restoration, or a capital/facility improvement project. The Department may also consider the donation of environmentally sensitive land as an in-kind project. The value of the in-kind penalty project shall be one and a half times the portion of the stipulated penalty amount for which the approved project off-sets which, in this case, is \$1,254,783.00. If Respondent chooses to implement an in-kind project, Respondent shall notify the Department of its election either electronically or by certified mail within 15 days of the

Effective Date of this Consent Order. **Notwithstanding the election to implement an in-kind project, payment of the remaining \$1,000.00 in costs must be paid within 30 days of the Effective Date of the Consent Order.** If Respondent elects to implement an in-kind project, then Respondent shall comply with all of the requirements and time frames in Attachment A, attached hereto, entitled "In-Kind Projects".

10. Respondent agrees to pay the Department stipulated penalties in the amount of \$2,000.00 per day each and every day Respondent fails to timely comply with any of the requirements of paragraph(s) 5 - 8 of this Order. Additionally, Respondent shall pay the Department stipulated penalties for any discharges of wastewater from the WWTF and/or collection/transmission system. Respondent shall pay penalties as follows:

<u>Amount p/day p/discharge</u>	<u>Discharge Volume</u>
\$1,000.00	up to 5,000 gallons
\$2,000.00	5,001 to 10,000 gallons
\$5,000.00	10,001 to 25,000 gallons
\$10,000	25,001 to 100,000 gallons
\$15,000	in excess of 100,000 gallons

The Department may demand stipulated penalties at any time after violations occur. Respondent shall pay stipulated penalties owed within 30 days of the Department's issuance of written demand for payment and shall do so as further described in paragraphs 13 and 14, below. Nothing in this paragraph shall prevent the Department from filing suit to specifically enforce any terms of this Order. Any stipulated penalties assessed under this paragraph shall be in addition to the civil penalties agreed to in paragraph 9 of this Order.

11. In lieu of making cash payment of the penalty amount required under paragraph(s) 9 or 10 above, the Department, at its discretion, may allow Respondent to off-set the amount by implementing an in-kind project(s), which must be approved by the Department. An in-kind project must be either an environmental enhancement, environmental restoration or capital/facility improvement project. The Department may also consider the donation of

environmentally sensitive land as an in-kind project. The value of the in-kind penalty project shall be one and a half times the portion of the stipulated penalty amount for which the approved project offsets. In terms of paragraph 10, the Respondent shall request consideration of applying stipulated penalties toward an in-kind project within 15 days of notification by the Department that stipulated penalties are being assessed under paragraph 10. If acceptable, the Respondent shall comply with all the requirements and timeframes in Exhibit A, entitled In-Kind Project. If not acceptable, the Respondent will pay the stipulated penalties within 30 days of receipt of the Department's notification that applying the stipulated penalties to an in-kind project is not acceptable.

12. In the event that Respondent elects to off-set civil penalties, including stipulated penalties, by implementing an in-kind penalty project which is approved by the Department, during the period that this Order remains in effect or during the effective date of any Department issued Permit to Respondent whichever is longer (Prohibited Transfer Duration), Respondent shall not transfer or use funds obtained by the Respondent from the collection of sewer rates for any purpose not related to the management, operation, maintenance of the Sewer System or to any capital improvement needs of the Sewer System (hereinafter, Prohibited Transfer). Respondent shall annually certify to the Department using the Annual Certification Form located on Exhibit A to this Order that no Prohibited Transfer has occurred. In the event of any Prohibited Transfer, the In-Kind project option shall be forfeited, and the entire civil penalty shall immediately become due and owing to the Department irrespective of any expenditures by the Respondent in furtherance of the In-Kind project.

13. Respondent shall make all payments required by this Order by cashier's check, money order or on-line payment. Cashier's check or money order shall be made payable to the "Department of Environmental Protection" and shall include both the OGC number assigned to this Order and the notation "Water Quality Assurance Trust Fund." Online payments by e-check can be made by going to the DEP Business Portal at: <http://www.fldepportal.com/go/pay/>. It will take a number of days after this order is final,

effective and filed with the Clerk of the Department before ability to make online payment is available.

14. Except as otherwise provided, all submittals and payments required by this Order shall be sent to Anthony DiSipio, Environmental Specialist with the Domestic Wastewater Compliance Assurance Program, Department of Environmental Protection, Southwest District, 13051 N Telecom Pkwy, Suite 101, Temple Terrace, FL 33737.

15. Respondent shall allow all authorized representatives of the Department access to the Facilities at reasonable times for the purpose of determining compliance with the terms of this Order and the rules and statutes administered by the Department.

16. If any event, including administrative or judicial challenges by third parties unrelated to Respondent, occurs which causes delay or the reasonable likelihood of delay in complying with the requirements of this Order, Respondent shall have the burden of proving the delay was or will be caused by circumstances beyond the reasonable control of Respondent and could not have been or cannot be overcome by Respondent's due diligence. Neither economic circumstances nor the failure of a contractor, subcontractor, materialman, or other agent (collectively referred to as "contractor") to whom responsibility for performance is delegated to meet contractually imposed deadlines shall be considered circumstances beyond the control of Respondent (unless the cause of the contractor's late performance was also beyond the contractor's control). Upon occurrence of an event causing delay, or upon becoming aware of a potential for delay, Respondent shall notify the Department by the next working day and shall, within seven calendar days notify the Department in writing of (a) the anticipated length and cause of the delay, (b) the measures taken or to be taken to prevent or minimize the delay, and (c) the timetable by which Respondent intends to implement these measures. If the parties can agree that the delay or anticipated delay has been or will be caused by circumstances beyond the reasonable control of Respondent, the time for performance hereunder shall be extended. The agreement to extend compliance must identify the provision or provisions extended, the new compliance date or dates, and the additional measures Respondent must take to avoid or minimize the delay, if any. Failure of Respondent to comply with the notice requirements of

this paragraph in a timely manner constitutes a waiver of Respondent's right to request an extension of time for compliance for those circumstances.

