Florida Department of Environmental Regulation

Northwest District • 160 Governmental Center • Pensacola, Florida 32501-5794

Lawton Chiles, Governor

Carol M. Browner, Secretary

JUN 1 1992

RECEIVED
JUN 4 1992

Mr. George O. Layman
Director of Power Generation Resources
Gulf Power
Post Office Box 1151
Pensacola, Florida 32520-8354

Dear Mr. Layman:

On May 6, a Department representative conducted an inspection of the Scholz wastewater treatment facility.

Please address the "Inspector Comments" noted on the attached inspection report form. If you have any questions please contact Mr. Charlie Reyes at (904) 436-8380.

Sincerely,

Rick Bradburn

Rick Bradburn
Environmental Manager
Compliance/Enforcement Section

RB:crw
Attachment
cc: Richard Drew
Doug Lankford-EPA

Permit # FLOO 02283 File Folder Comp Type IW
Permittee Gulf Power Scholz

INITIAL & ROUTE						
	MT	JM-1	EL			

District cc:

FLORIDA DEP MENT OF ENVIRONMENTAL REGULATION

WASTEWATER COMPLIANCE INSPECTION REPORT

FACILITY AND INSPECTION INFORMATION

@ = OPTIONAL

Name and Physical Location of Facility	GMS ID:	County	Entry Date/Time
Scholz End of Co. Road 271	1032 P 37371	Jackson	5/6/92 8 AM
	Phone	@ Exit Time/Date	
	(904) 444-6236	5/6/92	1 PM

Name(s) of Field Representatives(s)	Title	Phone
Rachael Allen		(904) 444-6727
Raymond Walden		

Name and Address of Permittee or Designated Representative	Title	Phone	@ Operator Certification #:
MR. George O. Layman Gulf Power P.O. BOX 1151 Pensacola FL 32520-8354	Director of Power Generations Resource	(904) 444-6236	

Inspection Type: C S I Samples Taken(Y/N): Y @ Sample ID#: Samples Split (Y/N): Y

☐ Domestic ☑ Industrial Were Photos Taken(Y/N): @ Log Book Volume: 66 ISA @ Page: 62-65

In Compliance With Permit Conditions (Y/N):

Recommended Actions

Name (s) and Signature(s) of Inspector(s)	District Office/Phone Number	Date
Charlie Reyer	Pensacola - NW DISTRICT (904) 436-8300	5/28/92
@ Signature of Reviewer	District Office/Phone Number	Date

FACILITY COMPLIANCE AREAS EVALUATED

S=Satisfactory; M=Marginal; U=Unsatisfactory; Blank=Not Evaluated *See Comments

	1. Permit: #	S	6. Sampling	S	11. Effluent
S	2. Compliance Schedule	M	7. Self-Monitoring Program		12. Groundwater
	3. Pretreatment	S	8. Facility Site Review		13. Disposal Method
M	4. Records & Reports	S	9. Flow Measurement		14. Residuals Management
	5. Laboratory	S	10. Operation & Maintenance		15. Other

Fill Out This Section For All Surface Water Discharger Inspections (CEI, CSI, CBI, PAI, XSI - RI Optional)

Transaction Code	NPDES NUMBER	YR/MO/DA	Insp Type	Inspector	Fac Type
1 N 2 5 3	F 1 0 0 0 2 2 8 3 11 12	9 2 0 5 0 6 17 18	S	19 S	20 2

Remarks

21 66

Inspection Type (Field 18): A=PAI, B=CBI, C=CEI, S=CSI, X=XSI, R=RI
Inspector Code (Field 19): S=State, J=Joint EPA/State-EPA Lead, T=Joint State/EPA-State Lead
Facility Type (Field 20): 1=Municipal (Publicly Owned), 2= Industrial and Privately Owned Domestic, 3=Agricultural, 4=Federal
Every other field is self explanatory.

