



Progress Energy

Docket No. 50-302
Operating License No. DPR-72

Ref: ITS Appendix B

June 30, 2003
3F0603-02

U.S. Nuclear Regulatory Commission
Attn: Document Control Desk
Washington, DC 20555-0001

Subject: Crystal River Unit 3 – Renewal of the Crystal River Units 1, 2 and 3 Industrial Wastewater Permit FL0000159

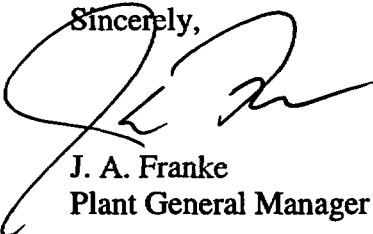
Dear Sir:

Pursuant to the Crystal River Unit 3 Operating License, Appendix B – Part II, Environmental Protection Plan (Non-Radiological) Technical Specifications, Section 3.2.4, Progress Energy Florida, Inc. hereby provides a copy of the National Pollutant Discharge Elimination System (NPDES) permit renewal application that was recently submitted to the Florida Department of Environmental Protection.

Wastewater Permit FL0000159 encompasses Crystal River Units 1, 2 and 3 and is renewed every five (5) years. The Expiration Date for the current NPDES Permit is January 7, 2004.

If you have any questions regarding this submittal, please contact Mr. Mike Shrader at (727) 826-4050.

Sincerely,



J. A. Franke
Plant General Manager

JAF/ff

Attachment

xc: Regional Administrator, Region II
Senior Resident Inspector
NRR Project Manage

Progress Energy Florida, Inc.
Crystal River Nuclear Plant
15760 W. Powerline Street
Crystal River, FL 34428



COO1



Michael Olive
Plant Manager
Crystal River Fossil Plant

June 11, 2003

Mr. Alan Hubbard
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Dear Mr. Hubbard:

Re: Renewal of the Crystal River Units 1, 2, and 3 Industrial Wastewater Permit FL0000159

Submitted for your review and approval are four copies of the completed application forms and supporting documentation for the renewal of the industrial wastewater permit referenced above. The application fee in the amount of \$7500 is also enclosed.

Progress Energy has carefully reviewed the existing permit and has requested a number of changes to facilitate the clarification and simplification of the current surface water discharge permit. The requested changes are contained in Attachment 6 of the permit renewal application.

If you have any questions or require further information regarding this application, please contact Mr. Michael Shrader at (727) 826-4050 or Mr. Ron Johnson (352) 464-7909.

Thank you for your assistance.

Sincerely,

A handwritten signature in black ink, appearing to read 'Michael Olive', written over a horizontal line.

Michael Olive
Manager, Crystal River Fossil Plant

Enclosure



WASTEWATER FACILITY OR ACTIVITY PERMIT APPLICATION FORM 1 GENERAL INFORMATION

I IDENTIFICATION NUMBER:

Facility ID FL0000159

II CHARACTERISTICS:

INSTRUCTIONS: Complete the questions below to determine whether you need to submit any permit application forms to the Department of Environmental Protection. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the blank in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements. See Section B of the instructions. See also, Section C of the instructions for definitions of the terms used here.

SPECIFIC QUESTIONS	YES	NO	FORM ATTACHED
A. Is this facility a domestic wastewater facility which results in a discharge to surface or ground waters?		X	
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters?		X	
C. Does or will this facility (other than those describe in A. or B.) discharge process wastewater, or non-process wastewater regulated by effluent guidelines or new source performance standards, to surface waters?	X		2CS
D. Does or will this facility (other than those described in A. or B.) discharge process wastewater to ground waters?	X		N/A
E. Does or will this facility discharge non-process wastewater, not regulated by effluent guidelines or new source performance standards, to surface waters?		X	
F. Does or will this facility discharge non-process wastewater to ground waters?	X		N/A
G. Does or will this facility discharge stormwater associated with industrial activity to surface waters?	X		N/A
H. Is this facility a non-discharging/closed loop recycle system?		X	

III NAME OF FACILITY: (40 characters and spaces)

Crystal River Power Plant Units 1, 2, & 3

IV FACILITY CONTACT: (A. 30 characters and spaces)

A. Name and Title (Last, first, & title)	B. Phone (area code & no.)
Shrader, Michael - Sr. Env. Spec.	727-826-4050

V FACILITY MAILING ADDRESS: (A. 30 characters and spaces; B. 25 characters and spaces)

A. Street or P.O. Box: P. O. Box 14042 MAC-BB1A		
B. City or Town: St. Petersburg	State: FL	Zip Code: 33733

VI FACILITY LOCATION: (A. 30 characters and spaces; B. 24 characters and spaces; C. 3 spaces (if known); D. 25 characters and spaces; E. 2 spaces; F. 9 spaces)

A. Street, Route or Other Specific Identifier: 15760 West Powerline St.		
B. County Name: Citrus	C. County Code (if	
D. City or Town: Crystal River	E. State: FL	F. Zip Code: 34428

VII SIC CODES: (4-digit, in order of priority)

1. Code #: 4911	(Specify) Electric Svc.	2. Code	(Specify)
3. Code	(Specify)	4. Code	(Specify)

VIII OPERATOR INFORMATION: (A. 40 characters and spaces; B. 1 character; C. 1 character (if other, specify); D. 12 characters; E. 30 characters and spaces; F. 25 characters and spaces; G. 2 characters; H. 9 characters)

A. Name: Progress Energy - Florida, Inc.		B. Is the name in VIII A. the owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
C. Status of Operator: F - Federal; S - State; P - Private, O - Other; M - Public (other than F or S)	(code) P	(specify) Utility	D. Phone No.: 352-464-7747
E. Street or P. O. Box: 15760 West Powerline Street			
F. City or Town: Crystal River		G. State: FL	H. Zip Code: 34428

IX INDIAN LAND: Is the facility located on Indian lands?☐ Yes☒ No

X EXISTING ENVIRONMENTAL PERMITS:

A. NPDES Permit No.	B. UIC Permit No.	C. Other (specify)	D. Other (specify)
FL0000159			

XI MAP: Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

See Attachment 1

XII NATURE OF BUSINESS (provide a brief description)

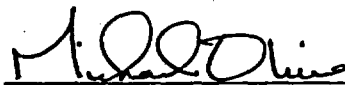
Crystal River Units 1, 2 and 3 are electrical generating facilities. Units 1 & 2 are coal fired generating units.
Crystal River Unit 3 is a nuclear powered generating unit.

XIII CERTIFICATION (see instructions)

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

Michael Olive

A. Name (type or print)



B. Signature

Manager, CR Fossil Plants

Official Title (type or print)

6-11-2003

C. Date Signed

FORM 2CS



WASTEWATER APPLICATION FOR PERMIT TO DISCHARGE PROCESS WASTEWATER FROM NEW OR EXISTING INDUSTRIAL WASTEWATER FACILITIES TO SURFACE WATERS

Facility I.D. Number: FL0000159

Please print or type information in the appropriate areas.

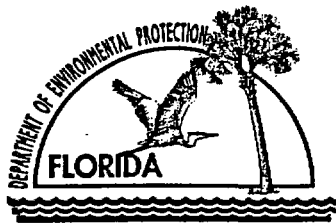
I OUTFALL LOCATION For each outfall, list the X,Y coordinates and the name of the receiving water.
(latitude/longitude to the nearest 15 seconds)

A. Outfall No. (List)	B. Latitude			C. Longitude			D. Name of Receiving Water
	Deg.	Min.	Sec.	Deg.	Min.	Sec.	
D-011	28	57	30.8	82	42	00.7	Discharge Canal then to Crystal Bay
D-012	28	57	31.2	82	42	03.0	Discharge Canal then to Crystal Bay
D-013	28	57	30.9	82	41	54.9	Discharge Canal then to Crystal Bay
D-091	28	57	24.0	82	42	0.4	Intake Canal then to Discharge Canal
D-092	28	57	23.2	82	42	01.9	Intake Canal then to Discharge Canal
D-093	28	57	21.6	82	41	56.2	Intake Canal then to Discharge Canal
N/A							Intentionally left blank

II OUTFALL DESIGN

A. Outfall No. (List)	B. Design Configuration and Construction Materials	C. Distance from shore	D. Diameter	E. Elevation of Discharge Invert (MSL)	F. Receiving Water Depth at POD (MSL)
D-011	(4) Fiberglass pipes	6 ft.	6 ft.	-5 ft.	-12 ft.
D-012	(4) Fiberglass pipes	6 ft.	6 ft.	-5 ft.	-12 ft.
D-013	(4) Concrete Pipes	0 ft.	7.5 ft.	-8 ft.	-12 ft.
D-091	Concrete Pipe	2 ft.	2ft.	+2 ft.	-20 ft.
D-092	Fiberglass Pipe	3 ft.	1 ft.	-1 ft.	-20 ft.
D-093	Steel Pipe	0 ft.	18 in.	-4 ft.	-12 ft.

FORM 2CS



WASTEWATER APPLICATION FOR PERMIT TO DISCHARGE PROCESS WASTEWATER FROM NEW OR EXISTING INDUSTRIAL WASTEWATER FACILITIES TO SURFACE WATERS

Facility I.D. Number: FL0000159

Please print or type information in the appropriate areas.

I OUTFALL LOCATION For each outfall, list the X,Y coordinates and the name of the receiving water.
(latitude/longitude to the nearest 15 seconds)

A. Outfall No. (List)	B. Latitude			C. Longitude			D. Name of Receiving Water
	Deg.	Min.	Sec.	Deg.	Min.	Sec.	
D-0C1	28	57	34.7	82	42	28.8	Discharge Canal then to Crystal Bay
D-0C2	28	57	31.0	82	42	32.4	Discharge Canal then to Crystal Bay
D-0F	28	57	31.2	82	41	55.4	Discharge Canal then to Crystal Bay
I-FG	28	57	31.2	82	41	55.4	Internal Outfall through D-0F
D-0H	28	57	08.8	82	42	12.7	To marshland and then to Crystal Bay
D-071	28	57	34.5	82	42	32.0	Discharge Canal then to Crystal Bay
N/A							Intentionally left blank

II OUTFALL DESIGN

A. Outfall No. (List)	B. Design Configuration and Construction Materials	C. Distance from shore	D. Diameter	E. Elevation of Discharge Invert (MSL)	F. Receiving Water Depth at POD (MSL)
D-0C1	(3) Concrete Pipes	8 ft.	30 in.	-2 ft.	-12 ft.
D-0C2	Concrete Pipe	5 ft.	5 ft.	-2.5 ft.	-12 ft.
D-0F	(2) Concrete Pipes	0 ft.	4 ft.	9 ft.	-12 ft.
I-FG	Tank that discharges to steel pipe	N/A	4 in.	N/A	Internal Outfall
D-0H	(2) Steel Pipes	N/A	2 ft.	Unk.	N/A
D-071	Concrete Trough	50 ft.	24 ft.	-3 ft.	-12 ft.

FORM 2CS



WASTEWATER APPLICATION FOR PERMIT TO DISCHARGE PROCESS WASTEWATER FROM NEW OR EXISTING INDUSTRIAL WASTEWATER FACILITIES TO SURFACE WATERS

Facility I.D. Number: FL0000159

Please print or type information in the appropriate areas.

I OUTFALL LOCATION For each outfall, list the X,Y coordinates and the name of the receiving water.
(latitude/longitude to the nearest 15 seconds)

A. Outfall No. (List)	B. Latitude			C. Longitude			D. Name of Receiving Water
	Deg.	Min.	Sec.	Deg.	Min.	Sec.	
D-094	28	57	34.4	82	42	30.4	Discharge Canal then to Crystal Bay
D-072	28	57	35.8	82	42	48.5	Discharge Canal then to Crystal Bay
I-FE	28	57	31.2	82	41	55.4	Internal Outfall through D-0F

II OUTFALL DESIGN

A. Outfall No. (List)	B. Design Configuration and Construction Materials	C. Distance from shore	D. Diameter	E. Elevation of Discharge Invert (MSL)	F. Receiving Water Depth at POD (MSL)
D-094	Concrete Pipe	1 ft.	2 ft.	+2 ft.	-12 ft.
D-072	Concrete Trough	50 ft.	24 ft.	-3 ft.	-12 ft.
I-FE	(2) tanks which discharge to a steel pipe.	N/A	2.5 in.	N/A	Internal Outfall

III RECEIVING WATER INFORMATION

For each surface water that will receive effluent, supply the following information:

A. Name of Receiving Water	B. Check One		C. Classification (See Ch. 62-302, F.A.C.)	D. Type of Receiving Water (canal, river, lake, etc.)
	Fresh	Salt or Brackish		
Crystal Bay	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Class III	Gulf
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

E. Minimum 7-day 10-year low flow of the receiving water at each outfall (if appropriate). N/A

F. Identify and describe the flow of effluent from each outfall to a major body of water. A suitably marked map or aerial photograph may be used. See Attachment 2

G. Do you request a mixing zone under Rule 62-4.244, F.A.C.? If yes, for what parameters or pollutants?

IV FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B.

B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures. See Attachment 3

B. For each outfall, provide a description of:

1. All operations contributing wastewater to the effluent; including process wastewater, sanitary wastewater, cooling water, and stormwater runoff;
2. The average flow contributed by each operation; and
3. The treatment received by the wastewater.

Use the space on the next page. Continue on additional sheets, if necessary.

(1) Outfall No. (List)	(2) Operation(s) Contributing Flow		(3) Treatment		
	(a) Operation (list)	(b) Avg. Flow & Units	(a) Description	(b) List Code from Table 2CS-1	
D-011	Once through cooling water	446 MGD	See Attachment 4	4-A	
D-012	Once through cooling water	472 MGD	See Attachment 4	4-A	
D-013	Once through cooling water	985 MGD	See Attachment 4	4-A	
D-0F	Decay heat once through cooling water	34.5 MGD	See Attachment 4	4-A	
	Evaporator Condensate Storage Tanks	100 GPM			
I-FE	Laundry & Sump Shower Tank	35 GPM	See Attachment 4	2-J	4-A
				2-K	
I-FG	Secondary Drain Tank	250 GPM	See Attachment 4	2-K	
				1-H	
D-091	Screen wash water	3.11 MGD	See Attachment 4	4-A	1-T

(1) Outfall No. (List)	(2) Operation(s) Contributing Flow		(3) Treatment		
	(a) Operation (list)	(b) Avg. Flow & Units	(a) Description	(b) List Code from Table 2CS-1	
D-092	Screen wash water	3.11MGD	See attachment 4	4-A	1-T
D-093	Screen wash water	5.3 MGD	See attachment 4	4-A	1-T
D-094	Screen wash water	3.11MGD	See attachment 4	4-A	1-T
D-0H	Coal pile runoff	0.0MGD	See attachment 4	4-A	
D-0C1	North Ash Pond overflow	0.0MGD	See attachment 4	4-A	
D-0C2	Plant waste water pond overflow	0.0MGD	See attachment 4	4-A	
D-071	Helper Cooling Tower once through cooling water	494.64MGD	See attachment 4	4-A	

(1) Outfall No. (List)	(2) Operation(s) Contributing Flow		(3) Treatment		
	(a) Operation (list)	(b) Avg. Flow & Units	(a) Description	(b) List Code from Table 2CS-1	
D-072	Helper Cooling Tower once through	494.64MGD	See attachment 4	4-A	
	cooling water				

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?
☐ Yes (complete the following table) ☒ No (go to D. below)

(1) Outfall No. (List)	(2) Operation(s) Contributing Flow(List)	(3) Frequency		(4) Flow				
		(a) Days per Week	(b) Months per Yr.	(a) Flow Rate (in mgd)		(b) Total Volume (specify with units)		(c) Duration (in days)
		(specify avg.)	(specify avg.)	Long Term Avg.	Max. Daily	Long Term Avg.	Max. Daily	

D. Describe practices to be followed to ensure adequate wastewater treatment during emergencies such as power loss and equipment failures causing shutdown of pollution abatement equipment of the proposed/permitted facilities.

See Attachment 5

E. List the method(s) and location(s) of flow measurement. See Attachment 4

V PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☒ Yes (complete Item V-B) ☐ No (go to Section VI)

B. Are the limitations in the applicable guideline expressed in terms of production (or other measure of operation)?

☐ Yes (complete Item V-C) ☒ No (go to Section VI)

C. If you answered "yes" to Item V-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

1. AVERAGE DAILY PRODUCTION			2. Affected Outfalls (list outfall nos.)
a. Quantity per Day	b. Units of Measure	c. Operation, Product, Materials, Etc. (specify)	
N/A			

VI IMPROVEMENTS

A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement order, enforcement compliance schedule letter, stipulations, court orders, and grant or loan conditions.

☒ Yes (complete the following table) ☐ No (go to Item VI-B)

1. Identification of Condition, Agreement, Etc.	2. Affected Outfalls		3. Brief Description of Project	4. Final Compliance Date	
	a. No.	b. Source of Discharge		a. Required	B. Projected
See Attachment 5					

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction.

☐ Mark "X" if description of additional control programs is attached.

VII INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding--Complete one set of tables for each outfall -- Annotate the outfall number in the space provided. NOTE: Tables VII-A, VII-B, and VII-C are included on separate sheets number VII-1 through VII-9.

D. Use the space below to list any of the pollutants listed in Table 2CS-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. Pollutant	2. Source	1. Pollutant	2. Source
None			

INTAKE

Facility ID. Number: FL0000159 Outfall No. Intake

PLEASE PRINT OR TYPE ONLY: You may report some or all of this information on separate sheets instead of completing these pages. Use the same format. SEE INSTRUCTIONS.

VII. INTAKE AND EFFLUENT CHARACTERISTICS

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. Pollutant	2. Effluent						3. Units		4. Intake (optional)			
	a. Max. Daily Value		b. Max. 30-day Value		c. Annual Avg. Value		d. No. of Analyses	a. Concentration	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
a. Carbonaceous Biochemical Oxygen Demand (CBOD)	<2.0						1	mg/l				
b. Chemical Oxygen Demand (COD)	330						1	mg/l				
c. Total Organic Carbon (TOC)	1.8						1	mg/l				
d. Total Suspended Solids (TSS)	8.4						1	mg/l				
e. Total Nitrogen (as N)	.056						1	mg/l				
f. Total Phosphorus (as P)	<0.10						1	mg/l				
g. Ammonia (as N)	<0.050						1	mg/l				
h. Flow - actual or projected	Value		Value		Value					Value		
i. Flow - design	Value		Value		Value					Value		
j. Specific Conductivity	Value 36.9		Value		Value		1	µmhos/cm		Value		
k. Temperature (winter)	Value 30.2		Value		Value		12	°C		Value		
l. Temperature (summer)	Value 32.4		Value		Value		12	°C		Value		
m. pH	Min. 7.9	Max. 8.3	Min.	Max.			1	STANDARD UNITS				

PART B - Mark "X" in column 2a for each pollutant you know or have reason to believe is present. Mark "X" in column 2b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. Pollutant and CAS No. (if available)	2. Mark "X"		3. Effluent						4. Units		5. Intake (optional)			
	a. be- lieved present	b. be- lieved absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
			(1) Conc...	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
a. Bromide (24949-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	56						1	mg/l				
b. Chlorine, Total Residual	<input type="checkbox"/>	<input type="checkbox"/>	ND						1	mg/l				
c. Color	<input type="checkbox"/>	<input type="checkbox"/>	30						1					
d. Fecal Coliform	<input type="checkbox"/>	<input type="checkbox"/>	<1						1	mg/l				
e. Fluoride (16984-48-8)	<input type="checkbox"/>	<input type="checkbox"/>	0.74						1	mg/l				
f. Nitrate-Nitrite (as N)	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	mg/l				

: Item VII-B Contd.

Facility ID. Number FL0000159Outfall No. Intake

1. Pollutant and CAS No. (if available)	2. Mark "X"		3. Effluent						4. Units		5. Intake (optional)			
	a. believed present	b. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
			(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
g. Nitrogen, Total Organic (as N)	<input type="checkbox"/>	<input type="checkbox"/>	0.56						1	mg/l				
h. Oil and grease	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	mg/l				
i. Phosphorus, Total (as P) (7723-14-0)	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	mg/l				
j. Radioactivity	<input type="checkbox"/>	<input type="checkbox"/>												
(1) Alpha, Total	<input type="checkbox"/>	<input type="checkbox"/>	5.7+-0.5						1	pCi/L				
(2) Beta, Total	<input type="checkbox"/>	<input type="checkbox"/>	675+-81						1	pCi/L				
(3) Radium, Total	<input type="checkbox"/>	<input type="checkbox"/>	0.1+-0.5						1	pCi/L				
(4) Radium 226, Total	<input type="checkbox"/>	<input type="checkbox"/>	0.6+-0.07						1	pCi/L				
k. Sulfate (as SO ₄) (14808-79-8)	<input type="checkbox"/>	<input type="checkbox"/>	2100						1	ug/l				
l. Sulfide (as S)	<input type="checkbox"/>	<input type="checkbox"/>	<1.0						1	ug/l				
m. Sulfite (as SO ₃) (14265-45-3)	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
n. Surfactants	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
o. Aluminum, Total (7429-90-5)	<input type="checkbox"/>	<input type="checkbox"/>	<0.20						1	mg/l				
p. Barium, Total (7440-39-3)	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
q. Boron, Total (7440-42-8)	<input type="checkbox"/>	<input type="checkbox"/>	3.8						1	mg/l				
r. Cobalt, Total (7440-48-4)	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
s. Iron, Total (7439-89-6)	<input type="checkbox"/>	<input type="checkbox"/>	0.090						1	mg/l				
t. Magnesium, Total (7439-95-4)	<input type="checkbox"/>	<input type="checkbox"/>	960						1	mg/l				
u. Molybdenum, Total (7439-98-7)	<input type="checkbox"/>	<input type="checkbox"/>	0.013						1	mg/l				
v. Manganese, Total (7439-96-5)	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
w. Tin, Total (7440-31-5)	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
x. Titanium, Total (7440-32-6)	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				

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PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2a for all GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2a (secondary industries, non-process wastewater outfalls, and non-required GC/MS fractions), mark "X" in column 2b for each pollutant you know or have reason to believe is present. Mark "X" in column 2c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4-dinitrophenol, or 2-methyl-4,6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (all 7 pages) for each outfall. See instructions for additional details and requirements.