17. The Department, for and in consideration of the complete and timely performance by Respondent of all the obligations agreed to in this Order, hereby conditionally waives its right to seek judicial imposition of damages or civil penalties for the violations described above up to the date of the filing of this Order. This waiver is conditioned upon Respondent's complete compliance with all of the terms of this Order.

18. This Order is a settlement of the Department's civil and administrative authority arising under Florida law to resolve the matters addressed herein. This Order is not a settlement of any criminal liabilities which may arise under Florida law, nor is it a settlement of any violation which may be prosecuted criminally or civilly under federal law. Entry of this Order does not relieve Respondent of the need to comply with applicable federal, state, or local laws, rules, or ordinances.

19. The Department hereby expressly reserves the right to initiate appropriate legal action to address any violations of statutes or rules administered by the Department that are not specifically resolved by this Order.

20. Respondent is fully aware that a violation of the terms of this Order may subject Respondent to judicial imposition of damages, civil penalties up to \$15,000.00 per day per violation, and criminal penalties.

21. Respondent acknowledges and waives its right to an administrative hearing pursuant to sections 120.569 and 120.57, F.S., on the terms of this Order. Respondent also acknowledges and waives its right to appeal the terms of this Order pursuant to section 120.68, F.S.

22. Electronic signatures or other versions of the parties' signatures, such as .pdf or facsimile, shall be valid and have the same force and effect as originals. No modifications of the terms of this Order will be effective until reduced to writing, executed by both Respondent and the Department, and filed with the clerk of the Department.

23. The terms and conditions set forth in this Order may be enforced in a court of competent jurisdiction pursuant to sections 120.69 and 403.121, F.S. Failure to comply with the terms of this Order constitutes a violation of section 403.161(1)(b), F.S.

24. This Consent Order is a final order of the Department pursuant to section 120.52(7), F.S., and it is final and effective on the date filed with the Clerk of the Department unless a Petition for Administrative Hearing is filed in accordance with Chapter 120, F.S. Upon the timely filing of a petition, this Consent Order will not be effective until further order of the Department.

25. Respondent shall publish the following notice in a newspaper of daily circulation in Pinellas County, Florida. The notice shall be published one time only within **15 days** of the effective date of the Order. Respondent shall provide a certified copy of the published notice to the Department within **10 days** of publication.

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

NOTICE OF CONSENT ORDER

The Department of Environmental Protection (“Department”) gives notice of agency action of entering into a Consent Order with CITY OF CLEARWATER PUBLIC UTILITIES pursuant to section 120.57(4), Florida Statutes. The Consent Order addresses the unauthorized discharges of approximately 9 million gallons of untreated domestic wastewater; unauthorized discharges of approximately 47 million gallons of partially treated domestic wastewater; the failure to maintain and operate equipment as intended; the failure to report noncompliance events to the Department; and discharging inadequately treated wastewater through the permitted surface water outfalls, at 1605 Harbor Dr, Clearwater, Florida; 3141 Gulf to Bay Blvd, Clearwater, Florida; and 3290 S.R. 580, Safety Harbor, Florida. The Consent Order is available for public inspection during normal business hours, 8:00 a.m. to 5:00 p.m., Monday through Friday, except legal holidays, at the Department of Environmental Protection, Southwest District, 13051 N Telecom Pkwy, Temple Terrace, FL.

Persons who are not parties to this Consent Order, but whose substantial interests are affected by it, have a right to petition for an administrative hearing under sections 120.569 and

120.57, Florida Statutes. Because the administrative hearing process is designed to formulate final agency action, the filing of a petition concerning this Consent Order means that the Department's final action may be different from the position it has taken in the Consent Order.

The petition for administrative hearing must contain all of the following information:

- a) The name and address of each agency affected and each agency's file or identification number, if known;
- b) The name, address, any e-mail address, any facsimile number, and telephone number of the petitioner, if the petitioner is not represented by an attorney or a qualified representative; the name, address, and telephone number of the petitioner's representative, if any, which shall be the address for service purposes during the course of the proceeding; and an explanation of how the petitioner's substantial interests will be affected by the agency determination;
- c) A statement of when and how the petitioner received notice of the agency decision;
- d) A statement of all disputed issues of material fact. If there are none, the petition must so indicate;
- e) A concise statement of the ultimate facts alleged, including the specific facts the petitioner contends warrant reversal or modification of the agency's proposed action;
- f) A statement of the specific rules or statutes the petitioner contends require reversal or modification of the agency's proposed action, including an explanation of how the alleged facts relate to the specific rules or statutes; and
- g) A statement of the relief sought by the petitioner, stating precisely the action petitioner wishes the agency to take with respect to the agency's proposed action.

