



Governor April 19, 2004

Department of Environmental Protection

Southeast District
400 N. Congress Avenue, Suite 200
West Palm Beach, Florida 33401

Colleen M. Castille
Secretary

Mr. Whit Van Cott
Utility Director
City of Hollywood
P.O. Box 229045
Hollywood, FL 33022-9045
Email: wvancott@hollywoodfl.org

Broward County
DW – City of Hollywood WWTF
DEP Permit Number: FL0026255
Use New DMR's for 48.75 mgd
Annual Average Daily Flow
(55.7 mgd Three Month Average Daily Flow)

Dear Mr. Van Cott:

We are in receipt of your consultant's submittal dated March 15, 2004 concerning the remaining requirements to implement the rerating to 48.75 mgd annual average daily flow (AADF) (55.7 mgd three month average daily flow). Based on your consultant's submittal, the above mentioned rerate of your wastewater treatment facility to 48.75 is final and is authorized to be placed into service in accordance with Florida Administrative Code (F.A.C.) Chapters 62-600, 62-610 and 62-620 with the understanding that the project will be operated in compliance with these Chapters and the approved plans. However, after completion of the expansion to 50.0 mgd AADF, the actual permitted capacity shall be evaluated based on historical flow data using the new flow measurement procedures.

Please utilize the attached discharge monitoring report (DMR) forms dated March 4, 2004, to replace the previously submitted DMR forms. The new DMR forms shall be used starting with the April, 2004 DMR submittal.

Please note that with the completion of the deep injection wells U-001, the annual average limit TSS and CBOD₅ for D-001 is 20.0 mg/L as covered in Condition Number I. A. 12 and the reduced discharge limit to PPI-5 is 46.3 mgd AADF since the increased discharge to the ocean has expired. Since compliance is measured using a rolling average, actual violation would not occur for the lower flow limit until one year after the limit expired (August 2004 DMR) and the lower TSS and CBOD₅ limit until one year after the old limit expired (March 2005 DMR). We will send new DMR forms when the new limits becomes effective (August 2004 DMR and March 2005 DMR).

Should you have any questions, please contact Michael W. Bechtold (email: Mike.Bechtold@dep.state.fl.us) or at telephone number (561) 681-6682.

Sincerely,

Timothy W. Powell 4-19-04

Timothy W. Powell, P.E.
Wastewater Permitting Supervisor

Date

ec: Hubert Philocotte, DEP/WPB, hubert.philocotte@dep.state.fl.us
Paul Vince, Hazen and Sawyer Inc., pvinci@hazenandsawyer.com
Joanne Swing, BCPEP, JSWING@broward.org
Thomas R. Dziedzinski, City of Hollywood, Tdziedzinski@hollywoodfl.org
Garth Hinckle, BCDPEP, ghinckle@co.broward.fl.us

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

Revision Dated March 4, 2003

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

PERMITTEE NAME: City of Hollywood MAILING ADDRESS: City of Hollywood P.O. Box 229045 Hollywood, FL 33022-9045 FACILITY: Hollywood Southern Regional WWTF LOCATION: City of Hollywood 1621 North 14th Avenue Hollywood, FL 33019 COUNTY: Broward	PERMIT NUMBER: FL0026255 LIMIT: Interim CLASS SIZE: Major MONITORING GROUP NUMBER: D-001 and Influent NO DISCHARGE FROM SITE: <input type="checkbox"/> MONITORING PERIOD From: _____ To: _____	REPORT: Monthly GROUP: Domestic
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Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement										
PARM Code 80082 Y Mon.Site No. PPI-1	Permit Requirement				25.0 (An. Avg.)			mg/L		Daily	24-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement										
PARM Code 80082 1 Mon.Site No. PPI-1	Permit Requirement				25.0 (Mo. Avg.)	40.0 (Wk. Avg.)	60.0 (Max.)	mg/L		Daily	24-hour FPC
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 Y Mon.Site No. PPI-1	Permit Requirement				30.0 (An. Avg.)			mg/L		Daily	24-hour FPC
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 1 Mon.Site No. PPI-1	Permit Requirement				30.0 (Mo. Avg.)	45.0 (Wk. Avg.)	60.0 (Max.)	mg/L		Daily	24-hour FPC
Flow, in conduit or thru treatment plant	Sample Measurement										
PARM Code 50050 Y Mon.Site No. PPI-5	Permit Requirement	54.0 (An. Avg.)		mgd						Calculated	Calculated
Flow, in conduit or thru treatment plant	Sample Measurement										
PARM Code 50050 P Mon.Site No. PPI-3	Permit Requirement	Report (An. Avg.)		mgd						Continuous	Flow meters