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent						4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
METALS, CYANIDE AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.0060						1	mg/l				
2M. Arsenic, Total (7723-14-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
3M. Beryllium, Total (7440-41-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.0040						1	mg/l				
4M. Cadmium, Total (7440-43-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.0050						1	mg/l				
5M. Chromium, Total (7440-47-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
6M. Copper, Total (7440-50-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.026						1	mg/l				
7M. Lead, Total (7439-92-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.0050						1	mg/l				
8M. Mercury, Total (7439-97-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.00020						1	mg/l				
9M. Nickel, Total (7440-02-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.040						1	mg/l				
10M. Selenium, Total (7782-49-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
11M. Silver, Total (7440-22-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.0019						1	mg/l				
12M. Thallium, Total (7440-28-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
13M. Zinc, Total (7440-66-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.020						1	mg/l				
14M. Cyanide, Total (57-12-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
15M. Phenols, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	mg/l				
2,3,7,8-Tetra-chlorodibenzo-P-Dioxin (1764-01-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
1V. Acrolein (107-02-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<100						1	ug/l				
2V. Acrylonitrile (107-13-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<100						1	ug/l				

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	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses		
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass			
GC/MS FRACTION VOLATILE COMPOUNDS (continued)																	
3V. Benzene (71-43-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<1.0						1	ug/l						
4V. Bis (Chloromethyl) Ether (542-88-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>														
5V. Bromoform (75-25-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l						
6V. Carbon Tetrachloride (56-23-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<3.0						1	ug/l						
7V. Chlorobenzene (108-90-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l						
8V. Chloro-dibromomethane (124-8-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l						
9V. Chloroethane (74-00-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l						
10V. 2-Chloro-ethylvinyl Ether (110-75-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<50						1	ug/l						
11V. Chloroform (67-86-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l						
12V. Dichloro-bromomethane (75-24-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l						
13V. Dichloro-difluoromethane (75-71-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l						
14V. 1,1-Dichloroethane (75-34-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l						
15V. 1,2-Dichloroethane (107-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<3.0						1	ug/l						
16V. 1,1-Dichloroethylene (75-35-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l						
17V. 1,2-Dichloropropane (78-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l						
18V. 1,3-Dichloropropylene (542-75-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>														
19V. Ethylbenzene (100-41-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l						
20V. Methyl Bromide (74-83-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l						
21V. Methyl Chloride (74-87-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l						
22V. Methylene Chloride (74-98-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l						
23V. 1,1,2,2-Tetrachloroethane (79-34-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l						
24V. Tetrachloroethylene (127-18-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<3.0						1	ug/l						

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	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
CC/MS FRACTION VOLATILE COMPOUNDS (continued)															
25V. Toluene (108-88-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
26V. 1,2-Trans-Dichloroethylene (156-60-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
27V. 1,1,2-Trichloroethane (71-55-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
28V. 1,1,2-Trichloroethane (79-00-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
29V. Trichloroethylene (79-01-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<3.0						1	ug/l				
30V. Trichlorofluoromethane (75-69-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
31V. Vinyl Chloride (75-01-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<1.0						1	ug/l				
CC/MS FRACTION CHLOROPHENOLS															
1A. 2-Chlorophenol (95-57-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
2A. 2,4-Dichlorophenol (120-83-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
3A. 2,4-Dimethylphenol (105-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
4A. 4,6-Dinitro-O-Cresol (534-53-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
5A. 2,4-Dinitrophenol (51-28-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<50						1	ug/l				
6A. 2-Nitrophenol (88-75-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
7A. 4-Nitrophenol (100-02-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<50						1	ug/l				
8A. P-Chloro-M-Cresol (59-50-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
9A. Pentachlorophenol (87-86-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<15						1	ug/l				
10A. Phenol (108-95-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
11A. 2,4,5-Trichlorophenol (88-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
CC/MS FRACTION POLYCYCLIC AROMATIC COMPOUNDS															
1B. Acenaphthene (63-32-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
2B. Acenaphthylene (208-96-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
3B. Anthracene (120-12-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
4B. Benzidine (92-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<80						1	ug/l				

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	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
5B. Benzo (a) Anthracene (56-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
6B. Benzo (a) Pyrene (50-32-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<4.0						1	ug/l				
7B. 3,4-Benzo-fluoranthene (205-99-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
8B. Benzo (ghi) Perylene (191-24-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
9B. Benzo (k) Fluoranthene (207-08-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
10B. Bis (2-Chloroethoxy) Methane (111-91-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
11B. Bis (2-chloroethyl) Ether (111-44-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
12B. Bis (2-Chloroisopropyl) Ether (102-60-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
13B. Bis (2-Ethylhexyl) Phthalate (117-81-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<6.0						1	ug/l				
14B. 4-Bromophenyl Phenyl Ether (101-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
15B Butyl Benzyl Phthalate (84-68-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
16B. 2-Chloronaphthalene (91-58-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
17B. 4-Chlorophenyl Phenyl Ether (7005-72-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
18B. Chrysene (218-01-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
19B. Dibenzo (a,h) Anthracene (53-70-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
20B. 1,2-Dichlorobenzene (95-50-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
21B. 1,3-Dichlorobenzene (541-73-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
22B. 1,4-Dichlorobenzene (106-46-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
23B. 3,3'-Dichlorobenzidine (92-94-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<20						1	ug/l				
24B. Diethyl Phthalate (84-66-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
25B. Dimethyl Phthalate (131-11-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
26B. Di-N-Butyl Phthalate (84-74-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
27B. 2,4-Dinitrotoluene (121-14-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
28B. 2,6-Dinitrotoluene (606-20-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				

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				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
29B. Di-N-Octyl Phthalate (117-84-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
31B. Fluoranthene (206-44-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
32B. Fluorene (86-73-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
33B. Hexachlorobenzene (118-74-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<4.0						1	ug/l				
34B. Hexachlorobutadiene (87-68-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
35B. Heptachlorocyclopentadiene (77-47-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
36B. Hexachloroethane (67-72-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
38B. Isophorone (78-59-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
39B. Naphthalene (91-20-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
40B. Nitrobenzene (98-95-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
41B. N-Nitrosodimethylamine (62-75-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
42B. N-Nitrosodi-N-Propylamine (621-64-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
43B. N-Nitro-sodiphenylamine (86-30-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
44B. Phenanthrene (85-01-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
45B. Pyrene (129-00-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
46B. 1,2,4-Trichlorobenzene (120-82-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
1P. Aldrin (309-00-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
2P. -BHC (319-84-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
3P -BHC (319-85-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
4P. -BHC (58-89-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
5P. -BHC (319-86-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				

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				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
6P. Chlordane (57-74-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
7P. 4,4'-DDT (50-29-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
8P. 4,4'-DDE (72-55-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
9P. 4,4'-DDD (72-54-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
10P. Dieldrin (60-57-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
11P. -Endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
12P. -Endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
13P. Endosulfan Sulfate (1031-07-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
14P. Endrin (72-20-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
15P. Endrin Aldehyde (7421-92-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
16P. Heptachlor (76-44-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
17P. Heptachlor Epoxide (1024-57-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
18P. PCB-1242 (53469-21-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
19P. PCB-1254 (11097-69-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
20P. PCB-1221 (11104-28-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
21P. PCB-1232 (11141-16-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
22P. PCB-1248 (12672-29-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
23P. PCB-1260 (11096-82-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
24P. PCB-1016 (12674-11-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
25P. Toxaphene (8001-35-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<3.0						1	ug/l				

OUTFALL D-0F

Facility ID. Number: FL0000159 Outfall No. D-0F

PLEASE PRINT OR TYPE ONLY: You may report some or all of this information on separate sheets instead of completing these pages. Use the same format. SEE INSTRUCTIONS.

VII. INTAKE AND EFFLUENT CHARACTERISTICS

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. Pollutant	2. Effluent							3.. Units		4. Intake (optional)		
	a. Max. Daily Value		b. Max. 30-day Value		c. Annual Avg. Value		d. No. of Analyses	a. Concentration	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
a. Carbonaceous Biochemical Oxygen Demand (CBOD)	<2.0						1	mg/l				
b. Chemical Oxygen Demand (COD)	390						1	mg/l				
c. Total Organic Carbon (TOC)	2.0						1	mg/l				
d. Total Suspended Solids (TSS)	12						1	mg/l				
e. Total Nitrogen (as N)	0.56						1	mg/l				
f. Total Phosphorus (as P)	<0.10						1	mg/l				
g. Ammonia (as N)	0.056						1	mg/l				
h. Flow - actual or projected	Value 34.5		Value 34.5		Value				MGD	Value		
i. Flow - design	Value 34.5		Value 34.5		Value				MGD	Value		
j. Specific Conductivity	Value 35.6		Value		Value		1	µmhos/cm		Value		
k. Temperature (winter)	Value22.2		Value		Value		1	°C		Value		
l. Temperature (summer)	Value		Value		Value			°C		Value		
m . pH	Min. 7.9	Max 8.3	Min.	Max.			12	STANDARD UNITS				

PART B - Mark "X" in column 2a for each pollutant you know or have reason to believe is present. Mark "X" in column 2b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. Pollutant and CAS No. (if available)	2. Mark "X"		3. Effluent						4. Units		5. Intake (optional)			
	a. be- lieved present	b. be- lieved absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
			(1) Conc...	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
a. Bromide (24949-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	55						1	mg/l				
b. Chlorine, Total Residual	<input type="checkbox"/>	<input type="checkbox"/>	ND						1	mg/l				
c. Color	<input type="checkbox"/>	<input type="checkbox"/>	30						1					
d. Fecal Coliform	<input type="checkbox"/>	<input type="checkbox"/>	1						1	cfu/100mls				
e. Fluoride (16984-48-8)	<input type="checkbox"/>	<input type="checkbox"/>	0.75						1	mg/l				
f. Nitrate-Nitrite (as N)	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	mg/l				

: Item VII-B Contd.

Facility ID. Number FL0000159Outfall No. D-0F

1. Pollutant and CAS No. (if available)	2. Mark "X"		3. Effluent						4. Units		5. Intake (optional)			
	a. believed present	b. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
			(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
g. Nitrogen, Total Organic (as N)	<input type="checkbox"/>	<input type="checkbox"/>	0.50						1	mg/l				
h. Oil and grease	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	mg/l				
i. Phosphorus, Total (as P) (7723-14-0)	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	mg/l				
j. Radioactivity														
(1) Alpha, Total	<input type="checkbox"/>	<input type="checkbox"/>	4.6+-0.5						1	pCi/L				
(2) Beta, Total	<input type="checkbox"/>	<input type="checkbox"/>	228+-106						1	pCi/L				
(3) Radium, Total	<input type="checkbox"/>	<input type="checkbox"/>	0.3+-0.7							pCi/L				
(4) Radium 226, Total	<input type="checkbox"/>	<input type="checkbox"/>	0.5+-0.2							pCi/L				
k. Sulfate (as SO ₄) (14808-79-8)	<input type="checkbox"/>	<input type="checkbox"/>	2100						1	mg/l				
l. Sulfide (as S)	<input type="checkbox"/>	<input type="checkbox"/>	<1.0						1	mg/l				
m. Sulfite (as SO ₃) (14265-45-3)	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	mg/l				
n. Surfactants	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
o. Aluminum, Total (7429-90-5)	<input type="checkbox"/>	<input type="checkbox"/>	<0.20						1	mg/l				
p. Barium, Total (7440-39-3)	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
q. Boron, Total (7440-42-8)	<input type="checkbox"/>	<input type="checkbox"/>	3.6						1	mg/l				
r. Cobalt, Total (7440-48-4)	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
s. Iron, Total (7439-89-6)	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	mg/l				
t. Magnesium, Total (7439-95-4)	<input type="checkbox"/>	<input type="checkbox"/>	930						1	mg/l				
u. Molybdenum, Total (7439-98-7)	<input type="checkbox"/>	<input type="checkbox"/>	0.010						1	mg/l				
v. Manganese, Total (7439-96-5)	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
w. Tin, Total (7440-31-5)	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	mg/l				
x. Titanium, Total (7440-32-6)	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				

Facility ID. Number: FL0000159 Outfall No. D-0F

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2a for all GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2a (secondary industries, non-process wastewater outfalls, and non-required GC/MS fractions), mark "X" in column 2b for each pollutant you know or have reason to believe is present. Mark "X" in column 2c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4-dinitrophenol, or 2-methyl-4,6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (all 7 pages) for each outfall. See instructions for additional details and requirements.

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent						4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
METALS, CYANIDE AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	≤0.0060						1	mg/l				
2M. Arsenic, Total (7723-14-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	≤0.010						1	mg/l				
3M. Beryllium, Total (7440-41-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.0040						1	mg/l				
4M. Cadmium, Total (7440-43-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.0050						1	mg/l				
5M. Chromium, Total (7440-47-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
6M. Copper, Total (7440-50-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.082						1	mg/l				
7M. Lead, Total (7439-92-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.0050						1	mg/l				
8M. Mercury, Total (7439-97-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.00020						1	mg/l				
9M. Nickel, Total (7440-02-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.040						1	mg/l				
10M. Selenium, Total (7782-49-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
11M. Silver, Total (7440-22-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.0019						1	mg/l				
12M. Thallium, Total (7440-28-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
13M. Zinc, Total (7440-66-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.039						1	mg/l				
14M. Cyanide, Total (57-12-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
15M. Phenols, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.15						1	mg/l				
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
1V. Acrolein (107-02-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<100						1	ug/l				
2V. Acrylonitrile (107-13-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<100						1	ug/l				

Facility ID. Number: FL0000159 Outfall No. D-0F

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent						4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
GC/MS FRACTION VOLATILE COMPOUNDS (Continued)															
3V. Benzene (71-43-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<1.0						1	ug/l				
4V. Bis (Chloromethyl) Ether (542-88-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
5V. Bromoform (75-25-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
6V. Carbon Tetrachloride (56-23-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<3.0						1	ug/l				
7V. Chlorobenzene (108-90-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
8V. Chlorodi-bromomethane (124-8-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
9V. Chloroethane (74-00-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
10V. 2-Chloro-ethylvinyl Ether (110-75-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<50						1	ug/l				
11V. Chloroform (67-86-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
12V. Dichloro-bromomethane (75-24-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
13V. Dichloro-difluoromethane (75-71-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
14V. 1,1-Dichloroethane (75-34-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
15V. 1,2-Dichloroethane (107-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<3.0						1	ug/l				
16V. 1,1-Dichloroethylene (75-35-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
17V. 1,2-Dichloropropane (78-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
18V. 1,3-Dichloropropylene (542-75-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
19V. Ethylbenzene (100-41-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
20V. Methyl Bromide (74-83-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
21V. Methyl Chloride (74-87-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
22V. Methylene Chloride (74-98-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
23V. 1,1,2,2-Tetra-chloroethane (79-34-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
24V. Tetrachloroethylene (127-18-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<3.0						1	ug/l				

Facility ID. Number: FL0000159Outfall No. D-OF

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent						4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
CC/MS FRACTION - VOLATILE COMPOUNDS (continued)															
25V. Toluene (108-88-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
26V. 1,2-Trans-Dichloroethylene (156-60-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
27V. 1,1,2-Trichloroethane (71-55-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
28V. 1,1,2-Trichloroethane (79-00-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
29V. Trichloroethylene (79-01-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<3.0						1	ug/l				
30V. Trichlorofluoromethane (75-69-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
31V. Vinyl Chloride (75-01-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<1.0						1	ug/l				
CC/MS FRACTION - SEMI-VOLATILES															
1A. 2-Chlorophenol (95-57-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
2A. 2,4-Dichlorophenol (120-83-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
3A. 2,4-Dimethylphenol (105-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
4A. 4,6-Dinitro-O-Cresol (534-53-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
5A. 2,4-Dinitrophenol (51-28-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<50						1	ug/l				
6A. 2-Nitrophenol (88-75-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
7A. 4-Nitrophenol (100-02-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<50						1	ug/l				
8A. P-Chloro-M-Cresol (59-50-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
9A. Pentachlorophenol (87-86-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<15						1	ug/l				
10A. Phenol (108-95-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
11A. 2,4,5-Trichlorophenol (88-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
CC/MS FRACTION - POLYCYCLIC AROMATIC COMPOUNDS															
1B. Acenaphthene (63-32-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
2B. Acenaphthylene (208-96-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
3B. Anthracene (120-12-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
4B. Benzidine (92-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<80						1	ug/l				

Facility ID. Number: FL0000159Outfall No. D-0F

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent						4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
5B. Benzo (a) Anthracene (56-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
6B. Benzo (a) Pyrene (50-32-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<4.0						1	ug/l				
7B. 3,4-Benzo-fluoranthene (205-99-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
8B. Benzo (ghi) Perylene (191-24-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
9B. Benzo (k) Fluoranthene (207-08-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
10B. Bis (2-Chloroethoxy) Methane (111-91-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
11B. Bis (2-chloroethyl) Ether (111-44-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
12B. Bis (2-Chloropropyl) Ether (102-60-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
13B. Bis (2-Ethylhexyl) Phthalate (117-81-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<6.0						1	ug/l				
14B. 4-Bromophenyl Phenyl Ether (101-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
15B. Butyl Benzyl Phthalate (84-68-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
16B. 2-Chlorophthalene (91-58-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
17B. 4-Chlorophenyl Phenyl Ether (7005-72-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
18B. Chrysene (218-01-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
19B. Dibenzo (a,h) Anthracene (53-70-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
20B. 1,2-Dichlorobenzene (95-50-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
21B. 1,3-Dichlorobenzene (541-73-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
22B. 1,4-Dichlorobenzene (106-46-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
23B. 3,3'-Dichlorobenzidine (92-94-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<20						1	ug/l				
24B. Diethyl Phthalate (84-66-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
25B. Dimethyl Phthalate (131-11-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
26B. Di-N-Butyl Phthalate (84-74-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
27B. 2,4-Dinitrotoluene (121-14-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
28B. 2,6-Dinitrotoluene (606-20-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				

Facility ID. Number: FL0000159Outfall No. D-0F

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent						4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
29B. Di-N-Octyl Phthalate (117-84-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
31B. Fluoranthene (206-44-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
32B. Fluorene (86-73-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
33B. Hexachlorobenzene (118-74-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<4.0						1	ug/l				
34B. Hexachlorobutadiene (87-68-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
35B. Heptachlorocyclopentadiene (77-47-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
36B. Hexachloroethane (67-72-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
38B. Isophorone (78-59-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
39B. Naphthalene (91-20-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
40B. Nitrobenzene (98-95-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
41B. N-Nitrosodimethylamine (62-75-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
42B. N-Nitrosodi-N-Propylamine (621-64-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
43B. N-Nitro-sodiphenylamine (86-30-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
44B. Phenanthrene (85-01-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
45B. Pyrene (129-00-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
46B. 1,2,4-Trichlorobenzene (120-82-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
1P. Aldrin (309-00-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
2P. -BHC (319-84-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
3P. -BHC (319-85-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
4P. -BHC (58-89-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
5P. -BHC (319-86-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				

Facility ID. Number: FL0000159Outfall No. D-0F

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent						4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
6P. Chlordane (57-74-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
7P. 4,4'-DDT (50-29-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
8P. 4,4'-DDE (72-55-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
9P. 4,4'-DDD (72-54-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
10P. Dieldrin (60-57-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
11P. -Endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
12P. -Endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
13P. Endosulfan Sulfate (1031-07-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
14P. Endrin (72-20-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
15P. Endrin Aldehyde (7421-92-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
16P. Heptachlor (76-44-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
17P. Heptachlor Epoxide (1024-57-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
18P. PCB-1242 (53469-21-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
19P. PCB-1254 (11097-69-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
20P. PCB-1221 (11104-28-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
21P. PCB-1232 (11141-16-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
22P. PCB-1248 (12672-29-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
23P. PCB-1260 (11096-82-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
24P. PCB-1016 (12674-11-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
25P. Toxaphene (8001-35-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<3.0						1	ug/l				

OUTFALL D-011

PLEASE PRINT OR TYPE ONLY: You may report some or all of this information on separate sheets instead of completing these pages. Use the same format. SEE INSTRUCTIONS.