The petition must be filed (received) at the Department's Office of General Counsel, 3900 Commonwealth Boulevard, MS# 35, Tallahassee, Florida 32399-3000 or received via electronic correspondence at Agency_Clerk@floridadep.gov, within 21 days of receipt of this notice. A copy of the petition must also be mailed at the time of filing to the District Office at 13051 N Telecom Pkwy, Temple Terrace, FL. Failure to file a petition within the 21-day period constitutes a person's waiver of the right to request an administrative hearing and to participate as a party to this proceeding under sections 120.569 and 120.57, Florida Statutes.

Within 10- days after filing a petition, a person whose substantial interests are affected by this Consent Order may choose to pursue mediation as an alternative remedy under section 120.573, Florida Statutes. Choosing mediation will not adversely affect such person's right to an administrative hearing if mediation does not result in a settlement. Additional information about the mediation process and procedure is provided in section 120.573, Florida Statutes and Rule 62-110.106(12), Florida Administrative Code.

26. Rules referenced in this Order are available at <http://www.dep.state.fl.us/legal/Rules/rulelist.htm>

FOR THE RESPONDENT:

Jennifer Poirrier
City Manager

DATE

DONE AND ORDERED this __ day of _____, 2025, in Hillsborough, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION

Ms. Kelley M. Boatwright
District Director
Southwest District

Filed, on this date, pursuant to section 120.52, F.S., with the designated Department Clerk, the receipt of which is hereby acknowledged.

Clerk

Date

Copies furnished to:

Lea Crandall, Agency Clerk
Mail Station 35

Exhibit A

In-Kind Projects

I. Introduction

An in-kind project

a. Within 60 days of the effective date of this Consent Order, Respondent shall submit, either electronically or by certified mail, a detailed in-kind project proposal to the Department for evaluation. The proposal shall include a summary of benefits, proposed schedule for implementation and documentation of the estimated costs which are expected to be incurred to complete the project. These costs shall not include those incurred in developing the proposal or obtaining approval from the Department for the in-kind project.

b. If the Department requests additional information or clarification due to a partially incomplete in-kind project proposal or requests modifications due to deficiencies with Department guidelines, Respondent shall submit, either electronically or by certified mail, all requested additional information, clarification, and modifications within 15 days of receipts of written notice.

c. If upon review of the in-kind project proposal, the Department determines that the project cannot be accepted due to a substantially incomplete proposal or due to substantial deficiencies with minimum Department guidelines; Respondent shall be notified, in writing, of the reason(s) which prevent the acceptance of the proposal. Respondent shall correct and redress all of the matters at issue and submit, either electronically or by certified mail, a new proposal within 30 days of receipt of written notice. In the event that the revised proposal is not

approved by the Department, Respondent shall make cash payment of the civil penalties as set forth in the Consent Order within 30 days of Department notice.

d. Within 120 days of the effective date of this Consent Order, Respondent shall obtain approval for an in-kind project from the Department. If an in-kind project proposal is not approved by the Department within 120 days of the effective date of this Consent Order, then Respondent shall make cash payment of the civil penalties as set forth in the Consent Order, within 30 days of Department notice.

e. Within 180 days of obtaining Department approval for the in-kind proposal or in accordance with the approved schedule submitted pursuant to paragraph (a) above, Respondent shall complete the entire in-kind project.

f. During the implementation of the in-kind project, Respondent shall place appropriate sign(s) at the project site indicating that Respondent's involvement with the project is the result of a Department enforcement action. Respondent may remove the sign(s) after the project has been completed. However, after the project has been completed Respondent shall not post any sign(s) at the site indicating that the reason for the project was anything other than a Department enforcement action.

g. In the event, Respondent fails to timely submit any requested information to the Department, fails to complete implementation of the in-kind project or otherwise fails to comply with any provision of this paragraph, the in-kind penalty project option shall be forfeited and the entire amount of civil penalties shall be due from the Respondent to the Department within 30 days of Department notice. If the in-kind penalty project is terminated and Respondent timely remits the penalty, no additional penalties shall be assessed under the Consent Order for failure to complete the requirement of this paragraph.

h. Within 15 days of completing the in-kind project, Respondent shall notify the Department, either electronically or by certified mail, of the project completion and request a verification letter from the Department. Respondent shall submit supporting information verifying that the project was completed in accordance with the approved proposal and documentation showing the actual costs incurred to complete the project. These costs shall not include those incurred in developing the proposal or obtaining approval from the Department for the project.

i. If upon review of the notification of completion, the Department determines that the project cannot be accepted due to a substantially incomplete notification of completion or due to substantial deviations from the approved in-kind project; Respondent shall be notified, in writing, of the reason(s) which prevent the acceptance of the project. Respondent shall correct and redress all of the matters at issue and submit, either electronically or by certified mail, a new notification of completion within 15 days of receipt of the Department's notice. If upon review of the new submittal, the Department determines that the in-kind project is still incomplete or not in accordance with the approved proposal, the in-kind penalty project option shall be forfeited and the entire amount of civil penalty shall be due from the Respondent to the Department within 30 days of Department notice. If the in-kind penalty project is terminated and Respondent timely remits the penalty, no additional penalties shall be assessed for failure to complete the requirements of this paragraph.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed submit this report to: <https://www.fldepportal.com/go/>

