



Florida Department of Environmental Protection

Northwest District
160 Governmental Center
Pensacola, Florida 32502-5794

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

April 9, 2010

BY ELECTRONIC MAIL
(pbyrne@ecua.org)

In the Matter of an
Application for Permit by:

Emerald Coast Utilities Authority
Patrick L Byrne, P.E.
Deputy Executive Director Utility Operations
401 W Government St
Pensacola, Florida 32502-5572

Permit Number FL0031801-005
PA File Number FL0031801-005-DW1R/RA
Bayou Marcus WRF
Escambia County

NOTICE OF PERMIT ISSUANCE

Enclosed is Permit Number FL0031801 for the Bayou Marcus Water Reclamation Facility to increase the wetlands capacity from 8.2 MGD to 10.25 MGD AADF, issued under Chapter 403, Florida Statutes.

Monitoring requirements under this permit are effective on the first day of the second month following permit issuance. 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 Pensacola, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION

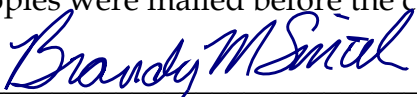
David Morris
Program Administrator

FILING AND ACKNOWLEDGMENT

FILED, on this date, under Section 120.52, Florida Statutes, with the designated Deputy Clerk, receipt of which is hereby acknowledged.

CERTIFICATE OF SERVICE

The undersigned hereby certifies that this DOCUMENT AND ATTACHMENTS and all copies were mailed before the close of business to the listed persons.

 _____ Name	<u>April 9, 2010</u> _____ Date
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Enclosure

Permit Revision, PA File No. FL0031801-005-DW1R/RA

c: Beth Stoltz, P.E., Camp Dreser & McKee (stoltzzbk@cdm.com)
Lee P. Wiseman, P.E., Camp Dreser & McKee (wisemanl@cdm.com)
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Division, Surface Water Permits and Facilities Branch, (nuhfer.mark@epa.gov)
NWFWM, Division of Resource Management, (Attn: Chief Bureau of Environment &
Resource Planning - Duncan J. Cairns) (duncancairns@nwfwmd.state.fl.us)
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STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT REVISION

PERMITTEE:

Emerald Coast Utilities Authority

RESPONSIBLE AUTHORITY:

Mr. Patrick L. Byrne, P.E.
Deputy Executive Director Utility Operations
401 West Government Street
Pensacola, FL 32502

(850) 969-3380

PERMIT NUMBER:

PA FILE NUMBERS:

FL0031801 (Major)
FL0031801-005-DW1R/RA
FL0031801-007-DW1/MR
FL0031801-006-DW1/MR
FL0031801-004-DW1/MR
FL0031801-003-DW1P/NR

ISSUANCE 003 DATE:

REVISION 004 DATE:

REVISION 006 DATE:

REVISION 007 DATE:

REVISION 005 DATE:

EXPIRATION DATE:

November 16, 2007
November 29, 2007
October 22, 2008
December 10, 2008
April 9, 2010
November 15, 2012 (unchanged)

FACILITY:

Bayou Marcus Water Reclamation Facility
3050 Fayal Drive
Pensacola, FL 32526
Escambia County
Latitude: 30° 26' 19" N Longitude: 87° 19' 31" W

This permit revision 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. The above named permittee is hereby authorized to operate the facilities shown on the application and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

- Treatment Facilities: no changes by this revision. The permitted treatment capacity remains 8.2 MGD AADF.
- Disposal: Surface Water Discharge: Existing total flow to both wetlands of 8.2 MGD AADF is increased to 10.25 MGD AADF. The flow is proportioned to the northern wetlands - 7.35 MGD AADF and the southern wetlands - 2.9 MGD AADF.

This is a substantial modification permit for the Bayou Marcus Water Reclamation Facility to increase the discharge to the Bayou Marcus WRF's northern wetlands from 5.3 MGD annual average daily flow to 7.35 MGD annual average daily flow or 2.14 inches per week to 3.0 inches per week. Surface waters in the northern wetland area flows to both Bayou Marcus Creek (WBID 697) and upper Perdido Bay (WBID 797).

The Bayou Marcus Water Reclamation Facility northern and southern wetlands site is bounded by Kainui Drive and Alekai Drive to the north, and on the south by State Road 298 (Lillian Highway), on the east by Blue Angel Parkway, and on the west by Perdido Bay. The Northern and Southern Wetland Sites are separated by Bayou Marcus Creek. The wetland site occupies an area of 992 acres. The wetland sites are located in Sections 8, 12 and 13, Township 2 South, Range 31 West in Escambia County, Florida.

This revised permit includes the following new conditions:

- Condition I.A.1 - Effluent flow and nutrient loading limitations are for discharge (D-002) to the Northern and Southern portions of the Wetlands.
- Condition I.A.6 - Bioassay monitoring requirements revised to update the type of chronic toxicity bioassay test performed from chronic screen NOEC $\geq 100\%$ to chronic definitive IC25 $\geq 100\%$.

"More Protection, Less Process"
www.dep.state.fl.us

FACILITY: Bayou Marcus WRF
PERMITTEE: Emerald Coast Utilities Authority
401 West Government Street
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- New Condition I.A.11 - The Department may develop a Total Maximum Daily Load (TMDL) during the life of the permit. Once a TMDL has been established and adopted by rule, the Department shall revise this permit to incorporate the final findings of the TMDL. [62-620.325].
- Condition I.B.1/B.2 – Revised southern wetlands monitoring locations. Change in monitoring station nomenclature from WIM-06, WIM-07, WIM-08 and WIM-09 to WEP-S3, WIM-S2, WEP-N4 and WIM-N1, respectively. In addition, wetland monitoring site S-1 (WIM-10) is deleted.
- Condition III.7 - Revised northern wetlands monitoring location for ground water monitoring well. The ground monitoring plan is revised to delete monitoring well MWC-09 and add monitoring well MWC- 16.

All new or revised permit conditions are effective upon the period beginning on the issuance of this permit revision and lasting through the expiration date of this permit.

All other monitoring requirements and permit limits remains unchanged. This document is to be attached to and become part of wastewater permit number FL0031801.

Executed in Pensacola, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION



David P. Morres, P.E.
Program Administrator

DATE: April 9, 2010

Enclosures: Site Location Map
Monitoring Station Locations

Condition I.A.1 - Effluent flow and nutrient loading limitations are for discharge (D-002) to the Northern and Southern portions of the Wetlands - pages 3R & 4R

Condition I.A.6 – Bioassay monitoring requirements update – pages 5, 6, 5R & 6R

Condition I.A.11 – TMDL Reopener Clause – page 7R

Condition I.B.1/B.2 – Receiving Wetlands Monitoring Requirements – pages 8R & 9R

Condition III.7 – Monitoring Well MWC-09 replaced with monitoring Well MWC-16. Monitoring Well MWC-09 deleted – page 17R

DMRs page replacements:

- Part A – Monthly Report – D-002 – page 1R thru 4R
- Part A – Bioassay Report – D-002 – page 5R
- Part A – Receiving Wetlands Reports for WEP-S3, WIM-S2, WEP-N4 and WIM-N1– pages 8R, 9R , 10R, 11R, 12R, 13R, 14R & 15R
- Part D – New Ground Water Monitoring Well MWC-16 – page 44

N:\36484 (Bayou Marcus Expansion)\Data\GIS\MXD\Aerial_8.5x11_Dist.mxd



CDM

0 1,250 2,500 Feet
1 inch equals 1,250 feet

BAYOU MARCUS WATER RECLAMATION FACILITY

MWC - 16

PB
(SWA - 03)

BMP
(SWD - 02)

N - 4
(WEP - N4)

NORTHERN WETLANDS

N - 1
(WIM - N1)

S - 3
(WEP - S3)

SOUTHERN WETLANDS

MWC - 11

S - 2
(WIM - S2)

MWB - 14

MWB - 15

BMC
(SWU - 01)

MWB - 12

MWB - 13

Pamela
Kand

Aleka

Valma

Genere

Festo

Hayward

Benito

Parsons

Con

King

Benito

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FACILITY: Bayou Marcus WRF
 PERMITTEE: Emerald Coast Utilities Authority
 401 West Government Street
 Pensacola, Florida 32302

PERMIT NUMBER: FL0031801
 PA FILE NUMBERS: FL0031801-005-DW1R/RA

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Surface Water Discharges

- During the period beginning on the issuance date and lasting through the expiration date of this permit, the permittee is authorized to discharge effluent from Outfall D-002 to receiving wetlands. Such discharge shall be limited and monitored by the permittee as specified below and reported in accordance with condition I.B.8:

			Effluent Limitations				Monitoring Requirements			
Parameter	Units	Max/Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Total Flow to Wetlands	MGD	Maximum	10.25	Report	-	-	Continuous	Calculated	FLW-04	
Flow to Northern portion of the Wetland.	MGD	Maximum	7.35 5.3	Report	-	-	Continuous	Recording flow meters and totalizers	FLW-02	See Cond.I.B.4
Flow to Southern portion of the Wetland.	MGD	Maximum	2.9	Report	-	-	Continuous	Recording flow meters and totalizers	FLW-03	See Cond.I.B.4
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	5.0	6.3	7.5	10.0	5 Days/Week	24-hour flow proportioned composite	EFF-01	
Solids, Total Suspended	MG/L	Maximum	5.0	6.3	7.5	10.0	5 Days/Week	24-hour flow proportioned composite	EFF-01	
Nitrogen, Ammonia, Total as NH4	MG/L	Maximum	1.6	2.0	2.4	3.2	5 Days/Week	24-hour flow proportioned composite	EFF-01	
Phosphorus, Total (as P)	MG/L (LBS/DAY)	Maximum	1.0 (68.4)	1.3	1.5	2.0	5 Days/Week	24-hour flow proportioned composite (Calculated)	EFF-01	
Phosphorus, Total (as P) (Northern portion of the Wetland)	LBS/DAY	Maximum	44.2				5 Days/Week	Calculated	EFF-01	
Phosphorus, Total (as P) (Southern portion of the Wetland)	LBS/DAY	Maximum	24.2				5 Days/Week	Calculated	EFF-01	
Nitrogen, Total	MG/L (LBS/DAY)	Maximum	3.0 (205.2)	3.8	4.5	6.0	5 Days/Week	24-hour flow proportioned composite (Calculated)	EFF-01	
Nitrogen, Total (Northern portion of the Wetland)	LBS/DAY	Maximum	132.6				5 Days/Week	Calculated	EFF-01	
Nitrogen, Total (Southern portion of the Wetland)	LBS/DAY	Maximum	72.6				5 Days/Week	Calculated	EFF-01	
pH	SU	Range	-	-	-	6.0 to 8.5	Continuous	Grab	EFF-01	See Cond.I.A.3
Coliform, Fecal	#/100ML	Maximum	See Permit Condition I.A.5.				5 Days/Week	Grab	EFF-01	
Oxygen, Dissolved (DO)	MG/L	Minimum	-	-	-	5.0	Daily	Grab	EFF-01	

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			Effluent Limitations				Monitoring Requirements			
Parameter	Units	Max/Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Ultraviolet Light Intensity	MW/CM2	Minimum	-	-	-	Report	Continuous	Meter	PPI-02	
Ultraviolet Light Dosage	MW-S/CM2	Minimum	-	-	-	25	Continuous	Calculated	PPI-02	
Whole Effluent Toxicity (Chronic)	See Permit Condition I.A.6								EFF-01	
Zinc, Total Recoverable	UG/L	Maximum	See Permit Condition I.A.7 & 10				Monthly	24-hour flow proportioned composite	EFF-01	
Copper, Total Recoverable	UG/L	Maximum	See Permit Condition I.A.9 & 10				Monthly	24-hour flow proportioned composite	EFF-01	
Hardness, Total (as CaCO ₃)	MG/L	Maximum	See Permit Condition I.A.8				Monthly	24-hour flow proportioned composite	EFF-01	

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

Monitoring Location Site Number	Description of Monitoring Location
EFF-01	Effluent monitoring point prior to discharge to the wetlands.
FLW-02	Flow to Northern Portion of Wetlands.
FLW-03	Flow to Southern Portion of Wetlands.
FLW-04	Total Flow to the Wetlands.
PPI-02	Internal Monitoring at UV Unit.

3. Hourly measurement of pH during the period of required operator attendance may be substituted for continuous measurement. [Chapter 62-601, Figure 2]
4. Recording flow meters and totalizers shall be utilized to measure flow and calibrated at least annually. [62-601.200(17) and .500(6)]
5. The arithmetic mean of the monthly fecal coliform values collected during an annual period shall not exceed 200 per 100 mL of reclaimed water sample. The geometric mean of the fecal coliform values for a minimum of 10 samples of reclaimed water, each collected on a separate day during a period of 30 consecutive days (monthly), shall not exceed 200 per 100 mL of sample. No more than 10 percent of the samples collected (the 90th percentile value) during a period of 30 consecutive days shall exceed 400 fecal coliform values per 100 mL of sample. Any one sample shall not exceed 800 fecal coliform values per 100 mL of sample. Note: To report the 90th percentile value, list the fecal coliform values obtained during the month in ascending order. Report the value of the sample that corresponds to the 90th percentile (multiply the number of samples by 0.9). For example, for 30 samples, report the corresponding fecal coliform number for the 27th value of ascending order. [62-610.510 and 62-600.440(4)(c)]
- ~~6. The permittee shall comply with the following requirements to evaluate chronic whole effluent toxicity of the discharge from outfall D-002.~~
- ~~a. Effluent Limitation~~
- ~~(1) Whole effluent chronic toxicity shall not exceed a No Observed Effect Concentration (NOEC) of less than 100% effluent in any test. [Rule 62-302.530(62), F.A.C.]~~
- ~~b. Monitoring Frequency~~
- ~~(1) "Routine" toxicity tests shall be conducted quarterly and lasting for the duration of this permit unless a reduction in the frequency of monitoring is granted in writing by the Department.~~
- ~~(2) Upon completion of six consecutive, valid "routine" tests that demonstrate compliance with the effluent limitation in 6.a.(1) above, the permittee may submit a written request to the Department for a reduction in monitoring frequency. The Department shall review this request within 45 days of receipt and approve or deny the request in writing. Materials submitted to the Department for review should include a summary of the data and the complete bioassay reports for all tests being considered. In no case shall the frequency of monitoring be reduced to less than annually. Requested reductions in monitoring shall only become effective upon Department approval.~~
- ~~(3) If a test within the sequence of the six is deemed invalid, but is replaced by a repeat valid test initiated within seven days of the invalidation, the invalid test will not be counted against the requirement for six consecutive valid tests for the purpose of evaluating the reduction of monitoring frequency. If two or more invalidations occur, this provision does not apply.~~
- ~~c. Test Requirements~~
- ~~(1) Routine Tests: All routine tests shall be conducted using a control (0% effluent) and one test concentration of 100% final effluent.~~
- ~~(2) Additional Follow-up Tests, if required:~~
- ~~(a) If a routine test does not meet the chronic toxicity limitation in 6.a.(1) above, the permittee shall conduct three additional follow-up tests on each species that failed the test.~~
- ~~(b) The first additional follow-up test shall be conducted using a control (0% effluent) and a minimum of five dilutions: 100%, 50%, 25%, 12.5%, and 6.25% effluent. The dilution series may be modified in the second and third tests to more accurately bracket the toxicity such that at least two dilutions above (not to exceed~~

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PERMITTEE: Emerald Coast Utilities Authority
401 West Government Street
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- 100% effluent) and two dilutions below the target concentration and a control (0% effluent) are run. All test results shall be statistically analyzed according to the Appendices in EPA 821-R-02-013.
- (c) The first test shall be initiated within two weeks of the end of the failed routine test. The remaining additional follow-up tests shall be conducted weekly thereafter until a total of three valid additional follow-up tests are completed.
- (3) The permittee shall conduct 7 day chronic toxicity tests using the daphnid, **Ceriodaphnia dubia**, Survival and Reproduction Test and the fathead minnow, **Pimephales promelas**, Larval Survival and Growth Test, concurrently.
- (4) 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 ed., 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.
- (5) The control water and dilution water used shall be moderately hard water as described in EPA 821-R-02-013, Section 7.
- d. Sampling Requirements
- (1) For each routine or additional follow-up test conducted, a total of three 24 hour composite samples of final effluent shall be collected and used per the sampling protocol discussed in EPA 821-R-02-013, Section 8.
- (2) The first composite sample shall be used to initiate the test. The remaining two composite 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.
- 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 started no more than 30 days before the date of each routine or additional follow-up test conducted. The 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 does not meet "test acceptability criteria", 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 (C. dubia) and Section 11.12 (P. promelas).
- (3) If, during any test, 100% mortality occurs in the 100% effluent concentration prior to the end of the test and control mortality is less than 20% at that time, that test (including the control) shall be terminated with the conclusion that the test fails and constitutes non-compliance.
- (4) Additional follow-up tests shall be evaluated for acceptability based on the observed dose-response relationship and the percent minimum significant difference (PMSD), as required by EPA 821-R-02-013, Sections 10.2.6 and 10.2.8, respectively. Results from these evaluations shall be included with the bioassay reports.
- f. Reporting Requirements
- (1) Results from all required tests shall be reported on the Discharge Monitoring Report (DMR) as follows:
- (a) Routine Test Results: If the NOEC of a test species is greater than or equal to 100% effluent, ">100%" should be entered on the DMR for that test species. If the NOEC of a test species is less than 100% effluent, "<100%" should be entered.
- (b) Additional Follow-up Test Results: Report the % effluent determined to be the NOEC endpoint of the test.
- (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 mailed to the Department at the address below within 30 days of the completion 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 mailed within 45 days of completion of the third valid additional follow-up test. If any additional follow-up test or two consecutive routine tests do not meet the effluent limitation specified in 6.a.(1) above, the permittee shall contact the Department within 30 days of the laboratory report submittal to discuss the appropriate corrective actions necessary to remedy the observed chronic toxicity.
- (4) All bioassay reports shall be sent to:
- Florida Department of Environmental Protection
Northwest District Office
160 Governmental Center, Room 302
Pensacola, Florida 32502-5794

FACILITY: Bayou Marcus WRF
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6. 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(20) 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 quarterly, the first starting within 60 days of the issuance date of this permit and lasting for the duration of this permit.
 - (2) Upon completion of four consecutive valid routine tests that demonstrate compliance with the effluent limitation in .a.(1) above, the permittee may submit a written request to the Department for a reduction in monitoring frequency to once every six months. The request shall include a summary of the data and the complete bioassay laboratory reports for each test used to demonstrate compliance. The Department shall act on the request within 45 days of receipt. Reductions in monitoring shall only become effective upon the Department's written confirmation that the facility has completed four consecutive valid routine tests that demonstrate compliance with the effluent limitation in .a.(1) above.
 - (3) If a test within the sequence of the four is deemed invalid based on the acceptance criteria in EPA-821-R-02-013, but is replaced by a repeat valid test initiated within 21 days after the last day of the invalid test, the invalid test will not be counted against the requirement for four consecutive valid tests for the purpose of evaluating the reduction of monitoring frequency.
 - c. Sampling Requirements
 - (1) For each routine test or additional follow-up test conducted, a total of three 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, 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.