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

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Hollywood Southern Regional WWTF

PERMIT NUMBER: FL0026255

MONITORING GROUP No.:

D-001 and Influent

MONITORING PERIOD

From:

To

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant	Sample Measurement										
PARM Code 50050 Q Mon.Site No. PPI-4	Permit Requirement	Report (An. Avg.)		mgd						Continuous	Flow meters
Flow, in conduit or thru treatment plant	Sample Measurement										
PARM Code 50050 1 Mon.Site No. PPI-3	Permit Requirement	Report (Mo. Avg.)		mgd						Continuous	Flow meters
Flow, in conduit or thru treatment plant	Sample Measurement										
PARM Code 50050 R Mon.Site No. PPI-4	Permit Requirement	Report (Mo. Avg.)		mgd						Continuous	Flow meters
Flow, in conduit or thru treatment plant	Sample Measurement										
PARM Code 50050 S Mon.Site No. PPI-5	Permit Requirement	Report (Mo. Avg.)		mgd						Calculated	Calculated
pH	Sample Measurement										
PARM Code 00400 1 Mon.Site No. PPI-2	Permit Requirement				6.0 (Min.)	8.5 (Max.)		s.u.		Continuous	Meter
Coliform, Fecal (Internal Sampling Point)	Sample Measurement										
PARM Code 74055 Y Mon.Site No. PPI-2	Permit Requirement				Report (An. Avg.)			#/100ml		Daily	Grab
Coliform, Fecal (Internal Sampling Point)	Sample Measurement										
PARM Code 74055 1 Mon.Site No. PPI-2	Permit Requirement				Report (Mo. Geo. Mean)	Report (90%)	Report (Max.)	#/100ml		Daily	Grab
Oxygen, Dissolved (DO)	Sample Measurement										
PARM Code 00300 1 Mon.Site No. PPI-2	Permit Requirement				Report (Min.)			mg/L		Daily	Grab
Nitrogen, Total (as N)	Sample Measurement										
PARM Code 00600 Y Mon.Site No. PPI-2	Permit Requirement				Report (An. Avg.)			mg/L		Weekly	24-hour FPC

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Hollywood Southern Regional WWTF

PERMIT NUMBER: FL0026255

MONITORING GROUP No.:

D-001 and Influent

MONITORING PERIOD

From:

To

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Total (as N)	Sample Measurement										
PARM Code 00600 1 Mon.Site No. PPI-2	Permit Requirement				Report (Mo. Avg.)	Report (Max.)		mg/L		Weekly	24-hour FPC
Nitrogen, Total (as N)	Sample Measurement										
PARM Code 00600 P Mon.Site No. PPI-2	Permit Requirement	Report (An. Avg.)		lbs/day						Weekly	24-hour FPC
Nitrogen, Total (as N)	Sample Measurement										
PARM Code 00600 Q Mon.Site No. PPI-2	Permit Requirement	Report (Mo. Avg.)		lbs/day						Weekly	24-hour FPC
Nitrogen, Ammonia, Total (as N)	Sample Measurement										
PARM Code 00610 Y Mon.Site No. PPI-2	Permit Requirement				Report (An. Avg.)			mg/L		Weekly	24-hour FPC
Nitrogen, Ammonia, Total (as N)	Sample Measurement										
PARM Code 00610 1 Mon.Site No. PPI-2	Permit Requirement				Report (Mo. Avg.)	Report (Max.)		mg/L		Weekly	24-hour FPC
Nitrogen, Ammonia, Total (as N)	Sample Measurement										
PARM Code 00610 P Mon.Site No. PPI-2	Permit Requirement	Report (An. Avg.)		lbs/day						Weekly	24-hour FPC
Nitrogen, Ammonia, Total (as N)	Sample Measurement										
PARM Code 00610 Q Mon.Site No. PPI-2	Permit Requirement	Report (Mo. Avg.)		lbs/day						Weekly	24-hour FPC
Nitrogen, Organic, Total (as N)	Sample Measurement										
PARM Code 00605 Y Mon.Site No. PPI-2	Permit Requirement				Report (An. Avg.)			mg/L		Weekly	24-hour FPC
Nitrogen, Organic, Total (as N)	Sample Measurement										
PARM Code 00605 1 Mon.Site No. PPI-2	Permit Requirement				Report (Mo. Avg.)	Report (Max.)		mg/L		Weekly	24-hour FPC
Nitrogen, Organic, Total (as N)	Sample Measurement										
PARM Code 00605 P Mon.Site No. PPI-2	Permit Requirement	Report (An. Avg.)		lbs/day						Weekly	24-hour FPC
Nitrogen, Organic, Total (as N)	Sample Measurement										
PARM Code 00605 Q Mon.Site No. PPI-2	Permit Requirement	Report (Mo. Avg.)		lbs/day						Weekly	24-hour FPC