PERMITTEE NAME: City of Clearwater Public Utilities Department
 MAILING ADDRESS: 1650 N Arcturas Ave
 Clearwater, Florida 33765- 1945

PERMIT NUMBER: FL0021857-021-DW1P/NR

LIMIT: **Interim**
 CLASS SIZE: MA
 MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESCRIPTION: D-001, with Influent

REPORT FREQUENCY: Monthly
 PROGRAM: Domestic

FACILITY: Clearwater City of Marshall Street WRF
 LOCATION: 1605 Harbor Dr
 Clearwater, Florida 33755-

RE-SUBMITTED DMR:
 NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: _____ To: _____

COUNTY: Pinellas
 OFFICE: Southwest District

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement							
PARM Code 50050 Y Mon. Site No. FLW-02	Permit Requirement	10.0 (An.Avg.)	MGD				Continuous	Flow Totalizer
Flow	Sample Measurement							
PARM Code 50050 1 Mon. Site No. FLW-02	Permit Requirement	Report (Mo.Avg.)	MGD				Continuous	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement			5.0 (An.Avg.)	mg/L		5 Days/Week	24-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code 80082 A Mon. Site No. EFA-01	Permit Requirement			6.25 (Mo.Avg.)	7.5 (Max.Wk.Avg.)	mg/L	5 Days/Week	24-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code 80082 P Mon. Site No. EFA-01	Permit Requirement				10.0 (Max.)	mg/L	5 Days/Week	24-hr FPC
Solids, Total Suspended	Sample Measurement							
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement			5.0 (An.Avg.)	mg/L		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)

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Clearwater City of Marshall Street WRF

MONITORING GROUP D-001

PERMIT NUMBER: FL0021857-021-DW1P/NR

NUMBER:

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement									
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement				6.25 (Mo.Avg.)	7.5 (Max.Wk.Avg.)	mg/L		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement									
PARM Code 00530 P Mon. Site No. EFA-01	Permit Requirement					10.0 (Max.)	mg/L		5 Days/Week	Grab
Nitrogen, Total	Sample Measurement									
PARM Code 00600 Y Mon. Site No. EFA-01	Permit Requirement				6.0 (An.Avg.)		mg/L		5 Days/Week	24-hr FPC
Nitrogen, Total	Sample Measurement									
PARM Code 00600 A Mon. Site No. EFA-01	Permit Requirement				9.0 (Max.Wk.Avg.)	7.5 (Mo.Avg.)	mg/L		5 Days/Week	24-hr FPC
Nitrogen, Total	Sample Measurement									
PARM Code 00600 P Mon. Site No. EFA-01	Permit Requirement					12.0 (Max.)	mg/L		5 Days/Week	24-hr FPC
Phosphorus, Total (as P)	Sample Measurement									
PARM Code 00665 Y Mon. Site No. EFA-01	Permit Requirement				1.5 (An.Avg.)		mg/L		5 Days/Week	24-hr FPC
Phosphorus, Total (as P)	Sample Measurement									
PARM Code 00665 A Mon. Site No. EFA-01	Permit Requirement				1.25 (Mo.Avg.)	2.25 (Max.Wk.Avg.)	mg/L		5 Days/Week	24-hr FPC
Phosphorus, Total (as P)	Sample Measurement									
PARM Code 00665 P Mon. Site No. EFA-01	Permit Requirement					3.0 (Max.)	mg/L		5 Days/Week	24-hr FPC
Solids, Total Suspended	Sample Measurement									
PARM Code 00530 B Mon. Site No. EFB-01	Permit Requirement					5.0 (Max.)	mg/L		5 Days/Week	Grab
pH	Sample Measurement									
PARM Code 00400 A Mon. Site No. EFA-01	Permit Requirement				6.5 (Min.)	8.5 (Max.)	s.u.		Continuous	Meter

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Clearwater City of Marshall Street WRF

MONITORING GROUP D-001

PERMIT NUMBER: FL0021857-021-DW1P/NR

NUMBER:

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement							
PARM Code 51005 A Mon. Site No. EFA-01	Permit Requirement			75 (Min.Mo.Total)	percent		5 Days/Week	Calculated
Coliform, Fecal	Sample Measurement							
PARM Code 74055 A Mon. Site No. EFA-01	Permit Requirement			25 (Max.)	#/100mL		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement							
PARM Code 50060 A Mon. Site No. EFA-01	Permit Requirement			1.0 (Min.)	mg/L		Continuous	Meter
Chlorine, Total Residual (For Dechlorination)	Sample Measurement							
PARM Code 50060 1 Mon. Site No. EFD-01	Permit Requirement			0.01 (Max.)	mg/L		Daily; 24 hours	Grab
Enterococci	Sample Measurement							
PARM Code 31639 A Mon. Site No. EFA-01	Permit Requirement			35 (Mo.Geo.Mn.)	#/100mL		Monthly	Calculated
Enterococci	Sample Measurement							
PARM Code 31639 P Mon. Site No. EFA-01	Permit Requirement			276 (Max.)	#/100mL		5/Month	Grab
Dichlorobromomethane	Sample Measurement							
PARM Code 32101 1 Mon. Site No. EFD-01	Permit Requirement			Report (Max.)	ug/L		Monthly	Grab
Dichlorobromomethane	Sample Measurement							
PARM Code 32101 Y Mon. Site No. EFD-01	Permit Requirement			43.0 (An.Avg.)	ug/L		Monthly	Calculated
Dibromochloromethane	Sample Measurement							
PARM Code 32105 1 Mon. Site No. EFD-01	Permit Requirement			Report (Max.)	ug/L		Monthly	Grab
Dibromochloromethane	Sample Measurement							
PARM Code 32105 P Mon. Site No. EFD-01	Permit Requirement			58.0 (An.Avg.)	ug/L		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Clearwater City of Marshall Street WRF