VII. INTAKE AND EFFLUENT CHARACTERISTICS

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. Pollutant	2. Effluent						3.. Units		4. Intake (optional)			
	a. Max. Daily Value		b. Max. 30-day Value		c. Annual Avg. Value		d. No. of Analyses	a. Concentration	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
a. Carbonaceous Biochemical Oxygen Demand (CBOD)	<2.0						1	mg/l				
b. Chemical Oxygen Demand (COD)	370						1	mg/l				
c. Total Organic Carbon (TOC)	2.1						1	mg/l				
d. Total Suspended Solids (TSS)	7.6						1	mg/l				
e. Total Nitrogen (as N)	<0.55						1	mg/l				
f. Total Phosphorus (as P)	<0.10						1	mg/l				
g. Ammonia (as N)	<0.050						1	mg/l				
h. Flow - actual or projected	Value 446.4		Value 446.4		Value				MGD	Value		
i. Flow - design	Value 446.4		Value 446.4		Value				MGD	Value		
j. Specific Conductivity	Value 35.6		Value		Value		1	µmhos/cm		Value		
k. Temperature (winter)	Value 35.4		Value		Value		12	°C		Value		
l. Temperature (summer)	Value 35.8		Value		Value		12	°C		Value		
m. pH	Min. 7.9	Max. 8.3	Min.	Max.			12	STANDARD UNITS				

PART B - Mark "X" in column 2a for each pollutant you know or have reason to believe is present. Mark "X" in column 2b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. Pollutant and CAS No. (if available)	2. Mark "X"		3. Effluent						4. Units		5. Intake (optional)			
	a. be- lieved present	b. be- lieved absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
			(1) Conc...	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
a. Bromide (24949-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	58						1	mg/l				
b. Chlorine, Total Residual	<input type="checkbox"/>	<input type="checkbox"/>	ND						1	mg/l				
c. Color	<input type="checkbox"/>	<input type="checkbox"/>	30											
d. Fecal Coliform	<input type="checkbox"/>	<input type="checkbox"/>	7						1	cfu/100mls				
e. Fluoride (16984-48-8)	<input type="checkbox"/>	<input type="checkbox"/>	0.75						1	mg/l				
f. Nitrate-Nitrite (as N)	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	mg/l				

: Item VII-B Contd.

Facility ID. Number FL0000159

Outfall No. D-011

1. Pollutant and CAS No. (if available)	2. Mark "X"		3. Effluent						4. Units		5. Intake (optional)			
	a. believed present	b. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
			(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
g. Nitrogen, Total Organic (as N)	<input type="checkbox"/>	<input type="checkbox"/>	<0.55						1	mg/l				
h. Oil and grease	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	mg/l				
i. Phosphorus, Total (as P) (7723-14-0)	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	mg/l				
j. Radioactivity														
(1) Alpha, Total	<input type="checkbox"/>	<input type="checkbox"/>	5.4+-0.5						1	pCi/L				
(2) Beta, Total	<input type="checkbox"/>	<input type="checkbox"/>	327+-175						1	pCi/L				
(3) Radium, Total	<input type="checkbox"/>	<input type="checkbox"/>	0.1+-0.7						1	pCi/L				
(4) Radium 226, Total	<input type="checkbox"/>	<input type="checkbox"/>	0.6+-0.1						1	pCi/L				
k. Sulfate (as SO ₄) (14808-79-8)	<input type="checkbox"/>	<input type="checkbox"/>	2100						1	mg/l				
l. Sulfide (as S)	<input type="checkbox"/>	<input type="checkbox"/>	<1.0						1	mg/l				
m. Sulfite (as SO ₃) (14265-45-3)	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	mg/l				
n. Surfactants	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
o. Aluminum, Total (7429-90-5)	<input type="checkbox"/>	<input type="checkbox"/>	<0.20						1	mg/l				
p. Barium, Total (7440-39-3)	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
q. Boron, Total (7440-42-8)	<input type="checkbox"/>	<input type="checkbox"/>	3.5						1	mg/l				
r. Cobalt, Total (7440-48-4)	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
s. Iron, Total (7439-89-6)	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	mg/l				
t. Magnesium, Total (7439-95-4)	<input type="checkbox"/>	<input type="checkbox"/>	900						1	mg/l				
u. Molybdenum, Total (7439-98-7)	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
v. Manganese, Total (7439-96-5)	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
w. Tin, Total (7440-31-5)	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	mg/l				
x. Titanium, Total (7440-32-6)	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				

Facility ID. Number: FL0000159 Outfall No. D-011

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2a for all GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2a (secondary industries, non-process wastewater outfalls, and non-required GC/MS fractions), mark "X" in column 2b for each pollutant you know or have reason to believe is present. Mark "X" in column 2c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4-dinitrophenol, or 2-methyl-4,6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (all 7 pages) for each outfall. See instructions for additional details and requirements.

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent						4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.0060						1	mg/l				
2M. Arsenic, Total (7723-14-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
3M. Beryllium, Total (7440-41-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.0040						1	mg/l				
4M. Cadmium, Total (7440-43-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.0050						1	mg/l				
5M. Chromium, Total (7440-47-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
6M. Copper, Total (7440-50-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.068						1	mg/l				
7M. Lead, Total (7439-92-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.0050						1	mg/l				
8M. Mercury, Total (7439-97-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.00020						1	mg/l				
9M. Nickel, Total (7440-02-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.040						1	mg/l				
10M. Selenium, Total (7782-49-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
11M. Silver, Total (7440-22-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.0019						1	mg/l				
12M. Thallium, Total (7440-28-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
13M. Zinc, Total (7440-66-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.036						1	mg/l				
14M. Cyanide, Total (57-12-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
15M. Phenols, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.087						1	mg/l				
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)															
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
1V. Acrolein (107-02-8)															
1V. Acrolein (107-02-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<100						1	ug/l				
2V. Acrylonitrile (107-13-1)															
2V. Acrylonitrile (107-13-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<100						1	ug/l				

Facility ID. Number: FL0000159Outfall No. D-011

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent						4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
GC/MS FRACTION VOLATILE COMPOUNDS (continued)															
3V. Benzene (71-43-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<1.0						1	ug/l				
4V. Bis (Chloromethyl) Ether (542-88-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
5V. Bromoform (75-25-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
6V. Carbon Tetrachloride (56-23-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<3.0						1	ug/l				
7V. Chlorobenzene (108-90-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
8V. Chloro-dibromomethane (124-8-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
9V. Chloroethane (74-00-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
10V. 2-Chloro-ethylvinyl Ether (110-75-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<50						1	ug/l				
11V. Chloroform (67-86-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
12V. Dichloro-bromomethane (75-24-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
13V. Dichloro-difluoromethane (75-71-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
14V. 1,1-Dichloroethane (75-34-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
15V. 1,2-Dichloroethane (107-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<3.0						1	ug/l				
16V. 1,1-Dichloroethylene (75-35-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
17V. 1,2-Dichloropropane (78-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
18V. 1,3-Dichloropropylene (542-75-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
19V. Ethylbenzene (100-41-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
20V. Methyl Bromide (74-83-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
21V. Methyl Chloride (74-87-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
22V. Methylene Chloride (74-98-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
23V. 1,1,2,2-Tetrachloroethane (79-34-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
24V. Tetrachloroethylene (127-18-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<3.0						1	ug/l				

Facility ID. Number: FL0000159Outfall No. D-011

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent						4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
GC/MS FRACTION VOLATILE COMPOUNDS (continued)															
25V. Toluene (108-88-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
26V. 1,2-Trans-Dichloroethylene (156-60-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
27V. 1,1,2-Trichloroethane (71-55-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
28V. 1,1,2-Trichloroethane (79-00-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
29V. Trichloroethylene (79-01-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<3.0						1	ug/l				
30V. Trichlorofluoromethane (75-69-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
31V. Vinyl Chloride (75-01-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<1.0						1	ug/l				
GC/MS FRACTION SEMI-VOLATILE COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
2A. 2,4-Dichlorophenol (120-83-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
3A. 2,4-Dimethylphenol (105-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
4A. 4,6-Dinitro-O-Cresol (534-53-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
5A. 2,4-Dinitrophenol (51-28-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<50						1	ug/l				
6A. 2-Nitrophenol (88-75-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
7A. 4-Nitrophenol (100-02-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<50						1	ug/l				
8A. p-Chloro-M-Cresol (59-50-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
9A. Pentachlorophenol (87-86-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<15						1	ug/l				
10A. Phenol (108-95-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
11A. 2,4,5-Trichlorophenol (88-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
GC/MS FRACTION POLYCYCLIC AROMATIC COMPOUNDS															
1B. Acenaphthene (63-32-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
2B. Acenaphthylene (208-96-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
3B. Anthracene (120-12-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
4B. Benzidine (92-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<80						1	ug/l				

Facility ID. Number: FL0000159Outfall No. D-011

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent						4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
5B. Benzo (a) Anthracene (56-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
6B. Benzo (a) Pyrene (50-32-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<4.0						1	ug/l				
7B. 3,4-Benzo-fluoranthene (205-99-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
8B. Benzo (ghi) Perylene (191-24-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
9B. Benzo (k) Fluoranthene (207-08-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
10B. Bis (2-Chloroethoxy) Methane (111-91-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
11B. Bis (2-chloroethyl) Ether (111-44-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
12B. Bis (2-Chloropropyl) Ether (102-60-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
13B. Bis (2-Ethylhexyl) Phthalate (117-81-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<6.0						1	ug/l				
14B. 4-Bromophenyl Phenyl Ether (101-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
15B. Butyl Benzyl Phthalate (84-68-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
16B. 2-Chloronaphthalene (91-58-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
17B. 4-Chlorophenyl Phenyl Ether (7005-72-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
18B. Chrysene (218-01-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
19B. Dibenzo (a,h) Anthracene (53-70-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
20B. 1,2-Dichlorobenzene (95-50-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
21B. 1,3-Dichlorobenzene (541-73-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
22B. 1,4-Dichlorobenzene (106-46-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
23B. 3,3'-Dichlorobenzidine (92-94-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<20						1	ug/l				
24B. Diethyl Phthalate (84-66-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
25B. Dimethyl Phthalate (131-11-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
26B. Di-N-Butyl Phthalate (84-74-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
27B. 2,4-Dinitrotoluene (121-14-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
28B. 2,6-Dinitrotoluene (606-20-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent						4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
29B. Di-N-Octyl Phthalate (117-84-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
31B. Fluoranthene (206-44-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
32B. Fluorene (86-73-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
33B. Hexachlorobenzene (118-74-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	≅ <4.0						1	ug/l				
34B. Hexachlorobutadiene (87-68-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
35B. Heptachloropentadiene (77-47-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
36B. Hexachloroethane (67-72-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
38B. Isophorone (78-59-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
39B. Naphthalene (91-20-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
40B. Nitrobenzene (98-95-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
41B. N-Nitrosodimethylamine (62-75-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
42B. N-Nitrosodi-N-Propylamine (621-64-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
43B. N-Nitro-sodiphenylamine (86-30-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
44B. Phenanthrene (85-01-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
45B. Pyrene (129-00-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
46B. 1,2,4-Trichlorobenzene (120-82-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
1P. Aldrin (309-00-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
2P. -BHC (319-84-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
3P -BHC (319-85-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
4P. -BHC (58-89-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
5P. -BHC (319-86-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				

Facility ID. Number: FL0000159Outfall No. D-011

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent						4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
6P. Chlordane (57-74-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
7P. 4,4'-DDT (50-29-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
8P. 4,4'-DDE (72-55-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
9P. 4,4'-DDD (72-54-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
10P. Dieldrin (60-57-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
11P. -Endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
12P. -Endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
13P. Endosulfan Sulfate (1031-07-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
14P. Endrin (72-20-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
15P. Endrin Aldehyde (7421-92-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
16P. Heptachlor (76-44-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
17P. Heptachlor Epoxide (1024-57-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
18P. PCB-1242 (53469-21-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
19P. PCB-1254 (11097-69-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
20P. PCB-1221 (11104-28-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
21P. PCB-1232 (11141-16-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
22P. PCB-1248 (12672-29-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
23P. PCB-1260 (11096-82-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
24P. PCB-1016 (12674-11-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
25P. Toxaphene (8001-35-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<3.0						1	ug/l				

OUTFALL D-012

PLEASE PRINT OR TYPE ONLY: You may report some or all of this information on separate sheets instead of completing these pages. Use the same format. SEE INSTRUCTIONS.

VII. INTAKE AND EFFLUENT CHARACTERISTICS

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. Pollutant	2. Effluent						3.. Units		4. Intake (optional)			
	a. Max. Daily Value		b. Max. 30-day Value		c. Annual Avg. Value		d. No. of Analyses	a. Concentration	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
a. Carbonaceous Biochemical Oxygen Demand (CBOD)	<2.0						1	mg/l				
b. Chemical Oxygen Demand (COD)	40						1	mg/l				
c. Total Organic Carbon (TOC)	1.8						1	mg/l				
d. Total Suspended Solids (TSS)	7.2						1	mg/l				
e. Total Nitrogen (as N)	0.56						1	mg/l				
f. Total Phosphorus (as P)	<0.10						1	mg/l				
g. Ammonia (as N)	<0.050						1	mg/l				
h. Flow - actual or projected	Value 472.32		Value 472.32		Value				MGD	Value		
i. Flow - design	Value 472.32		Value 472.32		Value				MGD	Value		
j. Specific Conductivity	Value 36.3		Value		Value		12	µmhos/cm		Value		
k. Temperature (winter)	Value 35.4		Value		Value		12	°C		Value		
l. Temperature (summer)	Value 35.8		Value		Value			°C		Value		
m. pH	Min. 7.9	Max. 8.3	Min.	Max.			12	STANDARD UNITS				

PART B - Mark "X" in column 2a for each pollutant you know or have reason to believe is present. Mark "X" in column 2b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. Pollutant and CAS No. (if available)	2. Mark "X"		3. Effluent						4. Units		5. Intake (optional)			
	a. be- lieved present	b. be- lieved absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
			(1) Conc...	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
a. Bromide (24949-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	57						1	mg/l				
b. Chlorine, Total Residual	<input type="checkbox"/>	<input type="checkbox"/>	ND						1	mg/l				
c. Color	<input type="checkbox"/>	<input type="checkbox"/>	30						1					
d. Fecal Coliform	<input type="checkbox"/>	<input type="checkbox"/>	<1						1	mg/l				
e. Fluoride (16984-48-8)	<input type="checkbox"/>	<input type="checkbox"/>	0.72						1	mg/l				
f. Nitrate-Nitrite (as N)	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	mg/l				

: Item VII-B Contd.

Facility ID. Number FL0000159Outfall No. D-012

1. Pollutant and CAS No. (if available)	2. Mark "X"		3. Effluent						4. Units		5. Intake (optional)			
	a. believed present	b. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
			(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
g. Nitrogen, Total Organic (as N)	<input type="checkbox"/>	<input type="checkbox"/>	0.56						1	mg/l				
h. Oil and grease	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	mg/l				
i. Phosphorus, Total (as P) (7723-14-0)	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	mg/l				
j. Radioactivity														
(1) Alpha, Total	<input type="checkbox"/>	<input type="checkbox"/>	5.2+-0.5					pCi/L	1					
(2) Beta, Total	<input type="checkbox"/>	<input type="checkbox"/>	198+-78					pCi/L	1					
(3) Radium, Total	<input type="checkbox"/>	<input type="checkbox"/>	0.3+-0.7					pCi/L	1					
(4) Radium 226, Total	<input type="checkbox"/>	<input type="checkbox"/>	0.8+-0.2					pCi/L	1					
k. Sulfate (as SO ₄) (14808-79-8)	<input type="checkbox"/>	<input type="checkbox"/>	2100						1	ug/l				
l. Sulfide (as S)	<input type="checkbox"/>	<input type="checkbox"/>	<1.0						1	ug/l				
m. Sulfite (as SO ₃) (14265-45-3)	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
n. Surfactants	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
o. Aluminum, Total (7429-90-5)	<input type="checkbox"/>	<input type="checkbox"/>	<0.20						1	mg/l				
p. Barium, Total (7440-39-3)	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
q. Boron, Total (7440-42-8)	<input type="checkbox"/>	<input type="checkbox"/>	3.8						1	mg/l				
r. Cobalt, Total (7440-48-4)	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
s. Iron, Total (7439-89-6)	<input type="checkbox"/>	<input type="checkbox"/>	0.078						1	mg/l				
t. Magnesium, Total (7439-95-4)	<input type="checkbox"/>	<input type="checkbox"/>	840						1	mg/l				
u. Molybdenum, Total (7439-98-7)	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
v. Manganese, Total (7439-96-5)	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
w. Tin, Total (7440-31-5)	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
x. Titanium, Total (7440-32-6)	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				

Facility ID. Number: FL0000159 Outfall No. D-012

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2a for all GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2a (secondary industries, non-process wastewater outfalls, and non-required GC/MS fractions), mark "X" in column 2b for each pollutant you know or have reason to believe is present. Mark "X" in column 2c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4-dinitrophenol, or 2-methyl-4,6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (all 7 pages) for each outfall. See instructions for additional details and requirements.

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent						4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.0060						1	mg/l				
2M. Arsenic, Total (7723-14-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
3M. Beryllium, Total (7440-41-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.0040						1	mg/l				
4M. Cadmium, Total (7440-43-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.0050						1	mg/l				
5M. Chromium, Total (7440-47-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
6M. Copper, Total (7440-50-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.052						1	mg/l				
7M. Lead, Total (7439-92-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.0050						1	mg/l				
8M. Mercury, Total (7439-97-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.00020						1	mg/l				
9M. Nickel, Total (7440-02-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.040						1	mg/l				
10M. Selenium, Total (7782-49-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
11M. Silver, Total (7440-22-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.0028J						1	mg/l				
12M. Thallium, Total (7440-28-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
13M. Zinc, Total (7440-66-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.020						1	mg/l				
14M. Cyanide, Total (57-12-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
15M. Phenols, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	mg/l				
2,3,7,8-Tetra-chlorodibenzo-P-Dioxin (1764-01-6)															
2,3,7,8-Tetra-chlorodibenzo-P-Dioxin (1764-01-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
ACROLEIN AND ACRYLONITRILE															
1V. Acrolein (107-02-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<100						1	ug/l				
2V. Acrylonitrile (107-13-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<100						1	ug/l				

Facility ID. Number: FL0000159 Outfall No. D-012

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent						4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
GC/MS FRACTION - VOLATILE COMPOUNDS (continued)															
3V. Benzene (71-43-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<1.0						1	ug/l				
4V. Bis (Chloromethyl) Ether (542-88-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
5V. Bromoform (75-25-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
6V. Carbon Tetrachloride (56-23-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	= <3.0						1	ug/l				
7V. Chlorobenzene (108-90-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
8V. Chloro-dibromomethane (124-8-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
9V. Chloroethane (74-00-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
10V. 2-Chloro-ethylvinyl Ether (110-75-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<50						1	ug/l				
11V. Chloroform (67-86-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
12V. Dichloro-bromomethane (75-24-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
13V. Dichloro-difluoromethane (75-71-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
14V. 1,1-Dichloroethane (75-34-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
15V. 1,2-Dichloroethane (107-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<3.0						1	ug/l				
16V. 1,1-Dichloroethylene (75-35-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
17V. 1,2-Dichloropropane (78-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
18V. 1,3-Dichloropropylene (542-75-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
19V. Ethylbenzene (100-41-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
20V. Methyl Bromide (74-83-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
21V. Methyl Chloride (74-87-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
22V. Methylene Chloride (74-98-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
23V. 1,1,2,2-Tetrachloroethane (79-34-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
24V. Tetrachloroethylene (127-18-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<3.0						1	ug/l				

Facility ID. Number: FL0000159Outfall No. D-012

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent						4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
GC/MS FRACTION: VOLATILE COMPOUNDS (continued)															
25V. Toluene (108-88-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
26V. 1,2-Trans-Dichloroethylene (156-60-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
27V. 1,1,2-Trichloroethane (71-55-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
28V. 1,1,2-Trichloroethane (79-00-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
29V. Trichloroethylene (79-01-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<3.0						1	ug/l				
30V. Trichlorofluoromethane (75-69-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
31V. Vinyl Chloride (75-01-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<1.0						1	ug/l				
GC/MS FRACTION: SEMI-VOLATILE COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
2A. 2,4-Dichlorophenol (120-83-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
3A. 2,4-Dimethylphenol (105-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
4A. 4,6-Dinitro-O-Cresol (534-53-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
5A. 2,4-Dinitrophenol (51-28-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<50						1	ug/l				
6A. 2-Nitrophenol (88-75-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
7A. 4-Nitrophenol (100-02-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<50						1	ug/l				
8A. P-Chloro-M-Cresol (59-50-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
9A. Pentachlorophenol (87-86-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<15						1	ug/l				
10A. Phenol (108-95-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
11A. 2,4,5-Trichlorophenol (88-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
GC/MS FRACTION: POLYCYCLIC AROMATIC COMPOUNDS															
1B. Acenaphthene (63-32-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
2B. Acenaphthylene (208-96-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
3B. Anthracene (120-12-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
4B. Benzidine (92-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<80						1	ug/l				

Facility ID. Number: FL0000159

Outfall No. D-012

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent								4. Units		5. Intake (optional)	
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
5B. Benzo (a) Anthracene (56-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
6B. Benzo (a) Pyrene (50-32-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<4.0						1	ug/l				
7B. 3,4-Benzo-fluoranthene (205-99-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
8B. Benzo (ghi) Perylene (191-24-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
9B. Benzo (k) Fluoranthene (207-08-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
10B. Bis (2-Chloroethoxy) Methane (111-91-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
11B. Bis (2-chloroethyl) Ether (111-44-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
12B. Bis (2-Chloropropyl) Ether (102-60-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
13B. Bis (2-Ethylhexyl) Phthalate (117-81-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<6.0						1	ug/l				
14B. 4-Bromophenyl Phenyl Ether (101-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
15B. Butyl Benzyl Phthalate (84-68-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
16B. 2-Chloronaphthalene (91-58-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
17B. 4-Chlorophenyl Phenyl Ether (7005-72-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
18B. Chrysene (218-01-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
19B. Dibenzo (a,h) Anthracene (53-70-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
20B. 1,2-Dichlorobenzene (95-50-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
21B. 1,3-Dichlorobenzene (541-73-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
22B. 1,4-Dichlorobenzene (106-46-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
23B. 3,3'-Dichlorobenzidine (92-94-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<20						1	ug/l				
24B. Diethyl Phthalate (84-66-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
25B. Dimethyl Phthalate (131-11-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
26B. Di-N-Butyl Phthalate (84-74-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
27B. 2,4-Dinitrotoluene (121-14-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
28B. 2,6-Dinitrotoluene (606-20-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				

Facility ID. Number: FL0000159

Outfall No. D-012

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent						4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
29B. Di-N-Octyl Phthalate (117-84-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
31B. Fluoranthene (206-44-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
32B. Fluorene (86-73-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
33B. Hexachlorobenzene (118-74-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<4.0						1	ug/l				
34B. Hexachlorobutadiene (87-68-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
35B. Hexachlorocyclopentadiene (77-47-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
36B. Hexachloroethane (67-72-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
38B. Isophorone (78-59-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
39B. Naphthalene (91-20-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
40B. Nitrobenzene (98-95-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
41B. N-Nitrosodimethylamine (62-75-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
42B. N-Nitrosodi-N-Propylamine (621-64-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
43B. N-Nitro-sodiphenylamine (86-30-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
44B. Phenanthrene (85-01-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
45B. Pyrene (129-00-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
46B. 1,2,4-Trichlorobenzene (120-82-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
1P. Aldrin (309-00-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
2P. -BHC (319-84-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
3P. -BHC (319-85-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
4P. -BHC (58-89-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
5P. -BHC (319-86-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				

Facility ID. Number: FL0000159Outfall No. D-012

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent						4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
6P. Chlordane (57-74-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
7P. 4,4'-DDT (50-29-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
8P. 4,4'-DDE (72-55-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
9P. 4,4'-DDD (72-54-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
10P. Dieldrin (60-57-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
11P. -Endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
12P. -Endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
13P. Endosulfan Sulfate (1031-07-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
14P. Endrin (72-20-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
15P. Endrin Aldehyde (7421-92-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
16P. Heptachlor (76-44-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
17P. Heptachlor Epoxide (1024-57-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
18P. PCB-1242 (53469-21-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
19P. PCB-1254 (11097-69-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
20P. PCB-1221 (11104-28-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
21P. PCB-1232 (11141-16-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
22P. PCB-1248 (12672-29-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
23P. PCB-1260 (11096-82-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
24P. PCB-1016 (12674-11-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
25P. Toxaphene (8001-35-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<3.0						1	ug/l				

OUTFALL D-013

PLEASE PRINT OR TYPE ONLY: You may report some or all of this information on separate sheets instead of completing these pages. Use the same format. SEE INSTRUCTIONS.