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If the mortality in the control (0% effluent) exceeds 20% for either species in any test or does not meet "test acceptability criteria", 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.

- (2) 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, the test (including the control) for that species shall be terminated with the conclusion that the test fails and constitutes non-compliance.
- (3) 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 tests shall be reported on the Discharge Monitoring Report (DMR) as follows:
 - (a) Routine and Additional Follow-up Test Results: The calculated IC25 for each test species shall be entered on the DMR.
- (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 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 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 sent to:
Florida Department of Environmental Protection
Northwest District Office
160 Governmental Center, Suite 308
Pensacola, Florida 32502-5794

g. Test Failures

- (1) A test fails when the test results do not meet the limits in .a.(1).
- (2) Additional Follow-up Tests:
 - (a) If a routine test does not meet the chronic toxicity limitation in .a.(1) above, 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 .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 first additional follow-up test 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 second additional follow-up test to more accurately bracket the toxicity such that at least two dilutions above and two dilutions below the target concentration and a control (0% effluent) 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 .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 .b.(1). If a routine test is invalid according to the acceptance criteria in EPA-821-R-02-013, a repeat test shall be initiated within 21 days after the last day of the invalid routine test.

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- (f) Upon completion of four consecutive quarterly valid routine tests that demonstrate compliance with the effluent limitation in .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. 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, 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 .(1)(b), 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)]

7. Total recoverable zinc (Zn) shall be monitored monthly and reported on a Discharge Monitoring Report (DMR), form DEP 62-620.910(10). The applicable water quality criterion for Zinc (Zn) are calculated using the equation below.

The daily maximum limitation for total recoverable zinc (Zn) shall not exceed the amount resulting from the following equation:

$$\text{ug/l Zn} \leq e^{(0.8473[\ln H] + 0884)}$$

[Rules 62-302.300, 62-302(24), 62-302.530(40), 62-302.530(71).FAC]

8. The term “LnH” is the natural logarithm of the total hardness, expressed as mg/l CaCO₃. The total hardness and the above recoverable metals shall be monitored concurrently. The total hardness value resulting from monitoring requirements of Part I.A.1. shall be used to determine the zinc and copper limits. The equations can only be applied for hardness in the range of 25 to 400 mg/l as CaCO₃. If the effluent analysis reveals a total hardness less than 25 mg/l CaCO₃ or greater than 400 mg/l CaCO₃, use 25 mg/l or 400 mg/l respectively, for the total hardness in the equations to calculate each total recoverable metal limitation. [Rule 62-302.530 FAC]
9. Total recoverable copper (Cu) shall be monitored monthly and reported on a Discharge Monitoring Report (DMR), form DEP 62-620.910(10). The applicable water quality criterion for copper (Cu) are calculated using the equation below. The daily maximum limitation for total recoverable copper (Cu) shall not exceed the amount resulting from the following equation:

$$\text{ug/l Cu} \leq e^{(0.8545[\ln H] - 1.702)}$$

[Rules 62-302.300, 62-302(24), 62-302.530(40), 62-302.530(71).FAC]

10. The daily maximum limits in I.A.7. and I.A.9. above are final limits. Concentrations measured in any effluent sample that exceed those values derived using the equations in I.A.7. and I.A.9. above shall be considered a violation the conditions of this permit and will be subject to enforcement actions pursuant to Chapter 403 , Florida Statutes, and Chapter 62-620, Florida Administrative Code. [Rule 62-620.620 FAC]
11. **The Department may develop a Total Maximum Daily Load (TMDL) during the life of the permit. Once a TMDL has been established and adopted by rule, the Department shall revise this permit to incorporate the final findings of the TMDL. [62-620.325].**

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B. Receiving Wetland

- During the period beginning on the issuance date and lasting through the expiration date of this permit, the permittee shall monitor water quality, sediment, and biota within and from the hydrologically altered receiving wetland(s). Wetland monitoring shall be performed in accordance with the following:

			Effluent Limitations				Monitoring Requirements			
Parameter	Units	Max/Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	-	-	-	Report	Quarterly	Grab	WEP-N4 WIM-06, WIM-S2 WIM-07, WEP-S3 WIM-08, WIM-N1 WIM-09, WIM-10	
Solids, Total Suspended	MG/L	Maximum	-	-	-	Report	Quarterly	Grab	WEP-N4 WIM-06, WIM-S2 WIM-07, WEP-S3 WIM-08, WIM-N1 WIM-09, WIM-10	
pH	SU	Range	-	-	-	Report	Quarterly	Field Probe	WEP-N4 WIM-06, WIM-S2 WIM-07, WEP-S3 WIM-08, WIM-N1 WIM-09, WIM-10	
Temperature, Water	DEG C	Maximum	-	-	-	Report	Quarterly	Field Thermometer	WEP-N4 WIM-06, WIM-S2 WIM-07, WEP-S3 WIM-08, WIM-N1 WIM-09, WIM-10	48 hr dawn-dusk, max 4 hr intervals
Coliform, Fecal	#/100ML	Maximum	-	-	-	Report	Quarterly	Grab	WEP-N4 WIM-06, WIM-S2 WIM-07, WEP-S3 WIM-08, WIM-N1 WIM-09, WIM-10	
Oxygen, Dissolved (DO)	MG/L	Minimum	-	-	-	Report	Quarterly	Field Probe	WEP-N4 WIM-06, WIM-S2 WIM-07, WEP-S3 WIM-08, WIM-N1 WIM-09, WIM-10	48 hr dawn-dusk, max 4 hr intervals
Nitrogen, Total Kjeldahl as N	MG/L	Maximum	-	-	-	Report	Quarterly	Grab	WEP-N4 WIM-06, WIM-S2 WIM-07, WEP-S3 WIM-08, WIM-N1 WIM-09, WIM-10	
Nitrogen, Ammonia, Total as NH4	MG/L	Maximum	-	-	-	Report	Quarterly	Grab	WEP-N4 WIM-06, WIM-S2 WIM-07, WEP-S3 WIM-08, WIM-N1 WIM-09, WIM-10	
Specific conductance, Field	UMHOS/CM	Maximum	-	-	-	Report	Quarterly	Field Probe	WEP-N4 WIM-06, WIM-S2 WIM-07, WEP-S3 WIM-08, WIM-N1 WIM-09, WIM-10	
NO2+NO3, Total 1 DET. as N	MG/L	Maximum	-	-	-	Report	Quarterly	Grab	WEP-N4 WIM-06, WIM-S2 WIM-07, WEP-S3 WIM-08, WIM-N1 WIM-09, WIM-10	
Total Nitrogen	MG/L	Maximum	3.0	-	-	Report	Quarterly	Grab	WEP-N4 WIM-06, WEP-S3 WIM-08	
Un-ionized Ammonia	MG/L	Maximum	0.02	-	-	Report	Quarterly	Calculated	WEP-N4 WIM-06, WEP-S3 WIM-08	
Phosphorus, Total (as P)	MG/L	Maximum	0.2	-	-	Report	Quarterly	Grab	WEP-N4 WIM-06, WEP-S3 WIM-08	
Phosphorus, Total (as P)	MG/L	Maximum	-	-	-	Report	Quarterly	Grab	WIM-S2 WIM-07, WIM-N1 WIM-09, WIM-10	

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			Effluent Limitations				Monitoring Requirements			
Parameter	Units	Max/Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Sulfide (Sediment Sampling)	MG/KG	Maximum	-	-	-	Report	Annually	Grab	WEP-N4 WIM-06, WIM-S2 WIM-07, WEP-S3 WIM-08, WIM-N1 WIM-09, WIM-10	
Sulfate, Total as SO4	MG/L	Maximum	-	-	-	Report	Quarterly	Grab	WEP-N4 WIM-06, WIM-S2 WIM-07, WEP-S3 WIM-08, WIM-N1 WIM-09, WIM-10	
Chlorophyll-A, Phytoplankton, Fluorometric Method	UG/L	Maximum	-	-	-	Report	Quarterly	Grab	WEP-N4 WIM-06, WIM-S2 WIM-07, WEP-S3 WIM-08, WIM-N1 WIM-09, WIM-10	
Staff Gauge Reading	Feet	Maximum	-	-	-	Report	Continuous	Stage Recorder	WEP-N4 WIM-06, WEP-S3 WIM-08	
Water Level Reading	NGVD	Maximum	-	-	-	Report	Continuous	Meter	WEP-N4 WIM-06, WIM-S2 WIM-07, WEP-S3 WIM-08, WIM-N1 WIM-09, WIM-10	
Woody Vegetation Sampling	Yes/No	Maximum	-	-	-	Report	Annually	Field	WEP-N4 WIM-06, WIM-S2 WIM-07, WEP-S3 WIM-08, WIM-N1 WIM-09, WIM-10	
Herbaceous Vegetation Sampling	Yes/No	Maximum	-	-	-	Report	Quarterly	Line Intercept Method	WEP-N4 WIM-06, WIM-S2 WIM-07, WEP-S3 WIM-08, WIM-N1 WIM-09, WIM-10	
Fish Sampling	Yes/No	Maximum	-	-	-	Report	Annually	Field	WEP-N4 WIM-06, WEP-S3 WIM-08	
Threatened And Endangered Plant and Animal Species List	Yes/No	Maximum	-	-	-	Report	Annually	Field	WEP-N4 WIM-06, WIM-S2 WIM-07, WEP-S3 WIM-08, WIM-N1 WIM-09, WIM-10	

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

Monitoring Location Site Number	Description of Monitoring Location
WEP-N4 WIM-06	Northern System Quadrant N-4 Sampling Station. Point of discharge (exit) from the northern wetland.
WIM-S2 WIM-07	Southern System Quadrant S-2 Sampling Station. Southern wetland internal monitoring station.
WEP-S3 WIM-08	Southern System Quadrant S-3 Sampling Station. Point of discharge (exit) from the southern wetland.
WIM-N1 WIM-09	Northern System Quadrant N-1 Sampling Station. Northern wetland internal monitoring station.
WIM-10	Southern System Quadrant S-1 Sampling Station. Southern wetland internal monitoring station.