MONITORING GROUP D-001

PERMIT NUMBER: FL0021857-021-DW1P/NR

NUMBER:

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Oxygen, Dissolved (DO)	Sample Measurement							
PARM Code 00300 1 Mon. Site No. EFD-01	Permit Requirement			5.0 (Min.)	mg/L		Daily; 24 hours	Grab
7-DAY CHRONIC STATRE Ceriodaphnia dubia (Routine)	Sample Measurement							
PARM Code TRP3B P Mon. Site No. EFD-01	Permit Requirement			100 (Min.)	percent		Quarterly	24-hr FPC
7-DAY CHRONIC STATRE Ceriodaphnia dubia (Additional)	Sample Measurement							
PARM Code TRP3B Q Mon. Site No. EFD-01	Permit Requirement			100 (Min.)	percent		As needed	As required by the permit
7-DAY CHRONIC STATRE Ceriodaphnia dubia (Additional)	Sample Measurement							
PARM Code TRP3B R Mon. Site No. EFD-01	Permit Requirement			100 (Min.)	percent		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas (Routine)	Sample Measurement							
PARM Code T6P6C P Mon. Site No. EFD-01	Permit Requirement			100 (Min.)	percent		Quarterly	24-hr FPC
7-DAY CHRONIC STATRE Pimephales promelas (Additional)	Sample Measurement							
PARM Code T6P6C Q Mon. Site No. EFD-01	Permit Requirement			100 (Min.)	percent		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas (Additional)	Sample Measurement							
PARM Code T6P6C R Mon. Site No. EFD-01	Permit Requirement			100 (Min.)	percent		As needed	As required by the permit
Nitrogen, Total	Sample Measurement							
PARM Code 00600 Q Mon. Site No. CAL-01	Permit Requirement	Report (Mo.Total)	ton/mth				Monthly	Calculated
Nitrogen, Total	Sample Measurement							
PARM Code 00600 R Mon. Site No. CAL-01	Permit Requirement	33.5 (An.Total)	ton/yr				Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code 80082 Q Mon. Site No. CAL-02	Permit Requirement	Report (Mo.Total)	lb/mth				Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Clearwater City of Marshall Street WRF

MONITORING GROUP D-001

PERMIT NUMBER: FL0021857-021-DW1P/NR

NUMBER:

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement										
PARM Code 80082 R Mon. Site No. CAL-02	Permit Requirement		76157.0 (An.Avg.)	lb/yr						Monthly	Calculated
Flow	Sample Measurement										
PARM Code 50050 P Mon. Site No. FLW-01	Permit Requirement		10 (An.Avg.)	MGD						Continuous	Flow Totalizer
Flow	Sample Measurement										
PARM Code 50050 Q Mon. Site No. FLW-01	Permit Requirement		Report (Mo.Avg.)	MGD						Continuous	Flow Totalizer
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement										
PARM Code 00180 1 Mon. Site No. FLW-01	Permit Requirement					Report (Mo.Avg.)	percent			Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement										
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement					Report (Mo.Avg.)	mg/L			Weekly	24-hr FPC
Solids, Total Suspended (Influent)	Sample Measurement										
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement					Report (Mo.Avg.)	mg/L			Weekly	24-hr FPC

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. Facilities who submit their DMR(s) electronically through eDMR do not need to submit a hardcopy DMR. 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, unless indicated otherwise in the permit or on the DMR:

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. Data qualifier codes are not to be reported on Part A.

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. Data qualifier codes are not to be reported on Part D.

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.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed submit this report to: <https://www.fldepportal.com/go/>

PERMITTEE NAME: City of Clearwater Public Utilities Department
 MAILING ADDRESS: 1650 N Arcturus Ave
 Clearwater, Florida 33765- 1945

PERMIT NUMBER: FL0021865-012-DW1P/NR

FACILITY: Clearwater City of East WRF
 LOCATION: 3141 Gulf to Bay Blvd
 Clearwater, Florida 33759-4506

LIMIT: **Interim**
 CLASS SIZE: MA
 MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESCRIPTION: D001 SURFACE WATER DISCHRG E OUTFALL, with Influent

REPORT FREQUENCY: Monthly
 PROGRAM: Domestic

COUNTY: Pinellas
 OFFICE: Southwest District

RE-SUBMITTED DMR:
 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 Y Mon. Site No. FLW-02	Permit Requirement	5.0 (An.Avg.)	MGD						Monthly	Calculated
Flow	Sample Measurement									
PARM Code 50050 I Mon. Site No. FLW-02	Permit Requirement	Report (Mo.Avg.)	MGD						Continuous	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement									
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement				5.0 (An.Avg.)		mg/L		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement									
PARM Code 80082 A Mon. Site No. EFA-01	Permit Requirement			7.5 (Max.Wk.Avg.)	6.25 (Mo.Avg.)	10.0 (Max.)	mg/L		5 Days/Week	24-hr FPC
Solids, Total Suspended	Sample Measurement									
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement				5.0 (An.Avg.)		mg/L		Monthly	Calculated
Solids, Total Suspended	Sample Measurement									
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement			7.5 (Max.Wk.Avg.)	6.25 (Mo.Avg.)	10.0 (Max.)	mg/L		5 Days/Week	24-hr FPC

