FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

NORTHEAST DISTRICT
8800 BAYMEADOWS WAY WEST, SUITE 100
JACKSONVILLE, FLORIDA 32256

RICK SCOTT
GOVERNOR

CARLOS LOPEZ-CANTERA
LT. GOVERNOR

HERSCHEL T. VINYARD JR.
SECRETARY

September 9, 2014

In the Matter of an
Application for Permit by:

PCS Phosphate – White Springs
Mr. William L. Donohue
Post Office Box 300
White Springs, Florida 32096

File Number FL0000655 – 009 – IW1S
Hamilton County
PCS Phosphate – White Springs

Enclosed is Permit Number FL0000655 – 009 to operate the PCS Phosphate - White Springs, issued under Chapter 403**,** Florida Statutes.

Monitoring requirements under this permit are effective on the first day of the second month following the effective date of the permit. Until such time, the permittee shall continue to monitor and report in accordance with previously effective permit requirements, if any.

Any party to this order (permit) has the right to seek judicial review of the permit action under Section 120.68, Florida Statutes, by the filing of a notice of appeal under Rules 9.110 and 9.190, Florida Rules of Appellate Procedure, with the Clerk of the Department of Environmental Protection, Office of General Counsel, 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000, and by filing a copy of the notice of appeal accompanied by the applicable filing fees with the appropriate district court of appeal. The notice of appeal must be filed within 30 days from the date when this document is filed with the Clerk of the Department.

Executed in Jacksonville, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION

James R Maher

James R. Maher, P.E.
Assistant District Director

JRM/aw

Enclosure

c: Bob White, PCS Phosphate
Terry Baker, PCS Phosphate
John A. Davis, Ph.D., Environmental Services & Permitting, Inc.
David Still, PCS Phosphate
EPA Region IV
Elsa Potts, P.E., FDEP
Monica Sudano, FDEP
Hamilton County Health Dept.
Hamilton County Board of County Commissioners
Suwannee River Water Management District
US Army Corp of Engineers
Florida Fish and Wildlife Conservation Commission
US Fish and Wildlife Service
National Marine Fisheries Service (NMFS)
Florida Department of Historical Resources

FILING AND ACKNOWLEDGEMENT & CERTIFICATE OF SERVICE

Filed on this date pursuant to § 120.52, Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged. The undersigned hereby certifies that this Notice of Permit Issuance and all copies were sent before the close of business on September 9, 2014 to the listed persons.

Clerk

September 9, 2014
Date

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

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STATE OF FLORIDA
INDUSTRIAL WASTEWATER FACILITY PERMIT

PERMITTEE:

PCS Phosphate – White Springs

RESPONSIBLE OFFICIAL:
William L. Donohue, General Manager
Post Office Box 300
White Springs, Florida 32096
(386) 397-8308

PERMIT NUMBER: FL0000655 (Major)
FILE NUMBER: FL0000655 – 009 – IW1S
EFFECTIVE DATE: **September 9, 2014**
EXPIRATION DATE: **September 8, 2019**

FACILITY:

PCS Phosphate – White Springs
County Road 137, north of White Springs
15843 SE 78th Street
White Springs, Florida 32096
Hamilton County
Latitude: 30° 24' 40.37" N Longitude: 82° 46' 59.57" W

This permit is issued under the provisions of Chapter 403, Florida Statutes (F.S.), and applicable rules of the Florida Administrative Code (F.A.C.) and constitutes authorization to discharge to waters of the state under the National Pollutant Discharge Elimination System. This permit does not constitute authorization to discharge wastewater other than as expressly stated in this permit. The above named permittee is hereby authorized to operate the facilities in accordance with the documents attached hereto and specifically described as follows:

FACILITY DESCRIPTION:

Operation renewal is authorized for an existing 27.8 MGD (Suwannee River Facility) and 26.9 MGD (Swift Creek Facility) discharge consisting of treated process wastewater, contaminated non-process wastewater (CNPW), treated sanitary wastewater, storm water, clay settling areas, and the phosphogypsum stack systems. Wastewater is generated from open-pit mining of phosphate rock, beneficiation of the rock in the mining areas, manufacture of sulfuric acid and phosphoric acid, production of fertilizer components and animal-feed supplements, storm water runoff, clay settling areas, and the phosphogypsum stack systems.

WASTEWATER TREATMENT:

Treatment consists of pH adjustment and chemical precipitation when required using lime and other water treatment aids such as flocculants and shading agents (as approved by DEP), settling/sedimentation, and adsorption/absorption on mining waste clay particles in clay settling areas. Final discharge to surface waters of the state occurs at outfalls D-001 (Swift Creek), D-002 (Hunter Creek), D-003 (Roaring Creek) and D-004(Camp Branch) class III fresh surface waters of the state. Discharge of the above described wastewater to ground waters of the state occurs within clay settling areas and on-site retention/treatment ponds. Approximately 8 MGD of contaminated non-process wastewater (CNPW) from Suwannee River Chemical is diverted via internal outfall I-S03 to the Swift Creek Mine clay settling areas and the Altman Bay retention pond as part of the Nutrient Removal System (NRS), which then ultimately discharges via outfall D-001. Hamilton County landfill leachate is sent to the Town of White

Springs WWTF. The Town of White Springs WWTF effluent is discharged to the clay settling area.

EFFLUENT DISPOSAL:

Surface Water Discharge D-001: An existing discharge to Swift Creek, Class III Fresh Water (WBID #3375). The point of discharge is located approximately at latitude 30° 22' 36" N, longitude 82° 47' 57" W.

- **Internal Outfall I-S02:** An existing discharge to Swift Creek through I-S04 via D-001
- **Internal Outfall I-S03:** An existing discharge to clay settling areas and the Altman Bay retention pond. This outfall is associated with D-001.
- **Internal Outfall I-S04:** An existing discharge to Swift Creek via D-001.
- **Internal Outfall I-S06:** An existing discharge to Swift Creek through I-S04 to D-001.
- **Internal Outfall I-S07:** An existing discharge to Swift Creek through I-S04 to D-001.
- **Internal Outfall I-S09:** An existing discharge to Swift Creek through I-S04 to D-001.
- **Internal Outfall I-S18:** An existing discharge to Swift Creek via D-001.
- **Internal Outfall I-S22:** An existing discharge to Eagle Lake. This outfall is associated with D-001.
- **Internal Outfall I-S28:** An existing discharge to retention pond at Swift Creek Chemical Complex, after treatment, and whenever chronic or catastrophic precipitation events cause the water level to rise into the surge capacity. This outfall is associated with D-001.
- **Internal Outfall I-S08:** An existing discharge to spray irrigation and wetlands land application project, clay settling areas, mining and reclamation areas. This outfall is associated with D-001.

Surface Water Discharge D-002: An existing discharge to Hunter Creek, Class III Fresh Waters, (WBID #3364). The point of discharge is located approximately at latitude 30° 29' 40" N, longitude 82° 43' 56" W.

Surface Water Discharge D-003: An existing discharge to Roaring Creek, Class III Fresh Waters, (WBID #3392). The point of discharge is located approximately at latitude 30° 25' 45" N, longitude 82° 41' 05" W.

Surface Water Discharge D-004: An existing discharge to Camp Branch, Class III Fresh Waters, (WBID #3401). The point of discharge is located approximately at latitude 30° 23' 11" N, longitude 82° 52' 39" W.

- **Internal Outfall I-C41:** An existing discharge to Camp Branch through D-004.

IN ACCORDANCE WITH: The limitations, monitoring requirements and other conditions set forth in this Cover Sheet and Part I through Part IX on pages 1 through 55 of this permit.

I. EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Surface Water Discharges – Swift Creek (Outfall D – 001)

1. During the period beginning on the effective date and lasting through the expiration date of this permit, the permittee is authorized to discharge process wastewater and stormwater from Outfall D-001 to Swift Creek. Such discharge shall be limited and monitored by the permittee as specified below and reported in accordance with Permit Condition I.G.3.

			Effluent Limitations		Monitoring Requirements			
Parameter	Units	Max/Min	Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site	Notes
Flow	MGD	Max	Report	Monthly Average	Daily, when discharging	Calculated	CAL-1	
		Max	Report	Daily Maximum				
Temperature (C), Water	Deg C	Max	Report	Daily Maximum	Bi-weekly *(Twice per week)*	Meter *(In-situ mid-stream and mid-depth)*	EFF-1	
Oxygen, Dissolved	mg/L	Min	Report	Single Sample	Bi-weekly *(Twice per week)*	Meter *(In-situ mid-stream and mid-depth)*	EFF-1	See I.A.13
Oxygen, Dissolved Percent Saturation	Percent	Min	Report	Single Sample	Bi-weekly *(Twice per week)*	Meter *(In-situ mid-stream and mid-depth) or* Calculated	EFF-1/CAL-1	See I.A.13
Percent % of Daily Average DO Saturation greater than 34%	Percent samples in compliance	Min	Report	Monthly Total	Monthly	Calculated	CAL-1	See I.A.13
			90	Annual Total				
Solids, Total Suspended	mg/L	Max	Report	Monthly Average	Weekly	24-hr TPC	EFF-1	
		Max	Report	Daily Maximum				

			Effluent Limitations		Monitoring Requirements			
Parameter	Units	Max/Min	Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site	Notes
Fluoride, Total (as F)	mg/L	Max	10.0	Daily Maximum	Weekly	24-hr TPC	EFF-1	
		Max	Report	Monthly Average				
Specific Conductance	umhos /cm	Max	1275	Daily Maximum	Weekly	24-hr TPC	EFF-1	
		Max	Report	Monthly Average				
pH	s.u.	Min	6.0	Daily Minimum	Weekly	Grab	EFF-1	
		Max	8.5	Daily Maximum				
Turbidity	NTU	Max	31.0	Daily Maximum	Weekly	Meter	EFF-1	I.A.16
		Max	Report	Monthly Average				
Nitrogen, Ammonia, Total (as N)	mg/L	Max	Report	Daily Maximum	Weekly	Grab	EFF-1	
		Max	Report	Monthly Average				
Ammonia, Unionized (as NH3)	mg/L	Max	0.02	Daily Maximum	Weekly	Calculated	CAL-1	See I.A.18
		Max	Report	Monthly Average				
Nitrogen, Kjeldahl, Total (as N)	mg/L	Max	Report	Daily Maximum	Weekly	24-hr TPC	EFF-1	
		Max	Report	Monthly Average				
Nitrogen, Total	mg/L	Max	Report	Monthly Average	Weekly	24-hr TPC	EFF-1	
		Max	Report	Daily Maximum				
Nitrogen, Total	lbs/day	Max	Report	Monthly Average	Weekly	Calculated	CAL-1	

			Effluent Limitations		Monitoring Requirements			
Parameter	Units	Max/Min	Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site	Notes
Phosphorus, Total (as P)	mg/L	Max	Report	Daily Maximum	Weekly	24-hr TPC	EFF-1	
		Max	Report	Monthly Average				
Phosphorus, Total (as P)	lbs/day	Max	Report	Monthly Average	Weekly	Calculated	CAL-1	
Radium 226 + Radium 228, Total	pCi/L	Max	5.0	Daily Maximum	Quarterly	24-hr TPC	EFF-1	
Alpha, Gross Particle Activity	pCi/L	Max	15.0	Daily Maximum	Quarterly	24-hr TPC	EFF-1	
Mercury	ug/L	Max	Report	Single Sample	Annually	Grab	EFF-1	See I.A.15
Chronic Whole Effluent Toxicity, 7-Day IC25 (*Ceriodaphnia dubia*)	percent	Min	100	Single Sample	Semi-Annually	24-hr TPC	EFF-1	See I.A.19
Chronic Whole Effluent Toxicity, 7-Day IC25 (*Pimephales promelas*)	percent	Min	100	Single Sample	Semi-Annually	24-hr TPC	EFF-1	See I.A.19
Chlorophyll a	ug/L	Max	Report	Single Sample	Quarterly	Grab	SWD-1	See I.A.14
Stream Condition Index	See Permit Condition I.A.14				Semi-Annually	-	SWD-1	

2. During the period beginning on the effective date and lasting through the expiration date of this permit, the permittee is authorized to discharge process wastewater and stormwater from Internal Outfall I-S03 to clay settling areas and the Altman Bay retention pond. Such discharge shall be limited and monitored by the permittee as specified below and reported in accordance with Permit Condition I.G.3.:

			Effluent Limitations		Monitoring Requirements			
Parameter	Units	Max/ Min	Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site	Notes
Flow	MGD	Max	Report	Daily Maximum	Continuous	Meter	OUI-03	
		Max	Report	Monthly Average				
Fluoride, Total (as F)	mg/L	Max	25.0	Monthly Average	Weekly	24-hr TPC	OUI-03	
		Max	75.0	Daily Maximum				
Phosphorus, Total (as P)	mg/L	Max	35.0	Monthly Average	Weekly	24-hr TPC	OUI-03	
		Max	105.0	Daily Maximum				
pH	s.u.	Min	6.0	Daily Minimum	Weekly	Grab	OUI-03	
		Max	9.5	Daily Maximum				
Nitrogen, Total	mg/L	Max	Report	Daily Maximum	Weekly	24-hr TPC	OUI-03	
		Max	Report	Monthly Average				
Nitrogen, Total	lbs/day	Max	Report	Monthly Average	Weekly	Calculated	CAL-1	

3. During the period beginning on the effective date and lasting through the expiration date of this permit, the permittee is authorized to discharge process wastewater and stormwater from Internal Outfall I-S02 to Swift Creek through I-S04 via D-001. Such discharge shall be limited and monitored by the permittee as specified below and reported in accordance with Permit Condition I.G.3.:

			Effluent Limitations		Monitoring Requirements			
Parameter	Units	Max/ Min	Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site	Notes
Flow	MGD	Max	Report	Daily Maximum	Continuous	Meter	OUI-02	
		Max	Report	Monthly Average				
Fluoride, Total (as F)	mg/L	Max	25.0	Monthly Average	Weekly	24-hr TPC	OUI-02	
		Max	75.0	Daily Maximum				
Phosphorus, Total (as P)	mg/L	Max	35.0	Monthly Average	Weekly	24-hr TPC	OUI-02	
		Max	105.0	Daily Maximum				
pH	s.u.	Min	6.0	Daily Minimum	Weekly	Grab	OUI-02	
		Max	9.5	Daily Maximum				
Nitrogen, Total	mg/L	Max	Report	Daily Maximum	Weekly	24-hr TPC	OUI-02	
		Max	Report	Monthly Average				
Nitrogen, Total	lbs/day	Max	Report	Monthly Average	Weekly	Calculated	CAL-1	

4. During the period beginning on the effective date and lasting through the expiration date of this permit, the permittee is authorized to discharge process wastewater and stormwater from Internal Outfall I-S28 to retention pond at Swift Creek Chemical Complex, after treatment, and whenever chronic or catastrophic precipitation events cause the water level to rise into the surge capacity. Such discharge shall be limited and monitored by the permittee as specified below and reported in accordance with Permit Condition I.G.3.:

			Effluent Limitations		Monitoring Requirements			
Parameter	Units	Max/ Min	Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site	Notes
Flow	MGD	Max	Report	Daily Maximum	Weekly	Calculated	OUI-28	
		Max	Report	Monthly Average				
Solids, Total Suspended	mg/L	Max	50.0	Monthly Average	Weekly	24-hr TPC	OUI-28	
		Max	150.0	Daily Maximum				
Phosphorus, Total (as P)	mg/L	Max	35.0	Monthly Average	Weekly	24-hr FPC	OUI-28	
		Max	105.0	Daily Maximum				
Turbidity	NTU	Max	Report	Daily Maximum	Weekly	24-hr TPC	OUI-28	
		Max	Report	Monthly Average				
Fluoride, Total (as F)	mg/L	Max	25.0	Monthly Average	Weekly	24-hr TPC	OUI-28	
		Max	75.0	Daily Maximum				
Specific Conductance	umhos /cm	Max	Report	Daily Maximum	Weekly	24-hr TPC	OUI-28	
		Max	Report	Monthly Average				
Nitrogen, Total	mg/L	Max	Report	Daily Maximum	Weekly	24-hr TPC	OUI-28	
		Max	Report	Monthly Average				

			Effluent Limitations		Monitoring Requirements			
Parameter	Units	Max/ Min	Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site	Notes
Radium 226 + Radium 228, Total	pCi/L	Max	5.0	Daily Maximum	Quarterly	24-hr TPC	OUI-28	
Alpha, Gross Particle Activity	pCi/L	Max	15.0	Daily Maximum	Quarterly	24-hr TPC	OUI-28	

5. During the period beginning on the effective date and lasting through the expiration date of this permit, the permittee is authorized to discharge process wastewater and stormwater from Internal Outfall I-S04 to Swift Creek via D-001. Such discharge shall be limited and monitored by the permittee as specified below and reported in accordance with Permit Condition I.G.3.:

			Effluent Limitations		Monitoring Requirements			
Parameter	Units	Max/ Min	Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site	Notes
Flow	MGD	Max	Report	Daily Maximum	Weekly	Calculated	OUI-04	
		Max	Report	Monthly Average				
Nitrogen, Ammonia, Total (as N)	mg/L	Max	4.0	Monthly Average	Weekly	Grab	OUI-04	
Ammonia, Unionized (as NH3)	mg/L	Max	0.02	Daily Maximum	Weekly	Calculated	CAL-1	
		Max	Report	Monthly Average				
Temperature (C), Water	Deg C	Max	Report	Daily Maximum	Weekly	Meter	OUI-04	
Oxygen, Dissolved	mg/L	Min	Report	Single Sample	Weekly	Meter *(In-situ mid-stream and mid-depth)*	OUI-04	
Oxygen, Dissolved Percent Saturation	Percent	Min	Report	Single Sample	Weekly	Meter *(In-situ mid-stream and mid-depth) or* Calculated	OUI-04/ CAL-1	See I.A.13
Percent % of Daily Average DO Saturation greater than 34%	Percent	Min	Report	Monthly Total	Monthly	Calculated	CAL-1	See I.A.13
		Min	Report	Annual Total				
pH	s.u.	Min	6.0	Daily Minimum	Weekly	Meter	OUI-04	

			Effluent Limitations		Monitoring Requirements			
Parameter	Units	Max/ Min	Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site	Notes
		Max	8.5	Daily Maximum				

6. During the period beginning on the effective date and lasting through the expiration date of this permit, the permittee is authorized to discharge process wastewater and stormwater from Internal Outfall I-S22 to Eagle Lake. Such discharge shall be limited and monitored by the permittee as specified below and reported in accordance with Permit Condition I.G.3.:

			Effluent Limitations		Monitoring Requirements			
Parameter	Units	Max/ Min	Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site	Notes
Flow	MGD	Max	Report	Daily Maximum	Continuous	Meter	OUI-22	
		Max	Report	Monthly Average				
Phosphorus, Total (as P)	mg/L	Max	35.0	Monthly Average	Weekly	24-hr TPC	OUI-22	
		Max	105.0	Daily Maximum				
pH	s.u.	Min	6.0	Daily Minimum	Weekly	Grab	OUI-22	
		Max	9.5	Daily Maximum				
Nitrogen, Total	mg/L	Max	Report	Daily Maximum	Weekly	Grab	OUI-22	
		Max	Report	Monthly Average				
Fluoride, Total (as F)	mg/L	Max	25.0	Monthly Average	Weekly	24-hr TPC	OUI-22	

			Effluent Limitations		Monitoring Requirements			
Parameter	Units	Max/ Min	Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site	Notes
		Max	75.0	Daily Maximum				

7. During the period beginning on the effective date and lasting through the expiration date of this permit, the permittee is authorized to discharge process wastewater and stormwater from Internal Outfall I-S07 to Swift Creek through I-S04 to D-001. Such discharge shall be limited and monitored by the permittee as specified below and reported in accordance with Permit Condition I.G.3.:

			Effluent Limitations		Monitoring Requirements			
Parameter	Units	Max/ Min	Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site	Notes
Flow	MGD	Max	Report	Monthly Average	4 Days/Week	Calculated	OUI-07	
		Max	Report	Daily Maximum				
Solids, Fixed Suspended	mg/L	Max	12	Monthly Average	Weekly	24-hr TPC	OUI-07	
		Max	25	Daily Maximum				
Solids, Total Suspended	mg/L	Max	30.0	Monthly Average	Weekly	24-hr TPC	OUI-07	
		Max	60.0	Daily Maximum				
Phosphorus, Total (as P)	mg/L	Max	3.0	Monthly Average	Weekly	24-hr TPC	OUI-07	
		Max	5.0	Daily Maximum				
Turbidity	NTU	Max	Report	Daily Maximum	Weekly	24-hr TPC	OUI-07	
		Max	Report	Monthly Average				
pH	s.u.	Min	6.0	Daily Minimum	Weekly	Grab	OUI-07	
		Max	9.0	Daily Maximum				

8. During the period beginning on the effective date and lasting through the expiration date of this permit, the permittee is authorized to discharge process wastewater and stormwater from Internal Outfall I-S09 to Swift Creek through I-S04 to D-001. Such discharge shall be limited and monitored by the permittee as specified below and reported in accordance with Permit Condition I.G.3.:

			Effluent Limitations		Monitoring Requirements			
Parameter	Units	Max/ Min	Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site	Notes
Flow	MGD	Max	Report	Daily Maximum	4 Days/Week	Calculated	OUI-09	
		Max	Report	Monthly Average				
Solids, Fixed Suspended	mg/L	Max	12	Monthly Average	Weekly	24-hr TPC	OUI-09	
		Max	25	Daily Maximum				
Solids, Total Suspended	mg/L	Max	30.0	Monthly Average	Weekly	24-hr TPC	OUI-09	
		Max	60.0	Daily Maximum				
Phosphorus, Total (as P)	mg/L	Max	3.0	Monthly Average	Weekly	24-hr TPC	OUI-09	
		Max	5.0	Daily Maximum				
Turbidity	NTU	Max	Report	Daily Maximum	Weekly	24-hr TPC	OUI-09	
		Max	Report	Monthly Average				
pH	s.u.	Min	6.0	Daily Minimum	Weekly	Grab	OUI-09	
		Max	9.0	Daily Maximum				

9. During the period beginning on the effective date and lasting through the expiration date of this permit, the permittee is authorized to discharge stormwater and process wastewater from Internal Outfall I-S08 to spray irrigation and wetlands land application project, clay settling areas, mining and reclamation areas. Such discharge shall be limited and monitored by the permittee as specified below and reported in accordance with Permit Condition I.G.3.:

			Effluent Limitations		Monitoring Requirements			
Parameter	Units	Max/ Min	Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site	Notes
Flow	MGD	Max	Report	Daily Maximum	Continuous	Meter	OUI-08, OUI-11, OUI-12, OUI-13	
		Max	Report	Monthly Average				
Solids, Total Suspended	mg/L	Max	Report	Daily Maximum	Weekly	Grab	OUI-08, OUI-11, OUI-12, OUI-13	
		Max	Report	Monthly Average				
Turbidity	NTU	Max	Report	Daily Maximum	Weekly	Grab	OUI-08, OUI-11, OUI-12, OUI-13	
		Max	Report	Monthly Average				
Phosphorus, Total (as P)	mg/L	Max	Report	Daily Maximum	Weekly	Grab	OUI-08, OUI-11, OUI-12, OUI-13	
		Max	Report	Monthly Average				
Phosphorus, Total (as P)	lbs/day	Max	Report	Annual Average	Weekly	Calculated	CAL-1	
Nitrogen, Ammonia, Total (as N)	mg/L	Max	Report	Daily Maximum	Weekly	Grab	OUI-08, OUI-11, OUI-12, OUI-13	
		Max	Report	Monthly Average				

			Effluent Limitations		Monitoring Requirements			
Parameter	Units	Max/ Min	Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site	Notes
Nitrogen, Total	mg/L	Max	Report	Daily Maximum	Weekly	Grab	OUI-08, OUI-11, OUI-12, OUI-13	
		Max	Report	Monthly Average				
Nitrogen, Total	lbs/day	Max	Report	Annual Average	Weekly	Calculated	CAL-1	
pH	s.u.	Min	6.0	Daily Minimum	Weekly	Grab	OUI-08, OUI-11, OUI-12, OUI-13	
		Max	8.5	Daily Maximum				
Fluoride, Total (as F)	mg/L	Max	Report	Daily Maximum	Weekly	Grab	OUI-08, OUI-11, OUI-12, OUI-13	
		Max	Report	Monthly Average				
Specific Conductance	umhos /cm	Max	Report	Daily Maximum	Weekly	Grab	OUI-08, OUI-11, OUI-12, OUI-13	
		Max	Report	Monthly Average				

10. During the period beginning on the effective date and lasting through the expiration date of this permit, the permittee is authorized to discharge process wastewater and stormwater from Internal Outfall I-S18 to Swift Creek via D-001. Such discharge shall be limited and monitored by the permittee as specified below and reported in accordance with Permit Condition I.G.3.:

			Effluent Limitations		Monitoring Requirements			
Parameter	Units	Max/ Min	Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site	Notes
Flow	MGD	Max	Report	Daily Maximum	Continuous	Meter	OUI-18	
		Max	Report	Monthly Average				
Solids, Fixed Suspended	mg/L	Max	12	Monthly Average	Weekly	Grab	OUI-18	
		Max	25	Daily Maximum				
Solids, Total Suspended	mg/L	Max	30	Monthly Average	Weekly	Grab	OUI-18	
		Max	60	Daily Maximum				
Nitrogen, Ammonia, Total (as N)	mg/L	Max	4.0	Daily Maximum	Weekly	Grab	OUI-18	
		Max	Report	Monthly Average				
Ammonia, Unionized (as NH3)	mg/L	Max	0.02	Daily Maximum	Weekly	Calculated	OUI-18	
		Max	Report	Monthly Average				
Temperature (C), Water	Deg C	Max	Report	Daily Maximum	Weekly	Grab	OUI-18	
Oxygen, Dissolved	mg/L	Min	Report	Single Sample	Weekly	Meter *(In-situ mid-stream and mid-depth)*	OUI-18	

			Effluent Limitations		Monitoring Requirements			
Parameter	Units	Max/ Min	Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site	Notes
Oxygen, Dissolved Percent Saturation	Percent	Min	Report	Single Sample	Weekly	Meter *(In-situ mid-stream and mid-depth)* or Calculated	OUI-18	
Percent % of Daily Average DO Saturation greater than 34%	Percent	Min	Report	Annual Total	Monthly	Calculated	CAL-1	
		Min	Report	Monthly Total				
Phosphorus, Total (as P)	mg/L	Max	3.0	Monthly Average	Weekly	Grab	OUI-18	
		Max	5.0	Daily Maximum				
Nitrogen, Total	mg/L	Max	Report	Daily Maximum	Weekly	24-hr TPC	OUI-18	
		Max	Report	Monthly Average				
Nitrogen, Total	lbs/day	Max	Report	Monthly Average	Weekly	Calculated	CAL-1	
pH	s.u.	Min	6.0	Daily Minimum	Weekly	Grab	OUI-18	
		Max	9.0	Daily Maximum				
Radium 226 + Radium 228, Total	pCi/L	Max	5.0	Daily Maximum	Quarterly	24-hr TPC	OUI-18	
Alpha, Gross Particle Activity	pCi/L	Max	15.0	Daily Maximum	Quarterly	24-hr TPC	OUI-18	

11. During the period beginning on the effective date and lasting through the expiration date of this permit, the permittee is authorized to discharge process wastewater and stormwater from Internal Outfall I-S06 to Swift Creek through I-S04 to D-001. Such discharge shall be limited and monitored by the permittee as specified below and reported in accordance with Permit Condition I.G.3.:

			Effluent Limitations		Monitoring Requirements			
Parameter	Units	Max/ Min	Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site	Notes
Flow	MGD	Max	Report	Monthly Average	Continuous	Meter	OUI-06	
		Max	Report	Daily Maximum				
Solids, Total Suspended	mg/L	Max	50.0	Monthly Average	Weekly	24-hr TPC	OUI-06	
		Max	150.0	Daily Maximum				
Phosphorus, Total (as P)	mg/L	Max	35.0	Monthly Average	Weekly	24-hr TPC	OUI-06	
		Max	105.0	Daily Maximum				
pH	s.u.	Min	6.0	Daily Minimum	Weekly	Grab	OUI-06	
		Max	9.5	Daily Maximum				
Turbidity	NTU	Max	Report	Monthly Average	Weekly	24-hr TPC	OUI-06	
		Max	Report	Daily Maximum				
Fluoride, Total (as F)	mg/L	Max	25.0	Monthly Average	Weekly	24-hr TPC	OUI-06	
		Max	75.0	Daily Maximum				

12. Effluent samples shall be taken at the monitoring site locations listed in Permit Condition I.A.1 through I.A.11. and as described below:

Monitoring Site	Description of Monitoring Site
EFF-1	Discharge to Swift Creek monitoring point D-001
OUI-03	Discharge from the pumps to the Swift Creek mine clay settling areas and Altman Bay retention pond
OUI-02	Altman Bay Canal to Swift Creek
OUI-28	After Liming Pond on Swift Creek Chemical Complex
OUI-04	Sampling location downstream of various Lake discharge but prior to mixing with OUI-18 (Eagle Lake outfall)
OUI-22	Discharge from Retention Pond
OUI-07	Discharge from South Altman Bay Lake
OUI-09	Discharge from Purvis Lake that does not go through South Altman Bay Lake and discharge from Clay Settling Areas
OUI-08	Discharges associated with the spray irrigation and wetlands land application project, clay settling areas, mining and reclamation areas; treated process wastewater sent to storage areas
OUI-11	Discharges associated with outflow from the spray irrigation and wetlands land application project, clay settling areas, mining and reclamation areas; water delivered to the spray irrigation system
OUI-12	Discharges associated with outflow from the spray irrigation and wetlands land application project, clay settling areas, mining and reclamation areas; flow from the spray irrigation system at the connection between CSA 4 and CSA 8
OUI-13	Discharges associated with outflow from the spray irrigation and wetlands land application project, clay settling areas, mining and reclamation areas; flow from the spray irrigation system at the connection between CSA 8 and CSA 11
OUI-18	Eagle Lake Outfall
OUI-06	Discharge from Altman Bay Lake Retention Pond
SWD-1	SCI sampling point in Swift Creek, see Part I.A.14
CAL-1	Calculated value

13. Meter sampling (in-situ mid-stream and mid-depth) shall be conducted for percent oxygen saturation and dissolved oxygen. Percent oxygen saturation can also be calculated based on the dissolved oxygen concentration and water temperature with assumptions for freshwater (Salinity = 0.0 ppt), 1 atm pressure, and air saturated with water vapor. No more than 10 percent of the separate daily values collected during an assessment period shall be below the criteria for dissolved oxygen (DO) saturation of 34%. Beginning from the first effective day of this permit determine the number of dissolved oxygen percent saturation exceedances based on the sum of

the most recent 12 month period. The evaluation would begin once the initial 12 months of data are available. [62-302.533(1)(a).3]

14. The facility shall conduct SCI, RPS and LVS sampling twice per year at the following Swift Creek, Hunter Creek, and Camp Branch stations:

CREEK NAME	BI STATION	LAT	LONG	DESCRIPTION	Monitoring Site Location
Swift Creek	SC BI U	30.38535	-82.79684	~0.5 miles above 142nd Blvd bridge	SWD-1
Hunter Creek	HC DN 135	30.48578	-82.7094	~1000 feet below CR 135 bridge	SWD-2
Camp Branch	CB BI	30.37066	-82.88532	~1.5 miles below CR 25A, 500 feet above sink	SWD-4

Sampling and analyses must be done in accordance with FDEP SOPs. The facility shall review stream conditions and discharges to the streams to select the appropriate sampling times. Sampling will not be conducted if the facility has not discharged at least 40% of the time during the 28 days prior to a planned SCI. Assuming all necessary sample conditions are met, one sample will be collected during the first six months after permit issuance and then in each following 6 month period. Results of the SCI shall be incorporated into a report detailing the sampling events, conditions, and results. All forms required by the SOPs shall be included with the report as well as photos of the sampling segment. The report shall be submitted to the Northeast District office at the address noted in I.G.4 of this permit.

SCI scores will be interpreted as outlined in section 62-302.531(2)(c)1, FAC. Floral metrics (RPS and LVS) will be used in conjunction with chlorophyll a data to interpret section 62-302.531(2)(c), FAC. Annual geometric mean chlorophyll a levels less than 20 ug/L will be interpreted as not indicating a floral imbalance. Chlorophyll a samples will be taken quarterly and at the time of the SCI sampling event.

15. EPA Method 1631E shall be used to analyze for total recoverable mercury or other clean techniques approved for analysis such as Method 245.1 or Method 245.7 where the method detection limit is equal to or less than 25 ng/L. If mercury is not quantifiable, then mercury is in compliance. However, if testing results show quantifiable mercury levels in the effluent, the permittee shall prepare and implement a mercury minimization plan addressing sources of mercury. *[62-304.900, 62-302 FAC, 62-4 FAC]*

16. Turbidity shall not exceed 31.0 NTU, except where the Permittee can demonstrate that the exceedance is not related to the facility's operations. The Permittee shall make this demonstration by sampling from its other outfalls as well as any offsite tributaries not affected by its operations. In accordance with rule 62-302.530(69) FAC, turbidity for Class III fresh waters, the value shall be less than or equal to 29 NTU above natural background conditions. 62-302.530(69) FAC.

17. The discharge shall not contain components that settle to form putrescent deposits or float as debris, scum, oil, or other matter. *[62-302.500(1)(a)]*

18. Effluent samples for pH and temperature shall be monitored at the same time and location as the total ammonia grab sample which is used to calculate the unionized ammonia value. Unionized ammonia shall be calculated using the DEP Standard Operating Procedure for "Calculation of Un-Ionized Ammonia in Fresh Water," dated February 12, 2001. *[62-4.246(4) and [62-302.530(3)]*

19. The permittee shall comply with the following requirements to evaluate **chronic** whole effluent toxicity of the discharge from outfall **D-001.**

    a. Effluent Limitation
       (1) In any routine or additional follow-up test for **chronic** whole effluent toxicity, the 25 percent inhibition concentration (IC25) shall not be less than 100% effluent. *[Rules 62-302.530(61) and 62-4.241(1)(b), F.A.C.]*
       (2) For acute whole effluent toxicity, the 96-hour LC50 shall not be less than 100% effluent in any test. *[Rule 62-302.500(1)(a)4. and 62-4.241(1)(a), F.A.C.]*

    b. Monitoring Frequency
       (1) Routine toxicity tests shall be conducted once every 6 months, the first starting within six months of the effective date of this permit and lasting for the duration of this permit.

    c. Sampling Requirements
       (1) For each routine test or additional follow-up test conducted, a total of three 24-hour composite samples of final effluent shall be collected and used in accordance with the sampling protocol discussed in EPA-821-R-02-013, Section 8.
       (2) The first sample shall be used to initiate the test. The remaining two samples shall be collected according to the protocol and used as renewal solutions on Day 3 (48 hours) and Day 5 (96 hours) of the test.
       (3) Samples for routine and additional follow-up tests shall not be collected on the same day.

    d. Test Requirements
       (1) Routine Tests: All routine tests shall be conducted using a control (0% effluent) and a minimum of five test dilutions: **100%**, **50%**, **25%**, **12.5%**, and **6.25%** final effluent.
       (2) The permittee shall conduct a daphnid, ***Ceriodaphnia dubia***, Survival and Reproduction Test and a fathead minnow, ***Pimephales promelas***, Larval Survival and Growth Test, concurrently.
       (3) All test species, procedures and quality assurance criteria used shall be in accordance with Short-term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Freshwater Organisms, 4th Edition, EPA 821-R-02-013. Any deviation of the bioassay procedures outlined herein shall be submitted in writing to the Department for review and approval prior to use. In the event the above method is revised, the permittee shall conduct chronic toxicity testing in accordance with the revised method.
       (4) The control water and dilution water shall be moderately hard water as described in EPA-821-R-02-013, Section 7.2.3.

    e. Quality Assurance Requirements
       (1) A standard reference toxicant (SRT) quality assurance (QA) chronic toxicity test shall be conducted with each species used in the required toxicity tests either concurrently or initiated no more than 30 days before the date of each routine or additional follow-up test conducted. Additionally, the SRT test must be conducted concurrently if the test organisms are obtained from outside the test laboratory unless the test organism supplier provides control chart data from at least the last five monthly chronic toxicity tests using the same reference toxicant and test conditions. If the organism supplier provides the required SRT data, then the organism supplier's SRT data and the test laboratory's monthly SRT-QA data shall be included in the reports for each companion routine or additional follow-up test required.

(2) If the mortality in the control (0% effluent) exceeds 20% for either species in any test, or any of the test acceptability criteria are not met, then the test for that species (including the control) shall be invalidated and the test repeated. Test acceptability criteria for each species are defined in EPA-821-R-02-013, Section 13.12 (***Ceriodaphnia dubia***) and Section 11.11 (***Pimephales promelas***). The repeat test shall begin within 21 days after the last day of the invalid test.

(3) If 100% mortality occurs in all effluent concentrations for either test species prior to the end of any test and the control mortality is less than 20% at that time, then the test (including the control) for that species shall be terminated with the conclusion that the test fails and constitutes non-compliance.

(4) Routine and additional follow-up tests shall be evaluated for acceptability based on the observed dose-response relationship as required by EPA-821-R-02-013, Section 10.2.6., and the evaluation shall be included with the bioassay laboratory reports.

f. Reporting Requirements

(1) Results from all required Routine and Additional Follow-up tests shall be reported on the **Monthly** Discharge Monitoring Report (DMR) as the calculated IC_{25} for each test species.

(2) A **bioassay laboratory report** for each routine test shall be prepared according to EPA-821-R-02-013, Section 10, Report Preparation and Test Review, and **e-mailed** or mailed to the Department at the address below **within 30 days** after the last day of the test.

(3) For additional follow-up tests, a single bioassay laboratory report shall be prepared according to EPA-821-R-02-013, Section 10, and **e-mailed** or mailed **within 30 days** after the last day of the second valid additional follow-up test.

(4) Data for invalid tests shall be included in the bioassay laboratory report for the repeat test.

(5) The same bioassay data shall not be reported as the results of more than one test.

(6) All bioassay laboratory reports shall be **e-mailed** or mailed to **Jacksonville** *only*.

Florida Department of Environmental Protection
Northeast District - Wastewater Section
8800 Baymeadows Way West, Suite 100
Jacksonville, Florida 32256

g. Test Failures

(1) A test fails when the test results do not meet the limits in 19.a.(1).

(2) Additional Follow-up Tests:

(a) If a routine test does not meet the chronic toxicity limitation in 19.a.(1) above, then the permittee shall notify the Department at the address above within 21 days after the last day of the failed routine test and conduct two additional follow-up tests on each species that failed the test in accordance with 19.d.