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6. During the period of operation authorized by this permit, the permittee shall sample ground water in accordance with this permit and the approved ground water monitoring plan prepared in accordance with Rule 62-522.600, F.A.C. [62-522.600][62-610.412]
7. The following monitoring wells shall be sampled quarterly and shall be sampled in accordance with the monitoring frequencies specified in Permit Condition III.8 for Disposal System D-002. Quarterly sampling must be reasonably spaced to be representative of potentially changing conditions.

Well Name	Monitoring Location Site Number	Depth (Feet)	Aquifer Monitored	Well Type	New or Existing
MWC - 9	26977	7.00	Sand & Gravel	Compliance	Existing
MWC - 10	26978	9.00	Sand & Gravel	Compliance	Existing
MWC - 11	26979	TBD	Sand & Gravel	Compliance	New
MWB - 12	26980	TBD	Sand & Gravel	Background	New
MWB - 13	26981	TBD	Sand & Gravel	Background	New
MWB - 14	31193	12.00	Sand & Gravel	Background	Existing
MWB - 15	31194	41.00	Sand & Gravel	Background	Existing
MWC - 16		TBD	Sand & Gravel	Compliance	New

[62-522.600, 8-21-00]

8. The following parameters shall be analyzed quarterly for each of the monitoring well(s) identified in Condition III.7:

Parameter	Compliance Well Limit	Units	Sample Type	Monitoring Frequency
Water Level Relative to NGVD	Report	feet	In-situ	Quarterly
Nitrogen, Nitrate, Total (as N)	10	mg/l	Grab	Quarterly
Solids, Total Dissolved (TDS)	500	mg/l	Grab	Quarterly
Arsenic, Total Recoverable	10	ug/l	Grab	Quarterly
Chloride (as Cl)	250	mg/l	Grab	Quarterly
Cadmium, Total Recoverable	5	ug/l	Grab	Quarterly
Chromium, Total Recoverable	100	ug/l	Grab	Quarterly
Lead, Total Recoverable	15	ug/l	Grab	Quarterly
Coliform, Fecal	4	#/100ml	Grab	Quarterly
pH	6.0 to 8.5	s.u.	In-situ	Quarterly
Sulfate, Total	250	mg/l	Grab	Quarterly
Turbidity	Report	ntu	Grab	Quarterly
TKN	Report	mg/l	Grab	Quarterly

[62-522.600(11)(b)] [62-601.300(3), 62.601.700, and Figure 3 of 62-601]

9. If the concentration for any constituent listed in Permit Condition III.8. in the natural background quality of the ground water is greater than the stated maximum, or in the case of pH is also less than the minimum, the representative natural background quality shall be the prevailing standard. [62-520.420(2), 12-9-96] Ground water monitoring parameters shall be analyzed in accordance with Chapter 62-601, F.A.C. [62-620.610(18)]
10. Ground water monitoring and surface water monitoring results which require quarterly testing shall be submitted on Part D of Form 62-620.910(10). Results shall be submitted with April, July, October, and January DMR for each year during the period of operation allowed by this permit. [62-522.600(10) and (11)(b)] [62-601.300(3), 62.601.700, and Figure 3 of 62-601] [62-620.610(18)]

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: Emerald Coast Utilities Authority
 MAILING ADDRESS: 401 West Government Street
 Pensacola, FL 32302
 FACILITY: Bayou Marcus WRF
 LOCATION: 3050 Fayal Drive
 Pensacola, FL 32526
 COUNTY: Escambia

PERMIT NUMBER: FL0031801
 LIMIT: Final
 CLASS SIZE: Major
 MONITORING GROUP NUMBER: D-002
 MONITORING GROUP DESC: D-002, including Influent
 NO DISCHARGE FROM SITE: ☐
 MONITORING PERIOD From: _____ To: _____

REPORT: Monthly
 GROUP: Domestic

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Total Flows to Wetland	Sample Measurement										
PARM Code 50050 Y Mon.Site No. FLW-04	Permit Requirement	10.25 (An.Avg.)		MGD						Continuous	Calculated
Total Flows to Wetland	Sample Measurement										
PARM Code 50050 I Mon.Site No. FLW-04	Permit Requirement		Report (Mo.Avg.)	MGD						Continuous	Calculated
Flow to Northern Wetland	Sample Measurement										
PARM Code 50050 T Mon.Site No. FLW-02	Permit Requirement	7.35 5.3 (An.Avg.)		MGD						Continuous	Flow Totalizer
Flow to Northern Wetland	Sample Measurement										
PARM Code 50050 U Mon.Site No. FLW-02	Permit Requirement		Report (Mo.Avg.)	MGD						Continuous	Flow Totalizer
Flow to Southern Wetland	Sample Measurement										
PARM Code 50050 P Mon.Site No. FLW-03	Permit Requirement	2.9 (An.Avg.)		MGD						Continuous	Flow Totalizer
Flow to Southern Wetland	Sample Measurement										
PARM Code 50050 Q Mon.Site No. FLW-03	Permit Requirement		Report (Mo.Avg.)	MGD						Continuous	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement										
PARM Code 80082 Y Mon.Site No. EFF-01	Permit Requirement					5.0 (An.Avg.)		MG/L		5 Days/Week	24-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement										
PARM Code 80082 I Mon.Site No. EFF-01	Permit Requirement				7.5 (Wk.Avg.)	6.3 (Mo.Avg.)	10.0 (Max.)	MG/L		5 Days/Week	24-hr. FPC

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

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Bayou Marcus WRF

MONITORING GROUP NUMBER: D-002

PERMIT NUMBER: FL0031801

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 Y Mon.Site No. EFF-01	Permit Requirement				5.0 (An.Avg.)			MG/L		5 Days/Week	24-hr. FPC
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 1 Mon.Site No. EFF-01	Permit Requirement				7.5 (Wk.Avg.)	6.3 (Mo.Avg.)	10.0 (Max.)	MG/L		5 Days/Week	24-hr. FPC
Nitrogen, Ammonia, Total as NH4	Sample Measurement										
PARM Code 71845 Y Mon.Site No. EFF-01	Permit Requirement				1.6 (An.Avg.)			MG/L		5 Days/Week	24-hr. FPC
Nitrogen, Ammonia, Total as NH4	Sample Measurement										
PARM Code 71845 1 Mon.Site No. EFF-01	Permit Requirement				2.4 (Wk.Avg.)	2.0 (Mo.Avg.)	3.2 (Max.)	MG/L		5 Days/Week	24-hr. FPC
Phosphorus, Total (as P)	Sample Measurement										
PARM Code 00665 Y Mon.Site No. EFF-01	Permit Requirement	68.4 (An.Avg.)		LBS/DAY		1.0 (An.Avg.)		MG/L		5 Days/Week	24-hr. FPC
Phosphorus, Total (as P) (Northern portion of the Wetland)	Sample Measurement										
PARM Code 00665 R Mon.Site No. EFF-01	Permit Requirement	44.2 (An.Avg.)		LBS/DAY						5 Days/Week	Calculated
Phosphorus, Total (as P) (Southern portion of the Wetland)	Sample Measurement										
PARM Code 00665 S Mon.Site No. EFF-01	Permit Requirement	24.2 (An.Avg.)		LBS/DAY						5 Days/Week	Calculated
Phosphorus, Total (as P)	Sample Measurement										
PARM Code 00665 1 Mon.Site No. EFF-01	Permit Requirement				1.5 (Wk.Avg.)	1.3 (Mo.Avg.)	2.0 (Max.)	MG/L		5 Days/Week	24-hr. FPC
Nitrogen, Total	Sample Measurement										
PARM Code 00600 Y Mon.Site No. EFF-01	Permit Requirement	205.2 (An.Avg.)		LBS/DAY		3.0 (An.Avg.)		MG/L		5 Days/Week	24-hr. FPC
Nitrogen, Total (Northern portion of the Wetland)	Sample Measurement										
PARM Code 00600 R Mon.Site No. EFF-01	Permit Requirement	132.6 (An.Avg.)		LBS/DAY						5 Days/Week	Calculated
Nitrogen, Total (Southern portion of the Wetland)	Sample Measurement										
PARM Code 00600 S Mon.Site No. EFF-01	Permit Requirement	72.6 (An.Avg.)		LBS/DAY						5 Days/Week	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Bayou Marcus WRF

