APPENDIX 10.2.2

NPDES APPLICATIONS/PERMITS

The Port Everglades Plant is currently authorized to operate under Industrial Wastewater Facility Permit No. FL0001538 (Major), which expires on July 21, 2015 (see Appendix 10.6.6).

In accordance with Rule 62.620.200 (26), FPL is seeking a "modification" to the Industrial Wastewater Facility Permit to authorize the modernization of the Port Everglades Plant as described in the SCA and operation of the PEEC. The Industrial Wastewater Facility Permit modification application (Forms 1 and 2CS and Multi-Sector Generic Permit Notice of Intent) and the revised water balance are provided in Attachment A.

WASTEWATER FACILITY OR ACTIVITY PERMIT APPLICATION FORM 1 GENERAL INFORMATION

This form must be completed by all persons applying for a permit for a wastewater facility or activity under Chapter 62-620, F.A.C. See Form 1 to determine which other application forms you will need.

WASTEWATER FACILITY OR ACTIVITY PERMIT
APPLICATION FORM 1
GENERAL INFORMATION

I - IDENTIFICATION NUMBER:

Facility ID FL0001538

II - CHARACTERISTICS:

INSTRUCTIONS: Complete the questions below to determine whether you need to submit any permit application forms to the Department of Environmental Protection. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the blank in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements. See Section B of the instructions. See also, Section C of the instructions for definitions of the terms used here.

SPECIFIC QUESTIONS	YES	NO	FORM ATTACHED
A. Is this facility a domestic wastewater facility which results in a discharge to surface or ground waters?		X	
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters?		X	
C. Does or will this facility (other than those describe in A. or B.) discharge process wastewater, or non-process wastewater regulated by effluent guidelines or new source performance standards, to surface waters?	X		2CS
D. Does or will this facility (other than those described in A. or B.) discharge process wastewater to ground waters?		X	
E. Does or will this facility discharge non-process wastewater, not regulated by effluent guidelines or new source performance standards, to surface waters?		X	
F. Does or will this facility discharge non-process wastewater to ground waters?		X	
G. Does or will this facility discharge stormwater associated with industrial activity to surface waters?	X		Refer to Attachment to Form 1
H. Is this facility a non-discharging/closed loop recycle system?		X	
I. Is this facility a public water system whose primary purpose is the production of potable water for public consumption and which discharges demineralization concentrate to surface water or groundwater?		X	

III - NAME OF FACILITY: (80 characters and spaces)

Florida Power & Light Company (FPL) Port Everglades Next Generation Clean Energy Center

DEP Form 62-620.910(1)
(Effective July 7, 2006)

Facility ID FL0001538

IV - FACILITY CONTACT: (A. 30 characters and spaces)

A. Name and Title (Last, first, & title)	B. Phone (area code & no.)
Rudy Sanchez- Plant Regional General Manager	954-527-3601

V - FACILITY MAILING ADDRESS: (A. 30 characters and spaces; B. 25 characters and spaces)

A. Street or P.O. Box: P.O. Box 13118		
B. City or Town: Fort Lauderdale	State: FL	Zip Code: 33316

VI - FACILITY LOCATION: (A. 30 characters and spaces; B. 24 characters and spaces; C. 3 spaces (if known); D. 25 characters and spaces; E. 2 spaces; F. 9 spaces)

A. Street, Route or Other Specific Identifier: 8100 Eisenhower Boulevard		
B. County Name: Broward	C. County Code (if known): 10	
D. City or Town: Fort Lauderdale	E. State: FL	F. Zip Code: 33316

VII - SIC CODES: (4-digit, in order of priority)

1. Code #: 4911	(Specify) Electrical Service	2. Code #:	(Specify)
3. Code #:	(Specify)	4. Code #:	(Specify)

VIII - OPERATOR INFORMATION: (A. 40 characters and spaces; B. 1 character; C. 1 character (if other, specify); D. 12 characters; E. 30 characters and spaces; F. 25 characters and spaces; G. 2 characters; H. 9 characters)

A. Name: Florida Power & Light		B. Is the name in VIII A. the owner? ☒Yes ☐No	
C. Status of Operator: F = Federal; S = State; P = Private; O = Other; M = Public (other than F or S)	(code) P	(specify) Private	D. Phone No.: 954-527-3601
E. Street or P. O. Box: P.O. Box 13118			
F. City or Town: Fort Lauderdale		G. State: FL	H. Zip Code: 33316

IX - INDIAN LAND:

A. Is the facility located on Indian lands?	☐ Yes	☒No

Facility ID FL0001538

X EXISTING ENVIRONMENTAL PERMITS:

A. NPDES Permit No.	B. UIC Permit No.	C. Other (specify)	D. Other (specify)
FL0001538		Broward IW-2010-0150	

XI MAP: Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII NATURE OF BUSINESS (provide a brief description)

Generation of electrical power.

XIII CERTIFICATION (see instructions)

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

Mr. Rudy Sanchez
A. Name (type or print)

B. Signature

Plant Regional General Manager
Official Title (type or print)

Jan 13, 2012
C. Date Signed

ATTACHMENT TO FORM 1

NPDES PERMIT MODIFICATION

PERMIT NUMBER FL0001538

FLORIDA POWER AND LIGHT (FPL) PORT EVERGLADES NEXT GENERATION CLEAN ENERGY CENTER (PEEC)

8100 EISENHOWER BOULEVARD, FORT LAUDERDALE, FLORIDA

Section II. Characteristics

G. Does or will this facility discharge stormwater associated with industrial activity to surface waters?

FPL will seek coverage under the Florida Department of Environmental Protection (FDEP) Notice of Intent (NOI) to use Multi-Sector Generic Permit (MSGP) for Stormwater Discharges Associated Construction Activity (demolition and construction phases) and for Stormwater Discharges Associated with Industrial Activity (operational phase) at PEEC.