(b) The first test shall be initiated within 28 days after the last day of the failed routine test. The remaining additional follow-up tests shall be conducted weekly thereafter until a total of two valid additional follow-up tests are completed.

(c) The additional follow-up tests shall be conducted using a control (0% effluent) and a minimum of five dilutions: 100%, 50%, 25%, 12.5%, and 6.25% effluent. The permittee may modify the dilution series in the additional follow-up tests to more accurately bracket the toxicity such that at least two dilutions above and two dilutions below the target concentration and a control are run. All test results shall be analyzed according to the procedures in EPA 821-R-02-013.

(3) In the event of three valid test failures (whether routine or additional follow-up tests) within a 12-month period, the permittee shall notify the Department within 21 days after the last day of the third test failure.

(a) The permittee shall submit a plan for correction of the effluent toxicity within 60 days after the last day of the third test failure.
(b) The Department shall review and approve the plan before initiation.
(c) The plan shall be initiated within 30 days following the Department's written approval of the plan.
(d) Progress reports shall be submitted quarterly to the Department at the address above.
(e) During the implementation of the plan, the permittee shall conduct quarterly routine whole effluent toxicity tests in accordance with 19.d. Additional follow-up tests are not required while the plan is in progress. Following completion or termination of the plan, the frequency of monitoring for routine and additional follow-up tests shall return to the schedule established in 19.b.(1). If a routine test is invalid according to the acceptance criteria in EPA-821-R-02-013, then a repeat test shall be initiated within 21 days after the last day of the invalid routine test.
(f) Upon completion of four consecutive quarterly valid routine tests that demonstrate compliance with the effluent limitation in 19.a.(1) above, the permittee may submit a written request to the Department to terminate the plan. The plan shall be terminated upon written verification by the Department that the facility has passed at least four consecutive quarterly valid routine whole effluent toxicity tests.
(g) If a test within the sequence of the four is deemed invalid, but is replaced by a repeat valid test initiated within 21 days after the last day of the invalid test, then the invalid test will not be counted against the requirement for four consecutive quarterly valid routine tests for the purpose of terminating the plan.

(4) If chronic toxicity test results indicate greater than 50% mortality within 96 hours in an effluent concentration equal to or less than the effluent concentration specified as the acute toxicity limit in 19.(a)(2), then the Department may revise this permit to require acute definitive whole effluent toxicity testing.
(5) The additional follow-up testing and the plan do not preclude the Department taking enforcement action for acute or chronic whole effluent toxicity failures.

[62-4.241, 62-620.620(3)]

B. Surface Water Discharges – Hunter Creek (Outfall D-002)

1. During the period beginning on the effective date and lasting through the expiration date of this permit, the permittee is authorized to discharge process wastewater and stormwater from Outfall **D-002** to Hunter Creek. Such discharge shall be limited and monitored by the permittee as specified below and reported in accordance with Permit Condition I.G.3.:

			Effluent Limitations		Monitoring Requirements			
Parameter	Units	Max/ Min	Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site	Notes
Acute Whole Effluent Toxicity, 96-hour LC50 (*Ceriodaphnia dubia*)	percent	Min	100	Single Sample	Semi-Annually	Grab	EFF-2	See I.B.5
Acute Whole Effluent Toxicity, 96-hour LC50 (*Cyprinella leedsi*)	percent	Min	100	Single Sample	Semi-Annually	Grab	EFF-2	See I.B.5
Flow	MGD	Max	Report	Daily Maximum	4 Days/Week	Calculated	EFF-2	
		Max	Report	Monthly Average				
Solids, Fixed Suspended	mg/L	Max	12	Monthly Average	Weekly	24-hr TPC	EFF-2	
		Max	25	Daily Maximum				
Solids, Total Suspended	mg/L	Max	30	Monthly Average	Weekly	24-hr TPC	EFF-2	
		Max	60	Daily Maximum				
Oxygen, Dissolved	mg/L	Min	Report	Single Sample	2 Days/Week	Meter *(In-situ mid-stream and mid-depth)*	EFF-2	
Oxygen, Dissolved Percent Saturation	Percent	Min	Report	Single Sample	2 Days/Week	Meter *(In-situ mid-stream and mid-depth) or* Calculated	EFF-2/CAL-1	See I.A.13

			Effluent Limitations		Monitoring Requirements			
Parameter	Units	Max/ Min	Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site	Notes
Percent % of Daily Average DO Saturation greater than 34%	Percent samples in compliance	Min	Report	Monthly Total	Monthly	Calculated	CAL-1	See I.A.13
			90	Annual Total				
Temperature (C), Water	Deg C	Max	Report	Daily Maximum	Weekly	Meter	EFF-2	
Fluoride, Total (as F)	mg/L	Max	10.0	Daily Maximum	Weekly	24-hr TPC	EFF-2	
		Max	Report	Monthly Average				
Ammonia, Unionized (as NH3)	mg/L	Max	0.02	Daily Maximum	Weekly	Calculated	CAL-1	See I.B.4
		Max	Report	Monthly Average				
Nitrogen, Ammonia, Total (as N)	mg/L	Max	Report	Daily Maximum	Weekly	Grab	EFF-2	
		Max	Report	Monthly Average				
Turbidity	NTU	Max	31.0	Daily Maximum	Weekly	Grab	EFF-2	See I.A.16
		Max	Report	Monthly Average				
pH	s.u.	Min	6.0	Daily Minimum	Weekly	Grab	EFF-2	
		Max	8.5	Daily Maximum				
Phosphorus, Total (as P)	mg/L	Max	3.0	Monthly Average	Weekly	24-hr TPC	EFF-2	
		Max	5.0	Daily Maximum				

			Effluent Limitations		Monitoring Requirements			
Parameter	Units	Max/ Min	Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site	Notes
Phosphorus, Total (as P)	lbs/day	Max	Report	Monthly Average	Weekly	Calculated	CAL-1	
Nitrogen, Kjeldahl, Total (as N)	mg/L	Max	Report	Daily Maximum	Weekly	24-hr TPC	EFF-2	
		Min	Report	Monthly Average				
Nitrogen, Total	mg/L	Max	Report	Daily Maximum	Weekly	24-hr TPC	EFF-2	
		Max	Report	Monthly Average				
Nitrogen, Total	lbs/day	Max	Report	Monthly Average	Weekly	Calculated	CAL-1	
Radium 226 + Radium 228, Total	pCi/L	Max	5.0	Daily Maximum	Quarterly	24-hr TPC	EFF-2	
Alpha, Gross Particle Activity	pCi/L	Max	15.0	Daily Maximum	Quarterly	24-hr TPC	EFF-2	
Mercury	ug/L	Max	Report	Single Sample	Annually	Grab	EFF-2	See I.A.15
Chlorophyll a	ug/L	Max	Report	Single Sample	Quarterly	Grab	SWD-2	See I.A.14
Stream Condition Index	See Permit Condition I.A.14				Semi-Annually	-	SWD-2	

2. Effluent samples shall be taken at the monitoring site locations listed in Permit Condition I..B.1 as described below:

Monitoring Site	Description of Monitoring Site
EFF-2	Canal to Hunter Creek
CAL-1	Calculated value
SWD-2	Approximately 1000 feet below CR 135 bridge, SCI sampling point at Hunter's Creek, see Part I.A.14

3. The discharge shall not contain components that settle to form putrescent deposits or float as debris, scum, oil, or other matter. *[62-302.500(1)(a)]*

4. Effluent samples for pH and temperature shall be monitored at the same time and location as the total ammonia grab sample which is used to calculate the unionized ammonia value. Unionized ammonia shall be calculated using the DEP Standard Operating Procedure for "Calculation of Un-Ionized Ammonia in Fresh Water" dated February 12, 2001. *[62-4.246(4) and [62-302.530(3)]*

5. The permittee shall comply with the following requirements to evaluate **acute** whole effluent toxicity of the discharge from outfall **D-002, D-003,** and **D-004**.

   a. Effluent Limitation
      (1) In any routine or additional follow-up test for **acute** whole effluent toxicity, the 96-hour LC50 shall not be less than 100% effluent. [Rules 62-302.200(1), 62-302.500(1)(a)4., 62-4.244(3)(a), and 62-4.241, F.A.C.]

   b. Monitoring Frequency
      i. Routine toxicity tests shall be conducted once every six months, the first starting within six months of the effective date of this permit and lasting for the duration of this permit.

   c. Sampling Requirements
      i. All tests shall be conducted on a single grab sample of final effluent.

   d. Test Requirements
      i. Routine Tests: All routine tests shall be conducted using a control (0% effluent) and a minimum of five dilutions: **100%, 75%, 50%, 25%**, and **12.5%** effluent.
      ii. The permittee shall conduct 96-hour acute static renewal multi-concentration toxicity tests using the daphnid, ***Ceriodaphnia dubia***, and the bannerfin shiner, ***Cyprinella leedsi***, concurrently.
      iii. All test species, procedures and quality assurance criteria used shall be in accordance with Methods for Measuring Acute Toxicity of Effluents and Receiving Waters to Freshwater and Marine Organisms, 5th Edition, EPA-821-R-02-012. Any deviation of the bioassay procedures outlined herein shall be submitted in writing to the Department for review and approval prior to use. In the event the above method is revised, the permittee shall conduct acute toxicity testing in accordance with the revised method.
      iv. The control water and dilution water shall be moderately hard water as described in EPA-821-R-02-012, Table 7.

   e. Quality Assurance Requirements
      i. A standard reference toxicant (SRT) quality assurance (QA) acute toxicity test shall be conducted with each species used in the required toxicity tests either concurrently or initiated no more than 30 days before the date of each routine or additional follow-up test conducted.

Additionally, the SRT test must be conducted concurrently if the test organisms are obtained from outside the test laboratory unless the test organism supplier provides control chart data from at least the last five monthly acute toxicity tests using the same reference toxicant and test conditions. If the organism supplier provides the required SRT data, the organism supplier's SRT data and the test laboratory's monthly SRT-QA data shall be included in the reports for each companion routine or additional follow-up test required.

ii. If the mortality in the control (0% effluent) exceeds 10% for either species in any test, then the test for that species (including the control) shall be invalidated and the test repeated. The repeat test shall begin within 14 days after the last day of the invalid test.

iii. If 100% mortality occurs in all effluent concentrations for either species prior to the end of any test and the control mortality is less than 10% at that time, then the test (including the control) for that species shall be terminated with the conclusion that the test fails and constitutes non-compliance.

iv. Routine and additional follow-up tests shall be evaluated for acceptability based on the concentration-response relationship, as required by EPA-821-R-02-012, Section 12.2.6.2., and included with the bioassay laboratory reports.

f. Reporting Requirements

i. Results from all required Routine and Additional Follow-up tests shall be reported on the **Monthly** Discharge Monitoring Report (DMR) as the calculated LC50 for each test species.

ii. A **bioassay laboratory report** for the routine test shall be prepared according to EPA-821-R-02-012, Section 12, Report Preparation and Test Review, and **e-mailed** or mailed to the Department at the address below **within 30 days** after the last day of the test.

iii. For additional follow-up tests, a single bioassay laboratory report shall be prepared according to EPA-821-R-02-012, Section 12, and **e-mailed** or mailed **within 30 days** after the last day of the second valid additional follow-up test.

iv. Data for invalid tests shall be included in the bioassay laboratory report for the repeat test.

v. The same bioassay data shall not be reported as the results of more than one test.

vi. All bioassay laboratory reports shall be **e-mailed** or mailed to **Jacksonville** *only*:

Florida Department of Environmental Protection
Northeast District Office – Wastewater Section
8800 Baymeadows Way West, Suite 100
Jacksonville, Florida 32256

g. Test Failures

i. A test fails when the test results do not meet the limits in 5.a.(1).

ii. Additional Follow-up Tests:

1. If a routine test does not meet the acute toxicity limitation in 5.a.(1) above, then the permittee shall notify the Department at the address above within 21 days after the last day of the failed routine test and conduct two additional follow-up tests on each species that failed the test in accordance with 5.d.
2. The first test shall be initiated within 28 days after the last day of the failed routine test. The remaining additional follow-up tests shall be conducted weekly thereafter until a total of two valid additional follow-up tests are completed.
3. The additional follow-up tests shall be conducted using a control (0% effluent) and a minimum of five dilutions: 100%, 75%, 50%, 25%, and 12.5% effluent. The permittee may modify the dilution series in the additional follow-up tests to more accurately bracket the toxicity such that at least two dilutions above and two dilutions below the target concentration and a control are run. All test results shall be statistically analyzed according to the procedures in EPA-821-R-02-012.

iii. In the event of three valid test failures (whether routine or additional follow-up tests) within a 12-month period, the permittee shall notify the Department within 21 days after the last day of the third test failure.
   1. The permittee shall submit a plan for correction of the effluent toxicity within 60 days after the last day of the third test failure.
   2. The Department shall review and approve the plan before initiation.
   3. The plan shall be initiated within 30 days following the Department's written approval of the plan.
   4. Progress reports shall be submitted quarterly to the Department at the address above.
   5. During the implementation of the plan, the permittee shall conduct quarterly routine whole effluent toxicity tests in accordance with 5.d. Additional follow-up tests are not required while the plan is in progress. Following completion or termination of the plan, the frequency of monitoring for routine and additional follow-up tests shall return to the schedule established in 5.b.(1). If a routine test is invalid according to the acceptance criteria in EPA-821-R-02-012, then a repeat test shall be initiated within 14 days after the last day of the invalid routine test.
   6. Upon completion of four consecutive quarterly valid routine tests that demonstrate compliance with the effluent limitation in 5.a.(1) above, the permittee may submit a written request to the Department to terminate the plan. The plan shall be terminated upon written verification by the Department that the facility has passed at least four consecutive quarterly valid routine whole effluent toxicity tests.
   7. If a test within the sequence of the four is deemed invalid, but is replaced by a repeat valid test initiated within 14 days after the last day of the invalid test, then the invalid test will not be counted against the requirement for four consecutive quarterly valid routine tests for the purpose of terminating the plan.

iv. The additional follow-up testing and the plan do not preclude the Department taking enforcement action for whole effluent toxicity failures.

[62-4.241, 62-620.620(3)]

C. Surface Water Discharges – Roaring Creek (Outfall D – 003)

1. During the period beginning on the effective date and lasting through the expiration date of this permit, the permittee is authorized to discharge process wastewater and stormwater from Outfall **D-003** to Roaring Creek. Such discharge shall be limited and monitored by the permittee as specified below and reported in accordance with Permit Condition I.G.3.:

			Effluent Limitations		Monitoring Requirements			
Parameter	Units	Max/ Min	Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site	Notes
Flow	MGD	Max	Report	Daily Maximum	4 Days/Week	Calculated	EFF-3	
		Max	Report	Monthly Average				
Solids, Fixed Suspended	mg/L	Max	12	Monthly Average	Weekly	24-hr TPC	EFF-3	
		Max	25	Daily Maximum				
Solids, Total Suspended	mg/L	Max	30	Monthly Average	Weekly	24-hr TPC	EFF-3	
		Max	60	Daily Maximum				
Oxygen, Dissolved	mg/L	Min	Report	Single Sample	2 Days/Week	Meter *(In-situ mid-stream and mid-depth)*	EFF-3	See I.A.13
Oxygen, Dissolved Percent Saturation	percent	Min	Report	Single Sample	2 Days/Week	Meter *(In-situ mid-stream and mid-depth)*	EFF-3	See I.A.13
Percent of % Daily Average DO Saturation greater than 34%	Percent samples in compliance	Min	Report	Monthly Total	Monthly	Meter *(In-situ mid-stream and mid-depth)* or Calculated	CAL-1	See I.A.13
			90	Annual Total				
Specific Conductance	umhos /cm	Max	1275	Daily Maximum	Weekly	Grab	EFF-3	

			Effluent Limitations		Monitoring Requirements			
Parameter	Units	Max/ Min	Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site	Notes
Fluoride, Total (as F)	mg/L	Max	10.0	Daily Maximum	Weekly	24-hr TPC	EFF-3	
		Max	Report	Monthly Average				
Ammonia, Unionized (as NH3)	mg/L	Max	0.02	Daily Maximum	Weekly	Calculated	CAL-1	See I..B.4
		Max	Report	Monthly Average				
Nitrogen, Ammonia, Total (as N)	mg/L	Max	Report	Daily Maximum	Weekly	Grab	EFF-3	
		Max	Report	Monthly Average				
Temperature (C), Water	Deg C	Max	Report	Daily Maximum	Weekly	Grab	EFF-3	
		Max	Report	Monthly Average				
Turbidity	NTU	Max	31.0	Daily Maximum	Weekly	Grab	EFF-3	See I.A.16
		Max	Report	Monthly Average				
pH	s.u.	Min	6.0	Daily Minimum	Weekly	Grab	EFF-3	
		Max	8.5	Daily Maximum				
Phosphorus, Total (as P)	mg/L	Max	3.0	Monthly Average	Weekly	24-hr TPC	EFF-3	
		Max	5.0	Daily Maximum				
Phosphorus, Total (as P)	lbs/day	Max	Report	Monthly Average	Weekly	Calculated	CAL-1	
Nitrogen, Kjeldahl, Total (as N)	mg/L	Max	Report	Monthly Average	Weekly	24-hr TPC	EFF-3	
		Max	Report	Daily Maximum				
Nitrogen, Total	mg/L	Max	Report	Daily Maximum	Weekly	24-hr TPC	EFF-3	
		Max	Report	Monthly Average				
Nitrogen, Total	lbs/day	Max	Report	Monthly Average	Weekly	Calculated	CAL-1	

			Effluent Limitations		Monitoring Requirements			
Parameter	Units	Max/ Min	Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site	Notes
Radium 226 + Radium 228, Total	pCi/L	Max	5.0	Daily Maximum	Quarterly	24-hr TPC	EFF-3	
Alpha, Gross Particle Activity	pCi/L	Max	15.0	Daily Maximum	Quarterly	24-hr TPC	EFF-3	
Acute Whole Effluent Toxicity, 96-hour LC50 (*Ceriodaphnia dubia*)	percent	Min	100	Single Sample	Semi-Annually	Grab	EFF-3	See I.B.5
Acute Whole Effluent Toxicity, 96-hour LC50 (*Cyprinella leedsi*)	percent	Min	100	Single Sample	Semi-Annually	Grab	EFF-3	See I.B.5
Mercury	ug/L	Max	Report	Single Sample	Annually	Grab	EFF-3	See I.A.15

2. Effluent samples shall be taken at the monitoring site locations listed in Permit Condition I.C.1. and as described below:

Monitoring Site	Description of Monitoring Site
EFF-3	Roaring Creek at CR 135

3. The discharge shall not contain components that settle to form putrescent deposits or float as debris, scum, oil, or other matter. *[62-302.500(1)(a)]*

4. Effluent samples for pH and temperature shall be monitored at the same time and location as the total ammonia grab sample which is used to calculate the unionized ammonia value. Unionized ammonia shall be calculated using the DEP Standard Operating Procedure for "Calculation of Un-Ionized Ammonia in Fresh Water" dated February 12, 2001. *[62-4.246(4) and [62-302.530(3)]*

D. Surface Water Discharges – Camp Branch (Outfall D – 004)

1 During the period beginning on the effective date and lasting through the expiration date of this permit, the permittee is authorized to discharge process wastewater and non-process wastewater from Outfall **D-004** to Camp Branch. Such discharge shall be limited and monitored by the permittee as specified below and reported in accordance with Permit Condition I.G.3.:

			Effluent Limitations		Monitoring Requirements			
Parameter	Units	Max/Min	Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site	Notes
Flow	MGD	Max	Report	Daily Maximum	2 Days/Week	Calculated	EFF-4	
		Max	Report	Monthly Average				
pH	s.u.	Min	6.0	Daily Minimum	Weekly	Grab	EFF-4	
		Max	8.5	Daily Maximum				
Solids, Total Suspended	mg/L	Max	Report	Daily Maximum	Weekly	24-hr TPC	EFF-4	
		Max	Report	Monthly Average				
Oxygen, Dissolved	mg/L	Min	Report	Single Sample	2 Days/Week	Meter *(In-situ mid-stream and mid-depth)*	EFF-4	See I.A.13
Oxygen, Dissolved Percent Saturation	percent	Min	Report	Single Sample	2 Days/Week	Meter *(In-situ mid-stream and mid-depth)*	EFF-4	See I.A.13
Percent % of Daily Average DO Saturation greater than 34%	Percent samples in compliance	Min	Report	Monthly Total	Monthly	Meter *(In-situ mid-stream and mid-depth), or* Calculated	CAL-1	See I.A.13
			90	Annual Total				
Fluoride, Total (as F)	mg/L	Max	10.0	Daily Maximum	Weekly	24-hr TPC	EFF-4	

			Effluent Limitations		Monitoring Requirements			
Parameter	Units	Max/Min	Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site	Notes
		Max	Report	Monthly Average				
Specific Conductance	umhos /cm	Max	1275	Daily Maximum	Weekly	Grab	EFF-4	
Turbidity	NTU	Max	31.0	Daily Maximum	Weekly	Grab	EFF-4	See I.A.16
		Max	Report	Monthly Average				
Phosphorus, Total (as P)	mg/L	Max	Report	Daily Maximum	Weekly	24-hr TPC	EFF-4	
		Max	Report	Monthly Average				
Phosphorus, Total (as P)	lbs/day	Max	Report	Monthly Average	Weekly	Calculated	CAL-1	
Nitrogen, Total	mg/L	Max	Report	Daily Maximum	Weekly	24-hr TPC	EFF-4	
		Max	Report	Monthly Average				
Nitrogen, Total	lbs/day	Max	Report	Monthly Average	Weekly	Calculated	CAL-1	
Mercury	ug/L	Max	Report	Single Sample	Annually	Grab	EFF-4	See I.A.15
Acute Whole Effluent Toxicity, 96-hour LC50 (*Ceriodaphnia dubia*)	percent	Min	100	Single Sample	Semi-Annually	Grab	OUI-41	See I.B.5
Acute Whole Effluent Toxicity, 96-hour LC50 (*Cyprinella leedsi*)	percent	Min	100	Single Sample	Semi-Annually	Grab	OUI-41	See I.B.5
Chlorophyll a	ug/L	Max	Report	Single Sample	Quarterly	Grab	SWD-4	See I.A.14
Stream Condition Index	See Permit Condition I.A.14				Semi-Annually	Grab	SWD-4	

2 During the period beginning on the effective date and lasting through the expiration date of this permit, the permittee is authorized to discharge process wastewater and stormwater from Internal Outfall I-C41 to Camp Branch through D-004. Such discharge shall be limited and monitored by the permittee as specified below and reported in accordance with Permit Condition I.G.3.:

			Effluent Limitations		Monitoring Requirements			
Parameter	Units	Max/Min	Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site	Notes
Flow	MGD	Max Max	Report Report	Daily Maximum Monthly Average	Continuous	Meter	OUI-41	
Solids, Fixed Suspended	mg/L	Max Max	12 25	Monthly Average Daily Maximum	Weekly	24-hr TPC	OUI-41	
Solids, Total Suspended	mg/L	Max Max	30 60	Monthly Average Daily Maximum	Weekly	24-hr TPC	OUI-41	
Phosphorus, Total (as P)	mg/L	Max Max	3 5	Monthly Average Daily Maximum	Weekly	24-hr TPC	OUI-41	
Phosphorus, Total (as P)	lbs/day	Max	Report	Monthly Average	Weekly	Calculated	OUI-41	
pH	s.u.	Min Max	6.0 8.5	Daily Minimum Daily Maximum	Weekly	Grab	OUI-41	
Nitrogen, Total	mg/L	Max Max	Report Report	Daily Maximum Monthly Average	Weekly	24-hr TPC	OUI-41	
Nitrogen, Total	lbs/day	Max	Report	Monthly Average	Weekly	Calculated	OUI-41	
Turbidity	NTU	Max	Report	Daily Maximum	Weekly	24-hr TPC	OUI-41	
Temperature (C), Water	Deg C	Max Max	Report Report	Daily Maximum Monthly Average	Weekly	Grab	OUI-41	
Oxygen, Dissolved Percent Saturation	percent	Min Max	Report Report	Daily Minimum Monthly Average	Weekly	Grab	OUI-41	
Ammonia, Unionized (as NH3)	mg/L	Max Max	0.02 Report	Daily Maximum Monthly Average	Weekly	Calculated	CAL-1	
Nitrogen, Ammonia, Total (as N)	mg/L	Max Max	Report Report	Daily Maximum Monthly Average	Weekly	24-hr TPC	OUI-41	
Radium 226 + Radium 228, Total	pCi/L	Max	5.0	Daily Maximum	Quarterly	24-hr TPC	OUI-41	
Alpha, Gross Particle Activity	pCi/L	Max	15.0	Daily Maximum	Quarterly	24-hr TPC	OUI-41	

3. Effluent samples shall be taken at the monitoring site locations listed in Permit Condition I.D.1. and I.D.2. as described below:

Monitoring Site	Description of Monitoring Site
EFF-4	Camp Branch
OUI-41	Lang Lake Outfall
SWD-4	~1.5 miles below CR 25A, 500 feet above sink, SCI sampling point at Camp Branch, see Part I.A.14
CAL-1	Calculated value

4. The discharge shall not contain components that settle to form putrescent deposits or float as debris, scum, oil, or other matter. *[62-302.500(1)(a)]*

E. Surface Water Discharge – Stormwater to Suwannee River (Outfall D-SUM)

1. During the period beginning on the effective date and lasting through the expiration date of this permit, the permittee is authorized to discharge stormwater and process wastewater from Outfall D-SUM to Suwannee River. Such discharge shall be limited and monitored by the permittee as specified below and reported in accordance with Permit Condition I.G.3.:

			Effluent Limitations		Monitoring Requirements			
Parameter	Units	Max/Min	Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site	Notes
Phosphorus, Total (as P)	lbs/day	Max	5901	Monthly Average	Weekly	Calculated	CAL-SUM	
Nitrogen, Total	lbs/day	Max	4013	Monthly Average	Weekly	Calculated	CAL-SUM	

2. Effluent samples shall be taken at the monitoring site locations listed in Permit Condition I.E.1. and as described below:

Monitoring Site	Description of Monitoring Site
CAL-SUM	Combined TN or TP loads from D-001, D-002, D-003 and D-004

3. The total loading at outfalls D-001, D-002, D-003 and D-004 (OUI-41) shall be summed monthly. PCS Phosphate (permittee) is subject to the effluent limitation for annual average mass load of total phosphorous and total nitrogen (i.e., the monthly mass loading of total phosphorous and total nitrogen for each month starting from the first day of the second month following permit issuance through the last day of the 12th month period (rolling 12 month period) discharged from PCS Phosphate to the Upper Suwannee River basin through Outfalls D-001, D-002, D-003 and D-004 (OUI-41). The annual mass-based effluent limitation for total phosphate shall not exceed 5901 lbs/day monthly average and total nitrogen (as N) shall not exceed 4013 lbs/day monthly average discharged from Outfalls D-001, D-002, D-003 and D-004 (OUI-41). The total sum is calculated from individual concentration and individual flow of each designed outfall. The total nitrogen and total phosphorous mass load limit is calculated monthly, and is a rolling 12-month annual average. Monthly loadings shall be calculated from the monthly average flows and the monthly average total nitrogen and total phosphorus concentrations at the respective outfalls.

F. Land Application Systems

1. The permittee is authorized to land apply process generated wastewater, contaminated non-process water (CNPW), stormwater, and treated sanitary wastewater to the spray irrigation and wetlands land application project, clay settling areas, mining and reclamation areas as referenced in Part I.A.12 above

G. Other Limitations and Monitoring and Reporting Requirements

1. The sample collection, analytical test methods, and method detection limits (MDLs) applicable to this permit shall be conducted using a sufficiently sensitive method to ensure compliance with applicable water quality standards and effluent limitations and shall be in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate. The list of Department established analytical methods, and corresponding MDLs (method detection limits) and PQLs (practical quantitation limits), which is titled "FAC 62-4 MDL/PQL Table (April 26, 2006)" is available at http://www.dep.state.fl.us/labs/library/index.htm. The MDLs and PQLs as described in this list shall constitute the minimum acceptable MDL/PQL values and the Department shall not accept results for which the laboratory's MDLs or PQLs are greater than those described above unless alternate MDLs and/or PQLs have been specifically approved by the Department for this permit. Any method included in the list may be used for reporting as long as it meets the following requirements:
   a. The laboratory's reported MDL and PQL values for the particular method must be equal or less than the corresponding method values specified in the Department's approved MDL and PQL list;
   b. The laboratory reported MDL for the specific parameter is less than or equal to the permit limit or the applicable water quality criteria, if any, stated in Chapter 62-302, F.A.C. Parameters that are

listed as "report only" in the permit shall use methods that provide an MDL, which is equal to or less than the applicable water quality criteria stated in Chapter 62-302, F.A.C.; and

c. If the MDLs for all methods available in the approved list are above the stated permit limit or applicable water quality criteria for that parameter, then the method with the lowest stated MDL shall be used.

When the analytical results are below method detection or practical quantitation limits, the permittee shall report the actual laboratory MDL and/or PQL values for the analyses that were performed following the instructions on the applicable discharge monitoring report.

Where necessary, the permittee may request approval of alternate methods or for alternative MDLs or PQLs for any approved analytical method. Approval of alternate laboratory MDLs or PQLs are not necessary if the laboratory reported MDLs and PQLs are less than or equal to the permit limit or the applicable water quality criteria, if any, stated in Chapter 62-302, F.A.C. Approval of an analytical method not included in the above-referenced list is not necessary if the analytical method is approved in accordance with 40 CFR 136 or deemed acceptable by the Department. *[62-4.246, 62-160]*

2. The permittee shall provide safe access points for obtaining representative influent and effluent samples which are required by this permit. *[62-620.320(6)]*

3. Monitoring requirements under this permit are effective on the first day of the second month following the effective date of the permit. Until such time, the permittee shall continue to monitor and report in accordance with previously effective permit requirements, if any. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department Discharge Monitoring Reports (DMRs) in accordance with the frequencies specified by the REPORT type (i.e. monthly, quarterly, semiannual, annual, etc.) indicated on the DMR forms attached to this permit. Unless specified otherwise in this permit, monitoring results for each monitoring period shall be submitted in accordance with the associated DMR due dates below. DMRs shall be submitted for each required monitoring period including periods of no discharge.

REPORT Type on DMR	Monitoring Period	Mail or Electronically Submit by
Monthly	first day of month - last day of month	28th day of following month
Toxicity	*first day of month - last day of month*	*28th day of following month*
Quarterly	January 1 - March 31 April 1 - June 30 July 1 - September 30 October 1 - December 31	April 28 July 28 October 28 January 28
Semi-annual	January 1 - June 30 July 1 - December 31	July 28 January 28
Annual	January 1 - December 31	January 28

The permittee may submit either paper or electronic DMR forms. If submitting paper DMR forms, the permittee shall make copies of the attached DMR forms, without altering the original format or content unless approved by the Department, and shall mail the completed DMR forms to the Department by the twenty-eighth (28th) of the month following the month of operation at the address specified below:

Florida Department of Environmental Protection
Wastewater Compliance Evaluation Section, Mail Station 3551
Bob Martinez Center

2600 Blair Stone Road
Tallahassee, Florida 32399-2400

If submitting electronic DMR forms, the permittee shall use the electronic DMR system(s) approved in writing by the Department and shall electronically submit the completed DMR forms to the Department by the twenty-eighth (28th) of the month following the month of operation. Data submitted in electronic format is equivalent to data submitted on signed and certified paper DMR forms. *[62-620.610(18)]*

4. Unless specified otherwise in this permit, all reports and other information required by this permit, including 24-hour notifications, shall be submitted to or reported to, as appropriate, the Department's Northeast District Office at the address specified below:

   Florida Department of Environmental Protection – Northeast District
   8800 Baymeadows Way West, Suite 100
   Jacksonville, Florida 32256
   Phone (904) 256-1700; FAX (904) 256-1589
   (All FAX copies and e-mails shall be followed by original copies.)

5. All reports and other information shall be signed in accordance with the requirements of Rule 62-620.305, F.A.C. *[62-620.305]*

6. If there is no discharge from the facility on a day when the facility would normally sample, the sample shall be collected on the day of the next scheduled sampling day. *[62-620.320(6)]*

7. The permittee shall ensure that the operation, maintenance, inspection and reporting requirements of the phosphogypsum stack systems and clay settling areas at the site are in accordance with applicable requirements of Rules 62-672 and 62-673 F.A.C.

II. SLUDGE MANAGEMENT REQUIREMENTS

1. Solids from the lime treatment process are managed in the clay settling areas at this facility.

2. Management of other sludge generated by the treatment of industrial wastewater at this facility, if any, would be disposed of at a Class I solid waste landfill or as otherwise required by applicable Department rule.

3. The permittee shall be responsible for proper treatment, management, use or land application of its sludges.

4. Disposal of sludge in a solid waste management facility permitted by the Department shall be in accordance with the requirements of Chapter 62-701, F.A.C. Storage, transportation, and disposal of sludge/solids characterized as hazardous waste shall be in compliance with requirements of Chapter 62-730, F.A.C.

5. The permittee shall keep records of the amount of sludge disposed, transported, or incinerated in a Class I Landfill. If a person other than the permittee is responsible for sludge transporting, disposal, or incineration, the permittee shall also keep the following records:

   a. name, address and telephone number of any transporter, and any manifests or bill of lading used;
   b. name and location of the site of disposal, treatment or incineration;

c. name, address, and telephone number of the entity responsible for disposal, treatment, or incineration site

III. GROUND WATER REQUIREMENTS

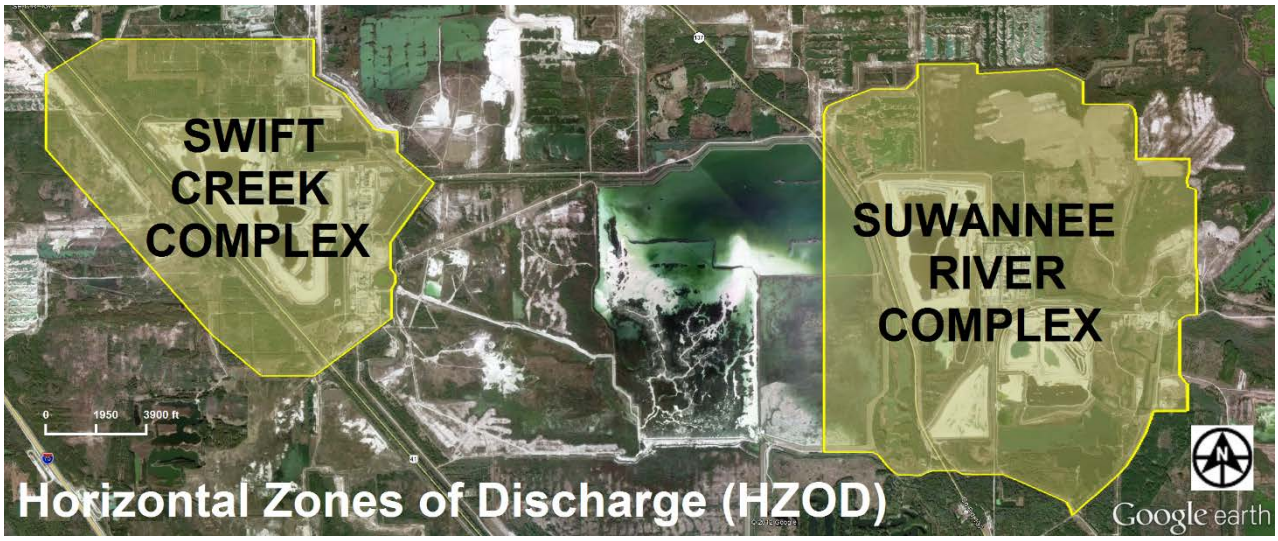
1. The permittee shall give at least 72-hours' notice to the FDEP Northeast District Office, prior to the installation of any monitoring wells. *[62-520.600(6)(h)]*

2. Before construction of new ground water monitoring wells, a soil boring shall be made at each new monitoring well location to properly determine monitoring well specifications such as well depth, screen interval, screen slot, and filter pack. *[62-520.600(6)(g)]*

3. Within 30 days after installation of a monitoring well, the permittee shall submit to the Department's Northeast District Office well completion reports and soil boring/lithologic logs on DEP Form 62-520.900(3), Monitoring Well Completion Report. *[62-520.600(6)(j) and .900(3)]*

4. All piezometers and monitoring wells not part of the approved ground water monitoring plan shall be plugged and abandoned in accordance with Rule 62-532.500(5), F.A.C., unless future use is intended. *[62-532.500(5)]*

5. Separate zones of discharge (ZOD) are established for the Swift Creek and Suwannee River Complexes, extending horizontally along the ground surface to the boundaries shown in the figure below. Vertically, the ZODs extend to the base of the first intermediate aquifer, or to the base of the Penny Farms Formation if no intermediate aquifer is present. *[62-520.200(26)] [62-520.200(10) and 62-520.465]*



6. The permittee's discharge to ground water shall not cause a violation of any primary water quality standard at the boundary of the established zones of discharge (ZOD), nor cause the violation of a secondary standard at any potable well beyond the ZOD. The limited exemption from secondary standards is subject to the terms set forth in Section 62-520.520, F.A.C.