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Hollywood Southern Regional WWTF

PERMIT NUMBER: FL0026255

MONITORING GROUP No.:

D-001 and Influent

MONITORING PERIOD

From:

To

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrite plus Nitrate, Total (as N)	Sample Measurement										
PARM Code 00630 Y Mon.Site No. PPI-2	Permit Requirement				Report (An. Avg.)			mg/L		Weekly	24-hour FPC
Nitrite plus Nitrate, Total (as N)	Sample Measurement										
PARM Code 00630 1 Mon.Site No. PPI-2	Permit Requirement				Report (Mo. Avg.)	Report (Max.)		mg/L		Weekly	24-hour FPC
Nitrite plus Nitrate, Total (as N)	Sample Measurement										
PARM Code 00630 P Mon.Site No. PPI-2	Permit Requirement	Report (An. Avg.)		lbs/day						Weekly	24-hour FPC
Nitrite plus Nitrate, Total (as N)	Sample Measurement										
PARM Code 00630 Q Mon.Site No. PPI-2	Permit Requirement	Report (Mo. Avg.)		lbs/day						Weekly	24-hour FPC
Phosphorus, Total (as P)	Sample Measurement										
PARM Code 00665 Y Mon.Site No. PPI-2	Permit Requirement				Report (An. Avg.)			mg/L		Weekly	24-hour FPC
Phosphorus, Total (as P)	Sample Measurement										
PARM Code 00665 1 Mon.Site No. PPI-2	Permit Requirement				Report (Mo. Avg.)	Report (Max.)		mg/L		Weekly	24-hour FPC
Phosphorus, Total (as P)	Sample Measurement										
PARM Code 00665 P Mon.Site No. PPI-2	Permit Requirement	Report (An. Avg.)		lbs/day						Weekly	24-hour FPC
Phosphorus, Total (as P)	Sample Measurement										
PARM Code 00665 Q Mon.Site No. PPI-2	Permit Requirement	Report (Mo. Avg.)		lbs/day						Weekly	24-hour FPC
Chlorine, Total Residual	Sample Measurement										
PARM Code 50060 1 Mon.Site No. PPI-2	Permit Requirement				Report (Min.)	1.5 (Max.)		mg/L		Continuous	Meter

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Hollywood Southern Regional WWTF

PERMIT NUMBER: FL0026255

MONITORING GROUP No.: D-001 and Influent

MONITORING PERIOD

From:

To

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Copper, Total Recoverable	Sample Measurement										
PARM Code 01119 Q Mon.Site No. PPI-1	Permit Requirement				Report (Mo. Avg.)	Report (See Permit) (Max.)		ug/l		Monthly	24-hour FPC
Copper, Total Recoverable	Sample Measurement										
PARM Code 01119 R Mon.Site No. PPI-1	Permit Requirement	Report (Mo. Avg.)		lbs/day						Monthly	24-hour FPC
Copper, Total Recoverable	Sample Measurement										
PARM Code 01119 1 Mon.Site No. PPI-2	Permit Requirement				Report (Mo. Avg.)	Report (See Permit) (Max.)		ug/L		Monthly	24-hour FPC
Copper, Total Recoverable	Sample Measurement										
PARM Code 01119 P Mon.Site No. PPI-2	Permit Requirement	Report (Mo. Avg.)		lbs/day						Monthly	24-hour FPC
Cyanide, Total Recoverable	Sample Measurement										
PARM Code 78248 Q Mon.Site No. PPI-1	Permit Requirement				Report (Mo. Avg.)	Report (See Permit) (Max.)		ug/l		Monthly	Grab
Cyanide, Total Recoverable	Sample Measurement										
PARM Code 78248 R Mon.Site No. PPI-1	Permit Requirement	Report (Mo. Avg.)		lbs/day						Monthly	Grab
Cyanide, Total Recoverable	Sample Measurement										
PARM Code 78248 1 Mon.Site No. PPI-2	Permit Requirement				Report (Mo. Avg.)	Report (See Permit) (Max.)		ug/L		Monthly	Grab
Cyanide, Total Recoverable	Sample Measurement										
PARM Code 78248 P Mon.Site No. PPI-2	Permit Requirement	Report (Mo. Avg.)		lbs/day						Monthly	Grab