APPENDIX 10.2.2: LIST OF ACRONYMS AND ABBREVIATIONS

FPL	Florida Power & Light Company
gpm	gallons per minute
HRSG	heat recovery steam generator
MGD	million gallons per day
MSGP	Multi-Sector General Permit
NOI	Notice of Intent
NO_x	nitrous oxide
NPDES	National Pollutant Discharge Elimination System
PEEC	FPL Port Everglades Next Generation Clean Energy Center
POD	Point of discharge
Port Slip No. 3	Port Everglades Slip No. 3
PVC	polyvinyl chloride
RO	reverse osmosis
ULSD	ultra low sulfur distillate

FLORIDA POWER & LIGHT COMPANY
SIGNATORY AUTHORITY DESIGNATION PURSUANT TO CHAPTER 62-620.305 F.A.C.

FACILITY SIGNATORY AUTHORITIES

PLANT	SPDES PERMIT	PRIMARY	ALTERNATE
Cape Canaveral	FL0001473	Plant Gen'l Manager	Production Manager
Cutler	FL0001481	Plant Gen'l Manager	Production Manager
Fort Myers	FL0001490	Plant Gen'l Manager	Production Manager
Lauderdale	FL0001503	Plant Gen'l Manager	Production Manager
Manatee	FL0032174	Plant Gen'l Manager	Production Manager
Martin	FL0030988	Plant Gen'l Manager	Production Manager
Port Everglades	FL0001538	Plant Gen'l Manager	Production Manager
Putnam	FL0032166	Plant Gen'l Manager	Production Manager
Riviera	FL0001546	Plant Gen'l Manager	Production Manager
Sanford	FL0001554	Plant Gen'l Manager	Production Manager
Turkey Point (Fossil Only)	FL0001562	Plant Gen'l Manager	Production Manager
Manatee (Fuel Oil Terminal)	FL0126390	Manatee Plant – Plant General Manager	Manatee Plant- Plant Production Manager

WASTEWATER APPLICATION FORM 2CS

PERMIT TO DISCHARGE PROCESS WASTEWATER
FROM NEW OR EXISTING
INDUSTRIAL WASTEWATER FACILITIES
TO SURFACE WATER

FORM
2CS

WASTEWATER APPLICATION FOR PERMIT TO DISCHARGE
PROCESS WASTEWATER FROM NEW OR EXISTING
INDUSTRIAL WASTEWATER FACILITIES
TO SURFACE WATERS

Facility I.D. Number: FL0001538

Please print or type information in the appropriate areas.

I OUTFALL LOCATION For each outfall, list the X,Y coordinates and the name of the receiving water.
(latitude/longitude to the nearest 15 seconds)

A. Outfall No. (List)	B. Latitude			C. Longitude			D. Name of Receiving Water
	Deg.	Min.	Sec.	Deg.	Min.	Sec.	
D-001	26	05	01	80	07	26	Intracoastal Waterway at Port Everglades
I-019	****	****	****	****	****	****	Internal to D-001
I-012	****	****	****	****	****	****	Internal to D-001
I-001	****	****	****	****	****	****	Internal to D-001
I-002	****	****	****	****	****	****	Internal to D-001

II OUTFALL DESIGN

A. Outfall No. (List)	B. Design Configuration and Construction Materials	C. Distance from shore	D. Diameter	E. Elevation of Discharge Invert (MSL)	F. Receiving Water Depth at POD (MSL)
D-001	Discharge Canal	N/A	N/A	N/A	N/A
I-019	****	****	****	****	****
I-012	****	****	****	****	****
I-001	****	****	****	****	****
I-002	****	****	****	****	****

III RECEIVING WATER INFORMATION

For each surface water that will receive effluent, supply the following information:

A. Name of Receiving Water	B. Check One		C. Classification (See Ch. 62-302, F.A.C.)	D. Type of Receiving Water (canal, river, lake, etc.)
	Fresh	Salt or Brackish		
Intracoastal Waterway at Port Everglades	☐	☒	III- Marine	Intracoastal Waterway
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		

E. Minimum 7-day 10-year low flow of the receiving water at each outfall (if appropriate).

F. Identify and describe the flow of effluent from each outfall to a major body of water. A suitably marked map or aerial photograph may be used.

G. Do you request a mixing zone under Rule 62-4.244, F.A.C.? If yes, for what parameters or pollutants?

IV FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of:

1. All operations contributing wastewater to the effluent; including process wastewater, sanitary wastewater, cooling water, and stormwater runoff;

2. The average flow contributed by each operation; and

3. The treatment received by the wastewater.

Use the space on the next page. Continue on additional sheets, if necessary.

(1) Outfall No. (List)	(2) Operation(s) Contributing Flow		(3) Treatment		
	(a) Operation (list)	(b) Avg. Flow & Units	(a) Description	(b) List Code from Table 2CS-1	
D-001	Once-Through Cooling Water	635 MGD	Discharge to surface waters	4-A	
			Chlorination	2-F	
I-019	Intake Screen Wash Water	2.3 MGD	Internal to D-001	4-A	
I-012	Reverse Osmosis Reject Water	0.08 MGD	Internal to D-001	4-A	
I-001	Plant / Equipment Drains	0.036 MGD	Oil / Water Separators		
			Sedimentation	1-U	
I-002	Auxillary Cooling Water	0.07 MGD	Chlorination	2-F	

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?
☒ Yes (complete the following table) ☐ No (go to D. below)

(1) Outfall No. (List)	(2)Operation(s) Contributing Flow(List)	(3) Frequency		(4) Flow				
		(a) Days per Week (specify avg.)	(b) Months per Yr. (specify avg.)	(a) Flow Rate (in mgd)		(b) Total Volume (specify with units)		(c) Duration (in days)
				Long Term Avg.	Max. Daily	Long Term Avg.	Max. Daily	
I-012	Reverse Osmosis Reject Water	7	12	0.08	0.30	NA	NA	NA
I-019	Intake Screen Wash Water	7	12	2.3	2.3	NA	NA	NA
I-001	Plant / Equipment Drains	7	12	0.036	0.036	NA	NA	NA
I-002	Auxiliary Cooling Water	7	12	0.07	0.08	NA	NA	NA

D. Describe practices to be followed to ensure adequate wastewater treatment during emergencies such as power loss and equipment failures causing shutdown of pollution abatement equipment of the proposed/permitted facilities.