7. The ground water minimum criteria specified in Rule 62-520.400 F.A.C., shall be met within the zones of discharge. *[62-520.400 and 62-520.420(4)]*

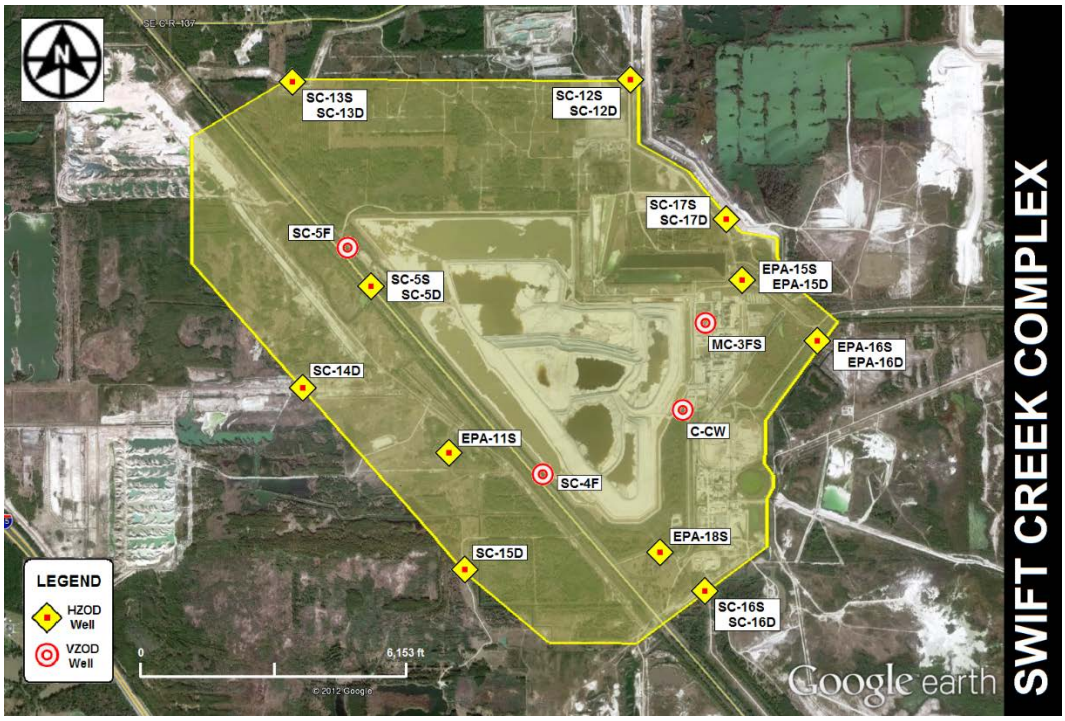
8. If the concentration for any constituent listed for ground water monitoring is greater in the natural background quality than the stated maximum, or in the case of pH is also less than the minimum, the representative background quality shall be the prevailing standard. *[62-520.420(2)]*

9. During the period of operation authorized by this permit, the permittee shall continue to sample ground water at the established monitoring wells in accordance with this permit and the approved ground water monitoring plan. Monitoring requirements are subject to subsequent modification. *[62-520.600, 62-520.470 and 62-4.080]*

10. The following monitoring wells are established for the **Swift Creek Complex**:

Monitoring Well ID	Latitude (N)	Longitude (W)	Depth (Feet)	Aquifer Monitored	New or Existing
MWC-C-CW	30º 26’ 45”	82º 52’ 01”	216	Floridan	Existing
MWC-EPA16D	30º 27’ 02”	82º 51’ 26”	50	Surficial	Existing
MWC-EPA16S	30º 27’ 02”	82º 51’ 26”	30	Surficial	Existing
MWC-MC3FS	30º 27’ 04”	82º 51’ 54”	204	Floridan	Existing
MWC-SC-12D	30º 28’ 01”	82º 52’ 15”	60	Surficial	Existing
MWC-SC-12S	30º 28’ 01”	82º 52’ 15”	40	Surficial	Existing
MWC-SC-13D	30º 27’ 59”	82º 53’ 45”	45	Surficial	Existing
MWC-SC-13S	30º 27’ 59”	82º 53’ 45”	30	Surficial	Existing
MWC-SC-14D	30º 27’ 09”	82º 53’ 59”	68	Surficial	Existing
MWC-SC-15D	30º 26’ 26”	82º 53’ 16”	45	Surficial	Existing
MWC-SC-16D	30º 26’ 05”	82º 51’ 55”	50	Surficial	Existing
MWC-SC-16S	30º 26’ 05”	82º 51’ 55”	38	Surficial	Existing
MWC-SC-17D	30º 27’ 30”	82º 51’ 50”	50	Surficial	Existing
MWC-SC-17S	30º 27’ 30”	82º 51’ 50”	28	Surficial	Existing
MWC-SC-4F*	30º 26’ 32”	82º 52’ 37”	240	Floridan	Existing
MWC-SC-5F	30º 27’ 22”	82º 53’ 29”	240	Floridan	Existing
MWI-EPA11S*	30º 26’ 38”	82º 50’ 38”	35	Surficial	Existing
MWI-EPA15D	30º 27’ 17”	82º 51’ 44”	47	Surficial	Existing
MWI-EPA15S	30º 27’ 17”	82º 51‘ 44”	27	Surficial	Existing
MWI-EPA18S	30º 26’ 13”	82º 52’ 06”	47	Surficial	Existing
MWI-SC5D	30º 27’ 24”	82º 53’ 28”	60	Surficial	Existing
MWI-SC5S	30º 27’ 24”	82º 53’ 28”	30	Surficial	Existing

MWC = Compliance; MWB = Background; MWI = Intermediate **See Specific Condition III.14*



11. The following monitoring wells are established for the **Suwannee River Complex**:

Monitoring Well ID	Latitude (N)	Longitude (W)	Depth (Feet)	Aquifer Monitored	New or Existing
MWB-SCSRB	30º 28’ 01”	82º 49’ 30”	30	Surficial	Existing
MWC-EPA23D	30º 26’ 12”	82º 45’ 48”	45	Surficial	Existing
MWC-FASDOR	30º 26’ 22”	82º 46’ 49”	240	Floridan	Existing
MWC-MORETR	30º 26’ 50”	82º 48’ 00”	220	Floridan	Existing
MWC-SR-13D	30º 27’ 25”	82º 48’ 26”	50	Surficial	Existing
MWC-SR-13S	30º 27’ 25”	82º 48’ 26”	35	Surficial	Existing
MWC-SR-14D	30º 27’ 09”	82º 53’ 59”	90	Surficial	Existing
MWC-SR-14S	30º 26’ 31”	82º 48’ 26”	70	Surficial	Existing
MWC-SR-15D	30º 25’ 24”	82º 48’ 24”	32	Surficial	Existing
MWC-SR-16D	30º 27’ 50”	82º 47’ 01”	90	Surficial	Existing
MWC-SR-16S	30º 27’ 50”	82º 47’ 01”	65	Surficial	Existing
MWC-SR-17D	30º 27’ 51”	82º 47’ 45”	65	Surficial	Existing
MWC-SR-17S	30º 27’ 51”	82º 47’ 45”	50	Surficial	Existing
MWC-SR-18D	±30º 27’ 11”	±82º 45’ 42“	≈ 60	Surficial	New
MWC-SR-18S	±30º 27’ 11”	±82º 45’ 42“	≈ 30	Surficial	New
MWC-SR8F*	30º 26’ 21”	82º 47’ 51”	210	Floridan	Existing
MWC-SR9D	30º 25’ 15”	82º 47’ 11”	30	Surficial	Existing
MWC-SR9S	30º 25’ 15”	82º 47’ 13”	13	Surficial	Existing
MWC-SRCCD5	30º 26’ 43”	82º 47’ 04”	316	Floridan	Existing
MWC-SRM1	30º 25’ 46”	82º 45’ 46”	41	Surficial	Existing
MWI-EPA-4D	30º 26’ 39”	82º 48’ 02”	67	Surficial	Existing
MWI-EPAP1C*	30º 26’ 38”	82º 48’ 03”	58	Surficial	Existing

MWC = Compliance; MWB = Background; MWI = Intermediate **See Specific Condition III.14*

12. The following parameters are established for routine ground water monitoring:

Parameter	Compliance Well Limit	Units	Sample Type	Monitoring Frequency
Water Level Relative to NGVD	Report	feet	Measured	Quarterly
Specific Conductance	Report	umhos/cm	In Situ	Quarterly
pH	Report	s.u.	In Situ	Quarterly
Phosphate, Ortho (as P)	Report	mg/L	Grab	Quarterly
Solids, Total Dissolved (TDS)	Report	mg/L	Grab	Quarterly
Fluoride, Total (as F)	4	mg/L	Grab	Quarterly
Sodium, Total Recoverable	160	mg/L	Grab	Quarterly
Sulfate, Total	Report	mg/L	Grab	Quarterly
Arsenic, Total Recoverable	10	ug/L	Grab	Semi-Annual (twice per year)
Turbidity	Report	NTU	Grab	Semi-Annual (twice per year)
Alpha, Gross Particle Activity	15	pCi/L	Grab	Semi-Annual (twice per year)
Radium 226 + Radium 228, Total	5	pCi/L	Grab	See Permit Condition III.13

13. All monitoring wells identified as background or compliance shall be sampled for Radium 226+228 on a semi-annual (twice per year) frequency. The remaining wells are individually subject to Radium 226+228 sampling within 14 days following receipt of Gross Alpha result exceeding 15 pCi/L.

14. With the application for permit renewal, the permittee shall submit results of sampling monitoring well(s) MWI-EPA-11S, MWC-SC-4F, MWI-EPA-P1-C and MWC-SR-8F for the primary and secondary drinking water parameters listed in Tables 1, 4 and 6 of Chapter 62-550, (*excluding asbestos*). Sampling shall occur no

sooner than 180 days before submittal of the renewal application. *NOTE: Laboratory report is acceptable for submittal - no transcription to other reporting format is required. [62-520.600(5)(b)]*

15. Water levels shall be recorded before evacuating each well for sample collection. Elevation references shall include the top of the well casing and land surface at each well site (NAVD allowable) at a precision of plus or minus 0.01 foot. *[62-520.600(11)(c)]*

16. Ground water monitoring wells shall be purged prior to sampling to obtain representative samples. *[62-160.210]*

17. Analyses shall be conducted on unfiltered samples, unless filtered samples have been approved by the Department's Northeast District Office as being more representative of ground water conditions. *[62-520.310(5)]*

18. Ground water monitoring test results shall be submitted on Part D of Form 62-620.910(10) in accordance with Permit Condition I.G.3. *[62-520.600(11)(b)]*

19. If any monitoring well becomes inoperable or damaged to the extent that the sampling or well integrity may be affected, the permittee shall notify the Department's Northeast District Office within two business days from discovery, and a detailed written report shall follow within ten days after notification to the Department . The written report shall detail what problem has occurred and remedial measures that have been taken to prevent recurrence or request approval for replacement of the monitoring well. All monitoring well design and replacement shall be approved by the Department's Northeast District Office before installation. *[62-520.600(6)(l)]*

IV. ADDITIONAL LAND APPLICATION REQUIREMENTS

1. Section IV is not applicable to this facility.

V. OPERATION AND MAINTENANCE REQUIREMENTS

1. During the period of operation authorized by this permit, the wastewater facilities shall be operated under the supervision of a person who is qualified by formal training and/or practical experience in the field of water pollution control. *[62-620.320(6)]*

2. The permittee shall maintain the following records and make them available for inspection on the site of the permitted facility.

   a. Records of all compliance monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation, including, if applicable, a copy of the laboratory certification showing the certification number of the laboratory, for at least three years from the date the sample or measurement was taken;

   b. Copies of all reports required by the permit for at least three years from the date the report was prepared;

   c. Records of all data, including reports and documents, used to complete the application for the permit for at least three years from the date the application was filed;

   d. A copy of the current permit;

   e. A copy of any required record drawings; and

f. Copies of the logs and schedules showing plant operations and equipment maintenance for three years from the date of the logs or schedules.

[62-620.350]

VI. SCHEDULES

1. The following improvement actions shall be completed according to the following schedule. The Best Management Practices (BMP) Plan shall be prepared and implemented in accordance with Part VII of this permit.

Improvement Action	Completion Date
1. Continue implementing the existing BMP Plan	Effective date of permit

[62-620.320(6)]

2. The permittee is not authorized to discharge to waters of the state after the expiration date of this permit, unless:

   a. The permittee has applied for renewal of this permit at least 180 days before the expiration date of this permit using the appropriate forms listed in Rule 62-620.910, F.A.C., and in the manner established in the Department of Environmental Protection Guide to Permitting Wastewater Facilities or Activities Under Chapter 62-620, F.A.C., including submittal of the appropriate processing fee set forth in Rule 62-4.050, F.A.C.; or

   b. The permittee has made complete the application for renewal of this permit before the permit expiration date.

   [62-620.335(1)-(4)]

VII. BEST MANAGEMENT PRACTICES PLAN

1. The permittee shall during the term of this permit operate the facility in accordance with the existing Best Management Practices (BMP) or in accordance with subsequent amendments to the Plan. The permittee shall also amend this Plan, to incorporate practices to achieve the objectives and specific requirements listed below. The permittee shall maintain the Plan at the facility and shall make the plan available to the Department upon request. The Plan shall be implemented in accordance with the schedule contained in Part VI of this permit. *[62-620.100(3)(m)]*

2. Through implementation of the Best Management Practices (BMP), the permittee shall prevent or minimize the generation and the potential for the release of pollutants from the facility to the waters of the State through normal operations and ancillary activities. *[62-620.100(3)(m)]*

3. The permittee shall develop and amend the BMP Plan consistent with the following objectives for the control of pollutants.

   a. The number and quantity of pollutants and the toxicity of effluent generated, discharged or potentially discharged at the facility shall be minimized by the permittee to the extent feasible by managing each influent waste stream in the most appropriate manner.

   b. Under the BMP Plan, and any Standard Operating Procedures (SOPs) included in the Plan, the permittee shall ensure proper operation and maintenance of the treatment facility.

c. The permittee shall establish specific objectives for the control of pollutants by conducting the following evaluations.
   (1) Each facility component or system shall be examined for its waste minimization opportunities and its potential for causing a release of significant amounts of pollutants to waters of the United States due to equipment failure, improper operation, and natural phenomena such as rain or adverse weather, etc. The examination shall include all normal operations and ancillary activities including but not limited to material storage areas, plant site runoff, in-plant transfer, process and material handling areas, loading or unloading operations, spillage or leaks, sludge and waste disposal, or drainage from raw material storage, as applicable.
   (2) Where experience indicates a reasonable potential for equipment failure (e.g., a tank overflow or leakage), natural condition (e.g., precipitation), or other circumstances to result in significant amounts of pollutants reaching surface waters, the program should include a prediction of the direction, rate of flow and total quantity of pollutants which could be discharged from the facility as a result of each condition or circumstance.

[62-620.100(3)(m)]

4. The permittee is encouraged, but not required, to conduct a waste minimization assessment (WMA) for this facility to determine actions that could be taken to reduce waste loadings and chemical losses to all wastewater and/or storm water streams.

   If the permittee elects to develop and implement a WMA, information on plan components can be obtained from the Department's Industrial Wastewater website, or from:

   Florida Department of Environmental Protection
   Industrial Wastewater Section, Mail Station 3545
   Bob Martinez Center
   2600 Blair Stone Road
   Tallahassee, Florida 32399-2400

   (850) 245-8589 phone; (850) 245-8669 fax *[62-620.100(3)(m)]*

5. The permittee shall maintain a copy of the BMP Plan at the facility and shall make the plan available to the Department upon request. All offices of the permittee which are required to maintain a copy of the NPDES permit shall also maintain a copy of the BMP Plan. *[62-620.100(3)(m)]*

6. If following review by the Department, the BMP Plan is determined insufficient, the permittee will be notified that the Plan does not meet one or more of the minimum requirements of this Part. Upon such notification from the Department, the permittee shall amend the plan and shall submit to the Department a written certification that the requested changes have been made. Unless otherwise provided by the Department, the permittee shall have 30 days after such notification to make the changes necessary.

   The permittee shall amend the BMP Plan whenever there is a change in the facility or in the operation of the facility which materially increases the generation of pollutants or their release or potential release to the receiving waters. The permittee shall also amend the Plan, as appropriate, when plant operations covered by the BMP Plan change. Any such changes to the Plan shall be consistent with the objectives and specific requirements listed above. All changes in the BMP Plan shall be reported to the Department in writing. *[62-620.100(3)(m)]*

7. At any time, if the BMP Plan proves to be ineffective in achieving the general objective of preventing and minimizing the generation of pollutants and their release and potential release to the receiving

waters and/or the specific requirements above, the permit and/or the BMP Plan shall be subject to modification to incorporate revised BMP Plan requirements. *[62-620.100(3)(m)]*

VIII. OTHER SPECIFIC CONDITIONS

1. Where required by Chapter 471 or Chapter 492, F.S., applicable portions of reports that must be submitted under this permit shall be signed and sealed by a professional engineer or a professional geologist, as appropriate. *[62-620.310(4)]*

2. The permittee shall provide verbal notice to the Department's Northeast District Office as soon as practical after discovery of a sinkhole or other karst feature within an area for the management or application of wastewater, or wastewater sludges. The Permittee shall immediately implement measures appropriate to control the entry of contaminants, and shall detail these measures to the Department's Northeast District Office in a written report within 7 days of the sinkhole discovery. *[62-620.320(6)]*

3. Existing manufacturing, commercial, mining, and silvicultural wastewater facilities or activities that discharge into surface waters shall notify the Department as soon as they know or have reason to believe:

   a. That any activity has occurred or will occur which would result in the discharge, on a routine or frequent basis, of any toxic pollutant which is not limited in the permit, if that discharge will exceed the highest of the following levels;
      (1) One hundred micrograms per liter,
      (2) Two hundred micrograms per liter for acrolein and acrylonitrile; five hundred micrograms per liter for 2, 4-dinitrophenol and for 2-methyl-4, 6-dinitrophenol; and one milligram per liter for antimony, or
      (3) Five times the maximum concentration value reported for that pollutant in the permit application; or

   b. That any activity has occurred or will occur which would result in any discharge, on a non-routine or infrequent basis, of a toxic pollutant which is not limited in the permit, if that discharge will exceed the highest of the following levels;
      (1) Five hundred micrograms per liter,
      (2) One milligram per liter for antimony, or
      (3) Ten times the maximum concentration value reported for that pollutant in the permit application.

   [62-620.625(1)]

4. **Reopener Clause**

   a. The permit shall be revised, or alternatively, revoked and reissued in accordance with the provisions contained in Rules 62-620.325 and 62-620.345, F.A.C., if applicable, or to comply with any applicable effluent standard or limitation issued or approved under Sections 301(b)(2)(C) and (D), 304(b)(2) and 307(a)(2) of the Clean Water Act (the Act), as amended, if the effluent standards, limitations, or water quality standards so issued or approved:

      1. Contains different conditions or is otherwise more stringent than any condition in the permit/or;

      2. Controls any pollutant not addressed in the permit.

The permit as revised or reissued under this paragraph shall also contain any other requirements of the Act then applicable.

b. The permit may be reopened to adjust effluent limitations or monitoring requirements should future Water Quality Based Effluent Limitation determinations, water quality studies, DEP approved changes in water quality standards, EPA established Total maximum Daily Loads (TMDL), or other information show a need for a different limitation or monitoring requirement.

IX. GENERAL CONDITIONS

1. The terms, conditions, requirements, limitations and restrictions set forth in this permit are binding and enforceable pursuant to Chapter 403, Florida Statutes. Any permit noncompliance constitutes a violation of Chapter 403, Florida Statutes, and is grounds for enforcement action, permit termination, permit revocation and reissuance, or permit revision. *[62-620.610(1)]*

2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviations from the approved drawings, exhibits, specifications or conditions of this permit constitutes grounds for revocation and enforcement action by the Department. *[62-620.610(2)]*

3. As provided in subsection 403.087(7), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor authorize any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit or authorization that may be required for other aspects of the total project which are not addressed in this permit. *[62-620.610(3)]*

4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title. *[62-620.610(4)]*

5. This permit does not relieve the permittee from liability and penalties for harm or injury to human health or welfare, animal or plant life, or property caused by the construction or operation of this permitted source; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department. The permittee shall take all reasonable steps to minimize or prevent any discharge, reuse of reclaimed water, or residuals use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. *[62-620.610(5)]*

6. If the permittee wishes to continue an activity regulated by this permit after its expiration date, the permittee shall apply for and obtain a new permit. *[62-620.610(6)]*

7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. *[62-620.610(7)]*

8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. *[62-620.610(8)]*

9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:

   a. Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;

   b. Have access to and copy any records that shall be kept under the conditions of this permit;

   c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and

   d. Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules.

   [62-620.610(9)]

10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by Section 403.111, F.S., or Rule 62-620.302, F.A.C. Such evidence shall only be used to the extent that it is consistent with the Florida Rules of Civil Procedure and applicable evidentiary rules. *[62-620.610(10)]*

11. When requested by the Department, the permittee shall within a reasonable time provide any information required by law which is needed to determine whether there is cause for revising, revoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also provide to the Department upon request copies of records required by this permit to be kept. If the permittee becomes aware of relevant facts that were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be promptly submitted or corrections promptly reported to the Department. *[62-620.610(11)]*

12. Unless specifically stated otherwise in Department rules, the permittee, in accepting this permit, agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, F.A.C., shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard. *[62-620.610(12)]*

13. The permittee, in accepting this permit, agrees to pay the applicable regulatory program and surveillance fee in accordance with Rule 62-4.052, F.A.C. *[62-620.610(13)]*

14. This permit is transferable only upon Department approval in accordance with Rule 62-620.340, F.A.C. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department. *[62-620.610(14)]*

15. The permittee shall give the Department written notice at least 60 days before inactivation or abandonment of a wastewater facility or activity and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. *[62-620.610(15)]*

16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300, F.A.C., and the Department of Environmental Protection Guide to Permitting Wastewater Facilities or Activities Under Chapter 62-620, F.A.C., at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.325(2), F.A.C., for minor modifications to the permitted facility. A revised permit shall be obtained before construction begins except as provided in Rule 62-620.300, F.A.C. *[62-620.610(16)]*

17. The permittee shall give advance notice to the Department of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. The permittee shall be responsible for any and all damages which may result from the changes and may be subject to enforcement action by the Department for penalties or revocation of this permit. The notice shall include the following information:

    a. A description of the anticipated noncompliance;

    b. The period of the anticipated noncompliance, including dates and times; and

    c. Steps being taken to prevent future occurrence of the noncompliance.

    [62-620.610(17)]

18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4.246 and Chapters 62-160, 62-601, and 62-610, F.A.C., and 40 CFR 136, as appropriate.

    a. Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on a Discharge Monitoring Report (DMR), DEP Form 62-620.910(10), or as specified elsewhere in the permit.

    b. If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.

    c. Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.

    d. Except as specifically provided in Rule 62-160.300, F.A.C., any laboratory test required by this permit shall be performed by a laboratory that has been certified by the Department of Health Environmental Laboratory Certification Program (DOH ELCP). Such certification shall be for the matrix, test method and analyte(s) being measured to comply with this permit. For domestic wastewater facilities, testing for parameters listed in Rule 62-160.300(4), F.A.C., shall be conducted under the direction of a certified operator.

    e. Field activities including on-site tests and sample collection shall follow the applicable standard operating procedures described in DEP-SOP-001/01 adopted by reference in Chapter 62-160, F.A.C.

    f. Alternate field procedures and laboratory methods may be used where they have been approved in accordance with Rules 62-160.220, and 62-160.330, F.A.C.

    [62-620.610(18)]

19. Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule detailed elsewhere in this permit shall be submitted no later than 14 days following each schedule date. *[62-620.610(19)]*

20. The permittee shall report to the Department's Northeast District Office any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within five days of the time the permittee becomes aware of the circumstances. The written submission shall contain: a description of the noncompliance and its cause; the period of noncompliance including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.

    a. The following shall be included as information which must be reported within 24 hours under this condition:
        (1) Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge,
        (2) Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,
        (3) Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and
        (4) Any unauthorized discharge to surface or ground waters.

    b. Oral reports as required by this subsection shall be provided as follows:
        (1) For unauthorized releases or spills of treated or untreated wastewater reported pursuant to subparagraph (a)4. that are in excess of 1,000 gallons per incident, or where information indicates that public health or the environment will be endangered, oral reports shall be provided to the STATE WARNING POINT TOLL FREE NUMBER (800) 320-0519, as soon as practical, but no later than 24 hours from the time the permittee becomes aware of the discharge. The permittee, to the extent known, shall provide the following information to the State Warning Point:
            (a) Name, address, and telephone number of person reporting;
            (b) Name, address, and telephone number of permittee or responsible person for the discharge;
            (c) Date and time of the discharge and status of discharge (ongoing or ceased);
            (d) Characteristics of the wastewater spilled or released (untreated or treated, industrial or domestic wastewater);
            (e) Estimated amount of the discharge;
            (f) Location or address of the discharge;
            (g) Source and cause of the discharge;
            (h) Whether the discharge was contained on-site, and cleanup actions taken to date;
            (i) Description of area affected by the discharge, including name of water body affected, if any; and
            (j) Other persons or agencies contacted.
        (2) Oral reports, not otherwise required to be provided pursuant to subparagraph b.1 above, shall be provided to the FDEP Northeast District Office within 24 hours from the time the permittee becomes aware of the circumstances.

    c. If the oral report has been received within 24 hours, the noncompliance has been corrected, and the noncompliance did not endanger health or the environment, the Department's Northeast District Office shall waive the written report.

    [62-620.610(20)]

21. The permittee shall report all instances of noncompliance not reported under Permit Conditions IX. 17, 18 or 19 of this permit at the time monitoring reports are submitted. This report shall contain the same information required by Permit Condition IX.20 of this permit. *[62-620.610(21)]*

22. Bypass Provisions.

    a. "Bypass" means the intentional diversion of waste streams from any portion of a treatment works.

    b. Bypass is prohibited, and the Department may take enforcement action against a permittee for bypass, unless the permittee affirmatively demonstrates that:
       (1) Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage; and
       (2) There were no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance; and
       (3) The permittee submitted notices as required under Permit Condition IX. 22. c. of this permit.

    c. If the permittee knows in advance of the need for a bypass, it shall submit prior notice to the Department, if possible at least 10 days before the date of the bypass. The permittee shall submit notice of an unanticipated bypass within 24 hours of learning about the bypass as required in Permit Condition IX. 20. of this permit. A notice shall include a description of the bypass and its cause; the period of the bypass, including exact dates and times; if the bypass has not been corrected, the anticipated time it is expected to continue; and the steps taken or planned to reduce, eliminate, and prevent recurrence of the bypass.

    d. The Department shall approve an anticipated bypass, after considering its adverse effect, if the permittee demonstrates that it will meet the three conditions listed in Permit Condition IX. 22. b.(1) through (3) of this permit.

    e. A permittee may allow any bypass to occur which does not cause reclaimed water or effluent limitations to be exceeded if it is for essential maintenance to assure efficient operation. These bypasses are not subject to the provisions of Permit Condition IX. 22. b. through d. of this permit.

    [62-620.610(22)]

23. Upset Provisions.

    a. "Upset" means an exceptional incident in which there is unintentional and temporary noncompliance with technology-based effluent limitations because of factors beyond the reasonable control of the permittee.
       (1) An upset does not include noncompliance caused by operational error, improperly designed treatment facilities, inadequate treatment facilities, lack of preventive maintenance, or careless or improper operation.
       (2) An upset constitutes an affirmative defense to an action brought for noncompliance with technology based permit effluent limitations if the requirements of upset provisions of Rule 62-620.610, F.A.C., are met.

    b. A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that:
       (1) An upset occurred and that the permittee can identify the cause(s) of the upset;
       (2) The permitted facility was at the time being properly operated;
       (3) The permittee submitted notice of the upset as required in Permit Condition IX.5. of this permit; and

(4) The permittee complied with any remedial measures required under Permit Condition IX. 5. of this permit.

c. In any enforcement proceeding, the burden of proof for establishing the occurrence of an upset rests with the permittee.

d. Before an enforcement proceeding is instituted, no representation made during the Department review of a claim that noncompliance was caused by an upset is final agency action subject to judicial review.

[62-620.610(23)]

Executed in Jacksonville, Florida.

STATE OF FLORIDA DEPARTMENTOF
ENVIRONMENTAL PROTECTION

James R. Maher, P.E.
Assistant District Director

PERMIT ISSUANCE DATE:

September 9, 2014

Attachment(s):
Discharge Monitoring Report
Monitor Well Completion Report

FACT SHEET
FOR
STATE OF FLORIDA INDUSTRIAL WASTEWATER FACILITY PERMIT

PERMIT NUMBER: FL0000655 – 009 (Major)

FACILITY NAME: PCS Phosphate – White Springs

FACILITY LOCATION: County Road 137, north of White Springs
15843 SE 78th Street, White Springs, Florida 32096
Hamilton County

NAME OF PERMITTEE: PCS Phosphate – White Springs

PERMIT WRITER: Katheryn Jarvis, John Davis P.G.

PERMIT REVIEWERS: D. A. Vo, P.E., Jeff Martin, P.E.

1. SUMMARY OF APPLICATION

a. Chronology of Application

Application Number: FL0000655 – 009 – IW1S

Application Submittal Date: May 19, 2014

b. Type of Facility

Operation renewal is authorized for an existing 27.8 MGD (Suwannee River Facility) and 26.9 MGD (Swift Creek Facility) discharge consisting of treated process wastewater, contaminated non-process wastewater (CNPW), sanitary wastewater, storm water, clay settling areas, and the phosphogypsum stack systems. Wastewater is generated from open-pit mining of phosphate rock, beneficiation of the rock in the mining areas, manufacture of sulfuric acid and phosphoric acid, production of fertilizer components and animal-feed supplements, storm water runoff, clay settling areas, and the phosphogypsum stack systems.

SIC Code: 1475 - Phosphate Rock Mining

Secondary SIC Code: 2874 - Phosphatic Fertilizer Manufacturing

c. Facility Capacity

Existing Permitted Capacity:	200 mgd Daily Maximum Flow
Proposed Increase in Permitted Capacity:	0.00 mgd Daily Maximum Flow
Proposed Total Permitted Capacity:	200 mgd Daily Maximum Flow

d. Description of Wastewater Treatment

Treatment consists of pH adjustment and chemical precipitation when required using lime and other water treatment aids such as flocculants and shading agents (as approved by DEP), settling/sedimentation, and adsorption/absorption on mining waste clay particles in clay settling areas. Final discharge to surface waters of the state occurs at outfalls D-001 (Swift Creek), D-002 (Hunter Creek), D-003 (Roaring Creek) and D-004 (Camp Branch), Class III fresh surface waters of the state. Discharge of the above described wastewater to ground waters of the state occurs within clay settling areas and on-site retention/treatment ponds. Approximately 8 MGD of contaminated non-process wastewater (CNPW) from Suwannee River Chemical is diverted via internal outfall I-S03 to the Swift Creek Mine clay settling areas and the Altman Bay retention pond as part of the Nutrient Removal System (NRS), which then ultimately discharges via outfall D-001. Hamilton County landfill leachate is sent to the Town of White Springs WWTF. The Town of White Springs WWTF effluent is discharged to the clay settling area.

EFFLUENT DISPOSAL:

Surface Water Discharge:

D-001: An existing discharge to Swift Creek, Class III Fresh Water, (WBID# 3375). The point of discharge is located approximately at latitude 30° 22' 36" N, longitude 82° 47' 57" W.

- Internal Outfall I-S02: An existing discharge to Swift Creek through I-S04 via D-001
- Internal Outfall I-S03: An existing discharge to clay settling areas and the Altman Bay retention pond. This outfall is associated with D-001.
- Internal Outfall I-S04: An existing discharge to Swift Creek via D-001.
- Internal Outfall I-S06: An existing discharge to Swift Creek through I-S04 to D-001.
- Internal Outfall I-S07: An existing discharge to Swift Creek through I-S04 to D-001.
- Internal Outfall I-S09: An existing discharge to Swift Creek through I-S04 to D-001.
- Internal Outfall I-S18: An existing discharge to Swift Creek via D-001.
- Internal Outfall I-S22: An existing discharge to Eagle Lake. This outfall is associated with D-001.

- Internal Outfall I-S28: An existing discharge to retention pond at Swift Creek Chemical Complex, after treatment, and whenever chronic or catastrophic precipitation events cause the water level to rise into the surge capacity. This outfall is associated with D-001.
- Internal Outfall I-S08: An existing discharge to spray irrigation and wetlands land application project, clay settling areas, mining and reclamation areas. This outfall is associated with D-001.

D-002: An existing discharge to Hunter Creek, Class III Fresh Waters, (WBID# 3364). The point of discharge is located approximately at latitude 30° 29' 40" N, longitude 82° 43' 56" W.

D-003: An existing discharge to Roaring Creek, Class III Fresh Waters, (WBID# 3392). The point of discharge is located approximately at latitude 30° 25' 45" N, longitude 82° 41' 05" W.

D-004: An existing discharge to Camp Branch, Class III Fresh Waters, (WBID# 3401). The point of discharge is located approximately at latitude 30° 23' 11" N, longitude 82° 52' 39" W.

- Internal OutfallI-C41 to Camp Branch through D-004,

Land Application: Continued ground water monitoring is required for the discharge to ground waters of the state that occurs from the land application of wastewater in the clay settling areas, retention/treatment ponds, mining and reclamation areas, spray irrigation and wetlands system project, and phosphogypsum stack systems including the cooling ponds and process wastewater management systems. Operation and maintenance of these systems will be in compliance with the applicable provisions of FAC 62-672 and 62-673.

Internal Outfalls (see Attachment A, the PCS Water Circulation Diagram): This permit authorizes discharge from the following existing internal outfalls:

e. Description of Effluent Disposal and Land Application Sites (as reported by applicant)

Monitoring Group D-001:

Swift Creek

Pollutants which are present in significant quantities or which are subject to permit limitations are as follows:

Parameter	Units	Daily Minimum	Daily Maximum	Annual Average
Flow	MGD	-	224.24	73.37
Oxygen, Dissolved	mg/L	5	8.2	5.6

Parameter	Units	Daily Minimum	Daily Maximum	Annual Average
Solids, Total Suspended	mg/L	-	36	12.19
Fluoride, Total (as F)	mg/L	-	3.45	2.59
Specific Conductance	umhos/cm	-	593	488
Temperature (C), Water	Deg C	10.9	30.5	23.04
pH	s.u.	6.88	7.69	
Turbidity	NTU	2.8	20.3	7.76
Nitrogen, Ammonia, Total (as N)	mg/L	-	4.08	0.97
Ammonia, Unionized (as NH3)	mg/L	-	0.02	0.0045
Nitrogen, Kjeldahl, Total (as N)	mg/L	-	4.57	2.06
Nitrogen, Total	mg/L	-	4.69	2.58
Nitrogen, Total	lbs/day	-	1502.3	808
Phosphorus, Total (as P)	mg/L	-	7.05	2.44
Phosphorus, Total (as P)	lbs/day	-	2362	751.8
Radium 226 + Radium 228, Total	pCi/L	-	1.86	1.68
Alpha, Gross Particle Activity	pCi/L	-	3.71	1.52

Monitoring Group D-002:

Class III Fresh Waters, Hunter Creek

Pollutants which are present in significant quantities or which are subject to permit limitations are as follows:

Parameter	Units	Daily Minimum	Daily Maximum	Annual Average
Flow	MGD	-	17.4	3.56
Oxygen, Dissolved	mg/L	5	8.7	5.91
Solids, Total Suspended	mg/L	-	35	19.53
Fluoride, Total (as F)	mg/L	-	2.8	1.19
Specific Conductance	umhos/cm	-	648	403.3
Temperature (C), Water	Deg C	9.3	31.3	21.7
pH	s.u.	6.6	8.4	-
Turbidity	NTU	-	29.9	12.98
Nitrogen, Ammonia, Total (as N)	mg/L	-	1.6	0.386
Ammonia, Unionized (as NH3)	mg/L	-	0.02	.0025

Parameter	Units	Daily Minimum	Daily Maximum	Annual Average
Nitrogen, Kjeldahl, Total (as N)	mg/L	-	4.4	2.54
Nitrogen, Total	mg/L	-	5	2.64
Nitrogen, Total	lbs/day	-	324.7	78.97
Phosphorus, Total (as P)	mg/L	-	2.6	1.44
Phosphorus, Total (as P)	lbs/day	-	175.1	43.05
Radium 226 + Radium 228, Total	pCi/L	-	2.16	1.83
Alpha, Gross Particle Activity	pCi/L	-	2.9	2.48

Monitoring Group D-003:

Class III Fresh Waters, Roaring Creek – No discharge during previous permit cycle.

Monitoring Group D-004:

Class III Fresh Waters, Camp Branch

Pollutants which are present in significant quantities or which are subject to permit limitations are as follows:

Parameter	Units	Daily Minimum	Daily Maximum	Annual Average
Flow	MGD	-	33.37	6.13
Oxygen, Dissolved	mg/L	5	8.7	6.4
Solids, Total Suspended	mg/L	-	32	8.39
Fluoride, Total (as F)	mg/L	-	6.4	0.99
Specific Conductance	umhos/cm	-	267	178
Temperature (C), Water	Deg C	-	26.2	25.1
pH	s.u.	6.6	7.8	-
Turbidity	NTU	-	29.3	5.11
Nitrogen, Ammonia, Total (as N)	mg/L	-	1.44	0.84
Nitrogen, Kjeldahl, Total (as N)	mg/L	-	1.83	1.04
Nitrogen, Total	mg/L	-	2.4	1.55
Nitrogen, Total	lbs/day	-	235.5	43.58
Phosphorus, Total (as P)	mg/L	-	2.4	1.32
Phosphorus, Total (as P)	lbs/day	-	220.4	37.35
Radium 226 + Radium 228, Total	pCi/L	-	1.68	-

Parameter	Units	Daily Minimum	Daily Maximum	Annual Average
Alpha, Gross Particle Activity	pCi/L	-	4.8	2.69

Monitoring Group D-SUM:

Pollutants which are present in significant quantities or which are subject to permit limitations are as follows:

Parameter	Units	Daily Minimum	Daily Maximum	Annual Average
Phosphorus, Total (as P)	lbs/day	-	1896.4	1279.8
Nitrogen, Total	lbs/day	-	1769.5	1040.3

2. SUMMARY OF SURFACE WATER DISCHARGE

This facility does not have a new or expanded discharge to surface waters.

The Department does not anticipate adverse impacts on threatened or endangered species as a result of permit issuance.