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Hollywood Southern Regional WWTF

PERMIT NUMBER: FL0026255

MONITORING GROUP No.: D-001 and Influent

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Mercury, Total Recoverable	Sample Measurement										
PARM Code 71901 Q Mon.Site No. PPI-1	Permit Requirement				Report (Mo. Avg.)	Report (Max.)		ug/l		Monthly	24-hour FPC
Mercury, Total Recoverable	Sample Measurement										
PARM Code 71901 R Mon.Site No. PPI-1	Permit Requirement	Report (Mo. Avg.)		lbs/day						Monthly	24-hour FPC
Mercury, Total Recoverable	Sample Measurement										
PARM Code 71901 I Mon.Site No. PPI-2	Permit Requirement				Report (Mo. Avg.)	Report (Max.)		ug/L		Monthly	24-hour FPC
Mercury, Total Recoverable	Sample Measurement										
PARM Code 71901 P Mon.Site No. PPI-2	Permit Requirement	Report (Mo. Avg.)		lbs/day						Monthly	24-hour FPC
Silver, Total Recoverable	Sample Measurement										
PARM Code 01079 Q Mon.Site No. PPI-1	Permit Requirement				Report (Mo. Avg.)	Report (See Permit) (Max.)		ug/l		Monthly	24-hour FPC
Silver, Total Recoverable	Sample Measurement										
PARM Code 01079 R Mon.Site No. PPI-1	Permit Requirement	Report (Mo. Avg.)		lbs/day						Monthly	24-hour FPC
Silver, Total Recoverable	Sample Measurement										
PARM Code 01079 I Mon.Site No. PPI-2	Permit Requirement				Report (Mo. Avg.)	Report (See Permit) (Max.)		ug/L		Monthly	24-hour FPC
Silver, Total Recoverable	Sample Measurement										
PARM Code 01079 P Mon.Site No. PPI-2	Permit Requirement	Report (Mo. Avg.)		lbs/day						Monthly	24-hour FPC

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Hollywood Southern Regional WWTF

PERMIT NUMBER: FL0026255

MONITORING GROUP No.:

D-001 and Influent

MONITORING PERIOD From:

To

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement										
PARM Code 50050 G Mon.Site No. INF-2	Permit Requirement	48.75 (An. Avg.)		mgd						Daily	Calculated
Flow	Sample Measurement										
PARM Code 50050 I Mon.Site No. INF-2	Permit Requirement	Report (Mo. Avg.)	55.7 (3-Mo.Avg.)	mgd						Daily	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement										
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Daily	24-hour FPC
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Daily	24-hour FPC
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement										
PARM Code 00180 K Mon.Site No. Calculated	Permit Requirement				Report (Mo. Total)			%		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: City of Hollywood MAILING ADDRESS: City of Hollywood P.O. Box 229045 Hollywood, FL 33022-9045 FACILITY: Hollywood Southern Regional WWTF LOCATION: City of Hollywood 1621 North 14th Avenue Hollywood, FL 33019 COUNTY: Broward	PERMIT NUMBER: FL0026255 LIMIT: Final CLASS SIZE: Major MONITORING GROUP NUMBER: D-001 NO DISCHARGE FROM SITE: <input type="checkbox"/> MONITORING PERIOD From: _____ To: _____	REPORT: Toxicity GROUP: Domestic
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Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
LC50 STATRE 96HOUR ACUTE MENIDIA (ROUTINE)	Sample Measurement										
PARM Code TAN-6B P Mon.Site No. EFF-1	Permit Requirement				30.0 Minimum			% effluent		Annual	four grab samples during a 24 hour day
LC50 STATRE 96HOUR ACUTE MYSID.BAHIA (ROUTINE)	Sample Measurement										
PARM Code TAN-3E P Mon.Site No. EFF-1	Permit Requirement				30.0 Minimum			% effluent		Annual	four grab samples during a 24 hour day
LC50 STATRE 96HOUR ACUTE MENIDIA (DEFINITIVE)	Sample Measurement										
PARM Code TAN-6B Q Mon.Site No. EFF-1	Permit Requirement				30.0 Minimum			% effluent		As required	four grab samples during a 24 hour day
LC50 STATRE 96HOUR ACUTE MYSID.BAHIA (DEFINITIVE)	Sample Measurement										
PARM Code TAN-3E Q Mon.Site No. EFF-1	Permit Requirement				30.0 Minimum			% effluent		As required	four grab samples during a 24 hour day
	Sample Measurement										
	Permit Requirement										