VII. INTAKE AND EFFLUENT CHARACTERISTICS

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. Pollutant	2. Effluent							3.. Units		4. Intake (optional)		
	a. Max. Daily Value		b. Max. 30-day Value		c. Annual Avg. Value		d. No. of Analyses	a. Concentration	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
a. Carbonous Biochemical Oxygen Demand (CBOD)	<2.0						1	mg/l				
b. Chemical Oxygen Demand (COD)	400						1	mg/l				
c. Total Organic Carbon (TOC)	1.9						1	mg/l				
d. Total Suspended Solids (TSS)	7.6						1	mg/l				
e. Total Nitrogen (as N)	0.56						1	mg/l				
f. Total Phosphorus (as P)	<0.10						1	mg/l				
g. Ammonia (as N)	<0.050						1	mg/l				
h. Flow - actual or projected	Value 985		Value 985		Value				MGD	Value		
i. Flow - design	Value 985		Value 985		Value				MGD	Value		
j. Specific Conductivity	Value 35.4		Value		Value		1	µmhos/cm		Value		
k. Temperature (winter)	Value 35.4		Value		Value		12	°C		Value		
l. Temperature (summer)	Value 35.7		Value		Value		12	°C		Value		
m. pH	Min. 7.9	Max. 8.3	Min.	Max.			12	STANDARD UNITS				

PART B - Mark "X" in column 2a for each pollutant you know or have reason to believe is present. Mark "X" in column 2b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. Pollutant and CAS No. (if available)	2. Mark "X"		3. Effluent						4. Units		5. Intake (optional)			
	a. be- lieved present	b. be- lieved absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
			(1) Conc...	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
a. Bromide (24949-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	60						1	mg/l				
b. Chlorine, Total Residual	<input type="checkbox"/>	<input type="checkbox"/>	ND						1	mg/l				
c. Color	<input type="checkbox"/>	<input type="checkbox"/>	30						1					
d. Fecal Coliform	<input type="checkbox"/>	<input type="checkbox"/>	2						1	cfu/100mls				
e. Fluoride (16984-48-8)	<input type="checkbox"/>	<input type="checkbox"/>	0.76						1	mg/l				
f. Nitrate-Nitrite (as N)	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	mg/l				

: Item VII-B Contd.

Facility ID. Number FL0000159Outfall No. D-013

1. Pollutant and CAS No. (if available)	2. Mark "X"		3. Effluent						4. Units		5. Intake (optional)			
	a. believed present	b. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
			(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
g. Nitrogen, Total Organic (as N)	<input type="checkbox"/>	<input type="checkbox"/>	.56						1	mg/l				
h. Oil and grease	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	mg/l				
i. Phosphorus, Total (as P) (7723-14-0)	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	mg/l				
j. Radioactivity														
(1) Alpha, Total	<input type="checkbox"/>	<input type="checkbox"/>	4.5+-0.5						1	pCi/L				
(2) Beta, Total	<input type="checkbox"/>	<input type="checkbox"/>	285+-66						1	pCi/L				
(3) Radium, Total	<input type="checkbox"/>	<input type="checkbox"/>	0.5+-0.7						1	pCi/L				
(4) Radium 226, Total	<input type="checkbox"/>	<input type="checkbox"/>	0.6+-0.1						1	pCi/L				
k. Sulfate (as SO ₄) (14808-79-8)	<input type="checkbox"/>	<input type="checkbox"/>	2200						1	mg/l				
l. Sulfide (as S)	<input type="checkbox"/>	<input type="checkbox"/>	<1.0						1	mg/l				
m. Sulfite (as SO ₃) (14265-45-3)	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	mg/l				
n. Surfactants	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
o. Aluminum, Total (7429-90-5)	<input type="checkbox"/>	<input type="checkbox"/>	<0.20						1	mg/l				
p. Barium, Total (7440-39-3)	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
q. Boron, Total (7440-42-8)	<input type="checkbox"/>	<input type="checkbox"/>	3.5						1	mg/l				
r. Cobalt, Total (7440-48-4)	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
s. Iron, Total (7439-89-6)	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	mg/l				
t. Magnesium, Total (7439-95-4)	<input type="checkbox"/>	<input type="checkbox"/>	930						1	mg/l				
u. Molybdenum, Total (7439-98-7)	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
v. Manganese, Total (7439-96-5)	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
w. Tin, Total (7440-31-5)	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	mg/l				
x. Titanium, Total (7440-32-6)	<input type="checkbox"/>	<input type="checkbox"/>	<0.010											

Facility ID. Number: FL0000159 Outfall No. D-013

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2a for all GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2a (secondary industries, non-process wastewater outfalls, and non-required GC/MS fractions), mark "X" in column 2b for each pollutant you know or have reason to believe is present. Mark "X" in column 2c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4-dinitrophenol, or 2-methyl-4,6-dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (all 7 pages) for each outfall. See instructions for additional details and requirements.

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent								4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses		
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass			
METALS, CYANIDE AND TOTAL PHENOLS																	
1M. Antimony, Total (7440-36-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.0060						1	mg/l						
2M. Arsenic, Total (7723-14-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l						
3M. Beryllium, Total (7440-41-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.0040						1	mg/l						
4M. Cadmium, Total (7440-43-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.0050						1	mg/l						
5M. Chromium, Total (7440-47-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l						
6M. Copper, Total (7440-50-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.092						1	mg/l						
7M. Lead, Total (7439-92-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.0050						1	mg/l						
8M. Mercury, Total (7439-97-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.00020						1	mg/l						
9M. Nickel, Total (7440-02-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.040						1	mg/l						
10M. Selenium, Total (7782-49-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l						
11M. Silver, Total (7440-22-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.0019						1	mg/l						
12M. Thallium, Total (7440-28-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l						
13M. Zinc, Total (7440-66-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.033						1	mg/l						
14M. Cyanide, Total (57-12-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l						
15M. Phenols, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	mg/l						
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>														
1V. Acrolein (107-02-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<100						1	ug/l						
2V. Acrylonitrile (107-13-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<100						1	ug/l						

Facility ID. Number: FL0000159 Outfall No. D-013

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent						4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
GC/MS FRACTION: VOLATILE COMPOUNDS (continued)															
3V. Benzene (71-43-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<1.0						1	ug/l				
4V. Bis (Chloromethyl) Ether (542-88-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
5V. Bromoform (75-25-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
6V. Carbon Tetrachloride (56-23-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<3.0						1	ug/l				
7V. Chlorobenzene (108-90-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
8V. Chloro-dibromomethane (124-8-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
9V. Chloroethane (74-00-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
10V. 2-Chloro-ethylvinyl Ether (110-75-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<50						1	ug/l				
11V. Chloroform (67-86-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
12V. Dichloro-bromomethane (75-24-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
13V. Dichloro-difluoromethane (75-71-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
14V. 1,1-Dichloroethane (75-34-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
15V. 1,2-Dichloroethane (107-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<3.0						1	ug/l				
16V. 1,1-Dichloroethylene (75-35-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
17V. 1,2-Dichloropropane (78-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
18V. 1,3-Dichloropropylene (542-75-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
19V. Ethylbenzene (100-41-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
20V. Methyl Bromide (74-83-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
21V. Methyl Chloride (74-87-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
22V. Methylene Chloride (74-98-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
23V. 1,1,2,2-Tetrachloroethane (79-34-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
24V. Tetrachloroethylene (127-18-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<3.0						1	ug/l				

Facility ID. Number: FL0000159Outfall No. D-013

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent						4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
GG/MS FRACTION VOLATILE COMPOUNDS (continued)															
25V. Toluene (108-88-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
26V. 1,2-Trans-Dichloroethylene (156-60-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
27V. 1,1,2-Trichloroethane (71-55-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
28V. 1,1,2-Trichloroethane (79-00-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
29V. Trichloroethylene (79-01-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<3.0						1	ug/l				
30V. Trichlorofluoromethane (75-69-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
31V. Vinyl Chloride (75-01-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<1.0						1	ug/l				
CC/MS FRACTION POLYCYCLIC AROMATIC COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
2A. 2,4-Dichlorophenol (120-83-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
3A. 2,4-Dimethylphenol (105-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
4A. 4,6-Dinitro-O-Cresol (534-53-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
5A. 2,4-Dinitrophenol (51-28-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<50						1	ug/l				
6A. 2-Nitrophenol (88-75-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
7A. 4-Nitrophenol (100-02-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<50						1	ug/l				
8A. P-Chloro-M-Cresol (59-50-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
9A. Pentachlorophenol (87-86-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<15						1	ug/l				
10A. Phenol (108-95-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
11A. 2,4,5-Trichlorophenol (88-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
CC/MS FRACTION POLYCYCLIC AROMATIC COMPOUNDS															
1B. Acenaphthene (63-32-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
2B. Acenaphthylene (208-96-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
3B. Anthracene (120-12-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
4B. Benzidine (92-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<80						1	ug/l				

Facility ID. Number: FL0000159 Outfall No. D-013

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent						4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
5B. Benzo (a) Anthracene (56-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
6B. Benzo (a) Pyrene (50-32-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<4.0						1	ug/l				
7B. 3,4-Benzo-fluoranthene (205-99-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
8B. Benzo (ghi) Perylene (191-24-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
9B. Benzo (k) Fluoranthene (207-08-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
10B. Bis (2-Chloroethoxy) Methane (111-91-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
11B. Bis (2-chloroethyl) Ether (111-44-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
12B. Bis (2-Chloropropyl) Ether (102-60-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
13B. Bis (2-Ethylhexyl) Phthalate (117-81-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<6.0						1	ug/l				
14B. 4-Bromophenyl Phenyl Ether (101-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
15B. Butyl Benzyl Phthalate (84-68-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
16B. 2-Chlorophthalene (91-58-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
17B. 4-Chlorophenyl Phenyl Ether (7005-72-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
18B. Chrysene (218-01-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
19B. Dibenzo (a,h) Anthracene (53-70-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
20B. 1,2-Dichlorobenzene (95-50-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
21B. 1,3-Dichlorobenzene (541-73-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
22B. 1,4-Dichlorobenzene (106-46-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
23B. 3,3'-Dichlorobenzidine (92-94-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<20						1	ug/l				
24B. Diethyl Phthalate (84-66-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
25B. Dimethyl Phthalate (131-11-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
26B. Di-N-Butyl Phthalate (84-74-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
27B. 2,4-Dinitrotoluene (121-14-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
28B. 2,6-Dinitrotoluene (606-20-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				

Facility ID. Number: FL0000159Outfall No. D-013

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent						4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
29B. Di-N-Octyl Phthalate (117-84-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
31B. Fluoranthene (206-44-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
32B. Fluorene (86-73-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
33B. Hexachlorobenzene (118-74-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<4.0						1	ug/l				
34B. Hexachlorobutadiene (87-68-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
35B. Hexachlorocyclopentadiene (77-47-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
36B. Hexachloroethane (67-72-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
38B. Isophorone (78-59-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
39B. Naphthalene (91-20-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
40B. Nitrobenzene (98-95-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
41B. N-Nitrosodimethylamine (62-75-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
42B. N-Nitrosodi-N-Propylamine (621-64-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
43B. N-Nitro-sodiphenylamine (86-30-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
44B. Phenanthrene (85-01-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
45B. Pyrene (129-00-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
46B. 1,2,4-Trichlorobenzene (120-82-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
1P. Aldrin (309-00-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
2P. -BHC (319-84-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
3P. -BHC (319-85-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
4P. -BHC (58-89-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
5P. -BHC (319-86-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				

Facility ID. Number: FL0000159Outfall No. D-013

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent						4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
6P. Chlordane (57-74-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
7P. 4,4'-DDT (50-29-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
8P. 4,4'-DDE (72-55-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
9P. 4,4'-DDD (72-54-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
10P. Dieldrin (60-57-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
11P. -Endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
12P. -Endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
13P. Endosulfan Sulfate (1031-07-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
14P. Endrin (72-20-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
15P. Endrin Aldehyde (7421-92-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
16P. Heptachlor (76-44-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
17P. Heptachlor Epoxide (1024-57-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
18P. PCB-1242 (53469-21-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
19P. PCB-1254 (11097-69-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
20P. PCB-1221 (11104-28-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
21P. PCB-1232 (11141-16-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
22P. PCB-1248 (12672-29-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
23P. PCB-1260 (11096-82-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
24P. PCB-1016 (12674-11-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
25P. Toxaphene (8001-35-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<3.0						1	ug/l				

OUTFALL D-091

PLEASE PRINT OR TYPE ONLY: You may report some or all of this information on separate sheets instead of completing these pages. Use the same format. SEE INSTRUCTIONS.

VII. INTAKE AND EFFLUENT CHARACTERISTICS

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. Pollutant	2. Effluent							3. Units		4. Intake (optional)		
	a. Max. Daily Value		b. Max. 30-day Value		c. Annual Avg. Value		d. No. of Analyses	a. Concentration	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
a. Carbonaceous Biochemical Oxygen Demand (CBOD)	<2.0						1	mg/l				
b. Chemical Oxygen Demand (COD)	330						1	mg/l				
c. Total Organic Carbon (TOC)	1.8						1	mg/l				
d. Total Suspended Solids (TSS)	8.4						1	mg/l				
e. Total Nitrogen (as N)	.056						1	mg/l				
f. Total Phosphorus (as P)	<0.10						1	mg/l				
g. Ammonia (as N)	<0.050						1	mg/l				
h. Flow - actual or projected	Value 3.11		Value 3.11		Value				MGD	Value		
i. Flow - design	Value 3.11		Value 3.11		Value				MGD	Value		
j. Specific Conductivity	Value 36.9		Value		Value		1	µmhos/cm		Value		
k. Temperature (winter)	Value 13.7		Value		Value		1	°C		Value		
l. Temperature (summer)	Value		Value		Value			°C		Value		
m. pH	Min. 7.9	Max. 8.3	Min.	Max.			1	STANDARD UNITS				

PART B - Mark "X" in column 2a for each pollutant you know or have reason to believe is present. Mark "X" in column 2b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. Pollutant and CAS No. (if available)	2. Mark "X"		3. Effluent						4. Units		5. Intake (optional)			
	a. be- lieved present	b. be- lieved absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
			(1) Conc...	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
a. Bromide (24949-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	56						1	mg/l				
b. Chlorine, Total Residual	<input type="checkbox"/>	<input type="checkbox"/>	ND						1	mg/l				
c. Color	<input type="checkbox"/>	<input type="checkbox"/>	30						1					
d. Fecal Coliform	<input type="checkbox"/>	<input type="checkbox"/>	<1						1	mg/l				
e. Fluoride (16984-48-8)	<input type="checkbox"/>	<input type="checkbox"/>	0.74						1	mg/l				
f. Nitrate-Nitrite (as N)	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	mg/l				

: Item VII-B Contd.

Facility ID. Number FL0000159

Outfall No. D-091

1. Pollutant and CAS No. (if available)	2. Mark "X"		3. Effluent						4. Units		5. Intake (optional)			
	a. believed present	b. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
			(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
g. Nitrogen, Total Organic (as N)	<input type="checkbox"/>	<input type="checkbox"/>	0.56						1	mg/l				
h. Oil and grease	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	mg/l				
i. Phosphorus, Total (as P) (7723-14-0)	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	mg/l				
j. Radioactivity	<input type="checkbox"/>	<input type="checkbox"/>												
(1) Alpha, Total	<input type="checkbox"/>	<input type="checkbox"/>	5.7+-0.5						1	pCi/L				
(2) Beta, Total	<input type="checkbox"/>	<input type="checkbox"/>	675+-81						1	pCi/L				
(3) Radium, Total	<input type="checkbox"/>	<input type="checkbox"/>	0.1+-0.5						1	pCi/L				
(4) Radium 226, Total	<input type="checkbox"/>	<input type="checkbox"/>	0.6+-0.07						1	pCi/L				
k. Sulfate (as SO ₄) (14808-79-8)	<input type="checkbox"/>	<input type="checkbox"/>	2100						1	ug/l				
l. Sulfide (as S)	<input type="checkbox"/>	<input type="checkbox"/>	<1.0						1	ug/l				
m. Sulfite (as SO ₃) (14265-45-3)	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
n. Surfactants	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
o. Aluminum, Total (7429-90-5)	<input type="checkbox"/>	<input type="checkbox"/>	<0.20						1	mg/l				
p. Barium, Total (7440-39-3)	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
q. Boron, Total (7440-42-8)	<input type="checkbox"/>	<input type="checkbox"/>	3.8						1	mg/l				
r. Cobalt, Total (7440-48-4)	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
s. Iron, Total (7439-89-6)	<input type="checkbox"/>	<input type="checkbox"/>	0.090						1	mg/l				
t. Magnesium, Total (7439-95-4)	<input type="checkbox"/>	<input type="checkbox"/>	960						1	mg/l				
u. Molybdenum, Total (7439-98-7)	<input type="checkbox"/>	<input type="checkbox"/>	0.013						1	mg/l				
v. Manganese, Total (7439-96-5)	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
w. Tin, Total (7440-31-5)	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
x. Titanium, Total (7440-32-6)	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				

Facility ID. Number: FL0000159 Outfall No. D-091

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2a for all GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2a (secondary industries, non-process wastewater outfalls, and non-required GC/MS fractions), mark "X" in column 2b for each pollutant you know or have reason to believe is present. Mark "X" in column 2c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4-dinitrophenol, or 2-methyl-4,6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (all 7 pages) for each outfall. See instructions for additional details and requirements.