E. List the method(s) and location(s) of flow measurement.

V PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☒ Yes (complete Item V-B) ☐ No (go to Section VI)

B. Are the limitations in the applicable guideline expressed in terms of production (or other measure of operation)?

☐ Yes (complete Item V-C) ☒ No (go to Section VI)

C. If you answered "yes" to Item V-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

1. AVERAGE DAILY PRODUCTION			2. Affected Outfalls
a. Quantity per Day	b. Units of Measure	c. Operation, Product, Materials, Etc. (specify)	(list outfall nos.)
		N/A	

VI IMPROVEMENTS

A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement order, enforcement compliance schedule letter, stipulations, court orders, and grant or loan conditions.

☒ Yes (complete the following table) ☐ No (go to Item VI-B)

1. Identification of Condition, Agreement, Etc.	2. Affected Outfalls		3. Brief Description of Project	4. Final Compliance Date	
	a. No.	b. Source of Discharge		a. Required	B. Projected
CWA Section 316 (b)	I-019	Intake Canal	Refer to attachment - Form 2CS	NA	NA

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction.

☐ Mark "X" if description of additional control programs is attached.

VII INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding--Complete one set of tables for each outfall -- Annotate the outfall number in the space provided. NOTE: Tables VII-A, VII-B, and VII-C are included on separate sheets number VII-1 through VII-9.

D. Use the space below to list any of the pollutants listed in Table 2CS-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. Pollutant	2. Source	1. Pollutant	2. Source
N/A			

VIII POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

Is any pollutant listed in Item VII-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or by-product?

☐ YES (list all such pollutants below) ☒ NO (go to IX)

IX BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☒ YES (identify the test(s) and describe their purposes below) ☐ NO (go to Section X)

Biological Toxicity Testing Data has been conducted at outfall D-001 over the past three years. Seven day static renewal acute toxicity tests on Menidia Beryllina and Mysidopsis Bahia were conducted in accordance with the permit conditions. The results of these tests are in the Attachment to Form 2CS. The Florida Department of Environmental Protection has reduced the monitoring frequency from quarterly to semi-annual.

X CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item VII performed by a contract laboratory or consulting firm?

☐ YES (list the name, address, telephone number, and certification number of, and pollutants analyzed by each such laboratory or firm below) ☒ NO (go to Section XI)

A. Name	B. Address	C. Telephone (area code & no.)	D. Pollutants Analyzed (list)

Facility I.D. Number: FL0001538

XI CONNECTION TO REGIONAL POTW

A. Indicate the relationship between this project and area regional planning for wastewater treatment. List steps to be taken for this industrial wastewater facility to become part of an area-wide wastewater treatment system.

There are currently no plans to integrate the facility into an area-wide wastewater treatment system.

XII-A CERTIFICATIONS FOR NEW OR MODIFIED FACILITIES

This is to certify the engineering features of this pollution control project have been ~~designed~~ examined[1] by me and found to be in conformity with sound engineering principles, applicable to the treatment and disposal of pollutants characterized in the permit application. There is reasonable assurance, in my professional judgment, that the pollution control facilities, when properly maintained and operated, will discharge an effluent that complies with all applicable statutes of the State of Florida and the rules of the Department. It is also agreed that the undersigned, if authorized by the owner, will furnish the applicant a set of instructions for the proper maintenance and operation of the pollution control facilities and, if applicable, pollution sources.

Signature

Gregory M. Powell, PE

Name (please type)

(Affix Seal)

Golder Associates Inc.

Company Name

Address 9428 Baymeadows Road, Suite 400

Jacksonville, Florida 32256

Florida Registration No.: 31165

Telephone No:: 904-363-3430

Date 1/18/2012

[1] The design for Port Everglades Next Generation Clean Energy Center has not been finalized.

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.

Mr. Rudy Sanchez, Plant Regional General Manager

Name & Official Title (Please type or print)

954-527-3601

Telephone No. (area code & No.)

Signature

Jan 13, 2012

Date Signed

XII-B CERTIFICATIONS FOR PERMIT RENEWALS

This is to certify the engineering features of this pollution control project have been examined by me and found to be in conformity with sound engineering principles, applicable to the treatment and disposal of pollutants characterized in the permit application. There is reasonable assurance, in my professional judgment, that the pollution control facilities, when properly maintained and operated, will discharge an effluent that complies with all applicable statutes of the State of Florida and the rules of the Department.

Signature	Company Name
Name (please type)	Address
(Affix Seal)	Florida Registration No.:
	Telephone No::
	Date

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 & Official Title (Please type or print)	Signature
Telephone No. (area code & No.)	Date Signed

Facility ID. Number: FL0001538 Outfall No. D-001

PLEASE PRINT OR TYPE ONLY: You may report some or all of this information on separate sheets instead of completing these pages. Use the same format.
SEE INSTRUCTIONS.

