



Advanced Treatment Water Facility Monitoring Report

Instructions

- A. This Monitoring Report (MR) report shall be completed and submitted by all Advanced Treatment Water Facility (ATWFs), to the Department of Environmental Protection (DEP), Division of Water Resource Management MS 3500, 2600 Blair Stone Road, Tallahassee, Florida 32399-2400, **within ten days after the end of each month.**
- B. All information provided in this report shall be typed or printed in ink.
- C. Plant Staffing: List the name, certificate number, and class of all state certified operators operating the facility during the monitoring period. Use additional sheets as necessary.
- D. One certification page must be submitted each time a MR is submitted to the Department. The MR must be signed in accordance with Rule 62-565.400, Florida Administrative Code
- E. The following specific instructions are for Part IV of this report.
 - (1) When results are not available, the following codes should be used in Part IV of the MR and an explanation provided where appropriate.

CODE	DESCRIPTION/INSTRUCTIONS
ANC	Analysis not conducted.
DRY	Dry Well.
FLD	Flood Disaster.
IFS	Insufficient flow for sampling.
LS	Lost sample.
MNR	Monitoring not required during this period.
NOD	No discharge from/to site.
OPS	Operations were shut down so no sample could be taken.
OTH	Other. Provide an explanation of why monitoring data were not available.
SEF	Sampling equipment failure.

- (2) When reporting analytical results that fall below a laboratory's reported method detection limits or practical quantification limits, the following instructions should be used, unless indicated otherwise in the permit or on the MR:
 - a. Results greater than or equal to the PQL shall be reported as the measured quantity.
 - b. Results less than the PQL and greater than or equal to the MDL shall be reported as the laboratory's MDL value. These values shall be deemed equal to the MDL when necessary to calculate an average for that parameter and when determining compliance with permit limits.
 - c. Results less than the MDL shall be reported by entering a less than sign (" $<$ ") followed by the laboratory's MDL value, e.g. < 0.001 . A value of one-half the MDL or one-half the effluent limit, whichever is lower, shall be used for that sample when necessary to calculate an average for that parameter. Values less than the MDL are considered to demonstrate compliance with an effluent limitation.

d. Results less than the MDL shall be reported by entering a less than sign ("<") followed by the laboratory's MDL value, e.g. < 0.001. A value of one-half the MDL or one-half the effluent limit, whichever is lower, shall be used for that sample when necessary to calculate an average for that parameter. Values less than the MDL are considered to demonstrate compliance with an effluent limitation.

- (3) Resubmitted MR: Check this box if the MR is being re-submitted because there was information missing from or information that needed correction on a previously submitted MR. The information that is being revised should be clearly noted on the re-submitted MR (e.g. highlight, circle, etc.)
- (4) When resubmitting a MR because information missing from or information that needed correction on a previously submitted MR check the Resubmitted MR box. The information that is being revised should be clearly noted on the re-submitted MR (e.g. highlight, circle, etc.).
- (5) No Discharge From Site: Check this box if no discharge occurs and, as a result, there are no data or codes to be entered for all of the parameters on the MR for the entire monitoring group number; however, if the monitoring group includes other monitoring locations (e.g., influent sampling), the "NOD" code should be used to individually denote those parameters for which there was no discharge.
- (6) Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.
- (7) Sample Measurement: Enter the data or calculated results for each parameter on this row in the non-shaded area above the limit. Be sure the result being entered corresponds to the appropriate statistical base code (e.g. annual average, monthly average, single sample maximum, etc.) and units. Data qualifier codes are not to be reported on Part IV, if a data qualifier code is applicable, note this in the comments section.
- (8) Frequency of Analysis: This column contains the minimum number of times the measurement is required to be made according to the permit. Enter the actual number of times the measurement was made in the space above the shaded area.
- (9) Sample Type: This column contains the type of sample (e.g. grab, composite, continuous) required by the permit.

F. The following specific instructions are for Part V of this report.

- (1) Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.
- (2) Daily Monitoring Results: Transfer all analytical data from your facility's laboratory or a contract laboratory's data sheets for all day(s) that samples were collected. Record the data in the units indicated. Table 1 in Chapter 62-160, F.A.C., contains a complete list of all the data qualifier codes that your laboratory may use when reporting analytical results. However, when transferring numerical results onto Part V of the MR, only the following data qualifier codes should be used, and an explanation provided where appropriate.

CODE	DESCRIPTION/INSTRUCTIONS
<	The compound was analyzed for but not detected.
A	Value reported is the mean (average) of two or more determinations.
J	Estimated value, value not accurate.
Q	Sample held beyond the actual holding time.
Y	Laboratory analysis was from an unpreserved or improperly preserved sample.

- (3) To calculate the monthly average, add each reported value to get a total. For flow, divide this total by the number of days in the month. For all other parameters, divide the total by the number of observations.
- (4) Detection Limits: Record the detection limits of the analytical methods used.
- (5) Analysis Method: Indicate the analytical method used. Record the method number from Chapter 62-160, F.A.C., or from other sources.

- G. Hazard Index: You may use the attached Advanced Treatment Water Facility Monitoring Report Hazard Index sheet to assist in calculating the Hazard Index for per- and polyfluoroalkyl substances (PFAS).
- H. Comments, Including Explanations of Any Violations: Use this area to explain any exceedances, any upset or by-pass events, or other items which require explanation.

Part I: General Information

ATWF Name: _____ ATWF Identification Number: _____

ATWF Type: ☐ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive

ATWF Owner: _____

Contact Person: _____ Contact Person Title: _____

Contact Person Phone Number: _____ Contact Person Email: _____

Contact Person Mailing Address: _____

City/Zip Code: _____

Part II: Plant Staffing

Day Shift Operator Class: _____ Certificate No: _____ Name: _____

Evening Shift Operator Class: _____ Certificate No: _____ Name: _____

Night Shift Operator Class: _____ Certificate No: _____ Name: _____

Lead Operator Class: _____ Certificate No: _____ Name: _____

Part III: Certification by Lead/Chief Operator

I, the undersigned ATWF operator licensed in Florida, am the lead/chief operator of the ATWF identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3) and 62-565.580, F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date_____
Printed or Typed Name_____
License Number

Part IV: Monitoring Results

Identification Number: _____ Facility: _____ Report Frequency: _____
Monitoring Period: From: _____ To: _____ No discharge from site ☐
Monitoring Group Number: _____ Monitoring Group Description: _____ Resubmitted MR ☐

Parameter	Sample Measurement	Permit Requirement	Units	Frequency of Analysis	Detection Limits	Analysis Method	Sample Type

Comments, Including Explanations of any Violations: (If more space is needed, reference attachments in include Part VI).

Report Frequency: _____

Report Frequency: _____

[illegible]

Part V: Daily Monitoring Results

Identification Number: _____ Facility: _____

Monitoring Period: From: _____ To: _____

Day	Parameter 1	Parameter 2	Parameter 3	Parameter 4	Parameter 5	Parameter 6	Parameter 7	Parameter 8	Parameter 9	Parameter 10
1										
2										
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30										
31										
Total										
Mo. Avg.										

Comments, Including Explanations of any Violations: (If more space is needed, reference attachments in include Part VI). _____

Part VI: Comments