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent						4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
METALS, CYANIDE AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.0060						1	mg/l				
2M. Arsenic, Total (7723-14-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
3M. Beryllium, Total (7440-41-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.0040						1	mg/l				
4M. Cadmium, Total (7440-43-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.0050						1	mg/l				
5M. Chromium, Total (7440-47-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
6M. Copper, Total (7440-50-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.026						1	mg/l				
7M. Lead, Total (7439-92-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.0050						1	mg/l				
8M. Mercury, Total (7439-97-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.00020						1	mg/l				
9M. Nickel, Total (7440-02-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.040						1	mg/l				
10M. Selenium, Total (7782-49-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
11M. Silver, Total (7440-22-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.0019						1	mg/l				
12M. Thallium, Total (7440-28-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
13M. Zinc, Total (7440-66-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.020						1	mg/l				
14M. Cyanide, Total (57-12-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
15M. Phenols, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	mg/l				
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)															
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
ACROLEIN AND ACRYLONITRILE															
1V. Acrolein (107-02-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<100						1	ug/l				
2V. Acrylonitrile (107-13-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<100						1	ug/l				

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1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent						d. No. of Analyses	4. Units		5. Intake (optional)		
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)			a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
GC/MS FRACTION: VOLATILE COMPOUNDS (continued)															
3V. Benzene (71-43-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<1.0						1	ug/l				
4V. Bis (Chloromethyl) Ether (542-88-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
5V. Bromoform (75-25-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
6V. Carbon Tetrachloride (56-23-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<3.0						1	ug/l				
7V. Chlorobenzene (108-90-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
8V. Chlorodibromomethane (124-8-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
9V. Chloroethane (74-00-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
10V. 2-Chloro-ethylvinyl Ether (110-75-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<50						1	ug/l				
11V. Chloroform (67-86-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
12V. Dichlorobromomethane (75-24-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
13V. Dichlorodifluoromethane (75-71-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
14V. 1,1-Dichloroethane (75-34-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
15V. 1,2-Dichloroethane (107-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<3.0						1	ug/l				
16V. 1,1-Dichloroethylene (75-35-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
17V. 1,2-Dichloropropane (78-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
18V. 1,3-Dichloropropylene (542-75-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
19V. Ethylbenzene (100-41-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
20V. Methyl Bromide (74-83-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
21V. Methyl Chloride (74-87-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
22V. Methylene Chloride (74-98-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
23V. 1,1,2,2-Tetrachloroethane (79-34-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
24V. Tetrachloroethylene (127-18-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<3.0						1	ug/l				

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent						4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
GC/MS FRACTION VOLATILE COMPOUNDS (continued)															
25V. Toluene (108-88-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
26V. 1,2-Trans-Dichloroethylene (156-60-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
27V. 1,1,2-Trichloroethane (71-55-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
28V. 1,1,2-Trichloroethane (79-00-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
29V. Trichloroethylene (79-01-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<3.0						1	ug/l				
30V. Trichlorofluoromethane (75-69-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
31V. Vinyl Chloride (75-01-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<1.0						1	ug/l				
GC/MS FRACTION SEMI-VOLATILE COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
2A. 2,4-Dichlorophenol (120-83-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
3A. 2,4-Dimethylphenol (105-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
4A. 4,6-Dinitro-O-Cresol (534-53-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
5A. 2,4-Dinitrophenol (51-28-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<50						1	ug/l				
6A. 2-Nitrophenol (88-75-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
7A. 4-Nitrophenol (100-02-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<50						1	ug/l				
8A. P-Chloro-M-Cresol (59-50-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
9A. Pentachlorophenol (87-86-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<15						1	ug/l				
10A. Phenol (108-95-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
11A. 2,4,5-Trichlorophenol (88-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
GC/MS FRACTION POLYCYCLIC AROMATIC COMPOUNDS															
1B. Acenaphthene (63-32-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
2B. Acenaphthylene (208-96-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
3B. Anthracene (120-12-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
4B. Benzidine (92-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<80						1	ug/l				

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent						4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
5B. Benzo (a) Anthracene (56-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
6B. Benzo (a) Pyrene (50-32-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<4.0						1	ug/l				
7B. 3,4-Benzo-fluoranthene (205-99-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
8B. Benzo (ghi) Perylene (191-24-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
9B. Benzo (k) Fluoranthene (207-08-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
10B. Bis (2-Chloroethoxy) Methane (111-91-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
11B. Bis (2-chloroethyl) Ether (111-44-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
12B. Bis (2-Chloropropyl) Ether (102-60-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
13B. Bis (2-Ethylhexyl) Phthalate (117-81-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<6.0						1	ug/l				
14B. 4-Bromophenyl Phenyl Ether (101-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
15B Butyl Benzyl Phthalate (84-68-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
16B. 2-Chlorophthalene (91-58-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
17B. 4-Chlorophenyl Phenyl Ether (7005-72-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
18B. Chrysene (218-01-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
19B. Dibenzo (a,h) Anthracene (53-70-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
20B. 1,2-Dichlorobenzene (95-50-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
21B. 1,3-Dichlorobenzene (541-73-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
22B. 1,4-Dichlorobenzene (106-46-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
23B. 3,3'-Dichlorobenzidine (92-94-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<20						1	ug/l				
24B. Diethyl Phthalate (84-66-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
25B. Dimethyl Phthalate (131-11-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
26B. Di-N-Butyl Phthalate (84-74-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
27B. 2,4-Dinitrotoluene (121-14-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
28B. 2,6-Dinitrotoluene (606-20-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				

Facility ID. Number: FL0000159Outfall No. D-091

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent						4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
29B. Di-N-Octyl Phthalate (117-84-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
31B. Fluoranthene (206-44-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
32B. Fluorene (86-73-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
33B. Hexachlorobenzene (118-74-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	= <4.0						1	ug/l				
34B. Hexachlorobutadiene (87-68-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
35B. Heptachlorodipyrone (77-47-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
36B. Hexachloroethane (67-72-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
38B. Isophorone (78-59-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
39B. Naphthalene (91-20-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
40B. Nitrobenzene (98-95-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
41B N-Nitrosodimethylamine (62-75-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
42B. N-Nitrosodi-N-Propylamine (621-64-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
43B. N-Nitro-sodiphenylamine (86-30-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
44B Phenanthrene (85-01-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
45B. Pyrene (129-00-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
46B. 1,2,4-Trichlorobenzene (120-82-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
1P. Aldrin (309-00-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
2P. -BHC (319-84-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
3P -BHC (319-85-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
4P. -BHC (58-89-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
5P. -BHC (319-86-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				

Facility ID. Number: FL0000159Outfall No. D-091

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent						4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
6P. Chlordane (57-74-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
7P. 4,4'-DDT (50-29-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
8P. 4,4'-DDE (72-55-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
9P. 4,4'-DDD (72-54-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
10P. Dieldrin (60-57-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
11P. -Endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
12P. -Endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
13P. Endosulfan Sulfate (1031-07-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
14P. Endrin (72-20-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
15P. Endrin Aldehyde (7421-92-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
16P. Heptachlor (76-44-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
17P. Heptachlor Epoxide (1024-57-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
18P. PCB-1242 (53469-21-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
19P. PCB-1254 (11097-69-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
20P. PCB-1221 (11104-28-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
21P. PCB-1232 (11141-16-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
22P. PCB-1248 (12672-29-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
23P. PCB-1260 (11096-82-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
24P. PCB-1016 (12674-11-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
25P. Toxaphene (8001-35-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<3.0						1	ug/l				

OUTFALL D-092

Facility ID. Number: FL0000159 Outfall No. D-092

PLEASE PRINT OR TYPE ONLY: You may report some or all of this information on separate sheets instead of completing these pages. Use the same format. SEE INSTRUCTIONS.

VII. INTAKE AND EFFLUENT CHARACTERISTICS

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. Pollutant	2. Effluent							3. Units		4. Intake (optional)		
	a. Max. Daily Value		b. Max. 30-day Value		c. Annual Avg. Value		d. No. of Analyses	a. Concentration	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
a. Carbonaceous Biochemical Oxygen Demand (CBOD)	<2.0						1	mg/l				
b. Chemical Oxygen Demand (COD)	330						1	mg/l				
c. Total Organic Carbon (TOC)	1.8						1	mg/l				
d. Total Suspended Solids (TSS)	8.4						1	mg/l				
e. Total Nitrogen (as N)	.056						1	mg/l				
f. Total Phosphorus (as P)	<0.10						1	mg/l				
g. Ammonia (as N)	<0.050						1	mg/l				
h. Flow - actual or projected	Value 3.11		Value 3.11		Value				MGD	Value		
i. Flow - design	Value 3.11		Value 3.11		Value				MGD	Value		
j. Specific Conductivity	Value 36.9		Value		Value		1	µmhos/cm		Value		
k. Temperature (winter)	Value 13.7		Value		Value		1	°C		Value		
l. Temperature (summer)	Value		Value		Value			°C		Value		
m. pH	Min. 7.9	Max 8.3	Min.	Max.			12	STANDARD UNITS				

PART B - Mark "X" in column 2a for each pollutant you know or have reason to believe is present. Mark "X" in column 2b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. Pollutant and CAS No. (if available)	2. Mark "X"		3. Effluent						4. Units		5. Intake (optional)			
	a. be- lieved present	b. be- lieved absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
			(1) Conc...	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
a. Bromide (24949-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	56						1	mg/l				
b. Chlorine, Total Residual	<input type="checkbox"/>	<input type="checkbox"/>	ND						1	mg/l				
c. Color	<input type="checkbox"/>	<input type="checkbox"/>	30						1					
d. Fecal Coliform	<input type="checkbox"/>	<input type="checkbox"/>	<1						1	mg/l				
e. Fluoride (16984-48-8)	<input type="checkbox"/>	<input type="checkbox"/>	0.74						1	mg/l				
f. Nitrate-Nitrite (as N)	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	mg/l				

: Item VII-B Contd.

Facility ID. Number FL0000159Outfall No. D-092

1. Pollutant and CAS No. (if available)	2. Mark "X"		3. Effluent						4. Units		5. Intake (optional)			
	a. believed present	b. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
			(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
g. Nitrogen, Total Organic (as N)	<input type="checkbox"/>	<input type="checkbox"/>	0.56						1	mg/l				
h. Oil and grease	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	mg/l				
i. Phosphorus, Total (as P) (7723-14-0)	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	mg/l				
j. Radioactivity														
(1) Alpha, Total	<input type="checkbox"/>	<input type="checkbox"/>	5.7+-0.5						1	pCi/L				
(2) Beta, Total	<input type="checkbox"/>	<input type="checkbox"/>	675+-81						1	pCi/L				
(3) Radium, Total	<input type="checkbox"/>	<input type="checkbox"/>	0.1+-0.5						1	pCi/L				
(4) Radium 226, Total	<input type="checkbox"/>	<input type="checkbox"/>	0.6+-0.07						1	pCi/L				
k. Sulfate (as SO ₄) (14808-79-8)	<input type="checkbox"/>	<input type="checkbox"/>	2100						1	ug/l				
l. Sulfide (as S)	<input type="checkbox"/>	<input type="checkbox"/>	<1.0						1	ug/l				
m. Sulfite (as SO ₃) (14265-45-3)	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
n. Surfactants	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
o. Aluminum, Total (7429-90-5)	<input type="checkbox"/>	<input type="checkbox"/>	<0.20						1	mg/l				
p. Barium, Total (7440-39-3)	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
q. Boron, Total (7440-42-8)	<input type="checkbox"/>	<input type="checkbox"/>	3.8						1	mg/l				
r. Cobalt, Total (7440-48-4)	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
s. Iron, Total (7439-89-6)	<input type="checkbox"/>	<input type="checkbox"/>	0.090						1	mg/l				
t. Magnesium, Total (7439-95-4)	<input type="checkbox"/>	<input type="checkbox"/>	960						1	mg/l				
u. Molybdenum, Total (7439-98-7)	<input type="checkbox"/>	<input type="checkbox"/>	0.013						1	mg/l				
v. Manganese, Total (7439-96-5)	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
w. Tin, Total (7440-31-5)	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
x. Titanium, Total (7440-32-6)	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				

Facility ID. Number: FL0000159 Outfall No. D-092

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2a for all GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2a (secondary industries, non-process wastewater outfalls, and non-required GC/MS fractions), mark "X" in column 2b for each pollutant you know or have reason to believe is present. Mark "X" in column 2c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4-dinitrophenol, or 2-methyl-4,6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (all 7 pages) for each outfall. See instructions for additional details and requirements.

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent						4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
METALS, CYANIDES, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.0060						1	mg/l				
2M. Arsenic, Total (7723-14-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
3M. Beryllium, Total (7440-41-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.0040						1	mg/l				
4M. Cadmium, Total (7440-43-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.0050						1	mg/l				
5M. Chromium, Total (7440-47-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
6M. Copper, Total (7440-50-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.026						1	mg/l				
7M. Lead, Total (7439-92-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.0050						1	mg/l				
8M. Mercury, Total (7439-97-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.00020						1	mg/l				
9M. Nickel, Total (7440-02-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.040						1	mg/l				
10M. Selenium, Total (7782-49-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
11M. Silver, Total (7440-22-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.0019						1	mg/l				
12M. Thallium, Total (7440-28-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
13M. Zinc, Total (7440-66-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.020						1	mg/l				
14M. Cyanide, Total (57-12-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
15M. Phenols, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	mg/l				
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)															
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
IV. Acrolein (107-02-8)															
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<100						1	ug/l				
2V. Acrylonitrile (107-13-1)															
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<100						1	ug/l				

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent						4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
GC/MS FRACTION: VOLATILE COMPOUNDS (continued)															
3V. Benzene (71-43-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<1.0						1	ug/l				
4V. Bis (Chloromethyl) Ether (542-88-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
5V. Bromoform (75-25-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
6V. Carbon Tetrachloride (56-23-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	= <3.0						1	ug/l				
7V. Chlorobenzene (108-90-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	= <5.0						1	ug/l				
8V. Chlorodi-bromomethane (124-8-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
9V. Chloroethane (74-00-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
10V. 2-Chloro-ethylvinyl Ether (110-75-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<50						1	ug/l				
11V. Chloroform (67-86-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
12V. Dichloro-bromomethane (75-24-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
13V. Dichloro-difluoromethane (75-71-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
14V. 1,1-Dichloroethane (75-34-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
15V. 1,2-Dichloroethane (107-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<3.0						1	ug/l				
16V. 1,1-Dichloroethylene (75-35-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
17V. 1,2,-Dichloropropane (78-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
18V. 1,3-Dichloropropylene (542-75-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
19V. Ethylbenzene (100-41-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
20V. Methyl Bromide (74-83-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
21V. Methyl Chloride (74-87-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
22V. Methylene Chloride (74-98-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
23V. 1,1,2,2-Tetra-chloroethane (79-34-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
24V. Tetrachloroethylene (127-18-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<3.0						1	ug/l				

Facility ID. Number: FL0000159Outfall No. D-092

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent								4. Units		5. Intake (optional)	
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
GC/MS FRACTION - VOLATILE COMPOUNDS (continued)															
25V. Toluene (108-88-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
26V. 1,2-Trans-Dichloroethylene (156-60-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
27V. 1,1,2-Trichloroethane (71-55-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
28V. 1,1,2-Trichloroethane (79-00-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
29V. Trichloroethylene (79-01-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<3.0						1	ug/l				
30V. Trichlorofluoromethane (75-69-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
31V. Vinyl Chloride (75-01-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<1.0						1	ug/l				
GC/MS FRACTION - SEMI-VOLATILE COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
2A. 2,4-Dichlorophenol (120-83-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
3A. 2,4-Dimethylphenol (105-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
4A. 4,6-Dinitro-O-Cresol (534-53-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
5A. 2,4-Dinitrophenol (51-28-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<50						1	ug/l				
6A. 2-Nitrophenol (88-75-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
7A. 4-Nitrophenol (100-02-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<50						1	ug/l				
8A. P-Chloro-M-Cresol (59-50-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
9A. Pentachlorophenol (87-86-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<15						1	ug/l				
10A. Phenol (108-95-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
11A. 2,4,5-Trichlorophenol (88-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
GC/MS FRACTION - POLYCYCLIC AROMATIC COMPOUNDS															
1B. Acenaphthene (63-32-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
2B. Acenaphthylene (208-96-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
3B. Anthracene (120-12-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
4B. Benzidine (92-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<80						1	ug/l				

Facility ID. Number: FL0000159

Outfall No. D-092

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent						4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
5B. Benzo (a) Anthracene (56-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
6B. Benzo (a) Pyrene (50-32-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<4.0						1	ug/l				
7B. 3,4-Benzo-fluoranthene (205-99-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
8B. Benzo (ghi) Perylene (191-24-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
9B. Benzo (k) Fluoranthene (207-08-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
10B. Bis (2-Chloroethyl) Methane (111-91-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
11B. Bis (2-chloroethyl) Ether (111-44-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
12B. Bis (2-Chloropropyl) Ether (102-60-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
13B. Bis (2-Ethylhexyl) Phthalate (117-81-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<6.0						1	ug/l				
14B. 4-Bromophenyl Phenyl Ether (101-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
15B. Butyl Benzyl Phthalate (84-68-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
16B. 2-Chloronaphthalene (91-58-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
17B. 4-Chlorophenyl Phenyl Ether (7005-72-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
18B. Chrysene (218-01-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
19B. Dibenzo (a,h) Anthracene (53-70-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
20B. 1,2-Dichlorobenzene (95-50-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
21B. 1,3-Dichlorobenzene (541-73-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
22B. 1,4-Dichlorobenzene (106-46-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
23B. 3,3'-Dichlorobenzidine (92-94-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<20						1	ug/l				
24B. Diethyl Phthalate (84-66-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
25B. Dimethyl Phthalate (131-11-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
26B. Di-N-Butyl Phthalate (84-74-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
27B. 2,4-Dinitrotoluene (121-14-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
28B. 2,6-Dinitrotoluene (606-20-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				

Facility ID. Number: FL0000159Outfall No. D-092

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent						4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
29B. Di-N-Octyl Phthalate (117-84-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
31B. Fluoranthene (206-44-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
32B. Fluorene (86-73-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
33B. Hexachlorobenzene (118-74-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<4.0						1	ug/l				
34B. Hexachlorobutadiene (87-68-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
35B. Heptachlorocyclopentadiene (77-47-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
36B. Hexachloroethane (67-72-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
38B. Isophorone (78-59-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
39B. Naphthalene (91-20-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
40B. Nitrobenzene (98-95-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
41B. N-Nitrosodimethylamine (62-75-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
42B. N-Nitrosodi-N-Propylamine (621-64-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
43B. N-Nitro-sodiphenylamine (86-30-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
44B. Phenanthrene (85-01-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
45B. Pyrene (129-00-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
46B. 1,2,4-Trichlorobenzene (120-82-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
1P. Aldrin (309-00-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
2P. -BHC (319-84-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
3P. -BHC (319-85-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
4P. -BHC (58-89-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
5P. -BHC (319-86-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				

Facility ID. Number: FL0000159Outfall No. D-092

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent						4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
6P. Chlordane (57-74-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
7P. 4,4'-DDT (50-29-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
8P. 4,4'-DDE (72-55-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
9P. 4,4'-DDD (72-54-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
10P. Dieldrin (60-57-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
11P. -Endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
12P. -Endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
13P. Endosulfan Sulfate (1031-07-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
14P. Endrin (72-20-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
15P. Endrin Aldehyde (7421-92-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
16P. Heptachlor (76-44-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
17P. Heptachlor Epoxide (1024-57-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
18P. PCB-1242 (53469-21-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
19P. PCB-1254 (11097-69-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
20P. PCB-1221 (11104-28-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
21P. PCB-1232 (11141-16-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
22P. PCB-1248 (12672-29-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
23P. PCB-1260 (11096-82-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
24P. PCB-1016 (12674-11-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
25P. Toxaphene (8001-35-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<3.0						1	ug/l				

OUTFALL D-093

PLEASE PRINT OR TYPE ONLY: You may report some or all of this information on separate sheets instead of completing these pages. Use the same format. SEE INSTRUCTIONS.

VII. INTAKE AND EFFLUENT CHARACTERISTICS

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. Pollutant	2. Effluent						3.. Units		4. Intake (optional)			
	a. Max. Daily Value		b. Max. 30-day Value		c. Annual Avg. Value		d. No. of Analyses	a. Concentration	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
a. Carbonaceous Biochemical Oxygen Demand (CBOD)	<2.0						1	mg/l				
b. Chemical Oxygen Demand (COD)	330						1	mg/l				
c. Total Organic Carbon (TOC)	1.8						1	mg/l				
d. Total Suspended Solids (TSS)	8.4						1	mg/l				
e. Total Nitrogen (as N)	<0.55						1	mg/l				
f. Total Phosphorus (as P)	<0.10						1	mg/l				
g. Ammonia (as N)	<0.050						1	mg/l				
h. Flow - actual or projected	Value 5.3		Value 5.3		Value		MGD			Value		
i. Flow - design	Value 5.3		Value 5.3		Value		MGD			Value		
j. Specific Conductivity	Value 36.7		Value		Value		1	µmbos/cm		Value		
k. Temperature (winter)	Value 13.9		Value		Value		1	°C		Value		
l. Temperature (summer)	Value		Value		Value			°C		Value		
m. pH	Min. 7.9	Max 8.3	Min.	Max.			12	STANDARD UNITS				

PART B - Mark "X" in column 2a for each pollutant you know or have reason to believe is present. Mark "X" in column 2b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. Pollutant and CAS No. (if available)	2. Mark "X"		3. Effluent						4. Units		5. Intake (optional)			
	a. be- lieved present	b. be- lieved absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
			(1) Conc...	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
a. Bromide (24949-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	60						1	mg/l				
b. Chlorine, Total Residual	<input type="checkbox"/>	<input type="checkbox"/>	ND						1	mg/l				
c. Color	<input type="checkbox"/>	<input type="checkbox"/>	30						1					
d. Fecal Coliform	<input type="checkbox"/>	<input type="checkbox"/>	6						1	mg/l				
e. Fluoride (16984-48-8)	<input type="checkbox"/>	<input type="checkbox"/>	0.73						1	mg/l				
f. Nitrate-Nitrite (as N)	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	mg/l				

: Item VII-B Contd.