VII. INTAKE AND EFFLUENT CHARACTERISTICS

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. Pollutant	2. Effluent							3.. Units		4. Intake (optional)		
	a. Max. Daily Value		b. Max. 30-day Value		c. Annual Avg. Value		d. No. of Analyses	a. Concentration	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
a. Carbonaceous Biochemical Oxygen Demand (CBOD)	NK		NK									
b. Chemical Oxygen Demand (COD)	NK		NK									
c. Total Organic Carbon (TOC)	NK		NK									
d. Total Suspended Solids (TSS)	NK		NK									
e. Total Nitrogen (as N)	NK		NK									
f. Total Phosphorus (as P)	NK		NK									
g. Ammonia (as N)	NK		NK									
h. Flow - actual or projected	Value NK		Value		Value					Value		
i. Flow - design	Value NK		Value		Value					Value		
j. Specific Conductivity	Value NK		Value		Value					Value		
k. Temperature (winter)	ValueNK		Value		Value			°C		Value		
l. Temperature (summer)	ValueNK		Value		Value			°C		Value		
m. . pH	Min. NK	Max. NK	Min.	Max.				STANDARD UNITS				

PART B - Mark "X" in column 2a for each pollutant you know or have reason to believe is present. Mark "X" in column 2b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additonal details and requirements.

1. Pollutant and CAS No. (if available)	2. Mark "X"		3. Effluent							4. Units		5. Intake (optional)		
	a. believed present	b. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
			(1) Conc...	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
a. Bromide (24949-67-9)	☒	☐	NK											
b. Chlorine, Total Residual	☒	☐	NK											
c. Color	☒	☐	NK											
d. Fecal Coliform	☒	☐	NK											
e. Fluoride (16984-48-8)	☒	☐	NK											
f. Nitrate-Nitrite (as N)	☒	☐	NK											

: Item VII-B Contd. Facility ID. Number FL0001538 Outfall No. D-001M

1. Pollutant and CAS No. (if available)	2. Mark "X"		3. Effuent							4. Units		5. Intake (optional)		
	a .believed present	b. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
			(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
g. Nitrogen, Total Organic (as N)	☒	☐	NK											
h. Oil and grease	☒	☐	NK											
i. Phosphorus, Total (as P) (7723-14-0)	☒	☐	NK											
j. Radioactivity														
(1) Alpha, Total	☐	☒												
(2) Beta, Total	☐	☒												
(3) Radium, Total	☐	☒												
(4) Radium 226, Total	☐	☒												
k. Sulfate (as SO_4) (14808-79-8)	☒	☐	NK											
l. Sulfide (as S)	☒	☐	NK											
m. Sulfite (as SO_3) (14265-45-3)	☐	☒												
n. Surfactants	☒	☐	NK											
o. Aluminum, Total (7429-90-5)	☒	☐	NK											
p. Barium, Total (7440-39-3)	☐	☒												
q. Boron, Total (7440-42-8)	☒	☐	NK											
r. Cobalt, Total (7440-48-4)	☐	☒												
s. Iron, Total (7439-89-6)	☒	☐	NK											
t. Maagnesium, Total (7439-95-4)	☒	☐	NK											
u. Molybdenum, Total (7439-98-7)	☒	☐	NK											
v. Manganese, Total (7439-96-5)	☒	☐	NK											
w. Tin, Total (7440-31-5)	☐	☒												
x. Titanium, Total (7440-32-6)	☒	☐	NK											

Facility ID. Number: FL0001538 Outfall No. D-001M

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2a for all GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2a (secondary industries, non-process wastewater outfalls, and non-required GC/MS fractions), mark "X" in column 2b for each pollutant you know or have reason to believe is present. Mark "X" in column 2c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one anlysis for that pollutnat if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4,dinitrophenol, or 2-methyl-4,6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (all 7 pages) for each outfall. See instructions for additional details and requirements.

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent							4. Units		5. Intake (optional)		
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)	☐	☒	☐	NK											
2M. Arsenic, Total (7723-14-0)	☐	☒	☐	NK											
3M. Beryllium, Total (7440-41-7)	☐	☒	☐	NK											
4M. Cadmium, Total (7440-43-9)	☐	☒	☐	NK											
5M. Chromium, Total (7440-47-3)	☐	☒	☐	NK											
6M. Copper, Total (7440-50-8)	☐	☒	☐	NK											
7M. Lead, Total (7439-92-1)	☐	☒	☐	NK											
8M. Mercury, Total (7439-97-6)	☐	☒	☐	NK											
9M. Nickel, Total (7440-02-0)	☐	☒	☐	NK											
10M. Selenium, Total (7782-49-2)	☐	☒	☐	NK											
11M. Silver, Total (7440-22-4)	☐	☒	☐	NK											
12M. Thallium, Total (7440-28-0)	☐	☒	☐	NK											
13M. Zinc, Total (7440-66-6)	☐	☒	☐	NK											
14M. Cyanide, Total (57-12-5)	☐	☒	☐	NK											
15M. Phenols, Total	☐	☒	☐	NK											
DIOXIN															
2,3,7,8-Tetra-chlorodibenzo-P-Dioxin (1764-01-6)	☐	☐	☒												
GC/MS FRACTION -VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)	☒	☐	☐	NK											
2V. Acrylonitrile (107-13-1)	☒	☐	☐	NK											