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: City of Hollywood MAILING ADDRESS: City of Hollywood P.O. Box 229045 Hollywood, FL 33022-9045 FACILITY: Hollywood Southern Regional WWTF LOCATION: City of Hollywood 1621 North 14th Avenue Hollywood, FL 33019 COUNTY: Broward	PERMIT NUMBER: FL0026255 LIMIT: Final CLASS SIZE: Major REPORT: Monthly GROUP: Domestic MONITORING GROUP NUMBER: R-001 NO DISCHARGE FROM SITE: <input type="checkbox"/> MONITORING PERIOD From: _____ To: _____
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Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant	Sample Measurement										
PARM Code 50050 Y Mon.Site No. EFF-5	Permit Requirement	Report (An. Avg.)		mgd						Continuous	Meter
Flow, in conduit or thru treatment plant	Sample Measurement										
PARM Code 50050 1 Mon.Site No. EFF-5	Permit Requirement	Report (Mo. Avg.)		mgd						Continuous	Meter
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement				5.0 (Max.)			mg/L		Daily	Grab
Coliform, Fecal	Sample Measurement										
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				Non Detectable (75 Percentile)	25 (Max.)		#/100ml		Daily	Grab
pH	Sample Measurement										
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		s.u.		Continuous	Meter
Total Residual Chlorine (For Disinfection)	Sample Measurement										
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Hollywood Southern Regional WWTF

PERMIT NUMBER: FL0026255

MONITORING GROUP No.:

R-001

MONITORING PERIOD From:

To

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Turbidity	Sample Measurement										
PARM Code 00070 1 Mon.Site No. EFA-1	Permit Requirement				Report (Max.)			ntus		Continuous	Meter
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B (D001 and INFLUENT)

Permit Number: FL0026255 Facility: Hollywood Southern Regional WWTF
 Monitoring Period From: _____ To: _____

	Flow (mgd)	Flow (mgd)	Flow (mgd)	Flow (mgd)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	Chlorine, Total Residual (mg/L)	pH (Max)	pH (Min)
Code	50050	50050	50050	50050	80082	80082	00530	00530	50060	00400	00400
Mon. Site	PPI-3	PPI-4	PPI-5	INF-2	INF-1	PPI-1	INF-1	PPI-1	PPI-2	PPI-2	PPI-2
1											
2											
3											
4											
5											
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21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Total											
Mo. Avg.											

PLANT STAFFING:

Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Evening Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: _____	Certificate No: _____	Name: _____

DAILY SAMPLE RESULTS - PART B

D001

Permit Number: FL0026255

Facility: Hollywood Southern Regional WWTF

Monitoring Period From: To:

	Phosphorus (mg/L)	Phosphorus (lbs/day)	Oxygen, Dissolved (DO) (mg/L)	Cyanide, Total Recoverable (ug/L)	Cyanide, Total Recoverable (ug/L)	Cyanide, Total Recoverable (lbs/day)	Cyanide, Total Recoverable (lbs/day)	Silver, Total Recoverable (ug/L)	Silver, Total Recoverable (ug/L)	Silver, Total Recoverable (lbs/day)	Silver, Total Recoverable (lbs/day)
Code	00665	00665	00300	78248	78248	78248	78248	01079	01079	01079	01079
Mon. Site	PPI-2	PPI-2	PPI-2	PPI-1	PPI-2	PPI-1	PPI-2	PPI-1	PPI-1	PPI-2	PPI-2
1											
2											
3											
4											
5											
6											
7											
8											
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23											
24											
25											
26											
27											
28											
29											
30											
31											
Total											
Mo. Avg.											