Facility ID. Number FL0000159Outfall No. D-093

1. Pollutant and CAS No. (if available)	2. Mark "X"		3. Effluent						4. Units		5. Intake (optional)			
	a. believed present	b. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
			(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
g. Nitrogen, Total Organic (as N)	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	mg/l				
h. Oil and grease	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	mg/l				
i. Phosphorus, Total (as P) (7723-14-0)	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	mg/l				
j. Radioactivity	<input type="checkbox"/>	<input type="checkbox"/>												
(1) Alpha, Total	<input type="checkbox"/>	<input type="checkbox"/>	5.1+-0.5						1	pCi/L				
(2) Beta, Total	<input type="checkbox"/>	<input type="checkbox"/>	260+-66						1	pCi/L				
(3) Radium, Total	<input type="checkbox"/>	<input type="checkbox"/>	0.6+-0.7						1	pCi/L				
(4) Radium 226, Total	<input type="checkbox"/>	<input type="checkbox"/>	0.7+-0.2						1	pCi/L				
k. Sulfate (as SO ₄) (14808-79-8)	<input type="checkbox"/>	<input type="checkbox"/>	2000						1	ug/l				
l. Sulfide (as S)	<input type="checkbox"/>	<input type="checkbox"/>	<1.0						1	ug/l				
m. Sulfite (as SO ₃) (14265-45-3)	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
n. Surfactants	<input checked="" type="checkbox"/>	<input type="checkbox"/>												
o. Aluminum, Total (7429-90-5)	<input type="checkbox"/>	<input type="checkbox"/>	<0.20						1	mg/l				
p. Barium, Total (7440-39-3)	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
q. Boron, Total (7440-42-8)	<input type="checkbox"/>	<input type="checkbox"/>	3.7						1	mg/l				
r. Cobalt, Total (7440-48-4)	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
s. Iron, Total (7439-89-6)	<input type="checkbox"/>	<input type="checkbox"/>	0.076						1	mg/l				
t. Magnesium, Total (7439-95-4)	<input type="checkbox"/>	<input type="checkbox"/>	970						1	mg/l				
u. Molybdenum, Total (7439-98-7)	<input type="checkbox"/>	<input type="checkbox"/>	0.012						1	mg/l				
v. Manganese, Total (7439-96-5)	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
w. Tin, Total (7440-31-5)	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
x. Titanium, Total (7440-32-6)	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				

Facility ID. Number: FL0000159 Outfall No. D-093

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2a for all GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2a (secondary industries, non-process wastewater outfalls, and non-required GC/MS fractions), mark "X" in column 2b for each pollutant you know or have reason to believe is present. Mark "X" in column 2c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4-dinitrophenol, or 2-methyl-4,6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (all 7 pages) for each outfall. See instructions for additional details and requirements.

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent						4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
METALS, CYANIDE AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.0060						1	mg/l				
2M. Arsenic, Total (7723-14-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
3M. Beryllium, Total (7440-41-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
4M. Cadmium, Total (7440-43-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.0050						1	mg/l				
5M. Chromium, Total (7440-47-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
6M. Copper, Total (7440-50-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.045						1	mg/l				
7M. Lead, Total (7439-92-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.0050						1	mg/l				
8M. Mercury, Total (7439-97-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.00020						1	mg/l				
9M. Nickel, Total (7440-02-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.040						1	mg/l				
10M. Selenium, Total (7782-49-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
11M. Silver, Total (7440-22-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.0019						1	mg/l				
12M. Thallium, Total (7440-28-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
13M. Zinc, Total (7440-66-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.020						1	mg/l				
14M. Cyanide, Total (57-12-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
15M. Phenols, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.064						1	mg/l				
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)															
1V. Acrolein (107-02-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<100						1	ug/l				
2V. Acrylonitrile (107-13-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<100						1	ug/l				

Facility ID. Number: FL0000159

Outfall No. D-093

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent						4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
GC/MS FRACTION - VOLATILE COMPOUNDS (Continued)															
3V. Benzene (71-43-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<1.0						1	ug/l				
4V. Bis (Chloromethyl) Ether (542-88-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
5V. Bromoform (75-25-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
6V. Carbon Tetrachloride (56-23-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<3.0						1	ug/l				
7V. Chlorobenzene (108-90-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
8V. Chlorodi-bromomethane (124-8-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
9V. Chloroethane (74-00-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
10V. 2-Chloro-ethylvinyl Ether (110-75-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<50						1	ug/l				
11V. Chloroform (67-86-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
12V. Dichloro-bromomethane (75-24-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
13V. Dichloro-difluoromethane (75-71-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
14V. 1,1-Dichloroethane (75-34-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
15V. 1,2-Dichloroethane (107-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<3.0						1	ug/l				
16V. 1,1-Dichloroethylene (75-35-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
17V. 1,2-Dichloropropane (78-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
18V. 1,3-Dichloropropylene (542-75-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
19V. Ethylbenzene (100-41-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
20V. Methyl Bromide (74-83-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
21V. Methyl Chloride (74-87-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
22V. Methylene Chloride (74-98-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
23V. 1,1,2,2-Tetrachloroethane (79-34-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
24V. Tetrachloroethylene (127-18-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<3.0						1	ug/l				

Facility ID. Number: FL0000159Outfall No. D-093

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent						4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
GC/MS FRACTION - VOLATILE COMPOUNDS (continued)															
25V. Toluene (108-88-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
26V. 1,2-Trans-Dichloroethylene (156-60-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
27V. 1,1,2-Trichloroethane (71-55-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
28V. 1,1,2-Trichloroethane (79-00-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
29V. Trichloroethylene (79-01-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<3.0						1	ug/l				
30V. Trichlorofluoromethane (75-69-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
31V. Vinyl Chloride (75-01-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<1.0						1	ug/l				
GC/MS FRACTION - POLYCYCLIC AROMATIC COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
2A. 2,4-Dichlorophenol (120-83-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
3A. 2,4-Dimethylphenol (105-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
4A. 4,6-Dinitro-O-Cresol (534-53-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
5A. 2,4-Dinitrophenol (51-28-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<50						1	ug/l				
6A. 2-Nitrophenol (88-75-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
7A. 4-Nitrophenol (100-02-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<50						1	ug/l				
8A. P-Chloro-M-Cresol (59-50-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
9A. Pentachlorophenol (87-86-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<15						1	ug/l				
10A. Phenol (108-95-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
11A. 2,4,5-Trichlorophenol (88-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
GC/MS FRACTION - POLYCYCLIC AROMATIC COMPOUNDS															
1B. Acenaphthene (63-32-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
2B. Acenaphthylene (208-96-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
3B. Anthracene (120-12-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
4B. Benzidine (92-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<80						1	ug/l				

Facility ID. Number: FL0000159

Outfall No. D-093

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent						4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
5B. Benzo (a) Anthracene (56-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
6B. Benzo (a) Pyrene (50-32-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<4.0						1	ug/l				
7B. 3,4-Benzo-fluoranthene (205-99-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
8B. Benzo (ghi) Perylene (191-24-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
9B. Benzo (k) Fluoranthene (207-08-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
10B. Bis (2-Chloroethoxy) Methane (111-91-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
11B. Bis (2-chloroethyl) Ether (111-44-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
12B. Bis (2-Chloroisopropyl) Ether (102-60-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
13B. Bis (2-Ethylhexyl) Phthalate (117-81-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<6.0						1	ug/l				
14B. 4-Bromophenyl Phenyl Ether (101-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
15B. Butyl Benzyl Phthalate (84-68-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
16B. 2-Chlorophthalene (91-58-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
17B. 4-Chlorophenyl Phenyl Ether (7005-72-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
18B. Chrysene (218-01-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
19B. Dibenzo (a,h) Anthracene (53-70-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
20B. 1,2-Dichlorobenzene (95-50-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
21B. 1,3-Dichlorobenzene (541-73-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
22B. 1,4-Dichlorobenzene (106-46-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
23B. 3,3'-Dichlorobenzidine (92-94-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<20						1	ug/l				
24B. Diethyl Phthalate (84-66-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
25B. Dimethyl Phthalate (131-11-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
26B. Di-N-Butyl Phthalate (84-74-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
27B. 2,4-Dinitrotoluene (121-14-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
28B. 2,6-Dinitrotoluene (606-20-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent						4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
29B. Di-N-Octyl Phthalate (117-84-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
31B. Fluoranthene (206-44-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
32B. Fluorene (86-73-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
33B. Hexachlorobenzene (118-74-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<4.0						1	ug/l				
34B. Hexachlorobutadiene (87-68-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
35B. Heptachlorocyclopentadiene (77-47-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
36B. Hexachloroethane (67-72-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
38B. Isophorone (78-59-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
39B. Naphthalene (91-20-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
40B. Nitrobenzene (98-95-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
41B. N-Nitrosodimethylamine (62-75-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
42B. N-Nitrosodi-N-Propylamine (621-64-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
43B. N-Nitro-sodiphenylamine (86-30-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
44B. Phenanthrene (85-01-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
45B. Pyrene (129-00-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
46B. 1,2,4-Trichlorobenzene (120-82-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
1P. Aldrin (309-00-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
2P. -BHC (319-84-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
3P. -BHC (319-85-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
4P. -BHC (58-89-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
5P. -BHC (319-86-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				

Facility ID. Number: FL0000159Outfall No. D-093

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent						4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
6P. Chlordane (57-74-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
7P. 4,4'-DDT (50-29-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
8P. 4,4'-DDE (72-55-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
9P. 4,4'-DDD (72-54-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
10P. Dieldrin (60-57-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
11P. -Endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
12P. -Endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
13P. Endosulfan Sulfate (1031-07-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
14P. Endrin (72-20-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
15P. Endrin Aldehyde (7421-92-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
16P. Heptachlor (76-44-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
17P. Heptachlor Epoxide (1024-57-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
18P. PCB-1242 (53469-21-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
19P. PCB-1254 (11097-69-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
20P. PCB-1221 (11104-28-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
21P. PCB-1232 (11141-16-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
22P. PCB-1248 (12672-29-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
23P. PCB-1260 (11096-82-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
24P. PCB-1016 (12674-11-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
25P. Toxaphene (8001-35-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<3.0						1	ug/l				

OUTFALL I-FE

Facility ID. Number: F10000159 Outfall No. I-FE

PLEASE PRINT OR TYPE ONLY: You may report some or all of this information on separate sheets instead of completing these pages. Use the same format. SEE INSTRUCTIONS.

VII. INTAKE AND EFFLUENT CHARACTERISTICS

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. Pollutant	2. Effluent						3.. Units		4. Intake (optional)			
	a. Max. Daily Value		b. Max. 30-day Value		c. Annual Avg. Value		d. No. of Analyses	a. Concentration	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
a. Carbonaceous Biochemical Oxygen Demand (CBOD)	<2.0						1	mg/l				
b. Chemical Oxygen Demand (COD)	<20						1	mg/l				
c. Total Organic Carbon (TOC)	1.8						1	mg/l				
d. Total Suspended Solids (TSS)	<5.0						1	mg/l				
e. Total Nitrogen (as N)	1.2						1	mg/l				
f. Total Phosphorus (as P)	2.4						1	mg/l				
g. Ammonia (as N)	0.75						1	mg/l				
h. Flow - actual or projected	Value 7000		Value 7000		Value				gal.	Value		
i. Flow - design	Value 15000		Value 15000		Value				gal.	Value		
j. Specific Conductivity	Value 90		Value		Value			uS/cm		Value		
k. Temperature (winter)	Value		Value		Value			°C		Value		
l. Temperature (summer)	Value 30		Value		Value			°C		Value		
m. pH	Min. 6	Max. 6.8	Min.	Max.			12	STANDARD UNITS				

PART B - Mark "X" in column 2a for each pollutant you know or have reason to believe is present. Mark "X" in column 2b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. Pollutant and CAS No. (if available)	2. Mark "X"		3. Effluent						4. Units		5. Intake (optional)			
	a. be- lieved present	b. be- lieved absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
			(1) Conc...	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
a. Bromide (24949-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	<2.0						1	mg/l				
b. Chlorine, Total Residual	<input type="checkbox"/>	<input type="checkbox"/>	ND						1	mg/l				
c. Color	<input type="checkbox"/>	<input type="checkbox"/>	5						1					
d. Fecal Coliform	<input type="checkbox"/>	<input type="checkbox"/>	1200						1	mg/l				
e. Fluoride (16984-48-8)	<input type="checkbox"/>	<input type="checkbox"/>	<0.20						1	mg/l				
f. Nitrate-Nitrite (as N)	<input type="checkbox"/>	<input type="checkbox"/>	0.52						1	mg/l				

: Item VII-B Contd.

Facility ID. Number FL0000159Outfall No. IF-E

1. Pollutant and CAS No. (if available)	2. Mark "X"		3. Effluent						4. Units		5. Intake (optional)			
	a. believed present	b. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
			(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
g. Nitrogen, Total Organic (as N)	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	mg/l				
h. Oil and grease	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	mg/l				
i. Phosphorus, Total (as P) (7723-14-0)	<input type="checkbox"/>	<input type="checkbox"/>	2.4						1	mg/l				
j. Radioactivity														
(1) Alpha, Total	<input type="checkbox"/>	<input type="checkbox"/>	1.8+-0.7						1	pCi/l				
(2) Beta, Total	<input type="checkbox"/>	<input type="checkbox"/>	89+-3						1	pCi/l				
(3) Radium, Total	<input type="checkbox"/>	<input type="checkbox"/>	0.4+-0.7						1	pCi/l				
(4) Radium 226, Total	<input type="checkbox"/>	<input type="checkbox"/>	0.0+-0.08						1	pCi/l				
k. Sulfate (as SO ₄) (14808-79-8)	<input type="checkbox"/>	<input type="checkbox"/>	8.2						1	ug/l				
l. Sulfide (as S)	<input type="checkbox"/>	<input type="checkbox"/>	<1.0						1	ug/l				
m. Sulfite (as SO ₃) (14265-45-3)	<input type="checkbox"/>	<input type="checkbox"/>	<1.0						1	ug/l				
n. Surfactants	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
o. Aluminum, Total (7429-90-5)	<input type="checkbox"/>	<input type="checkbox"/>	<0.20						1	mg/l				
p. Barium, Total (7440-39-3)	<input type="checkbox"/>	<input type="checkbox"/>	0.015						1	mg/l				
q. Boron, Total (7440-42-8)	<input type="checkbox"/>	<input type="checkbox"/>	0.39						1	mg/l				
r. Cobalt, Total (7440-48-4)	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
s. Iron, Total (7439-89-6)	<input type="checkbox"/>	<input type="checkbox"/>	0.56						1	mg/l				
t. Magnesium, Total (7439-95-4)	<input type="checkbox"/>	<input type="checkbox"/>	1.6						1	mg/l				
u. Molybdenum, Total (7439-98-7)	<input type="checkbox"/>	<input type="checkbox"/>	1.1						1	mg/l				
v. Manganese, Total (7439-96-5)	<input type="checkbox"/>	<input type="checkbox"/>	0.042						1	mg/l				
w. Tin, Total (7440-31-5)	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	mg/l				
x. Titanium, Total (7440-32-6)	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				

Facility ID. Number: FL0000159 Outfall No. IF-E

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2a for all GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2a (secondary industries, non-process wastewater outfalls, and non-required GC/MS fractions), mark "X" in column 2b for each pollutant you know or have reason to believe is present. Mark "X" in column 2c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4-dinitrophenol, or 2-methyl-4,6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (all 7 pages) for each outfall. See instructions for additional details and requirements.

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent								4. Units		5. Intake (optional)	
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
METALS, CYANIDE AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.0060						1	mg/l				
2M. Arsenic, Total (7723-14-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
3M. Beryllium, Total (7440-41-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.0040						1	mg/l				
4M. Cadmium, Total (7440-43-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.0050						1	mg/l				
5M. Chromium, Total (7440-47-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
6M. Copper, Total (7440-50-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.020						1	mg/l				
7M. Lead, Total (7439-92-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.0050						1	mg/l				
8M. Mercury, Total (7439-97-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.00020						1	mg/l				
9M. Nickel, Total (7440-02-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.040						1	mg/l				
10M. Selenium, Total (7782-49-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
11M. Silver, Total (7440-22-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.0019						1	mg/l				
12M. Thallium, Total (7440-28-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
13M. Zinc, Total (7440-66-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.020						1	mg/l				
14M. Cyanide, Total (57-12-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
15M. Phenols, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	mg/l				
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
IV. Acrolein (107-02-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<100						1	ug/l				
2V. Acrylonitrile (107-13-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<100						1	ug/l				

Facility ID. Number: FL0000159Outfall No. IF-E

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent						4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
GC/MS FRACTION VOLATILE COMPOUNDS (continued)															
3V. Benzene (71-43-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<1.0						1	ug/l				
4V. Bis (Chloromethyl) Ether (542-88-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10											
5V. Bromoform (75-25-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
6V. Carbon Tetrachloride (56-23-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<3.0						1	ug/l				
7V. Chlorobenzene (108-90-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
8V. Chlorodibromomethane (124-8-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
9V. Chloroethane (74-00-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
10V. 2-Chloro-ethylvinyl Ether (110-75-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<50						1	ug/l				
11V. Chloroform (67-86-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
12V. Dichlorobromomethane (75-24-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
13V. Dichlorodifluoromethane (75-71-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
14V. 1,1-Dichloroethane (75-34-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
15V. 1,2-Dichloroethane (107-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<3.0						1	ug/l				
16V. 1,1-Dichloroethylene (75-35-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
17V. 1,2-Dichloropropane (78-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
18V. 1,3-Dichloropropylene (542-75-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0											
19V. Ethylbenzene (100-41-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
20V. Methyl Bromide (74-83-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
21V. Methyl Chloride (74-87-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
22V. Methylene Chloride (74-98-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
23V. 1,1,2,2-Tetrachloroethane (79-34-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
24V. Tetrachloroethylene (127-18-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<3.0						1	ug/l				

Facility ID. Number: FL0000159 Outfall No. IF-E

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent						4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
GC/MS FRACTION VOLATILE COMPOUNDS (continued)															
25V. Toluene (108-88-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
26V. 1,2-Trans-Dichloroethylene (156-60-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
27V. 1,1,2-Trichloroethane (71-55-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
28V. 1,1,2-Trichloroethane (79-00-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
29V. Trichloroethylene (79-01-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<3.0						1	ug/l				
30V. Trichlorofluoromethane (75-69-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
31V. Vinyl Chloride (75-01-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<1.0						1	ug/l				
GC/MS FRACTION SEMI-VOLATILE COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
2A. 2,4-Dichlorophenol (120-83-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
3A. 2,4-Dimethylphenol (105-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
4A. 4,6-Dinitro-O-Cresol (534-53-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
5A. 2,4-Dinitrophenol (51-28-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<50						1	ug/l				
6A. 2-Nitrophenol (88-75-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
7A. 4-Nitrophenol (100-02-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<50						1	ug/l				
8A. p-Chloro-M-Cresol (59-50-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
9A. Pentachlorophenol (87-86-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<15						1	ug/l				
10A. Phenol (108-95-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
11A. 2,4,5-Trichlorophenol (88-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
GC/MS FRACTION POLYCYCLIC AROMATIC COMPOUNDS															
1B. Acenaphthene (63-32-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
2B. Acenaphthylene (208-96-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
3B. Anthracene (120-12-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
4B. Benzidine (92-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<80						1	ug/l				

Facility ID. Number: FL0000159Outfall No. IF-E

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent						4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
5B. Benzo (a) Anthracene (56-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
6B. Benzo (a) Pyrene (50-32-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<4.0						1	ug/l				
7B. 3,4-Benzo-fluoranthene (205-99-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
8B. Benzo (ghi) Perylene (191-24-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
9B. Benzo (k) Fluoranthene (207-08-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
10B. Bis (2-Chloroethoxy) Methane (111-91-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
11B. Bis (2-chloroethyl) Ether (111-44-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
12B. Bis (2-Chloropropyl) Ether (102-60-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
13B. Bis (2-Ethylhexyl) Phthalate (117-81-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<6.0						1	ug/l				
14B. 4-Bromophenyl Phenyl Ether (101-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
15B. Butyl Benzyl Phthalate (84-68-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
16B. 2-Chloronaphthalene (91-58-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
17B. 4-Chlorophenyl Phenyl Ether (7005-72-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
18B. Chrysene (218-01-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
19B. Dibenzo (a,h) Anthracene (53-70-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
20B. 1,2-Dichlorobenzene (95-50-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
21B. 1,3-Dichlorobenzene (541-73-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
22B. 1,4-Dichlorobenzene (106-46-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
23B. 3,3'-Dichlorobenzidine (92-94-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<20						1	ug/l				
24B. Diethyl Phthalate (84-66-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
25B. Dimethyl Phthalate (131-11-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
26B. Di-N-Butyl Phthalate (84-74-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
27B. 2,4-Dinitrotoluene (121-14-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
28B. 2,6-Dinitrotoluene (606-20-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				

Facility ID. Number: FL0000159Outfall No. IF-E

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent						d. No. of Analyses	4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)			a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses	
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass		
29B. Di-N-Octyl Phthalate (117-84-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l					
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l					
31B. Fluoranthene (206-44-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l					
32B. Fluorene (86-73-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l					
33B. Hexachlorobenzene (118-74-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<4.0						1	ug/l					
34B. Hexachlorobutadiene (87-68-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l					
35B. Heptachlorodipicene (77-47-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l					
36B. Hexachloroethane (67-72-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l					
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l					
38B. Isophorone (78-59-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l					
39B. Naphthalene (91-20-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l					
40B. Nitrobenzene (98-95-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l					
41B. N-Nitrosodimethylaniline (62-75-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l					
42B. N-Nitrosodi-N-Propylamine (621-64-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l					
43B. N-Nitro-sodiphenylamine (86-30-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l					
44B. Phenanthrene (85-01-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l					
45B. Pyrene (129-00-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l					
46B. 1,2,4-Trichlorobenzene (120-82-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l					
1P. Aldrin (309-00-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l					
2P. -BHC (319-84-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l					
3P. -BHC (319-85-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l					
4P. -BHC (58-89-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l					
5P. -BHC (319-86-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l					

Facility ID. Number: FL0000159Outfall No. I-FE

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent						4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
6P. Chlordane (57-74-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
7P. 4,4'-DDT (50-29-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
8P. 4,4'-DDE (72-55-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
9P. 4,4'-DDD (72-54-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
10P. Dieldrin (60-57-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
11P. -Endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
12P. -Endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
13P. Endosulfan Sulfate (1031-07-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
14P. Endrin (72-20-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
15P. Endrin Aldehyde (7421-92-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
16P. Heptachlor (76-44-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
17P. Heptachlor Epoxide (1024-57-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
18P. PCB-1242 (53469-21-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
19P. PCB-1254 (11097-69-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
20P. PCB-1221 (11104-28-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
21P. PCB-1232 (11141-16-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
22P. PCB-1248 (12672-29-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
23P. PCB-1260 (11096-82-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
24P. PCB-1016 (12674-11-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
25P. Toxaphene (8001-35-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<3.0						1	ug/l				

OUTFALL I-FG

Facility ID. Number: FL0000159 Outfall No. I-FG

PLEASE PRINT OR TYPE ONLY: You may report some or all of this information on separate sheets instead of completing these pages. Use the same format. SEE INSTRUCTIONS.