3. BASIS FOR PERMIT LIMITATIONS AND MONITORING REQUIREMENTS

This facility is authorized to discharge process wastewater and stormwater from Outfall D-001 to Swift Creek based on the following:

Parameter	Units	Max/Min	Limit	Statistical Basis	Rationale
Flow	MGD	Max	Report	Monthly Average	62-620, FAC
Flow	MGD	Max	Report	Daily Maximum	62-620, FAC
Chronic Whole Effluent Toxicity, 7-Day IC25 (*Ceriodaphnia dubia*)	percent	Min	100	Single Sample	62-620.620, 62-4.241 FAC
Chronic Whole Effluent Toxicity, 7-Day IC25 (*Pimephales promelas*)	percent	Min	100	Single Sample	62-620.620, 62-4.241 FAC
Oxygen, Dissolved Percent Saturation	percent	Min	Report	Daily Minimum	62-302.530, FAC
Oxygen, Dissolved Percent Saturation	percent	Max	Report	Monthly Average	62-302 FAC

Parameter	Units	Max/Min	Limit	Statistical Basis	Rationale
Oxygen, Dissolved Percent Saturation	percent	Max	Report	Annual Average	62-302 FAC
Solids, Total Suspended	mg/L	Max	Report	Monthly Average	62-620, FAC
Solids, Total Suspended	mg/L	Max	Report	Daily Maximum	62-620, FAC
Fluoride, Total (as F)	mg/L	Max	10.0	Daily Maximum	62-302.530, FAC
Fluoride, Total (as F)	mg/L	Max	Report	Monthly Average	62-302.530, FAC
Specific Conductance	umhos/cm	Max	1275	Daily Maximum	62-302.530, FAC
Specific Conductance	umhos/cm	Max	Report	Monthly Average	62-302.530, FAC
Temperature (C), Water	Deg C	Max	Report	Daily Maximum	62-302.530, FAC
Temperature (C), Water	Deg C	Max	Report	Monthly Average	62-302.530, FAC
pH	s.u.	Min	6.0	Daily Minimum	62-302.530, FAC
pH	s.u.	Max	8.5	Daily Maximum	62-302.530, FAC
Turbidity	NTU	Max	31.0	Daily Maximum	62-302.530, FAC
Turbidity	NTU	Max	Report	Monthly Average	62-302.530, FAC
Nitrogen, Ammonia, Total (as N)	mg/L	Max	Report	Daily Maximum	62-302.530, FAC
Nitrogen, Ammonia, Total (as N)	mg/L	Max	Report	Monthly Average	62-302.530, FAC
Ammonia, Unionized (as NH3)	mg/L	Max	0.02	Daily Maximum	62-302.530, FAC
Ammonia, Unionized (as NH3)	mg/L	Max	Report	Monthly Average	62-302.530, FAC
Nitrogen, Kjeldahl, Total (as N)	mg/L	Max	Report	Daily Maximum	62-302.530, FAC
Nitrogen, Kjeldahl, Total (as N)	mg/L	Max	Report	Monthly Average	62-302.530, FAC
Nitrogen, Total	mg/L	Max	Report	Monthly Average	62-302.530, FAC
Nitrogen, Total	mg/L	Max	Report	Daily Maximum	62-302.530, FAC
Nitrogen, Total	lbs/day	Max	Report	Monthly Average	62-302.530, FAC
Phosphorus, Total (as P)	mg/L	Max	Report	Daily Maximum	62-302.530, FAC
Phosphorus, Total (as P)	mg/L	Max	Report	Monthly Average	62-302.530, FAC
Phosphorus, Total (as P)	lbs/day	Max	Report	Monthly Average	62-302.530, FAC
Radium 226 + Radium 228, Total	pCi/L	Max	5.0	Daily Maximum	62-302.530, FAC

Parameter	Units	Max/Min	Limit	Statistical Basis	Rationale
Alpha, Gross Particle Activity	pCi/L	Max	15.0	Daily Maximum	62-302.530, FAC
Mercury	ug/L	Max	Report	Single Sample	62-302.530, FAC

This facility has provided reasonable assurance that the discharge will not adversely affect the designated use of the receiving water. All available data, have been evaluated in accordance with the Department's reasonable assurance procedures to ensure that no limits other than those included in this permit are needed to maintain Florida water quality standards.

The receiving water body for this discharge, Swift Creek WBID #3375, is listed as verified impaired for fecal coliforms. Based on the nature of the activity at the site, fecal coliforms are not a concern in the discharge.

Turbidity limitation: historic data was used concerning a stream background turbidity value. Stream background site data has indicated a turbidity minimum of 2 ntu. Therefore the permit limit was established since the 1980's permits as 2 ntu plus 29 ntu which then equals 31 ntu. This is consistent with the water quality standard of Rule 62-302 FAC.

This facility is authorized to discharge process wastewater and stormwater from Internal Outfall I-S04 to Swift Creek via D-001 based on the following:

Parameter	Units	Max/ Min	Limit	Statistical Basis	Rationale
Flow	MGD	Max	Report	Daily Maximum	62-620, FAC
Flow	MGD	Max	Report	Monthly Average	62-620, FAC
Nitrogen, Ammonia, Total (as N)	mg/L	Max	4.0	Monthly Average	62-302.530, FAC
Ammonia, Unionized (as NH3)	mg/L	Max	0.02	Daily Maximum	62-302.530, FAC
Ammonia, Unionized (as NH3)	mg/L	Max	Report	Monthly Average	62-302.530, FAC
Oxygen, Dissolved Percent Saturation	mg/L	Min	Report	Daily Minimum	62-302, FAC
Oxygen, Dissolved (DO)	mg/L	Max	Report	Monthly Average	62-302, FAC
Temperature (C), Water	Deg C	Max	Report	Daily Maximum	62-302.530, FAC
Temperature (C), Water	Deg C	Max	Report	Monthly Average	62-302.530, FAC
pH	s.u.	Min	6.0	Daily Minimum	62-302.530, FAC
pH	s.u.	Max	8.5	Daily Maximum	62-302.530, FAC

Based on the phosphate rock mining operations at the facility, the areas associated with I-S02, I-S03, I-S06, I-S22, are I-S28 subject to Effluent Guidelines established in Title 40 of the Code of Federal Regulation (CFR) Part 422.42. Those effluent guidelines are as follows:

Parameter	Units	Daily Minimum	Daily Maximum	30-Day Average
Total Phosphorus (as P)	mg/L	-	105	35
Fluoride (as F)	mg/L	-	75	25
Total Suspended Solids	mg/L	-	150	50
pH	s.u.	6.0	9.5	-

This facility is authorized to discharge process wastewater and stormwater from Internal Outfall I-S02 to Swift Creek through I-S04 via D-001 based on the following:

Parameter	Units	Max/Min	Limit	Statistical Basis	Rationale
Flow	MGD	Max	Report	Daily Maximum	62-620, FAC
Flow	MGD	Max	Report	Monthly Average	62-620, FAC
Fluoride, Total (as F)	mg/L	Max	25.0	Monthly Average	62-660.400, FAC; 40 CFR 422.42
Fluoride, Total (as F)	mg/L	Max	75.0	Daily Maximum	62-660.400, FAC; 40 CFR 422.42
Phosphorus, Total (as P)	mg/L	Max	35.0	Monthly Average	62-660.400, FAC; 40 CFR 422.42
Phosphorus, Total (as P)	mg/L	Max	105.0	Daily Maximum	62-660.400, FAC; 40 CFR 422.42
pH	s.u.	Min	6.0	Daily Minimum	62-660.400, FAC; 40 CFR 422.42
pH	s.u.	Max	9.5	Daily Maximum	62-660.400, FAC; 40 CFR 422.42
Nitrogen, Total	mg/L	Max	Report	Daily Maximum	62-302.530, FAC
Nitrogen, Total	mg/L	Max	Report	Monthly Average	62-302.530, FAC

Parameter	Units	Max/Min	Limit	Statistical Basis	Rationale
Nitrogen, Total	lbs/day	Max	Report	Monthly Average	62-302.530, FAC

This facility is authorized to discharge process wastewater and stormwater from Internal Outfall I-S03 to clay settling areas and the Altman Bay retention pond based on the following:

Parameter	Units	Max/ Min	Limit	Statistical Basis	Rationale
Flow	MGD	Max	Report	Daily Maximum	62-620, FAC
Flow	MGD	Max	Report	Monthly Average	62-620, FAC
Fluoride, Total (as F)	mg/L	Max	25.0	Monthly Average	62-660.400, FAC; 40 CFR 422.42
Fluoride, Total (as F)	mg/L	Max	75.0	Daily Maximum	62-660.400, FAC; 40 CFR 422.42
Phosphorus, Total (as P)	mg/L	Max	35.0	Monthly Average	62-660.400, FAC; 40 CFR 422.42
Phosphorus, Total (as P)	mg/L	Max	105.0	Daily Maximum	62-660.400, FAC; 40 CFR 422.42
pH	s.u.	Min	6.0	Daily Minimum	62-660.400, FAC; 40 CFR 422.42
pH	s.u.	Max	9.5	Daily Maximum	62-660.400, FAC; 40 CFR 422.42
Nitrogen, Total	mg/L	Max	Report	Daily Maximum	62-302.530, FAC
Nitrogen, Total	mg/L	Max	Report	Monthly Average	62-302.530, FAC
Nitrogen, Total	lbs/day	Max	Report	Monthly Average	62-302.530, FAC

This facility is authorized to discharge process wastewater and stormwater from Internal Outfall I-S06 to Swift Creek through I-S04 to D-001 based on the following:

Parameter	Units	Max/ Min	Limit	Statistical Basis	Rationale
Flow	MGD	Max	Report	Monthly Average	62-620, FAC
Flow	MGD	Max	Report	Daily Maximum	62-620, FAC
Solids, Total Suspended	mg/L	Max	50.0	Monthly Average	62-660.400, FAC; 40 CFR 422.42
Solids, Total Suspended	mg/L	Max	150.0	Daily Maximum	62-660.400, FAC; 40 CFR 422.42

Parameter	Units	Max/ Min	Limit	Statistical Basis	Rationale
Phosphorus, Total (as P)	mg/L	Max	35.0	Monthly Average	62-660.400, FAC; 40 CFR 422.42
Phosphorus, Total (as P)	mg/L	Max	105.0	Daily Maximum	62-660.400, FAC; 40 CFR 422.42
pH	s.u.	Min	6.0	Daily Minimum	62-660.400, FAC; 40 CFR 422.42
pH	s.u.	Max	9.5	Daily Maximum	62-660.400, FAC; 40 CFR 422.42
Turbidity	NTU	Max	Report	Monthly Average	62-302.530, FAC
Turbidity	NTU	Max	Report	Daily Maximum	62-302.530, FAC
Fluoride, Total (as F)	mg/L	Max	25.0	Monthly Average	62-660.400, FAC; 40 CFR 422.42
Fluoride, Total (as F)	mg/L	Max	75.0	Daily Maximum	62-660.400, FAC; 40 CFR 422.42

This facility is authorized to discharge process wastewater and stormwater from Internal Outfall I-S28 to retention pond at Swift Creek Chemical Complex, after treatment, and whenever chronic or catastrophic precipitation events cause the water level to rise into the surge capacity based on the following:

Parameter	Units	Max/ Min	Limit	Statistical Basis	Rationale
Flow	MGD	Max	Report	Daily Maximum	62-620, FAC
Flow	MGD	Max	Report	Monthly Average	62-620, FAC
Solids, Total Suspended	mg/L	Max	50.0	Monthly Average	62-660.400, FAC; 40 CFR 422.42
Solids, Total Suspended	mg/L	Max	150.0	Daily Maximum	62-660.400, FAC; 40 CFR 422.42
Phosphorus, Total (as P)	mg/L	Max	35.0	Monthly Average	62-660.400, FAC; 40 CFR 422.42
Phosphorus, Total (as P)	mg/L	Max	105.0	Daily Maximum	62-660.400, FAC; 40 CFR 422.42
Turbidity	NTU	Max	Report	Daily Maximum	62-302.530, FAC
Turbidity	NTU	Max	Report	Monthly Average	62-302.530, FAC
Fluoride, Total (as F)	mg/L	Max	25.0	Monthly Average	62-660.400, FAC; 40 CFR 422.42

Parameter	Units	Max/ Min	Limit	Statistical Basis	Rationale
Fluoride, Total (as F)	mg/L	Max	75.0	Daily Maximum	62-660.400, FAC; 40 CFR 422.42
Specific Conductance	umhos/cm	Max	Report	Daily Maximum	62-302.530, FAC
Specific Conductance	umhos/cm	Max	Report	Monthly Average	62-302.530, FAC
Nitrogen, Total	mg/L	Max	Report	Daily Maximum	62-302.530, FAC
Nitrogen, Total	mg/L	Max	Report	Monthly Average	62-302.530, FAC
Radium 226 + Radium 228, Total	pCi/L	Max	5.0	Daily Maximum	62-302.530, FAC
Alpha, Gross Particle Activity	pCi/L	Max	15.0	Daily Maximum	62-302.530, FAC

and stormwater from Internal Outfall I-S22 to Eagle Lake based on the following:

Parameter	Units	Max/ Min	Limit	Statistical Basis	Rationale
Flow	MGD	Max	Report	Daily Maximum	62-620, FAC
Flow	MGD	Max	Report	Monthly Average	62-620, FAC
Phosphorus, Total (as P)	mg/L	Max	35.0	Monthly Average	62-660.400, FAC; 40 CFR 422.42
Phosphorus, Total (as P)	mg/L	Max	105.0	Daily Maximum	62-660.400, FAC; 40 CFR 422.42
pH	s.u.	Min	6.0	Daily Minimum	62-660.400, FAC; 40 CFR 422.42
pH	s.u.	Max	9.5	Daily Maximum	62-660.400, FAC; 40 CFR 422.42
Nitrogen, Total	mg/L	Max	Report	Daily Maximum	62-302.530, FAC
Nitrogen, Total	mg/L	Max	Report	Monthly Average	62-302.530, FAC
Fluoride, Total (as F)	mg/L	Max	25.0	Monthly Average	62-660.400, FAC; 40 CFR 422.42
Fluoride, Total (as F)	mg/L	Max	75.0	Daily Maximum	62-660.400, FAC; 40 CFR 422.42

Outfalls I-S07, I-S09, I-S18, D-002, D-003, and I-C41 are subject to effluent limitations as established in 62-671.300 FAC. These requirements are as follows:

Parameter	Units	Daily Minimum	Daily Maximum	30 Day Average
Fixed Suspended Solids	mg/L	-	25	12
Total Suspended Solids	mg/L	-	60	30
Total Phosphorus (as P)	mg/L	-	5	3
pH	s.u.	6.0	9.0	-

For outfalls D-002 and D-003, when the water quality standard as stated in 62-302.530 FAC is more stringent than the above limitations, the water quality standard in 62-302.530 FAC is used as the effluent limitation. Difference between volatile suspended solids (VSS) and total suspended solids (TSS) is fixed suspended solids (FSS): TSS – VSS = FSS.

This facility is authorized to discharge process wastewater and stormwater from Internal Outfall I-S07 to Swift Creek through I-S04 to D-001 based on the following:

Parameter	Units	Max/Min	Limit	Statistical Basis	Rationale
Flow	MGD	Max	Report	Monthly Average	62-620, FAC
Flow	MGD	Max	Report	Daily Maximum	62-620, FAC
Solids, Fixed Suspended	mg/L	Max	12.0	Monthly Average	62-671.300, FAC
Solids, Total Suspended	mg/L	Max	25.0	Daily Maximum	62-671.300, FAC
Solids, Total Suspended	mg/L	Max	30.0	Monthly Average	62-671.300, FAC
Phosphorus, Total (as P)	mg/L	Max	5.0	Daily Maximum	62-671.300, FAC
Turbidity	NTU	Max	Report	Daily Maximum	62-302.530, FAC
Turbidity	NTU	Max	Report	Monthly Average	62-302.530, FAC
pH	s.u.	Min	6.0	Daily Minimum	62-671.300, FAC
pH	s.u.	Max	9.0	Daily Maximum	62-671.300, FAC

Difference between volatile suspended solids (VSS) and total suspended solids (TSS) is fixed suspended solids (FSS): TSS – VSS = FSS.
This facility is authorized to discharge process wastewater and stormwater from Internal Outfall I-S09 to Swift Creek through I-S04 to D-001 based on the following:

Parameter	Units	Max/ Min	Limit	Statistical Basis	Rationale
Flow	MGD	Max	Report	Daily Maximum	62-620, FAC
Flow	MGD	Max	Report	Monthly Average	62-620, FAC

Parameter	Units	Max/ Min	Limit	Statistical Basis	Rationale
Solids, Fixed Suspended	mg/L	Max	12.0	Monthly Average	62-671.300, FAC
Solids, Total Suspended	mg/L	Max	25.0	Daily Maximum	62-671.300, FAC
Solids, Total Suspended	mg/L	Max	30.0	Monthly Average	62-671.300, FAC
Solids, Total Suspended	mg/L	Max	60.0	Daily Maximum	62-671.300, FAC
Phosphorus, Total (as P)	mg/L	Max	3.0	Monthly Average	62-671.300, FAC
Phosphorus, Total (as P)	mg/L	Max	5.0	Daily Maximum	62-671.300, FAC
Turbidity	NTU	Max	Report	Daily Maximum	62-302.530, FAC
Turbidity	NTU	Max	Report	Monthly Average	62-302.530, FAC
pH	s.u.	Min	6.0	Daily Minimum	62-671.300, FAC
pH	s.u.	Max	9.0	Daily Maximum	62-671.300, FAC

Difference between volatile suspended solids (VSS) and total suspended solids (TSS) is fixed suspended solids (FSS): TSS – VSS = FSS.
This facility is authorized to discharge process wastewater and stormwater from Internal Outfall I-S18 to Swift Creek via D-001 based on the following:

Parameter	Units	Max/ Min	Limit	Statistical Basis	Rationale
Flow	MGD	Max	Report	Daily Maximum	62-620, FAC
Flow	MGD	Max	Report	Monthly Average	62-620, FAC
Solids, Fixed Suspended	mg/L	Max	12.0	Monthly Average	62-671.300, FAC
Solids, Total Suspended	mg/L	Max	25.0	Daily Maximum	62-671.300, FAC
Solids, Total Suspended	mg/L	Max	30	Monthly Average	62-671.300, FAC
Solids, Total Suspended	mg/L	Max	60	Daily Maximum	62-671.300, FAC
Nitrogen, Ammonia, Total (as N)	mg/L	Max	4.0	Daily Maximum	62-302.530, FAC
Nitrogen, Ammonia, Total (as N)	mg/L	Max	Report	Monthly Average	62-302.530, FAC
Ammonia, Unionized (as NH3)	mg/L	Max	0.02	Daily Maximum	62-302.530, FAC

Parameter	Units	Max/ Min	Limit	Statistical Basis	Rationale
Ammonia, Unionized (as NH3)	mg/L	Max	Report	Monthly Average	62-302.530, FAC
Oxygen, Dissolved Percent Saturation	mg/L	Min	Report	Daily Minimum	62-302 FAC
Temperature (C), Water	Deg C	Max	Report	Daily Maximum	62-302.530, FAC
Temperature (C), Water	Deg C	Max	Report	Monthly Average	62-302.530, FAC
Phosphorus, Total (as P)	mg/L	Max	3.0	Monthly Average	62-671.300, FAC
Phosphorus, Total (as P)	mg/L	Max	5.0	Daily Maximum	62-671.300, FAC
Nitrogen, Total	mg/L	Max	Report	Daily Maximum	62-302.530, FAC
Nitrogen, Total	mg/L	Max	Report	Monthly Average	62-302.530, FAC
Nitrogen, Total	lbs/day	Max	Report	Monthly Average	62-302.530, FAC
pH	s.u.	Min	6.0	Daily Minimum	62-671.300, FAC
pH	s.u.	Max	9.0	Daily Maximum	62-671.300, FAC
Radium 226 + Radium 228, Total	pCi/L	Max	5.0	Daily Maximum	62-302.530, FAC
Alpha, Gross Particle Activity	pCi/L	Max	15.0	Daily Maximum	62-302.530, FAC

This facility is authorized to discharge process wastewater and stormwater from Outfall D-002 to Hunter Creek based on the following:

Parameter	Units	Max/Min	Limit	Statistical Basis	Rationale
Acute Whole Effluent Toxicity, 96-hour LC50 (*Ceriodaphnia dubia*)	percent	Min	100	Single Sample	62-620.620, FAC; 62-4.241 FAC
Acute Whole Effluent Toxicity, 96-hour LC50 (*Cyprinella leedsi*)	percent	Min	100	Single Sample	62-620.620, FAC; 62-4.241 FAC
Flow	MGD	Max	Report	Daily Maximum	62-620, FAC
Flow	MGD	Max	Report	Monthly Average	62-620, FAC
Solids, Fixed Suspended	mg/L	Max	12	Monthly Average	62-671.300, FAC
Solids, Total Suspended	mg/L	Max	25	Daily Maximum	62-671.300, FAC
Solids, Total Suspended	mg/L	Max	30	Monthly Average	62-671.300, FAC
Solids, Total Suspended	mg/L	Max	60	Daily Maximum	62-671.300, FAC

Parameter	Units	Max/Min	Limit	Statistical Basis	Rationale
Oxygen, Dissolved Percent Saturation	percent	Min	Report	Daily Minimum	62-302, FAC
Oxygen, Dissolved Percent Saturation	percent	Max	Report	Monthly Average	62-302, FAC
Oxygen, Dissolved Percent Saturation	percent	Max	Report	Annual Average	62-302, FAC
Specific Conductance	umhos/cm	Max	1275	Daily Maximum	62-302.530, FAC
Fluoride, Total (as F)	mg/L	Max	10.0	Daily Maximum	62-302.530, FAC
Fluoride, Total (as F)	mg/L	Max	Report	Monthly Average	62-302.530, FAC
Ammonia, Unionized (as NH3)	mg/L	Max	0.02	Daily Maximum	62-302.530, FAC
Ammonia, Unionized (as NH3)	mg/L	Max	Report	Monthly Average	62-302.530, FAC
Nitrogen, Ammonia, Total (as N)	mg/L	Max	Report	Daily Maximum	62-302.530, FAC
Nitrogen, Ammonia, Total (as N)	mg/L	Max	Report	Monthly Average	62-302.530, FAC
Temperature (C), Water	Deg C	Max	Report	Daily Maximum	62-302.530, FAC
Temperature (C), Water	Deg C	Max	Report	Monthly Average	62-302.530, FAC
Turbidity	NTU	Max	31.0	Daily Maximum	62-302.530, FAC
Turbidity	NTU	Max	Report	Monthly Average	62-302.530, FAC
pH	s.u.	Min	6.0	Daily Minimum	62-302.530, FAC
pH	s.u.	Max	8.5	Daily Maximum	62-302.530, FAC
Phosphorus, Total (as P)	mg/L	Max	3.0	Monthly Average	62-671.300, FAC
Phosphorus, Total (as P)	mg/L	Max	5.0	Daily Maximum	62-671.300, FAC
Phosphorus, Total (as P)	lbs/day	Max	Report	Monthly Average	62-302.530, FAC
Nitrogen, Kjeldahl, Total (as N)	mg/L	Max	Report	Daily Maximum	62-302.530, FAC
Nitrogen, Kjeldahl, Total (as N)	mg/L	Min	Report	Monthly Average	62-302.530, FAC
Nitrogen, Total	mg/L	Max	Report	Daily Maximum	62-302.530, FAC
Nitrogen, Total	mg/L	Max	Report	Monthly Average	62-302.530, FAC

Parameter	Units	Max/Min	Limit	Statistical Basis	Rationale
Nitrogen, Total	lbs/day	Max	Report	Monthly Average	62-302.530, FAC
Radium 226 + Radium 228, Total	pCi/L	Max	5.0	Daily Maximum	62-302.530, FAC
Alpha, Gross Particle Activity	pCi/L	Max	15.0	Daily Maximum	62-302.530, FAC
Mercury	ug/L	Max	Report	Single Sample	62-302.530, FAC

Difference between volatile suspended solids (VSS) and total suspended solids (TSS) is fixed suspended solids (FSS): TSS – VSS = FSS.

This facility has provided reasonable assurance that the discharge will not adversely affect the designated use of the receiving water. All available data, have been evaluated in accordance with the Department's reasonable assurance procedures to ensure that no limits other than those included in this permit are needed to maintain Florida water quality standards.

The receiving water body for this discharge, Hunter Creek WBID #3364 is listed as verified impaired for fecal coliforms. Based on the nature of the activity at the site, fecal coliforms are not a concern in the discharge.

This facility is authorized to discharge process wastewater and stormwater from Outfall D-003 to Roaring Creek based on the following:

Parameter	Units	Max/ Min	Limit	Statistical Basis	Rationale
Flow	MGD	Max	Report	Daily Maximum	62-620, FAC
Flow	MGD	Max	Report	Monthly Average	62-620, FAC
Solids, Fixed Suspended	mg/L	Max	12	Monthly Average	62-671.300, FAC
Solids, Total Suspended	mg/L	Max	25	Daily Maximum	62-671.300, FAC
Solids, Total Suspended	mg/L	Max	30	Monthly Average	62-671.300, FAC
Solids, Total Suspended	mg/L	Max	60	Daily Maximum	62-671.300, FAC
Oxygen, Dissolved Percent Saturation	percent	Min	Report	Daily Minimum	62-302, FAC
Oxygen, Dissolved Percent Saturation	percent	Max	Report	Monthly Average	62-302, FAC
Oxygen, Dissolved Percent Saturation	percent	Max	Report	Annual Average	62-302, FAC
Specific Conductance	umhos/cm	Max	1275	Daily Maximum	62-302.530, FAC
Fluoride, Total (as F)	mg/L	Max	10.0	Daily Maximum	62-302.530, FAC
Fluoride, Total (as F)	mg/L	Max	Report	Monthly Average	62-302.530, FAC

Parameter	Units	Max/ Min	Limit	Statistical Basis	Rationale
Ammonia, Unionized (as NH3)	mg/L	Max	0.02	Daily Maximum	62-302.530, FAC
Ammonia, Unionized (as NH3)	mg/L	Max	Report	Monthly Average	62-302.530, FAC
Nitrogen, Ammonia, Total (as N)	mg/L	Max	Report	Daily Maximum	62-302.530, FAC
Nitrogen, Ammonia, Total (as N)	mg/L	Max	Report	Monthly Average	62-302.530, FAC
Temperature (C), Water	Deg C	Max	Report	Daily Maximum	62-302.530, FAC
Temperature (C), Water	Deg C	Max	Report	Monthly Average	62-302.530, FAC
Turbidity	NTU	Max	31.0	Daily Maximum	62-302.530, FAC
Turbidity	NTU	Max	Report	Monthly Average	62-302.530, FAC
pH	s.u.	Min	6.0	Daily Minimum	62-302.530, FAC
pH	s.u.	Max	8.5	Daily Maximum	62-302.530, FAC
Phosphorus, Total (as P)	mg/L	Max	3.0	Monthly Average	62-671.300, FAC
Phosphorus, Total (as P)	mg/L	Max	5.0	Daily Maximum	62-671.300, FAC
Phosphorus, Total (as P)	lbs/day	Max	Report	Monthly Average	62-302.530, FAC
Nitrogen, Kjeldahl, Total (as N)	mg/L	Max	Report	Monthly Average	62-302.530, FAC
Nitrogen, Kjeldahl, Total (as N)	mg/L	Max	Report	Daily Maximum	62-302.530, FAC
Nitrogen, Total	mg/L	Max	Report	Daily Maximum	62-302.530, FAC
Nitrogen, Total	mg/L	Max	Report	Monthly Average	62-302.530, FAC
Nitrogen, Total	lbs/day	Max	Report	Monthly Average	62-302.530, FAC
Radium 226 + Radium 228, Total	pCi/L	Max	5.0	Daily Maximum	62-302.530, FAC
Alpha, Gross Particle Activity	pCi/L	Max	15.0	Daily Maximum	62-302.530, FAC
Mercury	ug/L	Max	Report	Single Sample	62-302.530, FAC
Acute Whole Effluent Toxicity, 96-hour LC50 (*Ceriodaphnia dubia*)	percent	Min	100	Single Sample	62-620.620, FAC; 62-4.241 FAC

Parameter	Units	Max/ Min	Limit	Statistical Basis	Rationale
Acute Whole Effluent Toxicity, 96-hour LC50 (*Cyprinella leedsi*)	percent	Min	100	Single Sample	62-620.620, FAC; 62-4.241 FAC

Difference between volatile suspended solids (VSS) and total suspended solids (TSS) is fixed suspended solids (FSS): TSS – VSS = FSS.

This facility has provided reasonable assurance that the discharge will not adversely affect the designated use of the receiving water. All available data, have been evaluated in accordance with the Department's reasonable assurance procedures to ensure that no limits other than those included in this permit are needed to maintain Florida water quality standards.

This facility is authorized to discharge process wastewater and non-process wastewater from Outfall D-004 to Camp Branch based on the following:

Parameter	Units	Max/ Min	Limit	Statistical Basis	Rationale
Flow	MGD	Max	Report	Daily Maximum	62-620, FAC
Flow	MGD	Max	Report	Monthly Average	62-620, FAC
pH	s.u.	Min	6.0	Daily Minimum	62-302.530, FAC
pH	s.u.	Max	8.5	Daily Maximum	62-302.530, FAC
Solids, Total Suspended	mg/L	Max	Report	Daily Maximum	62-302.530, FAC
Solids, Total Suspended	mg/L	Max	Report	Monthly Average	62-302.530, FAC
Oxygen, Dissolved Percent Saturation	percent	Min	Report	Daily Minimum	62-302, FAC
Oxygen, Dissolved Percent Saturation	percent	Max	Report	Monthly Average	62-302, FAC
Oxygen, Dissolved Percent Saturation	percent	Max	Report	Annual Average	62-302, FAC
Fluoride, Total (as F)	mg/L	Max	10.0	Daily Maximum	62-302.530, FAC
Fluoride, Total (as F)	mg/L	Max	Report	Monthly Average	62-302.530, FAC
Specific Conductance	umhos/cm	Max	1275	Daily Maximum	62-302.530, FAC
Turbidity	NTU	Max	31.0	Daily Maximum	62-302.530, FAC
Turbidity	NTU	Max	Report	Monthly Average	62-302.530, FAC
Phosphorus, Total (as P)	mg/L	Max	Report	Daily Maximum	62-302.530, FAC
Phosphorus, Total (as P)	mg/L	Max	Report	Monthly Average	62-302.530, FAC
Phosphorus, Total (as P)	lbs/day	Max	Report	Monthly Average	62-302.530, FAC

Parameter	Units	Max/ Min	Limit	Statistical Basis	Rationale
Nitrogen, Total	mg/L	Max	Report	Daily Maximum	62-302.530, FAC
Nitrogen, Total	mg/L	Max	Report	Monthly Average	62-302.530, FAC
Nitrogen, Total	lbs/day	Max	Report	Monthly Average	62-302.530, FAC
Mercury	ug/L	Max	Report	Single Sample	62-302.530, FAC
Acute Whole Effluent Toxicity, 96 Hour LC50 (Ceriodaphnia dubia)	percent	Min	100	Single Sample	62-620.620, FAC; 62-4.241 FAC
Acute Whole Effluent Toxicity, 96 Hour LC50 (*Cyprinella leedsi*)	percent	Min	100	Single Sample	62-620.620, FAC; 62-4.241 FAC

This facility has provided reasonable assurance that the discharge will not adversely affect the designated use of the receiving water. All available data, have been evaluated in accordance with the Department's reasonable assurance procedures to ensure that no limits other than those included in this permit are needed to maintain Florida water quality standards.

Difference between volatile suspended solids (VSS) and total suspended solids (TSS) is fixed suspended solids (FSS): TSS – VSS = FSS. This facility is authorized to discharge process wastewater and stormwater from Internal Outfall I-C41 to Camp Branch through D-004 based on the following:

Parameter	Units	Max/Min	Limit	Statistical Basis	Rationale
Flow	MGD	Max	Report	Daily Maximum	62-620, FAC
Flow	MGD	Max	Report	Monthly Average	62-620, FAC
Solids, Fixed Suspended	mg/L	Max	12.0	Monthly Average	62-671.300, FAC
Solids, Total Suspended	mg/L	Max	25.0	Daily Maximum	62-671.300, FAC
Solids, Total Suspended	mg/L	Max	30.0	Monthly Average	62-671.300, FAC
Solids, Total Suspended	mg/L	Max	60.0	Daily Maximum	62-671.300, FAC
Phosphorus, Total (as P)	mg/L	Max	3.0	Monthly Average	62-671.300, FAC
Phosphorus, Total (as P)	mg/L	Max	5.0	Daily Maximum	62-671.300, FAC
Phosphorus, Total (as P)	lbs/day	Max	Report	Monthly Average	62-302.530, FAC
pH	s.u.	Min	6.0	Daily Minimum	62-302.530, FAC
pH	s.u.	Max	8.5	Daily Maximum	62-302.530, FAC
Nitrogen, Total	mg/L	Max	Report	Daily Maximum	62-302.530, FAC
Nitrogen, Total	mg/L	Max	Report	Monthly Average	62-302.530, FAC
Nitrogen, Total	lbs/day	Max	Report	Monthly Average	62-302.530, FAC
Turbidity	NTU	Max	Report	Daily Maximum	62-302.530, FAC

Parameter	Units	Max/Min	Limit	Statistical Basis	Rationale
Temperature (C), Water	Deg C	Max	Report	Daily Maximum	62-302.530, FAC
Temperature (C), Water	Deg C	Max	Report	Monthly Average	62-302.530, FAC
Oxygen, Dissolved Percent Saturation	mg/L	Min	Report	Daily Minimum	62-302, FAC
Oxygen, Dissolved Percent Saturation	mg/L	Max	Report	Monthly Average	62-302, FAC
Ammonia, Unionized (as NH3)	mg/L	Max	0.02	Daily Maximum	62-302.530, FAC
Ammonia, Unionized (as NH3)	mg/L	Max	Report	Monthly Average	62-302.530, FAC
Nitrogen, Ammonia, Total (as N)	mg/L	Max	Report	Daily Maximum	62-302.530, FAC
Nitrogen, Ammonia, Total (as N)	mg/L	Max	Report	Monthly Average	62-302.530, FAC
Radium 226 + Radium 228, Total	pCi/L	Max	5.0	Daily Maximum	62-302.530, FAC
Alpha, Gross Particle Activity	pCi/L	Max	15.0	Daily Maximum	62-302.530, FAC

This facility is authorized to discharge stormwater and process wastewater from Outfall D-SUM to Suwannee River based on the following:

Parameter	Units	Max/Min	Limit	Statistical Basis	Rationale
Phosphorus, Total (as P)	lbs/day	Max	5901	Monthly Average	62-302.530, FAC
Nitrogen, Total	lbs/day	Max	4013	Monthly Average	62-302.530, FAC

This facility is authorized to discharge stormwater and process wastewater from Internal Outfall I-S08 to spray irrigation and wetlands land application project, clay settling areas, mining and reclamation areas based on the following:

Parameter	Units	Max/Min	Limit	Statistical Basis	Rationale
Flow	MGD	Max	Report	Daily Maximum	62-620, FAC
Flow	MGD	Max	Report	Monthly Average	62-620, FAC
Solids, Total Suspended	mg/L	Max	Report	Daily Maximum	62-620, FAC
Solids, Total Suspended	mg/L	Max	Report	Monthly Average	62-620, FAC
Turbidity	NTU	Max	Report	Daily Maximum	62-302.530, FAC
Turbidity	NTU	Max	Report	Monthly Average	62-302.530, FAC

Parameter	Units	Max/Min	Limit	Statistical Basis	Rationale
Phosphorus, Total (as P)	mg/L	Max	Report	Daily Maximum	62-302.530, FAC
Phosphorus, Total (as P)	mg/L	Max	Report	Monthly Average	62-302.530, FAC
Phosphorus, Total (as P)	lbs/day	Max	Report	Annual Average	62-302.530, FAC
Nitrogen, Ammonia, Total (as N)	mg/L	Max	Report	Daily Maximum	62-302.530, FAC
Nitrogen, Ammonia, Total (as N)	mg/L	Max	Report	Monthly Average	62-302.530, FAC
Nitrogen, Total	mg/L	Max	Report	Daily Maximum	62-302.530, FAC
Nitrogen, Total	mg/L	Max	Report	Monthly Average	62-302.530, FAC
Nitrogen, Total	lbs/day	Max	Report	Annual Average	62-302.530, FAC
pH	s.u.	Min	6.0	Daily Minimum	62-302.530, FAC
pH	s.u.	Max	8.5	Daily Maximum	62-302.530, FAC
Fluoride, Total (as F)	mg/L	Max	Report	Daily Maximum	62-302.530, FAC
Fluoride, Total (as F)	mg/L	Max	Report	Monthly Average	62-302.530, FAC
Specific Conductance	umhos/cm	Max	Report	Daily Maximum	62-302.530, FAC
Specific Conductance	umhos/cm	Max	Report	Monthly Average	62-302.530, FAC

4. DISCUSSION OF CHANGES TO PERMIT LIMITATIONS

A statewide TMDL for Mercury was adopted in October 2013. Based on this TMDL mercury monitoring has been added to outfalls D-001, D-002, D-003, and D-004. If mercury is detected in the effluent, the facility will develop waste minimization plan for mercury.

Dissolved oxygen criteria in 62-302, FAC has been changed to be based on the dissolved oxygen percent saturation. The facility will be required to meet 34% saturation at the discharge points, with an allowance for the saturation falling below this level less than 10 percent of the time during a rolling 12 month period.

In the previous permit cycle, the facility was required to do biological integrity sampling. In this permit, the biological health of the streams will be monitored using the Stream Condition Index (SCI). SCI sampling will take place once every six months at stations located in Swift Creek, Hunter Creek, and Camp Branch.

Dissolved oxygen measurements will remain at 2 days per week. Monitoring at the following outfalls for the listed parameters has been reduced from 2 days per week to once per week based on the long term history of compliance of the limitations set for those parameters at those outfalls.

Outfall	**Parameter**
I-S02, I-S03, I-S22	Fluoride, Total Phosphorus, Total pH Nitrogen, Total
I-S28	Total Suspended Solids Turbidity Fluoride, Total Phosphorus, Total pH Nitrogen, Total Specific Conductance
I-S07, I-S09	Fixed Suspended Solids Total Suspended Solids Phosphorus, Total Turbidity pH
I-S08	Total Suspended Solids Turbidity Phosphorus, Total
I-S06	Total Suspended Solids Phosphorus, Total pH Turbidity Fluoride, Total
D-002, D-003	Fixed Suspended Solids Total Suspended Solids
D-004	pH
I-C41	Fixed Suspended Solids Total Suspended Solids Phosphorus, Total pH Nitrogen, Total

5. DISCUSSION OF AMBIENT WATER QUALITY, WQBEL, AND NUTRIENTS

Water Quality Based Effluent Limitation (WQBEL)

In order to protect existing water quality and preserve the designated beneficial uses of Florida's surface waters, the discharge permits shall be conditioned such that the discharge will meet established Surface Water Quality Standards. The Florida State Surface Water Quality Standards (Chapter 62-302, FAC) is a state regulation designed to protect the beneficial uses of the surface waters of the state.

Effluent limitations are based on a Level I WQBEL developed by District staff as detailed below.

a) **Parameter Evaluations**:

The effluent limitations for CBOD5, TP, TN and DO have been established such that water quality criterion for DO concentration of the segment of waterbody is met. In addition, the permittee shall continue to monitor for dissolved oxygen for the segment waterbody where the discharge/outfall located to confirm that the discharge would not impact to the dissolve oxygen level of the waterbody associated with each outfall location.