Facility ID. Number: FL0001538 Outfall No. D-001M

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effuent							4. Units		5. Intake (optional)		
	a . testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
GC/MS FRACTION - VOLATILE COMPOUNDS (continued)															
3V. Benzene (71-43-2)	☒	☐	☐	NK											
4V. Bis (Chloromethyl) Ether (542-88-1)	☒	☐	☐	NK											
5V. Bromoform (75-25-2)	☒	☐	☐	NK											
6V. Carbon Tetrachloride (56-23-5)	☒	☐	☐	NK											
7V Chlorobenzene (108-90-7)	☒	☐	☐	NK											
8V. Chlorodi-bromomethane (124-8-1)	☒	☐	☐	NK											
9V. Chloroethane (74-00-3)	☒	☐	☐	NK											
10V. 2-Chloro-ethylvinyl Ether (110-75-8)	☒	☐	☐	NK											
11V. Chloroform (67-86-3)	☒	☐	☐	NK											
12V. Dichloro-bromomethane (75-24-4)	☒	☐	☐	NK											
13V. Dichloro-difluoromethane (75-71-8)	☒	☐	☐	NK											
14V. 1,1-Dichloroethane (75-34-3)	☒	☐	☐	NK											
15V. 1,2-Dichloroethane (107-06-2)	☒	☐	☐	NK											
16V. 1,1-Dichloroethylene (75-35-4)	☒	☐	☐	NK											
17V. 1,2,-Dichloropropane (78-87-5)	☒	☐	☐	NK											
18V. 1,3-Dichloropropylene (542-75-6)	☒	☐	☐	NK											
19V. Ethylbenzene (100-41-4)	☒	☐	☐	NK											
20V. Methyl Bromide (74-83-9)	☒	☐	☐	NK											
21V. Methyl Chloride (74-87-3)	☒	☐	☐	NK											
22V. Methylene Chloride (74-98-2)	☒	☐	☐	NK											
23V. 1,1,2,2-Tetra-chloroethane (79-34-5)	☒	☐	☐	NK											
24V. Tetrachloroethylene (127-18-4)	☒	☐	☐	NK											

Facility ID. Number: FL0001538 Outfall No. D-001M

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effuent							4. Units		5. Intake (optional)		
	a . testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
GC/MS FRACTION - VOLATILE COMPOUNDS (continued)															
25V. Toluene (108-88-3)	☒	☐	☐	NK											
26V. 1,2-Trans-Dichloroethylene (156-60-5)	☒	☐	☐	NK											
27V. 1,1,2-Trichloroethane (71-55-6)	☒	☐	☐	NK											
28V. 1,1,2-Trichloroethane (79-00-5)	☒	☐	☐	NK											
29V. Trichloroethylene (79-01-6)	☒	☐	☐	NK											
30V. Trichloro-fluoromethane (75-69-4)	☒	☐	☐	NK											
31V. Vinyl Chloride (75-01-4)	☒	☐	☐	NK											
GC/MS FRACTION - ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)	☒	☐	☐	NK											
2A. 2,4-Dichlorophenol (120-83-2)	☒	☐	☐	NK											
3A. 2,4-Dimethylphenol (105-67-9)	☒	☐	☐	NK											
4A. 4,6-Dinitro-O-Cresol (534-53-1)	☒	☐	☐	NK											
5A. 2,4-Dinitrophenol (51-28-5)	☒	☐	☐	NK											
6A. 2-Nitrophenol (88-75-5)	☒	☐	☐	NK											
7A. 4-Nitrophenol (100-02-7)	☒	☐	☐	NK											
8A P-Chloro-M-Cresol (59-50-7)	☒	☐	☐	NK											
9A Pentachlorophenol (87-86-5)	☒	☐	☐	NK											
10A Phenol (108-95-2)	☒	☐	☐	NK											
11A 2,4,5-Trichloro-phenol (88-06-2)	☒	☐	☐	NK											
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (63-32-9)	☒	☐	☐	NK											
2B. Acenaphtylene (208-96-8)	☒	☐	☐	NK											
3B. Anthracene (120-12-7)	☒	☐	☐	NK											
4B. Benzidine (92-87-5)	☒	☐	☐	NK											

Facility ID. Number: FL0001538 Outfall No. D-001M

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent							4. Units		5. Intake (optional)		
	a . testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
5B. Benzo *(a)* Anthracene (56-55-3)	☒	☐	☐	NK											
6B. Benzo *(a)* Pyrene (50-32-8)	☒	☐	☐	NK											
7B. 3,4-Benzo-fluoranthene (205-99-2)	☒	☐	☐	NK											
8B. Benzo *(ghi)* Perylene (191-24-2)	☒	☐	☐	NK											
9B. Benzo *(k)* Fluoranthene (207-08-9)	☒	☐	☐	NK											
10B. Bis *(2-Chloroethoxy)* Methane (111-91-1)	☒	☐	☐	NK											
11B. Bis *(2-chloroethyl)* Ether (111-44-4)	☒	☐	☐	NK											
12B. Bis *(2-Chloroisopropyl)* Ether (102-60-1)	☒	☐	☐	NK											
13B. Bis *(2-Ethylhexyl)* Phthalate (117-81-7)	☒	☐	☐	NK											
14B. 4-Bromophenyl Phenyl Ether (101-55-3)	☒	☐	☐	NK											
15B Butyl Benzyl Phthalate (84-68-7)	☒	☐	☐	NK											
16B. 2-Chloronaphthalene (91-58-7)	☒	☐	☐	NK											
17B. 4-Chlorophenyl Phenyl Ether (7005-72-3)	☒	☐	☐	NK											
18B. Chrysene (218-01-9)	☒	☐	☐	NK											
19B. Dibenzo *(a,h)* Anthracene (53-70-3)	☒	☐	☐	NK											
20B. 1,2-Dichlorobenzene (95-50-1)	☒	☐	☐	NK											
21B. 1,3-Dichlorobenzene (541-73-1)	☒	☐	☐	NK											
22B. 1,4-Dichlorobenzene (106-46-7)	☒	☐	☐	NK											
23B. 3,3'-Dichlorobenzidine (92-94-1)	☒	☐	☐	NK											
24B. Diethyl Phthalate (84-66-2)	☒	☐	☐	NK											
25B. Dimethyl Phthalate (131-11-3)	☒	☐	☐	NK											
26B. Di-N-Butyl Phthalate (84-74-2)	☒	☐	☐	NK											
27B. 2,4-Dinitrotoluene (121-14-2)	☒	☐	☐	NK											
28B. 2,6-Dinitrotoluene (606-20-2)	☒	☐	☐	NK											