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)

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Clearwater City of East WRF

MONITORING GROUP D-001

PERMIT NUMBER: FL0021865-012-DW1P/NR

NUMBER:

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Total	Sample Measurement										
PARM Code 00600 Y Mon. Site No. EFA-01	Permit Requirement				3.0 (An.Avg.)		mg/L			Monthly	Calculated
Nitrogen, Total	Sample Measurement										
PARM Code 00600 A Mon. Site No. EFA-01	Permit Requirement				3.75 (Mo.Avg.)	4.5 (Max.Wk.Avg.)	10 (Max.)	mg/L		5 Days/Week	24-hr FPC
Phosphorus, Total (as P)	Sample Measurement										
PARM Code 00665 Y Mon. Site No. EFA-01	Permit Requirement					Report (An.Avg.)		mg/L		5 Days/Week	24-hr FPC
Phosphorus, Total (as P)	Sample Measurement										
PARM Code 00665 A Mon. Site No. EFA-01	Permit Requirement				Report (Max.Wk.Avg.)	Report (Mo.Avg.)	Report (Max.)	mg/L		5 Days/Week	24-hr FPC
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 B Mon. Site No. EFB-01	Permit Requirement						5.0 (Max.)	mg/L		5 Days/Week	Grab
pH	Sample Measurement										
PARM Code 00400 A Mon. Site No. EFA-01	Permit Requirement				6.5 (Min.)		8.5 (Max.)	s.u.		Continuous	Meter
Coliform, Fecal, % less than detection	Sample Measurement										
PARM Code 51005 A Mon. Site No. EFA-01	Permit Requirement				75 (Mo.Min.)			percent		Monthly	Calculated
Coliform, Fecal	Sample Measurement										
PARM Code 74055 A Mon. Site No. EFA-01	Permit Requirement						25 (Max.)	#/100mL		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement										
PARM Code 50060 A Mon. Site No. EFA-01	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Chlorine, Total Residual (For Dechlorination)	Sample Measurement										
PARM Code 50060 1 Mon. Site No. EFD-01	Permit Requirement						0.01 (Max.)	mg/L		Daily; 24 hours	Grab

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Clearwater City of East WRF

MONITORING GROUP D-001

PERMIT NUMBER: FL0021865-012-DW1P/NR

NUMBER:

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Enterococci	Sample Measurement									
PARM Code 31639 A Mon. Site No. EFA-01	Permit Requirement					35 (Mo.Geo.Mn.)	#/100mL		Monthly	Calculated
Enterococci	Sample Measurement									
PARM Code 31639 P Mon. Site No. EFA-01	Permit Requirement				276 (Max.)	130 (90th %)	#/100mL		5/Month	Grab
Copper, Total Recoverable	Sample Measurement									
PARM Code 01119 1 Mon. Site No. EFD-01	Permit Requirement					4.0 (Max.)	ug/L		Monthly	Grab
Dichlorobromomethane	Sample Measurement									
PARM Code 32101 Y Mon. Site No. EFD-01	Permit Requirement					43.0 (An.Avg.)	ug/L		Monthly	Calculated
Dichlorobromomethane	Sample Measurement									
PARM Code 32101 1 Mon. Site No. EFD-01	Permit Requirement					Report (Max.)	ug/L		Monthly	Grab
Oxygen, Dissolved (DO)	Sample Measurement									
PARM Code 00300 1 Mon. Site No. EFD-01	Permit Requirement				5.0 (Min.)		mg/L		Daily; 24 hours	Grab
Nitrogen, Total (East)	Sample Measurement									
PARM Code 00600 P Mon. Site No. EFA-01	Permit Requirement		Report (Mo.Total)	ton/mth					Monthly	Calculated
Nitrogen, Total (East)	Sample Measurement									
PARM Code 00600 Q Mon. Site No. EFA-01	Permit Requirement	Report (An.Total)	Report (5Yr.Avg.)	ton/yr					Monthly	Calculated
Nitrogen, Total (East & NE)	Sample Measurement									
PARM Code 00600 R Mon. Site No. CAL-01	Permit Requirement		Report (Mo.Total)	ton/mth					Monthly	Calculated
Nitrogen, Total (East & NE)	Sample Measurement									
PARM Code 00600 S Mon. Site No. CAL-01	Permit Requirement	40.65 (An.Total)	27.1 (5Yr.Avg.)	ton/yr					Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Clearwater City of East WRF

MONITORING GROUP D-001

PERMIT NUMBER: FL0021865-012-DW1P/NR

NUMBER:

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONIC STATRE Ceriodaphnia dubia (Routine)	Sample Measurement							
PARM Code TRP3B P Mon. Site No. EFD-01	Permit Requirement			100 (Min.)	percent		Quarterly	Grab
7-DAY CHRONIC STATRE Ceriodaphnia dubia (Additional)	Sample Measurement							
PARM Code TRP3B Q Mon. Site No. EFD-01	Permit Requirement			100 (Min.)	percent		As needed	As required by the permit
7-DAY CHRONIC STATRE Ceriodaphnia dubia (Additional)	Sample Measurement							
PARM Code TRP3B R Mon. Site No. EFD-01	Permit Requirement			100 (Min.)	percent		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas (Routine)	Sample Measurement							
PARM Code T6P6C P Mon. Site No. EFD-01	Permit Requirement			100 (Min.)	percent		Quarterly	Grab
7-DAY CHRONIC STATRE Pimephales promelas (Additional)	Sample Measurement							
PARM Code T6P6C Q Mon. Site No. EFD-01	Permit Requirement			100 (Min.)	percent		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas (Additional)	Sample Measurement							
PARM Code T6P6C R Mon. Site No. EFD-01	Permit Requirement			100 (Min.)	percent		As needed	As required by the permit
Flow	Sample Measurement							
PARM Code 50050 P Mon. Site No. FLW-01	Permit Requirement	5.0 (An.Avg.)	MGD				Monthly	Calculated
Flow	Sample Measurement							
PARM Code 50050 Q Mon. Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)	MGD				Continuous	Flow Totalizer
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement							
PARM Code 00180 G Mon. Site No. INF-01	Permit Requirement				Report (Mo.Max.)	percent	Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement							
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement				Report (Mo.Avg.)	mg/L	Weekly	24-hr FPC
Solids, Total Suspended (Influent)	Sample Measurement							
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement				Report (Mo.Avg.)	mg/L	Weekly	24-hr FPC

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. Facilities who submit their DMR(s) electronically through eDMR do not need to submit a hardcopy DMR. 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, unless indicated otherwise in the permit or on the DMR:

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. Data qualifier codes are not to be reported on Part A.

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. Data qualifier codes are not to be reported on Part D.

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.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed submit this report to: <https://www.fldepportal.com/go/>

PERMITTEE NAME: City of Clearwater Public Utilities Department
 MAILING ADDRESS: 1650 North Arcaturas Avenue, Building C
 Clearwater, Florida 33765- 1945

PERMIT NUMBER: FL0128937-017-DW1P/NR

FACILITY: Clearwater City of Northeast WRF
 LOCATION: 3290 SR 580
 Safety Harbor, Florida 34695

LIMIT: **Interim**
 CLASS SIZE: MA
 MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESCRIPTION: D001 SURFACE WATER DISCHARGE LOCATION, with Influent
 RE-SUBMITTED DMR:
 NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: _____ To: _____

REPORT FREQUENCY: Monthly
 PROGRAM: Domestic

COUNTY: Pinellas
 OFFICE: Southwest District

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement									
PARM Code 50050 Y Mon. Site No. FLW-02	Permit Requirement	13.5 (An.Avg.)	MGD						Continuous	Flow Totalizer
Flow	Sample Measurement									
PARM Code 50050 1 Mon. Site No. FLW-02	Permit Requirement	Report (Mo.Avg.)	MGD						Continuous	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement									
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement				5.0 (An.Avg.)		mg/L		5 Days/Week	24-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement									
PARM Code 80082 A Mon. Site No. EFA-01	Permit Requirement			10.0 (Max.)	7.5 (Max.Wk.Avg.)	6.25 (Mo.Avg.)	mg/L		5 Days/Week	24-hr FPC
Solids, Total Suspended	Sample Measurement									
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement				5.0 (An.Avg.)		mg/L		5 Days/Week	24-hr FPC
Solids, Total Suspended	Sample Measurement									
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement			10.0 (Max.)	7.5 (Max.Wk.Avg.)	6.25 (Mo.Avg.)	mg/L		5 Days/Week	24-hr FPC

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)

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Clearwater City of Northeast WRF

MONITORING GROUP D-001

PERMIT NUMBER: FL0128937-017-DW1P/NR

NUMBER:

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Total	Sample Measurement									
PARM Code 00600 Y Mon. Site No. EFA-01	Permit Requirement			3.0 (An.Avg.)			mg/L		5 Days/Week	24-hr FPC
Nitrogen, Total	Sample Measurement									
PARM Code 00600 A Mon. Site No. EFA-01	Permit Requirement		6.0 (Max.)	4.5 (Max.Wk.Avg.)	3.75 (Mo.Avg.)		mg/L		5 Days/Week	24-hr FPC
Phosphorus, Total (as P)	Sample Measurement									
PARM Code 00665 Y Mon. Site No. EFA-01	Permit Requirement			Report (An.Avg.)			mg/L		5 Days/Week	24-hr FPC
Phosphorus, Total (as P)	Sample Measurement									
PARM Code 00665 A Mon. Site No. EFA-01	Permit Requirement		Report (Max.)	Report (Max.Wk.Avg.)	Report (Mo.Avg.)		mg/L		5 Days/Week	24-hr FPC
Solids, Total Suspended	Sample Measurement									
PARM Code 00530 B Mon. Site No. EFB-01	Permit Requirement					5.0 (Max.)	mg/L		5 Days/Week	Grab
pH	Sample Measurement									
PARM Code 00400 A Mon. Site No. EFA-01	Permit Requirement		6.5 (Min.)		8.5 (Max.)		s.u.		Continuous	Meter
Coliform, Fecal, % less than detection	Sample Measurement									
PARM Code 51005 A Mon. Site No. EFA-01	Permit Requirement		75 (Mo.Min.)				percent		Monthly	Calculated
Coliform, Fecal	Sample Measurement									
PARM Code 74055 A Mon. Site No. EFA-01	Permit Requirement					25 (Max.)	#/100mL		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement									
PARM Code 50060 A Mon. Site No. EFA-01	Permit Requirement		1.0 (Min.)				mg/L		Continuous	Meter
Chlorine, Total Residual (For Dechlorination)	Sample Measurement									
PARM Code 50060 1 Mon. Site No. EFD-01	Permit Requirement					0.01 (Max.)	mg/L		Daily; 24 hours	Grab