Effluent limitations are based on a Level I WQBEL. This facility has provided reasonable assurance that the discharge will not adversely affect the designated use of the receiving water. Inspection data, as well as all other available data, have been evaluated in accordance with the Department's reasonable assurance procedures to ensure that no limits other than those included in this permit are needed to maintain Florida water quality standards.

The facility has multiple discharges to several basins.

b. Water Quality Standards:

- The Florida State Water Quality Standards (WQS) include use classifications, numeric and/or narrative water quality criteria, and the anti-degradation policy. The use classification system designates the beneficial uses that each water body is expected to achieve (such as contact recreation, growth and propagation of fish, etc.). The criteria for each parameter are the criteria deemed necessary by the State to support the beneficial use classification of each water body.
- Impairments: 303 (d) Lists Impaired Water of the segments of immediate, north, and south of the outfalls are summarized below**:**

D-001 Swift Creek

Basin	3341 (*Downstream of Outfall)*		3375 *(Basin Immediate Outfall)*		*3341A (Upstream of Outfall)*	
WBID						
303(d) List	EPA 303(d)*	FDEP 303(d)**	EPA 303(d)*	FDEP 303(d)**	EPA 303(d)*	FDEP 303(d)**
Impaired Parameter	DO, Mercury	Mercury	DO, nutrients	Fecal coliform, Mercury	DO, Mercury	Mercury

** EPA 303 (d) List (Reporting Year 2010)*
*** FDEP 303 (d) List (Secretarial Order dated January 2014)*

D-002 Hunter Creek

Basin	3341B *(Basin – Downstream of Outfall)*		3364 *(Basin Immediate Outfall)*		*3341C (Basin – Upstream of Outfall)*	
WBID						
303(d) List	EPA 303(d)*	FDEP 303(d)**	EPA 303(d)*	FDEP 303(d)**	EPA 303(d)*	FDEP 303(d)**
Impaired Parameter	DO, Mercury	Mercury	DO, Mercury	Fecal coliform, Mercury	DO, Mercury	Mercury

** EPA 303 (d) List (Reporting Year 2010)*
*** FDEP 303 (d) List (Secretarial Order dated January 2014)*

D-003 Roaring Creek

Basin	3341B *(Basin – Downstream of Outfall)*		3392 *(Basin Immediate Outfall)*		*3341C (Basin – Upstream of Outfall)*	
WBID						
303(d) List	EPA 303(d)*	FDEP 303(d)**	EPA 303(d)*	FDEP 303(d)**	EPA 303(d)*	FDEP 303(d)**
Impaired Parameter	DO, Mercury	Mercury	Nutrients	Mercury	DO, Mercury	Mercury

** EPA 303 (d) List (Reporting Year 2010)*
*** FDEP 303 (d) List (Secretarial Order dated January 2014)*

D-004 Camp Branch

Basin	3341 *(Basin – Downstream of Outfall)*		3423 *(Basin Immediate Outfall)*		*3341A (Basin – Upstream of Outfall)*	
WBID						
303(d) List	EPA 303(d)*	FDEP 303(d)**	EPA 303(d)*	FDEP 303(d)**	EPA 303(d)*	FDEP 303(d)**
Impaired Parameter	DO, Mercury	Mercury	n/a	Mercury	DO, Mercury	Mercury

** EPA 303 (d) List (Reporting Year 2010)*
*** FDEP 303 (d) List (Secretarial Order dated January, 2014)*

While mercury and fecal coliform are listed parameters, there is no source of fecal coliform in the mine wastewater or stormwater discharges. A statewide TMDL for Mercury was adopted in October 2013. Based on this TMDL, mercury monitoring has been added to outfalls D-001, D-002, D-003, and D-004. If mercury is detected in the effluent, the facility will develop a waste minimization plan for mercury.

c. Nutrient Loads

During the period beginning on the effective date and lasting through the expiration date of this permit, the permittee is authorized to discharge stormwater and process wastewater from Outfall D-SUM to Suwannee River. Such discharge shall be limited and monitored by the permittee as specified below and reported in accordance with Permit Condition I.C.3.:

			Effluent Limitations		Monitoring Requirements		
Parameter	Units	Max/ Min	Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site
Phosphorus, Total (as P)	lbs/day	Max	5901	Monthly Average	Weekly	Calculated	OTH-SUM
Nitrogen, Total	lbs/day	Max	4013	Monthly Average	Weekly	Calculated	OTH-SUM

Effluent samples shall be taken at the monitoring site locations listed in Permit Condition I.A.46. and as described below:

Monitoring Site	Description of Monitoring Site
OTH-SUM	Combined nutrient load numbers from D-001, D-002, D-003 and OUI-41

Effluent Sampling Location and Description

Monitoring Site	Description of Monitoring Site
EFF-1	Discharge to Swift Creek monitoring point D-001 (In-stream sampling point).
EFF-2	Canal at outfall weir to Hunter Creek, monitoring point D-002
EFF-3	In-stream sampling point in Roaring Creek at CR 135, monitoring point D-003
EFF-4	In-stream sampling point in Camp Branch
OUI-41	Lang Lake Outfall, monitoring point D-004

The total loading at outfalls D-001, D-002, D-003 and D-004 (OUI-41) shall be summed monthly. PCS Phosphate (permittee) is subject to the effluent limitation for annual average mass load of total phosphorous and total nitrogen (i.e., the monthly mass loading of total phosphorous and total nitrogen for each month starting from the first day of the second month following permit issuance through the last day of the 12th month period (rolling 12 month period) discharged from PCS Phosphate to the Upper Suwannee River basin through Outfalls D-001, D-002, D-003 and D-004 (OUI-41). The annual mass-based effluent limitation for total phosphate shall not exceed 5901 lbs/day monthly average and total nitrogen (as N) shall not exceed 4013 lbs/day monthly average discharged from Outfalls D-001, D-002, D-003 and D-004 (OUI-41). The total sum is calculated from individual concentration and individual flow of each designed outfall. The total nitrogen and total phosphorous mass load limit is calculated monthly, and is a rolling 12-month annual average. Monthly loadings shall be calculated from the monthly average flows and the monthly average total nitrogen and total phosphorus concentrations at the respective outfalls.

The basis for the nutrient load is based on the May 7, 1986 and October 3, 1986 correspondence from PCS to EPA Region IV that details the waste load for TN and TP for the mine discharges. A review of the current TN and TP data for this past permit cycle indicate that the facility has been in compliance with the nutrient limitation at annual average pounds per day of 1040.3 for TN and 1279.8 for TP.

d. Stream Biological Assessment

The Suwannee River was designated an Outstanding Florida Water (OFW) in 1979. The base year for background water quality was March 1978 – February 1979 (established and referenced in the rule). FDEP performed a limnological study of the Suwannee River in 1982 and 1983. Both actions concluded that Suwannee was of exceptional quality and that biological communities were healthy

Biological data show that the waterbodies are healthy, meeting their designated uses and in compliance with the narrative nutrient standard Chlorophyll a levels in the receiving streams that are between 3.2 and 20 ug/L which do not indicate an imbalance. The streams are homogenous and can therefore be addressed as a whole.

The facility will continue with biological assessment of the receiving streams. SCI scores will be interpreted as outlined in Rule 62-302.531(2)(c) FAC. Floral metrics (RPS and LVS) will be used in conjunction with Chlorophyll a and levels less than 20 ug/L will be interpreted as not indicating a floral imbalance. Chlorophyll a samples will be taken quarterly and at the same time as SCI sampling.

All biological assessments indicate that all receiving streams and the Suwannee in study area are meeting their designated uses and meet the narrative nutrient criteria in section 62-302.530(47)(b) FAC

e. Dissolved Oxygen Criteria

DEP reviewed the FDEP Technical Support Document (TSD): Derivation of Dissolved Oxygen Criteria to Protect Aquatic Life in Florida's Fresh and Marine Waters (March 2013). The TSD sections 4.2.5, 4.5.4 and 4.5 were reviewed concerning the sampling time of day and concerning the application of the freshwater DO criteria. Also the applicable DO Rule 62-302.533(1)(a)3 FAC was reviewed.

(1) Class I, Class III predominantly freshwaters, and Class III-Limited predominantly freshwaters.

(a) No more than 10 percent of the daily average percent dissolved oxygen (DO) saturation values shall be below the following values:

1. 67 percent in the Panhandle West bioregion,

2. 38 percent in the Peninsula and Everglades bioregions, or

3. 34 percent in the Northeast and Big Bend bioregions. A map of the bioregions is contained in SCI 1000: Stream Condition Index Methods (DEP-SOP-003/11 SCI 1000) (http://www.flrules.org/Gateway/reference.asp?No=Ref-02959), which is incorporated by reference in Rule 62-160.800, F.A.C.

No more than 10 percent of the values collected during an assessment period are to be below the DO criteria and the proposed freshwater DO criteria can be applied to data collected throughout the water column in streams. The discharges are in the Northeast bioregion. Ideally, compliance with the criteria would be assessed using daily average DO levels calculated from diel monitoring data, however, most water quality sampling programs only collect instantaneous grab samples. Therefore, due to the natural diel DO fluctuations described in the TSD, the time of day for the instantaneous DO measurements could be an important consideration in future assessments of the criteria. The average diel DO range for minimally impacted stream sites supporting healthy macroinvertebrate communities is 0.75 mg/L (or 7.6 % saturation). In other words, a grab sample collected anytime during the day would on average be within plus or minus 0.38 mg/L of the daily mean DO concentration. Since the expected accuracy of the instruments normally used to measure DO is plus or minus 0.3 mg/L, the average diel range in streams is nearly within the measurement accuracy.

Instantaneous grab samples collected during the workday are proposed and may be substituted as an estimate of the 24-hour average and used to assess compliance with the proposed criteria with minimal error. The facility has requested to record 2 DO in-situ measurements per week, thus there would be 104 measurements over a 12 month period for evaluation. As long as no more than 10 samples were reported with values below the 34% saturation criteria then the DO criteria would be attained.

6. GROUND WATER MONITORING REQUIREMENTS

Ground water monitoring requirements have been established in accordance with Chapter 62-520, F.A.C.; generally comprised of 40-plus monitoring wells having a quarterly sampling frequency (see Specific Conditions III.10-14).

The permitted facilities (Suwannee River and Swift Creek Complexes) are existing pursuant to 62-520.200(10), F.A.C., and therefore have a limited exemption from the secondary water quality standards pursuant to 62-520.520, F.A.C. (see Specific Condition III.6).

The only substantive change from the previous permit is incorporation of the zone of discharge (ZOD) for the closed PCS Suwannee River Landfill into the larger Suwannee River Complex ZOD (see Figure at Specific Condition III.11).

7. PERMIT SCHEDULES

A schedule is not included in the wastewater permit.

8. BEST MANAGEMENT PRACTICES/STORMWATER POLLUTION PREVENTION PLANS

As stated in Section VII of the permit, a Best Management Practices (BMP) Plan is required for the facility, pursuant to Rule 62-620.100(m), F.A.C., and 40 CFR Part 122.44(k). The plan provides a facility-specific approach for the minimizing of pollutant discharge from ancillary activities.

9. ADMINISTRATIVE ORDERS (AO) AND CONSENT ORDERS (CO)

This permit is not accompanied by an AO and has not entered into a CO with the Department.

10. REQUESTED VARIANCES OR ALTERNATIVES TO REQUIRED STANDARDS

No variances were requested for this facility.

11. THE ADMINISTRATIVE RECORD

The administrative record including application, draft permit, fact sheet, public notice (after release), comments received and additional information is available for public inspection during normal business hours at the location specified in item 13. Copies will be provided at a minimal charge per page.

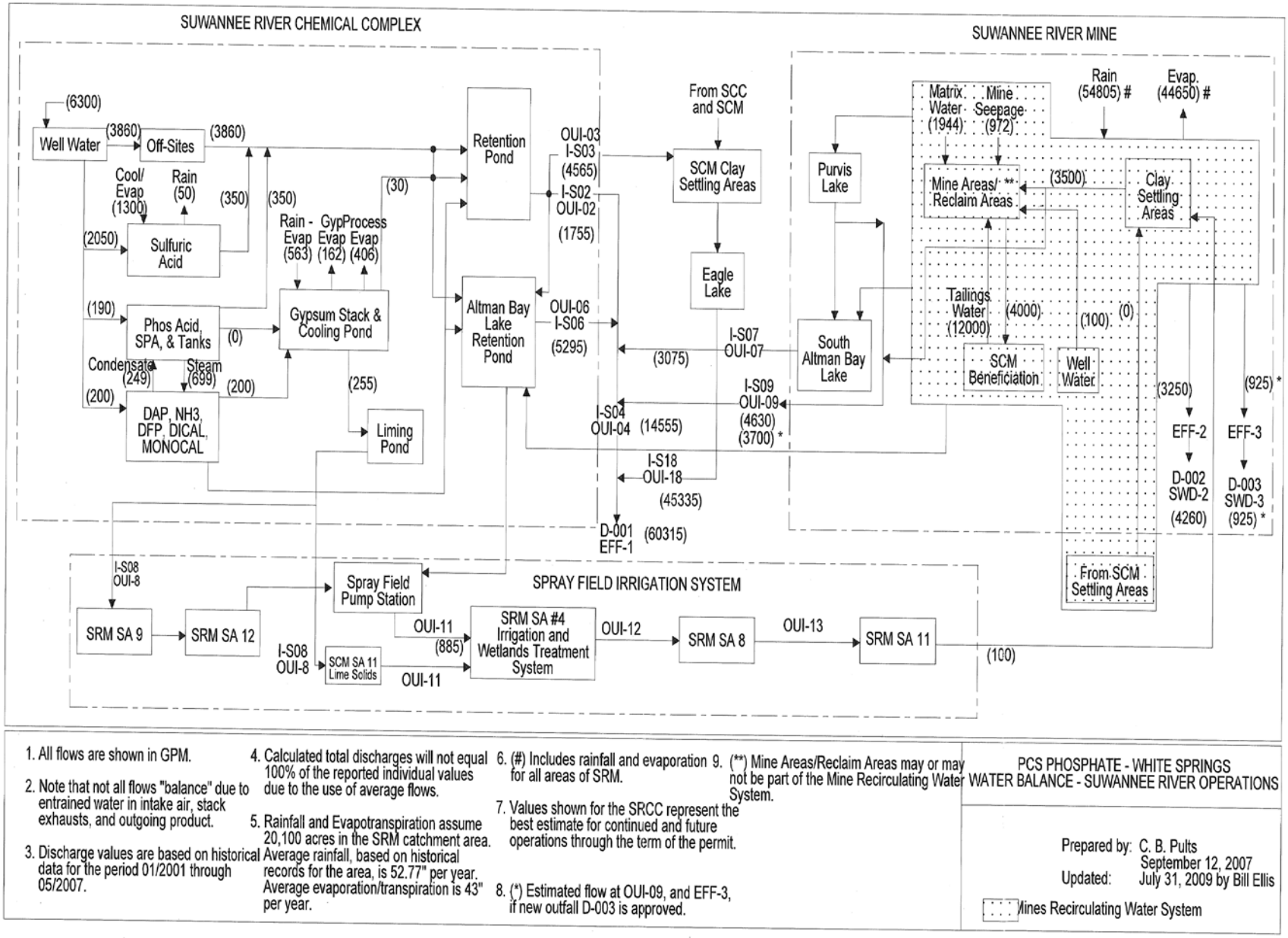
12. PROPOSED SCHEDULE FOR PERMIT ISSUANCE

Draft Permit to Applicant and EPA	June 19, 2014
Public Comment Period	Beginning: June 20, 2014 Ending: July 20, 2014
Notice of Intent to Issue	July 30, 2014
Notice of Permit Issuance	September 5, 2014

13. DEP CONTACT

Additional information concerning the permit and proposed schedule for permit issuance may be obtained during normal business hours from:

Katheryn Jarvis
Engineer III
FDEP Northeast District Office
8800 Baymeadows Way West, Suite 100
Jacksonville, Florida 32256
Telephone (904) 291-2407

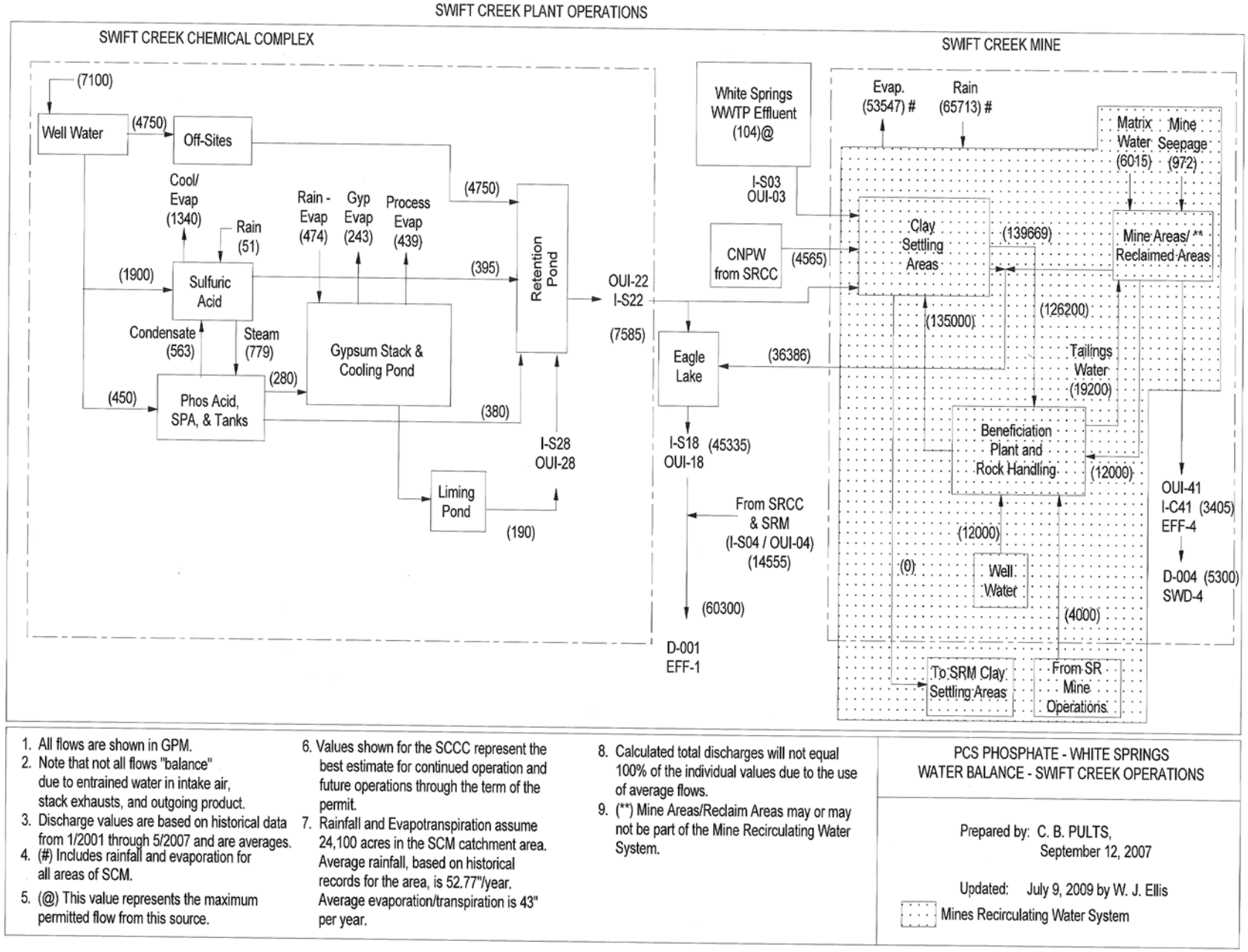


1. All flows are shown in GPM.
2. Note that not all flows "balance" due to entrained water in intake air, stack exhausts, and outgoing product.
3. Discharge values are based on historical data for the period 01/2001 through 05/2007.
4. Calculated total discharges will not equal 100% of the reported individual values due to the use of average flows.
5. Rainfall and Evapotranspiration assume 20,100 acres in the SRM catchment area. Average rainfall, based on historical records for the area, is 52.77" per year. Average evaporation/transpiration is 43" per year.
6. (#) Includes rainfall and evaporation for all areas of SRM.
7. Values shown for the SRCC represent the best estimate for continued and future operations through the term of the permit.
8. (*) Estimated flow at OUI-09, and EFF-3, if new outfall D-003 is approved.
9. (**) Mine Areas/Reclaim Areas may or may not be part of the Mine Recirculating Water System.

PCS PHOSPHATE - WHITE SPRINGS
WATER BALANCE - SUWANNEE RIVER OPERATIONS

Prepared by: C. B. Pults
September 12, 2007
Updated: July 31, 2009 by Bill Ellis

Mines Recirculating Water System



1. All flows are shown in GPM.
2. Note that not all flows "balance" due to entrained water in intake air, stack exhausts, and outgoing product.
3. Discharge values are based on historical data from 1/2001 through 5/2007 and are averages.
4. (#) Includes rainfall and evaporation for all areas of SCM.
5. (@) This value represents the maximum permitted flow from this source.
6. Values shown for the SCCC represent the best estimate for continued operation and future operations through the term of the permit.
7. Rainfall and Evapotranspiration assume 24,100 acres in the SCM catchment area. Average rainfall, based on historical records for the area, is 52.77"/year. Average evaporation/transpiration is 43" per year.
8. Calculated total discharges will not equal 100% of the individual values due to the use of average flows.
9. (**) Mine Areas/Reclaim Areas may or may not be part of the Mine Recirculating Water System.

PCS PHOSPHATE - WHITE SPRINGS
WATER BALANCE - SWIFT CREEK OPERATIONS

Prepared by: C. B. PULTS,
September 12, 2007

Updated: July 9, 2009 by W. J. Ellis

Mines Recirculating Water System

EPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:	PCS Phosphate - White Springs	PERMIT NUMBER:	FL0000655 – 009 – IW1S		
MAILING ADDRESS:	P O Box 300				
	White Springs, Florida 32096-	LIMIT:	Final	REPORT FREQUENCY:	**Monthly**
		CLASS SIZE:	MA	PROGRAM:	Industrial
FACILITY:	PCS Phosphate - White Springs	MONITORING GROUP NUMBER:	D-001		
LOCATION:	CR-137, north of White Springs	MONITORING GROUP DESCRIPTION:	001 DISCHARGE TO SWIFT CREEK		
	15843 SE 78th Street	RE-SUBMITTED DMR: ☐			
	White Springs, FL 32096-0300	NO DISCHARGE FROM SITE: ☐			
COUNTY:	Hamilton	**MONTHLY** MONITORING PERIOD	From: _____	To: _____	
OFFICE:	Northeast District				

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement										
PARM Code 50050 1 Mon. Site No. CAL-1	Permit Requirement	Report (Day.Max.)	Report (Mo.Avg.)	MGD						Daily, when discharging	Calculated
Oxygen, Dissolved	Sample Measurement										
PARM Code 00300 1 Mon. Site No. EFF-1	Permit Requirement				Report (Day Min)			mg/L		2 Days/Week	Meter
Oxygen, Dissolved Percent Saturation	Sample Measurement										
PARM Code 00301 1 Mon. Site No. EFF-1	Permit Requirement				Report (Day.Min.)			percent		2 Days/Week	Meter
Percent of % Daily Average DO Saturation greater than 34%*	Sample Measurement										
PARM Code 00301 P Mon. Site No. CAL-1	Permit Requirement				90 (Minimum Annual Total)	Report (Monthly Total)		Percent samples in compliance		Monthly	Calculated
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 1 Mon. Site No. EFF-1	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	mg/L		Weekly	24-hr TPC
Fluoride, Total (as F)	Sample Measurement										
PARM Code 00951 1 Mon. Site No. EFF-1	Permit Requirement					Report (Mo.Avg.)	10.0 (Day.Max.)	mg/L		Weekly	24-hr TPC

*No more than 10 percent of the daily average percent dissolved oxygen (DO) saturation values shall be below 34% saturation during a rolling 12 month period. The facility shall collect DO saturation samples for 12 months before beginning calculations to determine if more than 10% of samples fall below 34% saturation. During that initial 12 month period the permittee shall enter “MNR” for monitoring not required on the DMR. Thereafter, the facility shall determine a percentage of values that meet the 34% saturation on a monthly basis for a rolling 12 month period.

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.

PRINT NAME & TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE

COMMENTS -- or EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: PCS Phosphate - White Springs MONITORING GROUP NUMBER: D-001 PERMIT NUMBER: FL0000655 – 009 – IW1S

MONTHLY MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Specific Conductance	Sample Measurement										
PARM Code 00095 1 Mon. Site No. EFF-1	Permit Requirement					Report (Mo.Avg.)	1275 (Day.Max.)	umhos/cm		Weekly	24-hr TPC
Temperature (C), Water	Sample Measurement										
PARM Code 00010 1 Mon. Site No. EFF-1	Permit Requirement						Report (Day.Max.)	Deg C		2 days/week	Meter
pH	Sample Measurement										
PARM Code 00400 1 Mon. Site No. EFF-1	Permit Requirement				6.0 (Day.Min.)		8.5 (Day.Max.)	s.u.		Weekly	Grab
Turbidity	Sample Measurement										
PARM Code 00070 1 Mon. Site No. EFF-1	Permit Requirement					Report (Mo.Avg.)	31.0 (Day.Max.)	NTU		Weekly	Meter
Nitrogen, Ammonia, Total (as N)	Sample Measurement										
PARM Code 00610 1 Mon. Site No. EFF-1	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	mg/L		Weekly	Grab
Ammonia, Unionized (as NH3)	Sample Measurement										
PARM Code 00619 1 Mon. Site No. CAL-1	Permit Requirement					Report (Mo.Avg.)	0.02 (Day.Max.)	mg/L		Weekly	Calculated
Nitrogen, Kjeldahl, Total (as N)	Sample Measurement										
PARM Code 00625 1 Mon. Site No. EFF-1	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	mg/L		Weekly	24-hr TPC
Nitrogen, Total	Sample Measurement										
PARM Code 00600 1 Mon. Site No. EFF-1	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	mg/L		Weekly	24-hr TPC
Nitrogen, Total	Sample Measurement										
PARM Code 00600 P Mon. Site No. CAL-1	Permit Requirement		Report (Mo.Avg.)	lb/day						Weekly	Calculated
Phosphorus, Total (as P)	Sample Measurement										
PARM Code 00665 1 Mon. Site No. EFF-1	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	mg/L		Weekly	24-hr TPC
Phosphorus, Total (as P)	Sample Measurement										
PARM Code 00665 P Mon. Site No. CAL-1	Permit Requirement		Report (Mo.Avg.)	lb/day						Weekly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: PCS Phosphate - White Springs MONITORING GROUP NUMBER: D-001 PERMIT NUMBER: FL0000655 – 009 – IW1S

MONTHLY MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration *			Units	No. Ex.	Frequency of Testing	Sample Type
IC_{25} STATRE 7-DAY CHRONIC *Ceriodaphnia dubia* (Routine)	Sample Measurement										
PARM Code TRP3B P Mon. Site No. EFF-1	Permit Requirement				100 (Min.)			percent		Semi-Annual	24-hr TPC
IC_{25} STATRE 7-DAY CHRONIC *Ceriodaphnia dubia* (Additional)	Sample Measurement										
PARM Code TRP3B Q Mon. Site No. EFF-1	Permit Requirement				100 (Min.)			percent		As needed	24-hr TPC
IC_{25} STATRE 7-DAY CHRONIC *Ceriodaphnia dubia* (Additional)	Sample Measurement										
PARM Code TRP3B R Mon. Site No. EFF-1	Permit Requirement				100 (Min.)			percent		As needed	24-hr TPC
IC_{25} STATRE 7-DAY CHRONIC *Pimephales promelas* (Routine)	Sample Measurement										
PARM Code TRP6C P Mon. Site No. EFF-1	Permit Requirement				100 (Min.)			percent		Semi-Annual	24-hr TPC
IC_{25} STATRE 7-DAY CHRONIC *Pimephales promelas* (Additional)	Sample Measurement										
PARM Code TRP6C Q Mon. Site No. EFF-1	Permit Requirement				100 (Min.)			percent		As needed	24-hr TPC
IC_{25} STATRE 7-DAY CHRONIC *Pimephales promelas* (Additional)	Sample Measurement										
PARM Code TRP6C R Mon. Site No. EFF-1	Permit Requirement				100 (Min.)			percent		As needed	24-hr TPC

*ENTER **"MNR"** IN THE CONCENTRATION COLUMN FOR EACH **TOXICITY** TEST THAT WAS NOT DONE THIS MONTH.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:	PCS Phosphate - White Springs	PERMIT NUMBER:	FL0000655 – 009 – IW1S		
MAILING ADDRESS:	P O Box 300				
	White Springs, Florida 32096-	LIMIT:	Final	REPORT FREQUENCY:	Quarterly
		CLASS SIZE:	MA	PROGRAM:	Industrial
FACILITY:	PCS Phosphate - White Springs	MONITORING GROUP NUMBER:	D-001		
LOCATION:	CR-137, north of White Springs	MONITORING GROUP DESCRIPTION:	001 DISCHARGE TO SWIFT CREEK		
	15843 SE 78th Street	RE-SUBMITTED DMR: ☐			
	White Springs, FL 32096-0300	NO DISCHARGE FROM SITE: ☐			
COUNTY:	Hamilton	MONITORING PERIOD From:	_____ To: _____		
OFFICE:	Northeast District				

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Radium 226 + Radium 228, Total	Sample Measurement										
PARM Code 11503 1 Mon. Site No. EFF-1	Permit Requirement						5.0 (Day.Max.)	pCi/L		Quarterly	24-hr TPC
Alpha, Gross Particle Activity	Sample Measurement										
PARM Code 80045 1 Mon. Site No. EFF-1	Permit Requirement						15.0 (Day.Max.)	pCi/L		Quarterly	24-hr TPC
Chlorophyll a	Sample Measurement										
PARM Code 32230 1 Mon. Site No. SWD-1	Permit Requirement						Report (Max.)	ug/L		Quarterly	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

PRINT NAME & TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE

COMMENTS -- or 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 Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:	PCS Phosphate - White Springs	PERMIT NUMBER:	FL0000655 – 009 – IW1S		
MAILING ADDRESS:	P O Box 300				
	White Springs, Florida 32096-	LIMIT:	Final	REPORT FREQUENCY:	Semi-Annually
		CLASS SIZE:	MA	PROGRAM:	Industrial
FACILITY:	PCS Phosphate - White Springs	MONITORING GROUP NUMBER:	D-001		
LOCATION:	CR-137, north of White Springs	MONITORING GROUP DESCRIPTION:	001 DISCHARGE TO SWIFT CREEK		
	15843 SE 78th Street	RE-SUBMITTED DMR: ☐			
	White Springs, FL 32096-0300	NO DISCHARGE FROM SITE: ☐			
COUNTY:	Hamilton	MONITORING PERIOD From:	_____ To: _____		
OFFICE:	Northeast District				

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Stream Condition Index	Sample Measurement										
PARM Code SCIND 5 Mon.Site No. SWD-1	Permit Requirement						Report (Single Sample)	Yes=1 No=0		Semi-annually	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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COMMENTS -- or 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 Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:	PCS Phosphate - White Springs	PERMIT NUMBER:	FL0000655 – 009 – IW1S		
MAILING ADDRESS:	P O Box 300				
	White Springs, Florida 32096-	LIMIT:	Final	REPORT FREQUENCY:	Annually
		CLASS SIZE:	MA	PROGRAM:	Industrial
FACILITY:	PCS Phosphate - White Springs	MONITORING GROUP NUMBER:	D-001		
LOCATION:	CR-137, north of White Springs	MONITORING GROUP DESCRIPTION:	001 DISCHARGE TO SWIFT CREEK		
	15843 SE 78th Street	RE-SUBMITTED DMR: ☐			
	White Springs, FL 32096-0300	NO DISCHARGE FROM SITE: ☐			
COUNTY:	Hamilton	MONITORING PERIOD From:	_____ To: _____		
OFFICE:	Northeast District				

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Mercury, Total Recoverable	Sample Measurement										
PARM Code 71901 1 Mon. Site No. EFF-1	Permit Requirement						Report (Max.)	ug/L		Annually	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

PRINT NAME & TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE

COMMENTS -- or 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 Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: PCS Phosphate - White Springs
MAILING ADDRESS: P O Box 300
White Springs, Florida 32096-

FACILITY: PCS Phosphate - White Springs
LOCATION: CR-137, north of White Springs
15843 SE 78th Street
White Springs, FL 32096-0300

COUNTY: Hamilton
OFFICE: Northeast District

PERMIT NUMBER: FL0000655 – 009 – IW1S

LIMIT: Final
CLASS SIZE: MA
MONITORING GROUP NUMBER: D-002
MONITORING GROUP DESCRIPTION: 002 STREAM FLOW OF HUNTER CREEK @ SR136
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐

REPORT FREQUENCY: **Monthly**
PROGRAM: Industrial

MONTHLY MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement										
PARM Code 50050 1 Mon. Site No. EFF-2	Permit Requirement	Report (Day.Max.)	Report (Mo.Avg.)	MGD						4 Days/Week	Calculated
Solids, Fixed Suspended	Sample Measurement										
PARM Code 00540 1 Mon. Site No. EFF-2	Permit Requirement					12 (Mo.Avg.)	25 (Day.Max.)	mg/L		Weekly	24-hr TPC
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 1 Mon. Site No. EFF-2	Permit Requirement					30 (Mo.Avg.)	60 (Day.Max.)	mg/L		Weekly	24-hr TPC
Oxygen, Dissolved	Sample Measurement										
PARM Code 00300 1 Mon. Site No. EFF-2	Permit Requirement				Report (Day Min)			mg/L		2 Days/Week	Meter
Oxygen, Dissolved Percent Saturation	Sample Measurement										
PARM Code 00301 1 Mon. Site No. EFF-2	Permit Requirement				Report (Day.Min.)			percent		2 Days/Week	Meter
Percent of % Daily Average DO Saturation greater than 34%*	Sample Measurement										
PARM Code 00301 P Mon. Site No. CAL-1	Permit Requirement				90 (Minimum An.Total)	Report (Monthly Total)		Percent samples in compliance		Monthly	Calculated

*No more than 10 percent of the daily average percent dissolved oxygen (DO) saturation values shall be below 34% saturation during a rolling 12 month period. The facility shall collect DO saturation samples for 12 months before beginning calculations to determine if more than 10% of samples fall below 34% saturation. During that initial 12 month period the permittee shall enter "MNR" for monitoring not required on the DMR. Thereafter, the facility shall determine a percentage of values that meet the 34% saturation on a monthly basis for a rolling 12 month period.

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.