MONITORING GROUP NUMBER: D-002

PERMIT NUMBER: FL0031801

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 1 Mon.Site No. EFF-01	Permit Requirement				4.5 (Wk.Avg.)	3.8 (Mo.Avg.)	6.0 (Max.)	MG/L		5 Days/Week	24-hr. FPC
pH	Sample Measurement										
PARM Code 00400 1 Mon.Site No. EFF-01	Permit Requirement				6.0 (Min.)		8.5 (Max.)	SU		Continuous	Grab
Coliform, Fecal	Sample Measurement										
PARM Code 74055 Y Mon.Site No. EFF-01	Permit Requirement					200 (An.Avg.)		#/100ML		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement										
PARM Code 74055 1 Mon.Site No. EFF-01	Permit Requirement				400 (90%)	200 (Mo.Geo.Mean)	800 (Max.)	#/100ML		5 Days/Week	Grab
Oxygen, Dissolved (DO)	Sample Measurement										
PARM Code 00300 1 Mon.Site No. EFF-01	Permit Requirement				5.0 (Min.)			MG/L		Daily	Grab
Ultraviolet Light Intensity - 1A (Channel #1 - Bank #1A)	Sample Measurement										
STORET No. 49607 S Mon.Site No. PPI-02	Permit Measurement				Report (Min.)			MW/CM ²		Continuous	Meter
Ultraviolet Light Intensity - 1B (Channel #1 - Bank #1B)	Sample Measurement										
STORET No. 49607 T Mon.Site No. PPI-02	Permit Measurement				Report (Min.)			MW/CM ²		Continuous	Meter
Ultraviolet Light Intensity - 1C (Channel #1 - Bank #1C)	Sample Measurement										
STORET No. 49607 U Mon.Site No. PPI-02	Permit Measurement				Report (Min.)			MW/CM ²		Continuous	Meter
Ultraviolet Light Intensity - 2A (Channel #2 - Bank #2A)	Sample Measurement										
STORET No. 49607 V Mon.Site No. PPI-02	Permit Measurement				Report (Min.)			MW/CM ²		Continuous	Meter
Ultraviolet Light Intensity - 2B (Channel #2 - Bank #2B)	Sample Measurement										
STORET No. 49607 W Mon.Site No. PPI-02	Permit Measurement				Report (Min.)			MW/CM ²		Continuous	Meter
Ultraviolet Light Intensity - 2C (Channel #2 - Bank #2C)	Sample Measurement										
STORET No. 49607 X Mon.Site No. PPI-02	Permit Measurement				Report (Min.)			MW/CM ²		Continuous	Meter
Ultraviolet Light Dosage	Sample Measurement										
STORET No. 61938 1 Mon.Site No. PPI-02	Permit Measurement				25 (Min.)			MWS/CM2		Continuous	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Bayou Marcus WRF

MONITORING GROUP NUMBER: D-002

PERMIT NUMBER: FL0031801

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Copper, Total Recoverable (effluent)	Sample Measurement										
PARM Code 01119 1 Mon.Site No. EFF-01	Permit Requirement						Report (Max.)	UG/L		Monthly	24-hr. FPC
Copper, Total Recoverable (calculated limit)	Sample Measurement										
PARM Code 01119 P Mon.Site No. EFF-01	Permit Requirement						Report (Max.)	UG/L		Monthly	Calculated
Copper, Total Recoverable (effluent minus calculated limit)	Sample Measurement										
PARM Code 01119 Q Mon.Site No. EFF-01	Permit Requirement						0.0 (Max.)	UG/L		Monthly	Calculated
Zinc, Total Recoverable (effluent)	Sample Measurement										
PARM Code 01094 1 Mon.Site No. EFF-01	Permit Requirement						Report (Max.)	UG/L		Monthly	24-hr. FPC
Zinc, Total Recoverable (calculated limit)	Sample Measurement										
PARM Code 01094 P Mon.Site No. EFF-01	Permit Requirement						Report (Max.)	UG/L		Monthly	Calculated
Zinc, Total Recoverable (effluent minus calculated limit)	Sample Measurement										
PARM Code 01094 Q Mon.Site No. EFF-01	Permit Requirement						0.0 (Max.)	UG/L		Monthly	Calculated
Hardness, Total (as CaCO3)	Sample Measurement										
PARM Code 00900 1 Mon. Site No. EFF-01	Permit Requirement						Report (Max.)	MG/L		Monthly	24-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement										
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement					Report (Mo.Avg.)		MG/L		5 Days/Week	24-hr. FPC
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement					Report (Mo.Avg.)		MG/L		5 Days/Week	24-hr. FPC
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement										
PARM Code 00180 P Mon.Site No. CAL-01	Permit Requirement					Report (Mo. Avg.)		PER-CENT		Monthly	Calculated
Flow, in conduit or thru treatment plant	Sample Measurement										
PARM Code 50050 R Mon.Site No. FLW-01	Permit Requirement	8.2 (An. Avg.)		MGD						Continuous	Flow Totalizer
Flow, in conduit or thru treatment plant	Sample Measurement										
PARM Code 50050 S Mon.Site No. FLW-01	Permit Requirement		Report (Mo. Avg.)	MGD						Continuous	Flow Totalizer

ISSUANCE/REISSUANCE DATE:

DEP Form 62-620.910(10), Effective Nov. 29, 1994

Part A

4R

D-002

April 2010

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: Emerald Coast Utilities Authority
MAILING ADDRESS: 401 West Government Street
Pensacola, FL 32501

PERMIT NUMBER

FL0031801

LIMIT:
CLASS SIZE:

Final
Major

REPORT:
GROUP:

Toxicity
Monthly
Domestic

FACILITY: Bayou Marcus Water Reclamation Facility
LOCATION: 3050 Fayal Drive
Pensacola, FL 32526

MONITORING GROUP NUMBER: D-002
MONITORING GROUP DESC: D-002, including Influent

COUNTY: Escambia

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Routine)	Sample Measurement										
PARM Code TRP3B P Mon. Site No. EFF-01	Permit Requirement				100 (Min.)			percent		Quarterly; four times per year	24-hr FPC
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional)	Sample Measurement										
PARM Code TRP3B Q Mon. Site No. EFF-01	Permit Requirement				100 (Min.)			percent		As needed	As required by the permit
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional)	Sample Measurement										
PARM Code TRP3B R Mon. Site No. EFF-01	Permit Requirement				100 (Min.)			percent		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas(Routine)	Sample Measurement										
PARM Code TRP6C P Mon. Site No. EFF-01	Permit Requirement				100 (Min.)			percent		Quarterly; four times per year	24-hr FPC
7-DAY CHRONIC STATRE Pimephales promelas(Additional)	Sample Measurement										
PARM Code TRP6C Q Mon. Site No. EFF-01	Permit Requirement				100 (Min.)			percent		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas(Additional)	Sample Measurement										
PARM Code TRP6C R Mon. Site No. EFF-01	Permit Requirement				100 (Min.)			percent		As needed	As required by the permit

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

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

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

ISSUANCE/REISSUANCE DATE:

DEP Form 62-620.910(10), Effective Nov. 29, 1994

Part A

5R

Toxicity Report

April 2010

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: Emerald Coast Utilities Authority
MAILING ADDRESS: 401 West Government Street
Pensacola, FL 32501

PERMIT NUMBER: FL0031801

LIMIT: Final
CLASS SIZE: Major

REPORT: Quarterly
GROUP: Domestic

FACILITY: Bayou Marcus Water Reclamation Facility
LOCATION: 3050 Fayal Drive
Pensacola, FL 32526
COUNTY: Escambia

MONITORING GROUP NUMBER: D-003
MONITORING GROUP DESC: Wetlands Monitoring
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: _____ To: _____

WAFR SITE NO.: **WEP-N4 WIM-06**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
CBOD5	Sample Measurement										
PARM Code 80082 U Mon.Site No. WEP-N4 WIM-06	Permit Requirement					Report (Max.)		MG/L		Quarterly	Grab
TSS	Sample Measurement										
PARM Code 00530 U Mon.Site No. WEP-N4 WIM-06	Permit Requirement					Report (Max.)		MG/L		Quarterly	Grab
pH	Sample Measurement										
PARM Code 00400 U Mon.Site No. WEP-N4 WIM-06	Permit Requirement				Report (Min.)	Report (Max.)		SU		Quarterly	Field Probe
Temperature, Water	Sample Measurement										
PARM Code 00010 U Mon.Site No. WEP-N4 WIM-06	Permit Requirement					Report (Max.)		°C		Quarterly	Field Thermometer
Oxygen, Dissolved (DO)	Sample Measurement										
PARM Code 00300 U Mon.Site No. WEP-N4 WIM-06	Permit Requirement				Report (Min.)			MG/L		Quarterly	Field Probe
Fecal Coliform Bacteria	Sample Measurement										
PARM Code 74055 U Mon.Site No. WEP-N4 WIM-06	Permit Requirement					Report (Max.)		#/100ML		Quarterly	Grab
TKN	Sample Measurement										
PARM Code 00625 U Mon.Site No. WEP-N4 WIM-06	Permit Requirement					Report (Max.)		MG/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.