DAILY SAMPLE RESULTS - PART B

D001

Permit Number: **FL0026255**

Facility:

Hollywood Southern Regional WWTF

Monitoring Period

From: _____

To: _____

	Mercury, Total Recoverable (ug/L)	Mercury, Total Recoverable (ug/L)	Mercury, Total Recoverable (lbs/day)	Mercury, Total Recoverable (lbs/day)	Copper, Total Recoverable (ug/L)	Copper, Total Recoverable (ug/L)	Copper, Total Recoverable (lbs/day)	Copper, Total Recoverable (lbs/day)	Fecal Coliform Bacteria (#/100ml)
Code	71901	71901	71901	71901	01119	01119	01119	01119	74055
Mon. Site	PPI-1	PPI-2	PPI-1	PPI-2	PPI-1	PPI-2	PPI-1	PPI-2	PPI-2
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
Total									
Mo. Avg.									

DAILY SAMPLE RESULTS - PART B

D001

Permit Number: **FL0026255**

Facility: **Hollywood Southern Regional WWTF**

Monitoring Period From: _____ To: _____

	Nitrogen, Total (mg/l)	Nitrogen, Total (lbs/day)	Nitrogen, Organic, Total (as N) (mg/l)	Nitrogen, Organic, Total (as N) (lbs/day)	Nitrite plus Nitrate, Total (as N) (mg/l)	Nitrite plus Nitrate, Total (as N) (lbs/day)	Nitrogen, Ammonia, Total (as N) (lbs/day)	Nitrogen, Ammonia, Total (as N) (mg/l)				
Code	00600	00600	00605	00605	00630	00630	00610	00610				
Mon. Site	PPI-2	PPI-2	PPI-2	PPI-2	PPI-2	PPI-2	PPI-2	PPI-2				
1												
2												
3												
4												
5												
6												
7												
8												
9												
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27												
28												
29												
30												
31												
Total												
Mo. Avg.												

DAILY SAMPLE RESULTS - PART B

R001

Permit Number: FL0026255 Facility: Hollywood Southern Regional WWTF
Monitoring Period From: To:

	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (ntus)	Fecal Coliform Bacteria (#/100ml)	Flow (mgd)				
Code	00400	00400	50060	00530	00070	74055	50050				
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFF-5				
1											
2											
3											
4											
5											
6											
7											
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28											
29											
30											
31											
Total											
Mo. Avg.											

GROUND WATER MONITORING WELL REPORT - PART D

County: Broward
 Facility Name: Hollywood Southern Regional WWTF
 Permit Number: FL0026255

Monitoring Well ID: MWC-1
 Well Type: Compliance
 Description: (former MW-3: southeast corner of irrigation downstream of the storage pond)

Monitoring Period
 Was the well purged before sampling? From: _____ To: _____
 ___ Yes ___ No

Date Sample Obtained: _____
 Time Sample Obtained: _____

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	feet	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	mg/L	Single Sample	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	mg/L	Single Sample	Quarterly				
Chloride (as Cl)	00940		250	mg/L	Single Sample	Quarterly				
Coliform, Fecal	74055		4	#/100ml	Single Sample	Quarterly				
pH	00400		6.0 to 8.5	s.u.	Single Sample	Quarterly				
Sulfate, Total	00945		250	mg/L	Single Sample	Quarterly				
Turbidity	00070		Report	ntu	Single Sample	Quarterly				
Nitrogen, Total	00600		Report	mg/L	Single Sample	Quarterly				
Phosphorus, Total (as P)	00665		Report	mg/L	Single Sample	Quarterly				

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	TELEPHONE NO	DATE (YY/MM/DD)

COMMENTS AND EXPLANATION (Reference all attachments here):

GROUND WATER MONITORING WELL REPORT - PART D

County: Broward
 Facility Name: Hollywood Southern Regional WWTF
 Permit Number: FL0026255

Monitoring Well ID: MWC-2
 Well Type: Compliance
 Description: (former MW-3: 300 feet south of the northwest corner of irrigated area)

Monitoring Period From: _____ To: _____
 Was the well purged before sampling? ☐ Yes ☐ No