PRINT NAME & TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE

COMMENTS -- or EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: PCS Phosphate - White Springs MONITORING GROUP NUMBER: D-002 PERMIT NUMBER: FL0000655 – 009 – IW1S
MONTHLY MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Fluoride, Total (as F)	Sample Measurement										
PARM Code 00951 1 Mon. Site No. EFF-2	Permit Requirement					Report (Mo.Avg.)	10.0 (Day.Max.)	mg/L		Weekly	24-hr TPC
Ammonia, Unionized (as NH3)	Sample Measurement										
PARM Code 00619 1 Mon. Site No. CAL-1	Permit Requirement					Report (Mo.Avg.)	0.02 (Day.Max.)	mg/L		Weekly	Calculated
Nitrogen, Ammonia, Total (as N)	Sample Measurement										
PARM Code 00610 1 Mon. Site No. EFF-2	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	mg/L		Weekly	Grab
Temperature (C), Water	Sample Measurement										
PARM Code 00010 1 Mon. Site No. EFF-2	Permit Requirement						Report (Day.Max.)	Deg C		Weekly	Meter
Turbidity	Sample Measurement										
PARM Code 00070 1 Mon. Site No. EFF-2	Permit Requirement					Report (Mo.Avg.)	31.0 (Day.Max.)	NTU		Weekly	Grab
pH	Sample Measurement										
PARM Code 00400 1 Mon. Site No. EFF-2	Permit Requirement				6.0 (Day.Min.)		8.5 (Day.Max.)	s.u.		Weekly	Grab
Phosphorus, Total (as P)	Sample Measurement										
PARM Code 00665 1 Mon. Site No. EFF-2	Permit Requirement					3.0 (Mo.Avg.)	5.0 (Day.Max.)	mg/L		Weekly	24-hr TPC
Phosphorus, Total (as P)	Sample Measurement										
PARM Code 00665 P Mon. Site No. CAL-1	Permit Requirement		Report (Mo.Avg.)	lb/day						Weekly	Calculated
Nitrogen, Kjeldahl, Total (as N)	Sample Measurement										
PARM Code 00625 1 Mon. Site No. EFF-2	Permit Requirement				Report (Min.Mo.Avg.)		Report (Day.Max.)	mg/L		Weekly	24-hr TPC

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: PCS Phosphate - White Springs MONITORING GROUP NUMBER: D-002 PERMIT NUMBER: FL0000655 – 009 – IW1S

MONTHLY MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration *			Units	No. Ex.	Frequency of Testing	Sample Type
Nitrogen, Total	Sample Measurement										
PARM Code 00600 1 Mon. Site No. EFF-2	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	mg/L		Weekly	24-hr TPC
Nitrogen, Total	Sample Measurement										
PARM Code 00600 P Mon. Site No. CAL-1	Permit Requirement		Report (Mo.Avg.)	lb/day						Weekly	Calculated
LC50 STATRE 96-HOUR ACUTE *Ceriodaphnia dubia* (Routine)	Sample Measurement										
PARM Code TAN3B P Mon. Site No. EFF-2	Permit Requirement				100 (Min.)			percent		Semi-Annually	Grab
LC50 STATRE 96-HOUR ACUTE *Ceriodaphnia dubia* (Additional)	Sample Measurement										
PARM Code TAN3B Q Mon. Site No. EFF-2	Permit Requirement				100 (Min.)			percent		As needed	Grab
LC50 STATRE 96-HOUR ACUTE *Ceriodaphnia dubia* (Additional)	Sample Measurement										
PARM Code TAN3B R Mon. Site No. EFF-2	Permit Requirement				100 (Min.)			percent		As needed	Grab
LC50 STATRE 96-HOUR ACUTE *Cyprinella leedsi* (Routine)	Sample Measurement										
PARM Code TAN6H P Mon. Site No. EFF-2	Permit Requirement				100 (Min.)			percent		Semi-Annually	Grab
LC50 STATRE 96-HOUR ACUTE *Cyprinella leedsi* (Additional)	Sample Measurement										
PARM Code TAN6H Q Mon. Site No. EFF-2	Permit Requirement				100 (Min.)			percent		As needed	Grab
LC50 STATRE 96-HOUR ACUTE *Cyprinella leedsi* (Additional)	Sample Measurement										
PARM Code TAN6H R Mon. Site No. EFF-2	Permit Requirement				100 (Min.)			percent		As needed	Grab

*ENTER **"MNR"** IN THE CONCENTRATION COLUMN FOR EACH **TOXICITY** TEST THAT WAS NOT DONE THIS MONTH.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:	PCS Phosphate - White Springs	PERMIT NUMBER:	FL0000655 – 009 – IW1S		
MAILING ADDRESS:	P O Box 300				
	White Springs, Florida 32096-	LIMIT:	Final	REPORT FREQUENCY:	Quarterly
		CLASS SIZE:	MA	PROGRAM:	Industrial
FACILITY:	PCS Phosphate - White Springs	MONITORING GROUP NUMBER:	D-002		
LOCATION:	CR-137, north of White Springs	MONITORING GROUP DESCRIPTION:	002 STREAM FLOW OF HUNTER CREEK @ SR136		
	15843 SE 78th Street	RE-SUBMITTED DMR: ☐			
	White Springs, FL 32096-0300	NO DISCHARGE FROM SITE: ☐			
COUNTY:	Hamilton	MONITORING PERIOD From:	_____ To: _____		
OFFICE:	Northeast District				

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Radium 226 + Radium 228, Total	Sample Measurement										
PARM Code 11503 1 Mon. Site No. EFF-2	Permit Requirement						5.0 (Day.Max.)	pCi/L		Quarterly	24-hr TPC
Alpha, Gross Particle Activity	Sample Measurement										
PARM Code 80045 1 Mon. Site No. EFF-2	Permit Requirement						15.0 (Day.Max.)	pCi/L		Quarterly	24-hr TPC
Chlorophyll a	Sample Measurement										
PARM Code 32230 1 Mon. Site No. SWD-2	Permit Requirement						Report (Max.)	ug/L		Quarterly	Grab

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PRINT NAME & TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE

COMMENTS -- or 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 Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:	PCS Phosphate - White Springs	PERMIT NUMBER:	FL0000655 – 009 – IW1S		
MAILING ADDRESS:	P O Box 300				
	White Springs, Florida 32096-	LIMIT:	Final	REPORT FREQUENCY:	Semi-Annually
		CLASS SIZE:	MA	PROGRAM:	Industrial
FACILITY:	PCS Phosphate - White Springs	MONITORING GROUP NUMBER:	D-002		
LOCATION:	CR-137, north of White Springs	MONITORING GROUP DESCRIPTION:	002 STREAM FLOW OF HUNTER CREEK @ SR136		
	15843 SE 78th Street	RE-SUBMITTED DMR: ☐			
	White Springs, FL 32096-0300	NO DISCHARGE FROM SITE: ☐			
COUNTY:	Hamilton	MONITORING PERIOD From:	_____ To: _____		
OFFICE:	Northeast District				

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Stream Condition Index	Sample Measurement										
PARM Code SCIND 3 Mon.Site No. SWD-2	Permit Requirement						Report (Single Sample)	Yes=1 No=0		Semi-annually	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

PRINT NAME & TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE

COMMENTS -- or 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 Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:	PCS Phosphate - White Springs	PERMIT NUMBER:	FL0000655 – 009 – IW1S		
MAILING ADDRESS:	P O Box 300				
	White Springs, Florida 32096-	LIMIT:	Final	REPORT FREQUENCY:	Annually
		CLASS SIZE:	MA	PROGRAM:	Industrial
FACILITY:	PCS Phosphate - White Springs	MONITORING GROUP NUMBER:	D-002		
LOCATION:	CR-137, north of White Springs	MONITORING GROUP DESCRIPTION:	002 STREAM FLOW OF HUNTER CREEK @ SR136		
	15843 SE 78th Street	RE-SUBMITTED DMR: ☐			
	White Springs, FL 32096-0300	NO DISCHARGE FROM SITE: ☐			
COUNTY:	Hamilton	MONITORING PERIOD From:	_____ To: _____		
OFFICE:	Northeast District				

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Mercury, Total Recoverable	Sample Measurement										
PARM Code 71901 1 Mon. Site No. EFF-2	Permit Requirement						Report (Max.)	ug/L		Annually	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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COMMENTS -- or 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 Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: PCS Phosphate - White Springs
MAILING ADDRESS: P O Box 300
White Springs, Florida 32096-

FACILITY: PCS Phosphate - White Springs
LOCATION: CR-137, north of White Springs
15843 SE 78th Street
White Springs, FL 32096-0300

COUNTY: Hamilton
OFFICE: Northeast District

PERMIT NUMBER: FL0000655 – 009 – IW1S

LIMIT: Final
CLASS SIZE: MA
MONITORING GROUP NUMBER: D-003
MONITORING GROUP DESCRIPTION: Discharge to Roaring Creek
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐

REPORT FREQUENCY: **Monthly**
PROGRAM: Industrial

MONTHLY MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement										
PARM Code 50050 1 Mon. Site No. EFF-3	Permit Requirement	Report (Day.Max.)	Report (Mo.Avg.)	MGD						4 Days/Week	Calculated
Solids, Fixed Suspended	Sample Measurement										
PARM Code 00540 1 Mon. Site No. EFF-3	Permit Requirement					12 (Mo.Avg.)	25 (Day.Max.)	mg/L		Weekly	24-hr TPC
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 1 Mon. Site No. EFF-3	Permit Requirement					30 (Mo.Avg.)	60 (Day.Max.)	mg/L		Weekly	24-hr TPC
Oxygen, Dissolved	Sample Measurement										
PARM Code 00300 1 Mon. Site No. EFF-3	Permit Requirement				Report (Day Min)			mg/L		2 Days/Week	Meter
Oxygen, Dissolved Percent Saturation	Sample Measurement										
PARM Code 00301 1 Mon. Site No. EFF-3	Permit Requirement				Report (Day.Min.)			percent		2 Days/Week	Meter
Percent of % Daily Average DO Saturation greater than 34%*	Sample Measurement										
PARM Code 00301 P Mon. Site No. CAL-1	Permit Requirement				90.0 (Minimum An.Total)	Report (Monthly Total)		Percent samples in compliance		Monthly	Calculated

*No more than 10 percent of the daily average percent dissolved oxygen (DO) saturation values shall be below 34% saturation during a rolling 12 month period. The facility shall collect DO saturation samples for 12 months before beginning calculations to determine if more than 10% of samples fall below 34% saturation. During that initial 12 month period the permittee shall enter "MNR" for monitoring not required on the DMR. Thereafter, the facility shall determine a percentage of values that meet the 34% saturation on a monthly basis for a rolling 12 month period.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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COMMENTS -- or EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: PCS Phosphate - White Springs

MONITORING GROUP NUMBER: D-003

PERMIT NUMBER: FL0000655 – 009 – IW1S

MONTHLY MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Specific Conductance	Sample Measurement										
PARM Code 00095 1 Mon. Site No. EFF-3	Permit Requirement						1275 (Day.Max.)	umhos/cm		Weekly	Grab
Fluoride, Total (as F)	Sample Measurement										
PARM Code 00951 1 Mon. Site No. EFF-3	Permit Requirement					Report (Mo.Avg.)	10.0 (Day.Max.)	mg/L		Weekly	24-hr TPC
Ammonia, Unionized (as NH3)	Sample Measurement										
PARM Code 00619 1 Mon. Site No. CAL-1	Permit Requirement					Report (Mo.Avg.)	0.02 (Day.Max.)	mg/L		Weekly	Calculated
Nitrogen, Ammonia, Total (as N)	Sample Measurement										
PARM Code 00610 1 Mon. Site No. EFF-3	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	mg/L		Weekly	Grab
Temperature (C), Water	Sample Measurement										
PARM Code 00010 1 Mon. Site No. EFF-3	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	Deg C		Weekly	Grab
Turbidity	Sample Measurement										
PARM Code 00070 1 Mon. Site No. EFF-3	Permit Requirement					Report (Mo.Avg.)	31.0 (Day.Max.)	NTU		Weekly	Grab
pH	Sample Measurement										
PARM Code 00400 1 Mon. Site No. EFF-3	Permit Requirement				6.0 (Day.Min.)		8.5 (Day.Max.)	s.u.		Weekly	Grab
Phosphorus, Total (as P)	Sample Measurement										
PARM Code 00665 1 Mon. Site No. EFF-3	Permit Requirement					3.0 (Mo.Avg.)	5.0 (Day.Max.)	mg/L		Weekly	24-hr TPC
Phosphorus, Total (as P)	Sample Measurement										
PARM Code 00665 P Mon. Site No. CAL-1	Permit Requirement		Report (Mo.Avg.)	lb/day						Weekly	Calculated
Nitrogen, Kjeldahl, Total (as N)	Sample Measurement										
PARM Code 00625 1 Mon. Site No. EFF-3	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	mg/L		Weekly	24-hr TPC

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: PCS Phosphate - White Springs MONITORING GROUP NUMBER: D-003 PERMIT NUMBER: FL0000655 – 009 – IW1S

MONTHLY MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration *			Units	No. Ex.	Frequency of Testing	Sample Type
Nitrogen, Total	Sample Measurement										
PARM Code 00600 1 Mon. Site No. EFF-3	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	mg/L		Weekly	24-hr TPC
Nitrogen, Total	Sample Measurement										
PARM Code 00600 P Mon. Site No. CAL-1	Permit Requirement		Report (Mo.Avg.)	lb/day						Weekly	Calculated
LC50 STATRE 96-HOUR ACUTE *Ceriodaphnia dubia* (Routine)	Sample Measurement										
PARM Code TAN3B P Mon. Site No. EFF-3	Permit Requirement				100 (Min.)			percent		Semi-Annually	Grab
LC50 STATRE 96-HOUR ACUTE *Ceriodaphnia dubia* (Additional)	Sample Measurement										
PARM Code TAN3B Q Mon. Site No. EFF-3	Permit Requirement				100 (Min.)			percent		As needed	Grab
LC50 STATRE 96-HOUR ACUTE *Ceriodaphnia dubia* (Additional)	Sample Measurement										
PARM Code TAN3B R Mon. Site No. EFF-3	Permit Requirement				100 (Min.)			percent		As needed	Grab
LC50 STATRE 96-HOUR ACUTE *Cyprinella leedsi* (Routine)	Sample Measurement										
PARM Code TAN6H P Mon. Site No. EFF-3	Permit Requirement				100 (Min.)			percent		Semi-Annually	Grab
LC50 STATRE 96-HOUR ACUTE *Cyprinella leedsi* (Additional)	Sample Measurement										
PARM Code TAN6H Q Mon. Site No. EFF-3	Permit Requirement				100 (Min.)			percent		As needed	Grab
LC50 STATRE 96-HOUR ACUTE *Cyprinella leedsi* (Additional)	Sample Measurement										
PARM Code TAN6H R Mon. Site No. EFF-3	Permit Requirement				100 (Min.)			percent		As needed	Grab

*ENTER **"MNR"** IN THE CONCENTRATION COLUMN FOR EACH **TOXICITY** TEST THAT WAS NOT DONE THIS MONTH.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:	PCS Phosphate - White Springs	PERMIT NUMBER:	FL0000655 – 009 – IW1S		
MAILING ADDRESS:	P O Box 300				
	White Springs, Florida 32096-	LIMIT:	Final	REPORT FREQUENCY:	Quarterly
		CLASS SIZE:	MA	PROGRAM:	Industrial
FACILITY:	PCS Phosphate - White Springs	MONITORING GROUP NUMBER:	D-003		
LOCATION:	CR-137, north of White Springs	MONITORING GROUP DESCRIPTION:	Discharge to Roaring Creek		
	15843 SE 78th Street	RE-SUBMITTED DMR: ☐			
	White Springs, FL 32096-0300	NO DISCHARGE FROM SITE: ☐			
COUNTY:	Hamilton	MONITORING PERIOD From:	_____ To: _____		
OFFICE:	Northeast District				

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Radium 226 + Radium 228, Total	Sample Measurement										
PARM Code 11503 1 Mon. Site No. EFF-3	Permit Requirement						5.0 (Day.Max.)	pCi/L		Quarterly	24-hr TPC
Alpha, Gross Particle Activity	Sample Measurement										
PARM Code 80045 1 Mon. Site No. EFF-3	Permit Requirement						15.0 (Day.Max.)	pCi/L		Quarterly	24-hr TPC

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PRINT NAME & TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE

COMMENTS -- or 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 Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:	PCS Phosphate - White Springs	PERMIT NUMBER:	FL0000655 – 009 – IW1S		
MAILING ADDRESS:	P O Box 300				
	White Springs, Florida 32096-	LIMIT:	Final	REPORT FREQUENCY:	Annually
		CLASS SIZE:	MA	PROGRAM:	Industrial
FACILITY:	PCS Phosphate - White Springs	MONITORING GROUP NUMBER:	D-003		
LOCATION:	CR-137, north of White Springs	MONITORING GROUP DESCRIPTION:	Discharge to Roaring Creek		
	15843 SE 78th Street	RE-SUBMITTED DMR: ☐			
	White Springs, FL 32096-0300	NO DISCHARGE FROM SITE: ☐			
COUNTY:	Hamilton	MONITORING PERIOD From:	_____ To: _____		
OFFICE:	Northeast District				

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Mercury, Total Recoverable	Sample Measurement										
PARM Code 71901 1 Mon. Site No. EFF-3	Permit Requirement						Report (Max.)	ug/L		Annually	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: PCS Phosphate - White Springs
MAILING ADDRESS: P O Box 300
White Springs, Florida 32096-

FACILITY: PCS Phosphate - White Springs
LOCATION: CR-137, north of White Springs
15843 SE 78th Street
White Springs, FL 32096-0300

COUNTY: Hamilton
OFFICE: Northeast District

PERMIT NUMBER: FL0000655 – 009 – IW1S

LIMIT: Final
CLASS SIZE: MA
MONITORING GROUP NUMBER: D-004
MONITORING GROUP DESCRIPTION: Discharge to Camp Branch
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐

REPORT FREQUENCY: **Monthly**
PROGRAM: Industrial

MONTHLY MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement										
PARM Code 50050 1 Mon. Site No. EFF-4	Permit Requirement	Report (Day.Max.)	Report (Mo.Avg.)	MGD						2 Days/Week	Calculated
pH	Sample Measurement										
PARM Code 00400 1 Mon. Site No. EFF-4	Permit Requirement				6.0 (Day.Min.)		8.5 (Day.Max.)	s.u.		Weekly	Grab
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 1 Mon. Site No. EFF-4	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	mg/L		Weekly	24-hr TPC
Oxygen, Dissolved	Sample Measurement										
PARM Code 00300 1 Mon. Site No. EFF-4	Permit Requirement				Report (Day.Min.)			mg/L		2 Days/Week	Meter
Oxygen, Dissolved Percent Saturation	Sample Measurement										
PARM Code 00301 1 Mon. Site No. EFF-4	Permit Requirement				Report (Day.Min.)			percent		2 Days/Week	Meter
Percent of % Daily Average DO Saturation greater than 34%*	Sample Measurement										
PARM Code 00301 P Mon. Site No. CAL-1	Permit Requirement				90.0 (Minimum An.Total)	Report (Monthly Total)		Percent samples in compliance		Monthly	Calculated

*No more than 10 percent of the daily average percent dissolved oxygen (DO) saturation values shall be below 34% saturation during a rolling 12 month period. The facility shall collect DO saturation samples for 12 months before beginning calculations to determine if more than 10% of samples fall below 34% saturation. During that initial 12 month period the permittee shall enter "MNR" for monitoring not required on the DMR. Thereafter, the facility shall determine a percentage of values that meet the 34% saturation on a monthly basis for a rolling 12 month period.

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PRINT NAME & TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE

COMMENTS -- or EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: PCS Phosphate - White Springs

MONITORING GROUP NUMBER: D-004

PERMIT NUMBER: FL0000655 – 009 – IW1S

MONTHLY MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration *			Units	No. Ex.	Frequency of Testing	Sample Type
Fluoride, Total (as F)	Sample Measurement										
PARM Code 00951 1 Mon. Site No. EFF-4	Permit Requirement					Report (Mo.Avg.)	10.0 (Day.Max.)	mg/L		Weekly	24-hr TPC
Specific Conductance	Sample Measurement										
PARM Code 00095 1 Mon. Site No. EFF-4	Permit Requirement						1275 (Day.Max.)	umhos/cm		Weekly	Grab
Turbidity	Sample Measurement										
PARM Code 00070 1 Mon. Site No. EFF-4	Permit Requirement					Report (Mo.Avg.)	31.0 (Day.Max.)	NTU		Weekly	Grab
Phosphorus, Total (as P)	Sample Measurement										
PARM Code 00665 1 Mon. Site No. EFF-4	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	mg/L		Weekly	24-hr TPC
Phosphorus, Total (as P)	Sample Measurement										
PARM Code 00665 P Mon. Site No. CAL-1	Permit Requirement		Report (Mo.Avg.)	lb/day						Weekly	Calculated
Nitrogen, Total	Sample Measurement										
PARM Code 00600 1 Mon. Site No. EFF-4	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	mg/L		Weekly	24-hr TPC
Nitrogen, Total	Sample Measurement										
PARM Code 00600 P Mon. Site No. CAL-1	Permit Requirement		Report (Mo.Avg.)	lb/day						Weekly	Calculated
LC50 STATRE 96-HOUR ACUTE *Ceriodaphnia dubia* (Routine)	Sample Measurement										
PARM Code TAN3B P Mon. Site No. OUI-41	Permit Requirement				100 (Min.)			percent		Semi-Annually	Grab
LC50 STATRE 96-HOUR ACUTE *Ceriodaphnia dubia* (Additional)	Sample Measurement										
PARM Code TAN3B Q Mon. Site No. OUI-41	Permit Requirement				100 (Min.)			percent		As needed	Grab
LC50 STATRE 96-HOUR ACUTE *Ceriodaphnia dubia* (Additional)	Sample Measurement										
PARM Code TAN3B R Mon. Site No. OUI-41	Permit Requirement				100 (Min.)			percent		As needed	Grab

*ENTER **"MNR"** IN THE CONCENTRATION COLUMN FOR EACH **TOXICITY** TEST THAT WAS NOT DONE THIS MONTH.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: PCS Phosphate - White Springs MONITORING GROUP NUMBER: D-004 PERMIT NUMBER: FL0000655 – 009 – IW1S

MONTHLY MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration *			Units	No. Ex.	Frequency of Testing	Sample Type
LC50 STATRE 96-HOUR ACUTE *Cyprinella leedsi* (Routine)	Sample Measurement										
PARM Code TAN6H P Mon. Site No. OUI-41	Permit Requirement				100 (Min.)			percent		Semi-Annually	Grab
LC50 STATRE 96-HOUR ACUTE *Cyprinella leedsi* (Additional)	Sample Measurement										
PARM Code TAN6H Q Mon. Site No. OUI-41	Permit Requirement				100 (Min.)			percent		As needed	Grab
LC50 STATRE 96-HOUR ACUTE *Cyprinella leedsi* (Additional)	Sample Measurement										
PARM Code TAN6H R Mon. Site No. OUI-41	Permit Requirement				100 (Min.)			percent		As needed	Grab

*ENTER **"MNR"** IN THE CONCENTRATION COLUMN FOR EACH **TOXICITY** TEST THAT WAS NOT DONE THIS MONTH.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:	PCS Phosphate - White Springs	PERMIT NUMBER:	FL0000655 – 009 – IW1S		
MAILING ADDRESS:	P O Box 300				
	White Springs, Florida 32096-	LIMIT:	Final	REPORT FREQUENCY:	Quarterly
		CLASS SIZE:	MA	PROGRAM:	Industrial
FACILITY:	PCS Phosphate - White Springs	MONITORING GROUP NUMBER:	D-004		
LOCATION:	CR-137, north of White Springs	MONITORING GROUP DESCRIPTION:	Discharge to Camp Branch		
	15843 SE 78th Street	RE-SUBMITTED DMR: ☐			
	White Springs, FL 32096-0300	NO DISCHARGE FROM SITE: ☐			
COUNTY:	Hamilton	MONITORING PERIOD From:	_____ To: _____		
OFFICE:	Northeast District				

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorophyll a	Sample Measurement										
PARM Code 32230 1 Mon. Site No. SWD-4	Permit Requirement						Report (Max.)	ug/L		Quarterly	Grab

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COMMENTS -- or 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 Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:	PCS Phosphate - White Springs	PERMIT NUMBER:	FL0000655 – 009 – IW1S		
MAILING ADDRESS:	P O Box 300				
	White Springs, Florida 32096-	LIMIT:	Final	REPORT FREQUENCY:	Semi-Annually
		CLASS SIZE:	MA	PROGRAM:	Industrial
FACILITY:	PCS Phosphate - White Springs	MONITORING GROUP NUMBER:	D-004		
LOCATION:	CR-137, north of White Springs	MONITORING GROUP DESCRIPTION:	Discharge to Camp Branch		
	15843 SE 78th Street	RE-SUBMITTED DMR: ☐			
	White Springs, FL 32096-0300	NO DISCHARGE FROM SITE: ☐			
COUNTY:	Hamilton	MONITORING PERIOD From:	_____ To: _____		
OFFICE:	Northeast District				

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Stream Condition Index	Sample Measurement										
PARM Code SCIND 6 Mon.Site No. SWD-4	Permit Requirement						Report (Single Sample)	Yes=1 No=0		Semi-annually	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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COMMENTS -- or 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 Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:	PCS Phosphate - White Springs	PERMIT NUMBER:	FL0000655 – 009 – IW1S		
MAILING ADDRESS:	P O Box 300				
	White Springs, Florida 32096-	LIMIT:	Final	REPORT FREQUENCY:	Annually
		CLASS SIZE:	MA	PROGRAM:	Industrial
FACILITY:	PCS Phosphate - White Springs	MONITORING GROUP NUMBER:	D-004		
LOCATION:	CR-137, north of White Springs	MONITORING GROUP DESCRIPTION:	Discharge to Camp Branch		
	15843 SE 78th Street	RE-SUBMITTED DMR: ☐			
	White Springs, FL 32096-0300	NO DISCHARGE FROM SITE: ☐			
COUNTY:	Hamilton	MONITORING PERIOD From:	_____ To: _____		
OFFICE:	Northeast District				

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Mercury, Total Recoverable	Sample Measurement										
PARM Code 71901 1 Mon. Site No. EFF-4	Permit Requirement						Report (Max.)	ug/L		Annually	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

PRINT NAME & TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE

COMMENTS -- or 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 Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: PCS Phosphate - White Springs
MAILING ADDRESS: P O Box 300
White Springs, Florida 32096-

FACILITY: PCS Phosphate - White Springs
LOCATION: CR-137, north of White Springs
15843 SE 78th Street
White Springs, FL 32096-0300

COUNTY: Hamilton
OFFICE: Northeast District

PERMIT NUMBER: FL0000655 – 009 – IW1S

LIMIT: Final
CLASS SIZE: MA
MONITORING GROUP NUMBER: D-SUM
MONITORING GROUP DESCRIPTION: SUM OF PHOSPHORUS AND NITROGEN D-001, 002-2, 004-1
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐

REPORT FREQUENCY: **Monthly**
PROGRAM: Industrial

MONTHLY MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Phosphorus, Total (as P)	Sample Measurement										
PARM Code 00665 P Mon. Site No. CAL-SUM	Permit Requirement		5901 (Mo.Avg.)	lb/day						Weekly	Calculated
Nitrogen, Total	Sample Measurement										
PARM Code 00600 P Mon. Site No. CAL-SUM	Permit Requirement		4013 (Mo.Avg.)	lb/day						Weekly	Calculated

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COMMENTS -- or 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 Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: PCS Phosphate - White Springs
MAILING ADDRESS: P O Box 300
White Springs, Florida 32096-

FACILITY: PCS Phosphate - White Springs
LOCATION: CR-137, north of White Springs
15843 SE 78th Street
White Springs, FL 32096-0300

COUNTY: Hamilton
OFFICE: Northeast District

PERMIT NUMBER: FL0000655 – 009 – IW1S

LIMIT: Final
CLASS SIZE: MA
MONITORING GROUP NUMBER: I-C41
MONITORING GROUP DESCRIPTION: Discharge to Camp Branch through D-004
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐

REPORT FREQUENCY: **Monthly**
PROGRAM: Industrial

MONTHLY 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 P Mon. Site No. OUI-41	Permit Requirement	Report (Day.Max.)	Report (Mo.Avg.)	MGD						Continuous	Meter
Solids, Fixed Suspended	Sample Measurement										
PARM Code 00540 P Mon. Site No. OUI-41	Permit Requirement					12 (Mo.Avg.)	25 (Day.Max.)	mg/L		Weekly	24-hr TPC
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 P Mon. Site No. OUI-41	Permit Requirement					30.0 (Mo.Avg.)	60.0 (Day.Max.)	mg/L		Weekly	24-hr TPC
Phosphorus, Total (as P)	Sample Measurement										
PARM Code 00665 P Mon. Site No. OUI-41	Permit Requirement					3.0 (Mo.Avg.)	5.0 (Day.Max.)	mg/L		Weekly	24-hr TPC
Phosphorus, Total (as P)	Sample Measurement										
PARM Code 00665 Q Mon. Site No. OUI-41	Permit Requirement		Report (Mo.Avg.)	lb/day						Weekly	Calculated
pH	Sample Measurement										
PARM Code 00400 P Mon. Site No. OUI-41	Permit Requirement				6.0 (Day.Min.)		8.5 (Day.Max.)	s.u.		Weekly	Grab

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PRINT NAME & TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE

COMMENTS -- or EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: PCS Phosphate - White Springs MONITORING GROUP NUMBER: I-C41 PERMIT NUMBER: FL0000655 – 009 – IW1S

MONTHLY MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Total	Sample Measurement										
PARM Code 00600 P Mon. Site No. OUI-41	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	mg/L		Weekly	24-hr TPC
Nitrogen, Total	Sample Measurement										
PARM Code 00600 Q Mon. Site No. OUI-41	Permit Requirement		Report (Mo.Avg.)	lb/day						Weekly	Calculated
Turbidity	Sample Measurement										
PARM Code 00070 P Mon. Site No. OUI-41	Permit Requirement						Report (Day.Max.)	NTU		Weekly	24-hr TPC
Temperature (C), Water	Sample Measurement										
PARM Code 00010 P Mon. Site No. OUI-41	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	Deg C		Weekly	Grab
Oxygen, Dissolved (DO) Percent Saturation	Sample Measurement										
PARM Code 00301 P Mon. Site No. OUI-41	Permit Requirement				Report (Day.Min.)		Report (Mo.Avg.)	percent		Weekly	Grab
Ammonia, Unionized (as NH3)	Sample Measurement										
PARM Code 00619 P Mon. Site No. CAL-1	Permit Requirement					Report (Mo.Avg.)	0.02 (Day.Max.)	mg/L		Weekly	Calculated
Nitrogen, Ammonia, Total (as N)	Sample Measurement										
PARM Code 00610 P Mon. Site No. OUI-41	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	mg/L		Weekly	24-hr TPC

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:	PCS Phosphate - White Springs	PERMIT NUMBER:	FL0000655 – 009 – IW1S		
MAILING ADDRESS:	P O Box 300				
	White Springs, Florida 32096-	LIMIT:	Final	REPORT FREQUENCY:	Quarterly
		CLASS SIZE:	MA	PROGRAM:	Industrial
FACILITY:	PCS Phosphate - White Springs	MONITORING GROUP NUMBER:	I-C41		
LOCATION:	CR-137, north of White Springs	MONITORING GROUP DESCRIPTION:	Discharge to Camp Branch through D-004		
	15843 SE 78th Street	RE-SUBMITTED DMR: ☐			
	White Springs, FL 32096-0300	NO DISCHARGE FROM SITE: ☐			
COUNTY:	Hamilton	MONITORING PERIOD From:	_____ To: _____		
OFFICE:	Northeast District				

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Radium 226 + Radium 228, Total	Sample Measurement										
PARM Code 11503 P Mon. Site No. OUI-41	Permit Requirement						5.0 (Day.Max.)	pCi/L		Quarterly	24-hr TPC
Alpha, Gross Particle Activity	Sample Measurement										
PARM Code 80045 P Mon. Site No. OUI-41	Permit Requirement						15.0 (Day.Max.)	pCi/L		Quarterly	24-hr TPC

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PRINT NAME & TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE

COMMENTS -- or 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 Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: PCS Phosphate - White Springs
MAILING ADDRESS: P O Box 300
White Springs, Florida 32096-

FACILITY: PCS Phosphate - White Springs
LOCATION: CR-137, north of White Springs
15843 SE 78th Street
White Springs, FL 32096-0300

COUNTY: Hamilton
OFFICE: Northeast District

PERMIT NUMBER: FL0000655 – 009 – IW1S

LIMIT: Final
CLASS SIZE: MA
MONITORING GROUP NUMBER: I-S02
MONITORING GROUP DESCRIPTION: Altman Bay Canal to Swift Creek
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐

REPORT FREQUENCY: **Monthly**
PROGRAM: Industrial

MONTHLY 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 P Mon. Site No. OUI-02	Permit Requirement	Report (Day.Max.)	Report (Mo.Avg.)	MGD						Continuous	Meter
Fluoride, Total (as F)	Sample Measurement										
PARM Code 00951 P Mon. Site No. OUI-02	Permit Requirement					25.0 (Mo.Avg.)	75.0 (Day.Max.)	mg/L		Weekly	24-hr TPC
Phosphorus, Total (as P)	Sample Measurement										
PARM Code 00665 P Mon. Site No. OUI-02	Permit Requirement					35.0 (Mo.Avg.)	105.0 (Day.Max.)	mg/L		Weekly	24-hr TPC
pH	Sample Measurement										
PARM Code 00400 P Mon. Site No. OUI-02	Permit Requirement				6.0 (Day.Min.)		9.5 (Day.Max.)	s.u.		Weekly	Grab
Nitrogen, Total	Sample Measurement										
PARM Code 00600 P Mon. Site No. OUI-02	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	mg/L		Weekly	24-hr TPC
Nitrogen, Total	Sample Measurement										
PARM Code 00600 Q Mon. Site No. CAL-1	Permit Requirement		Report (Mo.Avg.)	lb/day						Weekly	Calculated

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COMMENTS -- or 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 Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: PCS Phosphate - White Springs
MAILING ADDRESS: P O Box 300
White Springs, Florida 32096-

FACILITY: PCS Phosphate - White Springs
LOCATION: CR-137, north of White Springs
15843 SE 78th Street
White Springs, FL 32096-0300

COUNTY: Hamilton
OFFICE: Northeast District

PERMIT NUMBER: FL0000655 – 009 – IW1S

LIMIT: Final
CLASS SIZE: MA
MONITORING GROUP NUMBER: I-S03
MONITORING GROUP DESCRIPTION: Discharge to clay settling areas and the Altman Bay retention pond
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐

REPORT FREQUENCY: **Monthly**
PROGRAM: Industrial

MONTHLY 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 P Mon. Site No. OUI-03	Permit Requirement	Report (Day.Max.)	Report (Mo.Avg.)	MGD						Continuous	Meter
Fluoride, Total (as F)	Sample Measurement										
PARM Code 00951 P Mon. Site No. OUI-03	Permit Requirement					25.0 (Mo.Avg.)	75.0 (Day.Max.)	mg/L		Weekly	24-hr TPC
Phosphorus, Total (as P)	Sample Measurement										
PARM Code 00665 P Mon. Site No. OUI-03	Permit Requirement					35.0 (Mo.Avg.)	105.0 (Day.Max.)	mg/L		Weekly	24-hr TPC
pH	Sample Measurement										
PARM Code 00400 P Mon. Site No. OUI-03	Permit Requirement				6.0 (Day.Min.)		9.5 (Day.Max.)	s.u.		Weekly	Grab
Nitrogen, Total	Sample Measurement										
PARM Code 00600 P Mon. Site No. OUI-03	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	mg/L		Weekly	24-hr TPC
Nitrogen, Total	Sample Measurement										
PARM Code 00600 Q Mon. Site No. CAL-1	Permit Requirement		Report (Mo.Avg.)	lb/day						Weekly	Calculated

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COMMENTS -- or 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 Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: PCS Phosphate - White Springs
MAILING ADDRESS: P O Box 300
White Springs, Florida 32096-

FACILITY: PCS Phosphate - White Springs
LOCATION: CR-137, north of White Springs
15843 SE 78th Street
White Springs, FL 32096-0300

COUNTY: Hamilton
OFFICE: Northeast District

PERMIT NUMBER: FL0000655 – 009 – IW1S

LIMIT: Final
CLASS SIZE: MA
MONITORING GROUP NUMBER: I-S04
MONITORING GROUP DESCRIPTION: Discharge to Swift Creek via D-001
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐

REPORT FREQUENCY: **Monthly**
PROGRAM: Industrial

MONTHLY 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 P Mon. Site No. OUI-04	Permit Requirement	Report (Day.Max.)	Report (Mo.Avg.)	MGD						Weekly	Calculated
Nitrogen, Ammonia, Total (as N)	Sample Measurement										
PARM Code 00610 P Mon. Site No. OUI-04	Permit Requirement						4.0 (Mo.Avg.)	mg/L		Weekly	Grab
Ammonia, Unionized (as NH3)	Sample Measurement										
PARM Code 00619 P Mon. Site No. CAL-1	Permit Requirement					Report (Mo.Avg.)	0.02 (Day.Max.)	mg/L		Weekly	Calculated
Temperature (C), Water	Sample Measurement										
PARM Code 00010 P Mon. Site No. OUI-04	Permit Requirement						Report (Day.Max.)	Deg C		Weekly	Meter
Oxygen, Dissolved (DO)	Sample Measurement										
PARM Code 00300 P Mon. Site No. OUI-04	Permit Requirement				Report (Day.Min.)			mg/L		Weekly	Meter (In-situ mid-stream and mid-depth)
Oxygen, Dissolved (DO) Percent Saturation	Sample Measurement										
PARM Code 00301 Q Mon. Site No. OUI-04	Permit Requirement				Report (Day.Min.)			Percent		Weekly	Meter (In-situ mid-stream and mid-depth)

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COMMENTS -- or EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: PCS Phosphate - White Springs

MONITORING GROUP NUMBER: I-S04

PERMIT NUMBER: FL0000655 – 009 – IW1S

MONTHLY MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Percent of % Daily Average DO Saturation greater than 34%*	Sample Measurement										
PARM Code 00301 P Mon. Site No. CAL-1	Permit Requirement				Report (Minimum Annual Total)	Report (Monthly Total)		percent		Monthly	Calculated
pH	Sample Measurement										
PARM Code 00400 P Mon. Site No. OUI-04	Permit Requirement				6.0 (Day.Min.)		8.5 (Day.Max.)	s.u.		Weekly	Meter

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: PCS Phosphate - White Springs
MAILING ADDRESS: P O Box 300
White Springs, Florida 32096-

FACILITY: PCS Phosphate - White Springs
LOCATION: CR-137, north of White Springs
15843 SE 78th Street
White Springs, FL 32096-0300

COUNTY: Hamilton
OFFICE: Northeast District

PERMIT NUMBER: FL0000655 – 009 – IW1S

LIMIT: Final
CLASS SIZE: MA
MONITORING GROUP NUMBER: I-S06
MONITORING GROUP DESCRIPTION: Discharge to Swift Creek through I-S04 to D-001
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐

REPORT FREQUENCY: **Monthly**
PROGRAM: Industrial

MONTHLY 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 P Mon. Site No. OUI-06	Permit Requirement	Report (Day.Max.)	Report (Mo.Avg.)	MGD						Continuous	Meter
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 P Mon. Site No. OUI-06	Permit Requirement					50.0 (Mo.Avg.)	150.0 (Day.Max.)	mg/L		Weekly	24-hr TPC
Phosphorus, Total (as P)	Sample Measurement										
PARM Code 00665 P Mon. Site No. OUI-06	Permit Requirement					35.0 (Mo.Avg.)	105.0 (Day.Max.)	mg/L		Weekly	24-hr TPC
pH	Sample Measurement										
PARM Code 00400 P Mon. Site No. OUI-06	Permit Requirement				6.0 (Day.Min.)		9.5 (Day.Max.)	s.u.		Weekly	Grab
Turbidity	Sample Measurement										
PARM Code 00070 P Mon. Site No. OUI-06	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	NTU		Weekly	24-hr TPC
Fluoride, Total (as F)	Sample Measurement										
PARM Code 00951 P Mon. Site No. OUI-06	Permit Requirement					25.0 (Mo.Avg.)	75.0 (Day.Max.)	mg/L		Weekly	24-hr TPC

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COMMENTS -- or 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 Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: PCS Phosphate - White Springs
MAILING ADDRESS: P O Box 300
White Springs, Florida 32096-

FACILITY: PCS Phosphate - White Springs
LOCATION: CR-137, north of White Springs
15843 SE 78th Street
White Springs, FL 32096-0300

COUNTY: Hamilton
OFFICE: Northeast District

PERMIT NUMBER: FL0000655 – 009 – IW1S

LIMIT: Final
CLASS SIZE: MA
MONITORING GROUP NUMBER: I-S07
MONITORING GROUP DESCRIPTION: to Swift Creek through I-S04 to D-001
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐

REPORT FREQUENCY: **Monthly**
PROGRAM: Industrial

MONTHLY 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 P Mon. Site No. OUI-07	Permit Requirement	Report (Day.Max.)	Report (Mo.Avg.)	MGD						4 Days/Week	Calculated
Solids, Fixed Suspended	Sample Measurement										
PARM Code 00540 1 Mon. Site No. OUI-07	Permit Requirement					12 (Mo.Avg.)	25 (Day.Max.)	mg/L		Weekly	24-hr TPC
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 P Mon. Site No. OUI-07	Permit Requirement					30.0 (Mo.Avg.)	60.0 (Day.Max.)	mg/L		Weekly	24-hr TPC
Phosphorus, Total (as P)	Sample Measurement										
PARM Code 00665 P Mon. Site No. OUI-07	Permit Requirement					3.0 (Mo.Avg.)	5.0 (Day.Max.)	mg/L		Weekly	24-hr TPC
Turbidity	Sample Measurement										
PARM Code 00070 P Mon. Site No. OUI-07	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	NTU		Weekly	24-hr TPC
pH	Sample Measurement										
PARM Code 00400 P Mon. Site No. OUI-07	Permit Requirement				6.0 (Day.Min.)		9.0 (Day.Max.)	s.u.		Weekly	Grab

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COMMENTS -- or 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 Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: PCS Phosphate - White Springs
MAILING ADDRESS: P O Box 300
White Springs, Florida 32096-