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

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

DISCHARGE MONITORING REPORT – PART A (Continued)

FACILITY: Bayou Marcus Water Reclamation Facility

MONITORING GROUP NUMBER: D-003
MONITORING PERIOD From: _____ To: _____

WAFR SITE NO.: ~~WEP-N4 WIM-06~~

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Ammonia Total	Sample Measurement										
PARM Code 71845 U Mon.Site No. WEP-N4 WIM-06	Permit Requirement					Report (Max.)	MG/L			Quarterly	Grab
Specific Conductance	Sample Measurement										
PARM Code 00095 U Mon.Site No. WEP-N4 WIM-06	Permit Requirement					Report (Max.)	UMHOS/CM			Quarterly	Field Probe
NO2 + NO3, Total	Sample Measurement										
PARM Code 00630 U Mon.Site No. WEP-N4 WIM-06	Permit Requirement					Report (Max.)	MG/L			Quarterly	Grab
Sulfate, Total	Sample Measurement										
PARM Code 00945 U Mon.Site No. WEP-N4 WIM-06	Permit Requirement					Report (Max.)	MG/L			Quarterly	Grab
Chlorophyll-A, Phytoplankton	Sample Measurement										
PARM Code 32230 U Mon.Site No. WEP-N4 WIM-06	Permit Requirement					Report (Max.)	UG/L			Quarterly	Grab
Stream Stage	Sample Measurement										
PARM Code 34782 U Mon.Site No. WEP-N4 WIM-06	Permit Requirement		Report (Max.)	Feet						Continuous	Stage Recorder
Water Level at samp. Collection time	Sample Measurement										
PARM Code 85327 U Mon.Site No. WEP-N4 WIM-06	Permit Requirement		Report (Max.)	NGVD						Continuous	Meter
Nitrogen, Total	Sample Measurement										
PARM Code 00600 U Mon.Site No. WEP-N4 WIM-06	Permit Requirement				3.0 (An. Avg.)		MG/L			Quarterly	Grab
Nitrogen, Total	Sample Measurement										
PARM Code 00600 5 Mon.Site No. WEP-N4 WIM-06	Permit Requirement					Report Qtr (Max.)	MG/L			Quarterly	Grab
Nitrogen, Ammonia, Total Un-ionized (as N)	Sample Measurement										
PARM Code 00619 U Mon.Site No. WEP-N4 WIM-06	Permit Requirement				0.02 (An. Avg.)		MG/L			Quarterly	Calculated
Nitrogen, Ammonia, Total Un-ionized (as N)	Sample Measurement										
PARM Code 00619 5 Mon.Site No. WEP-N4 WIM-06	Permit Requirement					Report Qtr (Max.)	MG/L			Quarterly	Calculated

DISCHARGE MONITORING REPORT – PART A (Continued)

FACILITY: Bayou Marcus Water Reclamation Facility

MONITORING GROUP NUMBER: D-003
MONITORING PERIOD From: _____ To: _____

WAFR SITE NO.: ~~WEP-N4 WIM-06~~

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. WEP-N4 WIM-06	Permit Requirement					0.2 (An. Avg.)		MG/L		Quarterly	Grab
Phosphorus, Total (as P)	Sample Measurement										
PARM Code 00665 5 Mon.Site No. WEP-N4 WIM-06	Permit Requirement						Report Qtr (Max.)	MG/L		Quarterly	Grab
Herbaceous Vegetation Sampling	Sample Measurement										
PARM Code 51052 U Mon.Site No. WEP-N4 WIM-06	Permit Requirement						Report (Max.)	Yes or No		Quarterly	Grab
	Sample Measurement										
PARM Code Mon.Site No.	Permit Requirement										
	Sample Measurement										
PARM Code Mon.Site No.	Permit Requirement										
	Sample Measurement										
PARM Code Mon.Site No.	Permit Requirement										
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PARM Code Mon.Site No.	Permit Requirement										
	Sample Measurement										
PARM Code Mon.Site No.	Permit Requirement										
	Sample Measurement										
PARM Code Mon.Site No.	Permit Requirement										

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: Emerald Coast Utilities Authority
MAILING ADDRESS: 401 West Government Street
Pensacola, FL 32501

PERMIT NUMBER

FL0031801

LIMIT:
CLASS SIZE:

Final
Major

REPORT:
GROUP:

Quarterly
Domestic

FACILITY: Bayou Marcus Water Reclamation Facility
LOCATION: 3050 Fayal Drive
Pensacola, FL 32526
COUNTY: Escambia

MONITORING GROUP NUMBER: D-003
MONITORING GROUP DESC: Wetlands Monitoring
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: _____ To: _____

WAFR SITE NO.: **WIM-S2** ~~WIM-07~~

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
CBOD5	Sample Measurement										
PARM Code 80082 V Mon.Site No. WIM-S2 WIM-07	Permit Requirement					Report (Max.)		MG/L		Quarterly	Grab
TSS	Sample Measurement										
PARM Code 00530 V Mon.Site No. WIM-S2 WIM-07	Permit Requirement					Report (Max.)		MG/L		Quarterly	Grab
pH	Sample Measurement										
PARM Code 00400 V Mon.Site No. WIM-S2 WIM-07	Permit Requirement				Report (Min.)	Report (Max.)		SU		Quarterly	Field Probe
Temperature, Water	Sample Measurement										
PARM Code 00010 V Mon.Site No. WIM-S2 WIM-07	Permit Requirement					Report (Max.)		°C		Quarterly	Field Thermometer
Oxygen, Dissolved (DO)	Sample Measurement										
PARM Code 00300 V Mon.Site No. WIM-S2 WIM-07	Permit Requirement				Report (Min.)			MG/L		Quarterly	Field Probe
Fecal Coliform Bacteria	Sample Measurement										
PARM Code 74055 V Mon.Site No. WIM-S2 WIM-07	Permit Requirement					Report (Max.)		#/100ML		Quarterly	Grab
TKN	Sample Measurement										
PARM Code 00625 V Mon.Site No. WIM-S2 WIM-07	Permit Requirement					Report (Max.)		MG/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.

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

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

DISCHARGE MONITORING REPORT – PART A (Continued)

FACILITY: Bayou Marcus Water Reclamation Facility

MONITORING GROUP NUMBER: D-003
MONITORING PERIOD From: _____ To: _____

WAFR SITE NO.: ~~WIM-S2 WIM-07~~

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Ammonia Total	Sample Measurement										
PARM Code 71845 V Mon.Site No. WIM-S2 WIM-07	Permit Requirement					Report (Max.)	MG/L			Quarterly	Grab
Specific Conductance	Sample Measurement										
PARM Code 00095 V Mon.Site No. WIM-S2 WIM-07	Permit Requirement					Report (Max.)	UMHOS/CM			Quarterly	Field Probe
NO2 + NO3, Total	Sample Measurement										
PARM Code 00630 V Mon.Site No. WIM-S2 WIM-07	Permit Requirement					Report (Max.)	MG/L			Quarterly	Grab
Sulfate, Total	Sample Measurement										
PARM Code 00945 V Mon.Site No. WIM-S2 WIM-07	Permit Requirement					Report (Max.)	MG/L			Quarterly	Grab
Chlorophyll-A, Phytoplankton	Sample Measurement										
PARM Code 32230 V Mon.Site No. WIM-S2 WIM-07	Permit Requirement					Report (Max.)	UG/L			Quarterly	Grab
Phosphorus, Total (as P)	Sample Measurement										
PARM Code 00665 V Mon.Site No. WIM-S2 WIM-07	Permit Requirement					Report (Max.)	MG/L			Quarterly	Grab
Water Level at samp. Collection time	Sample Measurement										
PARM Code 85327 V Mon.Site No. WIM-S2 WIM-07	Permit Requirement		Report (Max.)	NGVD						Continuous	Meter
	Sample Measurement										
PARM Code Mon.Site No.	Permit Requirement										
	Sample Measurement										
PARM Code Mon.Site No.	Permit Requirement										
	Sample Measurement										
PARM Code Mon.Site No.	Permit Requirement										
	Sample Measurement										
PARM Code Mon.Site No.	Permit Requirement										

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: Emerald Coast Utilities Authority
MAILING ADDRESS: 401 West Government Street
Pensacola, FL 32501

PERMIT NUMBER: FL0031801

LIMIT: Final
CLASS SIZE: Major

REPORT: Quarterly
GROUP: Domestic

FACILITY: Bayou Marcus Water Reclamation Facility
LOCATION: 3050 Fayal Drive
Pensacola, FL 32526
COUNTY: Escambia

MONITORING GROUP NUMBER: D-003
MONITORING GROUP DESC: Wetlands Monitoring
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: _____ To: _____

WAFR SITE NO.: **WEP-S3 WIM-08**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
CBOD5	Sample Measurement										
PARM Code 80082 W Mon.Site No. WEP-S3 WIM-08	Permit Requirement					Report (Max.)		MG/L		Quarterly	Grab
TSS	Sample Measurement										
PARM Code 00530 W Mon.Site No. WEP-S3 WIM-08	Permit Requirement					Report (Max.)		MG/L		Quarterly	Grab
pH	Sample Measurement										
PARM Code 00400 W Mon.Site No. WEP-S3 WIM-08	Permit Requirement				Report (Min.)	Report (Max.)		SU		Quarterly	Field Probe
Temperature, Water	Sample Measurement										
PARM Code 00010 W Mon.Site No. WEP-S3 WIM-08	Permit Requirement					Report (Max.)		°C		Quarterly	Field Thermometer
Oxygen, Dissolved (DO)	Sample Measurement										
PARM Code 00300 W Mon.Site No. WEP-S3 WIM-08	Permit Requirement				Report (Min.)			MG/L		Quarterly	Field Probe
Fecal Coliform Bacteria	Sample Measurement										
PARM Code 74055 W Mon.Site No. WEP-S3 WIM-08	Permit Requirement					Report (Max.)		#/100ML		Quarterly	Grab
TKN	Sample Measurement										
PARM Code 00625 W Mon.Site No. WEP-S3 WIM-08	Permit Requirement					Report (Max.)		MG/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.