@ FACILITY DIAGRAM

INSPECTION COMMENTS

1. Permits for the facility have expired; however, Facility personnel stated that applications have been submitted for review.
2. Permanent records are not being kept concerning Operations and Maintenance work. All raw data including maintenance, calibrations, quality Assurance records etc. must be maintained for a period of three years.
3. The tygon tubing for the composite sampler at Outfall 004 needs cleaning
4. The emergency shower at Outfall 002 was inoperable.
5. No Discharge was noted at Outfall 003.
6. A review of the monthly operating reports for the past year indicate the following:

Additional Inspection Comments

Facility: Scholz
Inspector: Charlie Reyes

Outfall 002	DER	Gulf Power
pH (standard units)	7.92	7.30
BOD (mg/l)	.8	
TSS (mg/l)	5	
Fecal Coliform (cfu/100 ml)	10	
Total Coliform (cfu/100 ml)	700	
temperature	17.3	18.2
Oil & Grease (mg/l)	5	

Outfall 004	DER	Gulf Power
pH (standard units)	7.65	7.13
BOD (mg/l)	.5	
TSS (mg/l)	7	
Chlorine residual (mg/l)	2.0+	2.0
temperature	19.8	20.9
Oil & Grease	—	

Intake	DER	Gulf Power
pH (standard units)	7.53	
temperature	22.3	
Chlorine residual (mg/l)	0	.13

Additional samples were taken during the inspection, but results were not available at the time this report was submitted.

Additional Inspection Comments

Facility: Scholz
Inspector: Charlie Reyn

(a) Chlorine values are being reported as No Chlorine. Chlorine values should be reported as less than the method detection limit
(b) The August '91 cover letter indicated an IRON exceedence, however no records of the sampling was recorded on the monthly operating report submitted to this Department. This incident also occurred for the mercury sampling conducted for the months of September '91 and October 91. Results to all samples taken should be reported on the monthly operating reports.
(c) The method currently being used for the analyses of Cadium does not give a low enough detection limit that would meet the requirements of the permit. An alternative method should be found which would allow the detection limit to meet the requirement of the permit.
(d) Groundwater issues are currently being reviewed by the Department's geologists.

Sampling

Samples were taken during the inspection with the following results:

OUTFALL 001

	DER	Gulf Power
Ph (standard units)	7.62	7.62
Chlorine residual (mg/l)	.1	.03
BOD (mg/l)	.5	
TSS (mg/l)	8	
Fecal Coliform (cts/100ml)	10	
Total Coliform (cts/100ml)	1000	
Temperature	20.9	
Oil/Grease (mg/l)	5	

920143

JOB ID: _____

SAMPLE ID: _____

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
CENTRAL LABORATORY SAMPLE SUBMITTAL FORM
PAGE 1

COLLECTION TIME A — GRAB SAMPLE: 1100 A

COLLECTION TIME B — COMPOSITE SAMPLE: BEGIN: _____ END: _____

SUBMITTING AGENCY CODE	SUBMITTING AGENCY NAME	STORET STATION NUMBER	COLLECTION DATE (M/D/Y)	DEPTH, FEET
8010	N.W. District - Pensacola		5/6/92	

COUNTY OF SAMPLE ORIGIN	SAMPLE LOCATION	FIELD ID/NAME
Jackson	Schultz 002	

WATER
- ☐ SURFACE (FRESH)
- ☐ GROUND
- ☐ SURFACE (SALT)
- ☑ EFFLUENT
- ☐ TRIP BLANK
- ☐ FIELD BLANK
- ☐ EQUIPMENT BLANK
- ☐ DRINKING

SOIL/SEDIMENT
- ☐ SOIL
- ☐ FRESHWATER SEDIMENT
- ☐ MARINE SEDIMENT
- ☐ SLUDGE

TISSUE
- ☐ PLANT
- ☐ FISH
- ☐ SHELLFISH
- ☐ OTHER

CHEMICAL WASTE
- ☐

PRGRM. MOD. #	NPDES NUMBER (& OUTFALL NO., IF APPLICABLE)
1162	(required for all discharge related samples)

FIELD PARAMETERS MEASURED BY (NAME): _____

(SIGNATURE): Charlie Reyer

SAMPLED BY (NAME): _____

(SIGNATURE): Charlie Reyer

FIELD REPORT PREPARED BY (NAME): _____

(SIGNATURE): Charlie Reyer

FIELD PARAMETERS	UNITS	CODE*	VALUE
CHLORINE, TOTAL RESIDUAL	mg/l	50060	
DISSOLVED OXYGEN (PROBE)	mg/l	00299	
pH	std. units	00400	7.92
SALINITY	PPTh	00480	
SECCHI DEPTH	m	00078	
SPECIFIC CONDUCTANCE	µmho/cm	00094	
TEMPERATURE	°C	00010	17.3