Facility ID. Number: FL0001538 Outfall No. D-001M

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent							4. Units		5. Intake (optional)		
	a . testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
29B. Di-N-Octyl Phthalate (117-84-0)	☒	☐	☐	NK											
30B. 1,2-Diphenylhydrazine *(as Azobenzene)* (122-66-7)	☒	☐	☐	NK											
31B. Fluoranthene (206-44-0)	☒	☐	☐	NK											
32B. Fluorene (86-73-7)	☒	☐	☐	NK											
33B. Hexachlorobenzene (118-74-1)	☒	☐	☐	NK											
34B. Hexachlorobutadiene (87-68-3)	☒	☐	☐	NK											
35B. Hexachlorocyclopentadiene (77-47-4)	☒	☐	☐	NK											
36B. Hexachloroethane (67-72-1)	☒	☐	☐	NK											
37B. Indeno *(1,2,3-cd)* Pyrene (193-39-5)	☒	☐	☐	NK											
38B. Isophorone (78-59-1)	☒	☐	☐	NK											
39B. Naphthalene (91-20-3)	☒	☐	☐	NK											
40B. Nitrobenzene (98-95-9)	☒	☐	☐	NK											
41B N-Nitrosodimethylamine (62-75-9)	☒	☐	☐	NK											
42B. N-Nitrosodi-N-Propylamine (621-64-7)	☒	☐	☐	NK											
43B. N-Nitro-sodiphenylamine (86-30-6)	☒	☐	☐	NK											
44B Phenanthrene (85-01-8)	☒	☐	☐	NK											
45B. Pyrene (129-00-0)	☒	☐	☐	NK											
46B. 1,2,4-Trichlorobenzene (120-82-1)	☒	☐	☐	NK											
GC/MS FRACTION - PESTICIDES															
1P. Aldrin (309-00-2)	☐	☐	☒												
2P. -BHC (319-84-6)	☐	☐	☒												
3P -BHC (319-85-7)	☐	☐	☒												
4P. -BHC (58-89-9)	☐	☐	☒												
5P. -BHC (319-86-8)	☐	☐	☒												

Facility ID. Number: FL0001538 Outfall No. D-001M

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Effluent							4. Units		5. Intake (optional)		
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
6P. Chlordane (57-74-9)	☐	☐	☒												
7P. 4,4'-DDT (50-29-3)	☐	☐	☒												
8P. 4,4'-DDE (72-55-9)	☐	☐	☒												
9P. 4,4'-DDD (72-54-8)	☐	☐	☒												
10P. Dieldrin (60-57-1)	☐	☐	☒												
11P. -Endosulfan (115-29-7)	☐	☐	☒												
12P. -Endosulfan (115-29-7)	☐	☐	☒												
13P. Endosulfan Sulfate (1031-07-8)	☐	☐	☒												
14P. Endrin (72-20-8)	☐	☐	☒												
15P. Endrin Aldehyde (7421-92-4)	☐	☐	☒												
16P. Heptachlor (76-44-8)	☐	☐	☒												
17P. Heptachlor Epoxide (1024-57-3)	☐	☐	☒												
18P. PCB-1242 (53469-21-9)	☐	☐	☒												
19P. PCB-1254 (11097-69-1)	☐	☐	☒												
20P. PCB-1221 (11104-28-2)	☐	☐	☒												
21P. PCB-1232 (11141-16-5)	☐	☐	☒												
22P. PCB-1248 (12672-29-6)	☐	☐	☒												
23P. PCB-1260 (11096-82-5)	☐	☐	☒												
24P. PCB-1016 (12674-11-2)	☐	☐	☒												
25P. Toxaphene (8001-35-2)	☐	☐	☒												

ATTACHMENT TO FORM 2CS

NPDES PERMIT MODIFICATION

PERMIT NUMBER FL0001538

FLORIDA POWER & LIGHT COMPANY (FPL) PORT EVERGLADES NEXT GENERATION CLEAN ENERGY CENTER (PEEC)

8100 EISENHOWER BOULEVARD, FORT LAUDERDALE, FLORIDA

Section II. Outfall Design

********Information is not available at this time as PEEC construction plans are evolving. This information will be provided once final construction has been completed.

Section III. Receiving Water Information

E. Minimum 7-day 10-year low flow of the receiving water at each outfall (if appropriate).

Not Applicable – tidal system

F. Identify and describe the flow of effluent from each outfall to a major body of water. A suitably marked photograph may be used.

Please refer to Figure 1, Figure 2, and Section IV below.

Section IV. Flows, Sources of Pollution, and Treatment Technologies

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing to wastewater effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B.

Please refer to Figure 2.

B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined, provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

Please refer to Figure 2.

C. For each outfall, provide a description of:

1. **All operations contributing wastewater to the effluent; including process wastewater, sanitary wastewater, cooling water, and stormwater runoff;**

2. **The average flow contributed by each operation; and**

3. **The treatment received by the wastewater.**

Outfall D-001:

PEEC will utilize the existing Units 3 and 4 once-through cooling water intake structure for condenser and auxiliary cooling, withdrawing surface water from Port Slip No. 3 through four, 12-foot diameter 244-foot long reinforced concrete pipes. The intake canal is approximately 2,100 feet long and 100 feet wide. As the intake canal approaches the plant, it widens into an intake basin. This intake canal is not considered to be “waters of the United States”. The intake basin interface is a massive concrete bulkhead. Upon

entering the intake structure, the cooling water passes through trash bars, traveling screens, and then into the circulating water pumps suction. The discharge is connected to a canal that is connected to the Intracoastal Waterway. The flow rate is approximately 635 million gallons per day (MGD).