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

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

DISCHARGE MONITORING REPORT – PART A (Continued)

FACILITY: Bayou Marcus Water Reclamation Facility

MONITORING GROUP NUMBER: D-003

WAFR SITE NO: **WEP-S3 WIM-08**

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Ammonia Total	Sample Measurement										
PARM Code 71845 W Mon.Site No. WEP-S3 WIM-08	Permit Requirement						Report (Max.)	MG/L		Quarterly	Grab
Specific Conductance	Sample Measurement										
PARM Code 00095 W Mon.Site No. WEP-S3 WIM-08	Permit Requirement						Report (Max.)	UMHOS/CM		Quarterly	Field Probe
NO2 + NO3, Total	Sample Measurement										
PARM Code 00630 W Mon.Site No. WEP-S3 WIM-08	Permit Requirement						Report (Max.)	MG/L		Quarterly	Grab
Sulfate, Total	Sample Measurement										
PARM Code 00945 W Mon.Site No. WEP-S3 WIM-08	Permit Requirement						Report (Max.)	MG/L		Quarterly	Grab
Chlorophyll-A, Phytoplankton	Sample Measurement										
PARM Code 32230 W Mon.Site No. WEP-S3 WIM-08	Permit Requirement						Report (Max.)	UG/L		Quarterly	Grab
Stream Stage	Sample Measurement										
PARM Code 34782 W Mon.Site No. WEP-S3 WIM-08	Permit Requirement		Report (Max.)	Feet						Continuous	Stage Recorder
Water Level at samp. Collection time	Sample Measurement										
PARM Code 85327 W Mon.Site No. WEP-S3 WIM-08	Permit Requirement		Report (Max.)	NGVD						Continuous	Meter
Nitrogen, Total	Sample Measurement										
PARM Code 00600 W Mon.Site No. WEP-S3 WIM-08	Permit Requirement					3.0 (An. Avg.)		MG/L		Quarterly	Grab
Nitrogen, Total	Sample Measurement										
PARM Code 00600 6 Mon.Site No. WEP-S3 WIM-08	Permit Requirement						Report Qtr (Max.)	MG/L		Quarterly	Grab
Nitrogen, Ammonia, Total Un-ionized (as N)	Sample Measurement										
PARM Code 00619 W Mon.Site No. WEP-S3 WIM-08	Permit Requirement					0.02 (An. Avg.)		MG/L		Quarterly	Calculated
Nitrogen, Ammonia, Total Un-ionized (as N)	Sample Measurement										
PARM Code 00619 6 Mon.Site No. WEP-S3 WIM-08	Permit Requirement						Report Qtr (Max.)	MG/L		Quarterly	Calculated

DISCHARGE MONITORING REPORT – PART A (Continued)

FACILITY: Bayou Marcus Water Reclamation Facility

MONITORING GROUP NUMBER: D-003
MONITORING PERIOD From: _____ To: _____

WAFR SITE NO: **WEP-S3 WIM-08**

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 W Mon.Site No. WEP-S3 WIM-08	Permit Requirement				0.2 (An. Avg.)			MG/L		Quarterly	Grab
Phosphorus, Total (as P)	Sample Measurement										
PARM Code 00665 6 Mon.Site No. WEP-S3 WIM-08	Permit Requirement					Report Qtr (Max.)		MG/L		Quarterly	Grab
Herbaceous Vegetation Sampling	Sample Measurement										
PARM Code 51052 W Mon.Site No. WEP-S3 WIM-08	Permit Requirement					Report (Max.)		Yes or No		Quarterly	Grab
	Sample Measurement										
PARM Code Mon.Site No.	Permit Requirement										
	Sample Measurement										
PARM Code Mon.Site No.	Permit Requirement										
	Sample Measurement										
PARM Code Mon.Site No.	Permit Requirement										
	Sample Measurement										
PARM Code Mon.Site No.	Permit Requirement										
	Sample Measurement										
PARM Code Mon.Site No.	Permit Requirement										
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PARM Code Mon.Site No.	Permit Requirement										
	Sample Measurement										
PARM Code Mon.Site No.	Permit Requirement										
	Sample Measurement										
PARM Code Mon.Site No.	Permit Requirement										
	Sample Measurement										
PARM Code Mon.Site No.	Permit Requirement										

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: Emerald Coast Utilities Authority
MAILING ADDRESS: 401 West Government Street
Pensacola, FL 32501

PERMIT NUMBER FL0031801

LIMIT: Final
CLASS SIZE: Major

REPORT: Quarterly
GROUP: Domestic

FACILITY: Bayou Marcus Water Reclamation Facility
LOCATION: 3050 Fayal Drive
Pensacola, FL 32526
COUNTY: Escambia

MONITORING GROUP NUMBER: D-003
MONITORING GROUP DESC: Wetlands Monitoring
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: _____ To: _____

WAFR SITE NO.: **WIM-N1** ~~WIM-09~~

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
CBOD5	Sample Measurement										
PARM Code 80082 T Mon.Site No. WIM-N1 WIM-09	Permit Requirement					Report (Max.)		MG/L		Quarterly	Grab
TSS	Sample Measurement										
PARM Code 00530 T Mon.Site No. WIM-N1 WIM-09	Permit Requirement					Report (Max.)		MG/L		Quarterly	Grab
pH	Sample Measurement										
PARM Code 00400 T Mon.Site No. WIM-N1 WIM-09	Permit Requirement				Report (Min.)	Report (Max.)		SU		Quarterly	Field Probe
Temperature, Water	Sample Measurement										
PARM Code 00010 T Mon.Site No. WIM-N1 WIM-09	Permit Requirement					Report (Max.)		°C		Quarterly	Field Thermometer
Oxygen, Dissolved (DO)	Sample Measurement										
PARM Code 00300 T Mon.Site No. WIM-N1 WIM-09	Permit Requirement				Report (Min.)			MG/L		Quarterly	Field Probe
Fecal Coliform Bacteria	Sample Measurement										
PARM Code 74055 T Mon.Site No. WIM-N1 WIM-09	Permit Requirement					Report (Max.)		#/100ML		Quarterly	Grab
TKN	Sample Measurement										
PARM Code 00625 T Mon.Site No. WIM-N1 WIM-09	Permit Requirement					Report (Max.)		MG/L		Quarterly	Grab

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

DISCHARGE MONITORING REPORT – PART A (Continued)

FACILITY: Bayou Marcus Water Reclamation Facility

MONITORING GROUP NUMBER: D-003

WAFR SITE NO.: **WIM-N1** ~~WIM-09~~

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Ammonia Total	Sample Measurement										
PARM Code 71845 T Mon.Site No. WIM-N1 WIM-09	Permit Requirement					Report (Max.)	MG/L			Quarterly	Grab
Specific Conductance	Sample Measurement										
PARM Code 00095 T Mon.Site No. WIM-N1 WIM-09	Permit Requirement					Report (Max.)	UMHOS/CM			Quarterly	Field Probe
NO2 + NO3, Total	Sample Measurement										
PARM Code 00630 T Mon.Site No. WIM-N1 WIM-09	Permit Requirement					Report (Max.)	MG/L			Quarterly	Grab
Sulfate, Total	Sample Measurement										
PARM Code 00945 T Mon.Site No. WIM-N1 WIM-09	Permit Requirement					Report (Max.)	MG/L			Quarterly	Grab
Chlorophyll-A, Phytoplankton	Sample Measurement										
PARM Code 32230 T Mon.Site No. WIM-N1 WIM-09	Permit Requirement					Report (Max.)	UG/L			Quarterly	Grab
Phosphorus, Total (as P)	Sample Measurement										
PARM Code 00665 T Mon.Site No. WIM-N1 WIM-09	Permit Requirement					Report (Max.)	MG/L			Quarterly	Grab
Water Level at samp. Collection time	Sample Measurement										
PARM Code 85327 T Mon.Site No. WIM-N1 WIM-09	Permit Requirement		Report (Max.)	NGVD						Continuous	Meter
Herbaceous Vegetation Sampling	Sample Measurement										
PARM Code 51052 W Mon.Site No. WIM-N1 WIM-09	Permit Requirement					Report (Max.)	Yes or No			Quarterly	Grab
	Sample Measurement										
PARM Code Mon.Site No.	Permit Requirement										
	Sample Measurement										
PARM Code Mon.Site No.	Permit Requirement										
	Sample Measurement										
PARM Code Mon.Site No.	Permit Requirement										

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: Emerald Coast Utilities Authority
MAILING ADDRESS: 401 West Government Street
Pensacola, FL 32501

PERMIT NUMBER FL0031801

LIMIT: Final
CLASS SIZE: Major

REPORT: Annual
GROUP: Domestic

FACILITY: Bayou Marcus Water Reclamation Facility
LOCATION: 3050 Fayal Drive
Wim-06 Pensacola, FL 32526
COUNTY: Escambia

MONITORING GROUP NUMBER: D-003
MONITORING GROUP DESC: Wetlands Monitoring
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: _____ To: _____

WAFR SITE NO.: **WEP-N4 WIM-06**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Sulfide (Sediment Sampling)	Sample Measurement										
PARM Code 00745 U	Permit Requirement					Report (Max.)	MG/KG as S			Annually	Grab
Mon.Site No. WEP-N4 WIM-06	Sample Measurement										
	Permit Requirement										
PARM Code	Sample Measurement										
Mon.Site No.	Permit Requirement										
	Sample Measurement										
PARM Code	Permit Requirement										
Mon.Site No.	Sample Measurement										
	Permit Requirement										
PARM Code	Sample Measurement										
Mon.Site No.	Permit Requirement										
	Sample Measurement										
PARM Code	Permit Requirement										
Mon.Site No.	Sample Measurement										
	Permit Requirement										
PARM Code	Sample Measurement										
Mon.Site No.	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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PERMITTEE NAME: Emerald Coast Utilities Authority
MAILING ADDRESS: 401 West Government Street
Pensacola, FL 32501

PERMIT NUMBER FL0031801

LIMIT: Final
CLASS SIZE: Major

REPORT: Annual
GROUP: Domestic

FACILITY: Bayou Marcus Water Reclamation Facility
LOCATION: 3050 Fayal Drive
Wim-06 Pensacola, FL 32526
COUNTY: Escambia