VII. INTAKE AND EFFLUENT CHARACTERISTICS

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. Pollutant	2. Effluent						3. Units		4. Intake (optional)			
	a. Max. Daily Value		b. Max. 30-day Value		c. Annual Avg. Value		d. No. of Analyses	a. Concentration	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
a. Carbonaceous Biochemical Oxygen Demand (CBOD)	<2.0						1	mg/l				
b. Chemical Oxygen Demand (COD)	81						1	mg/l				
c. Total Organic Carbon (TOC)	25						1	mg/l				
d. Total Suspended Solids (TSS)	8.4						1	mg/l				
e. Total Nitrogen (as N)	45						1	mg/l				
f. Total Phosphorus (as P)	0.44						1	mg/l				
g. Ammonia (as N)	34						1	mg/l				
h. Flow - actual or projected	Value 500000		Value 500000		Value					Value		
i. Flow - design	Value 500000		Value 500000		Value					Value		
j. Specific Conductivity	Value 690		Value		Value			uS/cm		Value		
k. Temperature (winter)	Value		Value		Value			°C		Value		
l. Temperature (summer)	Value 23.4		Value		Value			°C		Value		
m. pH	Min. 8.1	Max 9	Min.	Max.			12	STANDARD UNITS				

PART B - Mark "X" in column 2a for each pollutant you know or have reason to believe is present. Mark "X" in column 2b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. Pollutant and CAS No. (if available)	2. Mark "X"		3. Effluent						4. Units		5. Intake (optional)			
	a. be- lieved present	b. be- lieved absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
			(1) Conc...	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
a. Bromide (24949-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	<2.0						1	mg/l				
b. Chlorine, Total Residual	<input type="checkbox"/>	<input type="checkbox"/>	ND						1	mg/l				
c. Color	<input type="checkbox"/>	<input type="checkbox"/>	<5						1					
d. Fecal Coliform	<input type="checkbox"/>	<input type="checkbox"/>	<1						1	mg/l				
e. Fluoride (16984-48-8)	<input type="checkbox"/>	<input type="checkbox"/>	<0.20						1	mg/l				
f. Nitrate-Nitrite (as N)	<input type="checkbox"/>	<input type="checkbox"/>	2.8						1	mg/l				

: Item VII-B Contd.

Facility ID. Number FL0000159Outfall No. I-FG

1. Pollutant and CAS No. (if available)	2. Mark "X"		3. Effluent						4. Units		5. Intake (optional)			
	a. believed present	b. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
			(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
g. Nitrogen, Total Organic (as N)	<input type="checkbox"/>	<input type="checkbox"/>	8.0						1	mg/l				
h. Oil and grease	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	mg/l				
i. Phosphorus, Total (as P) (7723-14-0)	<input type="checkbox"/>	<input type="checkbox"/>	0.44						1	mg/l				
j. Radioactivity														
(1) Alpha, Total	<input type="checkbox"/>	<input type="checkbox"/>	2.8+-1.1						1	pCi/l				
(2) Beta, Total	<input type="checkbox"/>	<input type="checkbox"/>	6.4+-1.2						1	pCi/l				
(3) Radium, Total	<input type="checkbox"/>	<input type="checkbox"/>	0.0+-0.7						1	pCi/l				
(4) Radium 226, Total	<input type="checkbox"/>	<input type="checkbox"/>	0.1+-0.07						1	pCi/l				
k. Sulfate (as SO ₄) (14808-79-8)	<input type="checkbox"/>	<input type="checkbox"/>	92						1	ug/l				
l. Sulfide (as S)	<input type="checkbox"/>	<input type="checkbox"/>	<1.0						1	ug/l				
m. Sulfite (as SO ₃) (14265-45-3)	<input type="checkbox"/>	<input type="checkbox"/>	<1.0						1	ug/l				
n. Surfactants	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
o. Aluminum, Total (7429-90-5)	<input type="checkbox"/>	<input type="checkbox"/>	<0.20						1	mg/l				
p. Barium, Total (7440-39-3)	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
q. Boron, Total (7440-42-8)	<input type="checkbox"/>	<input type="checkbox"/>	0.16						1	mg/l				
r. Cobalt, Total (7440-48-4)	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
s. Iron, Total (7439-89-6)	<input type="checkbox"/>	<input type="checkbox"/>	2.6						1	mg/l				
t. Magnesium, Total (7439-95-4)	<input type="checkbox"/>	<input type="checkbox"/>	13						1	mg/l				
u. Molybdenum, Total (7439-98-7)	<input type="checkbox"/>	<input type="checkbox"/>	0.094						1	mg/l				
v. Manganese, Total (7439-96-5)	<input type="checkbox"/>	<input type="checkbox"/>	0.046						1	mg/l				
w. Tin, Total (7440-31-5)	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	mg/l				
x. Titanium, Total (7440-32-6)	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				

Facility ID. Number: FL0000159 Outfall No. I-FG

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2a for all GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2a (secondary industries, non-process wastewater outfalls, and non-required GC/MS fractions), mark "X" in column 2b for each pollutant you know or have reason to believe is present. Mark "X" in column 2c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4-dinitrophenol, or 2-methyl-4,6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (all 7 pages) for each outfall. See instructions for additional details and requirements.

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent						4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
METALS, CYANIDE AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.0060						1	mg/l				
2M. Arsenic, Total (7723-14-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
3M. Beryllium, Total (7440-41-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.0040						1	mg/l				
4M. Cadmium, Total (7440-43-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.0050						1	mg/l				
5M. Chromium, Total (7440-47-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
6M. Copper, Total (7440-50-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.69						1	mg/l				
7M. Lead, Total (7439-92-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.0050						1	mg/l				
8M. Mercury, Total (7439-97-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.0020						1	mg/l				
9M. Nickel, Total (7440-02-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.10						1	mg/l				
10M. Selenium, Total (7782-49-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
11M. Silver, Total (7440-22-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.0019						1	mg/l				
12M. Thallium, Total (7440-28-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
13M. Zinc, Total (7440-66-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.051						1	mg/l				
14M. Cyanide, Total (57-12-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.010						1	mg/l				
15M. Phenols, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	mg/l				
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
1V. Acrolein (107-02-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<100						1	ug/l				
2V. Acrylonitrile (107-13-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<100						1	ug/l				

Facility ID. Number: FL0000159 Outfall No. I-FG

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent						4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
GC/MS FRACTION: VOLATILE COMPOUNDS (continued)															
3V. Benzene (71-43-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<1.0						1	ug/l				
4V. Bis (Chloromethyl) Ether (542-88-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
5V. Bromoform (75-25-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
6V. Carbon Tetrachloride (56-23-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	≤ <3.0						1	ug/l				
7V. Chlorobenzene (108-90-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	≤ <5.0						1	ug/l				
8V. Chlorodi-bromomethane (124-8-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
9V. Chloroethane (74-00-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
10V. 2-Chloro-ethylvinyl Ether (110-75-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<50						1	ug/l				
11V. Chloroform (67-86-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
12V. Dichloro-bromomethane (75-24-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
13V. Dichloro-difluoromethane (75-71-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
14V. 1,1-Dichloroethane (75-34-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
15V. 1,2-Dichloroethane (107-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<3.0						1	ug/l				
16V. 1,1-Dichloroethylene (75-35-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
17V. 1,2-Dichloropropane (78-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
18V. 1,3-Dichloropropylene (542-75-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0											
19V. Ethylbenzene (100-41-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
20V. Methyl Bromide (74-83-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
21V. Methyl Chloride (74-87-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
22V. Methylene Chloride (74-98-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
23V. 1,1,2,2-Tetrachloroethane (79-34-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
24V. Tetrachloroethylene (127-18-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<3.0						1	ug/l				

Facility ID. Number: FL0000159Outfall No. I-FG

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent						4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
GC/MS FRACTION VOLATILE COMPOUNDS (continued)															
25V. Toluene (108-88-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
26V. 1,2-Trans-Dichloroethylene (156-60-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
27V. 1,1,2-Trichloroethane (71-55-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
28V. 1,1,2-Trichloroethane (79-00-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
29V. Trichloroethylene (79-01-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<3.0						1	ug/l				
30V. Trichlorofluoromethane (75-69-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<5.0						1	ug/l				
31V. Vinyl Chloride (75-01-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<1.0						1	ug/l				
1A. 2-Chlorophenol (95-57-8)															
1A. 2-Chlorophenol (95-57-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
2A. 2,4-Dichlorophenol (120-83-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
3A. 2,4-Dimethylphenol (105-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
4A. 4,6-Dinitro-O-Cresol (534-53-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
5A. 2,4-Dinitrophenol (51-28-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<50						1	ug/l				
6A. 2-Nitrophenol (88-75-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
7A. 4-Nitrophenol (100-02-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<50						1	ug/l				
8A P-Chloro-M-Cresol (59-50-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
9A Pentachlorophenol (87-86-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<15						1	ug/l				
10A Phenol (108-95-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
11A 2,4,5-Trichlorophenol (88-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
1B. Acenaphthene (63-32-9)															
1B. Acenaphthene (63-32-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
2B. Acenaphthylene (208-96-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
3B. Anthracene (120-12-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
4B. Benzidine (92-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<80						1	ug/l				

Facility ID. Number: FL0000159

Outfall No. I-FG

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent						4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
5B. Benzo (a) Anthracene (56-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
6B. Benzo (a) Pyrene (50-32-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<4.0						1	ug/l				
7B. 3,4-Benzo-fluoranthene (205-99-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
8B. Benzo (ghi) Perylene (191-24-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
9B. Benzo (k) Fluoranthene (207-08-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
10B. Bis (2-Chloroethoxy) Methane (111-91-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
11B. Bis (2-chloroethyl) Ether (111-44-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
12B. Bis (2-Chloropropyl) Ether (102-60-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
13B. Bis (2-Ethylhexyl) Phthalate (117-81-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<6.0						1	ug/l				
14B. 4-Bromophenyl Phenyl Ether (101-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
15B. Butyl Benzyl Phthalate (84-68-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
16B. 2-Chloronaphthalene (91-58-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
17B. 4-Chlorophenyl Phenyl Ether (7005-72-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
18B. Chrysene (218-01-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
19B. Dibenzo (a,h) Anthracene (53-70-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
20B. 1,2-Dichlorobenzene (95-50-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
21B. 1,3-Dichlorobenzene (541-73-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
22B. 1,4-Dichlorobenzene (106-46-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
23B. 3,3'-Dichlorobenzidine (92-94-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<20						1	ug/l				
24B. Diethyl Phthalate (84-66-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
25B. Dimethyl Phthalate (131-11-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
26B. Di-N-Butyl Phthalate (84-74-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
27B. 2,4-Dinitrotoluene (121-14-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
28B. 2,6-Dinitrotoluene (606-20-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				

Facility ID. Number: FL0000159Outfall No. I-FG

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent						4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
29B. Di-N-Octyl Phthalate (117-84-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
31B. Fluoranthene (206-44-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
32B. Fluorene (86-73-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
33B. Hexachlorobenzene (118-74-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<4.0						1	ug/l				
34B. Hexachlorobutadiene (87-68-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
35B. Heptachlorocyclopentadiene (77-47-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
36B. Hexachloroethane (67-72-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
38B. Isophorone (78-59-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
39B. Naphthalene (91-20-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
40B. Nitrobenzene (98-95-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
41B. N-Nitrosodimethylamine (62-75-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
42B. N-Nitrosodi-N-Propylamine (621-64-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
43B. N-Nitro-sodiphenylamine (86-30-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
44B. Phenanthrene (85-01-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
45B. Pyrene (129-00-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
46B. 1,2,4-Trichlorobenzene (120-82-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<10						1	ug/l				
1P. Aldrin (309-00-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
2P. -BHC (319-84-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
3P. -BHC (319-85-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
4P. -BHC (58-89-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
5P. -BHC (319-86-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent						4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
6P. Chlordane (57-74-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
7P. 4,4'-DDT (50-29-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
8P. 4,4'-DDE (72-55-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
9P. 4,4'-DDD (72-54-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
10P. Dieldrin (60-57-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
11P. -Endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
12P. -Endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
13P. Endosulfan Sulfate (1031-07-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
14P. Endrin (72-20-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
15P. Endrin Aldehyde (7421-92-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.10						1	ug/l				
16P. Heptachlor (76-44-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
17P. Heptachlor Epoxide (1024-57-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.050						1	ug/l				
18P. PCB-1242 (53469-21-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
19P. PCB-1254 (11097-69-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
20P. PCB-1221 (11104-28-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
21P. PCB-1232 (11141-16-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
22P. PCB-1248 (12672-29-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
23P. PCB-1260 (11096-82-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
24P. PCB-1016 (12674-11-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<0.50						1	ug/l				
25P. Toxaphene (8001-35-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<3.0						1	ug/l				

VIII POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

Is any pollutant listed in Item VII-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or by-product?

☐ YES (list all such pollutants below) ☒ NO (go to IX)

IX BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☒ YES (identify the test(s) and describe their purposes below) ☐ NO (go to Section X)

April 9 & 17 2003- Toxicity and Growth potential test at outfall D-011. Conducted as part of a split sampling with FDEP as part of a compliance evaluation. Results passed.

March 29 & May 29 1998 - Toxicity tests performed at D-0F as required during the use of Clam-trol - Results passed.

August 21 1998 - Toxicity test performed at D-0F as required during the use of Clam-trol - Results passed.

July 29, 1998 7-day chronic flow through toxicity test performed at D-0F during the use of Clam-trol - Results passed.

X CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item VII performed by a contract laboratory or consulting firm?

☒ YES (list the name, address, telephone number, and certification number of, and pollutants analyzed by each such laboratory or firm below) ☐ NO (go to Section XI)

A. Name	B. Address	C. Telephone (area code & no.)	D. Pollutants Analyzed (list)
Severn Trent Services	Tampa, FL	813-885-7427	All submitted

XI CONNECTION TO REGIONAL POTW

A. Indicate the relationship between this project and area regional planning for wastewater treatment. List steps to be taken for this industrial wastewater facility to become part of an area-wide wastewater treatment system.

None

XII-A CERTIFICATIONS FOR NEW OR MODIFIED FACILITIES

This is to certify the engineering features of this pollution control project have been designed by me and found to be in conformity with sound engineering principles, applicable to the treatment and disposal of pollutants characterized in the permit application. There is reasonable assurance, in my professional judgment, that the pollution control facilities, when properly maintained and operated, will discharge an effluent that complies with all applicable statutes of the State of Florida and the rules of the Department. It is also agreed that the undersigned, if authorized by the owner, will furnish the applicant a set of instructions for the proper maintenance and operation of the pollution control facilities and, if applicable, pollution sources.

Signature

Company Name

Address

Name (please type)

(Affix Seal)

Florida Registration No.:

Telephone No.:

Date

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 & Official Title (Please type or print)

Signature

Telephone No. (area code & No.)

Date Signed

XII-B CERTIFICATIONS FOR PERMIT RENEWALS

This is to certify the engineering features of this pollution control project have been examined by me and found to be in conformity with sound engineering principles, applicable to the treatment and disposal of pollutants characterized in the permit application. There is reasonable assurance, in my professional judgment, that the pollution control facilities, when properly maintained and operated, will discharge an effluent that complies with all applicable statutes of the State of Florida and the rules of the Department.


Signature

Garrett Craig

Name (please type)

(Affix Seal)

Progress Energy Florida Inc.

Company Name

Address

P.O. Box 14042 MAC BB1A, St. Petersburg, FL 33733

Florida Registration No.: # 43907

Telephone No.: 727-826-4319

Date 6/9/03

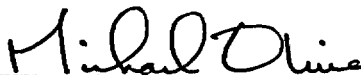
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage 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.

Michael Olive, Fossil Plant Manager

Name & Official Title (Please type or print)

352-464-7747

Telephone No. (area code & No.)