ANALYSIS/METHOD REQUESTED	SAMPLE CONTAINER DESCRIPTION	NO. OF CONTAINERS SUBMITTED	PRESERVATIVE USED
$N\text{-}NH_3$ TOTAL 610			
N-TKN 625			
$N\text{-}NO_2 + NO_3$ 630			
PHOS-TOTAL 665			
T.O.C. 680			
Metals	1 gallon plastic	1	HNO_3 + Ice

NOTE, FILL OUT PAGE 2 (REVERSE) IF ANY LAB PARAMETERS LISTED THERE ARE DESIRED

SEND COPIES OF ANALYSIS REORT TO:
- ☑ SUBMITTING AGENCY
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

*STORET CODES MAY ONLY APPLY TO FIELD MEASUREMENTS

☐ SUBMITTING OFFICE FILL IN SHADED AREAS

PLEASE TYPE OR PRINT CLEARLY

STATE OF FLORIDA
DEPART IT OF ENVIRONMENTAL REGULATION
CENTRAL BORATORY SAMPLE SUBMITTAL FORM
PAGE 2

✓	LAB PARAMETERS	UNITS	CODE	VALUE
	CHLOROPHYLL-a (CORRECTED)	µg/l	32223	
	CHLOROPHYLL-a (NON-CORRECTED)	µg/l	32210	
	CHLOROPHYLL-b	µg/l	32212	
	CHLOROPHYLL-c	µg/l	32214	
	PHAEOPHYTIN-a	µg/l	32218	
* X	BOD, 5-DAY CARBONACEOUS	mg/l	80082	0.4
	BOD, 5-DAY N-INHIBITED	mg/l	00314	
X	FECAL COLIFORMS, MEMBRANE	no./100 ml	31616	10 u
	FECAL COLIFORMS, TUBE	no./100 ml	31615	
X	TOTAL COLIFORMS, MEMBRANE	no./100 ml	31501	7000
	TOTAL COLIFORMS, TUBE	no./100 ml	31505	
	FECAL STREPTOCOCCI, MEMBRANE	no./100 ml	31673	
	HETEROTROPHIC PLATE COUNT	no./1 ml	31751	
	SEDIMENT PRTCL SIZE, >2.0mm	%	80256	
	SEDIMENT PRTCL SIZE, 0.5-2.0mm	%	80254	
	SEDIMENT PRTCL SIZE, 0.125-0.5mm	%	46531	
	SEDIMENT PRTCL SIZE, 0.063-0.125mm	%	80251	
	SEDIMENT PRTCL SIZE, <0.063mm	%	80250	*
	SEDIMENT PRTCL SIZE, 0.25-0.5mm	%	80253	
	SEDIMENT PRTCL SIZE, 0.125-0.25mm	%	80252	
	SEDIMENT ORGANIC FRACTION	%	80096	
	ALGAL ASSAY, LIMITING NUTRIENT	—	—	REPORT

✓	LAB PARAMETERS	UNITS	CODE	VALUE
	ALGAL ASSAY, GROWTH POTENTIAL	mg/l	85209	
	INVERT, DIVERSITY INDX, ART SUBST	—	61455	
	INVERT, DI, AS, 95% CONF INT	—	61456	
	INVERT, DIVERSITY INDX, NAT SUBST	—	61453	
	INVERT, DI, NS, 95% CONF INT	—	61454	
	INVERT, ART SUBST, NO. SPP.	—	61457	
	INVERT, NAT SUBST, NO. SPP.	—	61458	
	INVERT, FLORIDA INDEX	—	—	
	INVERT, SPECIES ID/COUNT	—	—	REPORT
	PERIPHYTON, SPECIES ID/COUNT	—	—	REPORT
	PHYTOPLNKTN, SPECIES ID/COUNT	—	—	REPORT
	TOXICITY ASSAY, MICROTOX	—	—	REPORT
	TOXICITY ASSAY, ACUTE, SCRNG	—	—	REPORT
	TOXICITY ASSAY, ACUTE, DFNTV	—	—	REPORT
	TOXICITY ASSAY, FLOW-THROUGH	—	—	REPORT
	TOXICITY ASSAY, CHRONIC, SCRNG	—	—	REPORT
	TOXICITY ASSAY, CHRONIC, DFNTV	—	—	REPORT
X	NFLT Residue	mg/l	530	5 u
X	Oils & Greases	mg/l	556	5 u

REMARKS: * BOD/TSS – Composite samples

ANALYST: DATE:

REVIEWED BY: W Arnold DATE: 5/19/94

PLEASE TYPE OR PRINT CLEARLY

920142

JOB ID: _____

SAMPLE ID: _____

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
CENTRAL LABORATORY SAMPLE SUBMITTAL FORM
PAGE 1

COLLECTION TIME A — GRAB SAMPLE: 9:50 AM

COLLECTION TIME B — COMPOSITE SAMPLE: BEGIN: _____ END: _____

SUBMITTING AGENCY CODE:	SUBMITTING AGENCY NAME:	STORET STATION NUMBER:	COLLECTION DATE (M/D/Y):	DEPTH, FEET:
8010	N.W. District – Pensacola		5/6/92	

COUNTY OF SAMPLE ORIGIN:	SAMPLE LOCATION:	FIELD ID/NAME:
Jackson	Schk 001 – Gulf Power	Discharge Canal 001

WATER: ☐ SURFACE (FRESH) ☐ GROUND ☐ DRINKING ☐ SURFACE (SALT) ☑ EFFLUENT ☐ TRIP BLANK ☐ FIELD BLANK ☐ EQUIPMENT BLANK

SOIL/SEDIMENT: ☐ SOIL ☐ FRESHWATER SEDIMENT ☐ MARINE SEDIMENT ☐ SLUDGE

TISSUE: ☐ PLANT ☐ FISH ☐ SHELLFISH ☐ OTHER

CHEMICAL WASTE: ☐

PRGRM. MOD.:	NPDES NUMBER (& OUTFALL NO., IF APPLICABLE): (required for all discharge related samples)
1162	

FIELD PARAMETERS MEASURED BY: (NAME):

(SIGNATURE): Charlie Reyer

SAMPLED BY: (NAME):

(SIGNATURE): Charlie Reyer

FIELD REPORT PREPARED BY: (NAME):

(SIGNATURE): Charlie Reyer

FIELD PARAMETERS	UNITS	CODE*	VALUE
CHLORINE, TOTAL RESIDUAL	mg/l	50060	.1
DISSOLVED OXYGEN (PROBE)	mg/l	00299	
pH	stnd. units	00400	7.62
SALINITY	PPTh	00480	
SECCHI DEPTH	m	00078	
SPECIFIC CONDUCTANCE	µmho/cm	00094	
TEMPERATURE	°C	00010	20.9

ANALYSIS/METHOD REQUESTED	SAMPLE CONTAINER DESCRIPTION	NO. OF CONTAINERS SUBMITTED	PRESERVATIVE USED
$N\text{-}NH_3$ TOTAL 610			
N-TKN 625			
$N\text{-}NO_2 + NO_3$ 630			
PHOS-TOTAL 665			
T.O.C. 680			
Metals	Plastic 500 ml	1	HNO3 + Ice

NOTE, FILL OUT PAGE 2 (REVERSE) IF ANY LAB PARAMETERS LISTED THERE ARE DESIRED

SEND COPIES OF ANALYSIS REORT TO: ☐ SUBMITTING AGENCY ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____

*STORET CODES MAY ONLY APPLY TO FIELD MEASUREMENTS ☐ SUBMITTING OFFICE FILL IN SHADED AREAS

PLEASE TYPE OR PRINT CLEARLY

STATE OF FLORIDA
DEPART[illegible]NT OF ENVIRONMENTAL REGULATION
CENTRA[illegible]BORATORY SAMPLE SUBMITTAL FORM
PAGE 2

✓	LAB PARAMETERS	UNITS	CODE	VALUE
	CHLOROPHYLL-a (CORRECTED)	µg/l	32223	
	CHLOROPHYLL-a (NON-CORRECTED)	µg/l	32210	
	CHLOROPHYLL-b	µg/l	32212	
	CHLOROPHYLL-c	µg/l	32214	
	PHAEOPHYTIN-a	µg/l	32218	
X	BOD, 5-DAY CARBONACEOUS	mg/l	80082	0.5U
	BOD, 5-DAY N-INHIBITED	mg/l	00314	
X	FECAL COLIFORMS, MEMBRANE	no./100 ml	31616	10U
	FECAL COLIFORMS, TUBE	no./100 ml	31615	
X	TOTAL COLIFORMS, MEMBRANE	no./100 ml	31501	1000 Q
	TOTAL COLIFORMS, TUBE	no./100 ml	31505	
	FECAL STREPTOCOCCI, MEMBRANE	no./100 ml	31673	
	HETEROTROPHIC PLATE COUNT	no./1 ml	31751	
	SEDIMENT PRTCL SIZE, >2.0mm	%	80256	
	SEDIMENT PRTCL SIZE, 0.5-2.0mm	%	80254	
	SEDIMENT PRTCL SIZE, 0.125-0.5mm	%	46531	
	SEDIMENT PRTCL SIZE, 0.063-0.125mm	%	80251	
	SEDIMENT PRTCL SIZE, <0.063mm	%	80250	
	SEDIMENT PRTCL SIZE, 0.25-0.5mm	%	80253	
	SEDIMENT PRTCL SIZE, 0.125-0.25mm	%	80252	
	SEDIMENT ORGANIC FRACTION	%	80096	
	ALGAL ASSAY, LIMITING NUTRIENT	—	—	REPORT