MONITORING GROUP NUMBER: D-003
MONITORING GROUP DESC: Wetlands Monitoring
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: _____ To: _____

WAFR SITE NO.: **WIM-S2WIM-07**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Sulfide (Sediment Sampling)	Sample Measurement										
PARM Code 00745 V	Permit Requirement					Report (Max.)	MG/KG as S			Annually	Grab
Mon.Site No. WIM-S2WIM-07	Sample Measurement										
	Permit Requirement										
PARM Code	Sample Measurement										
Mon.Site No.	Permit Requirement										
	Sample Measurement										
PARM Code	Permit Requirement										
Mon.Site No.	Sample Measurement										
	Permit Requirement										
PARM Code	Sample Measurement										
Mon.Site No.	Permit Requirement										
	Sample Measurement										
PARM Code	Permit Requirement										
Mon.Site No.	Sample Measurement										
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PARM Code	Sample Measurement										
Mon.Site No.	Permit Requirement										
	Sample Measurement										
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MAILING ADDRESS: 401 West Government Street
Pensacola, FL 32501

PERMIT NUMBER FL0031801

LIMIT: Final
CLASS SIZE: Major

REPORT: Annual
GROUP: Domestic

FACILITY: Bayou Marcus Water Reclamation Facility
LOCATION: 3050 Fayal Drive
Pensacola, FL 32526
COUNTY: Escambia

MONITORING GROUP NUMBER: D-003
MONITORING GROUP DESC: Wetlands Monitoring
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: _____ To: _____

WAFR SITE NO.: **WEP-S3WIM-08**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Sulfide (Sediment Sampling)	Sample Measurement										
PARM Code 00745 W	Permit Requirement					Report (Max.)	MG/KG as S			Annually	Grab
Mon.Site No. WEP-S3WIM-08	Sample Measurement										
	Permit Requirement										
PARM Code	Sample Measurement										
Mon.Site No.	Permit Requirement										
	Sample Measurement										
PARM Code	Permit Requirement										
Mon.Site No.	Sample Measurement										
	Permit Requirement										
PARM Code	Sample Measurement										
Mon.Site No.	Permit Requirement										
	Sample Measurement										
PARM Code	Permit Requirement										
Mon.Site No.	Sample Measurement										
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PARM Code	Sample Measurement										
Mon.Site No.	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

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PERMIT NUMBER FL0031801

LIMIT: Final
CLASS SIZE: Major

REPORT: Annual
GROUP: Domestic

FACILITY: Bayou Marcus Water Reclamation Facility
LOCATION: 3050 Fayal Drive
Pensacola, FL 32526
COUNTY: Escambia

MONITORING GROUP NUMBER: D-003
MONITORING GROUP DESC: Wetlands Monitoring

WAFR SITE NO.: **WIM-N1**~~WIM-09~~

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Sulfide (Sediment Sampling)	Sample Measurement										
PARM Code 00745 T Mon.Site No. WIM-N1 WIM-09	Permit Requirement						Report (Max.)	MG/KG as S		Annually	Grab
	Sample Measurement										
PARM Code Mon.Site No.	Permit Requirement										
	Sample Measurement										
PARM Code Mon.Site No.	Permit Requirement										
	Sample Measurement										
PARM Code Mon.Site No.	Permit Requirement										
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PARM Code Mon.Site No.	Permit Requirement										

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MAILING ADDRESS: 401 West Government Street
Pensacola, FL 32501

PERMIT NUMBER FL0031801

LIMIT: Final
CLASS SIZE: Major

REPORT: Annual
GROUP: Domestic

FACILITY: Bayou Marcus Water Reclamation Facility
LOCATION: 3050 Fayal Drive
Pensacola, FL 32526
COUNTY: Escambia

MONITORING GROUP NUMBER: D-003
MONITORING GROUP DESC: Wetlands Monitoring
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: _____ To: _____

WAFR SITE NO.: **WEP-N4WIM-06**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Woody Vegetation Sampling	Sample Measurement										
PARM Code 51053 U Mon.Site No. WEP-N4WIM-06	Permit Requirement					Report (Max.)	Yes or No			Annually	Field
Threatened & Endangered Plant/Animal Species List	Sample Measurement										
PARM Code 51056 U Mon.Site No. WEP-N4WIM-06	Permit Requirement					Report (Max.)	Yes or No			Annually	Field
Fish Sampling	Sample Measurement										
PARM Code 51055 U Mon.Site No. WEP-N4WIM-06	Permit Requirement					Report (Max.)	Yes or No			Annually	Field
	Sample Measurement										
PARM Code Mon.Site No.	Permit Requirement										
	Sample Measurement										
PARM Code Mon.Site No.	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

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PERMIT NUMBER FL0031801

LIMIT: Final
CLASS SIZE: Major

REPORT: Annual
GROUP: Domestic

FACILITY: Bayou Marcus Water Reclamation Facility
LOCATION: 3050 Fayal Drive
Pensacola, FL 32526
COUNTY: Escambia

MONITORING GROUP NUMBER: D-003
MONITORING GROUP DESC: Wetlands Monitoring
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: _____ To: _____

WAFR SITE NO.: **WIM-S2WIM-07**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Woody Vegetation Sampling	Sample Measurement										
PARM Code 51053 V Mon.Site No. WIM-S2WIM-07	Permit Requirement						Report (Max.)	Yes or No		Annually	Field
Threatened & Endangered Plant/Animal Species List	Sample Measurement										
PARM Code 51056 V Mon.Site No. WIM-S2WIM-07	Permit Requirement						Report (Max.)	Yes or No		Annually	Field
	Sample Measurement										
PARM Code Mon.Site No.	Permit Requirement										
	Sample Measurement										
PARM Code Mon.Site No.	Permit Requirement										
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PARM Code Mon.Site No.	Permit Requirement										

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PERMITTEE NAME: Emerald Coast Utilities Authority
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Pensacola, FL 32501

PERMIT NUMBER FL0031801

LIMIT: Final
CLASS SIZE: Major

REPORT: Annual
GROUP: Domestic

FACILITY: Bayou Marcus Water Reclamation Facility
LOCATION: 3050 Fayal Drive
Pensacola, FL 32526
COUNTY: Escambia

MONITORING GROUP NUMBER: D-003
MONITORING GROUP DESC: Wetlands Monitoring
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: _____ To: _____

WAFR SITE NO.: **WEP-S3WIM-08**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Woody Vegetation Sampling	Sample Measurement										
PARM Code 51053 W Mon.Site No. WEP-S3WIM-08	Permit Requirement					Report (Max.)	Yes or No			Annually	Field
Threatened & Endangered Plant/Animal Species List	Sample Measurement										
PARM Code 51056 W Mon.Site No. WEP-S3WIM-08	Permit Requirement					Report (Max.)	Yes or No			Annually	Field
Fish Sampling	Sample Measurement										
PARM Code 51055 W Mon.Site No. WEP-S3WIM-08	Permit Requirement					Report (Max.)	Yes or No			Annually	Field
	Sample Measurement										
PARM Code Mon.Site No.	Permit Requirement										
	Sample Measurement										
PARM Code Mon.Site No.	Permit Requirement										
	Sample Measurement										
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

ISSUANCE/REISSUANCE DATE:

34R

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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Pensacola, FL 32501

PERMIT NUMBER: FL0031801

LIMIT: Final
CLASS SIZE: Major

REPORT: Annual
GROUP: Domestic

FACILITY: Bayou Marcus Water Reclamation Facility
LOCATION: 3050 Fayal Drive
Pensacola, FL 32526
COUNTY: Escambia

MONITORING GROUP NUMBER: D-003
MONITORING GROUP DESC: Wetlands Monitoring
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: _____ To: _____

WAFR SITE NO.: **WIM-N1** ~~WIM-09~~

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Woody Vegetation Sampling	Sample Measurement										
PARM Code 51053 T Mon.Site No. WIM-N1 WIM-09	Permit Requirement						Report (Max.)	Yes or No		Annually	Field
Threatened & Endangered Plant/Animal Species List	Sample Measurement										
PARM Code 51056 T Mon.Site No. WIM-N1 WIM-09	Permit Requirement						Report (Max.)	Yes or No		Annually	Field
	Sample Measurement										
PARM Code Mon.Site No.	Permit Requirement										
	Sample Measurement										
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	Sample Measurement										
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

ISSUANCE/REISSUANCE DATE:

35R

GROUND WATER MONITORING WELL REPORT - PART D

County: Escambia
 Facility Name: Bayou Marcus Water Reclamation Facility
 Permit Number: FL0031801

Monitoring Well ID: **MWC-16**
 Well Type: Surficial
 Description: Compliance

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Was the well purged before sampling? ___ Yes ___ No

Time Sample Obtained: _____

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	In-situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	MG/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	MG/L	Grab	Quarterly				
Arsenic, Total Recoverable	00978		10	UG/L	Grab	Quarterly				
Chloride (as Cl)	00940		250	MG/L	Grab	Quarterly				
Cadmium, Total Recoverable	01113		5	UG/L	Grab	Quarterly				
Chromium, Total Recoverable	01118		100	UG/L	Grab	Quarterly				
Lead, Total Recoverable	01114		15	UG/L	Grab	Quarterly				
Coliform, Fecal	74055		4	#/100ML	Grab	Quarterly				
pH	00400		6.5 to 8.5	SU	In-situ	Quarterly				
Sulfate, Total	00945		250	MG/L	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				
TKN	00625		Report	MG/L	Grab	Quarterly				

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