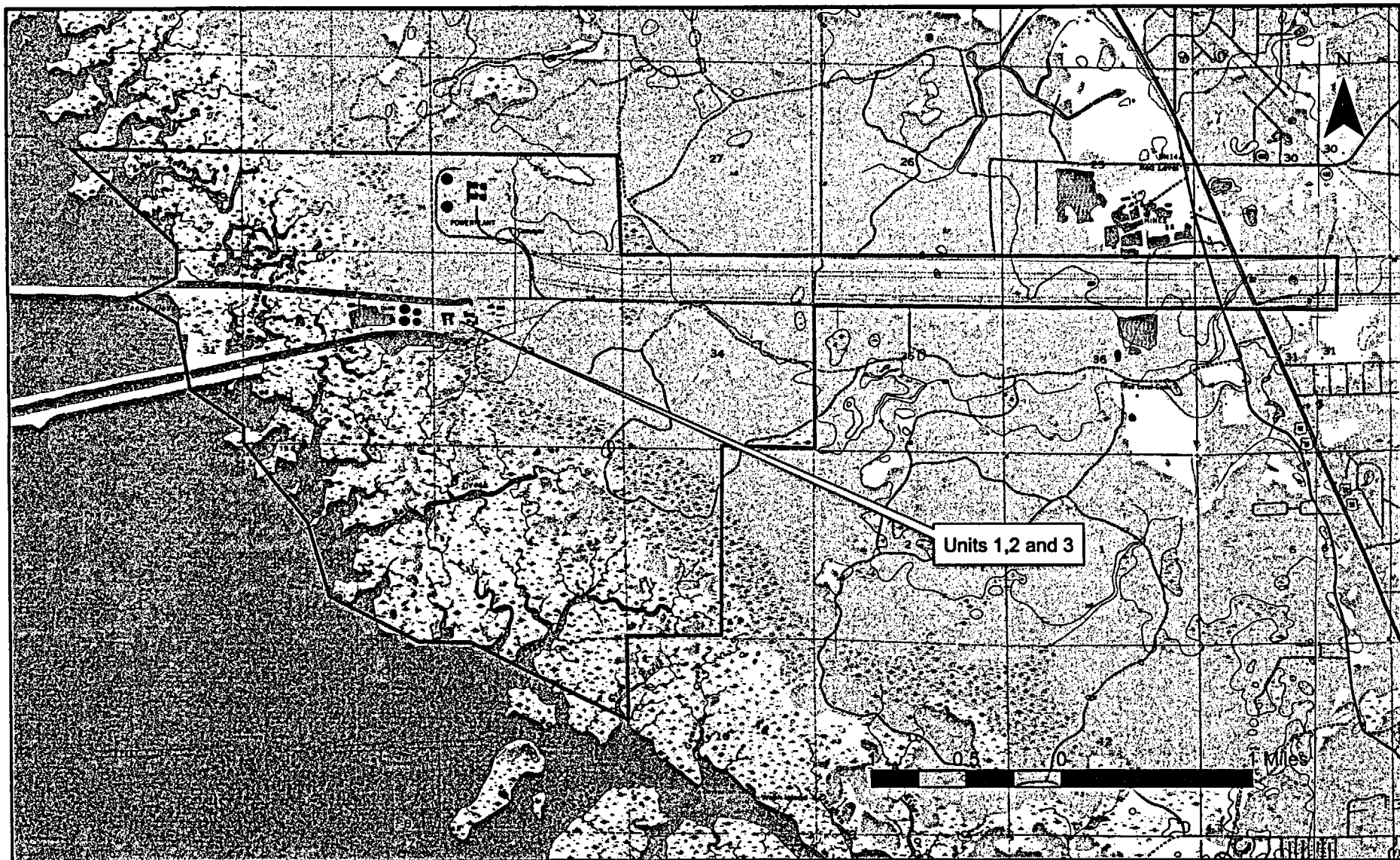


Signature

6-11-2003

Date Signed

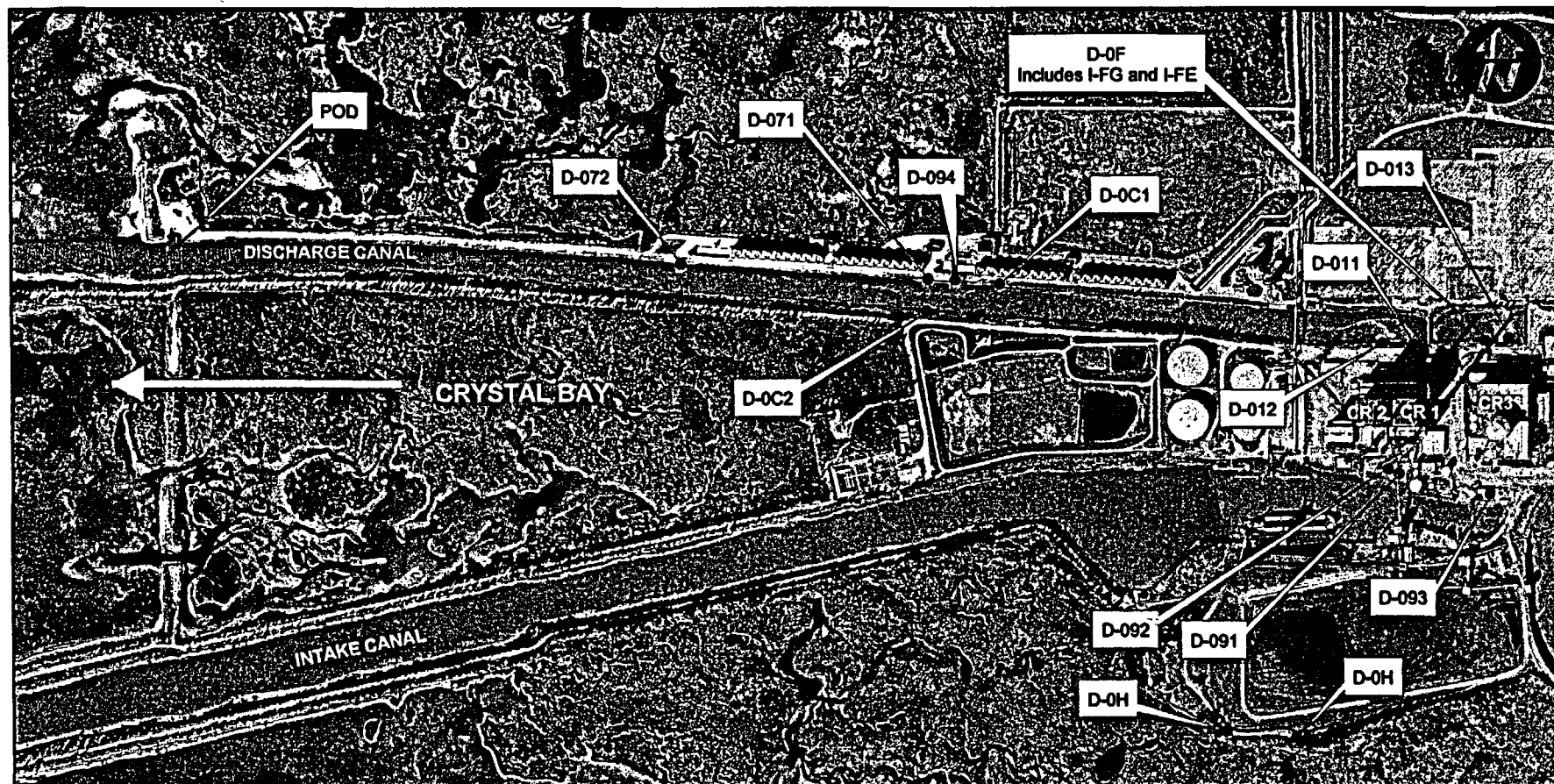
Attachment 1 - Crystal River Energy Complex Property Boundary - FL0000159



U.S.G.S. Red Level Quadrangle

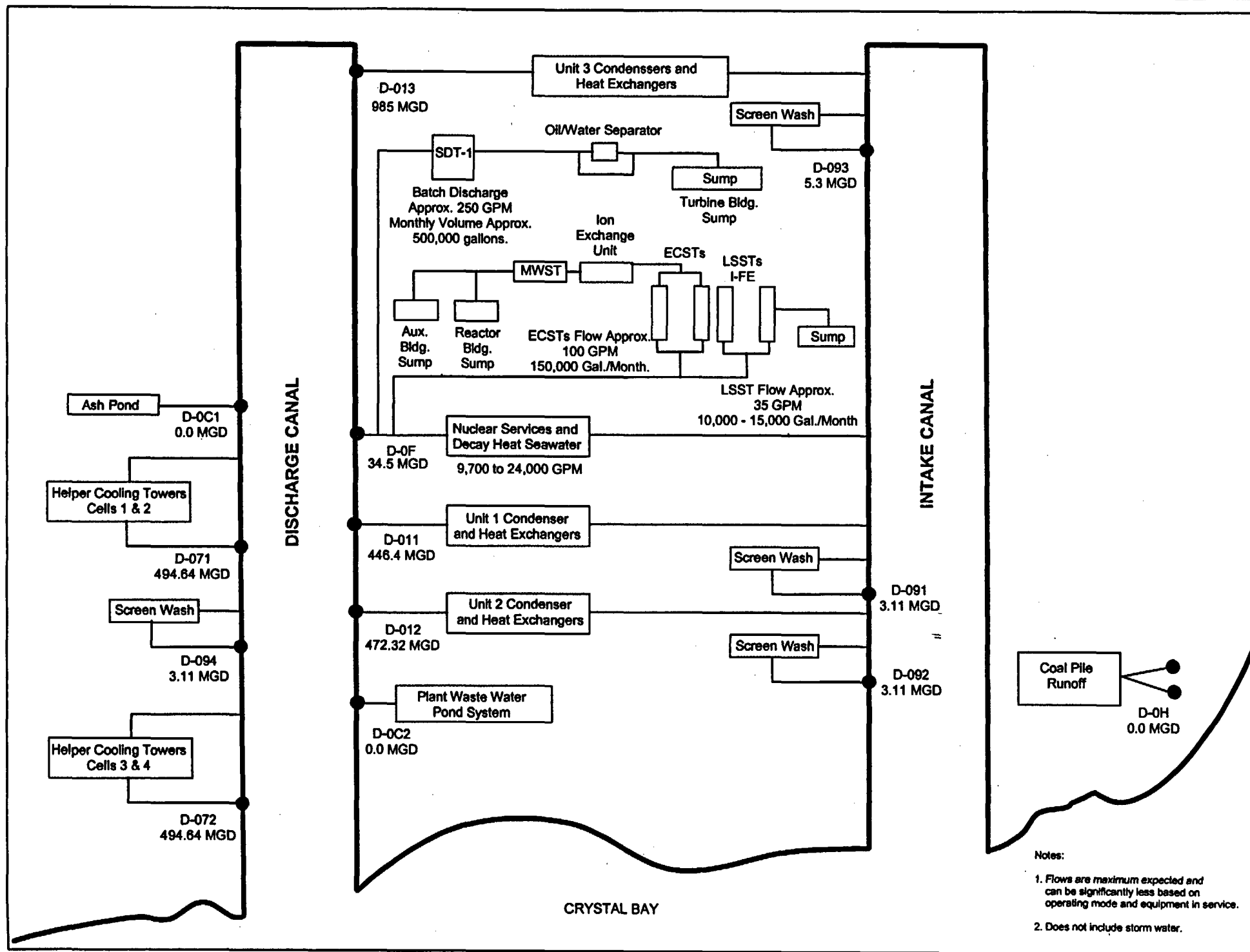
M. Shrader
5/19/03

Attachment 2 - Crystal River Units 1, 2 & 3 NPDES Discharge Points - FL00000159



M. Shrader
4/23/03

Attachment 3 - Crystal River Units 1, 2 & 3 NPDES Flow Diagram - FL0000159



ATTACHMENT 4
WASTE WATER DESCRIPTION

D-011, D-012 and D-013

- **Once through cooling water**

The Crystal River Power Plant Unit 1 (D-011), Unit 2 (D-012), and Unit 3 (D-013) utilize once through cooling water withdrawn from Crystal Bay. The water is circulated through the facilities and discharged back in to the Bay via the discharge canal. Additionally Units 1 & 2 utilize a condenser cleaning system, know as the SIDTEC System, wherein plastic cleaners are added to the once through cooling water stream and recapture for recirculation. Unit 3 utilizes a different condenser cleaning system, known as the Amertap System. In the Amertap System, cleaning balls are circulated through the Unit 3 Condensers. The Amertap balls are collected and recirculated. These outfalls discharge to the discharge canal.

- Method of flow measurement

- D-011, D-012 flows are calculated based on pump curves/flow testing and time of operation.
 - D-013 flows are calculated based on pump curves/flow testing and time of operation.

D-0F

- **Nuclear Services and Decay Heat Seawater System**

This outfall is associated with Unit 3 and consists of once through cooling water and discharges from internal processes as described in I-FE and I-FG. It also conveys discharges from the Evaporator Condensate Storage Tanks. Progress Energy is authorized to treat the process that supplies this discharge with a biocide. This biocide is known as Clamtrol (Spectrus CT1300) which is injected into the system and then detoxified with bentonite clay (Spectrus DT1401) prior to discharge.

- Method of flow measurement

- D-0F flows are calculated based on pump curves/flow testing and time of operation.

I-FE

- **Laundry Shower and Sump Tanks**

These waste streams currently discharge through outfall D-0F. They consist of the following:

Laundry Shower and Sump Tanks (LSSTs)

This waste stream includes but is not limited to laundry wash water, mop water, floor drain waste water and laboratory waste water from the primary laboratory, reagent laboratory, and the annex laboratory. Waste waters also include leakage from auxiliary plant systems, and waste water from hydrolasing activities.

- Method of flow measurement

- I-FE flows are determined by flow instrumentation or tank level change.

I-FG

- **SDT-1**

This waste stream currently discharges through outfall D-0F. It consists of the following:

Secondary Drain Tank System

This waste stream includes but is not limited to steam plant leak offs, laboratory wastes from system evaluation, secondary plant, intermediate cooling system, water supplies laboratory waste water, leakage from auxiliary plant systems, mop water and waste water from hydrolasing activities and system drainage.

- Method of flow measurement

- I-FG flows are determined by flow instrumentation or tank level change.

D-0C2

- **Plant Waste Water Pond System**

This waste stream would be the result of the overflow of the plant waste water evaporation/percolation pond system. This system receives various low volume wastes from Units 1, 2 & 3 including the discharge from Unit 1 & 2 sewage treatment plant. These discharges are monitored in accordance with permits FLA016960 and FLA118753-001-DW3P. This area is also sometimes used as a dredge spoil dewatering area. This discharge has not been used due to the adequacy of the overall capacity of the pond system; however the outfall should be maintained for future use as needed. This outfall discharges to the discharge canal.

D-091, D-092, D-093 and D-094

- **Screen Water Wash**

D-091, D-092, D-093 and D-094 are discharges produced when water from the intake canal (for outfalls D-091, D-092 and D-093) and discharge canal (for outfall D-094) is used to wash debris from the rotating debris screens protecting the intake pumps at Unit 1,2, and 3 and also the Helper Cooling Towers. These outfalls discharge to the intake canal at the plant intake structures (for outfalls D-091, D-092 and D-093) and discharge canal (for outfall D-094).

- Method of flow measurement
 - None required.

D-0C1

- **North Ash Pond**

The North Ash Pond is not currently receiving material on a daily basis but sometimes receives flyash and/or bottom ash for staging prior to disposal. The discharge from the pond is to the discharge canal. This discharge has not been used due to the adequacy of the overall capacity of the pond system; however the outfall should be maintained for future use as needed.

D-071 and D-072

- **Helper Cooling Tower - Once through cooling water**
The Helper Cooling Towers withdrawal water directly from the site discharge canal for additional cooling. The once through cooling water is then directed back to the discharge canal through outfalls D-071 and D-072.
 - Method of flow measurement
 - D-071 and D-072 flows are measured using pump times and design flows.

D-0H

- **Coal Pile Runoff**
Runoff from the coal pile is captured in a collection ditch system. This system has two valved outfalls in close proximity to each other. These outfalls can be allowed to discharge to a marshy area south of the coal pile storage area. The valves that serve these outfalls are locked in the closed position. This discharge has not been used due to the adequacy of the overall capacity of the pond system; however the outfalls should be maintained for future use as needed.

Various Potential Discharges

- **Treated Groundwater**

At the Crystal River Energy Complex, groundwater is treated to drinking water standards by a lime softening process; it is then chlorinated and used as potable and service water. Groundwater may also be treated by demineralization after the lime softening process. The treated water typically enters the surface water by incidental leak offs, bar rack cleaning and pump bearing seals. At Crystal River Units 1, 2, and 3 the estimated release from continuous sources is 118 GPM. This treated water enters the intake and discharge canal at various locations which includes the facilities intake structures and at the Helper Cooling Tower intake structure. An undetermined amount of treated water may be discharged during routine plant operations. These operations may include coal handling area wash down and routine maintenance activities. Discharges may occur through storm drains or other conveyances. Additionally, treated water may be used in an emergency in place of screen wash water. The treated water would be used if the

screen wash pumps failed or were unable to keep up with traveling screen fouling as may be caused by excessive influx of sea grass.

- **Coal**

Coal may be discharged to the intake canal in the course of barge unloading operations incidental spillage from the coal conveyor system or wash down operations as indicated previously. These releases are minimized through the use of Best Management Practices. Coal is recovered from the canal on a periodic basis.

- **Pesticide/Herbicide**

Pesticide/herbicides are used at various locations around the plant site. These products are applied by licensed applicators as applicable to reduce vegetation and are applied away from the canal area or anywhere aquatic contact is probable. There is a potential for discharge as runoff in the event of an unusual storm event. If it becomes necessary to use pesticides/herbicides in or around an aquatic area, only appropriately approved products will be used.

ATTACHMENT 5

Form 2CGS Section III.D

1. In the unlikely event of a total power failure, there would be a cessation of discharges. Discharges from internal outfalls would resume pending verification of acceptable quality.

Form 2CGS Section VI Improvements

1. Permit condition B.15 requires the submittal of a plan of study to assess potential sediment toxicity associated with the use and discharge of Clam-trol. A plan of study was submitted to the FDEP, however, the study has not been completed. Progress Energy has requested that the requirement for the use of bentonite clay to detoxify the Clam-trol be eliminated (see Attachment 6). Without bentonite clay, the Clam-trol will not reside in the sediments and readily breakdown, therefore, this permit condition should be considered completed upon approval by the department to discontinue the use of clay detoxification.
2. Permit condition H requires the submittal of a plan of study to address the next course of action in response to the Progress Energy study and Seagrass Technical Advisory Committee Report. A limited seagrass monitoring study was performed which indicated a significant recovery of seagrass in the study area. These results were presented to the FDEP. If needed, further verification will be performed in accordance with verification criteria to be provided to Progress Energy by the FDEP.

Form 2CGS Section VII

1. Outfall D-071, D-072, D-094 were not sampled. These outfall are associated with the Helper Cooling Towers and are not discharging unless the towers are in operation. These outfalls will contain the same chemical constituents as can be found in Outfall D-012. No chemical treatment is performed on the once through cooling water that is discharged through these outfalls.
2. Outfalls D-0C1, D-0C2 and D-0H were not sampled. These outfalls have historically not discharged. There was no flow at the time of sampling.

Additional Storm Water Discharge Information

1. On November 20, 2000 Progress Energy Florida, Inc. (then known as Florida Power) submitted a Minor Permit Modification application to include the storm water discharges previously permitted under the NPDES Multi-Sector General Permit FLR05A024. Crystal River Units 1,2 and 3 have submitted the final data

obtained from the quarterly storm water monitoring program as required in support of the permit modification request.

2

ATTACHMENT 6

Requested Permit Changes/Clarifications

Progress Energy appreciates the complexity in permitting a facility as complicated as Crystal River Units 1, 2, & 3. However, the permit requirements and language contained in the existing permit are unnecessarily convoluted. Progress Energy requests that FDEP endeavor to simplify and clarify this permit. To this end, Progress Energy requests the following changes be made to the renewed permit.

1. D-0F

Nuclear Services and Decay Heat Seawater System

Progress Energy requests the elimination of the requirement to detoxify the Clamtrol prior to discharge through outfall D-0F. Analysis of Clamtrol concentrations in pipe prior to detoxification indicated a maximum concentration of 1.9 ppm during the 18 hour application cycle. Progress Energy believes this concentration to be insignificant due to the dilution that will occur prior to discharge at the POD. The design flow of D-0F is 34.5 MGD which discharges directly downstream of the Unit 3 outfall D-013. The design flow from D-013 is 985 MGD. This equates to the flow from D-0F to be approximately 3.4% of the total flow from Unit 3. However, flow is reduced to approximately 10.8 MGD during Clamtrol application. This would constitute 1.1% of the total discharge flow from Unit 3.

It is also important to note that the discharge from Unit 3 flows directly into the discharge plume from Units 1 & 2. The combined design flow from units 1 & 2 is 918.7 MGD. The discharge from D-0F accounts for approximately 1.8% of the total flow to the POD from Crystal River Units 1, 2 and 3. During Clamtrol application, the discharge from D-0F accounts for .6% of the total flow to the POD. Progress Energy believes that the addition of detoxifying material is unnecessary and should be removed as a requirement of the permit. This outfall discharges to the discharge canal.

Progress Energy requests that the toxicity testing requirement contained in B.14 be removed. This requirement has been met and is no longer valid.

2. I-FE & I-FG

Laundry Shower and Sump Tanks/Evaporator Condensate Storage Tanks/Building Sumps and SDT-1

Outfalls I-FE and I-FG are internal outfalls that are part of the system process piping. Progress Energy requests that these outfalls be removed from the permit. Progress Energy believes that these internal waste streams are adequately managed at the outfall to the discharge canal (D-0F). Progress Energy concedes that dilution does occur as I-FE and I-FG commingle with the Nuclear Services and Decay Heat System, however, these flows are miniscule (approx. 0.3%) compared to the overall flow from D-0F. Additionally, these flows are internal to the plant process. Concern of the agency should be for the receiving body of water. Progress Energy believes that appropriate monitoring should be conducted at the actual outfall D-0F.

3. D-011, D-012, and D-013

Once through cooling water

Intake temperatures are required to be taken at the inlet of each of the three units. Progress Energy requests that the three intake temperature monitoring location be reduced to one location. Units 1, 2 & 3 withdrawal intake water from the same canal. The intake structures are in close proximity to each other. Progress energy believes that monitoring intake temperature from three locations which provide essentially the same results is redundant and unnecessary. Monitoring should be conducted at Unit 3 only.

4. D-0C2

Plant Waste Water Pond System

The current permit describes this discharge as from the South Ash Pond. Progress Energy requests that the permit language be modified to describe this outfall as associated with the Plant Waste Water Pond System (Crystal River Units 1, 2 and 3 evaporation/percolation pond system). The South Ash Pond was previously reclassified by the FDEP as part of the plant evaporation/percolation pond system.

5. Page 3 of 35 Part 1.A.i

Progress Energy requests that all references to Copper-trol be eliminated from the permit. Copper-trol is no longer used at Unit 3.

6. Page 14 of 35 Part IA.10

Progress Energy requests that all references to Outfall D-0J be removed from the permit. This outfall was removed from the permit on September 14, 2001.

7. Page 16 of 35, Part I.B.6

Progress Energy requests that the timeframe be reduced to 3 months. The current permit requires notification of the use of biocide 6 months prior to use. This time frame is not consistent with FDEP permit processing procedures contained in 62-4.055.

8. Page 17 of 35, Part I.B.12

Progress Energy requests that "preclude" be changed to "minimize". It is not possible to preclude the spillage of coal during handling operations. Progress Energy attempts to minimize any spillage to the amount practicable.

9. Page 17 of 35 Part I.B.13

Progress Energy requests that this condition be modified to reflect current operation. Condition should also be modified to reflect the Progress Energy request to discontinue the use of detoxifying clay.

10. Page 18 of 35, Part I.B.14

Progress Energy requests that this condition be removed. The requirements of this condition have been met and are no longer applicable.

11. Page 20 of 35, Part I.B.16

Progress Energy requests that this condition be reworded to reflect the submittal and approval of the Manatee Protection Plan. The plan was submitted and subsequently approved on May 15, 2002.

12. Page 22 of 35, Part I.H

Progress Energy requests that this condition be removed. A plan of study was submitted to the FDEP. This condition has been completed.

13. Page 24 of 35 Part VI.A.1.b

Progress Energy requests that this reference be corrected. The correct reference should be Part VII Subpart C.

14. Page 25 of 35 Part VII.A.2

Progress Energy requests clarification as to the reference to "Condition 5". It is not clear what condition this requirement is referring to.

15. Page 29 of 35 Part VII.C.8

Progress energy requests that this condition be removed. A BMP plan has been developed and implemented. This condition is no longer applicable.

16. Page 30 of 35 Part VII.D

Progress Energy requests that these conditions be removed. The indicated conditions are not applicable to an electric utility.