Water flows through the condenser tubes where heat is transferred from the steam passing over the tubes after exhausting the turbine. After exiting the condenser tubes the circulating water emerges into the outlet water box(es) of the condenser and flows into the discharge structures. From the discharge structures the water flows into the discharge canal.

The point of discharge (D-001), located approximately 500 feet downstream from the discharge basin, which designates the start of waters of the United States. It is at this point that the PEEC must comply with water quality based effluent limits.

Sanitary wastewater from PEEC will continue to be routed to the municipal sewer system. Sanitary wastewater flows are expected to average approximately 1 gpm. Potable, process, and service water for PEEC will continue to be obtained from the City of Fort Lauderdale. Potable water demand will be approximately 1 gallon per minute (gpm). Process and service water average demand will be 169 gpm (0.24 MGD).

Intermittent chlorination will continue to be used for PEEC to prevent biofouling of the heat rejection system.

A Manatee Protection Plan, as required by permit condition VI.1, was submitted on July 12, 1999, and has been approved by the Florida Fish and Wildlife Conservation Commission.

Internal Outfall I-001:

Plant drains.

Internal Outfall I-002:

Auxiliary Equipment Cooling Water.

Internal Outfall I-012:

PEEC will require the use of demineralized water for evaporative cooling, steam cycle makeup and injection into the combustion turbines for NO_x control when firing ultra low sulfur distillate (ULSD) light oil. FPL will use a reverse osmosis/mixed bed demineralizer system for PEEC process water treatment using potable water. The demineralized water will be pumped into a new onsite storage tank. Reverse osmosis (RO) reject water will be mixed with the cooling water flow used for condenser cooling. RO reject water will be discharged at an average approximate rate of 54 gpm (0.08 MGD) through outfall I-012. Regeneration of the mixed bed ion exchange units will be performed offsite.

Internal Outfall I-019:

Intake traveling screen wash pumps will withdraw water from the intake canal for cleaning the traveling screen. The pumps have a rated capacity of 1,600 gpm (2.3 MGD). The wash water may be returned to the intake canal through outfall I-019 or diverted to the aquatic organism return system. Debris that is collected will be disposed of as solid waste.

Section IV D. Describe practices to be followed to ensure adequate wastewater treatment during emergencies such as power loss and equipment failures causing shutdown of pollution abatement equipment of the proposed/permitted facilities.

PEEC will not have wastewater treatment systems. Sanitary wastewater will continue to be directed to the City of Fort Lauderdale for treatment. Potable water will continue to be supplied to PEEC from the City of Fort Lauderdale. FPL will use a reverse osmosis/mixed bed demineralizer system for process

water treatment. In the event of power loss, PEEC will not be in operation and the RO reject water will not be discharged via outfall I-012.

Section IV E. List the method(s) of flow measurement.

Potable and Process Water – flow meter

Reverse Osmosis Reject Water – calculated based on water treatment system efficiency

Once-Through Cooling Water – pump curves and run times

Intake traveling screen wash water – pump curves and run times

Section VI. Improvements

CWA Section 316 (b):

The National Pollutant Discharge Elimination System (NPDES) permit program includes administration of Section 316 (b) of the Clean Water Act (CWA), which regulated the location, design, construction and operation of cooling water intake structures. The current permit condition I.B.15 requires an aquatic organism return system. The PEEC intake structures will be constructed to include an aquatic organism return system.

Section VII. Intake and Effluent Characteristics

Due to the fact that PEEC has not been constructed yet, it is not possible to collect samples at each outfall to determine effluent characteristics.

Section IX.

The table below presents a Summary of Biological Toxicity Test Results.

Facility ID	Facility Name	Monitoring Date	Outfall Indicator	Parameter Code	Parameter Description	Data	Limit	Statistical Base	Units
FL0001538	FPL Port Everglades Plant	December-07	001-T	P TAN3E	LC50 STATRE 96HR ACU MYSID BAHIA	>100	100	MINIMUM	%
FL0001538	FPL Port Everglades Plant	December-07	001-T	P TAN6B	LC50 STATRE 96HR ACU MENIDIA	>100	100	MINIMUM	%
FL0001538	FPL Port Everglades Plant	September-10	001-T	P TRP3E	IC25 STATRE 7DAY CHR MYSID BAHIA	>100	100	MINIMUM	%
FL0001538	FPL Port Everglades Plant	September-10	001-T	P TRP6B	IC25 STATRE 7DAY CHR MENDIA	>100	100	MINIMUM	%
FL0001538	FPL Port Everglades Plant	December-10	001-T	P TRP3E	IC25 STATRE 7DAY CHR MYSID BAHIA	>100	100	MINIMUM	%
FL0001538	FPL Port Everglades Plant	December-10	001-T	P TRP6B	IC25 STATRE 7DAY CHR MENDIA	>100	100	MINIMUM	%
FL0001538	FPL Port Everglades Plant	March-11	001-T	P TRP3E	IC25 STATRE 7DAY CHR MYSID BAHIA	>100	100	MINIMUM	%
FL0001538	FPL Port Everglades Plant	March-11	001-T	P TRP6B	IC25 STATRE 7DAY CHR MENDIA	>100	100	MINIMUM	%
FL0001538	FPL Port Everglades Plant	June-11	001-T	P TRP3E	IC25 STATRE 7DAY CHR MYSID BAHIA	>100	100	MINIMUM	%
FL0001538	FPL Port Everglades Plant	June-11	001-T	P TRP6B	IC25 STATRE 7DAY CHR MENDIA	>100	100	MINIMUM	%
FL0001538	FPL Port Everglades Plant	September-11	001-T	P TRP3E	IC25 STATRE 7DAY CHR MYSID BAHIA	>100	100	MINIMUM	%
FL0001538	FPL Port Everglades Plant	September-11	001-T	P TRP6B	IC25 STATRE 7DAY CHR MENDIA	>100	100	MINIMUM	%

ATTACHMENT A

INDUSTRIAL WASTEWATER FACILITY PERMIT MODIFICATION APPLICATION

LEGEND

- PROPERTY LINE
- ONE MILE SITE RADIUS
- OUTFALL
- INTAKE STRUCTURE

OUTFALL No.	LOCATION
D-001	N 26° 05' 01", W 80° 07' 26"

REFERENCES

1) USGS 7.5 MINUTE QUADRANGLES FORT LAUDERDALE SOUTH AND PORT EVERGLADES, FLORIDA.