Date Sample Obtained: _____
 Time Sample Obtained: _____

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	feet	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	mg/L	Single Sample	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	mg/L	Single Sample	Quarterly				
Chloride (as Cl)	00940		250	mg/L	Single Sample	Quarterly				
Coliform, Fecal	74055		4	#/100ml	Single Sample	Quarterly				
pH	00400		6.0 to 8.5	s.u.	Single Sample	Quarterly				
Sulfate, Total	00945		250	mg/L	Single Sample	Quarterly				
Turbidity	00070		Report	ntu	Single Sample	Quarterly				
Nitrogen, Total	00600		Report	mg/L	Single Sample	Quarterly				
Phosphorus, Total (as P)	00665		Report	mg/L	Single Sample	Quarterly				

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	TELEPHONE NO	DATE (YY/MM/DD)

COMMENTS AND EXPLANATION (Reference all attachments here):

GROUND WATER MONITORING WELL REPORT - PART D

County: Broward
 Facility Name: Hollywood Southern Regional WWTF
 Permit Number: FL0026255

Monitoring Well ID: MWC-3
 Well Type: Compliance
 Description: (former MW-3 northeast corner of the irrigation area, just North of Pembroke Road)

Monitoring Period From: _____ To: _____
 Was the well purged before sampling? ☐ Yes ☐ No

Date Sample Obtained: _____
 Time Sample Obtained: _____

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	feet	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	mg/L	Single Sample	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	mg/L	Single Sample	Quarterly				
Chloride (as Cl)	00940		250	mg/L	Single Sample	Quarterly				
Coliform, Fecal	74055		4	#/100ml	Single Sample	Quarterly				
pH	00400		6.0 to 8.5	s.u.	Single Sample	Quarterly				
Sulfate, Total	00945		250	mg/L	Single Sample	Quarterly				
Turbidity	00070		Report	ntu	Single Sample	Quarterly				
Nitrogen, Total	00600		Report	mg/L	Single Sample	Quarterly				
Phosphorus, Total (as P)	00665		Report	mg/L	Single Sample	Quarterly				

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	TELEPHONE NO	DATE (YY/MM/DD)

COMMENTS AND EXPLANATION (Reference all attachments here):

INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT

The DMR consists of four parts--A, B, C, and D--all of which may or may not be applicable to every facility. Facilities may have one or more Part A's for reporting effluent data. All domestic wastewater facilities will have a Part B for reporting daily sample results. Part C is only applicable for domestic wastewater facilities with limited wet weather discharges permitted under Chapter 62-610.860, F.A.C. Part D is used for reporting ground water monitoring well data.

Hard copies and/or electronic copies of the required parts of the DMR were provided with the permit. All required information shall be typed or printed in ink.

In addition to filling in numerical results on various parts of the DMR, the following codes should be used and an explanation provided where appropriate. Note: Codes used by the lab for raw data may be different.

CODE	DESCRIPTION/INSTRUCTIONS
ANC	Analysis not conducted.
DRY	Dry Well
FLD	Flood disaster.
IFS	Insufficient flow for sampling.
LS	Lost sample.
MNR	Monitoring not required this period since limit is conditional.

CODE	DESCRIPTION/INSTRUCTIONS
NOD	No discharge from/to site.
OPS	Operations were shutdown so no sample could be taken.
OTH	Other. Please enter an explanation of why monitoring data were not available.
SEF	Sampling equipment failure.
TNTC	Too numerous too count (for fecal coliform bacteria only).

When reporting analytical results that fall below a laboratory's reported method detection limits or practical quantification limits, the following instructions and code should be used:

CODE	DESCRIPTION/INSTRUCTIONS
<	If the sampled value is less than the method detection limit (MDL), enter a less than sign followed by the laboratory's MDL value, e.g. < 0.001. In cases where a laboratory reports a value which is less than the parameter's practical quantification limit (PQL), but, not less than the MDL, the value should be reported as the laboratory's MDL value. For example, where the MDL = 0.001, the PQL = 0.005 and the laboratory reports <0.005 (the PQL), the value of 0.001 should be reported on the DMR.

PART A -DISCHARGE MONITORING REPORT (DMR)

Part A of the DMR is comprised of one or more sections, each having its own header information. Facility information is preprinted in the header as well as the monitoring group number, whether the limits and monitoring requirements are interim or final, and the required submittal frequency (e.g. monthly, annually, quarterly, etc.) Submit Part A based on the required reporting frequency in the header and the instructions shown in the permit. The following blanks in the header should be completed by the permittee or authorized representative:

No Discharge From Site: Check this box if no discharge occurs and, as a result, there are no data or codes to be entered for all of the parameters on the DMR for the entire monitoring group number. If there was no discharge of effluent for a particular outfall, reuse, or land application system and the DMR monitoring group includes other monitoring locations (e.g., influent sampling); the "NOD" code should be used to individually denote those parameters for which there was no discharge.