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Clearwater City of Northeast WRF

MONITORING GROUP D-001
 NUMBER:
 MONITORING PERIOD From: _____ To: _____

PERMIT NUMBER: FL0128937-017-DW1P/NR

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Enterococci	Sample Measurement							
PARM Code 31639 A Mon. Site No. EFA-01	Permit Requirement			35 (Mo.Geo.Mn.)	#/100mL		Monthly	Calculated
Enterococci	Sample Measurement							
PARM Code 31639 P Mon. Site No. EFA-01	Permit Requirement			130 (Max.)	#/100mL		5/Month	Grab
Copper, Total Recoverable	Sample Measurement							
PARM Code 01119 I Mon. Site No. EFD-01	Permit Requirement			4.0 (Max.)	mg/L		Monthly	Grab
Dichlorobromomethane	Sample Measurement							
PARM Code 32101 Y Mon. Site No. EFD-01	Permit Requirement			43.0 (An.Avg.)	ug/L		Monthly	Calculated
Dichlorobromomethane	Sample Measurement							
PARM Code 32101 I Mon. Site No. EFD-01	Permit Requirement			Report (Max.)	ug/L		Monthly	Grab
Oxygen, Dissolved (DO)	Sample Measurement							
PARM Code 00300 I Mon. Site No. EFD-01	Permit Requirement			5.0 (Min.)	mg/L		Daily; 24 hours	Grab
Nitrogen, Total	Sample Measurement							
PARM Code 00600 P Mon. Site No. EFA-01	Permit Requirement	Report (Mo.Total)	ton/mth				Monthly	Calculated
Nitrogen, Total	Sample Measurement							
PARM Code 00600 Q Mon. Site No. EFA-01	Permit Requirement	Report (An.Total)	ton/yr				Monthly	Calculated
Nitrogen, Total	Sample Measurement							
PARM Code 00600 R Mon. Site No. EFA-01	Permit Requirement	Report (5Yr.Avg.)	ton/yr				Monthly	Calculated
7-DAY CHRONIC STATRE Ceriodaphnia dubia (Routine)	Sample Measurement							
PARM Code TRP3B P Mon. Site No. EFD-01	Permit Requirement			100 (Min.)	percent		Quarterly	24-hr FPC

Commented [EC1]: 4.0 INTERIM LIMIT MAXIMUM

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Clearwater City of Northeast WRF

MONITORING GROUP D-001
 NUMBER:
 MONITORING PERIOD From: _____ To: _____

PERMIT NUMBER: FL0128937-017-DW1P/NR

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONIC STATRE Ceriodaphnia dubia (Additional)	Sample Measurement							
PARM Code TRP3B Q Mon. Site No. EFD-01	Permit Requirement			100 (Min.)	percent		As needed	As required by the permit
7-DAY CHRONIC STATRE Ceriodaphnia dubia (Additional)	Sample Measurement							
PARM Code TRP3B R Mon. Site No. EFD-01	Permit Requirement			100 (Min.)	percent		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas (Routine)	Sample Measurement							
PARM Code T6P6C P Mon. Site No. EFD-01	Permit Requirement			100 (Min.)	percent		Quarterly	24-hr FPC
7-DAY CHRONIC STATRE Pimephales promelas (Additional)	Sample Measurement							
PARM Code T6P6C Q Mon. Site No. EFD-01	Permit Requirement			100 (Min.)	percent		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas (Additional)	Sample Measurement							
PARM Code T6P6C R Mon. Site No. EFD-01	Permit Requirement			100 (Min.)	percent		As needed	As required by the permit
Flow (Total Plant)	Sample Measurement							
PARM Code 50050 P Mon. Site No. FLW-01	Permit Requirement	13.5 (An.Avg.)	MGD				Continuous	Flow Totalizer
Flow (Total Plant)	Sample Measurement							
PARM Code 50050 Q Mon. Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)	MGD				Continuous	Flow Totalizer
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement							
PARM Code 00180 1 Mon. Site No. FLW-01	Permit Requirement			Report (Mo.Max.)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement							
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement			Report (Mo.Avg.)	mg/L		Weekly	24-hr FPC
Solids, Total Suspended (Influent)	Sample Measurement							
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement			Report (Mo.Avg.)	mg/L		Weekly	24-hr FPC

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. Facilities who submit their DMR(s) electronically through eDMR do not need to submit a hardcopy DMR. 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, unless indicated otherwise in the permit or on the DMR:

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. Data qualifier codes are not to be reported on Part A.

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. Data qualifier codes are not to be reported on Part D.

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.