FACILITY: PCS Phosphate - White Springs
LOCATION: CR-137, north of White Springs
15843 SE 78th Street
White Springs, FL 32096-0300

COUNTY: Hamilton
OFFICE: Northeast District

PERMIT NUMBER: FL0000655 – 009 – IW1S

LIMIT: Final
CLASS SIZE: MA
MONITORING GROUP NUMBER: I-S08
MONITORING GROUP DESCRIPTION: Discharge to Spray Irrigation
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐

REPORT FREQUENCY: **Monthly**
PROGRAM: Industrial

MONTHLY 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 P Mon. Site No. OUI-08	Permit Requirement	Report (Day.Max.)	Report (Mo.Avg.)	MGD						Continuous	Meter
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 P Mon. Site No. OUI-08	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	mg/L		Weekly	Grab
Turbidity	Sample Measurement										
PARM Code 00070 P Mon. Site No. OUI-08	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	NTU		Weekly	Grab
Phosphorus, Total (as P)	Sample Measurement										
PARM Code 00665 P Mon. Site No. OUI-08	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	mg/L		Weekly	Grab
Phosphorus, Total (as P)	Sample Measurement										
PARM Code 00665 Y Mon. Site No. CAL-1	Permit Requirement		Report (An.Avg.)	lb/day						Weekly	Calculated
Nitrogen, Ammonia, Total (as N)	Sample Measurement										
PARM Code 00610 P Mon. Site No. OUI-08	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	mg/L		Weekly	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

PRINT NAME & TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE

COMMENTS -- or EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: PCS Phosphate - White Springs MONITORING GROUP NUMBER: I-S08 PERMIT NUMBER: FL0000655 – 009 – IW1S
MONTHLY MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Total	Sample Measurement										
PARM Code 00600 P Mon. Site No. OUI-08	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	mg/L		Weekly	Grab
Nitrogen, Total	Sample Measurement										
PARM Code 00600 Y Mon. Site No. CAL-1	Permit Requirement		Report (An.Avg.)	lb/day						Weekly	Calculated
pH	Sample Measurement										
PARM Code 00400 P Mon. Site No. OUI-08	Permit Requirement				6.0 (Day.Min.)		8.5 (Day.Max.)	s.u.		Weekly	Grab
Fluoride, Total (as F)	Sample Measurement										
PARM Code 00951 P Mon. Site No. OUI-08	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	mg/L		Weekly	Grab
Specific Conductance	Sample Measurement										
PARM Code 00095 P Mon. Site No. OUI-08	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	umhos/cm		Weekly	Grab
Flow	Sample Measurement										
PARM Code 50050 Q Mon. Site No. OUI-11	Permit Requirement	Report (Day.Max.)	Report (Mo.Avg.)	MGD						Continuous	Meter
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 Q Mon. Site No. OUI-11	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	mg/L		Weekly	Grab
Turbidity	Sample Measurement										
PARM Code 00070 Q Mon. Site No. OUI-11	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	NTU		Weekly	Grab
Phosphorus, Total (as P)	Sample Measurement										
PARM Code 00665 Q Mon. Site No. OUI-11	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	mg/L		Weekly	Grab
Phosphorus, Total (as P)	Sample Measurement										
PARM Code 00665 R Mon. Site No. CAL-1	Permit Requirement		Report (An.Avg.)	lb/day						Weekly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: PCS Phosphate - White Springs MONITORING GROUP NUMBER: I-S08 PERMIT NUMBER: FL0000655 – 009 – IW1S

MONTHLY MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Ammonia, Total (as N)	Sample Measurement										
PARM Code 00610 Q Mon. Site No. OUI-11	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	mg/L		Weekly	Grab
Nitrogen, Total	Sample Measurement										
PARM Code 00600 Q Mon. Site No. OUI-11	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	mg/L		Weekly	Grab
Nitrogen, Total	Sample Measurement										
PARM Code 00600 R Mon. Site No. CAL-1	Permit Requirement		Report (An.Avg.)	lb/day						Weekly	Calculated
pH	Sample Measurement										
PARM Code 00400 Q Mon. Site No. OUI-11	Permit Requirement				6.0 (Day.Min.)		8.5 (Day.Max.)	s.u.		Weekly	Grab
Fluoride, Total (as F)	Sample Measurement										
PARM Code 00951 Q Mon. Site No. OUI-11	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	mg/L		Weekly	Grab
Specific Conductance	Sample Measurement										
PARM Code 00095 Q Mon. Site No. OUI-11	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	umhos/cm		Weekly	Grab
Flow	Sample Measurement										
PARM Code 50050 R Mon. Site No. OUI-12	Permit Requirement	Report (Day.Max.)	Report (Mo.Avg.)	MGD						Continuous	Meter
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 R Mon. Site No. OUI-12	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	mg/L		Weekly	Grab
Turbidity	Sample Measurement										
PARM Code 00070 R Mon. Site No. OUI-12	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	NTU		Weekly	Grab
Phosphorus, Total (as P)	Sample Measurement										
PARM Code 00665 S Mon. Site No. OUI-12	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	mg/L		Weekly	Grab

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: PCS Phosphate - White Springs MONITORING GROUP NUMBER: I-S08 PERMIT NUMBER: FL0000655 – 009 – IW1S

MONTHLY MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Phosphorus, Total (as P)	Sample Measurement										
PARM Code 00665 T Mon. Site No. CAL-1	Permit Requirement		Report (An.Avg.)	lb/day						Weekly	Calculated
Nitrogen, Ammonia, Total (as N)	Sample Measurement										
PARM Code 00610 R Mon. Site No. OUI-12	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	mg/L		Weekly	Grab
Nitrogen, Total	Sample Measurement										
PARM Code 00600 S Mon. Site No. OUI-12	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	mg/L		Weekly	Grab
Nitrogen, Total	Sample Measurement										
PARM Code 00600 T Mon. Site No. CAL-1	Permit Requirement		Report (An.Avg.)	lb/day						Weekly	Calculated
pH	Sample Measurement										
PARM Code 00400 R Mon. Site No. OUI-12	Permit Requirement				6.0 (Day.Min.)		8.5 (Day.Max.)	s.u.		Weekly	Grab
Fluoride, Total (as F)	Sample Measurement										
PARM Code 00951 R Mon. Site No. OUI-12	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	mg/L		Weekly	Grab
Specific Conductance	Sample Measurement										
PARM Code 00095 R Mon. Site No. OUI-12	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	umhos/cm		Weekly	Grab
Flow	Sample Measurement										
PARM Code 50050 S Mon. Site No. OUI-13	Permit Requirement	Report (Day.Max.)	Report (Mo.Avg.)	MGD						Continuous	Meter
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 S Mon. Site No. OUI-13	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	mg/L		Weekly	Grab
Turbidity	Sample Measurement										
PARM Code 00070 S Mon. Site No. OUI-13	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	NTU		Weekly	Grab

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: PCS Phosphate - White Springs MONITORING GROUP NUMBER: I-S08 PERMIT NUMBER: FL0000655 – 009 – IW1S

MONTHLY MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Phosphorus, Total (as P)	Sample Measurement										
PARM Code 00665 U Mon. Site No. OUI-13	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	mg/L		Weekly	Grab
Phosphorus, Total (as P)	Sample Measurement										
PARM Code 00665 V Mon. Site No. CAL-1	Permit Requirement		Report (An.Avg.)	lb/day						Weekly	Calculated
Nitrogen, Ammonia, Total (as N)	Sample Measurement										
PARM Code 00610 S Mon. Site No. OUI-13	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	mg/L		Weekly	Grab
Nitrogen, Total	Sample Measurement										
PARM Code 00600 U Mon. Site No. OUI-13	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	mg/L		Weekly	Grab
Nitrogen, Total	Sample Measurement										
PARM Code 00600 V Mon. Site No. CAL-1	Permit Requirement		Report (An.Avg.)	lb/day						Weekly	Calculated
pH	Sample Measurement										
PARM Code 00400 S Mon. Site No. OUI-13	Permit Requirement				6.0 (Day.Min.)		8.5 (Day.Max.)	s.u.		Weekly	Grab
Fluoride, Total (as F)	Sample Measurement										
PARM Code 00951 S Mon. Site No. OUI-13	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	mg/L		Weekly	Grab
Specific Conductance	Sample Measurement										
PARM Code 00095 S Mon. Site No. OUI-13	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	umhos/cm		Weekly	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: PCS Phosphate - White Springs
MAILING ADDRESS: P O Box 300
White Springs, Florida 32096-

FACILITY: PCS Phosphate - White Springs
LOCATION: CR-137, north of White Springs
15843 SE 78th Street
White Springs, FL 32096-0300

COUNTY: Hamilton
OFFICE: Northeast District

PERMIT NUMBER: FL0000655 – 009 – IW1S

LIMIT: Final
CLASS SIZE: MA
MONITORING GROUP NUMBER: I-S09
MONITORING GROUP DESCRIPTION: to Swift Creek through I-S04 to D-001
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐

REPORT FREQUENCY: **Monthly**
PROGRAM: Industrial

MONTHLY 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 P Mon. Site No. OUI-09	Permit Requirement	Report (Day.Max.)	Report (Mo.Avg.)	MGD						4 Days/Week	Calculated
Solids, Fixed Suspended	Sample Measurement										
PARM Code 00540 1 Mon. Site No. OUI-9	Permit Requirement					12 (Mo.Avg.)	25 (Day.Max.)	mg/L		Weekly	24-hr TPC
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 P Mon. Site No. OUI-09	Permit Requirement					30.0 (Mo.Avg.)	60.0 (Day.Max.)	mg/L		Weekly	24-hr TPC
Phosphorus, Total (as P)	Sample Measurement										
PARM Code 00665 P Mon. Site No. OUI-09	Permit Requirement					3.0 (Mo.Avg.)	5.0 (Day.Max.)	mg/L		Weekly	24-hr TPC
Turbidity	Sample Measurement										
PARM Code 00070 P Mon. Site No. OUI-09	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	NTU		Weekly	24-hr TPC
pH	Sample Measurement										
PARM Code 00400 P Mon. Site No. OUI-09	Permit Requirement				6.0 (Day.Min.)		9.0 (Day.Max.)	s.u.		Weekly	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

PRINT NAME & TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE

COMMENTS -- or 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 Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: PCS Phosphate - White Springs
MAILING ADDRESS: P O Box 300
White Springs, Florida 32096-

FACILITY: PCS Phosphate - White Springs
LOCATION: CR-137, north of White Springs
15843 SE 78th Street
White Springs, FL 32096-0300

COUNTY: Hamilton
OFFICE: Northeast District

PERMIT NUMBER: FL0000655 – 009 – IW1S

LIMIT: Final
CLASS SIZE: MA
MONITORING GROUP NUMBER: I-S18
MONITORING GROUP DESCRIPTION: Discharge to Swift Creek via D-001
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐

REPORT FREQUENCY: **Monthly**
PROGRAM: Industrial

MONTHLY 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 P Mon. Site No. OUI-18	Permit Requirement	Report (Day.Max.)	Report (Mo.Avg.)	MGD						Continuous	Meter
Solids, Fixed Suspended	Sample Measurement										
PARM Code 00540 1 Mon. Site No. OUI-18	Permit Requirement					12 (Mo.Avg.)	25 (Day.Max.)	mg/L		Weekly	Grab
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 P Mon. Site No. OUI-18	Permit Requirement					30 (Mo.Avg.)	60 (Day.Max.)	mg/L		Weekly	Grab
Nitrogen, Ammonia, Total (as N)	Sample Measurement										
PARM Code 00610 P Mon. Site No. OUI-18	Permit Requirement					Report (Mo.Avg.)	4.0 (Day.Max.)	mg/L		Weekly	Grab
Ammonia, Unionized (as NH3)	Sample Measurement										
PARM Code 00619 P Mon. Site No. OUI-18	Permit Requirement					Report (Mo.Avg.)	0.02 (Day.Max.)	mg/L		Weekly	Calculated
Temperature (C), Water	Sample Measurement										
PARM Code 00010 P Mon. Site No. OUI-18	Permit Requirement						Report (Day.Max.)	Deg C		Weekly	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

PRINT NAME & TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE

COMMENTS -- or EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: PCS Phosphate - White Springs MONITORING GROUP NUMBER: I-S18 PERMIT NUMBER: FL0000655 – 009 – IW1S

MONTHLY MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Oxygen, Dissolved (DO)	Sample Measurement										
PARM Code 00300 P Mon. Site No. OUI-18	Permit Requirement				Report (Day.Min.)			mg/L		Weekly	Meter (In-situ mid-stream and mid-depth)
Oxygen, Dissolved (DO) Percent Saturation	Sample Measurement										
PARM Code 00301 P Mon. Site No. OUI-18	Permit Requirement				Report (Day.Min.)			percent		Weekly	Meter (In-situ mid-stream and mid-depth)
Percent of % Daily Average DO Saturation greater than 34%*	Sample Measurement										
PARM Code 00301 Q Mon. Site No. CAL-1	Permit Requirement				Report (Minimum Annual Total)	Report (Monthly Total)		percent		Monthly	Calculated
Phosphorus, Total (as P)	Sample Measurement										
PARM Code 00665 P Mon. Site No. OUI-18	Permit Requirement					3.0 (Mo.Avg.)	5.0 (Day.Max.)	mg/L		Weekly	Grab
Nitrogen, Total	Sample Measurement										
PARM Code 00600 P Mon. Site No. OUI-18	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	mg/L		Weekly	24-hr TPC
Nitrogen, Total	Sample Measurement										
PARM Code 00600 Q Mon. Site No. CAL-1	Permit Requirement		Report (Mo.Avg.)	lb/day						Weekly	Calculated
pH	Sample Measurement										
PARM Code 00400 P Mon. Site No. OUI-18	Permit Requirement				6.0 (Day.Min.)		9.0 (Day.Max.)	s.u.		Weekly	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:	PCS Phosphate - White Springs	PERMIT NUMBER:	FL0000655 – 009 – IW1S		
MAILING ADDRESS:	P O Box 300				
	White Springs, Florida 32096-	LIMIT:	Final	REPORT FREQUENCY:	Quarterly
		CLASS SIZE:	MA	PROGRAM:	Industrial
FACILITY:	PCS Phosphate - White Springs	MONITORING GROUP NUMBER:	I-S18		
LOCATION:	CR-137, north of White Springs	MONITORING GROUP DESCRIPTION:	Discharge to Swift Creek via D-001		
	15843 SE 78th Street	RE-SUBMITTED DMR: ☐			
	White Springs, FL 32096-0300	NO DISCHARGE FROM SITE: ☐			
COUNTY:	Hamilton	MONITORING PERIOD From:	_____ To: _____		
OFFICE:	Northeast District				

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Radium 226 + Radium 228, Total	Sample Measurement										
PARM Code 11503 P Mon. Site No. OUI-18	Permit Requirement						5.0 (Day.Max.)	pCi/L		Quarterly	24-hr TPC
Alpha, Gross Particle Activity	Sample Measurement										
PARM Code 80045 P Mon. Site No. OUI-18	Permit Requirement						15.0 (Day.Max.)	pCi/L		Quarterly	24-hr TPC

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PRINT NAME & TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE

COMMENTS -- or 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 Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: PCS Phosphate - White Springs
MAILING ADDRESS: P O Box 300
White Springs, Florida 32096-

FACILITY: PCS Phosphate - White Springs
LOCATION: CR-137, north of White Springs
15843 SE 78th Street
White Springs, FL 32096-0300

COUNTY: Hamilton
OFFICE: Northeast District

PERMIT NUMBER: FL0000655 – 009 – IW1S

LIMIT: Final
CLASS SIZE: MA
MONITORING GROUP NUMBER: I-S22
MONITORING GROUP DESCRIPTION: Discharge to Eagle Lake
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐

REPORT FREQUENCY: **Monthly**
PROGRAM: Industrial

MONTHLY 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 P Mon. Site No. OUI-22	Permit Requirement	Report (Day.Max.)	Report (Mo.Avg.)	MGD						Continuous	Meter
Phosphorus, Total (as P)	Sample Measurement										
PARM Code 00665 P Mon. Site No. OUI-22	Permit Requirement					35.0 (Mo.Avg.)	105.0 (Day.Max.)	mg/L		Weekly	24-hr TPC
pH	Sample Measurement										
PARM Code 00400 P Mon. Site No. OUI-22	Permit Requirement				6.0 (Day.Min.)		9.5 (Day.Max.)	s.u.		Weekly	Grab
Nitrogen, Total	Sample Measurement										
PARM Code 00600 P Mon. Site No. OUI-22	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	mg/L		Weekly	Grab
Fluoride, Total (as F)	Sample Measurement										
PARM Code 00951 P Mon. Site No. OUI-22	Permit Requirement					25.0 (Mo.Avg.)	75.0 (Day.Max.)	mg/L		Weekly	24-hr TPC

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.

PRINT NAME & TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE

COMMENTS -- or 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 Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: PCS Phosphate - White Springs
MAILING ADDRESS: P O Box 300
White Springs, Florida 32096-

FACILITY: PCS Phosphate - White Springs
LOCATION: CR-137, north of White Springs
15843 SE 78th Street
White Springs, FL 32096-0300

COUNTY: Hamilton
OFFICE: Northeast District

PERMIT NUMBER: FL0000655 – 009 – IW1S

LIMIT: Final
CLASS SIZE: MA
MONITORING GROUP NUMBER: I-S28
MONITORING GROUP DESCRIPTION: Discharge to retention pond at Swift Creek
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐

REPORT FREQUENCY: **Monthly**
PROGRAM: Industrial

MONTHLY 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 P Mon. Site No. OUI-28	Permit Requirement	Report (Day.Max.)	Report (Mo.Avg.)	MGD						Weekly	Calculated
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 P Mon. Site No. OUI-28	Permit Requirement					50.0 (Mo.Avg.)	150.0 (Day.Max.)	mg/L		Weekly	24-hr TPC
Phosphorus, Total (as P)	Sample Measurement										
PARM Code 00665 P Mon. Site No. OUI-28	Permit Requirement					35.0 (Mo.Avg.)	105.0 (Day.Max.)	mg/L		Weekly	24-hr FPC
Turbidity	Sample Measurement										
PARM Code 00070 P Mon. Site No. OUI-28	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	NTU		Weekly	24-hr TPC
Fluoride, Total (as F)	Sample Measurement										
PARM Code 00951 P Mon. Site No. OUI-28	Permit Requirement					25.0 (Mo.Avg.)	75.0 (Day.Max.)	mg/L		Weekly	24-hr TPC
Specific Conductance	Sample Measurement										
PARM Code 00095 P Mon. Site No. OUI-28	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	umhos/cm		Weekly	24-hr TPC
Nitrogen, Total	Sample Measurement										
PARM Code 00600 P Mon. Site No. OUI-28	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	mg/L		Weekly	24-hr TPC

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.

PRINT NAME & TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE

COMMENTS -- or 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 Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:	PCS Phosphate - White Springs	PERMIT NUMBER:	FL0000655 – 009 – IW1S		
MAILING ADDRESS:	P O Box 300				
	White Springs, Florida 32096-	LIMIT:	Final	REPORT FREQUENCY:	Quarterly
		CLASS SIZE:	MA	PROGRAM:	Industrial
FACILITY:	PCS Phosphate - White Springs	MONITORING GROUP NUMBER:	I-S28		
LOCATION:	CR-137, north of White Springs	MONITORING GROUP DESCRIPTION:	Discharge to retention pond at Swift Creek		
	15843 SE 78th Street	RE-SUBMITTED DMR: ☐			
	White Springs, FL 32096-0300	NO DISCHARGE FROM SITE: ☐			
COUNTY:	Hamilton	MONITORING PERIOD From:	_____ To: _____		
OFFICE:	Northeast District				

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Radium 226 + Radium 228, Total	Sample Measurement										
PARM Code 11503 P Mon. Site No. OUI-28	Permit Requirement						5.0 (Day.Max.)	pCi/L		Quarterly	24-hr TPC
Alpha, Gross Particle Activity	Sample Measurement										
PARM Code 80045 P Mon. Site No. OUI-28	Permit Requirement						15.0 (Day.Max.)	pCi/L		Quarterly	24-hr TPC

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COMMENTS -- or EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-C-CW
Well Type: Compliance
Description: MWC-C-CW (SC5) Compliance well, Floridan, Swift Creek complex

Report Frequency: Quarterly
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	Measured	Quarterly				
Specific Conductance	00095		Report	umhos/cm	In Situ	Quarterly				
pH	00400		Report	s.u.	In Situ	Quarterly				
Phosphate, Ortho (as P)	70507		Report	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	mg/L	Grab	Quarterly				
Fluoride, Total (as F)	00951		4	mg/L	Grab	Quarterly				
Sodium, Total Recoverable	00923		160	mg/L	Grab	Quarterly				
Sulfate, Total	00945		Report	mg/L	Grab	Quarterly				

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COMMENTS or EXPLANATION (Reference all attachments here):

GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-C-CW
Well Type: Compliance
Description: MWC-C-CW (SC5) Compliance well, Floridan, Swift Creek complex

Report Frequency: Semi-annually
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Arsenic, Total Recoverable	00978		10	ug/L	Grab	Semi-annually				
Turbidity	00070		Report	NTU	Grab	Semi-annually				
Alpha, Gross Particle Activity	80045		15	pCi/L	Grab	Semi-annually				
Radium 226 + Radium 228, Total	11503		5	pCi/L	Grab	Semi-annually				

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COMMENTS or EXPLANATION (Reference all attachments here):

GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-EPA16D
Well Type: Compliance
Description: Compliance well, surficial, Swift Creek complex

Report Frequency: Quarterly
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	Measured	Quarterly				
Specific Conductance	00095		Report	umhos/cm	In Situ	Quarterly				
pH	00400		Report	s.u.	In Situ	Quarterly				
Phosphate, Ortho (as P)	70507		Report	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	mg/L	Grab	Quarterly				
Fluoride, Total (as F)	00951		4	mg/L	Grab	Quarterly				
Sodium, Total Recoverable	00923		160	mg/L	Grab	Quarterly				
Sulfate, Total	00945		Report	mg/L	Grab	Quarterly				

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GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-EPA16D
Well Type: Compliance
Description: Compliance well, surficial, Swift Creek complex

Report Frequency: Semi-annually
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Arsenic, Total Recoverable	00978		10	ug/L	Grab	Semi-annually				
Turbidity	00070		Report	NTU	Grab	Semi-annually				
Alpha, Gross Particle Activity	80045		15	pCi/L	Grab	Semi-annually				
Radium 226 + Radium 228, Total	11503		5	pCi/L	Grab	Semi-annually				

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GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-EPA16S
Well Type: Compliance
Description: Compliance well, surficial, Swift Creek complex

Report Frequency: Quarterly
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	Measured	Quarterly				
Specific Conductance	00095		Report	umhos/cm	In Situ	Quarterly				
pH	00400		Report	s.u.	In Situ	Quarterly				
Phosphate, Ortho (as P)	70507		Report	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	mg/L	Grab	Quarterly				
Fluoride, Total (as F)	00951		4	mg/L	Grab	Quarterly				
Sodium, Total Recoverable	00923		160	mg/L	Grab	Quarterly				
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GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-EPA16S
Well Type: Compliance
Description: Compliance well, surficial, Swift Creek complex

Report Frequency: Semi-annually
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Arsenic, Total Recoverable	00978		10	ug/L	Grab	Semi-annually				
Turbidity	00070		Report	NTU	Grab	Semi-annually				
Alpha, Gross Particle Activity	80045		15	pCi/L	Grab	Semi-annually				
Radium 226 + Radium 228, Total	11503		5	pCi/L	Grab	Semi-annually				

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COMMENTS or EXPLANATION (Reference all attachments here):

GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-MC3FS
Well Type: Compliance
Description: Compliance well, Floridan, Swift Creek complex

Report Frequency: Quarterly
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	Measured	Quarterly				
Specific Conductance	00095		Report	umhos/cm	In Situ	Quarterly				
pH	00400		Report	s.u.	In Situ	Quarterly				
Phosphate, Ortho (as P)	70507		Report	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	mg/L	Grab	Quarterly				
Fluoride, Total (as F)	00951		4	mg/L	Grab	Quarterly				
Sodium, Total Recoverable	00923		160	mg/L	Grab	Quarterly				
Sulfate, Total	00945		Report	mg/L	Grab	Quarterly				

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GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-MC3FS
Well Type: Compliance
Description: Compliance well, Floridan, Swift Creek complex

Report Frequency: Semi-annually
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Arsenic, Total Recoverable	00978		10	ug/L	Grab	Semi-annually				
Turbidity	00070		Report	NTU	Grab	Semi-annually				
Alpha, Gross Particle Activity	80045		15	pCi/L	Grab	Semi-annually				
Radium 226 + Radium 228, Total	11503		5	pCi/L	Grab	Semi-annually				

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COMMENTS or EXPLANATION (Reference all attachments here):

GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-SC-12D
Well Type: Compliance
Description: Compliance well, surficial, Swift Creek complex

Report Frequency: Quarterly
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	Measured	Quarterly				
Specific Conductance	00095		Report	umhos/cm	In Situ	Quarterly				
pH	00400		Report	s.u.	In Situ	Quarterly				
Phosphate, Ortho (as P)	70507		Report	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	mg/L	Grab	Quarterly				
Fluoride, Total (as F)	00951		4	mg/L	Grab	Quarterly				
Sodium, Total Recoverable	00923		160	mg/L	Grab	Quarterly				
Sulfate, Total	00945		Report	mg/L	Grab	Quarterly				

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GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-SC-12D
Well Type: Compliance
Description: Compliance well, surficial, Swift Creek complex

Report Frequency: Semi-annually
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Arsenic, Total Recoverable	00978		10	ug/L	Grab	Semi-annually				
Turbidity	00070		Report	NTU	Grab	Semi-annually				
Alpha, Gross Particle Activity	80045		15	pCi/L	Grab	Semi-annually				
Radium 226 + Radium 228, Total	11503		5	pCi/L	Grab	Semi-annually				

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GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-SC-12S
Well Type: Compliance
Description: Compliance well, surficial, Swift Creek complex

Report Frequency: Quarterly
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	Measured	Quarterly				
Specific Conductance	00095		Report	umhos/cm	In Situ	Quarterly				
pH	00400		Report	s.u.	In Situ	Quarterly				
Phosphate, Ortho (as P)	70507		Report	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	mg/L	Grab	Quarterly				
Fluoride, Total (as F)	00951		4	mg/L	Grab	Quarterly				
Sodium, Total Recoverable	00923		160	mg/L	Grab	Quarterly				
Sulfate, Total	00945		Report	mg/L	Grab	Quarterly				

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GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-SC-12S
Well Type: Compliance
Description: Compliance well, surficial, Swift Creek complex

Report Frequency: Semi-annually
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Arsenic, Total Recoverable	00978		10	ug/L	Grab	Semi-annually				
Turbidity	00070		Report	NTU	Grab	Semi-annually				
Alpha, Gross Particle Activity	80045		15	pCi/L	Grab	Semi-annually				
Radium 226 + Radium 228, Total	11503		5	pCi/L	Grab	Semi-annually				

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COMMENTS or EXPLANATION (Reference all attachments here):

GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-SC-13D
Well Type: Compliance
Description: Compliance well, surficial, Swift Creek complex

Report Frequency: Quarterly
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	Measured	Quarterly				
Specific Conductance	00095		Report	umhos/cm	In Situ	Quarterly				
pH	00400		Report	s.u.	In Situ	Quarterly				
Phosphate, Ortho (as P)	70507		Report	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	mg/L	Grab	Quarterly				
Fluoride, Total (as F)	00951		4	mg/L	Grab	Quarterly				
Sodium, Total Recoverable	00923		160	mg/L	Grab	Quarterly				
Sulfate, Total	00945		Report	mg/L	Grab	Quarterly				

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GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-SC-13D
Well Type: Compliance
Description: Compliance well, surficial, Swift Creek complex

Report Frequency: Semi-annually
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Arsenic, Total Recoverable	00978		10	ug/L	Grab	Semi-annually				
Turbidity	00070		Report	NTU	Grab	Semi-annually				
Alpha, Gross Particle Activity	80045		15	pCi/L	Grab	Semi-annually				
Radium 226 + Radium 228, Total	11503		5	pCi/L	Grab	Semi-annually				

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COMMENTS or EXPLANATION (Reference all attachments here):

GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-SC-13S
Well Type: Compliance
Description: Compliance well, surficial, Swift Creek complex

Report Frequency: Quarterly
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	Measured	Quarterly				
Specific Conductance	00095		Report	umhos/cm	In Situ	Quarterly				
pH	00400		Report	s.u.	In Situ	Quarterly				
Phosphate, Ortho (as P)	70507		Report	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	mg/L	Grab	Quarterly				
Fluoride, Total (as F)	00951		4	mg/L	Grab	Quarterly				
Sodium, Total Recoverable	00923		160	mg/L	Grab	Quarterly				
Sulfate, Total	00945		Report	mg/L	Grab	Quarterly				

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Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-SC-13S
Well Type: Compliance
Description: Compliance well, surficial, Swift Creek complex

Report Frequency: Semi-annually
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Arsenic, Total Recoverable	00978		10	ug/L	Grab	Semi-annually				
Turbidity	00070		Report	NTU	Grab	Semi-annually				
Alpha, Gross Particle Activity	80045		15	pCi/L	Grab	Semi-annually				
Radium 226 + Radium 228, Total	11503		5	pCi/L	Grab	Semi-annually				

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GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-SC-14D
Well Type: Compliance
Description: Compliance well, surficial, Swift Creek complex

Report Frequency: Quarterly
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	Measured	Quarterly				
Specific Conductance	00095		Report	umhos/cm	In Situ	Quarterly				
pH	00400		Report	s.u.	In Situ	Quarterly				
Phosphate, Ortho (as P)	70507		Report	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	mg/L	Grab	Quarterly				
Fluoride, Total (as F)	00951		4	mg/L	Grab	Quarterly				
Sodium, Total Recoverable	00923		160	mg/L	Grab	Quarterly				
Sulfate, Total	00945		Report	mg/L	Grab	Quarterly				

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Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-SC-14D
Well Type: Compliance
Description: Compliance well, surficial, Swift Creek complex

Report Frequency: Semi-annually
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Arsenic, Total Recoverable	00978		10	ug/L	Grab	Semi-annually				
Turbidity	00070		Report	NTU	Grab	Semi-annually				
Alpha, Gross Particle Activity	80045		15	pCi/L	Grab	Semi-annually				
Radium 226 + Radium 228, Total	11503		5	pCi/L	Grab	Semi-annually				

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GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-SC-15D
Well Type: Compliance
Description: Compliance well, surficial, Swift Creek complex

Report Frequency: Quarterly
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	Measured	Quarterly				
Specific Conductance	00095		Report	umhos/cm	In Situ	Quarterly				
pH	00400		Report	s.u.	In Situ	Quarterly				
Phosphate, Ortho (as P)	70507		Report	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	mg/L	Grab	Quarterly				
Fluoride, Total (as F)	00951		4	mg/L	Grab	Quarterly				
Sodium, Total Recoverable	00923		160	mg/L	Grab	Quarterly				
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GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-SC-15D
Well Type: Compliance
Description: Compliance well, surficial, Swift Creek complex

Report Frequency: Semi-annually
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Arsenic, Total Recoverable	00978		10	ug/L	Grab	Semi-annually				
Turbidity	00070		Report	NTU	Grab	Semi-annually				
Alpha, Gross Particle Activity	80045		15	pCi/L	Grab	Semi-annually				
Radium 226 + Radium 228, Total	11503		5	pCi/L	Grab	Semi-annually				

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GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-SC-16D
Well Type: Compliance
Description: Compliance well, surficial, Swift Creek complex

Report Frequency: Quarterly
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	Measured	Quarterly				
Specific Conductance	00095		Report	umhos/cm	In Situ	Quarterly				
pH	00400		Report	s.u.	In Situ	Quarterly				
Phosphate, Ortho (as P)	70507		Report	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	mg/L	Grab	Quarterly				
Fluoride, Total (as F)	00951		4	mg/L	Grab	Quarterly				
Sodium, Total Recoverable	00923		160	mg/L	Grab	Quarterly				
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GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-SC-16D
Well Type: Compliance
Description: Compliance well, surficial, Swift Creek complex

Report Frequency: Semi-annually
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

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Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-SC-16S
Well Type: Compliance
Description: Compliance well, surficial, Swift Creek complex

Report Frequency: Quarterly
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

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Specific Conductance	00095		Report	umhos/cm	In Situ	Quarterly				
pH	00400		Report	s.u.	In Situ	Quarterly				
Phosphate, Ortho (as P)	70507		Report	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	mg/L	Grab	Quarterly				
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County: Hamilton

Monitoring Well ID: MWC-SC-16S
Well Type: Compliance
Description: Compliance well, surficial, Swift Creek complex

Report Frequency: Semi-annually
Program: Industrial

Office: Northeast District

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Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

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Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Arsenic, Total Recoverable	00978		10	ug/L	Grab	Semi-annually				
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GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-SC-17D
Well Type: Compliance
Description: Compliance well, surficial, Swift Creek complex

Report Frequency: Quarterly
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	Measured	Quarterly				
Specific Conductance	00095		Report	umhos/cm	In Situ	Quarterly				
pH	00400		Report	s.u.	In Situ	Quarterly				
Phosphate, Ortho (as P)	70507		Report	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	mg/L	Grab	Quarterly				
Fluoride, Total (as F)	00951		4	mg/L	Grab	Quarterly				
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Facility Name: PCS Phosphate - White Springs
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County: Hamilton

Monitoring Well ID: MWC-SC-17D
Well Type: Compliance
Description: Compliance well, surficial, Swift Creek complex

Report Frequency: Semi-annually
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

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Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Arsenic, Total Recoverable	00978		10	ug/L	Grab	Semi-annually				
Turbidity	00070		Report	NTU	Grab	Semi-annually				
Alpha, Gross Particle Activity	80045		15	pCi/L	Grab	Semi-annually				
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Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-SC-17S
Well Type: Compliance
Description: Compliance well, surficial, Swift Creek complex

Report Frequency: Quarterly
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

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Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	Measured	Quarterly				
Specific Conductance	00095		Report	umhos/cm	In Situ	Quarterly				
pH	00400		Report	s.u.	In Situ	Quarterly				
Phosphate, Ortho (as P)	70507		Report	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	mg/L	Grab	Quarterly				
Fluoride, Total (as F)	00951		4	mg/L	Grab	Quarterly				
Sodium, Total Recoverable	00923		160	mg/L	Grab	Quarterly				
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Facility Name: PCS Phosphate - White Springs
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County: Hamilton

Monitoring Well ID: MWC-SC-17S
Well Type: Compliance
Description: Compliance well, surficial, Swift Creek complex

Report Frequency: Semi-annually
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

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Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Arsenic, Total Recoverable	00978		10	ug/L	Grab	Semi-annually				
Turbidity	00070		Report	NTU	Grab	Semi-annually				
Alpha, Gross Particle Activity	80045		15	pCi/L	Grab	Semi-annually				
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GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-SC-4F
Well Type: Compliance
Description: Compliance well, Floridan, Swift Creek complex

Report Frequency: Quarterly
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	Measured	Quarterly				
Specific Conductance	00095		Report	umhos/cm	In Situ	Quarterly				
pH	00400		Report	s.u.	In Situ	Quarterly				
Phosphate, Ortho (as P)	70507		Report	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	mg/L	Grab	Quarterly				
Fluoride, Total (as F)	00951		4	mg/L	Grab	Quarterly				
Sodium, Total Recoverable	00923		160	mg/L	Grab	Quarterly				
Sulfate, Total	00945		Report	mg/L	Grab	Quarterly				

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COMMENTS or EXPLANATION (Reference all attachments here):

GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-SC-4F
Well Type: Compliance
Description: Compliance well, Floridan, Swift Creek complex

Report Frequency: Semi-annually
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Arsenic, Total Recoverable	00978		10	ug/L	Grab	Semi-annually				
Turbidity	00070		Report	NTU	Grab	Semi-annually				
Alpha, Gross Particle Activity	80045		15	pCi/L	Grab	Semi-annually				
Radium 226 + Radium 228, Total	11503		5	pCi/L	Grab	Semi-annually				

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GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-SC-5F
Well Type: Compliance
Description: Compliance well, Floridan, Swift Creek complex

Report Frequency: Quarterly
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	Measured	Quarterly				
Specific Conductance	00095		Report	umhos/cm	In Situ	Quarterly				
pH	00400		Report	s.u.	In Situ	Quarterly				
Phosphate, Ortho (as P)	70507		Report	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	mg/L	Grab	Quarterly				
Fluoride, Total (as F)	00951		4	mg/L	Grab	Quarterly				
Sodium, Total Recoverable	00923		160	mg/L	Grab	Quarterly				
Sulfate, Total	00945		Report	mg/L	Grab	Quarterly				

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Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-SC-5F
Well Type: Compliance
Description: Compliance well, Floridan, Swift Creek complex

Report Frequency: Semi-annually
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Arsenic, Total Recoverable	00978		10	ug/L	Grab	Semi-annually				
Turbidity	00070		Report	NTU	Grab	Semi-annually				
Alpha, Gross Particle Activity	80045		15	pCi/L	Grab	Semi-annually				
Radium 226 + Radium 228, Total	11503		5	pCi/L	Grab	Semi-annually				

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GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWI-EPA11S
Well Type: Intermediate
Description: Intermediate well, surficial, Swift Creek complex

Report Frequency: Quarterly
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	Measured	Quarterly				
Specific Conductance	00095		Report	umhos/cm	In Situ	Quarterly				
pH	00400		Report	s.u.	In Situ	Quarterly				
Phosphate, Ortho (as P)	70507		Report	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	mg/L	Grab	Quarterly				
Fluoride, Total (as F)	00951		Report	mg/L	Grab	Quarterly				
Sodium, Total Recoverable	00923		Report	mg/L	Grab	Quarterly				
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County: Hamilton

Monitoring Well ID: MWI-EPA11S
Well Type: Intermediate
Description: Intermediate well, surficial, Swift Creek complex

Report Frequency: Semi-annually
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Arsenic, Total Recoverable	00978		Report	ug/L	Grab	Semi-annually				
Turbidity	00070		Report	NTU	Grab	Semi-annually				
Alpha, Gross Particle Activity	80045		Report	pCi/L	Grab	Semi-annually				
Radium 226 + Radium 228, Total	11503		Report	pCi/L	Grab	Semi-annually				

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GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWI-EPA15D
Well Type: Intermediate
Description: Intermediate well, surficial, Swift Creek complex