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Sample Measurement: Before filling in sample measurements in the table, check to see that the data collected correspond to the limit indicated on the DMR (i.e. interim or final) and that the data correspond to the monitoring group number in the header. Enter the data or calculated results for each parameter on this row. Be sure the result being entered corresponds to the appropriate statistical base code (e.g. annual average, monthly average, single sample maximum, etc.).

No. Ex.: Enter the number of sample measurements during the monitoring period that exceeded the permit limit for each parameter. If none, enter zero.

Frequency of Analysis: The shaded areas in this column contain the minimum number of times the measurement is required to be made according to the permit. Enter the actual number of times the measurement was made in the space above the shaded area.

Sample Type: The shaded areas in this column contain the type of sample (e.g. grab, composite, continuous) required by the permit. Enter the actual sample type that was taken in the space above the shaded area.

Signature: This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.

Comment and Explanation of Any Violations: Use this area to explain any exceedances, any upset or by-pass events, or other items which require explanation. If more space is needed, reference all attachments in this area.

PART B - DAILY SAMPLE RESULTS

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Daily Monitoring Results: Record the results of daily monitoring for the parameters required to be sampled by your permit. Record the data in the units indicated. Add the results to get the Total and divide by the number of days in the month to get the Monthly Average.

Plant Staffing: List the name, certificate number, and class of all state certified operators operating the facility during the monitoring period. Use additional sheets as necessary.

PART C - LIMITED WET WEATHER DISCHARGE

This part is to be completed and submitted each month reclaimed water or effluent is discharged by a limited wet weather discharge permitted under Rule 62-610.860, F.A.C. For months with no discharge, Part C need not be submitted. All information is to be provided for each day on which the limited wet weather discharge was activated.

Month/Year: Enter the month and year during which the data on this report were collected and analyzed.

Rainfall Information: Enter the name and location of the rainfall gauging station, the source of climatological (normal rainfall) data, the cumulative rainfall for the average rainfall year, and the cumulative rainfall to date for this calendar year. The cumulative rainfall for the average rainfall year is the amount of rain, in inches, which falls during an average rainfall year from January through the month for which this part contains data. The cumulative rainfall to date for this calendar year is the total amount of rain, in inches, that has been recorded since January 1 of the current year through the month for which this DMR contains data.

Date: Enter the date on which the discharge occurred.

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

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

Average Discharge Flow Rate: Divide gallons discharged by duration of discharge (converted into days). Record in million gallons per day (MGD).

Average Upstream Flow Rate: Enter the average flow rate in the receiving stream upstream from the point of discharge for the period shown in duration of discharge. The average flow rate can be calculated based on two measurements; one made at the start and one made at the end of the discharge period. Measurements are to be made at the upstream gauging station described in the permit.

Stream Dilution Factor: Enter the actual stream dilution ratio accurate to the nearest 0.1. To calculate the factor, divide the average upstream flow rate by the average discharge flow rate.

CBOD₅: Enter the average CBOD₅ of the reclaimed water discharged during the period shown in duration of discharge.

TKN: Enter the average TKN of the reclaimed water discharged during the period shown in duration of discharge.

Total P: Enter the cumulative number of days since January 1 of the current year during which the limited wet weather discharge was activated divided by the total number of days since January 1 of the current year multiplied by 100%.

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

PART D - GROUND WATER MONITORING REPORT

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Date Sample Obtained: Enter the date the sample was taken. Also, check whether or not the well was purged before sampling.

Time Sample Obtained: Enter the time the sample was taken.

Sample Measurement: Record the results of the analysis. If the result was below the minimum detection limit, indicate that.

Detection Limits: Record the detection limits of the analytical methods used.

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

Sampling Equipment Used: Indicate the procedure used to collect the sample (e.g. airlift, bucket/bailer, centrifugal pump, etc.)

Samples Filtered: Indicate whether the sample obtained was filtered by laboratory (L), filtered in field (F), or unfiltered (N).

Signature: This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.

Comments and Explanation: Use this space to make any comments on or explanations of results which are unexpected. If more space is needed, reference all attachments in this area.