✓	LAB PARAMETERS	UNITS	CODE	VALUE
	ALGAL ASSAY, GROWTH POTENTIAL	mg/l	85209	
	INVERT, DIVERSITY INDX, ART SUBST	—	61455	
	INVERT, DI, AS, 95% CONF INT	—	61456	
	INVERT, DIVERSITY INDX, NAT SUBST	—	61453	
	INVERT, DI, NS, 95% CONF INT	—	61454	
	INVERT, ART SUBST, NO. SPP.	—	61457	
	INVERT, NAT SUBST, NO. SPP.	—	61458	
	INVERT, FLORIDA INDEX	—	—	
	INVERT, SPECIES ID/COUNT	—	—	REPORT
	PERIPHYTON, SPECIES ID/COUNT	—	—	REPORT
	PHYTOPLNKTN, SPECIES ID/COUNT	—	—	REPORT
	TOXICITY ASSAY, MICROTOX	—	—	REPORT
	TOXICITY ASSAY, ACUTE, SCRNG	—	—	REPORT
	TOXICITY ASSAY, ACUTE, DFNTV	—	—	REPORT
	TOXICITY ASSAY, FLOW-THROUGH	—	—	REPORT
	TOXICITY ASSAY, CHRONIC, SCRNG	—	—	REPORT
	TOXICITY ASSAY, CHRONIC, DFNTV	—	—	REPORT
X	[illegible]ELT Residue	mg/l	530	4
X	Oils & Greases	mg/l	556	5.4

REMARKS:

ANALYST: DATE:

REVIEWED BY: [signature] DATE: 5/14/91

PLEASE TYPE OR PRINT CLEARLY

920144

JOB ID: _____

SAMPLE ID: _____

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
CENTRAL LABORATORY SAMPLE SUBMITTAL FORM
PAGE 1

COLLECTION TIME A — GRAB SAMPLE

COLLECTION TIME B — COMPOSITE SAMPLE
BEGIN: _____
END: _____

SUBMITTING AGENCY CODE:	SUBMITTING AGENCY NAME:	STORET STATION NUMBER:	COLLECTION DATE (M/D/Y):	DEPTH, FEET:
8010	N.W. District - Pensacola		5/6/92	

COUNTY OF SAMPLE ORIGIN:	SAMPLE LOCATION:	FIELD ID/NAME:
Jackson Co	Scholz - Gulf Power 004	

WATER	SOIL/SEDIMENT	TISSUE	CHEMICAL WASTE
☐ SURFACE (FRESH)	☐ SOIL	☐ PLANT	☐
☐ GROUND ☐ SURFACE (SALT) ☑ EFFLUENT	☐ FRESH-WATER SEDIMENT	☐ FISH	
☐ DRINKING	☐ MARINE SEDIMENT	☐ SHELLFISH	
☐ TRIP BLANK ☐ FIELD BLANK ☐ EQUIPMENT BLANK	☐ SLUDGE	☐ OTHER	

PRGRM. MOD. #:	NPDES NUMBER (& OUTFALL NO. IF APPLICABLE):
162	(required for all discharge related samples)

FIELD PARAMETERS MEASURED BY (NAME):

(SIGNATURE): Charlie Reyes

SAMPLED BY (NAME):

(SIGNATURE): Charlie Reyes

FIELD REPORT PREPARED BY (NAME):

(SIGNATURE): Charlie Reyes

FIELD PARAMETERS	UNITS	CODE*	VALUE
CHLORINE, TOTAL RESIDUAL	mg/l	50060	2.0+
DISSOLVED OXYGEN (PROBE)	mg/l	00299	
pH	std. units	00400	7.65
SALINITY	PPTh	00480	
SECCHI DEPTH	m	00078	
SPECIFIC CONDUCTANCE	µmho/cm	00094	
TEMPERATURE	°C	00010	19.2