Report Frequency: Quarterly
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	Measured	Quarterly				
Specific Conductance	00095		Report	umhos/cm	In Situ	Quarterly				
pH	00400		Report	s.u.	In Situ	Quarterly				
Phosphate, Ortho (as P)	70507		Report	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	mg/L	Grab	Quarterly				
Fluoride, Total (as F)	00951		Report	mg/L	Grab	Quarterly				
Sodium, Total Recoverable	00923		Report	mg/L	Grab	Quarterly				
Sulfate, Total	00945		Report	mg/L	Grab	Quarterly				

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GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWI-EPA15D
Well Type: Intermediate
Description: Intermediate well, surficial, Swift Creek complex

Report Frequency: Semi-annually
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Arsenic, Total Recoverable	00978		Report	ug/L	Grab	Semi-annually				
Turbidity	00070		Report	NTU	Grab	Semi-annually				
Alpha, Gross Particle Activity	80045		Report	pCi/L	Grab	Semi-annually				
Radium 226 + Radium 228, Total	11503		Report	pCi/L	Grab	Semi-annually				

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GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWI-EPA15S
Well Type: Intermediate
Description: Intermediate well, surficial, Swift Creek complex

Report Frequency: Quarterly
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	Measured	Quarterly				
Specific Conductance	00095		Report	umhos/cm	In Situ	Quarterly				
pH	00400		Report	s.u.	In Situ	Quarterly				
Phosphate, Ortho (as P)	70507		Report	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	mg/L	Grab	Quarterly				
Fluoride, Total (as F)	00951		Report	mg/L	Grab	Quarterly				
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Facility Name: PCS Phosphate - White Springs
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County: Hamilton

Monitoring Well ID: MWI-EPA15S
Well Type: Intermediate
Description: Intermediate well, surficial, Swift Creek complex

Report Frequency: Semi-annually
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Arsenic, Total Recoverable	00978		Report	ug/L	Grab	Semi-annually				
Turbidity	00070		Report	NTU	Grab	Semi-annually				
Alpha, Gross Particle Activity	80045		Report	pCi/L	Grab	Semi-annually				
Radium 226 + Radium 228, Total	11503		Report	pCi/L	Grab	Semi-annually				

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GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWI-EPA18S
Well Type: Intermediate
Description: Intermediate well, surficial, Swift Creek complex

Report Frequency: Quarterly
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	Measured	Quarterly				
Specific Conductance	00095		Report	umhos/cm	In Situ	Quarterly				
pH	00400		Report	s.u.	In Situ	Quarterly				
Phosphate, Ortho (as P)	70507		Report	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	mg/L	Grab	Quarterly				
Fluoride, Total (as F)	00951		Report	mg/L	Grab	Quarterly				
Sodium, Total Recoverable	00923		Report	mg/L	Grab	Quarterly				
Sulfate, Total	00945		Report	mg/L	Grab	Quarterly				

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GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWI-EPA18S
Well Type: Intermediate
Description: Intermediate well, surficial, Swift Creek complex

Report Frequency: Semi-annually
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Arsenic, Total Recoverable	00978		Report	ug/L	Grab	Semi-annually				
Turbidity	00070		Report	NTU	Grab	Semi-annually				
Alpha, Gross Particle Activity	80045		Report	pCi/L	Grab	Semi-annually				
Radium 226 + Radium 228, Total	11503		Report	pCi/L	Grab	Semi-annually				

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GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWI-SC5D
Well Type: Intermediate
Description: Intermediate well, deep, Swift Creek operation

Report Frequency: Quarterly
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	Measured	Quarterly				
Specific Conductance	00095		Report	umhos/cm	In Situ	Quarterly				
pH	00400		Report	s.u.	In Situ	Quarterly				
Phosphate, Ortho (as P)	70507		Report	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	mg/L	Grab	Quarterly				
Fluoride, Total (as F)	00951		Report	mg/L	Grab	Quarterly				
Sodium, Total Recoverable	00923		Report	mg/L	Grab	Quarterly				
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GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWI-SC5D
Well Type: Intermediate
Description: Intermediate well, deep, Swift Creek operation

Report Frequency: Semi-annually
Program: Industrial

Office: Northeast District

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Date Sample Obtained: _____

Time Sample Obtained: _____

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Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Arsenic, Total Recoverable	00978		Report	ug/L	Grab	Semi-annually				
Turbidity	00070		Report	NTU	Grab	Semi-annually				
Alpha, Gross Particle Activity	80045		Report	pCi/L	Grab	Semi-annually				
Radium 226 + Radium 228, Total	11503		Report	pCi/L	Grab	Semi-annually				

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Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWI-SC5S
Well Type: Intermediate
Description: Intermediate well, surficial, Swift Creek operation

Report Frequency: Quarterly
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	Measured	Quarterly				
Specific Conductance	00095		Report	umhos/cm	In Situ	Quarterly				
pH	00400		Report	s.u.	In Situ	Quarterly				
Phosphate, Ortho (as P)	70507		Report	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	mg/L	Grab	Quarterly				
Fluoride, Total (as F)	00951		Report	mg/L	Grab	Quarterly				
Sodium, Total Recoverable	00923		Report	mg/L	Grab	Quarterly				
Sulfate, Total	00945		Report	mg/L	Grab	Quarterly				

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GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWI-SC5S
Well Type: Intermediate
Description: Intermediate well, surficial, Swift Creek operation

Report Frequency: Semi-annually
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Arsenic, Total Recoverable	00978		Report	ug/L	Grab	Semi-annually				
Turbidity	00070		Report	NTU	Grab	Semi-annually				
Alpha, Gross Particle Activity	80045		Report	pCi/L	Grab	Semi-annually				
Radium 226 + Radium 228, Total	11503		Report	pCi/L	Grab	Semi-annually				

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COMMENTS or EXPLANATION (Reference all attachments here):

GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton
Office: Northeast District

Monitoring Well ID: MWB-SCSRB
Well Type: Background
Description: Background Well for Swift Creek
Report Frequency: Quarterly
Program: Industrial
Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	Measured	Quarterly				
Specific Conductance	00095		Report	umhos/cm	In Situ	Quarterly				
pH	00400		Report	s.u.	In Situ	Quarterly				
Phosphate, Ortho (as P)	70507		Report	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	mg/L	Grab	Quarterly				
Fluoride, Total (as F)	00951		Report	mg/L	Grab	Quarterly				
Sodium, Total Recoverable	00923		Report	mg/L	Grab	Quarterly				
Sulfate, Total	00945		Report	mg/L	Grab	Quarterly				

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GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton
Office: Northeast District

Monitoring Well ID: MWB-SCSRB
Well Type: Background
Description: Background Well for Swift Creek
Re-submitted DMR: ☐

Report Frequency: Semi-annually
Program: Industrial

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Arsenic, Total Recoverable	00978		Report	ug/L	Grab	Semi-annually				
Turbidity	00070		Report	NTU	Grab	Semi-annually				
Alpha, Gross Particle Activity	80045		Report	pCi/L	Grab	Semi-annually				
Radium 226 + Radium 228, Total	11503		Report	pCi/L	Grab	Semi-annually				

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GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-EPA23D
Well Type: Compliance
Description: Compliance well, surficial, Suwannee River complex

Report Frequency: Quarterly
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	Measured	Quarterly				
Specific Conductance	00095		Report	umhos/cm	In Situ	Quarterly				
pH	00400		Report	s.u.	In Situ	Quarterly				
Phosphate, Ortho (as P)	70507		Report	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	mg/L	Grab	Quarterly				
Fluoride, Total (as F)	00951		4	mg/L	Grab	Quarterly				
Sodium, Total Recoverable	00923		160	mg/L	Grab	Quarterly				
Sulfate, Total	00945		Report	mg/L	Grab	Quarterly				

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Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-EPA23D
Well Type: Compliance
Description: Compliance well, surficial, Suwannee River complex

Report Frequency: Semi-annually
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Arsenic, Total Recoverable	00978		10	ug/L	Grab	Semi-annually				
Turbidity	00070		Report	NTU	Grab	Semi-annually				
Alpha, Gross Particle Activity	80045		15	pCi/L	Grab	Semi-annually				
Radium 226 + Radium 228, Total	11503		5	pCi/L	Grab	Semi-annually				

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GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-FASDOR
Well Type: Compliance
Description: MWC-FAS-DORR Compliance well, Floridan, Suwannee River complex

Report Frequency: Quarterly
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	Measured	Quarterly				
Specific Conductance	00095		Report	umhos/cm	In Situ	Quarterly				
pH	00400		Report	s.u.	In Situ	Quarterly				
Phosphate, Ortho (as P)	70507		Report	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	mg/L	Grab	Quarterly				
Fluoride, Total (as F)	00951		4	mg/L	Grab	Quarterly				
Sodium, Total Recoverable	00923		160	mg/L	Grab	Quarterly				
Sulfate, Total	00945		Report	mg/L	Grab	Quarterly				

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GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-FASDOR
Well Type: Compliance
Description: MWC-FAS-DORR Compliance well, Floridan, Suwannee River complex

Report Frequency: Semi-annually
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Arsenic, Total Recoverable	00978		10	ug/L	Grab	Semi-annually				
Turbidity	00070		Report	NTU	Grab	Semi-annually				
Alpha, Gross Particle Activity	80045		15	pCi/L	Grab	Semi-annually				
Radium 226 + Radium 228, Total	11503		5	pCi/L	Grab	Semi-annually				

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GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-MORETR
Well Type: Compliance
Description: MWC-Moretrench; Compliance well, Floridan, Suwannee River complex

Report Frequency: Quarterly
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	Measured	Quarterly				
Specific Conductance	00095		Report	umhos/cm	In Situ	Quarterly				
pH	00400		Report	s.u.	In Situ	Quarterly				
Phosphate, Ortho (as P)	70507		Report	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	mg/L	Grab	Quarterly				
Fluoride, Total (as F)	00951		4	mg/L	Grab	Quarterly				
Sodium, Total Recoverable	00923		160	mg/L	Grab	Quarterly				
Sulfate, Total	00945		Report	mg/L	Grab	Quarterly				

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GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-MORETR
Well Type: Compliance
Description: MWC-Moretrench; Compliance well, Floridan, Suwannee River complex

Report Frequency: Semi-annually
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Arsenic, Total Recoverable	00978		10	ug/L	Grab	Semi-annually				
Turbidity	00070		Report	NTU	Grab	Semi-annually				
Alpha, Gross Particle Activity	80045		15	pCi/L	Grab	Semi-annually				
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GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-SR-13D
Well Type: Compliance
Description: Compliance well, surficial, Suwannee River complex

Report Frequency: Quarterly
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	Measured	Quarterly				
Specific Conductance	00095		Report	umhos/cm	In Situ	Quarterly				
pH	00400		Report	s.u.	In Situ	Quarterly				
Phosphate, Ortho (as P)	70507		Report	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	mg/L	Grab	Quarterly				
Fluoride, Total (as F)	00951		4	mg/L	Grab	Quarterly				
Sodium, Total Recoverable	00923		160	mg/L	Grab	Quarterly				
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GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-SR-13D
Well Type: Compliance
Description: Compliance well, surficial, Suwannee River complex

Report Frequency: Semi-annually
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Arsenic, Total Recoverable	00978		10	ug/L	Grab	Semi-annually				
Turbidity	00070		Report	NTU	Grab	Semi-annually				
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Radium 226 + Radium 228, Total	11503		5	pCi/L	Grab	Semi-annually				

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GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-SR-13S
Well Type: Compliance
Description: Compliance well, surficial, Suwannee River complex

Report Frequency: Quarterly
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	Measured	Quarterly				
Specific Conductance	00095		Report	umhos/cm	In Situ	Quarterly				
pH	00400		Report	s.u.	In Situ	Quarterly				
Phosphate, Ortho (as P)	70507		Report	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	mg/L	Grab	Quarterly				
Fluoride, Total (as F)	00951		4	mg/L	Grab	Quarterly				
Sodium, Total Recoverable	00923		160	mg/L	Grab	Quarterly				
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Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-SR-13S
Well Type: Compliance
Description: Compliance well, surficial, Suwannee River complex

Report Frequency: Semi-annually
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Arsenic, Total Recoverable	00978		10	ug/L	Grab	Semi-annually				
Turbidity	00070		Report	NTU	Grab	Semi-annually				
Alpha, Gross Particle Activity	80045		15	pCi/L	Grab	Semi-annually				
Radium 226 + Radium 228, Total	11503		5	pCi/L	Grab	Semi-annually				

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GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-SR-14D
Well Type: Compliance
Description: Compliance well, surficial, Suwannee River complex

Report Frequency: Quarterly
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	Measured	Quarterly				
Specific Conductance	00095		Report	umhos/cm	In Situ	Quarterly				
pH	00400		Report	s.u.	In Situ	Quarterly				
Phosphate, Ortho (as P)	70507		Report	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	mg/L	Grab	Quarterly				
Fluoride, Total (as F)	00951		4	mg/L	Grab	Quarterly				
Sodium, Total Recoverable	00923		160	mg/L	Grab	Quarterly				
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GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-SR-14D
Well Type: Compliance
Description: Compliance well, surficial, Suwannee River complex

Report Frequency: Semi-annually
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Arsenic, Total Recoverable	00978		10	ug/L	Grab	Semi-annually				
Turbidity	00070		Report	NTU	Grab	Semi-annually				
Alpha, Gross Particle Activity	80045		15	pCi/L	Grab	Semi-annually				
Radium 226 + Radium 228, Total	11503		5	pCi/L	Grab	Semi-annually				

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Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-SR-14S
Well Type: Compliance
Description: Compliance well, surficial, Suwannee River complex

Report Frequency: Quarterly
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	Measured	Quarterly				
Specific Conductance	00095		Report	umhos/cm	In Situ	Quarterly				
pH	00400		Report	s.u.	In Situ	Quarterly				
Phosphate, Ortho (as P)	70507		Report	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	mg/L	Grab	Quarterly				
Fluoride, Total (as F)	00951		4	mg/L	Grab	Quarterly				
Sodium, Total Recoverable	00923		160	mg/L	Grab	Quarterly				
Sulfate, Total	00945		Report	mg/L	Grab	Quarterly				

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PRINT NAME & TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE

COMMENTS or EXPLANATION (Reference all attachments here):

GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-SR-14S
Well Type: Compliance
Description: Compliance well, surficial, Suwannee River complex

Report Frequency: Semi-annually
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Arsenic, Total Recoverable	00978		10	ug/L	Grab	Semi-annually				
Turbidity	00070		Report	NTU	Grab	Semi-annually				
Alpha, Gross Particle Activity	80045		15	pCi/L	Grab	Semi-annually				
Radium 226 + Radium 228, Total	11503		5	pCi/L	Grab	Semi-annually				

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COMMENTS or EXPLANATION (Reference all attachments here):

GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-SR-15D
Well Type: Compliance
Description: Compliance well, surficial, Suwannee River complex

Report Frequency: Quarterly
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	Measured	Quarterly				
Specific Conductance	00095		Report	umhos/cm	In Situ	Quarterly				
pH	00400		Report	s.u.	In Situ	Quarterly				
Phosphate, Ortho (as P)	70507		Report	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	mg/L	Grab	Quarterly				
Fluoride, Total (as F)	00951		4	mg/L	Grab	Quarterly				
Sodium, Total Recoverable	00923		160	mg/L	Grab	Quarterly				
Sulfate, Total	00945		Report	mg/L	Grab	Quarterly				

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GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-SR-15D
Well Type: Compliance
Description: Compliance well, surficial, Suwannee River complex

Report Frequency: Semi-annually
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Arsenic, Total Recoverable	00978		10	ug/L	Grab	Semi-annually				
Turbidity	00070		Report	NTU	Grab	Semi-annually				
Alpha, Gross Particle Activity	80045		15	pCi/L	Grab	Semi-annually				
Radium 226 + Radium 228, Total	11503		5	pCi/L	Grab	Semi-annually				

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COMMENTS or EXPLANATION (Reference all attachments here):

GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-SR-16D
Well Type: Compliance
Description: Compliance well, surficial, Suwannee River complex

Report Frequency: Quarterly
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	Measured	Quarterly				
Specific Conductance	00095		Report	umhos/cm	In Situ	Quarterly				
pH	00400		Report	s.u.	In Situ	Quarterly				
Phosphate, Ortho (as P)	70507		Report	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	mg/L	Grab	Quarterly				
Fluoride, Total (as F)	00951		4	mg/L	Grab	Quarterly				
Sodium, Total Recoverable	00923		160	mg/L	Grab	Quarterly				
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GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-SR-16D
Well Type: Compliance
Description: Compliance well, surficial, Suwannee River complex

Report Frequency: Semi-annually
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Arsenic, Total Recoverable	00978		10	ug/L	Grab	Semi-annually				
Turbidity	00070		Report	NTU	Grab	Semi-annually				
Alpha, Gross Particle Activity	80045		15	pCi/L	Grab	Semi-annually				
Radium 226 + Radium 228, Total	11503		5	pCi/L	Grab	Semi-annually				

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GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-SR-16S
Well Type: Compliance
Description: Compliance well, surficial, Suwannee River complex

Report Frequency: Quarterly
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	Measured	Quarterly				
Specific Conductance	00095		Report	umhos/cm	In Situ	Quarterly				
pH	00400		Report	s.u.	In Situ	Quarterly				
Phosphate, Ortho (as P)	70507		Report	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	mg/L	Grab	Quarterly				
Fluoride, Total (as F)	00951		4	mg/L	Grab	Quarterly				
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GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-SR-16S
Well Type: Compliance
Description: Compliance well, surficial, Suwannee River complex

Report Frequency: Semi-annually
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

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Turbidity	00070		Report	NTU	Grab	Semi-annually				
Alpha, Gross Particle Activity	80045		15	pCi/L	Grab	Semi-annually				
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GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-SR-17D
Well Type: Compliance
Description: Compliance well, surficial, Suwannee River complex

Report Frequency: Quarterly
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	Measured	Quarterly				
Specific Conductance	00095		Report	umhos/cm	In Situ	Quarterly				
pH	00400		Report	s.u.	In Situ	Quarterly				
Phosphate, Ortho (as P)	70507		Report	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	mg/L	Grab	Quarterly				
Fluoride, Total (as F)	00951		4	mg/L	Grab	Quarterly				
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GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-SR-17D
Well Type: Compliance
Description: Compliance well, surficial, Suwannee River complex

Report Frequency: Semi-annually
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Arsenic, Total Recoverable	00978		10	ug/L	Grab	Semi-annually				
Turbidity	00070		Report	NTU	Grab	Semi-annually				
Alpha, Gross Particle Activity	80045		15	pCi/L	Grab	Semi-annually				
Radium 226 + Radium 228, Total	11503		5	pCi/L	Grab	Semi-annually				

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Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-SR-17S
Well Type: Compliance
Description: Compliance well, surficial, Suwannee River complex

Report Frequency: Quarterly
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	Measured	Quarterly				
Specific Conductance	00095		Report	umhos/cm	In Situ	Quarterly				
pH	00400		Report	s.u.	In Situ	Quarterly				
Phosphate, Ortho (as P)	70507		Report	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	mg/L	Grab	Quarterly				
Fluoride, Total (as F)	00951		4	mg/L	Grab	Quarterly				
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GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-SR-17S
Well Type: Compliance
Description: Compliance well, surficial, Suwannee River complex

Report Frequency: Semi-annually
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Arsenic, Total Recoverable	00978		10	ug/L	Grab	Semi-annually				
Turbidity	00070		Report	NTU	Grab	Semi-annually				
Alpha, Gross Particle Activity	80045		15	pCi/L	Grab	Semi-annually				
Radium 226 + Radium 228, Total	11503		5	pCi/L	Grab	Semi-annually				

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GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton
Office: Northeast District

Monitoring Well ID: MWC-SR-18D
Well Type: Compliance
Description: East margin SR Landfill
Re-submitted DMR: ☐

Report Frequency: Quarterly
Program: Industrial

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	Measured	Quarterly				
Specific Conductance	00095		Report	umhos/cm	In Situ	Quarterly				
pH	00400		Report	s.u.	In Situ	Quarterly				
Phosphate, Ortho (as P)	70507		Report	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	mg/L	Grab	Quarterly				
Fluoride, Total (as F)	00951		4	mg/L	Grab	Quarterly				
Sodium, Total Recoverable	00923		160	mg/L	Grab	Quarterly				
Sulfate, Total	00945		Report	mg/L	Grab	Quarterly				

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GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton
Office: Northeast District

Monitoring Well ID: MWC-SR-18D
Well Type: Compliance
Description: East margin SR Landfill
Re-submitted DMR: ☐

Report Frequency: Semi-annually
Program: Industrial

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Arsenic, Total Recoverable	00978		10	ug/L	Grab	Semi-annually				
Turbidity	00070		Report	NTU	Grab	Semi-annually				
Alpha, Gross Particle Activity	80045		15	pCi/L	Grab	Semi-annually				
Radium 226 + Radium 228, Total	11503		5	pCi/L	Grab	Semi-annually				

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GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton
Office: Northeast District

Monitoring Well ID: MWC-SR-18S
Well Type: Compliance
Description: East margin SR Landfill
Re-submitted DMR: ☐

Report Frequency: Quarterly
Program: Industrial

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	Measured	Quarterly				
Specific Conductance	00095		Report	umhos/cm	In Situ	Quarterly				
pH	00400		Report	s.u.	In Situ	Quarterly				
Phosphate, Ortho (as P)	70507		Report	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	mg/L	Grab	Quarterly				
Fluoride, Total (as F)	00951		4	mg/L	Grab	Quarterly				
Sodium, Total Recoverable	00923		160	mg/L	Grab	Quarterly				
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Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton
Office: Northeast District

Monitoring Well ID: MWC-SR-18S
Well Type: Compliance
Description: East margin SR Landfill
Re-submitted DMR: ☐

Report Frequency: Semi-annually
Program: Industrial

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Arsenic, Total Recoverable	00978		10	ug/L	Grab	Semi-annually				
Turbidity	00070		Report	NTU	Grab	Semi-annually				
Alpha, Gross Particle Activity	80045		15	pCi/L	Grab	Semi-annually				
Radium 226 + Radium 228, Total	11503		5	pCi/L	Grab	Semi-annually				

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.

PRINT NAME & TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE

COMMENTS or EXPLANATION (Reference all attachments here):

GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-SR8F
Well Type: Compliance
Description: Compliance well, Floridan, suwanner river operation

Report Frequency: Quarterly
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	Measured	Quarterly				
Specific Conductance	00095		Report	umhos/cm	In Situ	Quarterly				
pH	00400		Report	s.u.	In Situ	Quarterly				
Phosphate, Ortho (as P)	70507		Report	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	mg/L	Grab	Quarterly				
Fluoride, Total (as F)	00951		4	mg/L	Grab	Quarterly				
Sodium, Total Recoverable	00923		160	mg/L	Grab	Quarterly				
Sulfate, Total	00945		Report	mg/L	Grab	Quarterly				

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COMMENTS or EXPLANATION (Reference all attachments here):

GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-SR8F
Well Type: Compliance
Description: Compliance well, Floridan, suwanner river operation

Report Frequency: Semi-annually
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Arsenic, Total Recoverable	00978		10	ug/L	Grab	Semi-annually				
Turbidity	00070		Report	NTU	Grab	Semi-annually				
Alpha, Gross Particle Activity	80045		15	pCi/L	Grab	Semi-annually				
Radium 226 + Radium 228, Total	11503		5	pCi/L	Grab	Semi-annually				

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COMMENTS or EXPLANATION (Reference all attachments here):

GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-SR9D
Well Type: Compliance
Description: Compliance well, surficial, Suwannee River complex

Report Frequency: Quarterly
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	Measured	Quarterly				
Specific Conductance	00095		Report	umhos/cm	In Situ	Quarterly				
pH	00400		Report	s.u.	In Situ	Quarterly				
Phosphate, Ortho (as P)	70507		Report	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	mg/L	Grab	Quarterly				
Fluoride, Total (as F)	00951		4	mg/L	Grab	Quarterly				
Sodium, Total Recoverable	00923		160	mg/L	Grab	Quarterly				
Sulfate, Total	00945		Report	mg/L	Grab	Quarterly				

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COMMENTS or EXPLANATION (Reference all attachments here):

GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-SR9D
Well Type: Compliance
Description: Compliance well, surficial, Suwannee River complex

Report Frequency: Semi-annually
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Arsenic, Total Recoverable	00978		10	ug/L	Grab	Semi-annually				
Turbidity	00070		Report	NTU	Grab	Semi-annually				
Alpha, Gross Particle Activity	80045		15	pCi/L	Grab	Semi-annually				
Radium 226 + Radium 228, Total	11503		5	pCi/L	Grab	Semi-annually				

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COMMENTS or EXPLANATION (Reference all attachments here):

GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-SR9S
Well Type: Compliance
Description: Compliance well, surficial, Suwannee River complex

Report Frequency: Quarterly
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	Measured	Quarterly				
Specific Conductance	00095		Report	umhos/cm	In Situ	Quarterly				
pH	00400		Report	s.u.	In Situ	Quarterly				
Phosphate, Ortho (as P)	70507		Report	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	mg/L	Grab	Quarterly				
Fluoride, Total (as F)	00951		4	mg/L	Grab	Quarterly				
Sodium, Total Recoverable	00923		160	mg/L	Grab	Quarterly				
Sulfate, Total	00945		Report	mg/L	Grab	Quarterly				

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COMMENTS or EXPLANATION (Reference all attachments here):

GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-SR9S
Well Type: Compliance
Description: Compliance well, surficial, Suwannee River complex

Report Frequency: Semi-annually
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Arsenic, Total Recoverable	00978		10	ug/L	Grab	Semi-annually				
Turbidity	00070		Report	NTU	Grab	Semi-annually				
Alpha, Gross Particle Activity	80045		15	pCi/L	Grab	Semi-annually				
Radium 226 + Radium 228, Total	11503		5	pCi/L	Grab	Semi-annually				

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COMMENTS or EXPLANATION (Reference all attachments here):

GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-SRCCD5
Well Type: Compliance
Description: Compliance well, Floridan, Suwannee River complex

Report Frequency: Quarterly
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	Measured	Quarterly				
Specific Conductance	00095		Report	umhos/cm	In Situ	Quarterly				
pH	00400		Report	s.u.	In Situ	Quarterly				
Phosphate, Ortho (as P)	70507		Report	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	mg/L	Grab	Quarterly				
Fluoride, Total (as F)	00951		4	mg/L	Grab	Quarterly				
Sodium, Total Recoverable	00923		160	mg/L	Grab	Quarterly				
Sulfate, Total	00945		Report	mg/L	Grab	Quarterly				

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COMMENTS or EXPLANATION (Reference all attachments here):

GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-SRCCD5
Well Type: Compliance
Description: Compliance well, Floridan, Suwannee River complex

Report Frequency: Semi-annually
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Arsenic, Total Recoverable	00978		10	ug/L	Grab	Semi-annually				
Turbidity	00070		Report	NTU	Grab	Semi-annually				
Alpha, Gross Particle Activity	80045		15	pCi/L	Grab	Semi-annually				
Radium 226 + Radium 228, Total	11503		5	pCi/L	Grab	Semi-annually				

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COMMENTS or EXPLANATION (Reference all attachments here):

GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-SRM1
Well Type: Compliance
Description: Compliance well, surficial, Suwannee River operation

Report Frequency: Quarterly
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	Measured	Quarterly				
Specific Conductance	00095		Report	umhos/cm	In Situ	Quarterly				
pH	00400		Report	s.u.	In Situ	Quarterly				
Phosphate, Ortho (as P)	70507		Report	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	mg/L	Grab	Quarterly				
Fluoride, Total (as F)	00951		4	mg/L	Grab	Quarterly				
Sodium, Total Recoverable	00923		160	mg/L	Grab	Quarterly				
Sulfate, Total	00945		Report	mg/L	Grab	Quarterly				

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COMMENTS or EXPLANATION (Reference all attachments here):

GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWC-SRM1
Well Type: Compliance
Description: Compliance well, surficial, Suwannee River operation

Report Frequency: Semi-annually
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Arsenic, Total Recoverable	00978		10	ug/L	Grab	Semi-annually				
Turbidity	00070		Report	NTU	Grab	Semi-annually				
Alpha, Gross Particle Activity	80045		15	pCi/L	Grab	Semi-annually				
Radium 226 + Radium 228, Total	11503		5	pCi/L	Grab	Semi-annually				

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COMMENTS or EXPLANATION (Reference all attachments here):

GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWI-EPA-4D
Well Type: Intermediate
Description: Intermediate well, surficial, Suwannee River complex

Report Frequency: Quarterly
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	Measured	Quarterly				
Specific Conductance	00095		Report	umhos/cm	In Situ	Quarterly				
pH	00400		Report	s.u.	In Situ	Quarterly				
Phosphate, Ortho (as P)	70507		Report	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	mg/L	Grab	Quarterly				
Fluoride, Total (as F)	00951		Report	mg/L	Grab	Quarterly				
Sodium, Total Recoverable	00923		Report	mg/L	Grab	Quarterly				
Sulfate, Total	00945		Report	mg/L	Grab	Quarterly				

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GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWI-EPA-4D
Well Type: Intermediate
Description: Intermediate well, surficial, Suwannee River complex

Report Frequency: Semi-annually
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Arsenic, Total Recoverable	00978		Report	ug/L	Grab	Semi-annually				
Turbidity	00070		Report	NTU	Grab	Semi-annually				
Alpha, Gross Particle Activity	80045		Report	pCi/L	Grab	Semi-annually				
Radium 226 + Radium 228, Total	11503		Report	pCi/L	Grab	Semi-annually				

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COMMENTS or EXPLANATION (Reference all attachments here):

GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWI-EPAP1C
Well Type: Intermediate
Description: Intermediate well, surficial, Suwannee River complex

Report Frequency: Quarterly
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	Measured	Quarterly				
Specific Conductance	00095		Report	umhos/cm	In Situ	Quarterly				
pH	00400		Report	s.u.	In Situ	Quarterly				
Phosphate, Ortho (as P)	70507		Report	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	mg/L	Grab	Quarterly				
Fluoride, Total (as F)	00951		Report	mg/L	Grab	Quarterly				
Sodium, Total Recoverable	00923		Report	mg/L	Grab	Quarterly				
Sulfate, Total	00945		Report	mg/L	Grab	Quarterly				

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GROUNDWATER MONITORING REPORT - PART D

Facility Name: PCS Phosphate - White Springs
Permit Number: FL0000655 – 009 – IW1S
County: Hamilton

Monitoring Well ID: MWI-EPAP1C
Well Type: Intermediate
Description: Intermediate well, surficial, Suwannee River complex

Report Frequency: Semi-annually
Program: Industrial

Office: Northeast District

Re-submitted DMR: ☐

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Arsenic, Total Recoverable	00978		Report	ug/L	Grab	Semi-annually				
Turbidity	00070		Report	NTU	Grab	Semi-annually				
Alpha, Gross Particle Activity	80045		Report	pCi/L	Grab	Semi-annually				
Radium 226 + Radium 228, Total	11503		Report	pCi/L	Grab	Semi-annually				

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COMMENTS or EXPLANATION (Reference all attachments here):

INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT

Read these instructions before completing the DMR. Hard copies and/or electronic copies of the required parts of the DMR were provided with the permit. All required information shall be completed in full and typed or printed in ink. A signed, original DMR shall be mailed to the address printed on the DMR by the 28th of the month following the monitoring period. Facilities who submit their DMR(s) electronically through eDMR do not need to submit a hardcopy DMR. The DMR shall not be submitted before the end of the monitoring period.

The DMR consists of three parts--A, B, and D--all of which may or may not be applicable to every facility. Facilities may have one or more Part A's for reporting effluent or reclaimed water data. All domestic wastewater facilities will have a Part B for reporting daily sample results. Part D is used for reporting ground water monitoring well data.

When results are not available, the following codes should be used on parts A and D of the DMR and an explanation provided where appropriate. Note: Codes used on Part B for raw data are different.

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

CODE	DESCRIPTION/INSTRUCTIONS
NOD	No discharge from/to site.
OPS	Operations were shut down so no sample could be taken.
OTH	Other. Please enter an explanation of why monitoring data were not available.
SEF	Sampling equipment failure.

When reporting analytical results that fall below a laboratory's reported method detection limits or practical quantification limits, the following instructions should be used, unless indicated otherwise in the permit or on the DMR:

1. Results greater than or equal to the PQL shall be reported as the measured quantity.
2. Results less than the PQL and greater than or equal to the MDL shall be reported as the laboratory's MDL value. These values shall be deemed equal to the MDL when necessary to calculate an average for that parameter and when determining compliance with permit limits.
3. Results less than the MDL shall be reported by entering a less than sign ("<") followed by the laboratory's MDL value, e.g. < 0.001. A value of one-half the MDL or one-half the effluent limit, whichever is lower, shall be used for that sample when necessary to calculate an average for that parameter. Values less than the MDL are considered to demonstrate compliance with an effluent limitation.

PART A -DISCHARGE MONITORING REPORT (DMR)

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

Resubmitted DMR: Check this box if this DMR is being re-submitted because there was information missing from or information that needed correction on a previously submitted DMR. The information that is being revised should be clearly noted on the re-submitted DMR (e.g. highlight, circle, etc.)
No Discharge From Site: Check this box if no discharge occurs and, as a result, there are no data or codes to be entered for all of the parameters on the DMR for the entire monitoring group number; however, if the monitoring group includes other monitoring locations (e.g., influent sampling), the "NOD" code should be used to individually denote those parameters for which there was no discharge.
Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.
Sample Measurement: Before filling in sample measurements in the table, check to see that the data collected correspond to the limit indicated on the DMR (i.e. interim or final) and that the data correspond to the monitoring group number in the header. Enter the data or calculated results for each parameter on this row in the non-shaded area above the limit. Be sure the result being entered corresponds to the appropriate statistical base code (e.g. annual average, monthly average, single sample maximum, etc.) and units. Data qualifier codes are not to be reported on Part A.
No. Ex.: Enter the number of sample measurements during the monitoring period that exceeded the permit limit for each parameter in the non-shaded area. If none, enter zero.
Frequency of Analysis: The shaded areas in this column contain the minimum number of times the measurement is required to be made according to the permit. Enter the actual number of times the measurement was made in the space above the shaded area.
Sample Type: The shaded areas in this column contain the type of sample (e.g. grab, composite, continuous) required by the permit. Enter the actual sample type that was taken in the space above the shaded area.
Signature: This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.
Comment and Explanation of Any Violations: Use this area to explain any exceedances, any upset or by-pass events, or other items which require explanation. If more space is needed, reference all attachments in this area.

PART B - DAILY SAMPLE RESULTS

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.
Daily Monitoring Results: Transfer all analytical data from your facility's laboratory or a contract laboratory's data sheets for all day(s) that samples were collected. Record the data in the units indicated. Table 1 in Chapter 62-160, F.A.C., contains a complete list of all the data qualifier codes that your laboratory may use when reporting analytical results. However, when transferring numerical results onto Part B of the DMR, only the following data qualifier codes should be used and an explanation provided where appropriate.

CODE	DESCRIPTION/INSTRUCTIONS
<	The compound was analyzed for but not detected.
A	Value reported is the mean (average) of two or more determinations.
J	Estimated value, value not accurate.
Q	Sample held beyond the actual holding time.
Y	Laboratory analysis was from an unpreserved or improperly preserved sample.

To calculate the monthly average, add each reported value to get a total. For flow, divide this total by the number of days in the month. For all other parameters, divide the total by the number of observations.
Plant Staffing: List the name, certificate number, and class of all state certified operators operating the facility during the monitoring period. Use additional sheets as necessary.

PART D - GROUND WATER MONITORING REPORT

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.
Date Sample Obtained: Enter the date the sample was taken. Also, check whether or not the well was purged before sampling.
Time Sample Obtained: Enter the time the sample was taken.
Sample Measurement: Record the results of the analysis. If the result was below the minimum detection limit, indicate that. Data qualifier codes are not to be reported on Part D.
Detection Limits: Record the detection limits of the analytical methods used.
Analysis Method: Indicate the analytical method used. Record the method number from Chapter 62-160 or Chapter 62-601, F.A.C., or from other sources.
Sampling Equipment Used: Indicate the procedure used to collect the sample (e.g. airlift, bucket/bailer, centrifugal pump, etc.)
Samples Filtered: Indicate whether the sample obtained was filtered by laboratory (L), filtered in field (F), or unfiltered (N).
Signature: This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.
Comments and Explanation: Use this space to make any comments on or explanations of results that are unexpected. If more space is needed, reference all attachments in this area.

SPECIAL INSTRUCTIONS FOR LIMITED WET WEATHER DISCHARGES

Flow (Limited Wet Weather Discharge): Enter the measured average flow rate during the period of discharge or divide gallons discharged by duration of discharge (converted into days). Record in million gallons per day (MGD).
Flow (Upstream): Enter the average flow rate in the receiving stream upstream from the point of discharge for the period of discharge. The average flow rate can be calculated based on two measurements; one made at the start and one made at the end of the discharge period. Measurements are to be made at the upstream gauging station described in the permit.
Actual Stream Dilution Ratio: To calculate the Actual Stream Dilution Ratio, divide the average upstream flow rate by the average discharge flow rate. Enter the Actual Stream Dilution Ratio accurate to the nearest 0.1.
No. of Days the SDF > Stream Dilution Ratio: For each day of discharge, compare the minimum Stream Dilution Factor (SDF) from the permit to the calculated Stream Dilution Ratio. On Part B of the DMR, enter an asterisk (*) if the SDF is greater than the Stream Dilution Ratio on any day of discharge. On Part A of the DMR, add up the days with an "*" and record the total number of days the Stream Dilution Factor was greater than the Stream Dilution Ratio.
$CBOD_5$: Enter the average $CBOD_5$ of the reclaimed water discharged during the period shown in duration of discharge.
TKN: Enter the average TKN of the reclaimed water discharged during the period shown in duration of discharge.
Actual Rainfall: Enter the actual rainfall for each day on Part B. Enter the actual cumulative rainfall to date for this calendar year and the actual total monthly rainfall on Part A. The cumulative rainfall to date for this calendar year is the total amount of rain, in inches, that has been recorded since January 1 of the current year through the month for which this DMR contains data.
Rainfall During Average Rainfall Year: On Part A, enter the total monthly rainfall during the average rainfall year and the cumulative rainfall for the average rainfall year. The cumulative rainfall for the average rainfall year is the amount of rain, in inches, which fell during the average rainfall year from January through the month for which this DMR contains data.
No. of Days LWWD Activated During Calendar Year: Enter the cumulative number of days that the limited wet weather discharge was activated since January 1 of the current year.
Reason for Discharge: Attach to the DMR a brief explanation of the factors contributing to the need to activate the limited wet weather discharge.