1,250 0 1,250
SCALE FEET

REV	DATE	DES	REVISION DESCRIPTION	CADD	CHK	RVW

PROJECT
FPL
PORT EVERGLADES ENERGY CENTER

TITLE
OUTFALL LOCATIONS

Golder Associates

PROJECT No.		113-87618	FILE No.	11387618-C001
DESIGN	BTH	01/03/12	SCALE	AS SHOWN
CADD	MRM	01/03/12		
CHECK				
REVIEW				

FIGURE 1

F:\PROJECTS\FPL\Port_Everglades\113_87618_PortEvergladesEnergyCenterSCA\C - NPDES Permit\Active Drawings\11387618-C001.dwg | Layout: TB-Report-PS-B | Modified: JDGodin 01/17/2012 12:37 PM | Plotted: JDGodin 01/17/12 | Jacksonville, FL

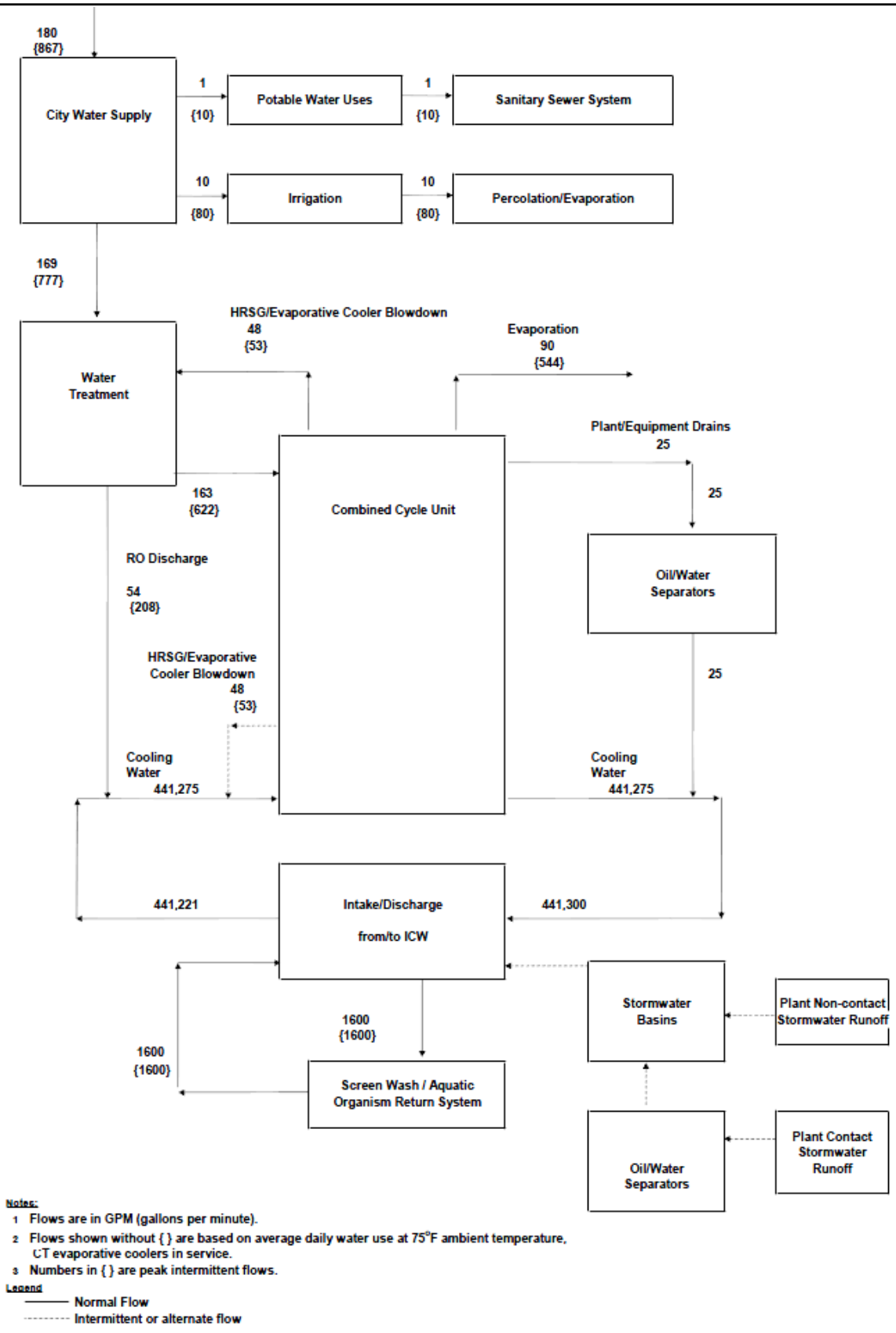

Figure 2
Water Balance for PEEC

Y:\Projects\2011\113-87618 FPL PEEC SCA\Appx (10.1-10.11)\Appx 10.2.2 NPDES Permits\Figure 2_Rev. 0.docx

Source: FPL, 2012.