ANALYSIS/METHOD REQUESTED	SAMPLE CONTAINER DESCRIPTION	NO. OF CONTAINERS SUBMITTED	PRESERVATIVE USED
$N\text{-}NH_3$ TOTAL 610			
N-TKN 625			
$N\text{-}NO_2 + NO_3$ 630			
PHOS-TOTAL 665			
T.O.C. 680			

NOTE, FILL OUT PAGE 2 (REVERSE) IF ANY LAB PARAMETERS LISTED THERE ARE DESIRED

SEND COPIES OF ANALYSIS REORT TO: ☐ SUBMITTING AGENCY ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____

*STORET CODES MAY ONLY APPLY TO FIELD MEASUREMENTS

☐ SUBMITTING OFFICE FILL IN SHADED AREAS

PLEASE TYPE OR PRINT CLEARLY

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
CENTRAL LABORATORY SAMPLE SUBMITTAL FORM

V	LAB PARAMETERS	UNITS	CODE	VALUE
	CHLOROPHYLL-a (CORRECTED)	µg/l	32223	
	CHLOROPHYLL-a (NON-CORRECTED)	µg/l	32210	
	CHLOROPHYLL-b	µg/l	32212	
	CHLOROPHYLL-c	µg/l	32214	
	PHAEOPHYTIN-a	µg/l	32218	
X	BOD, 5-DAY CARBONACEOUS	mg/l	80082	0.5u
	BOD, 5-DAY N-INHIBITED	mg/l	00314	
	FECAL COLIFORMS, MEMBRANE	no./100 ml	31616	
	FECAL COLIFORMS, TUBE	no./100 ml	31615	
	TOTAL COLIFORMS, MEMBRANE	no./100 ml	31501	
	TOTAL COLIFORMS, TUBE	no./100 ml	31505	
	FECAL STREPTOCOCCI, MEMBRANE	no./100 ml	31673	
	HETEROTROPHIC PLATE COUNT	no./1 ml	31751	
	SEDIMENT PRTCL SIZE, >2.0mm	%	80256	
	SEDIMENT PRTCL SIZE, 0.5-2.0mm	%	80254	
	SEDIMENT PRTCL SIZE, 0.125-0.5mm	%	46531	
	SEDIMENT PRTCL SIZE, 0.063-0.125mm	%	80251	
	SEDIMENT PRTCL SIZE, <0.063mm	%	80250	
	SEDIMENT PRTCL SIZE, 0.25-0.5mm	%	80253	
	SEDIMENT PRTCL SIZE, 0.125-0.25mm	%	80252	
	SEDIMENT ORGANIC FRACTION	%	80096	
	ALGAL ASSAY, LIMITING NUTRIENT	—	—	REPORT

V	LAB PARAMETERS	UNITS	CODE	VALUE
	ALGAL ASSAY, GROWTH POTENTIAL	mg/l	85209	
	INVERT, DIVERSITY INDX, ART SUBST	—	61455	
	INVERT, DI, AS, 95% CONF INT	—	61456	
	INVERT, DIVERSITY INDX, NAT SUBST	—	61453	
	INVERT, DI, NS, 95% CONF INT	—	61454	
	INVERT, ART SUBST, NO. SPP.	—	61457	
	INVERT, NAT SUBST, NO. SPP.	—	61458	
	INVERT, FLORIDA INDEX	—	—	
	INVERT, SPECIES ID/COUNT	—	—	REPORT
	PERIPHYTON, SPECIES ID/COUNT	—	—	REPORT
	PHYTOPLNKTN, SPECIES ID/COUNT	—	—	REPORT
	TOXICITY ASSAY, MICROTOX	—	—	REPORT
	TOXICITY ASSAY, ACUTE, SCRNG	—	—	REPORT
	TOXICITY ASSAY, ACUTE, DFNTV	—	—	REPORT
	TOXICITY ASSAY, FLOW-THROUGH	—	—	REPORT
	TOXICITY ASSAY, CHRONIC, SCRNG	—	—	REPORT
	TOXICITY ASSAY, CHRONIC, DFNTV	—	—	REPORT
X	NFLM Residue	mg/l	530	7
	Oils & Greases	mg/l	556	

REMARKS:

ANALYST: DATE:

REVIEWED BY: W Dank DATE: 5/14/92

PLEASE TYPE OR PRINT CLEARLY